



## European Innovation Partnership On Active and Healthy Ageing:

Risultati dei lavori dello Steering Committee e  
piano strategico



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# Ageing Headlines!

- Life expectancy in most European countries is increasing now by five hours a day. It is clear that within the next fifty years the population of Europe will contain a much greater share of older people, but what is less clear is whether people will age in good health or in poor health.
- **"Population ageing will fundamentally change the lives of Europeans".**
- **From an economic standpoint, preventive strategies are considered the most cost-effective solution to the problem of disability in the elderly.**

## **Indicators of healthy ageing:**

### **Capability:**

the capacity to undertake the physical and mental tasks of daily living

### **Wellbeing:**

psychological and social

### **Underlying biology:**

physiology and genetics



## Promote active and healthy ageing- the help of innovation

- Research and community make efforts to point out **ways to transform unsuccessful aging**, a complex mixture of morbidity, social isolation, poverty, and **invisibility into a successful period of life.**
- **Innovative approaches able to improve quality of life** are needed in order to prevent development of chronic diseases and to optimize opportunities for health, delaying the onset of frailty and dependency of elderly.
- **The EU is taking innovative steps to promote quality of life in elderly** , engaging public and private partners to support **promotion of healthy lifestyles.**





- **Policy action at EU level**, with its perspective across the **Member States** and its ability to **share experience and collect information**, is a valuable addition to the work done at national and local level to prepare for an ageing population in Europe.





## The challenge of ageing and innovation

### Population Ageing

The **European Commission** with the support of the Council and of the European Parliament has chosen active and healthy ageing as **the first pilot case** to lead the way forward for **European Innovation Partnerships** as announced in the Europe 2020 strategy.



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# European Innovation Partnership on Active and Healthy Ageing

- EIPs are a unique concept and are not a new instrument – they are designed specifically to fulfil the need to enable innovation to happen where current instruments on their own cannot deliver.
- Each action should be measurable and deliverable within the timeframe of the EIP (which is by 2020) and, where possible, earlier. A European approach must be indispensable to each action.
- The partnership approach should bring together stakeholders who, on their own, cannot deliver critical innovation. By bringing strategic partners together, the EIP should provide a unique mechanism for each partner to contribute to unblocking existing barriers to innovation
- The EIP should bring together key partners who together can identify the blockages, and work to unblock them using a partnership approach



# European Innovation Partnership on Active and Healthy Ageing



**Headline target by 2020:**

increasing the number of healthy life years (HLYs) by 2 in the EU on average

# European Innovation Partnership on Active and Healthy Ageing (EIP on AHA)



## A triple win for Europe

- Enabling EU citizens to **lead healthy, active and independent lives until old age**
- Improving the sustainability and efficiency of **social and health care systems**
- Developing and deploying **innovative solutions**, thus enhancing the competitiveness of EU industry through an improved business environment providing the foundations for growth and expansion of new markets, networking with partners worldwide (particularly with the U.S.)



## **EIP on AHA - Leadership**

- The Partnership has been led by a Steering Group consisting of some 30 high-level stakeholders spanning both the demand and supply sides.
- The Steering Group has worked from May until November 2011 to develop a Strategic Implementation Plan (SIP).

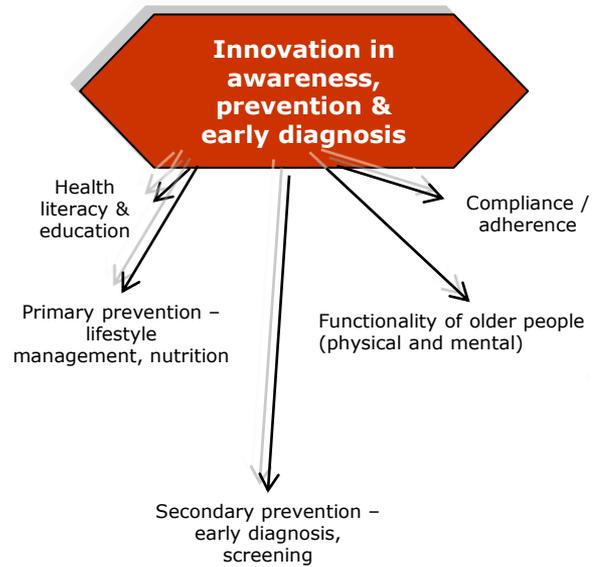


## EIP on AHA

### Process:

- Less than 12 months;
- High Level Steering Group invited by the Commission;
- Co-chaired by Dalli and Kroes – recently engagement of Geoghegan-Quinn;
- “Sherpa” approach / “Ambassador role”;
- Public consultation (Nov 2010 /Jan 2011): **530 submission**;
- Expert workshops – June /July 2011;
- **129 eligible projects** – fiches – Aug 2011;
- **14 selected proposal** (“short/long term) – September 8<sup>th</sup>, 2011
- **5 selected/agreed** projects November 7<sup>th</sup>, 2011

# Priority themes & working groups



**Horizontal working group/narrative on:  
Funding & Reimbursement  
Indicators and social & economic impact  
Mapping research on Ageing**



# Thematic priority 1

## Innovation in support of

### **AWARNESS, PREVENTION & EARLY DIAGNOSIS**

#### Thematic scope for actions

- Disease prevention - primary & secondary prevention (lifestyles, early diagnosis, screening, nutrition, physical exercise)
- Health literacy
- Medication compliance/adherence
- Older people's functionality including loss of cognitive functions and frailty



# European Innovation Partnership on Active and Healthy Ageing

**Prevention, screening and early diagnosis** as integral part of life-event approaches to keeping people healthy and postponing the onset of the illnesses.

Fundamental to Europe's search for a new paradigm on ageing is the need for health and care systems to move from a reactive and curative approach to disease – with main focus on acute care - to an approach based on prevention.

Ageing of the population and the expected increase in prevalence of chronic diseases will entail necessary shift towards a preventive approach, with focus on promotion of health and an increased role of citizens in managing their health.



## Thematic priority 2

### Innovation in support of CARE & CURE

## Thematic priority 3

### Innovation in support of INDIPENDENT LIVING

#### Thematic scope for actions

- Continuum of care
- Multimorbidity
- Chronic disease management
- Business models for more collaborative care systems
- E-health and tele-medicine
- HTA and evidence
- Clinical guidelines
- ICT enabled products, services and devices for active and independent living
- European or global standards and interoperability
- Innovative use of public procurement schemes (inc. pre-commercial procurement)
- involvement of users across the entire innovation process



## Five agreed Actions

1. **“Prescription adherence action at regional level”** – within the “Health literacy, patient empowerment, ethics and adherence”.
2. **“Early diagnosis and intervention action on frailty and malnutrition to prevent functional decline among older people”** – within the “Disease prevention, early diagnosis of functional decline”.
3. **“Program for falls prevention and early diagnosis”**. – within the “Innovation-enabled personal guidance systems”.
4. **“Replicating and tutoring integrated care for chronic diseases, including remote monitoring in at least 50 regions and available to at least 1 million patients”** – within the “Capacity building for successful integrated care systems”.
5. **“Global standards development, guidelines for business models and financing for independent living”** – within the “Flexible and interoperable ICT solutions for active and independent living”.



## Italian Areas of interest:

### 1) Adherence, polypharmacy and under-prescription of medications in elderly;

- Improving adherence through a combined strategy;
- Developing and expanding the use of mobile technology to support adherence through reminders & trackers;
- Medication Event Monitoring Systems (MEMS).



# "Prescription and adherence action at regional level" (SIP)

- **Objective:** launch of an adherence programme for various disease areas supported with innovative solutions.
- **Deliverable:** By 2014 the project aims to deliver tangible adherence approaches for various chronic disease areas in at least 30 EU regions. Specifically, the implementation of a number of pilots in different disease areas (e.g. COPD/Asthma, diabetes, oncology, osteoporosis, etc ) and in different member states.
- **Partnership model (EU Commission):**
  1. Form a multiple stakeholder/member state partnership, led by an expert centre on adherence
  2. Develop adherence programmes/protocols for specific chronic diseases and tailored to member states' level of infrastructure and capacities
  3. Develop electronic tools to monitor and alert non-adherence in pharmacies and in home settings, including mobile technology to support adherence through reminders and trackers, behavioural change models, communication services and data services
  4. Train healthcare professionals, incl. pharmacists, care personnel and informal/family care in monitoring adherence to treatment of older people with chronic conditions
  5. Information/awareness and health literacy strategies to support older patients, informal carers and families in adherence, including life-style recommendations.
  6. Potentially develop new clinical trials schemes to help address issues associated with multi-drug treatment regimens and dosage schedules

## Italian Areas of interest:

### 2) The correct and equilibrate nutrition as protective factor favoring healthy ageing;

- Focus on malnutrition and on quality of diet: developing and implementation of European programs for nutritional screening;
- Developing in collaboration with food industries a new lines of age-friendly food products (food products qualitatively and quantitatively equilibrated for elderly population).
- Developing new clinical trials for support of knowledge about the Mediterranean diet and prevention of chronic diseases.
- Promote and sustain research and trials addressed to determinate algorithms and guidelines for optimal management of polymorbidity.



## Italian Areas of interest:

### 3) The Information Communication Technology (ICT)

- Developing of psychologically pleasant and easy-to-use integrated ICT solutions for active ageing and independent living. The stand-alone assistive technology provides products designed to compensate for motor, sensory and cognitive difficulties frequently experienced by older adults.
- Implementation of specific appliances and devices in the home environment to provide tele-care services and more overall control of the living space to support both professional and informal carers in their work.



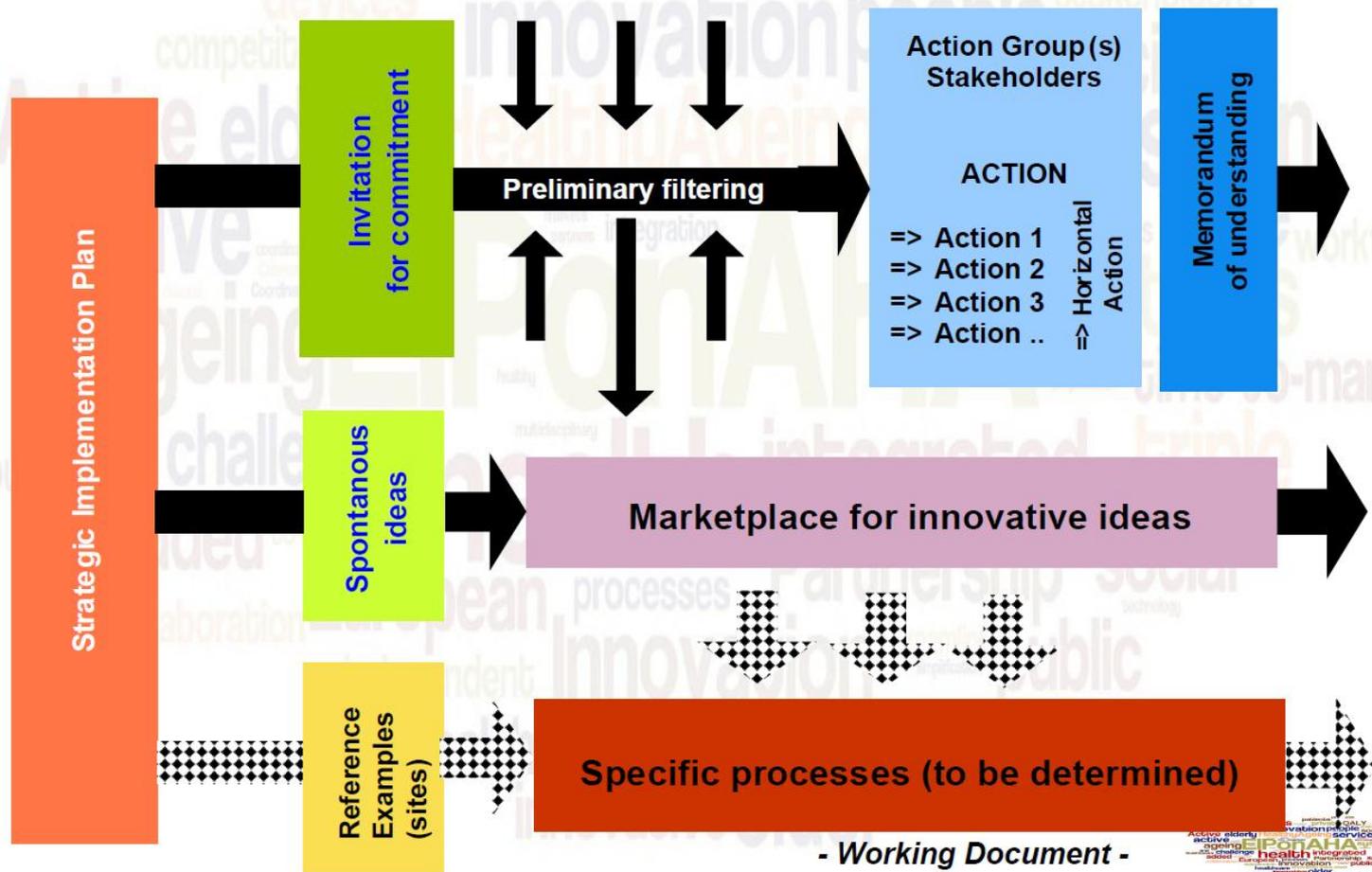
## Actions Implementation

### Three modalities:

- Specific Invitation for Commitments
- Marketplace
- Reference sites

**Funding:** No dedicated EU funding programme but existing Programmes adjusted, i.e. CIP, ICT PSP, PHP, structural funds, etc.

# Actions Implementation



- Working Document -

## Principles for commitment in the delivery of actions (SIP)

- *Engagement*: underwriting the Partnership and its criteria;
- *Inclusiveness*: open to all relevant actors and constituencies;
- *Critical mass*: mobilising sufficient resources;
- *Partnership*: working together with other parties in the action;
- *Delivery*: timely delivery of agreed outcomes;
- *Advocacy*: inspiration and political support for all participants.



European Innovation Partnership on Active and Healthy Ageing in the 2012 EAHC call for proposals.

The EAHC call for proposals is NOT the EIP on AHA Invitation for Commitments.

The EIP on AHA Invitation for Commitments will be opened towards the end of January and will not entail financial support.



# **Support the implementation of the EIP on AHA**

**Concrete activities in line with the Strategic Implementation Plan:**

- **(a) Supporting change of care delivery towards integrated care and chronic disease management;**
- **(b) Partnering for change;**
- **(c) Supporting older people's health by maximising resources.**

**[Project grants] Indicative amount: EUR 4 021 820**



# **The 3 EAHC Actions support the SIP Priority Actions**

- 1. Prescription and adherence action at regional level**
- 2. Personalised health management, starting with a falls prevention Initiative**
- 3. Replicating and tutoring integrated care for chronic diseases, incl. remote monitoring at regional level**
- 4. Prevention of functional decline and frailty**
- 5. Supporting older people's health**



# Supporting change of care delivery towards integrated care and chronic disease management

(a) patient-centred coordinated integrated care, based on innovative business models and technologies, focusing on the management of chronic diseases.

- reduce long-term disability and frailty of patients with multiple chronic conditions,
- reduce unnecessary and avoidable hospitalisation.

(b) transfer of knowledge related to implementation

## **Partnering for change Stakeholder cooperation, for the development of:**

- (a) new business models, in particular managing multiple chronic conditions;
- (b) new care pathways along the continuum of care;
- (c) guidelines based on new solutions/business models;
- (d) training modules for care providers which reflect these new solutions/business models;
- (e) guidelines for informal care provision;
- (f) support for related public procurement modernization.



## Supporting older people's health

Maximise the impact of resources promoting the health of older people, through:

- (a) better collaboration and coordination, e.g. support and dissemination of models of good/best practice to promote the health of ageing populations; strengthening data systems;
- (b) capacity building, e.g. development of health literacy programs; gerontology training;
- (c) preventing the onset of frailty;
- (d) support to health policies.



## First Experience with EIP on AHA

- Involvement of commissioners demonstrated political engagement;
- Effective management and value accountability of the SG, made the decision-making process fast and productive although SG members come from different contexts (politics, economics, industry, patient organizations and health care system);
- Process has benefitted from Sherpa group and strong support of the EC secretariat;
- Involvement of wide range of stakeholders;
- Novel, stimulating, enriching and reflection generating process: good networking opportunity.



**Mission:  
Make a real difference to the lives of older  
Europeans.....**



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## Overview of timelines:

1. January 2012 Next Sherpas Meeting Brussels
2. Launch invitations for commitment : Feb 2012- 09 march 2012
3. Creation of Action Groups for each action ready to be launched
4. EC Communication on the SIP of the EIP on AHA: 1Q 2012
5. Increasing awareness of the EIP (seminars, workshops and media)- communication, advocacy and interaction
6. Monitoring the implementation of the actions 2012 onwards- clear monitoring framework will be provided
7. Assessment of the results of the actions 2012 onwards

