

RESOLUTION NO. 12/2015

APPROVAL OF THE GUIDELINES AND
ANNEXES FOR THE OPEN INNOVATION
COMPETITION "IMPACTA
SALUD" (IMPACT ON HEALTH)

SANTIAGO, 21 July 2015

IN VIEW OF:

Disclaimer: The official version of the Terms & Conditions of Impacta Salud are written in Spanish. This is a comprehensive English translation. In case of any inconsistency between both versions, the Spanish one prevails.

1. Resolution (A) No. 50, of 2014, from the Executive Vice-President of the Production Development Corporation 'Corfo' (known by its Spanish acronym), which approved the Regulation governing the Public Sector Innovation Committee, hereinafter referred to as the "Laboratorio de Gobierno", modified by resolutions No. 7, 20 and 44, of 2015, all of 2015, from Corfo.
2. The abovementioned Regulation establishes that it is the power of the Laboratorio de Gobierno Strategic Committee to approve and/or modify, during plenary sessions, support initiatives aimed at fulfilling the purposes of the Laboratorio de Gobierno by determining their general objectives and expected results as well as expressly establishing whether the Executive Director shall have the power in each case to create one or more Financing Instruments.
3. The same Regulation states that the Strategic Committee shall, through a Sub-Committee, define the maximum financing sums and percentages, potential beneficiaries and assessment criteria for the support initiatives approved by the Strategic Committee.
4. Agreement No. 1, adopted at Session No. 4, of 23 April 2015, by the Laboratorio de Gobierno Strategic Committee, which approved the support initiative known as "Management of Ecosystems and Investments", implemented by means of control-exempt resolution No. 3, of 2015, and agreement No. 1, adopted at Session No. 5, of 28 May 2015, by said Strategic Committee, which approved the creation of the Financing Instrument "Open Innovation Competition", its general objective and

expected results, implemented by means of control-exempt resolution No. 6, of 2015, by the same body.

5. Agreements No. 1, 2 and 3, adopted at Session No. 2, of 23 June 2015, by the Laboratorio de Gobierno Assessment Sub-Committee, which approve the beneficiaries, maximum financing sums and assessment criteria for said financing instrument, implemented by means of control-exempt resolution No. 9, of 2015, by the Laboratorio de Gobierno.
6. The powers granted to the Executive Director of the Laboratorio de Gobierno in the Regulation indicated in recital one; the provisions of resolution No. 121276/16/2015, by the same body and the provisions of Resolution No. 1600, of 2008, by the Office of Comptroller General of the Republic of Chile.

I HEREBY RESOLVE:

1. **APPROVE** the terms of reference and addenda for the financing instrument Open Innovation Competition “Impacta Salud”, the text of which is as follows:

GUIDELINES FOR THE OPEN INNOVATION COMPETITION “IMPACTA SALUD”

1. BACKGROUND.

In the context of the first Laboratorio de Gobierno project, which was initiated in January of this year, a series of challenges were raised in the area of primary health care thanks to the research work and co-creation completed at the Quinta Bella Health Centre in the community of Recoleta, the results of which are outlined in Annex 1 of these Terms of Reference.

A series of key questions were raised during this four-month period when thinking of innovations for the CESFAM (Family Healthcare Centre) and the surrounding community.

Of these questions, the one that was least developed yet has the greatest potential to be approached with new ideas from outside the State by means of an open process is as follows: “How can healthcare be brought closer to the people in order to de-congest family healthcare centres and foster prevention and self-care?”

We shall transform the relationship between our citizens and the public healthcare system.

- The Laboratorio de Gobierno invites you to create solutions to strengthen the comprehensive family and community healthcare model, the pillar of primary healthcare in Chile.

Context

One of the most widely-spread problems in the Chilean public healthcare system is that many of the temporary and chronic diseases affecting the population could be prevented with **tools, services, incentives and information fostering self-care and a change in lifestyle which involve boosting the role of families and communities so they become active role-players in the care offered to the population.**

The low scope of disease prevention lies in the fact that people only access healthcare through direct, personal, on-site contact with a healthcare professional. This means the relationship becomes reactive in that patients only visit their healthcare centres and worry about their health when they already have symptoms. Under this system, both users as well as healthcare professionals miss the opportunity to deliver and receive education and tools for real awareness of a patient’s health conditions and react in a preventive manner.

Since the healthcare centres only cover the population registered, there is a percentage of people who do not regularly visit these centres and, therefore, the strategy must be aimed at bringing healthcare close to the people and their

families. This is where the community may play a crucial role and what opens a door so that innovation may generate the link that is missing between healthcare professionals and the community.

The people and communities need tools to take a more active role in disease prevention and care so as not to simply depend on a healthcare centre in terms of infrastructure. Thus, patients become proactive, health-educated role-players. This empowerment may be fostered through social and technological innovation of products and services.

The Challenge

Through **IMPACTA SALUD**, the Laboratorio de Gobierno is inviting the community to open collaboration in order to innovate the way in which people take ownership for their own prevention and health and, therefore, create a new relationship with the public healthcare system.

Purpose of IMPACTA SALUD

- To bring healthcare closer to the people
- To decentralize the delivery of healthcare services
- To foster prevention and self-care

Specifically, the innovations proposed must seek to resolve all or some of the following questions:

- How can we deliver tools to the community so they become **active role-players** in healthcare **prevention and monitoring**?
- How can we transform the relationship between users of the service and the system so as to enable **areas of collaboration in relation to health and wellbeing**?
- How can we generate actions that change the reactive logic and boost **motivation for prevention and self-care**?
- How can we bring healthcare closer to the community, **decentralizing the delivery of the service** and provide healthcare professionals with tools for **a more direct and closer relationship** with the people?
- How can we **empower communities** through social innovation to boost people's wellbeing?

2. GENERAL OBJECTIVE.

To seek ideas to overcome a challenge associated with family healthcare issues under the framework of the project developed by the Laboratorio de Gobierno at the Quinta Bella Healthcare Centre in Recoleta, through an open innovation process which includes monitoring and acceleration of the best ideas for later transformation into minimum viable prototypes (MVPs).

3. EXPECTED RESULTS.

1. To attract new ideas of solutions to public issues.
2. To incubate between 10 and 20 prototypes (MVP).
3. To mobilise and activate the business network around a public challenge.
4. To multiply the impact with pilot projects undertaken by the competition winners.

4. STRUCTURE.

The Competition is structured into the following phases:

- **Launch of the Competition and Proposals.** Participants shall submit their ideas for the solution through the competition website.
- **Evaluation Process:**
 - Admissibility.
 - Technical Evaluation.
 - **Shortlisting:** a maximum of 20 ideas for the solution out of the total proposals received.
 - **DemoDay:** The pre-selected candidates shall present their work team, proposed idea and MVP or viable prototype development plan. Those who are awarded financing shall receive a grant to be used to develop said Plan during Bootcamp.
 - **Signing of the Agreement.**
 - **Bootcamp:** The shortlisted participants shall receive training and present the MVP development process and the findings.
 - **Exhibition and Awarding:** A maximum of the three best MVPs or viable prototypes shall be selected which will be awarded the sum they must use to implement the pilot project.
- **Pilot Projects.**

Summary of Deliverables			
Phase	Deliverables	Format	Date
Proposals (open to any participant who meets the requirements established in the guidelines)	Form briefly describing the idea for the solution to the challenge	Online	28-07 to 15-09 2015

DemoDay (only for shortlisted candidates)	Working document: • MVP development plan	<ul style="list-style-type: none"> • Written document to the Laboratory • Presentation at DemoDay 	14-10 to 15-10 2015
Bootcamp (only for shortlisted candidates)	Working documents: • MVP findings • Implementation Plan and Pilot Project	<ul style="list-style-type: none"> • Report of findings in writing to the Laboratory • Presentation at the Exhibition 	09-11 to 10-12 2015

5. DEADLINES.

Unless otherwise expressly indicated, the periods of days established in these guidelines shall be business days, while Saturdays, Sundays and holidays are considered non-business days.

6. ACCEPTANCE OF THE GUIDELINES.

For all legal purposes, the submission of a proposal implies the candidates are aware of and accept the full content of these guidelines and any eventual modifications and that they will abide by the terms of the competition.

7. BENEFICIARIES. CANDIDATE PROFILE.

a. Private Individuals.

Private individuals may propose their ideas for a solution either individually or in teams; nonetheless, only one of them in the latter case will be responsible for the proposal and will act as the Laboratory counterpart. This person will be actively and passively liable for all rights and obligations established in the grant agreement.

b. Legal Entities.

National and foreign legal entities, which operate for profit or as a non-profit entity, may propose their ideas for a solution.

Every private individual, team or legal entity that participates in this competition may only propose one idea for a solution.

8. AMOUNT AND MEANS OF DELIVERY OF GRANTS AND CONTRIBUTIONS.

This competition provides for the delivery by the Laboratorio de Gobierno of a grant totalling a maximum sum of \$5,000,000 (five million Chilean pesos) in the form of an advance payment for a maximum of 20 ideas pre-selected from among all proposals by the Laboratorio de Gobierno Assessment Sub-Committee, hereinafter referred to as the Sub-Committee, in accordance with the provisions of number 12 of these guidelines and with the purpose established in point 15.

In addition, the three MVPs or viable prototypes most highly assessed will receive a contribution of a maximum amount of \$50,000,000 (fifty million Chilean pesos) in the form of an advance payment in accordance with the selection made by the Sub-Committee pursuant to the provisions of point 16 and with the purpose established in point 18 of these guidelines.

These grants and contributions shall be delivered in the form of advance payments after all conditions established for such delivery in numbers 14 and 17, respectively, of these guidelines have been fulfilled. The final amount of each one shall, within the limits indicated above, correspond to actual expenses proven to be invested in the implementation of the minimum viable prototype and the pilot project, as appropriate, pursuant to the provisions of numbers

15, 18, 19 and 21 of these guidelines.

9. SUBMISSION OF PROPOSALS.

a. Announcement of the Competition and Form of Proposal Submission.

The announcement of this competition will be communicated by the Laboratorio de Gobierno by means of a public notification published in nationally-circulated media which shall include the following information: the identification of the instrument, date and place the guidelines shall be available, the first and last day of acceptance of proposals, the email address for queries and the means for submitting proposals. This information will also be published at the website lab.gov.cl

The Laboratorio de Gobierno may communicate the announcement in any other communication media that ensures adequate dissemination.

Interested parties must submit their proposals online, presenting their ideas for the solution at the initiative website www.impactasalud.cl as of the first day of acceptance of proposals until the last day indicated in the notification mentioned in paragraph one of this section.

b. Content of the Proposal.

In order to submit a proposal, interested parties must deliver their proposal by completing the form found at the website www.impactasalud.cl on the basis of the background contained in Annex 1 of these guidelines relating to the work done by the Laboratorio de Gobierno at the Quinta Bella Healthcare Centre in the community of Recoleta and formulate their proposal in accordance with the following information which will be requested on said form:

- i. Full name and email address of the private individual responsible for the team or the legal representative of the legal entity submitting the proposal.
- ii. Password.
- iii. Account name.
- iv. Title.

- v. **Sub-title:** a short description of the solution.
- vi. **Problem:** A concise explanation of the problem, the issue or area to be covered with the solution proposed. It must introduce the approach to be used to resolve the problem.
- vii. **Solution:** What the solution consists of; whether it is a new idea or a re-formulated idea as well as the state of development and maturity. It must include details on the business model and target market. It must explain how it is innovative and provide details as to the potential scalability.
- viii. **Economic Impact:** There must be an explanation of the value the solution adds to the city's economy in relation to various aspects. This field is directly related to the use, production and management of resources on a local level and reference must be made to past findings, quantitative data and other evidence, ideally by third parties, in order to offer confidence in the impact of the solution.
- ix. **Cultural Impact:** There must be an explanation as to the extent the solution contributes to the culture, integration and wellbeing of the citizens so as to strengthen the identity and channels of communication of the local community. The Cultural Impact also covers the relationships of equality, power and accessibility.
- x. **Environmental Impact:** This section must focus on issues related to the social-environmental inter-connection including the human impact and sustainability. It may emphasize how it supports the responsible use of resources, improvements to the air and water quality and how it minimises climate change. Whenever possible, provide past results or evidence of another type, by third parties when possible, in order to offer confidence in the impact.
- xi. **Political Impact:** This section must explain the impact of the solution on social relations. The political impact refers to organisations, authority, laws, citizen participation and regulation. Aspects of governance transparency, efficiency and responsibility towards citizens shall be highlighted by providing evidence of the implications of the solution in society.
- xii. **Summary:** This section must cover the complete history of the solution. It must briefly highlight the most innovative aspects in the following areas: relevance of the solution with respect to the challenge, its

execution capacity and potential market as well as the impact on the city.

xiii. Questionnaire:

What are the short-term needs of your project in order to launch it in the market or to scale it? Details may be provided as to the type of infrastructure, financial needs, current status of the competition and level of user acceptance.

What is the business model for your solution?

What do you believe makes it innovative?

How would you make your solution financially viable?

Is there a market demand for the solution?

10. EVALUATION PROCESS.

a. Admissibility.

The Laboratorio de Gobierno Technical Team will verify that each proposal has been submitted in due time and form, and that all of the fields required on the submission form have been completed in accordance with the provisions of point 9 of these guidelines. Any additional or complementary clarifications and/or background information required may be requested during this analysis by email but neither the proposal nor the principle of equality among candidates may be altered. Said clarifications and/or background information must be sent to the Laboratorio de Gobierno to the email address impactasalud@lab.gob.cl within 5 days following the corresponding request.

This analysis will be done within a period of 5 days after the proposals are received.

If there is proof the candidates did not follow the requirements of point 9 of these guidelines, the proposal will not pass to the following phases and this circumstance will be communicated to the candidate within a period of 5 days upon completion of the analysis.

b. Technical Analysis.

The technical analysis of the ideas will be completed in phases pursuant to the provisions of points 11, 12 and 15 of these guidelines.

11. SHORTLISTING.

All of the admissible proposals will be evaluated by a jury of 7 members, designated by the Executive Director of the Laboratorio de Gobierno, comprised of national and international experts in the areas of innovation and healthcare, a representative of the Chilean Ministry of Health, professionals from the Laboratory Team and civil servants from the Quinta Bella Healthcare Centre in Recoleta. This jury will review and prioritise the ideas pursuant to the following evaluation criteria and will calculate the scores using two decimal points.

- Grading scale: 1 to 5 where 1 is the lowest and 5, the highest.

Criteria	Description	Weighting
Degree of innovation	Degree of uniqueness or the originality of the idea, degree of maturity, degree of disruption.	25%
Solution/problem fit	Relevance to the challenge identified. Degree to which the idea is adequate for solving the problem.	35%
Potential for implementation	Capability and feasibility of the implementation of the solution in a real environment. Analysis of infrastructure, investment or financing required, business model, business plan.	25%
Potential impact (economic, environmental, social)	How the solution affects the economy, society and environment in the context of the Quinta Bella Healthcare Centre in Recoleta and its users.	15%

Depending on the scores obtained in each case, the jury will prepare a ranking which will be presented by the Executive Director to the Laboratorio de Gobierno Assessment Sub-Committee which will pre-select a maximum of 20 out of the most highly assessed ideas for the solution.

In the event of a draw, the one with the highest score for the criterion “Solution/ problem fit” and then that of “Degree of innovation” will be ranked higher.

12. DEMO DAY.

The candidates whose ideas for the solution are pre-selected in accordance with the provisions of the section above shall participate in a Demo Day, the goal of which is the presentation of the work team and the idea proposed to the jury in addition to the Development Plan for the MVP or viable prototype.

For this purpose, the pre-selected candidates shall deliver on said Demo Day, the timetables and conditions of which will be properly communicated, the profiles of those who will participate in the work teams for the development of the MVP or viable prototype as well as a document containing the Development Plan for it, the content of which shall meet the requirements of the instructions issued by the Laboratorio de Gobierno along with the notification to all pre-selected candidates.

Participation in Demo Day will be evaluated by the jury in accordance with the following criteria with the scores calculated using two decimal points:

- Grading scale: 1 to 5 where 1 is the lowest and 5, the highest.

Criteria	Description	Weighting
Team Profile	The quality of the team as concerns the size, multi-disciplinary nature, experience, professionalism and degree of involvement as well as its potential for growth.	20%
Degree of innovation	Degree of uniqueness or the originality of the idea, degree of maturity, degree of disruption.	30%
MVP Development Plan	Quality of the MVP development plan	40%
Communication potential	The degree of ease and simplicity to communicate the solution and its usefulness for users.	10%

In the event of a draw, the one with the highest score for the criterion “MVP Development Plan” and then that of “Degree of innovation” will be ranked higher.

The ideas that are evaluated with a score of 3 or higher will be submitted to the Sub-Committee which will decide upon the ones that are awarded a grant totalling a maximum amount of \$5,000,000 (five million Chilean pesos) pursuant to the budget available to the Laboratorio de Gobierno.

The decision will be communicated to all pre-selected candidates by certified mail within five days of the award by the Sub-Committee.

Payment of said grant will be conditioned on the signing of an agreement and the delivery of the respective guarantee pursuant to the provisions of the section below. The purpose of the grant will be to finance the activities referred to in number 15 “Bootcamp”.

13. AGREEMENT.

a. Request for Background Information.

The notification to the awarded candidates of the decision by the Sub-Committee to approve their ideas under the terms indicated above, the following background information will be requested from the awardees in order to draw up the respective agreements:

1) Private Individuals:

- i. A non-certified copy of both sides of their identification document or passport.

- ii. A sworn statement by the candidate indicating they are current on the payment of all social security and unemployment insurance contributions as well as Complementary Global Tax or the unique tax established in No. 1 of article 42 of the Chilean Income Tax Law and authorising the Laboratorio de Gobierno to verify said information (Annex 2).

2) Legal Entities:

- i. A non-certified copy of the constitution instrument and any modifications thereto. For foreign legal entities, a sworn statement in Spanish or English signed by the representative of the legal entity before a Chilean diplomatic or consular officer accredited in the country of origin or before a Certifying Officer or civil servant assigned to its registered address certifying that, pursuant to the laws or practices in the country, said legal entity was constituted in accordance with the applicable regulations and that it is currently operating legally in addition to certification of the presentation of the document granting the declaring party the power to represent it.

If it is a legal entity constituted in Chile operating under the system provided for in Chilean Law No. 20,659 – which simplifies the system for constituting, modifying and dissolving trading companies, and the implementing regulations-, the submission of said background information will not be necessary if it can be obtained from the “Register of Companies and Enterprises” referred to in Title IV of said law.

- ii. A non-certified copy of the by-laws registration with a record of its publication.
- iii. A certificate of valid operation issued by the competent authority no earlier than 90 days before the date of submission.
- iv. A sworn statement by the beneficiary indicating they are current on the payment of all social security and unemployment insurance contributions as well as tax referred to in numbers 3, 4 and 5 of article 20 of the Chilean Income Tax Law and authorising the Laboratorio de Gobierno to verify said information (Annex 2).

- v. Any other background information deemed appropriate by the Laboratorio de Gobierno in order to comply with the provisions of Chilean Law No. 19,862.

The deadline for the delivery of the background information by the awardees shall be 7 days following communication of the approval of their ideas. If the background information is not provided within the period established, the awardee will be understood as desisting their request for a grant.

b. Signing of the agreement.

Once all of the appropriate legal background information is received, the grant agreement to be signed by and between the Laboratorio de Gobierno and the awardee will be drafted indicating all of the parties' rights and obligations. This document will be sent by email to the awardee in order to be signed within 5 days following receipt of the appropriate legal background information required to sign the agreement.

The beneficiary shall have a maximum period of 5 days after the agreement is sent by email to sign and physically return two original signed copies to the Laboratorio de Gobierno. If the Laboratorio de Gobierno does not receive the two signed copies, the awardee will be understood as desisting their request for a grant.

c. Content of the agreement.

The agreement signed with the awardees shall regulate the relationship between them and the Laboratorio de Gobierno and the rights and obligations of each party in relation to the purpose and benefit of the grant to be transferred to the Laboratorio de Gobierno.

Moreover, said agreement will regulate the conditions of use and profits from the contributions that may be awarded to the grant beneficiaries pursuant to the provisions of points 18 and 21 of these guidelines as well as the obligations relating to intellectual and/or industrial property and confidentiality as established in number 20 of these guidelines.

d. Modifications to the agreement.

Any modifications to the Development Plan for the MVP or viable prototype or to the Implementation Plan and Pilot Project that change the clauses of the resource transfer agreement must be outlined in an instrument modifying them. Such agreements must be approved by Resolution of the Laboratory.

Said modifications may be requested by the awardees or required by the Laboratorio de Gobierno. The Laboratorio de Gobierno will have 7 days to approve or reject a modification requested by the awardee.

If the request must be known and resolved by the Sub-Committee, the modifications shall be formulated with due justification and advance notice by email to impactasalud@lab.gob.cl for submission to the indicated body at the earliest session. The approval or rejection will be communicated to the awardee within 7 days after such decision.

14. CONDITIONS FOR THE PAYMENT OF THE GRANT.

The grant awarded by the Sub-Committee shall be transferred once the following conditions are met:

- a. **The complete processing** of the Laboratory resolution approving the grant agreement.
- b. **Certification** that the beneficiary is registered with the CORFO Register of Legal Entities Receiving Public Funds, as established in Chilean Law No. 19,862, as applicable.
- c. **The delivery by the beneficiaries of the corresponding advance guarantee.**

The beneficiary must deliver a guarantee document to the full satisfaction and in benefit of the Laboratorio de Gobierno ensuring the proper use of the resources transferred as well as faithful compliance with the agreement in accordance with the following characteristics:

- i. The guarantee must be constituted and submitted within 10 days after notification of the award to the candidate.
- ii. Said document must consist of a bank guarantee for immediate execution upon demand, term deposit, insurance policy for immediate execution upon demand or bond certificates granted by reciprocal guarantee institutions for a value that is equivalent to 100% of the grant.
- iii. If the nature of the document so requires, the annotation on the instrument must express that the purpose is to "guarantee the proper use of the grant awarded by the Laboratorio de Gobierno and faithful compliance with the resource transfer agreement for the execution of the (indicating the name of the MVP)".
- iv. The validity of the guarantee must be at least 3 months after the date of delivery of the MVP pursuant to the timeline established in the grant agreement.
- v. The guarantee must be returned by the Laboratorio de Gobierno once the corresponding benefit has been approved.
- vi. In order for the guarantee to be returned, the prior restitution of all grant balances observed and not spent or used will be required in addition to approval of the corresponding benefit.
- vii. The mentioned guarantee document may also, by exception, be granted by third parties if approved by the Laboratorio de Gobierno mentioning in the annotation, if applicable due to the nature thereof, that the beneficiary (which must be individually acknowledged) is guaranteed in addition to the text indicated in number iii above.
- viii. The financial costs associated with the guarantees, irrespective of whether they are provided by third parties or by the beneficiary, may be allocated to projects' costs under the Operating Expenses account.

- ix. If the beneficiary is a body of the Chilean Government, the delivery of a guarantee will not be required without prejudice to the fact that the Laboratorio de Gobierno will exercise the corresponding administrative and judicial actions if there is any balance requested and pending return following the execution of the project.

15. BOOTCAMP.

The pre-selected ideas for which a grant is transferred in accordance with the provisions of numbers 12, 13 and 14 will enter the Bootcamp or co-creation phase aimed at presenting the development process of the MVP or viable prototype and findings.

During this phase, candidates shall work with the users and civil servants of the various CESFAM (Family Healthcare Centres) in the community of Recoleta or others of similar characteristics under coordination by Laboratory personnel in order to receive the opinions, observations and comments of these users and civil servants so as to validate their ideas and reformulate them, if deemed necessary. Only a maximum of five members may participate on behalf of each work team in the Bootcamp phase.

The grant awardees who enter into the respective agreement shall use the resources for activities such as:

- Field work.
- Interviews with users and civil servants.
- Feedback sessions with the Laboratorio de Gobierno team.
- Training workshops on design and prototyping topics.
- Talks with experts; mentoring.

Candidates may deliver their MVPs or viable prototypes along with their Implementation Plan and Pilot Project, the content of which must comply with the instructions issued at the appropriate time by the Laboratorio de Gobierno, between 30th November and 10th December 2015. They will be evaluated by the jury during a public exhibition as mentioned in number 16 of these guidelines.

The jury will evaluate the MVPs or viable prototypes and the Implementation Plan and Pilot Project and will propose a ranking to the Executive Director of the Laboratory in accordance with the following criteria with the scores calculated using two decimal points:

- Grading scale: 1 to 5 where 1 is the lowest and 5, the highest.

Criteria	Description	Weighting
Conceptual and technical quality of the MVP	Maturity of the concept and technical aspects of the MVP	30%

Implementation Plan and Pilot Project	Description of how the solution will be implemented in a real environment. Analysis of infrastructure, investment or financing required	30%
Economic feasibility	Business model, investment required, commercial risk of the innovation	30%
Scalability potential	The capacity for expansion in new and international markets, flexibility in adapting the solution to multiple contexts.	10%

In the event of a draw, the one with the highest score for the criterion “Conceptual and technical quality of the MVP” and then that of “Implementation Plan and Pilot Project” will be ranked higher.

16. EXHIBITION AND AWARDING.

The grant awardees who have entered into the respective agreement must attend an Exhibition conference to present their MVPs, open to the general public, at which time they will disseminate their work. Everyone who has proposed ideas will be invited to participate.

At said conference, the time and conditions of which will be duly communicated to the candidates, the Executive Director of the Laboratorio de Gobierno will submit the jury’s final decision with respect to the MVP or viable prototype for consideration by the Sub-Committee in accordance with the section above and the Sub-Committee will award the best three viable prototypes, if deemed appropriate, three contributions totalling a maximum sum of \$50,000,000 (fifty million Chilean pesos) each.

The Sub-Committee’s reasoned decision will be communicated by certified mail to all candidates who participated in the Bootcamp phase within 3 days following the exhibition and awarding conference.

17. CONDITIONS FOR THE PAYMENT OF THE CONTRIBUTION.

The contributions for the three best MVPs or viable prototypes awarded by the Sub-Committee will be transferred to the winners once the corresponding guarantee is delivered in advance by the beneficiary:

The beneficiary must deliver a guarantee document to the full satisfaction and in benefit of the Laboratorio de Gobierno ensuring the proper use of the resources transferred as well as faithful compliance with the agreement in accordance with the following characteristics:

- i. The guarantee must be constituted and submitted within 5 days after notification of the award to the candidate.
- ii. Said document must consist of a bank guarantee for immediate execution upon demand, term deposit, insurance policy for immediate execution upon demand or bond certificates granted by reciprocal guarantee institutions for a value that is equivalent to 100% of the grant.
- iii. If the nature of the document so requires, the annotation on the instrument must express that the purpose is to “guarantee the proper use of the contribution awarded by the Laboratorio de Gobierno and faithful compliance with the resource transfer agreement (indicating the name of the pilot project)”.
- iv. The validity of the guarantee must be at least 3 months after the end of the pilot project pursuant to the timeline established in the grant agreement.
- v. The guarantee must be returned by the Laboratorio de Gobierno once the corresponding benefit has been approved.
- vi. In order for the guarantee to be returned, the prior restitution of all grant balances observed and not spent or used will be required in addition to approval of the corresponding benefit.
- vii. The mentioned guarantee document may also, by exception, be granted by third parties if approved by the Laboratorio de Gobierno mentioning in the annotation, if applicable due to the nature thereof, that the beneficiary (which must be individually acknowledged) is guaranteed in addition to the text indicated in number iii above.
- viii. The financial costs associated with the guarantees, irrespective of whether they are provided by third parties or by the beneficiary, may be allocated to projects’ costs under the Operating Expenses account.
- ix. If the beneficiary is a body of the Chilean Government, the delivery of a guarantee will not be required without prejudice to the fact that the Laboratorio de Gobierno will exercise the corresponding administrative and judicial actions if there is any balance requested and pending return following the execution of the project.

18. PILOT PROJECT.

a. Development of the Pilot Project.

The awardees of the contributions pursuant to the provisions of the section above must conduct a pilot project in the context of the primary healthcare system for

which they will have a maximum period of 6 months, in accordance with the proposal in the Implementation Plan and Pilot Project. The purpose of the pilot project shall be to test the MVP or viable prototype developed for a certain amount of time, at a specific location and with specific users pursuant to said Implementation Plan and Pilot Project so as to analyse the users' reactions and the improvements either offered or not by the proposed solution and, thus, validate the solutions proposed with the risks and costs controlled.

b. Final Impact Report.

As provided for in number 21 of these guidelines the awardees of the contributions shall deliver a Final Impact Report along with the respective expenditure accounts within a period of 30 days following the end of the pilot project activities. The Report shall detail all of the activities undertaken and the findings generated by the Pilot Project phase, including the effects of implementing the solution planned in relation to the community in which they intervened.

The Laboratory will approve or formulate observations in relation to said report within a period of 10 days after receipt.

If the Laboratory requests any background information, modifications or supplements to the report, the awardee must fulfil the request within 10 days.

19. ACTIVITIES THAT MAY BE FINANCED.

Only the following accounts may be financed with resources transferred by the Laboratorio de Gobierno:

a. Operating Expenses.

The direct material expenses associated with compliance with the Bootcamp and Pilot Project phase, as applicable, include administrative support personnel, the lease of physical space, transport, urban mobility, the purchase of goods that may not be stocked related to the project activities, the cost of national and international transport tickets in economy class, the cost of national travel, insurance, national and international expert fees for services, the financial costs of guarantees, expenses related to patenting and/or the registration of copyrights and/or other means of protection for intellectual and/or industry property incurred during project execution; dissemination, training and/or education activities such as the organisation of events, exhibits and publications, visa fees for participants, and internet services. They may also include accommodation, shared expenses and basic services.

The Laboratorio de Gobierno will implement safeguards and take measures so the sum of the expenses financed are reasonable and fit with the objectives planned and market values. In this sense and in order to establish proper control, the awardees shall declare the contracting of any related personnel prior to signing the respective contracts where this personnel shall mean:

With respect to Legal Entities:

- i. The entities of the business group to which the beneficiary company pertains.
- ii. The legal entities which are considered the parent company, affiliate or partner of the beneficiary company pursuant to the definitions provided for in Chilean Law no.18,046.
- iii. Those who are executives, managers, directors or liquidators of the beneficiary company as well as their spouses and relatives to the second degree of kinship.

With respect to Private Individuals:

- i. Their spouses or relatives to the second degree of kinship.
- ii. The legal entities with respect to which the private individual beneficiary holds administrative office or a 10% or more interest in their share capital.

If any omission is detected in the fulfilment of this obligation, the Laboratorio de Gobierno will reject the expense.

b. Human Resources.

All human resources which have been used to date for the execution of the MVP or viable prototype and the implementation of the pilot project, as appropriate, may be charged against the contribution granted by the Laboratorio de Gobierno. In other words, the compensation (total credits) and/or service fees of the various categories of professionals who participated in the development may be

charged in proportion to the time dedication and responsibilities of each in the project. For this purpose, the human resources that participate in the process of

developing the MVP or viable prototype and the implementation of the pilot project must be identified and the number of weekly hours they will actually dedicate to these activities in addition to their roles with each one of them must be expressly indicated on the Development Plan for the MVP or viable prototype and in the Implementation Plan and Pilot Project, as applicable. The Laboratorio de Gobierno will verify they are in line with reasonable parameters.

This account must be justified in accordance with the operating instructions issued for this purpose by the Laboratorio de Gobierno.

c. Investment Expenses.

This corresponds to the expenses involved with the acquisition of equipment and/or improvements to goods subject to inventory used for the project which must be justified in relation to their ties to the project.

20. INTELLECTUAL AND/OR INDUSTRIAL PROPERTY RIGHTS TO THE FINDINGS AND THE CONFIDENTIALITY OBLIGATION.

The intellectual property rights to the work, software, designs and industrial drawings, trademarks, invention patents or any other type of intellectual creation that has been created by the candidates prior to the execution of the MVP or viable prototype shall belong to them. Each candidate is responsible for registering or managing these intellectual property rights.

The appropriable findings from the execution of the Development Plan for the MVP or viable prototype and/or Implementation Plan and Pilot Project as well as all information, inventions, technological innovations, procedures, drawings and other documents shall belong to the respective awardee who shall register any creations, patentable inventions or ownership rights to the findings of the Development Plan for the MVP and/or Implementation Plan and Pilot Project.

In such case, they must grant the Laboratorio de Gobierno a non-exclusive licence¹ valid throughout Chile for a period of five years at a better-than-market price and with respect to which the Laboratorio de Gobierno may grant sub-licences² pursuant to the terms established in the respective grant agreement.

Pursuant to current regulations on the matter, the findings will be considered public domain if the candidate does not complete the corresponding registrations of any creations, patentable inventions or ownership rights to the findings of the MVP Development Plan and/or Implementation Plan and Pilot Project and, as a result, the Laboratorio de Gobierno may use them and take advantage of them by adequately acknowledging authorship.

¹ The licence is authorisation that the intellectual property right holder (licence grantor) grants a third party (licensee) the right to use it under the terms and conditions agreed. Whoever grants the licence continues to be the owner of the intellectual property rights. A “non-exclusive licence” is one where there is not just one licensee and where the licence grantor may freely grant licences to other parties.

² The licensee, the Laboratorio de Gobierno in this case, may grant a third party (sub-licensee) a license to the object of the license it was also granted.

On the other hand, all candidates who, in accordance with the provisions of these guidelines participate in the activities related to the Exhibit referred to in number 16, shall be subject to the obligation of maintaining strict confidentiality with respect to the information they may gain knowledge of with respect to the other candidates' ideas, MVP or viable prototypes and/or Development or Implementation Plans and Pilot Project under the terms established in the respective agreement. A violation of this obligation will give the Laboratorio de Gobierno the right to the early termination of the agreement as provided for in number 22, letter b, point 2) of these guidelines without prejudice to any legal action that may be taken as appropriate.

21. EXPENSE REPORTING.

Expenses charged to the resources transferred by the Laboratorio de Gobierno must be reported on the basis of real costs, at the price actually paid as duly supported with reliable documents accrediting the sums and pursuant to the provisions of number 19 of these guidelines under "Activities That May be Financed".

Awardees of the grant provided in accordance with the provisions of number 12 of these guidelines must report these resources within a maximum period of 20 days following the notification mentioned in the final paragraph of number 16 of these guidelines and in accordance with the provisions of the operating instructions issued by the Laboratory on the matter.

Awardees of the contribution granted in accordance with the provisions of number 16 of these guidelines must deliver a report of these resources, as stipulated in the agreement and in accordance with the provisions of the operating instructions issued by the Laboratory on the matter within a maximum period of 30 days following the end of the pilot phase along with the Final Impact Report referred to in number 18.

Without prejudice to a review of these reports, the information contained in them may be verified in the field by the personnel the Laboratory designed for this purpose.

22. TERMINATION OF THE AGREEMENT.

a) Normal Termination.

The agreement shall be understood as terminated once the Laboratorio de Gobierno has approved the expense report corresponding to the resources transferred for the grant and/or contribution, as applicable, and the beneficiary has fulfilled all pending obligations to this respect including the return of balances not used, not executed or observed resulting from the review of this report.

b) Early Termination.

The Laboratorio de Gobierno may adopt the decision to terminate the agreement early in the following situations:

- 1) Early termination for causes not attributable to the beneficiary, at the initiative of or at the request of the beneficiary:
 - i. For having reached the conclusion that the Development Plan for the MVP or viable prototype or the Implementation Plan and Pilot Project, as applicable, will not reach the expected results or that they may not be developed by the awardee under the terms proposed due to a cause not attributable to its lack of diligence as duly considered by the Laboratorio de Gobierno.
 - ii. Other causes not attributable to a lack of diligence by the awardee to perform its activities, as duly considered by the Laboratorio de Gobierno.
 - If requested by the awardee and accepted by the Laboratorio de Gobierno, the project will be considered as terminated as of the resolution declaring it as such.
 - The beneficiary must return all balances not spent, reported or observed of the grant or contribution in its possession as of the termination date indicated in the respective resolution within a prudential period as established by the Laboratorio de Gobierno which may not exceed the third business day prior to the maturity of the advance payment guarantee in the power of the Laboratorio de Gobierno. This period will begin on the date of the demand for the return of the balance.
 - The Laboratorio de Gobierno will cash in the guarantee if the beneficiary does not return the balance before the deadline.
- 2) Early termination of the project due to an event or act attributable to the beneficiary:

The Laboratorio de Gobierno may terminate the project early if the beneficiary were to breach its obligations due to negligence or a lack of due diligence.

The following situations constitute a culpable breach:

- i. For having reached the conclusion that the Development Plan for the MVP or viable prototype or the Implementation Plan and Pilot Project will not reach the expected results, may not be executed within reasonable parameters or that the awardee may not develop the work proposed due to a cause attributable to the beneficiary's lack of diligence as duly considered by the Laboratorio de Gobierno.
- ii. In reports:
 - duplicity in the reporting of expenses.
 - falsification of acts or contracts.
 - reporting expenses over the market value.
 - accounting documents (such as invoices, receipts, credit or debit notes) that have been falsified or altered.
- iii. Due to a breach of the deadline for the delivery of the expense reporting in accordance with the provisions of point 21 of these guidelines.
- iv. Due to a violation of the obligation established in number 20, final paragraph of these guidelines.

- v. Other causes attributable to the beneficiary's lack of diligence in the performance of the activities related to the project, duly considered as such by the Laboratorio de Gobierno.

- The beneficiary must return the full grant received expressed in production units as of the date on which the Laboratorio de Gobierno notifies it in writing of the early termination of the project. These units shall be converted to Chilean currency on the payment date. If as a result of this transaction, the sum is less than the nominal value of the grant delivered, the latter (the nominal value) must be returned.
- The return must be completed within 15 days following notification to the beneficiary of the early termination.
- The Laboratorio de Gobierno will cash in the guarantee constituted if the beneficiary does not return the amount before the deadline established.

23. QUERIES.

All queries shall be addressed to the Laboratorio de Gobierno via email to impactasalud@lab.gob.cl up until 10 days prior to the deadline for submitting proposals. Each query shall be answered within 7 days after submission. Moreover, an FAQ (frequently asked questions) document will be available on the website.

Annex: Public Innovation Open Contest Brief IMPACTA SALUD

Laboratorio de Gobierno

How can we bring healthcare closer to people to relieve overcrowding in family health centers and promote disease prevention and self-care? We aim to transform the relationship between citizens and public health system.

- The Laboratorio de Gobierno (Government Laboratory) invites you to create solutions that strengthen the all-round model of family and community health, the pillar of primary healthcare in Chile.

Summary

Through **IMPACTA SALUD**, the Laboratorio de Gobierno invites **open collaboration from the community in order to innovate in the way that people take ownership of illness prevention and their own health**, creating a new relationship with the public health system.

Purpose of IMPACTA SALUD

We should ask ourselves

- How can we give the community tools to become **active participants** in the **prevention and monitoring** of their own health?
- How can we transform the relationship between service users and the system, **creating spaces for collaboration in health and welfare**?
- How can we generate actions that change the current reactive logic and that strengthen people's **motivation to prevent illness and practice self-care**?
- How can we bring healthcare closer to the community, **decentralizing service delivery** and providing tools to medical teams to have a **closer and more direct relationship with people**?
- How can we **empower communities** through social innovation to enhance people's welfare?

Innovation opportunities: CESFAM Quinta Bella Investigation

- **Why do we think that bringing primary healthcare closer to its users is an important opportunity for public innovation?**

The Ministry of Health's (MINSAL) objective of improving the quality of primary healthcare has taken shape in a series of documents and decrees since the 1990s. In addition to revealing a substantial increase in resources, these contain guidelines that seek to shape a new approach to this level of care. Of these documents, it is perhaps the "Model of comprehensive health care" that represents the largest effort to change the organization of primary care in Chile. This primary care is available in family health centers (CESFAM), and therefore the success of the reform of primary care is mainly aimed at making CESFAM into a more comprehensive care model. Depending on the internal dynamics of the health centers, some processes, mechanisms and ways of working may be generated that hinder the implementation of the new approach.

Because of this, and understanding that there is a gap between what policies prescribe and what happens in the communities in which they are applied, the **Laboratorio de Gobierno** decided to submerge itself in the internal dynamics of a CESFAM, namely CESFAM Quinta Bella, in the Recoleta district.

The purpose of this approach was not to achieve a representative sample of what is happening in health centers nationwide, but rather to observe some situations that, regardless of their parallels in other centers, **represent critical points for the successful implementation of the Model**. In order to identify design opportunities, the Laboratorio's team immersed themselves in the internal dynamics of CESFAM Quinta Bella.

After months of observation, certain innovation opportunities were defined in relation to three fundamental pillars:

1. **Optimizing the relationship between supply and demand:** Health centers operate with limited resources from which they must meet their populations' needs. Yet, service quality depends not only on the amount of resources available, but also on how these are organized. In other words, increasing resources does not necessarily mean improving care. To make best use of current and future resources **it is essential they are organized according to the relevant**

information available on the beneficiary population. Users' most urgent needs, the most accessible places for them, the times they prefer to visit the center, and the most common diseases, are some of the key elements to be taken into account when organizing the health center's services. **This involves designing service delivery intelligently, maximizing available resources.** Otherwise, increasing monetary, material and human resources **runs the risk of not resulting in significant improvements for the center's target population.** Similarly, not only is the time when the service is available a significant factor, but also **where these are physically located.** In order to better distribute resources and to avoid large crowds in the CESFAM, many of these could be relocated to other areas such as decentralized health centers, enabling people to access different services more easily.

2. **Configuring the relationship between users and service:** the main component of the intelligent organization of service provision should be the needs of those services' beneficiaries. For the health center to be able to access that information it is critical that a communications channel with users is generated. In this way, **the organization of available services depending on the needs of the population will be promoted.** In the same way that the center must understand the needs of its users, it is also essential that the center properly communicates what it offers. The services and benefits available, where they are found, the times at which they can be accessed, and so on, is information that must be accessible for users. If this is not the case, the investment made in health and intelligent way that resources are distributed may have no effect on the welfare of the population. To make progress on this point involves **developing a strategy of community involvement that, through different channels, helps to strengthen efficient communication processes** between the health center and users.
3. **Bringing healthcare closer to people:** In order to promote the model of family health and promote a biopsychosocial approach with an emphasis on problem-solving, it is crucial to seek solutions that allow us to **forge a closer relationship between health services and people.** In the research undertaken it was detected that users primarily attend health centers when they already have symptoms and the situation is urgent, but rarely as a part of preventive activities. This hampers the success of prevention and self-management education. It is therefore necessary to **develop strategies to make the culture of care and prevention** more accessible. With the development of preventive activities and self-

care education, patient referrals to subsequent levels of care may be reduced, strengthening primary care.

Of the various opportunities, bringing healthcare closer to people is the one that appears most pressing and which raises the alert in the Laboratorio de Gobierno, leading to open this concern to stakeholders from outside the public sector in the form of IMPACTA SALUD.

In this context, we believe it is essential that candidates ask themselves these questions when undertaking the challenge:

- How can we give the community tools to become **active participants** in the **prevention and monitoring** of their own health?
- How can we transform the relationship between service users and the system, **creating spaces for collaboration in health and welfare**?
- How can we generate actions that change the current reactive logic and that strengthen people's **motivation to prevent illness and practice self-care**?
- How can we bring healthcare closer to the community, **decentralizing service delivery** and providing tools to medical teams to have a **closer and more direct relationship with people**?
- How can we **empower communities** through social innovation to enhance people's welfare?

Context and diagnosis of Primary Healthcare in Chile

Importance of Primary Health Care

The Chilean health system is mixed, involving both public and private entities in addressing people's needs. The public part of the health service is administered and managed by the Ministry of Health (MINSAL), which is "responsible for developing advocacy and health protection for the entire population and for serving the needs of recovery and

rehabilitation of the beneficiaries of the Law 18.469" (Giaconi, 1994: 6).³ In line with these objectives, the Chilean health system has mainly focused its resources on primary care, with the understanding that is at this level of care that health resources are used most effectively. Indeed, on the basis of various studies, MINSAL considers that when local health centers (now known as CESFAM) do not have the capacity to solve the major health problems of their community, there are serious consequences at all other levels of the healthcare system.⁴ This is due to the fact that the health personnel end up making a high number of referrals to secondary services. These patients then saturate the emergency services available at the tertiary level in order to meet their needs. Bearing in mind that health services at secondary and tertiary levels involve ever-increasing resources, the authorities have consequently decided to give greater powers to primary care. The idea is that, through a substantial improvement in the capability and capacity of local health centers, these will be able to respond promptly to the most basic and common needs of people.

The Chilean government has therefore decided to organize primary care in line with these guidelines, particularly in light of recent demographic changes in the country. There has been a significant increase in the elderly population in Chile and epidemiological studies have highlighted a growing rate of chronic illnesses and mental health problems (MINSAL, 2003). As for the younger population, increases in the consumption of alcohol, tobacco and drugs were recorded, in addition to increased mental health problems in adolescents (MINSAL, 2005a). Apart from this diagnosis, these studies have shown that the origin of these problems is multicausal, linked to the prevalent lifestyles of the population. To address this problem's complexity, the authorities have proposed to create a new relationship with users, giving greater prominence to the planning of health processes. This new focus is taking shape in a series of manuals for the implementation of a comprehensive primary healthcare model based in the family and community. The first and most important of these documents is the "model of comprehensive health care" (MINSAL, 2005b), which lays out a set of guidelines that can be defined as "the set of actions that promote and facilitate efficient, effective and timely care which, instead of being directed to the patient or the illness as isolated cases, people are considered in their physical and

³ This group comprises dependent or independent active workers paying into the National Health Fund (FONASA), including their dependents, as well as indigenous people and non-contributing low or no income people (Giaconi, 1994).

⁴ The CESFAM form part of a network of various health facilities: Health Centers (CES) which deliver basic health care on an outpatient basis; Family Health Centers (CESFAM) which deliver care based on a model of a comprehensive approach to family and community healthcare; Community Family Health Centers (CECOSF) which provide basic health care and work under the wing of a CES or CESFAM; Rural health posts (PSR) which provide care that meets the health needs of rural areas; Emergency Primary Health Care (SAPU): deals with emergencies or emergencies of low complexity, depending on technical and administrative form of a CES or CESFAM.

mental entirety, as social beings belonging to different families and communities, in a constant process of integration and adaptation to their physical, social and cultural environment" (ibid). According to this definition, it can be said that the comprehensive care model⁵ that currently governs the organization of healthcare in Chile includes three main areas:

- **People-centered:** care strategies should be organized according to the available information about users. Different dimensions should be considered in order to incorporate people's diversity; together with the characteristics of users' epidemiological profile, it is necessary to pay special attention to sociocultural aspects and to gender. All this is rooted in the understanding that the health of a patient is related to a combination of factors known as "health determinants". A people-centered approach, therefore, aims to get to know the target population in order to design a care center to places in user satisfaction at its center. The idea is to "(...) understand and act according to the aspirations of individuals and families in relation to health team services and outcomes. It has to do with the quality of service, with its access, location, friendliness, agility of response, cultural appropriateness and human care for users" (MINSAL, 2008: 22).
- **Comprehensive care:** concern for all health determinants requires the understanding that people's wellbeing depends on the interaction of social, mental, environmental and cultural variables. It is important to note that the observation and intervention in these dimensions can be made only through a holistic approach that looks to "(...) understand events from the multiple interactions that characterize them, oriented towards a contextual understanding of the processes, the protagonists and their contexts, as it is in this way that interactions, features and processes can be appreciated that

⁵ There are three types of community health models:

- Community-Focused Models: the Cuban health system is an example of this model, in which primary health care is responsible for 80% of health services, and a doctor and family nurse are assigned. This model applies a holistic approach ranging from promotion to rehabilitation, using the analysis of health situations as an essential instrument. This analysis demands integrity, as community and sectoral involvement is essential (Dominguez-Alonso and Zacca, 2009).
- Participatory models: those in which the goal is not only to deliver health services on a decentralized basis, but is intended to enable service users to become collaborators and so partly responsible for the delivery of health services.
- On-the-Ground health Models: models which aim to bring health physically closer to the community. Some examples are mobile clinics, 'clinic in a can', and the initiative Healthspot.

are usually not seen if the aspects that make up the whole are studied separately" (MINSAL, 2008: 22).

- **Continuity of care:** for people's knowledge to be useful in medical processes (from the consideration of all the determinants involved in health), a sustained relationship between the patient and the health personnel is needed. Only in this way will the knowledge gained in later stages of the clinical process be both at hand and familiar to the professional, allowing them to take sufficiently informed decisions. For this reason, what the "comprehensive care model" proposes is that the same health team who treated the patient previously then accompanies him through the various services performed at different levels (secondary or tertiary). Through continuity and monitoring of health processes the relational bond necessary to achieve better levels of care can be developed. A comprehensive health model with an emphasis on continuity of care therefore involves monitoring the patient throughout the different levels of care, even when being treated at other care levels.

To fully take these three fundamental pillars into account in the clinical process we must take a broader perspective, recognizing the importance of the patient's context. This includes external factors such as their integration into the family and community. Since 2005 the country has reached consensus on the idea that the way to advance people's wellbeing is through primary healthcare that takes a family and community-based approach.

- **Family Focus:** given that the wellbeing of a patient is determined by their contextual environment, it is important to consider their immediate habitat: that is, in their family. If what is wanted is for patients to take an active role in their own wellbeing, it is necessary to address the area in which the promotion or discouragement of certain habits consistent with good health takes place. Hence, those involved in the system should "incorporate strategies to open their doors to the participation of the family in the support and care of patients, in recognition of a growing interest in a social determinants approach" (MINSAL: 3). A primary care system that applies a family approach sees the individual and his family as a system, and develops a clinical process which:
 1. Includes the family as a framework to better understand an individual's situation make advances in the understanding of an individual's situation, considering the influence of the family on the health of its members.

2. Involves the family as part of the resources that people count on to stay or get healthy.

3. The family is conceived as a care unit, where actions within the bosom of the family have greater benefits than what would be the sum of the isolated interventions of each member.

- **Community approach:** the incorporation of families into the care of sick people in order to consolidate healthy habits is related to the extent to which the community takes ownership of the clinical process. This means that, rather than establishing a citizen-health services relationship where people simply use the resources available in the system, people can influence the decision-making processes related to healthcare. Medical staff in charge of a locality are therefore advised to put in place a series of measures to promote the participation of people in the health center, not as patients but as citizens. The key concept here is "community participation", which is defined as an "active process of genuine and free expression, especially collective, which forms a crucial part of the definition and implementation of development initiatives, where people assume greater control over decision making processes and are a part of those decision since their inception" (MINSAL, 2008: 38).

The User Experience Model in Public Health

The characteristics of the comprehensive healthcare model proposed by MINSAL gives a series of guidelines for managers and staff to be able to deliver quality service. **However, none of these indications will have the desired effect if they do not translate into direct improvements to the user experience in the public health system.** A way of understanding user experience is to understand the relationship between users and service beyond their visit to a health center, conceiving it as an ongoing experience that occurs as much inside as outside of a service (Sepulveda, 2012). In order to conceptualize the patient experience in the public health system it is very useful to distinguish between internal and external experience (ibid).

Internal experience is understood as the processes experienced by people from the moment they are first in contact with the health service in search of medical attention. The main focus of these processes are to do with the service's capacity to resolve situations; that is, with the service's ability to meet the needs of users in an accessible and timely manner. In this experience stage there are three key intervention "moments": admission and waiting, medical care and diagnosis, and lastly tests, prescription and drugs administration.

- **Admission and waiting:** includes the time from which the user first contacts the health system to seek medical attention until this process begins. What happens and what the patient experiences while waiting, up until arriving at the health center, until then being attended to by medical personnel, are the important factors in this phase.
- **Medical attention and diagnosis:** refers to the relationship between patient and health personnel since the beginning of the consultation until when a diagnosis is reached (or, the need for more information via further tests is identified). The purely medical aspect of care, in its many dimensions, is particularly important at this time. This is a complex process involving factors such as the reception of the patient's concerns, the proper review of symptoms, the professional's ability to transmit the diagnosis and treatment prescriptions pedagogically, and so on.
- **Tests, prescription and drugs administration:** a diagnosis often cannot be immediately made from the information that medical personnel obtain from assessing the patient's symptoms during the consultation. In complex situations it is necessary to gather additional information through tests, and only then will the medical staff have a complete picture from which to develop a reliable diagnosis. Test taking is a process that is no less complex in terms of user experience as it involves the patient entering the intake system again to make a medical appointment in order to receive the results of the test. Achieving smooth coordination between all the processes involved in tests is therefore an important part of the user experience within the health system.

A similar situation occurs with the delivery of drugs for the start of treatment. Delivery can happen immediately after diagnosis or at a later time. The important thing is that the user experience associated with the health system is not only influenced by the

available stock of medicines but also by the way in which the delivery of these is organized.

The external user experience, meanwhile, includes the period when people do not need direct intervention in health, as they are healthy or recovered from a treatment. While it can be argued that users are in this situation most of the time, the health system as delivered through primary care should not forget them. People's behavior outside of their interaction with the system will determine the appearance of new health care needs. The main focus of these processes does not have so much to do with the health team's capacity to resolve situations, as what is at stake in this phase is the consolidation of conduct on the part of users in the long run.

- **Treatment and self-care:** so that the tests, prescription and drugs administration stage can have the desired effect it is crucial that the guidance given by the physician to develop a treatment are followed accordingly. A large part of people's wellbeing and their relationship with the health system are determined during this stage. Failure to follow the prescription and recommendations is likely to require users to enter the system again, having to move through the stages of admission, care, consideration and pharmacy again. Of course, the possibility of requiring medical attention is not only the patient's responsibility in the sense of compliance with the prescribed treatment, but also - and principally - in consolidating good health habits. This is what is referred to here as 'self-care', which refers to the way users seek to develop and maintain their wellbeing through habits and behaviors consistent with these objectives.
- **Prevention and promotion:** as mentioned above, a person's health should be understood as a process that is subject to many factors (health determinants). These, in addition to influencing individuals through their family dynamics, are also part of a broader societal context which discourages or promotes conduct related to a healthy lifestyle. For this reason it is essential to improve people's experience in relation to health from various areas of society so they promote behaviors which maintain people in a good state of health. This strategy will help to prevent the onset of different types of diseases that lead people to interact directly with the primary, secondary or tertiary levels of the health system.

References

Dominguez-Alonso, Emma y Zacca, Eduardo. 2011 "Sistema de salud de Cuba", Revista de salud pública. Volúmen 53. México. [Spanish]

Giaconi, Juan. 1994. "El sistema de salud chileno" Boletín Escuela de Medicina Pontificia Universidad Católica de Chile. [Spanish]

MINSAL. 2003. Encuesta Nacional de Salud. Santiago, Chile. [Spanish]

MINSAL. 2005a. Encuesta Mundial de Salud Escolar. Santiago, Chile. [Spanish]

MINSAL. 2005b. Modelo de atención Integral de Salud. [Spanish]

MINSAL. 2008. Modelo de atención integral con enfoque familiar y comunitario en establecimientos de la red de atención de Salud. Santiago, Chile. [Spanish]

Sepúlveda, Damaris. 2012. Diseño de servicios: la experiencia en salud pública. Tesis para optar al título de Diseñadora gráfica. Pontificia Universidad Católica de Valparaíso, Chile. [Spanish]

ANNEX 2
SWORN STATEMENT.
(Legal Entity)

I, (Name of the undersigned), bearing national identity document No. (number of the national identity document of the undersigned), acting herein as the representative of (business name or name of the legal entity), assigned Chilean taxpayer ID No. (taxpayer ID no. of the legal entity), both domiciled for these purposes at, hereby duly swear the following on oath:

REGARDING THE PAYMENT OF UNEMPLOYMENT INSURANCE CONTRIBUTIONS:

That, pursuant to the provisions of Chilean Law No. 19,728, which establishes Unemployment Insurance, the undersigned is aware of the prohibition on employers who have not paid the contributions to this insurance from receiving resources from public or private institutions financed with public funds.

	I hereby expressly declare that the entity I represent has NO employees for which unemployment insurance contributions must be paid.
	I hereby expressly declare that the entity I represent is current on the payment of unemployment insurance contributions.

REGARDING THE PAYMENT OF NATIONAL INSURANCE/SOCIAL SECURITY CONTRIBUTIONS:

I, the undersigned, in my above-mentioned representation capacity, hereby duly swear on oath that the entity represented is current on the payment of national insurance/social security contributions.

REGARDING NON-DEFAULT OF TAX DEBTS.

I, the undersigned, in my above-mentioned representation capacity, hereby duly swear on oath that the entity represented is current on the tax referred to in numbers 3, 4 and 5 of article 20 of the Chilean Income Tax Law.

Moreover, I, the declaring party, in my above-mentioned representation capacity, hereby authorise the Laboratorio de Gobierno to verify the accuracy of this information.

Signed in (place) on (date)

Representative's Signature

SWORN STATEMENT.

(Private Individual)

I, (Name of the undersigned), bearing national identity document No. (number of the national identity document of the undersigned), domiciled for these purposes at, hereby duly swear the following on oath:

REGARDING THE PAYMENT OF UNEMPLOYMENT INSURANCE CONTRIBUTIONS:

That, pursuant to the provisions of Chilean Law No. 19,728, which establishes Unemployment Insurance, the undersigned is aware of the prohibition on employers who have not paid the contributions to this insurance from receiving resources from public or private institutions financed with public funds.

	I hereby expressly declare that the undersigned has NO employees for which unemployment insurance contributions must be paid.
	I hereby expressly declare that the undersigned is current on the payment of unemployment insurance contributions.

REGARDING THE PAYMENT OF NATIONAL INSURANCE/SOCIAL SECURITY CONTRIBUTIONS:

I, the undersigned hereby duly swear on oath that I am current on the payment of national insurance/social security contributions.

REGARDING NON-DEFAULT OF TAX DEBTS.

I, the undersigned hereby duly swear on oath that I am current on the payment of the global complementary tax/unique tax established in No. 1 of article 42 of the Chilean Income Tax Law.

Moreover, I, the declaring party hereby authorise the Laboratorio de Gobierno to verify the accuracy of this information.

Signed in (place) on (date)

Signature

2. PUBLISH the corresponding notice and make this resolution available to the interested parties at the Laboratorio de Gobierno website.

Let it be recorded and published.

[Stamp reads:] Laboratorio de Gobierno, Executive Director, lab.gov.cl

[signature]

JUAN FELIPE LÓPEZ EGAÑA

Executive Director

Laboratorio de Gobierno

[initials]

RYC/CLB

Distribution:

1. Sub-Directorate for the Management of Ecosystems and Investments
2. Archives