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

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3rd October 2013, Bruxelles
Why a Partnership on Active and healthy ageing?
Ageing and care challenges

Ageing population

Health workforce shortage

Chronic conditions

Financial unsustainability

HLY vs LE

Health inequalities
Health in Europe 2020

Europe 2020 flagships for smart, sustainable and inclusive growth

- Digital Agenda
- Youth on the Move
- Innovation Union
- New Industrial Policy
- New Skills and New Jobs
- Platform against Poverty
- Resource Efficiency

**Innovation Union**

- innovation for tackling societal challenges, e.g. ageing and health
- innovation for addressing the weaknesses & removing obstacles in the European innovation system

European Innovation Partnership on Active and Healthy Ageing
What is the Partnership on Active and healthy ageing?
EIP on Active & Healthy Ageing

objectives, targets, scope & focus

specific actions

- 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

+2 HLY by 2020

Triple win for Europe

health & quality of life of European citizens

sustainable & efficient care systems

growth & expansion of EU industry
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
How to take part in the Partnership on Active and healthy ageing?
Ways of involvement

**Action Groups**
Active partners submitted a commitment to work together towards one of the Specific Actions of the Partnership

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

**Marketplace for Innovative Ideas**
Online collaboration – open for everybody
ACTION GROUPS
Commitments

The EC published "Invitations for commitment" in years 2012 and 2013 to collect measurable and concrete engagements implemented at local/national/European levels by stakeholders committed in developing innovative services to support healthy ageing. The commitments are in line with the Strategic Implementation Plan adopted collectively in November 2012.

The commitments have been gathered in 6 different Action Groups:
• Action Group A1: Prescription and adherence to treatment
• Action Group A2: Personalised health management: Falls prevention
• Action Group A3: Prevention of functional decline and frailty
• Action Group B3: Integrated care for chronic diseases, including remote monitoring at regional level
• Action Group C2: Interoperable independent living solutions
• Action Group D4: Age friendly buildings, cities and environments

An Action Group is an assembly of partners contributing towards a common objective and committing to run a number of actions within the framework of the EIP on AHA.
Commitments

1\textsuperscript{st} Invitation for commitments  
(261 Commitments)

2\textsuperscript{nd} Invitation for commitments  
(310 Commitments)

- national, regional and local level
- bottom-up approach
- creating critical mass and scale
- mobilisation of efforts, resources
- leveraging funding opportunities
- tangible outcomes – benefits for citizens, care systems and economy and society

- All 27 EU MSs
- Health providers in 271 commitments
- Public authorities from all levels in 170 commitments
- SMEs in 130 commitments
- Large industry in 79 commitments
Stakeholder commitments

Increase of commitments in 2013
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**, along with the integration with sensor
- 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
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 need 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 couching and training of other regions/care systems
- a tool to reduce inequalities in lagging behind regions in terms of health and care outcomes

active & healthy ageing
32 RSs => 12 MSs
selected for self-assessment and peer-review
(innovation, scalability, outcomes)

71 good practices of innovation-based integrated care models with sound impact on the ground

1 July 2013 – Star Ceremony announcement of best RSs with stars, ready for replication and coaching

⭐⭐⭐⭐ 13 Reference Sites
⭐⭐⭐ 12 Reference Sites
⭐ 7 Reference Sites
The University of Coimbra, together with the other members of the consortium "Ageing@Coimbra" supports a holistic ecosystem of stakeholders and it implements innovative practices to manage cognitive ageing, dementia, vision impairment, human kinetics and mobility.

The Cluster for early diagnosis and management of cognitive ageing, dementia and vision impairment boasts good results, such as the 1350 patients/yearly under specialty evaluation in the medical consultation of dementia, the creation of over 100 jobs within different projects under the cluster, 18.5% of the patients integrated in the detection programme with biomarkers. Such successes have led to the adoption of some of the solutions and tools at national level.

The Cluster for human kinetics and mobility in senior people involves partners that are national references for neurology, rheumatology, osteoporosis, human kinetics and territory planning. The results of the close cooperation between the partners are numerous: physically frail seniors experience greater mobility between care settings and in the city; an improved efficiency of care pathways in the primary care unit with waiting periods reduced by 50%; reduced operational costs due to electric care for seniors; over 200 jobs created (inside Portugal and outside).

The innovation model for ICT technological transfer in health and well-being aims to support the transfer of the innovation e-health ecosystem of Coimbra at the highest standards at the European level. The model facilitates the development of innovative products, the creation of new companies and of highly qualified jobs, giving a boost to the economy through technological development.
MARKETPLACE
https://webgate.ec.europa.eu/eipaha/
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.
A few data on the Partnership on Active and healthy ageing?
Building up the EIP

- 30 mio citizens, >2 mio patients
- >30,000 visits 1000 registered users
- 3,000 partners & 300 leading organisations
- > 500 commitments
- 32 regions as Reference sites of Innovative Health Practices
- 1,000 regions & municipalities
Satisfaction of the EIP committed Partners & Stakeholders

- Networking to form partnerships: 85%
- Exchange of good practice: 75%
- Visibility: 70%
- Influence local/regional/national polices: 63%
- Networking to align processes with others: 58%
- Creating awareness for healthy ageing: 53%
- Overcoming barriers: 47%
- Networking - other benefits: 28%
- Growth and employment: 21%
- None: 1%

Based on results of the Survey on process indicators, prepared by the EC, with input of 107 respondents out of 261 asked.
Overcoming lack of evidence
Funding new technologies, devices
Creating critical mass
End-user involvement
Satisfaction of the EIP committed Partners & Stakeholders

Regulatory issues
Fragmented market conditions
Technical standards
Medical guidelines
New way of organising healthcare
Sourcing and aggregating scattered evidence

Based on results of the Survey on process indicators, prepared by the EC, with input of 107 respondents out of 261 asked
Thank you for your attention!

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

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