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Unveiling the Roadmap: EVOLVE2CARE Maps the Complexities Stifling European HealthTech Innovation

THESSALONIKI — EVOLVE2CARE has released its first major policy deliverable ([D1.1](#)), providing an evidence-validated foundation for navigating the complexities of transitional care. The report identifies that while market demand for remote monitoring is high, innovation is frequently stalled by “regulatory fragmentation” and “reimbursement uncertainty.” This roadmap establishes a five-domain framework—Legal and Regulatory, Fiscal, Technical, Operational, and Economic and Social—to guide the project’s future interventions.

Baseline Assessment: Top Drivers vs. Top Barriers

Domain	Top 3 Drivers	Top 3 Barriers
Legal & Regulatory	Pilot-friendly environments; Guidance on approvals; Clear regulatory pathways.	Regional fragmentation; Opaque approval routes; Data privacy/GDPR complexity.
Fiscal	Government grants/subsidies; High market demand; Investor readiness.	High upfront validation costs; Reimbursement uncertainty; Pre-revenue risk.
Operational	Early stakeholder engagement; Feedback loops; Clinical workflow integration.	Resistance to technology adoption; Long adoption timelines; Coordination load.

Selected domains shown; the full five-domain assessment is presented in Deliverable D1.1.

These findings will be socialized and refined through a series of interactive workshops designed to move from report-writing to active stakeholder co-creation.

Related News & Resources

- [Open Survey to examine drivers and barriers within the Transitional Care](#) (15 Nov 2024)
 - [Kick-off Meeting in Thessaloniki, Greece!](#) (5 Nov 2024)
 - [EVOLVE2CARE Zenodo community \(project deliverables\)](#)
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About EVOLVE2CARE

EVOLVE2CARE is a Coordination and Support Action (CSA) dedicated to strengthening HealthTech experimentation in transitional care. The consortium brings together five leading organisations: Aristotle University of Thessaloniki (AUTH), the European Network of Living Labs (ENoLL), Sploro, Anthology Ventures, and VILABS.

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