



# IHI Patient Pool

## Call for expressions of interest

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# Before we start...

- We are recording this session and it will be published on the IHI website
- We will also publish the presentation slides on the IHI website
- Use the chat to ask questions

# Today's session

## Will cover:

- General introduction to Innovative Health Initiative (IHI)
- Patient Engagement and IHI Patient Pool
- How IHI works
- IHI Patient Call of expressions of interest

# Hugh's video presentation



# Patient Engagement & IHI Patient Pool

IHI aims to help keep **EU citizens in good health**, and decrease the **disease burden** for patients, caregivers and healthcare professionals.

Patients'/caregivers' participation in IHI activities is to bring a **unique perspective based on their real-life experience with a disease**, supporting and enhancing early & meaningful patient engagement in IHI to achieve its objectives.

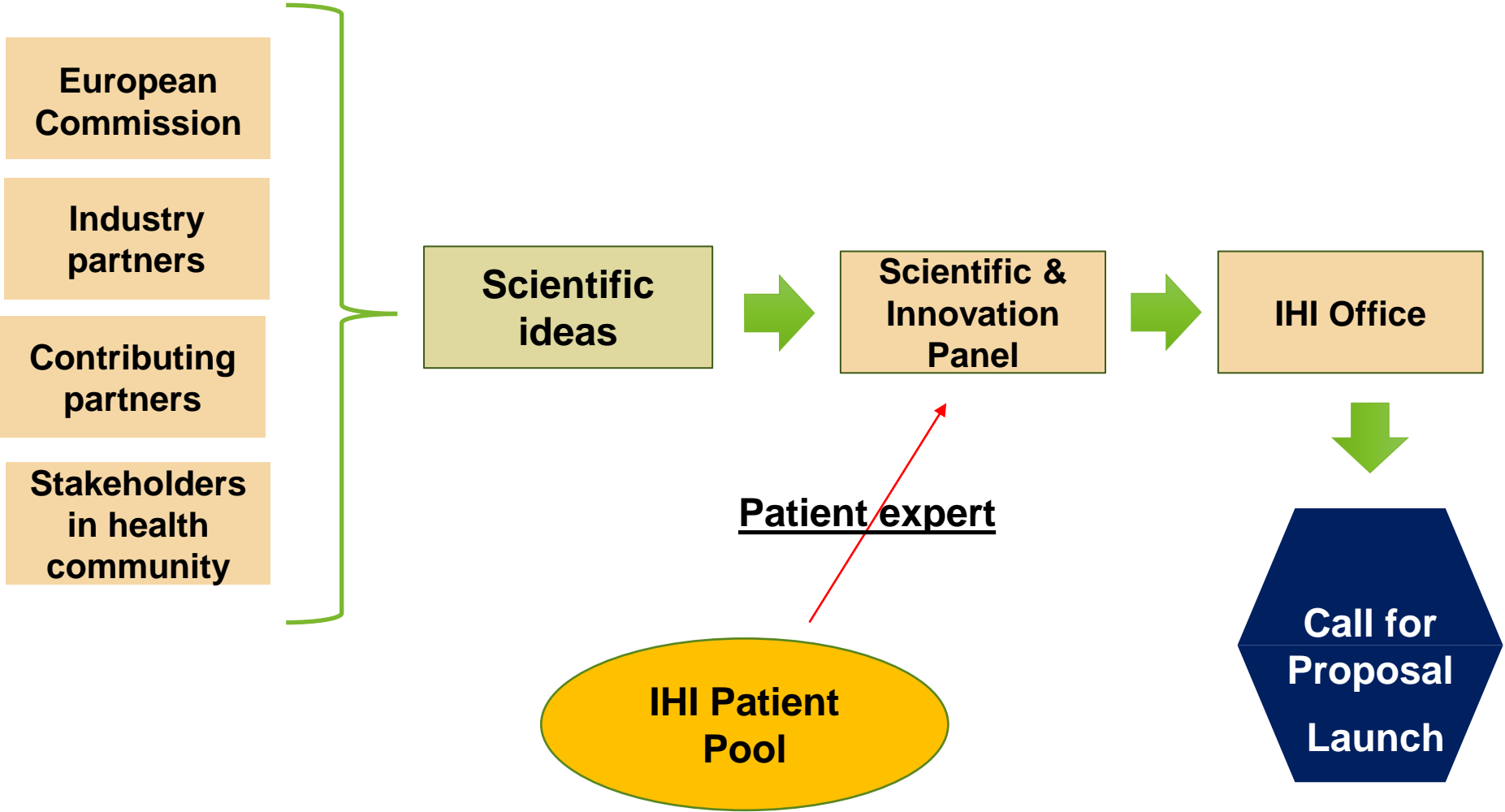
## New call for expressions of interest

Purpose: select **patients/caregivers**, with a strong interest in fostering patient-centred innovation, to become **members of the IHI Patient Pool**

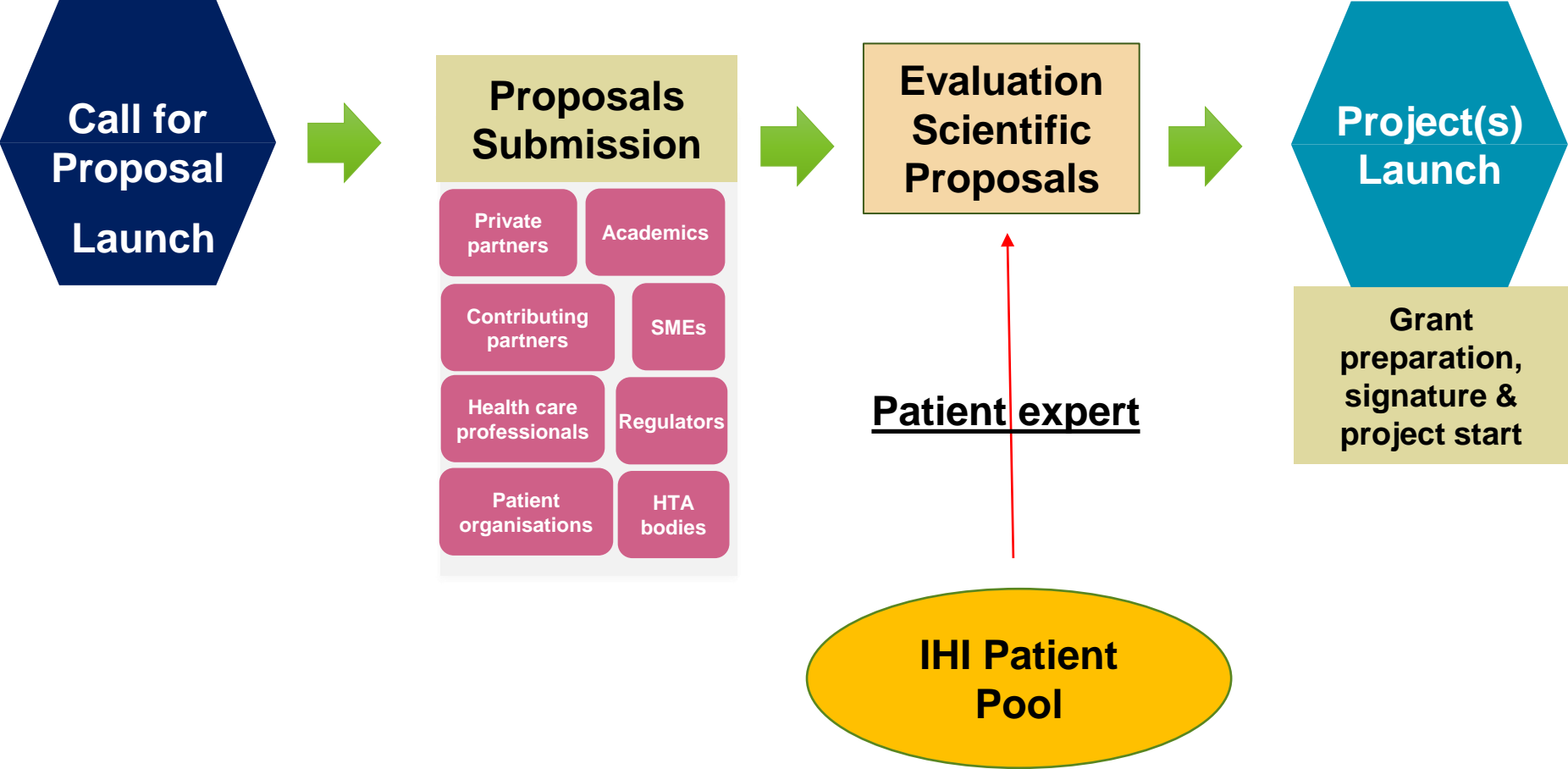


- 
- **How does IHI work?**

# From scientific ideas to call for proposals



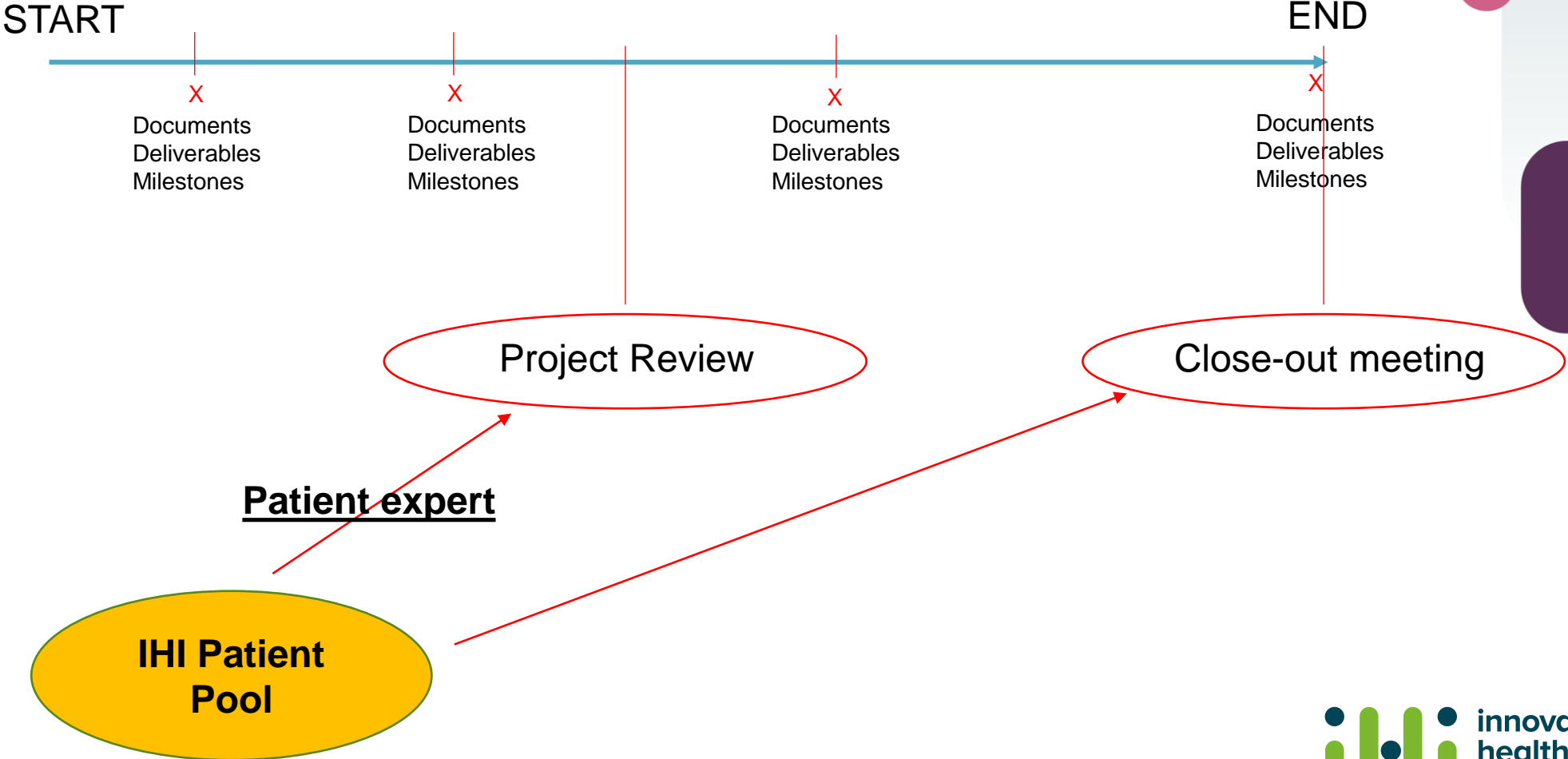
# From call for proposals to launch of scientific projects





# Scientific projects implementation & monitoring

- Project 1
- Project 2
- Project 3
- ....
- Project n





# Call for expressions of interest – IHI Patient Pool



# Call for expressions of interest - Objectives

## Select patients/caregivers to become members of the IHI Patient Pool

- Members of the IHI Patient Pool **support IHI activities with their perspectives and experience**:
  - participation in project close-out meetings, scientific events, webinars, or trainings organised by IHI alone or jointly with the IHI members or other EU bodies/initiatives
  - contribute to the discussions, bringing their perspectives and experience
- When needed, **IHI may select members of the IHI Patient Pool** based on their knowledge and experience, and invite them to **act as patient experts** for:
  - participate in panels/workshops to provide advice on scientific ideas for future calls, or scientific portfolio strategy, annual scientific priorities, etc.
  - evaluation of scientific proposals
  - projects review

Please note that a member of the IHI Patient Pool who is invited to participate in an IHI activity, is always free to decide whether to accept the invitation.

# Call for expressions of interest – Eligibility Criteria

- **Individuals must be either**
  - a patient with a chronic and/or lifelong illness/condition, or
  - a family member/informal carer of a patient with a chronic and/or lifelong illness/condition
- **Be resident of one the following groups of countries:**
  - [Member States of the European Union](#)
  - [Third countries associated to Horizon Europe](#)
- **Possess a working knowledge of English.** At least at an upper intermediate level or B2 (based on the [Common European Framework of References for Languages](#)), is necessary.

# Call for expressions of interest – Compulsory information

Applicants must indicate which of the following **disease area** is most relevant to them:

- Cancer
- Cardiovascular disease
- Metabolic diseases (metabolic syndrome, etc.)
- Diabetes
- Mental disorders
- Neuro-psychiatric disorders and brain diseases including pain
- Neurodegenerative diseases
- Musculoskeletal disorders
- Respiratory diseases
- Aging related disorders
- Paediatric diseases
- Inflammatory and Immune (and auto-immune) system diseases
- Infectious diseases (bacteria)
- Infectious diseases (viral)
- Rare diseases
- Disability and rehabilitation
- Reproductive and fertility disorders (endometriosis, uterine fibroids, pelvic inflammatory disease, polycystic Ovary Syndrome, etc.)
- Eating disorders (obesity, anorexia, bulimia)
- Nutritional diseases
- Endocrine disorders
- Haematological (blood) diseases
- Rheumatological diseases
- Ophthalmological (eye) diseases
- Dermatological (skin) diseases
- Transplantation
- Other

# Call for expressions of interest – Additional information

Applicants are invited to state in the application form, where relevant, if they possess any of the following:

1. Knowledge and/or experience in using **telemedicine applications/tools, mobile medical apps, or any other digital, remote, wearable technologies in medical healthcare** (i.e. consultation, monitoring treatment).
2. Knowledge and/or experience in **reporting patient experience, preference, outcome**, etc.
3. Being a member of a **patient organisation**.
4. Knowledge and/or experience of **patient engagement and/or patient involvement** activities and/or experience of participating in **health or patient-centric meetings** organised for example by companies, patients' organisations, scientific projects, EU initiatives/bodies (i.e. European Commission, European Medicines Agency, IMI/IHI, EU agencies, etc.) or any other national/international health organisations.
5. Knowledge and/or experience of **IMI/IHI and its activities** (i.e. evaluating proposals, reviewing projects, participating close out meetings and webinars, etc.);
6. Knowledge and/or experience of **research and innovation activities** and/or public-private partnerships.
7. Knowledge of **health industries**, namely the pharmaceutical, medical technology, imaging and diagnostics, biotechnology, digital health and vaccine industries.
8. Knowledge of **ethics and/or regulatory processes and/or experience of working/interacting with different stakeholders** in medicines/medical device development and evaluation such as health technology assessment (HTA) bodies, regulators, payers, medical practitioners, etc.

- Motivation Letter

**The application will not be disqualified if the additional information section is incomplete.**

# Call for expressions of interest – Reimbursement & Transparency

- Members of the IHI Patient Pool who are invited to participate in IHI activities will be entitled to reimbursement and allowances for certain activities.
  - **Patient experts** for the evaluation of proposals or project reviews will have the same contract as all other scientific experts: fixed fee of €450 per working day, plus the reimbursement of travel, accommodation, and subsistence expenses in case of in-person meetings.
  - **Speakers** at an IHI JU in person event: reimbursement of travel, accommodation, and subsistence expenses in line with the applicable IHI JU rules.
  - Allowances may be increased for **patients with disabilities**. If a patient requires an accompanying person when travelling is needed, IHI JU will also pay travel expenses and accommodation/daily allowances to the accompanying person.
- Members of the IHI Patient Pool who are invited to act as patient experts to perform tasks and roles associated with evaluation of proposals and/or project reviews will be requested to register in the European Commission register of experts. Names of patient experts will be published on the general Horizon Europe 'Funding and Tenders Portal' as for the other scientific experts.

# Call for expressions of interest – Rules of engagement

- Whenever needed, **IHI will assess the profiles of the members of the pool** to identify the most suitable member(s) to act as patient expert(s) for the task(s).
- Once invited to contribute to a task/activity, **patient experts** should:
  - sign a declaration of non-conflict of interest,
  - act in their personal capacity for short-term assignments role on an occasional basis, with no guarantee of a minimum assignment of tasks/activities and the exact period during the year.
  - respect the confidentiality of the process and related documents
- Tasks/activities assigned may be carried out **in person** (IHI premises or where the event will take place) or **remotely**, using electronic communication tools (Webex, Teams, etc.).

The pool will remain active until **31 December 2026**, subject to possible renewal by IHI JU.



# Call for expressions of interest – Application & Selection Procedure

- Patients/caregivers who want to be part of the IHI JU Patient Pool are invited to submit their expressions of interest via: <https://cloud.ihj.europa.eu/web/pool-of-patient-platform>

Deadline: **8<sup>th</sup> of June, 17:00 CEST / Brussels time.**

- Expressions of interest must be completed in **English**.
- Only application **submitted via the online application form** will be accepted. All applicants will be requested to certify that the information contained in their application is correct and complete.
- **Word version** of the application form: to facilitate the process, applicants may download and use it to fill in the relevant information offline. Once ready, they can copy/paste each section in the online application form prior to formal submission

[https://www.ihj.europa.eu/sites/default/files/uploads/Documents/About/PatientPool/PatientPool2023\\_WordForm.docx](https://www.ihj.europa.eu/sites/default/files/uploads/Documents/About/PatientPool/PatientPool2023_WordForm.docx).

- Ensure minimum **eligibility criteria** are fulfilled.
- All applicants who meet the **eligibility criteria** and have provided in their application the **compulsory information** will be part of the **IHI Patient Pool**.

Applicants will also be asked to indicate in their application if they were included in the IMI Patient Pool which was launched in 2019.

# Call for expressions of interest – Data Protection

- All personal data will be dealt with in compliance with **Regulation (EU) 2018/1725 of 23 October 2018** on the protection of natural persons with regard to the processing of personal data by the Union institutions, bodies, offices and agencies and on the free movement of such data, and repealing **Regulation (EC) No 45/2001 and Decision No 1247/2002/EC**.
- For more information, candidates are invited to read the **IHI JU Privacy Policy on Personal data protection**:

[www.ih.europa.eu/legal-notice-and-privacy](http://www.ih.europa.eu/legal-notice-and-privacy)



- Important links

# Important links

- Read all the **call-relevant material**:

[www.ihl.europa.eu/about-ihl/who-we-are/ihl-patient-pool](http://www.ihl.europa.eu/about-ihl/who-we-are/ihl-patient-pool)

[www.ihl.europa.eu/sites/default/files/uploads/Documents/About/PatientPool/IHL\\_PatientPool\\_CallApril2023.pdf](http://www.ihl.europa.eu/sites/default/files/uploads/Documents/About/PatientPool/IHL_PatientPool_CallApril2023.pdf)

- Link to apply - **online application form**:

<https://cloud.ihl.europa.eu/web/pool-of-patient-platform>

- To facilitate the application, use the **word document**:

[www.ihl.europa.eu/sites/default/files/uploads/Documents/About/PatientPool/PatientPool2023\\_WordForm.docx](http://www.ihl.europa.eu/sites/default/files/uploads/Documents/About/PatientPool/PatientPool2023_WordForm.docx)

- Ensure the **eligibility criteria are met** and **all compulsory information** requested in the call are provided
- Ensure that **all additional information** requested in the call are provided, when possibly, to allow the identification of the most suitable profile when patients'/caregivers' contribution to IHL activities is needed
- For any further information: **Patients@ihl.europa.eu**

## Word document:

[www.ihl.europa.eu/sites/default/files/uploads/Documents/About/PatientPool/PatientPool2023\\_WordForm.docx](http://www.ihl.europa.eu/sites/default/files/uploads/Documents/About/PatientPool/PatientPool2023_WordForm.docx)



## Call for expressions of interest for the Innovative Health Initiative Patient Pool

Important notice: If you want to submit an expression of interest to be part of the IHI Patient Pool, **you must use this online form** <https://cloud.ihl.europa.eu/web/pool-of-patient-platform>. The web form has 4 pages. Fields marked with an asterisk (\*) are obligatory, and you must complete all obligatory fields in a page before moving on to the next page. You must complete the whole form in one go in order to submit it; you cannot save the form and come back to it later.

We therefore recommend you prepare your answers to the questions using **this word version of the form**. Once you are happy with your answers, you can simply copy and paste them into the online form and submit. We do not accept expressions of interest submitted via e-mail.

### Personal Details

Title \*  Mr  Mrs  Ms  Mx  Dr  Professor

Family name \* -----

First name \* -----

Gender \*  Male  Female  Non-binary  Rather not say

Address (including street name and number, post code and city/region) \* -----

Country of residence \* -----

Phone number \* -----

E-mail address \* -----

Nationality \* -----

Date of birth \* -----

Occupation -----

Level of education \*  Post graduate education  
 Higher education (University)  
 Post-secondary education



Link to apply - **online application form:** <https://cloud.ihl.europa.eu/web/pool-of-patient-platform>



**Bold collaborations, transforming health**

IHI Patient Pool

IHI Patient Pool

Reference	Title	Application Deadline	
IHI Patient Pool 2023	Call for patients and caregivers 2023	08/06/2023 17:00 (Brussels)	

To start the application



Link to apply - **online application form:** <https://cloud.ihl.europa.eu/web/pool-of-patient-platform>

Application form: Call for patients and caregivers 2023

Personal details Language skills Profile Declaration

### Personal details

Title \*

Family name \*

First name \*

Gender \*  Male  Female  Non-binary  Rather not say

Address (including street name and number, post code and city/region) \*

Country of residence \*

Phone number \*

E-mail address \*

Nationality \*

Date of birth \*

Occupation

Level of education \*

Were you a member of the IMI2 JU patient pool established in 2019? \*  Yes  No

I am a \*  Patient  Family member/informal carer of a patient

Please indicate your disease/condition area of interest \*

Please provide additional information on your disease/condition area of interest. For example here you can indicate a specific disease/condition eg. type 1 diabetes, Alzheimer's disease, Crohn's disease etc. \*

Link to apply - **online application form:** <https://cloud.ihl.europa.eu/web/pool-of-patient-platform>

Application form: Call for patients and caregivers 2023

Personal details **Language skills** Profile Declaration

Language skills

English \* Select

Language	Level	Action
No Language		

Add additional language

Back Next

Innovative Health Initiative (IHI) - IHI Platform - Copyright 2023 IHI JU



# Link to apply - **online application form:** <https://cloud.ihl.europa.eu/web/pool-of-patient-platform>

Personal details Language skills **Profile** Declaration

Skills related to IHI's activities. Please note that the information you provide in this section will enable the IHI Programme Office to identify the most suitable person for each task/assignment

1. Knowledge and/or experience in using telemedicine applications/tools, mobile medical apps, or any other digital, remote, wearable technologies in medical healthcare (i.e. consultation, monitoring treatment). \*

Yes  No

If yes, please explain in a few lines (max 4000 characters) how you have acquired this knowledge and/or experience.

4000 characters remaining.

2. Knowledge and/or experience in reporting patient experience, preference, outcome, etc. \*

Yes  No

If yes, please explain in a few lines (max 4000 characters) how you have acquired this knowledge and/or experience.

4000 characters remaining.

3. Being a member of a patient organisation. \*

Yes  No

If yes, please explain in a few lines (max 4000 characters) how you have acquired this knowledge and/or experience.

4000 characters remaining.

4. Knowledge and/or experience of patient engagement and/or patient involvement activities and/or experience of participating in health or patient-centric meetings organised for example by companies, patient organ national/international health organisations. \*

Yes  No

If yes, please explain in a few lines (max 4000 characters) how you have acquired this knowledge and/or experience.

4000 characters remaining.

5. Knowledge and/or experience of IMI/IHI and its activities (e.g. evaluating proposals, reviewing projects, attending close-out meetings and webinars, etc.). \*

Yes  No

If yes, please explain in a few lines (max 4000 characters) how you have acquired this knowledge and/or experience.



Link to apply - **online application form:** <https://cloud.ihl.europa.eu/web/pool-of-patient-platform>

Application form: Call for patients and caregivers 2023

Personal details Language skills Profile **Declaration**

**Declaration**

1. I declare on my word of honour that the information provided above is true and complete and I am aware that any incorrect statement may invalidate my application at any point.  
2. I confirm that I am willing to make a commitment to act independently in the public interest and to make complete declarations of any direct or indirect interests that might be considered prejudicial to my independence.

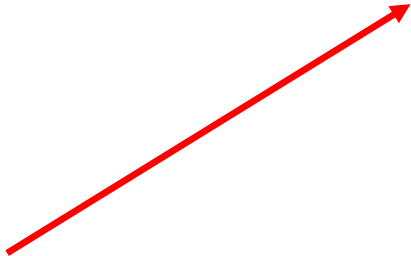
Name of Applicant  
fedsg sdgsdgd

Date  
08/05/2023

Signature

I agree with the above declaration.  
 I hereby give my consent to the processing of my personal data for the organisation of the call for expressions of interest for the IHI JU's pool of patient experts, as described in the [relevant privacy statement](#) and in accordance with [Regulation 2018/1725](#). I can freely withdraw my consent at any time by contacting the data controller, in which case all processing operations that were based on my consent and took place before the withdrawal of consent remain valid.

← Back ✓ Apply



Click here to submit the application

Only application **submitted via the online application form** will be accepted.





Thank you for your attention

For any further information: [Patients@ihi.europa.eu](mailto:Patients@ihi.europa.eu)

[ihi.europa.eu](http://ihi.europa.eu)



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