



# **FRAILTY – STATE OF PLAY**

## **5 July 2018**

### **On-going projects and action(s)**

Marc VANDENBROECK, Scientific Project Officer

European Commission

Consumers, Health, Agriculture and Food Executive Agency (CHAFEA)

# An overview



| Name        | Starting date | Duration                   |
|-------------|---------------|----------------------------|
| FRAILCLINIC | 01/02/2014    | <b>36</b> Mo + <b>ext.</b> |
| FOCUS       | 01/04/2015    | <b>36</b> Mo               |
| FRAILTOOLS  | 08/04/2015    | <b>36</b> Mo + <b>ext.</b> |
| SUNFRAIL    | 14/04/2015    | <b>30</b> Mo + <b>ext.</b> |
| APPCARE     | 01/07/2015    | <b>36</b> Mo + <b>ext.</b> |
| ADVANTAGE   | 29/11/2016    | <b>36</b> Mo               |
|             |               | Total                      |

# The legal basis



- **Annual work plan 2013**
- **Annual work plan 2014**
- **Annual work plan 2015**

**Priorities of the year, objectives pursued and expected results**



2013



## ➤ 4.2 Actions under the second objective 'Promote health'

### 4.2.1.2 Supporting the priorities of the European Innovation Partnership on Active and Healthy Ageing

- In support of the practical implementation of innovative solutions responding to the priorities of the European Innovation Partnership on Active and Healthy Ageing, project grants will foster **pilot actions** at local and regional level focusing on the management of **multimorbidity** among elderly people through integrated care **pathways**, as well as on improving adherence to treatment and prevention of falls and **frailty**.

# The grants



## 2013



- **These pilot actions will group existing and planned public and private activities of excellence in order to create innovative, practical, feasible and measurable projects centred around:**

(1) Implementation of integrated or coordinated interventions for early identification and diagnosis of physical **frailty** in older persons that can be preceded by multimorbidity and followed by the development of disability.

**Addressing frailty will meaningfully contribute to the development of personalised integrated care, facilitate coordination among professionals, and reduce unnecessary use of healthcare resources.**

# The grants



## 2013

- The Second Health programme has seen, with the 2013 annual work plan, in particular for the actions to be implemented under the second objective of health promotion, to allocate specific grants for projects focusing on **pilot actions** at local and regional level on the management of **multimorbidity** among elderly people.
- The pilot actions had to group existing and planned public and private activities of excellence in order to create innovative, practical, feasible and measurable projects centred around the implementation of integrated or coordinated interventions for **early identification and diagnosis of physical frailty in older persons** that can be preceded by **multimorbidity** and followed by the development of disability.

# The grants



2014



## ➤ **2.1 Grants for projects**

**2.1.3. Actions under thematic priority 3 - Contributing to innovative, efficient and sustainable health systems**

*2.1.3.1. Support in areas related to adherence, frailty, integrated care and multi-chronic conditions (Point 3.5. of Annex I to the Programme Regulation)*

# The grants



## 2014



### **Priorities of the year, objectives pursued and expected results**

- The Commission has launched the European Innovation Partnerships within the Innovation Union, one of the flagship initiatives of the Europe 2020 strategy, with the objective of accelerating innovation to address a well-defined target within a grand societal challenge.
- The European Innovation Partnership on Active and Healthy Ageing has been selected as a pilot to tackle the challenge of an ageing population. The aim of this action is **to facilitate the exchange of best practice between Member States, to support networks for knowledge sharing**, to unlock the potential of innovation in health and to benchmark so as **to ensure an informed decision-making at European level.**



# The grants



## 2014

### **Description of the activities to be funded under a call for proposals**

- Building upon previous work conducted in this area, this action seeks to support projects encouraging the use of **innovative, coordinated and comprehensive community based prevention**.
- Activities to be addressed will include:
  - (a) supporting the development and implementation of early diagnosis and screening programmes for frailty risk factors, including the optimisation of functional capacity tools and development of guidelines to address **prefrailty**;
  - (b) development of programmes to improve the management of multi-morbid patients, including use of medical data for optimising health and care systems.

**This action will focus on projects that would implement existing strategies or build on existing actions in order to achieve scalability and promote innovative solutions in health in the EU.**

# The grants



2015



## ➤ **2.1. Grants for projects**

### **2.1.3. Actions under objective 3 – Contributing to innovative, efficient and sustainable health systems**

*2.1.3.1. Support for the implementation and scaling up of good practices in the areas of integrated care, frailty prevention, adherence to medical plans and age-friendly communities (Thematic priority 3.5. of Annex I to the Programme Regulation)*

# The grants



**2015**

➤ **2.2. Grants for actions co-financed with Member State authorities**

**2.2.3. Actions under objective 3 – Contributing to innovative, efficient and sustainable health systems**

*2.2.3.2. Prevention of frailty (Thematic priority 3.5. of Annex I to the Programme Regulation)*

# The grants



## 2015



### **Priorities of the year, objectives pursued and expected results**

- This action **builds on the results** of the European Innovation Partnership on Active & Healthy Ageing, and on the Prevention of Frailty Action Group which was launched in 2012 and on the Joint Action on Chronic diseases
- The objective of this action is the **identification for pre-frail conditions**, such as malnutrition and lack of physical activity, and targeting frail older people for appropriate interventions, including promoting better health and reduction of avoidable hospitalizations and better long-term care.
- The action also **responds to the 2014 Council Conclusions** on 'Nutrition and Physical Activity' which sought to promote actions and strategies on Active & Healthy Ageing, and the 2014 Social Protection Committee's Long Term Care report which underlined the urgency to understand the risk factors for frailty as a pre-requisite for early detection, prevention and management to reduce future demand of long term care.

# The grants



## 2015



### **Priorities of the year, objectives pursued and expected results**

- This action **will contribute to the reduction of disability and dependence** and at large **will prevent growing burden of chronic diseases** in terms of health care demands.
- It **will improve our understanding of long-term care medical conditions affecting older patients**, including chronic diseases, and lead to development of improved strategies for diagnosis, care, research, and medical education for **frailty, disability and multimorbidity**.
- It **will contribute to a more effective response to the needs of older people** including gender sensitive aspects and reduce the burden of inefficiency in care delivery through self-management care planning and coordination, innovative organisational approaches and better combinations of professional and informal care.

# The objectives



| Name           | Objectives   |
|----------------|--|
| FRAILCLINIC PJ | To assess the feasibility and effectiveness of program design to detect and manage frail old patients in high risk clinical settings.  |
| FOCUS PJ       | To offer both a service and a network. The service consists of evidence-based guidelines to critically help the selected group of partners to satisfactorily achieve their goals. The network intends to ensure sustainability of the service. |
| FRAILTOOLS PJ  | To assess the usefulness as screening and diagnosis tools of selected instruments to detect frailty in both clinical (hospital and primary care) and social (nursing homes) settings, providing diagnostic algorithms clinically sound.        |
| SUNFRAIL PJ    | To validate and standardise approaches on frailty and multimorbidity by <b>building on the instruments developed with the European Commission</b> Innovation Partnership on Active and Healthy Ageing (EIP-AHA).                               |
| APPCARE PJ     | To create a new model for the management of frail elderly people designed <b>on the basis of best practices</b> already tested in the involved territories, and to evaluate scalability of these existing strategies.                          |

# The objectives



| Name         | Objectives   |
|--------------|--|
| ADVANTAGE JA | To build a common understanding on frailty <b>to be used by Member States on which to base a common management approach</b> of older people who are frail or at risk for developing frailty in the European Union. |

## Expected results and deliverables

- [https://webgate.ec.europa.eu/chafea\\_pdb/health/projects/20131208/summary](https://webgate.ec.europa.eu/chafea_pdb/health/projects/20131208/summary)
- <http://www.advantageja.eu/>
- <http://www.app-care.org/>
- <http://focus-aha.eu/>
- <http://www.frailtools.eu/>
- <http://www.sunfrail.eu/>



# Expected results and deliverables

## From the JA ADVANTAGE

- Phase I (2017), corresponds to background information collection, analysis and rational discussion and drafting of preliminary documents
- Phase II (2018), corresponds to developing and testing the draft version of the frailty prevention approach (FPA) document
- **"State of art on Frailty" report**
- Set up of an **Expert panel to complement the expertise of the Consortium and to peer review the State of art draft documents (WP4 and WP8)**
- Basis for Policy briefs targeted to policy makers, health managers and decision makers
- Key messages on the types of models of health and social care for older people

## Expected results and deliverables

### From the FRAILCLINIC/FRAILTOOLS projects

- **Instruments** to detect Frailty in clinical and non-clinical settings
- **Report** on the conclusions on the detection of frailty
- **Frailty assessment and management as main pillar in Geriatric field (policies and hospitals)**

## Expected results and deliverables

### From the SUNFRAIL project

- Addressing **reversible Frailty** as an issue relevant to an increasing proportion of the European population that needs to be tackled at EU level
- Frailty needs to be tackled through its main dimensions and early identification of risk factors
- Essential to **train** primary care professionals
- Build on models and tools already developed with other EU projects
- Further integrate existing pathways on Frailty and multimorbidity through mapping and connecting available services and sectors
- Adoption of the **Sunfrail tool with a “multiple entry door system” approach** to health care and care services, facilitating access and early detection of Frailty
- Strengthening professionals’ knowledge

## Expected results and deliverables

### From the APPCARE project

- **APPCARE model** designed on the basis of best practices already tested in the involved territories, with a benchmarking aimed at using local successful initiatives to reach the objectives in the most cost-effective way
- Geriatric **assessment** of +75 patients
- Establishment of geriatric-oriented coordinated care **pathways** agreed by all the involved caregivers
- Facilitation of the hospital care pathways for +75 patients in order to reduce hospital stays
- Set up of **programs** for **frailty** and co-morbidity risk factors detection

## Expected results and deliverables

### From the FOCUS project

- **Guidelines and toolkits** issued with the perspective of sustainability
- Elaboration of the “**Platform for Knowledge Exchange**” (PKE), acting as a repository and as an instrument for dissemination, which will both facilitate and perpetuate exchange between partners and stakeholders to achieve synergies and guide progression
- More extensive and reliable implementation of the guidelines / the effort merits a wider test
- **Platform** with a double role: knowledge exchange (PKE) and scaling up (PSU)
- The 2 variants of the platform may be further tested for specificities capable of completing alternative platforms around

# The future



## > 2018

- **Story sharing**
- **Policy objectives and expectations**
- **Alignment**
- **Best practices portal**

❖ <https://webgate.ec.europa.eu/dyna/bp-portal/>

- **New calls for projects and actions**

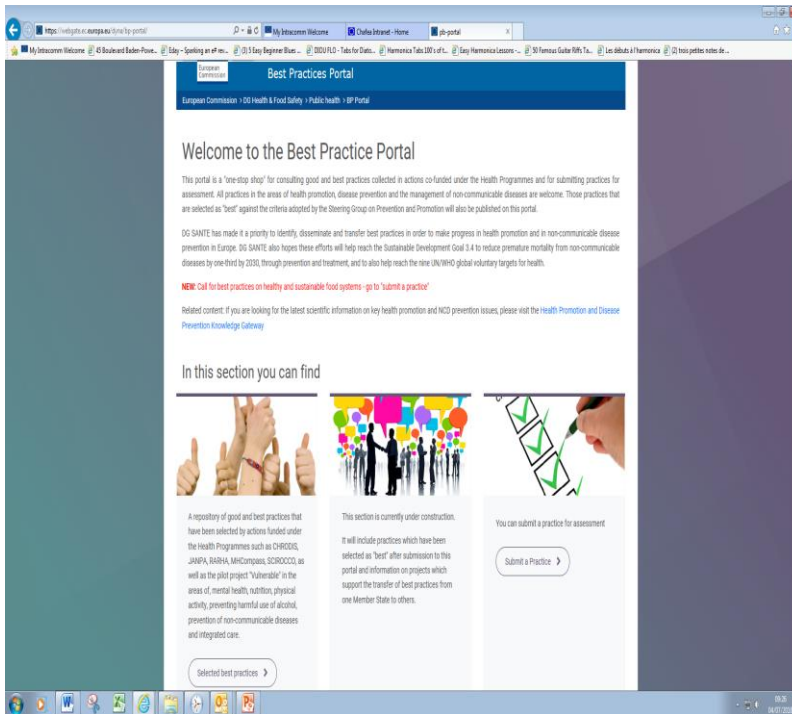


# The future



European  
Commission

> 2018





# Thank you very much for your attention...

Marc Vandebroeck

European Commission  
Consumers, Health, Agriculture and Food Executive Agency  
(Chafea)

Health and Food Safety Unit

<http://ec.europa.eu/chafea/>