eit Health

Co-funded by the European Union

Lithuania Data Pilot project:
Providing secondary use of health data to early stage startups

White Paper
2025

Table of contents

Context

In early February 2024, Lithuania launched its first Data Pilot project aimed at facilitating start-ups' access to anonymized health data. This initiative aimed to create conditions for the development of innovative solutions based on health data, promoting technological breakthroughs and innovation growth in the health sector.

This White Paper was prepared as a result of a pilot project initiated by EIT Health Representative in Lithuania and the Lithuanian University of Health Sciences (LSMU). The aim of the project was not only to provide startups with access to data, but also to evaluate user experience, data quality, transfer processes, and security aspects. The aim was to identify practical barriers and anticipate the changes needed to ensure smoother and more effective use of data in developing health innovations in the future.

The project was implemented in cooperation with LSMU Kaunas Klinikos, LSMU Kaunas Hospital, Vilnius University Santaros Klinikos Biobank, State Data Agency played a key role in the project by ensuring access to the necessary data from state registers and coordinating the process of providing it. Innovation Agency contributed to the initiative with financial support and promoted political dialogue in the field of innovation policy. Legal supervision and consultations were provided by the law firm Ellex, while strategic assessment and support for evaluating the potential of start-ups was provided by the venture capital fund BSV Ventures. The project was also supported by the Ministry of Economy and Innovation and the Ministry of Health.

This white paper reflects the results of the partners' cooperation, summarises the progress of the project and presents the main insights, challenges and recommendations that emerged during the implementation of the first phase of the pilot model.

About EIT Health

EIT Health is a network of best-in-class health innovators with approximately 100 members, supported by the European Institute of Innovation and Technology (EIT), a body of the European Union. It collaborates across borders to deliver new solutions that can enable European citizens to live longer, healthier lives. As Europeans tackle the challenge of increasing chronic diseases and multi-morbidity and seek to realise the opportunities that technology offers to move beyond conventional approaches to treatment, prevention, and healthy lifestyles, we need thought leaders, innovators, and efficient ways to bring innovative healthcare solutions to market. EIT Health's commitment to driving healthcare advancement is evident in a proactive role in mentorship, funding, and research facilitation. Recognised as a pivotal player in healthcare innovation, EIT Health's record of accomplishment includes: catalysing over 3,370 start-ups and scale-ups, helping EIT Health-supported startups and attract €2.4 billion in investment, propelling 135 healthcare solutions to the market, and training more than 70,000 students and professionals. EIT Health addresses these needs by connecting all relevant healthcare players across European borders – making sure to include all sides of the "knowledge triangle", so that innovation can happen at the intersection of research, education and business for the benefit of citizens.[1]

Website: eithealth.eu

About EIT Health RIS Programme

The EIT Health RIS Programme connects start-ups, innovators, universities, business, and healthcare providers from emerging regions with EIT Health's extensive network of industry leaders, research centres, and universities, the Programme ensures that the achievements and experiences of health innovation can be extended in the modestly developed regions. Currently (2025), the EIT Health RIS Programme is active in 11 countries* and has been expanding in the Western Balkans. Through education, business creation, and ecosystem development programmes, the RIS Programme empowers local actors to learn more about

*(abc): Croatia, Czechia, Estonia, Greece, Latvia, Lithuania, Poland, Portugal, Romania, Slovakia, Slovenia

healthcare innovations and turn forward-looking innovative ideas into impactful solutions that improve citizens' healthy lives. It provides special courses, tailored training, mentoring, access to funding opportunities, networking with industry leaders and investors, and special events and projects to foster knowledge transfer, encourage innovative businesses, and build sustainable ecosystems where innovation can thrive.

EIT Health RIS Programme has been active since 2017. Highlighting 2023-2024, the EIT Health RIS Programme accelerated 229 start-ups via its Business Creation programmes, attracted investments of 45,9M EUR, skilled up 2705 professionals via the RIS Academy, engaged more than 3200 leaders with its ecosystem development programmes, supported the launch of 6 healthcare innovation accelerators and 10 healthcare innovation capacity building projects in the countries.
Website: eithealth.eu/in-your-region/ris

About the EIT Health Representative in Lithuania

EIT Health Representative in Lithuania serves as a key facilitator in implementing EIT Health's strategy and objectives at the national level, with a strong focus on enhancing the country's healthcare innovation capacity. By integrating business, education, and research, the Representative fosters collaboration among diverse stakeholders, enabling not only the exchange of knowledge and expertise but also the pooling of resources. This comprehensive approach drives the development of a sustainable and impactful health innovation ecosystem in Lithuania, ensuring that local solutions are well-positioned to generate value in the healthcare sector both nationally and internationally.[2]
Website: lsmu.lt/eithealth

About Lithuanian University of Health Sciences

The Lithuanian University of Health Sciences (LSMU) is the largest institution of higher education in Lithuania specializing in biomedical sciences. In addition to studies, the university actively conducts research in medicine, veterinary science, pharmacy, and public health. It develops innovations in health technologies, animal welfare, and drug discovery. LSMU closely collaborates with businesses, transferring scientific achievements into practice and contributing to the improvement of healthcare systems. The university is also engaged in international projects and strongly encourages the involvement of young researchers.[[2]
Website: lsmu.lt

About State Data Agency

The State Data Agency is an institution of the Government of the Republic of Lithuania which participates in the formation of the state policy in the field of official statistics management assigned to the Minister of Finance as well as in the field of state data management, and which implements this policy and coordinates the production of official statistics pursuant to the provisions of Part I of the Official Statistics Programme, and the management of state data – pursuant to the State Data Governance Programme. Within the State Data Agency, the Health Data Team is responsible for healthcare data.[8]
Website: vda.lrv.lt

About Innovation Agency Lithuania

Innovation Agency Lithuania is the national institution responsible for fostering the country's innovation ecosystem and supporting businesses at all stages of development, from idea generation to product and service delivery. Its clients include startups, as well as small and medium-sized enterprises, with services tailored to their needs. The Agency administers innovation, digitalization, and business support programs worth over EUR 500 million in the coming years. Headquartered in Vilnius, it employs more than 300 people and has regional offices in 13 Lithuanian cities. It also acts as a gateway for foreign businesses to connect with partners in Lithuania and beyond, working closely with international associations, chambers, and government institutions. Established in 2022, the Agency is a non-profit body under the Ministry of Economy and Innovation, consolidating the functions of several former institutions.[3]
Website: inovacijuagentura.lt

About Lithuanian University of Health Sciences hospital Kauno Klinikos

Kauno klinikos is the leading academic medical centre in Lithuania, renowned for clinical excellence, groundbreaking research, and innovative medical education. Established in 1940, our hospital unites tradition and innovation, operating as a modern healthcare campus with state-of-the-art facilities. Employing nearly 8,000 dedicated professionals—including over 2,300 highly-skilled physicians, 1,000 medical residents, 2,600 specialized nurses, of whom 540 are accomplished researchers— Kauno klinikos annually serves over 1.5 million outpatient visits and approximately 96,000 inpatient admissions. Our multidisciplinary approach, international collaborations, and pioneering treatments position us at the forefront of healthcare advancement in the Baltic region and beyond.[4]
Website: kaunoklinikos.lt

About Lithuanian University of Health Sciences Kaunas Hospital

LSMU Kaunas Hospital is one of the largest medical institutions in Lithuania, providing mainly Level II and some Level III inpatient and outpatient healthcare services. It employes about 3000 total staff members, including 760 physicians, over 100 resident doctors, more thant 1,010 nurses, and has over 1,340 hospital beds. So far, the hospital consists of 13 differently located buildings around Kaunas and Kaunas district region. The hospital's main departments on Hipodromo and Josvainių streets offer a wide range of services, including surgery, orthopedics and traumatology, internal medicine, psychiatry, geriatrics,, obstetrics and gynecology,rehabilitation, and diagnostics for both adults and children. Patient consultations are also available across six outpatient departments. In a last few years the hospital have implement several major projects, such as establishing a modern Geriatric Centre and an Orthopedic and Traumatology Center and right now is doing a lot of effort to establish a new Emergency Care and Intensive Care Center and modern Psychiatric Service Center, as well as improving pediatric and grow-up rehabilitation services. Additional priorities include infrastructure modernization, the introduction of LEAN methodology,

and strengthening international cooperation. Finally, LSMU Kaunas Hospital plays a vital role in supporting the university's teaching and research mission while training highly qualified healthcare specialists.[7]
Website: kaunoligonine.lt

About Vilnius Santaros Klinikos Biobank

The Vilnius Santaros Klinikos Biobank is a department of Vilnius University Hospital Santaros Klinikos with two main divisions: administration and laboratory. The administration manages projects, coordinates scientific research, collaborates with national and international scientists, oversees sample storage, and ensures proper documentation and procedures. The laboratory, meanwhile, receives, processes, codes, and prepares biological samples for long-term storage, while maintaining the Biobank database. Currently, the Biobank collects samples from both healthy individuals and patients with hematological, oncological, infectious, neurological, genetic, rare, and chronic non-infectious diseases. These include blood, bone marrow, cerebrospinal fluid, and tissues. All related health data is securely stored in the Biobank Information Management System (BIMS). The collected material and data are available for biomedical research in Lithuania and abroad.[5]
Website: santabb.lt

About BSV Ventures

BSV Ventures is a venture capital business that only invests in early-stage R&D-focused individuals and teams solving complex technical challenges with large potential for commercial application.[6]
Website: bsv.ventures

About Ellex

Ellex is a circle of three leading law firms in the Baltics, built on collaboration, client trust, and the dedication of its people. Consistently recognised by top international legal rankings, Ellex is known for its deep market knowledge and ability to manage both local and cross-border matters. The firm is an active member of global

networks, helping to shape legal frameworks and strengthen the business community. Its purpose is to support clients in navigating complex legal environments and achieving long-term success. Ellex is committed to being both a trusted strategic partner for clients and an inspiring workplace for its people. By valuing every contribution, fostering growth, and promoting work-life balance, the firm builds a culture of lasting cooperation.[9] Website: ellex.legal

Acknowledgements

We sincerely thank the representatives of the project partners and experts for their valuable contributions. Their contributions, support, and insights were very important in implementing the project and preparing this report.

Representatives of the Data pilot project partners:

- **Antanas Montvila** - Head of Innovation Assessment and Implementation Department at Lithuanian University of Health Sciences hospital Kauno Klinikos
- **Daniel Naumovas** - Vice-Minister of Ministry of Health of the Republic of Lithuania (former Head of Vilnius University Santaros Klinikos Biobank)
- **Prof. Diana Žaliaduonytė** - Director General of Lithuanian University of Health Sciences Kaunas Hospital
- **Dominykas Milašius** - Venture Scout at BSV Ventures
- **Erika Kuročkina** - former Vice Minister of Economy and Innovation of the Republic of Lithuania
- **Inga Kanapeckienė** - EIT Health Representative in Lithuania and Project Manager at the Health Innovation Development Department, Lithuanian University of Health Sciences
- **Giedrė Tubelytė** - Expert at Ellex Valiunas
- **Jekaterina Kalinienė** - Head of Biotech Lab Department at Innovation Agency
- **Julius Juodakis** - Health Data Lead at the State Date Agency of Lithuania

- **Olegas Niakšu** - former Vice-Minister of Ministry of Health of the Republic of Lithuania
- **Paulius Kamaitis** - temporary assignment Head of Biotech Lab Departament at Innovation Agency
- **dr. Andrius Ališauskas** - Head of the Department of Studies and Research, Lithuanian University of Health Sciences Kaunas Hospital

Contributors to the White Paper:

- **Beata Kurucz** - RIS Collaboration Lead at EIT Health InnoStars

Methodology

The project and the preparation of the White Paper involved the following steps:

Review of Publicly Available Sources. Analysis of policy and regulatory frameworks, including the Lithuanian Law on the Reuse of Health Data, GDPR provisions, European Health Data Space initiatives, and reports by EIT Health, national authorities, and international organisations. Academic articles, industry publications, and national strategies were reviewed to provide a comprehensive understanding of Lithuania's health data ecosystem and innovation context.

Review of Health Innovation in Lithuania. A structured review of Lithuania's health innovation ecosystem was conducted, including the country's life sciences sector, startup landscape, international competitiveness, and examples of successful companies. This provided context for assessing the potential role of secondary use of health data in supporting innovation and digital transformation.

Review of the Data Pilot Project. The first Lithuanian health data pilot project (2024) was analysed to evaluate the user journey – from application and data request, through preparation and anonymisation, to data analysis. Documentation from the State Data Agency and project partners was examined to identify procedural, legal, and technical aspects of the pilot.

Startup Insights. First-hand experience from the selected startup, BrachyDOSE, was collected to evaluate the practical application of anonymised health data for innovation. The startup's feedback on data quality, usability, technical processes, and collaboration with healthcare professionals was included to provide evidence-based insights.

Project Partners' Insights. Perspectives were gathered from key institutions involved in the pilot – the State Data Agency, EIT Health RIS Programme, Lithuanian University of Health Sciences, Innovation Agency, Ellex, and BSV Ventures. Their expertise and contributions provided a multi-dimensional view on governance, regulation, legal frameworks, funding, and innovation policy.

Identification of Challenges and Recommendations. Based on the review of literature, pilot evaluation, startup and partner insights, key challenges in data access, quality, and governance were identified. Practical recommendations were formulated to address these challenges and support the smoother, more effective secondary use of health data in Lithuania and the wider European context.

Summary

The Law on Reuse of Health Data, which entered into force on 1 July 2022[10], has encouraged Lithuanian stakeholders to more actively discuss the importance of secondary use of health data. During the EIT Health Morning Health Talks series of events intensive discussions took place, which constantly emphasized that the safe and effective reuse of anonymized health data can significantly accelerate the development of innovations in the fields of healthcare, research and policymaking. At the same time, attention was drawn to the fact that Lithuania is still at the bottom of the list in terms of the use of data for innovation and decision-making. This situation has been similar to the health data status in other Central-, and Eastern European countries. Despite the active debate, no real changes were seen -

startups did not use the opportunity to apply to the State Data Agency for permission to receive data. Market and ecosystem monitoring confirmed this situation: by 31st December 2023[11], not a single startup request to use anonymized health data held by the state was received. Meanwhile, the State Data Agency was ready – having invested in advanced data analytics platforms (e.g. Palantir), created a national data lake and connected more and more data controllers.

In this context, a pilot project was initiated to move from discussions to real implementation and to practically evaluate the entire data user journey – from the initial request to secure data transfer, integration and use for innovation. The project objectives included not only data provision, but also the assessment of user experience, data quality, transfer processes and security protocols. The aim was to identify operational bottlenecks, remove procedural barriers and create models for responsible, rapid and scalable use of secondary health data.

This White Paper presents the implementation of the pilot project and its results, provides key insights and lessons learned. It is hoped that these experiences will be useful for other countries that are just taking the first steps on the path of secondary health data innovation.

The pilot project facilitator and coordinator was the EIT Health Representative in Lithuania.

Setting the Scene

A | Overview of Health Innovation in Lithuania

Lithuania's health innovation ecosystem is currently one of the fastest-growing in the region. The life sciences sector accounts for approximately 2.5–2.6% of the country's GDP in 2024–2025, and the national target is to reach 5% of GDP by 2030. Over the past decade, the sector has grown by an average of ~25% per year, with 92% of production exported to more than 100 markets, mainly the US and Germany. A broader startup ecosystem is developing in parallel – in 2024, the total value of all Lithuanian startups exceeded €16 billion, which is 39 times more than in 2014.[12]

5%
2030 target of GDP

25%
Annual
growth rate

**Highly-skilled talent,
innovation ecosystem,
government support**
Key factors

2.7%
Life sciences
sector share
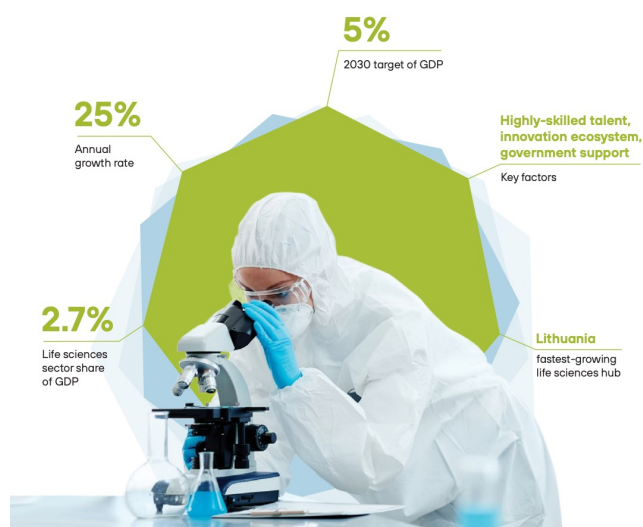of GDP

Lithuania
fastest-growing
life sciences hub

Figure 1. Dynamic Growth and Economic Potential of Life Sciences in Lithuania. [12]

The country's strength lies in its high-level scientists and specialists. Internationally recognized experts in CRISPR, protein engineering, bioinformatics, and clinical research work in Lithuania, and the country's scientific discoveries are becoming the basis for business (e.g., Caszyme from CRISPR research, Biomatter Designs from AI protein design). Industrial "anchors" such as Thermo Fisher Scientific Baltics, the largest player in the country's biotechnology sector, ensure knowledge transfer, supply chains, and a high-level manufacturing culture.

The infrastructure is also strong – innovation parks and hubs are in operation, and university laboratories and clinical research centers that meet high standards allow start-ups to quickly test technologies and commercialize them. In addition, ecosystem participants are collaborating more closely – academia, industry, investors, and government institutions are sharing their experience, forming consortia, and developing joint programs. Such synergies, together with the availability of capital and highly qualified specialists, give reason to believe that Lithuania will maintain its position as one of the fastest-growing health innovation centers in Europe by 2027.

Examples of the most successful start-ups show that Lithuania is becoming competitive on a global scale. Atrandi Biosciences attracted a US$25 million Series A investment from international funds in 2025[13],

Biomatter Designs received a €6.5 million seed investment in 2024 to expand its generative AI protein creation platform[14], and Caszyme signed a licensing agreement worth up to €40 million with Spain's Integra Therapeutics[15]. In the medtech field, Sentante received €6 million in seed funding for its robotic surgery system[16], while AI diagnostics companies Oxipit[17] and Ligence[18] not only received millions in funding, but also stand out because their products have CE IIb and CE IIa certifications—among the first autonomous AI tools of this level in Europe. The startup "Genomika", which is developing a hard drive based on storing information in DNA molecules, attracted funding from the European Union, Switzerland and the United Kingdom in 2024 - more than 5 million euros. These are important achievements not only for the Lithuanian startup, but also for the breakthrough of European science, as it will develop a priority scientific direction - data storage in DNA.[19] The startup Pulsetto, which is developing a vagus nerve stimulator, earned almost half of its total revenue in 2024 in the first quarter of 2025 and achieved 2.8 times higher growth compared to the previous year. It also received a EUR 2 million investment from the Lithuanian-based venture capital fund ScaleWolf, which invests in defense and dual-use technologies. The investment will allow them to adapt the product they are developing to increase the psychological resilience of soldiers and frontline personnel.[20][21] In the digital health sector, Kilo Health already generates more than €230 million in annual revenue and invests in other health startups.[22] These examples confirm that Lithuanian companies are able to attract international capital, reach the global market, and compete at the forefront of technology.

B) Lithuanian Health Data Landscape

In Lithuania, health data is centrally managed and provided for secondary use by the State Data Agency (SDA). This is the main institution responsible for national statistics and state data governance, including in the health sector. The Lithuanian Law on Health Data Reuse, adopted in 2022, established a unified access pathway to all national health data. This legal framework enabled the

integration of multiple data holders into the national data lake and ensured access to data for research, innovation, healthcare improvement, and other initiatives of public importance.[23]

Currently, health data in Lithuania is stored across several key national registries and information systems. The Electronic Health Services and Collaboration Infrastructure Information System (ESPBI IS) – the national electronic health record platform – contains information on inpatient and outpatient services, diagnoses, test results, prescriptions, vaccinations, and other medical services. As of early 2025, it held about 357 million coded diagnoses and procedures from 126 million outpatient visits, covering approximately 3.7 million patients – effectively the entire national population. The National Health Insurance Information System "Sveidra" stores data on all services, medicines, and medical devices reimbursed by the National Health Insurance Fund, as well as some non-reimbursed procedures. This system currently contains more than 740 million diagnosis records.[24]

In addition to these main systems, health information is stored in specialized registries (e.g., the Cancer Registry, Causes of Death Registry) and in the systems of individual healthcare institutions, where laboratory test results, radiology images, pathology reports, and other important information are kept. All of this information, linked via a unique personal identification code, can be pseudonymized and combined into unified datasets according to the needs of the research.

Access to data is granted to both natural and legal persons operating in Lithuania. At present, the main applicant must operate in Lithuania. Foreign analysts can be involved by arrangement with the main applicant. Under the European Health Data Space Regulation, which is expected to enter into force soon, applicants from all EU Member States will be able to apply under the same conditions.

The State Data Agency recommends that all applicants cooperate with local experts to ensure an understanding of the nuances of national data collection. The agency does not impose co-authorship requirements and strongly advises adherence to ICMJE criteria.

Applications are submitted via the Official Statistics Portal. Upon receiving an application, SDA assesses the legal basis, data availability, and technical feasibility, prepares the data for pseudonymization, and ensures that their transfer complies with GDPR and other legal requirements. Data is made available in the National Health Data Reuse Platform, operating in the "Palantir Foundry" environment. Researchers access this secure analysis environment via a web browser. The platform also allows programming in R, Python, SQL and other tools. In exceptional cases, data can be exported to another environment if strict security protocols, data protection measures, and legal requirements are met.

Provision of health data for secondary use is subject to a fee, intended to cover the costs of preparing and delivering the data – it is not a source of revenue for the institutions.[23][24]

Additionally, Lithuania operates an Open Data Portal, which currently publishes 126 anonymized health datasets. These datasets can be downloaded and used immediately by everyone, without any application or registration.

The benefits of centralized access are already evident in practice. A study by Lithuanian researchers, published in the British Journal of Haematology, was made possible because the SDA provided nationwide COVID-19 data. This allowed for an assessment of the effect of a booster vaccine dose on patients with hematologic malignancies and produced high-quality scientific results.

Nevertheless, the access ecosystem in Lithuania still has areas for improvement. Data remains fragmented among different controllers, and integration into the national data lake is ongoing. Startups and small businesses often face unclear access procedures, complex processes, and inconsistent data quality.

However, the growing SDA infrastructure, the expanding data lake, the national eHealth system, and open data initiatives provide a strong foundation for expanding access to health data. Further simplification, the introduction of clear guidelines, and ensuring high data quality could help Lithuania become one of the leading countries in the region for data-driven health innovation.

Table 1. A non-exhaustive list of main data sources relevant to health research in Lithuania and available through the Law for Health Data Reuse[21]

SOURCE	TIME FRAME COVERED	OBJECTS OF RECORD	KEY FEATURES RECORDED
ESPBI IS	Introduced in the end of 2015; mandatory usage in many areas since 2018	All records of inpatient and outpatient visits, referrals, vaccinations, for individuals receiving healthcare in Lithuania	ICD-10-AM coded health conditions; unstructured case description; visit date, location, healthcare specialist
ESPBI IS ePrescriptions	Introduced in the end of 2015; mandatory since 2018	All prescriptions issued in Lithuania	ATC code, prescribed amount, dates of prescription and dispensation, dosage, expected supply end date
NHIF "Sveidra"	Since 2014	Any medical procedures covered by the NHIF, also some non-covered procedures; all NHIF-covered prescriptions, plus centrally purchased pharmaceuticals and devices	Procedure ACHI codes; ICD-10- AM coded health conditions accompanying procedures; start and end dates of inpatient stays; dispensation dates; medications and medical devices purchased centrally; insurance status of the patients
Causes of Death Registry	Since 2010	All deaths in Lithuania and all deaths of Lithuanian citizens abroad	ICD-10-AM coded causes of death (immediate, intermediate and underlying); type of death (e.g. suicide, accident); date and location
Cancer Registry	Since 1978	Initial diagnosis of every cancer case diagnosed in Lithuania	ICD-10-AM coded diagnoses; tumour grade, stage, TNM classification, morphology, topography (at first diagnosis)
MedVAIS	Since 2015	Ultrasound, CT, MRI, EEG, ECG images	Medical images and/or descriptions
Care provider EHR systems	Varies between providers	All patients receiving care	All structured and unstructured data collected during care, including medical history, diagnoses, treatments, procedures, test results, and medications; structure and standards vary between providers
Population Register	Main events since 19th century, residential addresses since approx. 1993	Lithuanian citizens; all persons registered as living in Lithuania or receiving civil documents in Lithuania	Births; deaths; ethnicity; nationality; civil status; registration address
State Social Insurance Fund Board ("SoDra")	Payments since approx. 2006	All persons employed by companies registered in Lithuania or receiving any welfare in Lithuania	Various data on employment and welfare including total salary, sickness benefits with accompanying reason for the claim (ICD-coded)

ACHI: Australian Classification of Health Interventions; ATC: Anatomical Therapeutic Chemical; CT: computed tomography; ECG: electrocardiogram; EEG: electroencephalogram; EHR: Electronic Health Records; ESPBI IS: Electronic Health Services and Cooperation Infrastructure Information System; ICD-10-AM: International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification; MRI: magnetic resonance imaging; NHIF: National Health Insurance Fund; TNM: TNM Classification of Malignant Tumors

C | Data Pilot Project Description

The main objective of the pilot was to enable an early-stage start-up to use anonymized health data to improve its innovation, while assessing the user journey—data quality, transfer, and security—and identifying improvements to ensure smooth and fast data provision in the future. The main institution responsible for providing the data was the State Data Agency while the partners – the law firm Ellex – ensured project legal oversight and transparency.

Despite the law, for almost two years, start-ups did not submit applications to obtain data because myths prevailed in the ecosystem – that the data was incomplete or of poor quality, that it was difficult or expensive to obtain, and that data controllers did not provide access. This project also sought to refute these misconceptions: by granting access to selected startups, it was shown that anonymized health data can be obtained and used for innovation in compliance with legislation and data protection requirements. The aim was to encourage wider use of data and the development of data-driven solutions in the health sector.

Over the past two years, we have been actively engaging with various stakeholders, emphasizing the importance of secondary use of health data in advancing the health sector, fostering scientific research, promoting innovation, and improving healthcare management. During these discussions, we observed a lack of initiatives and actions related to data acquisition and utilization. Therefore, we launched this project with the aim of encouraging more active and effective use of data, which will undoubtedly contribute to both innovation and reliable scientific research in our region.

— Inga Kanapeckienė,
EIT Health Representative in Lithuania and
Project Manager at the Health Innovation Development
Department, Lithuanian University of Health Sciences

On February 1, 2024, a public call for startups was announced. The information was disseminated through press releases, partner networks, and social media channels. Applications were submitted by completing a questionnaire and presenting the idea and the purpose of data use (*the questionnaire is attached in Appendix No. 1*).

> **The basic criteria that applicants had to meet:**
> - it had to be established in Lithuania;
> - its representative had to be a Lithuanian citizen or a permanent resident;
> - no data related to mental health could be requested at this stage;
> - it had to provide motivated and clear answers to the Data Pilot questionnaire.

10 applications were received. While the number is lower than anticipated, given the overall circumstances outlined above, we consider it acceptable. This outcome is also reasonable as the pilot represents the first step toward addressing the healthcare data problem in Lithuania.

Specialization areas of the startups for product development: oncology, autoimmune disease, mental health, drug discovery, cardiology, diabetes, and solutions designed to facilitate the daily work of doctors.

Regarding the eligibility of the applications, out of the 10 applicant startups, 1 had to be excluded, because of the non-compliance with the basic criteria.

Applications were evaluated by a committee of project partners and EIT Health representatives. After the initial evaluation, several teams were invited for interviews. The winner was selected based on the alignment of their product with real healthcare needs, the maturity level and time spent on the development so far, the adequacy of the team, the compliance of the requested data with legislation, their social and economic contribution to society, the level of sensitivity, and the startup's registration and activities in Lithuania.

The selected startup was required to use the data received to improve the technology and solution.

The expectations were:
- to obtain tangible trial results,
- to strengthen confidence in the data access system,
- to encourage more applications and broader involvement of startups.

The State Data Agency provided data at the request of the selected startup, ranging from patient demographics (such as gender and age) to diagnoses, treatments. and prescribed medications. All data was anonymized to ensure compliance with the GDPR and national law.

Data was provided via the National Health Data Reuse Platform, operating in the Palantir Foundry environment. Access was provided remotely via a browser, with the option to analyze data using Contour, Python, R, or no-code tools.

In general, upon receiving a data request, the State Data Agency coordinates all details with the client. It collects data from sources to which it has direct access and requests missing data from data owners. By joining the project, the clinic and hospital committed to providing data to the State Data Agency more quickly. After the project, when the startup shared its insights about the data, the Agency helped to review what changes were needed to collect the data in a structured way for future analysis.

The project implementation went smoothly. Agreeing on the desired data structure between the startup and the State Data Agency went smoothly and fit into the preliminary planned deadline, so the main work with the data was completed on time and with high quality.

Some activities took longer than planned due to objective circumstances. The first schedule shift occurred during the selection stage: after reviewing the application, the project partners required more interviews with the startups. Although the meetings were held remotely, coordinating the time with several stakeholders required additional coordination and extended this stage.

The discussion of the results was postponed several months later due to the lack of time of the project coordinator and involvement in other priority projects. It should be noted that this project was carried out at the initiative of the coordinator, without additional funding, with the partners agreeing to contribute their time and knowledge free of charge.

It is important to emphasize that these deviations affected only the discussion calendar, and not the quality of the analyses performed. As a lesson for the future, it is recommended that such pilot projects not only require clear timelines in advance, but also identify possible deviations, plan workloads, and ensure dedicated resources and risk management measures. This would allow maintaining a smooth progress and deadline without further delays.

The project was implemented without a budget - the project initiator and partners worked without compensation, driven by the desire to promote the use of data for innovation. The only funding was intended to cover the costs of the State Data Agency for the preparation of data packages, in accordance with applicable legislation (without institutional profit). The funding was provided by the Innovation Agency, with the approval of the Ministry of Economy and Innovation.

> *The Data Sandbox pilot has shown how cooperation within Lithuania's growing life sciences sector can spark innovation at the ecosystem level. By simplifying access to complex proprietary data environments, the project lowered barriers for startups to innovate—accelerating medical breakthroughs to help patients, incentivizing new business models, and strengthening the entire knowledge economy.*
>
> — *Dominykas Milašius,*
> *Partner of Baltic Sandbox*
> *Venture and the pilot investment project*

The project achieved the main results:

- the data package provided to the selected startup;
- the startup has been working with the data to develop further the product;
- the startup submitted its insights on the received data to the State Data Agency so that the latter could assess the necessary improvements to ensure maximum accuracy of the data in the future.

Additional result:

The initiative has encouraged other innovators: some startups have already submitted applications to the State Data Agency, others are preparing to do so in the near future. Currently, active cooperation is underway with two startups, and another team plans to develop the idea using biobank data. Due to the unique concept and specific data needs, it was decided to continue close cooperation with this startup. It is expected that more success stories will emerge in the near future, which will contribute to the development of health data-based innovations.

This project shows the journey that a company must go through in order to employ data for the development of innovations. At the same time, it also shows the institutional journey – it helps the public sector identify what is missing and clearly understand why it is important to ensure access to high-quality health data. I believe that this project will give a practical impetus to the public sector in particular – to be more flexible in opening data and providing access to it, which will help the health innovation ecosystem in Lithuania to strengthen, expand and potentially become a health data "hub" in Europe.

— Erika Kuročkina,
former Vice Minister of
Economy and Innovation

The project that has been launched is important in its practical aspect. Thanks to it, we will be able to assess the situation of cooperation in the field of data, delving into possible barriers that hinder the opening of data and limit the cooperation of science and health innovators from practical experience. Then we will be able to develop a strategy for overcoming them, while simultaneously solving the most relevant problems for science and the market.

— Olegas Niakšu,
former Vice Minister of
Ministry of Health

About the selected startup:

10 applications were submitted for the project. After evaluating all the criteria, the commission selected the startup BrachyDOSE (brachydose.net). The company has been active in the field of cancer, which is one of the leading causes of sickness and death in society. BrachyDOSE develops a dosimetry system designed to ensure the quality of treatment and control one of the most common cancer treatment methods - brachytherapy procedures. This solution aims to help oncologists avoid the effects of harmful ionizing radiation during radiotherapy procedures when treating a cancer patient. It also aims to reduce the treatment costs incurred by the medical institution (hospital, clinic) by 25-65% and help the patient return to treatment at home 3-5 days faster. This startup was recognized as well-prepared, scientifically based, and market-oriented.

The maturity level of their product was TRL 5. They have been working on the product for 6 years.

The team's competencies were assessed with a high score. There were 12 of professionals in the company with backgrounds of +10 years of experience in medical device engineering, medical data analysis, materials engineering, and software development.

The team was well prepared: it had sufficient IT resources, employed an experienced data analyst, and had successfully completed corporate data security training.

In addition, the project can have a significant social impact, considering the leading status of cancer in society's diseases.

Startup Results & Learnings

In this section, the winning startup of the pilot project shares its experience during the implementation phase. The representatives explain why they decided to participate in the initiative, how access to anonymised health data helped address their challenges, and what the data acquisition and analysis process looked like. The section also highlights the startup's key insights, practical lessons, and recommendations for future projects, offering guidance to other innovative companies aiming to leverage health data in developing their solutions.

1. Identified Problem and Rationale for Participation

The BrachyDOSE team applied to the project in order to address the challenges arising in the development of their innovative solution. Developing such a solution requires specific, reliable health data that are not available in open-access sources, which makes it difficult to ensure the high-quality creation and testing of machine learning algorithms.

Data accuracy is crucial, as the algorithms are designed to help physicians predict radiation-induced tissue damage, painful side effects, and reduce their likelihood, as well as to support the selection of the optimal treatment path with the fewest adverse outcomes.

At the same time, the project aims to assess state expenditures related to cancer treatment and radiation-induced complications. Such analysis is essential to create high added-value solution that reduces the financial burden on the healthcare system and improves patients' quality of life.

2. Data collection and processing

The data collection process was carried out in close cooperation with the State Data Agency, which, based on the submitted requirements, compiled the necessary datasets and provided access to the data analysis environment (Palantir Foundry platform). The process was smooth and ensured a high-quality outcome.

The BrachyDOSE application was submitted in accordance with the procedure established by the State Data Agency[23]. Since the purpose of the evaluation was to assess the startup's journey, no concessions or process simplifications were granted. The application was prepared in a structured manner, clearly specifying the requested data.

Collaboration with the State Data Agency followed a hybrid model. First, the startup submitted its application, after which the Agency evaluated both the application and the requested data. An online meeting was then held, during which Agency representatives clarified details and responded to the startup's questions. Once the request was finalized, the Agency compiled a data package containing 26.4 million rows.

Data were obtained from the following systems: the National Health Insurance Information System "Sveidra", ESPBI, ESPBI IS e-prescriptions, and the Population Register. The information collected was sufficient to achieve the goals of the startup and to ensure effective cooperation. However, some data were excluded due to inaccuracies. For example, in the tables containing gender information, a small proportion of records (0.08–0.24%) were missing (gender marked as "unknown"). There were also inconsistent records, such as height values entered in the weight field and vice versa. The largest proportion of unusable data came from the section on primary malignant tumor diagnoses, where as many as 47.83% of patient codes were entered incorrectly, making it impossible to link them with other data.

When analyzing the data, it was observed that information for the same patient could vary significantly over time: some entries were only one year old, while others dated back ten years. This indicates that not all patient data had been entered, or that data entry was inconsistent. Moreover, ESPBI IS e-prescription data have only been collected a few years ago (during the COVID-19 period), which makes them insufficient for linking to older patient records.

It was also noted that, even in sections where specific radiation side effects should be indicated (and where technical capacity allows a detailed description), medical staff often used broad classifications, simply recording them as "General side effects." Such generalized entries make it difficult to analyze side effects accurately and to draw meaningful conclusions for decision-making.

Before submitting an application to the State Data Agency, the startup carried out preparatory work, consulting with data controllers—hospitals and clinics—and discovered that radiation dose plans, which were essential for the project, could not be obtained. These plans are stored in paper format only and are not digitized in the "Sveidra" system.

Additionally, the startup proposed a hypothesis: to calculate the cost of treating a single patient for the state and to assess whether particular decisions significantly impact the total cost. The answers to this hypothesis could also help the startup assess whether its technology's price is justified. However, substantiating or disproving this hypothesis proved extremely difficult. Due to the complexity of the drug reimbursement system and frequent changes in its procedures, it was nearly impossible to determine the exact treatment cost per patient. Over time, legislation and reimbursement rules have changed multiple times, and no unified data-entry system exists. As a result, precise cost calculations and forecasts could not be made.

These cases were excluded from the analysis. Ultimately, the startup worked with a dataset containing more than 11 million rows.

The analysis of the received data package illustrates a high degree of system fragmentation. Data are dispersed across multiple healthcare providers and sources, entered at different times, recorded inconsistently, and some records still remain in paper format, preventing integration. The lack of unified standards and reliable data entry practices undermines the accuracy and usability of information, limiting both research potential and practical decision-making.

Nevertheless, the remaining dataset was professionally and thoroughly analyzed by a BrachyDOSE data analyst. Core cancer patient datasets were identified, treatment

pathways were determined, and both healthcare system costs and patient out-of-pocket expenses related to side effects were analyzed, with particular attention paid to radiation-induced complications.

The opportunity for businesses to safely use health data is still being developed in many countries around the world, but it has been actively provided in Lithuania for the second year. We are pleased that renowned universities, the private sector, and startups can apply to the State Data Agency on an equal footing.

When we receive an application, our team helps the client understand the legal nuances of the process, refine the idea to a specific data need, and then safely prepares the data itself, always ensuring patient privacy. "BrachyDose" is working on a complex project, so we also consulted with specialists from the National Health Insurance Fund. I hope that this project will help make our services even more transparent, faster, and more convenient.

— Dr. Julius Juodakis,
Head of the Health Data
Team of the State Data Agency

3. Technological breakthrough

The data analysis provided a clear picture of the treatment algorithms applied in Lithuanian hospitals. These include various patient care, monitoring, and combined treatment methods, such as the simultaneous application of chemotherapy and radiotherapy. To ensure the reliability of results, consultations were held with physicians, medical professionals from National Health Insurance Fund who clarified the decision-making logic, expanses models behind the selection of specific treatment paths. These insights laid a strong foundation for the development of the algorithms.

It helped to make an algorithm to predict radiotherapy treatment injury, location, and severity. Also enabled to combine real-world radiation dose measurement of the specific patient-, and common practice pathways in

clinics. This makes radiotherapy treatment more personalised, targeted, and controlled.

4. Medical practice

Although the solution has not yet been widely adopted in medical practices, because of the time frames. valuable connections have already been established with physicians. Prototypes are currently being tested in Lithuanian hospitals: National Cancer Institute (www.nvi.lt), Lithuanian University of Health Sciences Kaunas Clinics Branch Hospital Oncology Hospital (www.kaunoklinikos.lt/onkology-hospital), Klaipėda University Hospital (www.kul.lt). Cooperation with other hospitals is currently being coordinated.

Large-scale studies are planned in Germany and France. The results of these studies will provide clearer evidence of the solution's impact on patient care pathways and its added value for larger healthcare systems.

5. Commercial breakthrough

The results also strengthened the solution from a commercial perspective, enabling a realistic assessment of its implementation potential in Lithuania and its possible impact on the national healthcare sector. Preliminary demand modeling was also carried out for the European and U.S. markets. Being data-driven and supported by participation in this project significantly increased the solution's value, providing a competitive advantage when applying for programs such as the EIC Accelerator or attracting international investment. The acquired experience will also help to better define the product's contribution to Europe's digital transformation – one of the key strategic objectives of the European Commission for breakthrough technologies.

6. Lessons learned

The project provided valuable experience in health data management. It became evident that some data are incomplete, contain input errors or inaccuracies, and, due to the segmented structure of the Electronic Health Records (EHRs), cannot always be linked in the way initially intended.

This demonstrated that working with data requires specific expertise and sufficient time, making it necessary to have a dedicated specialist. It also became clear that companies must establish clear policies for data storage and management to ensure quality and security. Obtaining data alone is not enough – additional consultations with physicians, representatives of the National Health Insurance Fund, health economics experts, and e-health system developers are essential. Only such interdisciplinary collaboration ensures proper data interpretation and application.

Through these consultations, the team gained valuable insights into why data are recorded in certain ways, why some datasets are incomplete or insufficiently detailed. This knowledge has strengthened the team's ability to plan data usage more accurately, assess their quality, and model healthcare solutions more effectively in the future.

7. Recommendations for next projects

During the project we understood and therefore recommend that program organizers include in the application process an additional requirement for startups to demonstrate that their team involves a professional data analyst or equivalent specialist. This would ensure that data are managed consistently and responsibly throughout the program. We also recommend that startups clearly define in advance what data they require and how these will be used both during and after the program. In addition, organizers could consider providing short introductory training sessions on data protection, ethical use, and responsibilities, and verifying that each participating company has established data governance policies. These measures would significantly reduce the risks associated with incomplete or misinterpreted datasets, as well as the potential re-identification of individuals, while at the same time raising the overall quality and accountability of the program.

Project partners' statements about the project

Daniel Naumovas, Vice-Minister of Ministry of Health of the Republic of Lithuania (former Head of Vilnius University Santaros Clinics Biobank). Innovation flourishes where science, data, and bold ideas meet. This pilot project shows that Lithuania is ready to turn its health data into real societal value—supporting startups, attracting global investment, and strengthening our place in the European Health Data Space."

Erika Kuročkina, former Vice Minister of Economy and Innovation. The speed of health and life sciences technologies and their development processes is influenced by the use of the necessary algorithms for training and testing the product being developed. done, therefore, we immediately assess what works, what does not, and where changes are necessary.

Health data is a raw material that is vital for developing health innovations: from preventive technologies to technologies that assist surgeries. We are not a country that is as receptive to innovations as any other, with talented people, so the maximum implementation of data and intelligence can become a distinctive feature in becoming a leader in health innovations, and a center of attraction for establishing your own businesses here.

Olegas Niakšu, former Vice Minister of Ministry of Health. Use of health data has a place in the life science sector: health data is a raw material needed by scientists, businesses, policymakers and other participants in this ecosystem, therefore overcoming them is necessary and important.

Jekaterina Kalinienė, Head of the "Biotech Lab" at Innovation Agency. Thanks to our close engagement with innovative SMEs and having prepared a roadmap for life sciences development in Lithuania, we understand about the need for data openness. Together with the Lithuanian ecosystem, we are developing a "sandbox" concept that would allow SMEs to test the solutions they are

developing in a safe environment. Therefore, this pilot health data program is in line with our strategic direction to practically promote innovations in life sciences, and lays the foundations for the development of a further simplified system.

dr. AndriusAlišauskas, Head of the Department of Studies and Research, Kaunas University Hospital, LSMU. This pilot on the secondary use of health data is proof that in Lithuania secondary data can be issued to healthcare institutions and markets quickly, lawfully, and securely. It has already generated a successful demonstration startup, BrachyDOSE, and has moved the market from a standstill, filling the "zero applications" vacuum that existed up until 2024 (new applications have emerged based on this example). The next phase should focus on standardization, indicators, sustainability, and scaling — this way Lithuania can become a regional center for health data innovation and a model for the EHDS.

Beata Kurucz, EIT Health RIS Programme. Access to healthcare data for secondary usage has remained a critical challenge for healthcare start-ups and businesses, and one of the major barriers to healthcare innovations across Central-, Eastern-, and Southern Europe. The Lithuanian Data pilot project marks a significant milestone in advancing a practical solution and has the potential to serve as valuable reference model for the countries throughout the region."

Antanas Montvila, Head of Innovation Assessment and Implementation Department at Lithuanian University of Health Sciences hospital Kaunas Clinics. This project was a great opportunity to practically assess current situation regarding access to and quality of health data what served as a great lesson for both data providers and companies to better understand not only the process of accessing data through data agency but more importantly on formulating the right clinical question and problem that could be solved through use of health data. More, it gave us a better view on what data is available for potential commercial partners and helped us to understand how improve our data quality trough structure and standards.

Conclusion

The Lithuanian Data Pilot has marked a significant step in transforming the country's approach to the secondary use of health data. By moving from theoretical discussions to practical implementation, the project has demonstrated that anonymised health data can be securely and effectively accessed by startups, fostering innovation in healthcare technologies. The successful case of BrachyDOSE has shown that meaningful progress is possible when data, expertise, and collaboration are aligned.

The pilot has also revealed structural challenges—ranging from fragmented data sources and varying data quality to the need for stronger interdisciplinary collaboration and clear governance models. Addressing these issues will be essential to ensure that the reuse of health data becomes a scalable and reliable mechanism for innovation. Startups, in particular, require both

technical expertise and guidance to make effective use of complex health datasets.

The experiences and lessons learned during the project underline the importance of continued investment in infrastructure, capacity building, and legal clarity. By strengthening trust in the data ecosystem and ensuring that processes are transparent, efficient, and secure, Lithuania can create an enabling environment where more innovators are encouraged to develop solutions based on health data.

Ultimately, this initiative positions Lithuania to become a regional leader in data-driven health innovation. With continued commitment from public authorities, academia, industry, and investors, the country has the potential not only to accelerate the growth of its healthtech sector but also to contribute meaningfully to the emerging European Health Data Space. The pilot serves as proof that cooperation, strategic vision, and practical experimentation are the key drivers in turning health data into real societal value.

Photo 1. Morning Health Talks | Access to Data. Sharing Is Caring - Data Sharing Initiatives in Healthcare | 01/16/2023

Photo 2. Morning Health Talks | Digital future of healthcare: is it all about the data? | 27/06/2022

Photo 3. Morning Health Talks | Celebrating success and learning from challenges with focus on collaboration for better health data use | 23/11/2023

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APPENDIX

1) Questionnaire for Applications

PROVIDING HEALTH DATA TO AN EARLY STAGE START-UP
PILOT PROJECT

Section 1 of 7

Welcome to the Secondary Use Health Data Pilot Project Application Form!

B *I* <u>U</u> 🔗 ✗

To encourage more secondary health data sharing between data owners and start-ups, we are excited to announce the launch of our pilot project. This initiative aims to provide valuable secondary health data to early-stage start-up team. Team will be selected by the project partners based on it's ability to justify and meet the following criteria:

☑ **NEED.** Provide insights into unmet clinical needs and available solutions.
☑ **INNOVATINVESS OF THE IDEA.** Describe a potential solution for an unmet need. Explain how your innovation improves the current standard of care and/or goes beyond the state-of-the-art.
☑ **PROOF OF CONCEPT (PoC).** Validate key component concepts in models and articulate the value proposition.
☑ **PREFERRED DATA.** Please include all relevant data sets and specify the scope of the data requested, including the time period, attributes/columns, and quantitative and qualitative criteria for inclusion in the sample.
☑ **IMPLEMENTATION TIMELINE.** Detail how much time will be needed for the analysis and growth to reach Proof of Value (PoV). More about PoV requirements read here: CIMIT HealthTechInnovation Cycle.

❗ **By participating in this project, your startup commits to:**
- Inform project partners about the results according to a timeline agreed upon early on.
- Grow your startup to Proof of Value (PoV) after receiving the data.

🟢 **Everyone who completes the survey and does not win will receive constructive feedback about their idea!**
🟢 **For the startups with biggest potential but not selected to the program we'll provide partners' support for your idea development.**

📅 **Project Timeline:**
➡ **02.01** Open call for startups
➡ **02.19** End of submission
➡ **02.23** Results Announcement
➡ **02.28** Startup applies to VDA*
➡ **Q1-Q2** VDA* prepares the data together with data controllers
➡ **Q2** VDA* provides data for startup
➡ **Q4** Startup presents results to project partners

🏛 *If you have any questions or need further information, please feel free to reach out to Inga: inga.kanapeckiene@lsmu.lt or +370 601 04722*

We look forward to receiving your applications and collaborating with you to harness the power of health data for innovation and better healthcare outcomes. Together, we can make a meaningful impact on the future of healthcare!

📅 **APPLICATION DEADLINE: 19 February, 2024 | 5PM**

Startup Name *
Short answer text

Problem Statement *
Clearly define the healthcare challenge or gap in the market that your solution aims to address.
Long answer text

Team Members *
Introducing each team member and provide a concise summary of their relevant experience and expertise.
Long answer text

Section 2 of 7

Need Identification
Description (optional)

What problem does your startup aim to address? *
Long answer text

Key stakeholders and potential users who are affected by this problem? *
Long answer text

Section 3 of 7

INNOVATINVESS OF THE IDEA
Description (optional)

Describe a potential solution for an unmet need. Explain how your innovation improves the current standard of care and/or goes beyond the state-of-the-art. *
Long answer text

How does your idea differentiate from existing solutions or approaches? *
Long answer text

Have you conducted any preliminary market research or surveys to validate the need for your idea among potential users and customers? Provide results. *
Long answer text

Section 4 of 7

PROOF OF CONCEPT (PoC)
Validate key component concepts in models and articulate the value proposition.

What is the status of your concept's development? (e.g., idea stage, prototype, early development) *
Long answer text

Provide proof of concept (PoC) experiments or studies to validate the feasibility of your solution? *
Long answer text

Section 5 of 7

Proof of Feasibility (PoF) | [IN ADDITION, IF YOU CAN PROVIDE INFORMATION]
Feasibility of whole solution demonstrated in models and in feedback from stakeholders.

Have you tested your concept or solution with potential users, clinicians, or healthcare institutions to gather feedback and validate its market potential?
Long answer text

What evidence do you have to demonstrate that there is a demand for your innovation in the healthcare market?
Long answer text

Have you identified any potential partners or collaborators in the healthcare industry who have shown interest in your solution?
Long answer text

APPENDIX

1) Questionnaire for Applications

Section 6 of 7

REQUIRED DATA & IMPLEMENTATION TIMELINE

Description (optional)

REQUIRED DATA *

Please include all relevant data sets and specify the scope of the data requested, including the time period, attributes/columns, and quantitative and qualitative criteria for inclusion in the sample. *IMPORTANT: At this stage we cannot deliver any data related to mental health.*

Long answer text

Detailed description of data

Here you can attach a document with a detailed description of the data. [IF THERE IS A NEED]

⬆ Add file   ▲ View folder

IMPLEMENTATION TIMELINE *

Detail how much time will be needed for the analysis and growth to reach Proof of Value (PoV).

Long answer text

Detailed implementation timeline

Here you can attach a document with a detailed implementation timeline. [IF THERE IS A NEED]

⬆ Add file   ▲ View folder

Section 7 of 7

CONTACT INFORMATION

Description (optional)

CONTACT PERSON *

Short answer text

EMAIL ADRESS *

Short answer text

PHONE NUMBER *

Short answer text

By filling out this registration form, as an event participant, I am informed that: *
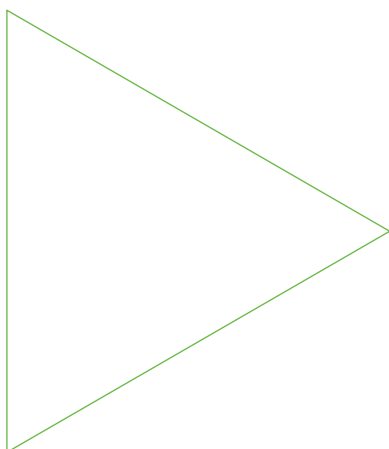
- The organizers will process the personal data indicated in my registration form (name, phone number, e-mail address) to organize and conduct this pilot project (including communication).
- The personal data specified in the registration form will be stored for the purpose of organizing and executing the pilot no more than 30 days after pilot end.

○ Agree

○ Disagree

Feel free to share this report.

Use it to drive positive change and foster improvement and collaboration across the healthcare landscape.

Inga Kanapeckienė

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LITHUANIA

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MINISTRY OF THE ECONOMY AND INNOVATION

White Paper
2025