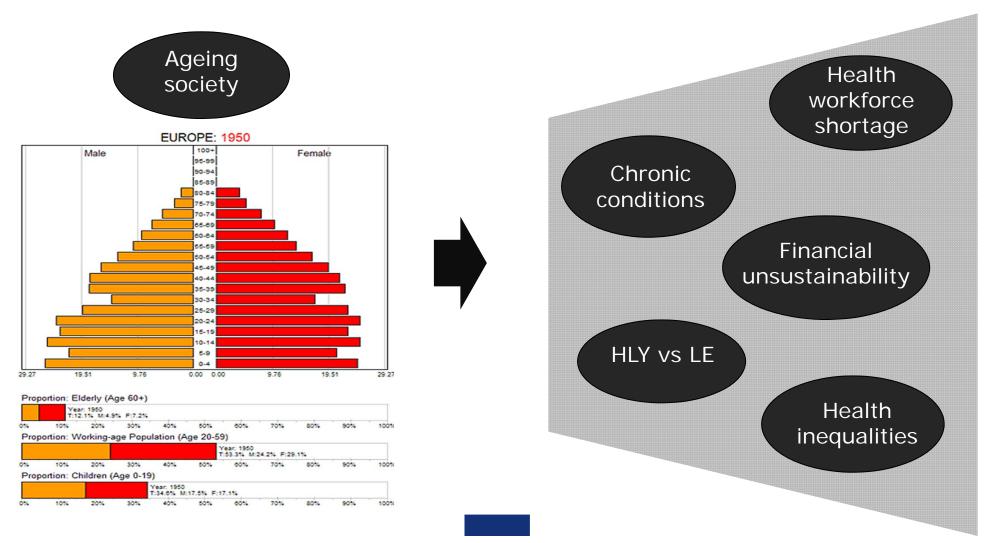


## EUROPEAN INNOVATION PARTNERSHIP on Active and Healthy Ageing (EIP on AHA)

Petra Leroy Čadová Senior Policy Officer DG SANCO – Unit on Innovation for Health and Consumers European Commission 26 September 2013, Rome



## **Ageing and care challenges**



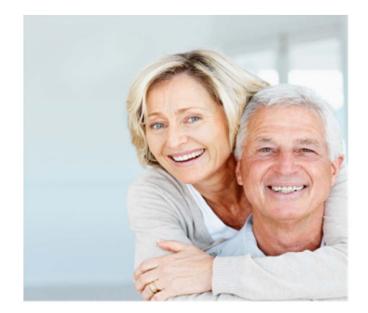


## Health in Europe 2020

#### Europe 2020 flagships for smart, sustainable and inclusive growth







## Active & Healthy Ageing: A European Innovation Partnership







## **EIP on Active & Healthy Ageing**



+2 HLY by 2020 Triple win for Europe

health &

quality of life

of European

citizens

growth &

expansion

of EU

industry

sustainable

& efficient

care systems Pillar I

screening

early

diagnosis

Prevention Pillar II

Care &

cure

## objectives, targets, scope & focus

**Pillar III** 

#### **Action Areas/Groups**



Improving prescriptions and adherence to treatment



**Better management of health:** preventing falls



**Preventing functional decline** and frailty



**Integrated care for chronic** conditions, inc. telecare



**ICT** solutions for independent living & active ageing



Age-friendly cities and environments



## **Innovative Collaboration**

The **EIP on AHA** does not lead to new legislative changes, but instead focuses on:



### • Joining up resources & expertise

Input to policy making, collection of experience, evidence

### • Bridging gaps & connecting

Direct collaboration with regions and local communities Speed up the innovation process

#### Facilitating scaling up & multiplying

Bottom up process based on evidence & real-life tested ideas

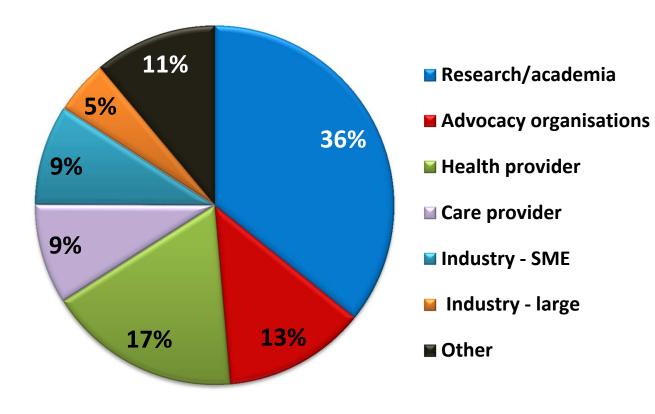
Focus on feasibility & scalability of innovative solutions

#### **Fostering synergies**

Coordinating efforts towards a common objective EC as facilitator and guarantor of delivery of main objectives



## **Participation in the EIP**





## Ways of involvement

### **Action Groups**

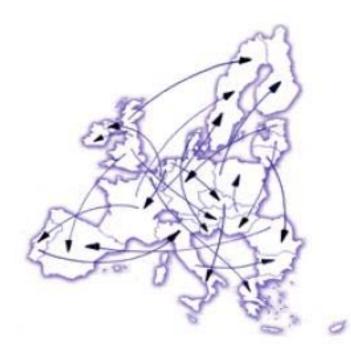
Stakeholders invited to submit a commitment to work together towards one of the 6 Specific Actions of the Partnership – 2012 and 2013

### **Reference Sites**

Regions, health providers working across priorities – repository of good practices

### **Marketplace for Innovative Ideas**

Online collaboration – open for everybody



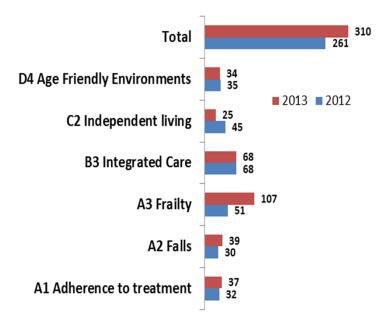


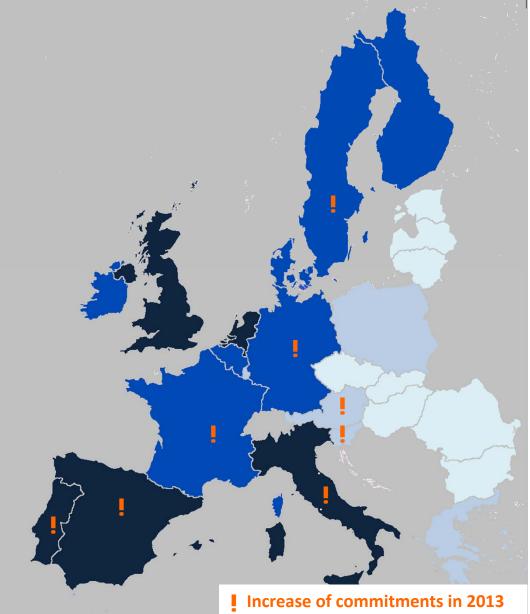
## **ACTION GROUPS**





#### **Stakeholder commitments**









## **Examples of commitment/action**

Prescription & adherence to medical plans

Improve prescribing tools to ensure drug safety and maximal efficacy in the population

#### Commitments

- Create IT system for monitoring elderly patients' medicaments intake
- Validate tools to assess appropriateness of the prescribed medicine & assist the assessment of adherence: adherence control
- Facilitate the prescription until the next visit this will require linkage with the community pharmacist
- Facilitate **communication with other health professionals**: nurses, other doctors, pharmacists also between primary and secondary care



#### **Committed partners**

**Electronic prescriptions**: Andalusia, Basque Country, NHS Scotland **Monitoring prescriptions in the health care system**: NHS- Scotland: Polypharmacy Guidance NHS-Scotland: iSPARRA risk prediction to identify non-adherence Medical University of Warsaw: Control adherence C3D Solution : Monitoring system of patients adherence, as well as to supervise the course of therapy





**Deliverable** 

## **Examples of commitment/action**

Replicating and tutoring integrated care models

#### Implementing risk stratification methodologies

#### Example of commitment: Basque chronicity strategy

- Stratification of the entire population (2.2mio)
- 100% of health professionals know what care approach the patient needs in relation to their risks
- 11,000 hospital stay reduction & saving of €8.9mio

#### Toolkit for Risk Stratification

Coverage: diagnostic activities; success stories; tools /practical tips to help to identify patient clusters, embed targeted care plans, define a panel of indicators and quality improvement models

**Examples of committed partners:** Catalonia health ministry, Regional Healthcare Agency of Puglia, Région Languedoc Roussillon, CORAL Network



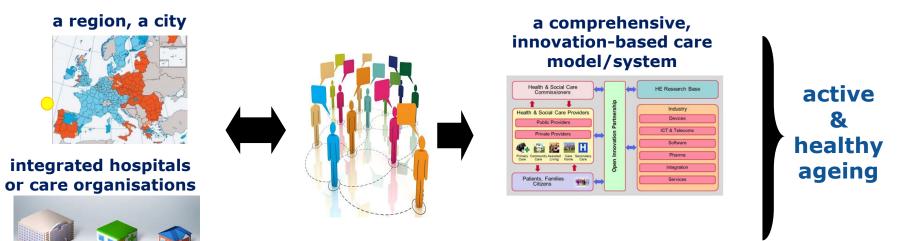


## **REFERENCE SITES**





### **Reference Sites – concept, objectives, scope**

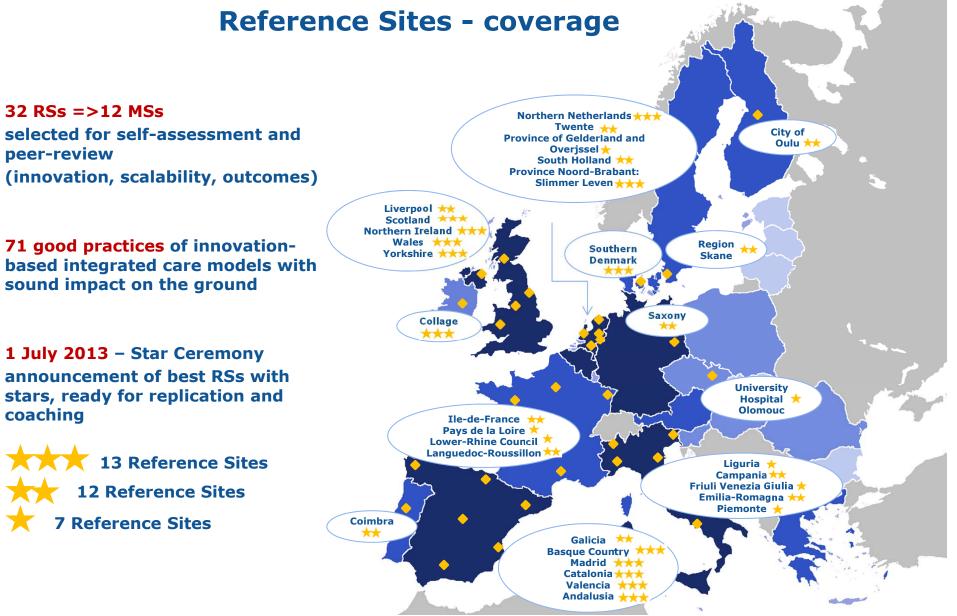


### **Objectives of the EIP Reference Sites**

- excellent examples of cost-effective and efficient good practice & impact on the ground
- scalability, transferability and replicability across Europe when there is clear need for care systems modernisation
- ✓ dissemination of good practices e.g. the coaching and training of other regions/care systems









## **Marketplace for Innovative Ideas**

- > online collaborative platform
- open for everybody
- sharing of ideas, good practices,
- learning from each other
- meeting and networking
- accessing robust data and evidence, etc.





### **Potential funding opportunities for Active & Healthy Ageing**

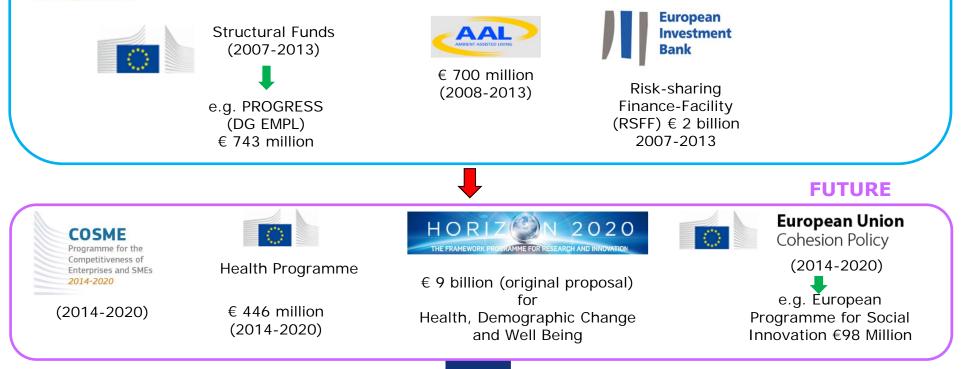
TODAY

7th Framework Programme (FP7): More than € 4 billion available in the last calls (July 2012) potentially relevant for societal challenge such as ageing and/or EIP priorities.

Competitiveness and Innovation Framework Programme (CIP): ICT part of CIP allocated €24 Million in the Work Programme 2012 for actions directly relevant for the EIP. €39 Million in 2013

Health Programme 2008-2013 Tryther for Health

Second Health Programmes: In 2012 call,  $\in$  4 million for the EIP on AHA. In 2013  $\in$ 6 Million and a Joint Action on Chronic Diseases and promoting Healthy Ageing ( $\in$ 5 Million).





## **Today's EIP scale and critical mass**





## MONITORING





## **Monitoring of progress**

## Process

The EIP on AHA process will monitor different aspects: the involvement of stakeholders, the creation of synergies and the added value for the participating organisations.

First results are already available.

## Outcome

Monitor activities and outcomes of the action groups at action group level and from commitments

2013: Monitoring framework First results 2014: Most commitments have just started or are starting now



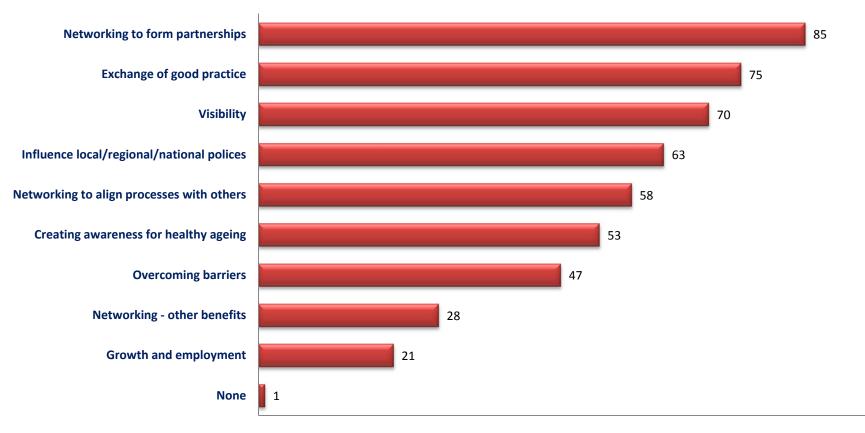
## What has been the process?

- Input from experts + input from action group members about their monitoring process
- Based on input from action group members and experts, a draft monitoring framework was developed
- The experts and the action group members were asked to give feedback on the draft framework
- Updated monitoring framework based on the received feedback





### EIP on AHA Process Added value of the EIP on AHA

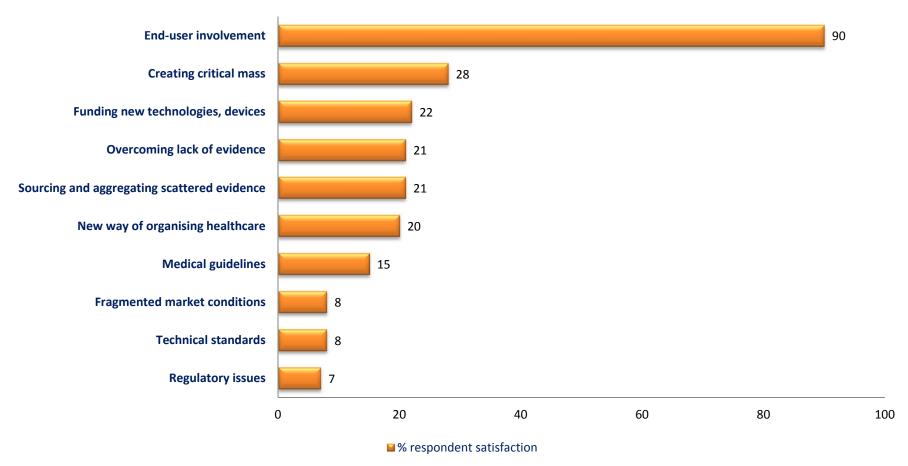


#### % respondent satisfaction

Based on results of the Survey on process indicators, prepared by the EC, with input of 107 respondents out of 261 asked



### EIP on AHA Process Added value of the EIP on AHA: Overcoming barriers



Based on results of the Survey on process indicators, prepared by the EC, with input of 107 respondents out of 261 asked



## EIP on AHA Outcome

HLY At birth	+2 Healthy Life Years		
Triple Win	Quality of Life	Sustainability of Care	Innovation-based Competitiveness
	↑ Establish the link ↑		
Outcome indicators	Outcome indicators e.g: - Less social isolation - Decline in hospital bed days - Increase in employment rate		
Process indicators	Process indicators e.g: - The population covered - The number of SME's involved - The amount of money invested		
Individual actions	Individual Actions		



## Thank you for your attention! petra.cadova@ec.europa.eu

# EIP on AHA Website – the MARKETPLACE <u>http://ec.europa.eu/active-healthy-ageing</u>

DG SANCO Website http://ec.europa.eu/health

