European Innovation Partnership on Active and Healthy Ageing

- Why?

- What?

- How?
The Challenge of an Ageing Society

- Chronic Conditions
- Healthy Life Years vs Life Expectancy
- Health Inequalities
- Financial sustainability
- Lack of Health Professionals
Innovation Union – addressing societal challenges

One of 7 flagship initiatives of the Europe 2020 strategy

To ensure that innovative ideas can be turned into products and services that create growth and jobs

- European Innovation Partnership (EIP), new method of collaboration
- EIP on Active and Healthy Ageing first pilot
European Innovation Partnership on Active and Healthy Ageing

- Why?

- What?

- How?
European Innovation Partnership on Active & Healthy Ageing

+2 Healthy Life Years by 2020

Specific Actions

- Improving prescriptions and adherence to treatment
- Better management of health: preventing falls
- Preventing functional decline & frailty
- Integrated care for chronic conditions, inc. telecare
- ICT solutions for independent living & active ageing
- Age-friendly cities and environments
European Innovation Partnership on Active and Healthy Ageing

- Why?
- What?
- How?
Innovative Collaboration

crosscutting, connecting & engaging stakeholders across sectors, from private & public sector

- **Joining up resources and expertise**
  Input to policy making, collection of experience, evidence

- **Bridging gaps and connecting**
  Direct collaboration with regions and local communities
  Speed up the innovation process

- **Facilitating scaling up and multiplying**
  Bottom up process based on evidence-base and real-life tested ideas
  Focus on feasibility and scalability of innovative solutions

- **Fostering synergies**
  Coordinating efforts towards a common objective
  EC as facilitator and guarantor of delivery of main objectives

neither funding nor legislative instrument
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

- Improving prescriptions & adherence to treatment
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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
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.
Progress EIP on AHA

• **EIP on AHA Process**
  The EIP on AHA process will monitor different aspects: the involvement of stakeholders, the creation of synergies, knowledge transfers and the absorption of innovation by the health systems, and the added value for the participating organisations.

• **EIP on AHA Outcome**
  Monitor activities and outcomes of the action groups at action group level and from commitments
EIP on AHA Process

Stakeholder commitments

Total
D4 Age Friendly Environments
C2 Independent Living
B3 Integrated Care
A3 Frailty
A2 Falls
A1 Adherence to treatment
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

- End-user involvement: 90
- Creating critical mass: 28
- Funding new technologies, devices: 22
- Overcoming lack of evidence: 21
- Sourcing and aggregating scattered evidence: 21
- New way of organizing healthcare: 20
- Medical guidelines: 15
- Fragmented market conditions: 8
- Technical standards: 8
- Regulatory issues: 7

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

**Outcome indicators e.g.:**
- Less social isolation
- Decline in hospital bed days
- Increase in employment rate

**Process indicators e.g.:**
- The population covered
- The number of SME's involved
- The amount of money invested

**HLY At birth**
+2 Healthy Life Years

**Triple Win**
- Quality of Life
- Sustainability of Care
- Innovation-based Competitiveness

**Individual actions**

**Establish the link**
Integrated care models

Improved QoL and HLY

- 50% slower in cognitive function
- 5.1% of physical condition
- 70% slower in depression
- No of medications

Sustainability of care systems

- Facility/hospital admissions
- Cost of health services

Outcomes for model group (100 patients)

- Facility/hospital admissions: 33% decrease
- Emergency room visits: 65% decrease
- Length of stay in hospital & nursing home: 50% decrease
- Community health services costs: 19% decrease
- Nursing home costs: 48% decrease
- Hospital expenses: 34% decrease

Target group:

100 patients x 15 = > 1500

Process indicators

Geographical coverage of the model:

Northern Italy + 15 replicated regions

Market growth

Telehealth
Telemonitoring
EMRS

Individual actions

Replication of integrated social and health case management model for frail elderly people

Establish the link (theory & modelling JRC)
What has been the process?

- Input from experts
- Input action group members about their monitoring process
- Based on input 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
Two adjusted healthy life years on average in 2020 at birth

Healthy life years expectancy (HLE) or disability-free life expectancy (DFLE)

**Eurostat definition**
The number of years that a person is expected to live in a healthy condition (without disability) at birth.
Caveats

- Two Healthy Life Years, Triple win and proposed indicators also influenced by other factors
  
  *E.g.:* Healthy Life Years influenced by income and education

- Side effects:
  
  *E.g.:* Falls go down, but mobility too
  
  Everybody focus on community centres instead of also looking forward to other ways to increase participation of older people in society

- Keep in mind heterogeneity of actions

- Quality of data
Outcome indicators: Monitoring trends

<table>
<thead>
<tr>
<th>Quality of Life</th>
<th>Sustainability of health systems</th>
<th>Innovation and growth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>Hospital (re-)admissions by diagnosis</td>
<td>Innovation</td>
</tr>
<tr>
<td>Daily physical activity</td>
<td>- Chronic disease: diabetes mellitus, heart failure, COPD, dementia</td>
<td>SME’s and industry/sectors involved</td>
</tr>
<tr>
<td>Risk factors</td>
<td>Fracture of femur, Hip replacement,…</td>
<td>- The number of SME’s involved and the number of different products per SME</td>
</tr>
<tr>
<td>- Blood pressure</td>
<td>- Emergency admissions/visits</td>
<td>- The number of sectors (nutrition, pharmaceutical, ICT,… involved</td>
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<tr>
<td>- Cholesterol</td>
<td></td>
<td>- The amount of money invested (starting costs, operational costs)</td>
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<tr>
<td>- Glucose</td>
<td></td>
<td>- The number of innovative SME’s collaborating with others (Innovation scoreboard, Eurostat) and the number of different types of products/services developed</td>
</tr>
<tr>
<td>- BMI</td>
<td></td>
<td>- The number of SME’s introducing product or process innovations (Innovation scoreboard, Eurostat)</td>
</tr>
<tr>
<td>Health status</td>
<td>Hospital bed days</td>
<td>- The number of SME’s introducing marketing or organisational innovations (Innovation Scoreboard, Eurostat)</td>
</tr>
<tr>
<td>Access of care</td>
<td>- Chronic disease: diabetes mellitus, heart failure, COPD, dementia</td>
<td>Implemented technology and devices</td>
</tr>
<tr>
<td>Participation in society</td>
<td>- Fracture of femur, Hip replacement,…</td>
<td>- Do you implement a new technology? If yes, which kind?</td>
</tr>
<tr>
<td>- Social isolation</td>
<td>Management of health services</td>
<td>- The number of users of developed/implemented devices (web, smart phone, apps, games)</td>
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<tr>
<td>- Senior volunteering</td>
<td>- Expenditures</td>
<td>- The number of users assisted by telehealth/telecare</td>
</tr>
<tr>
<td>Causes of death</td>
<td>- Organisation of care</td>
<td>- The number of users receiving care remotely</td>
</tr>
<tr>
<td>- Chronic disease: diabetes mellitus, heart failure, COPD, dementia</td>
<td>- The number of implemented (parts of) guidelines/recommendations</td>
<td>- The number of individuals using the Internet for seeking health-related information</td>
</tr>
<tr>
<td>- Falls</td>
<td>- The number of given training courses (target group, participants, days)</td>
<td>- Were end-users involved? If yes, which end-users were involved and in what stage of the process</td>
</tr>
<tr>
<td>- Suicide</td>
<td>- The number of implemented integrated health care models including funding</td>
<td>- Are you using an open platform?</td>
</tr>
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Living in institutions

Old age social spending

Growth
- Employment rate
- Poverty and exclusion
Example:

**Outcome objective**  
**Action C2 (SIP)**  
**Interoperable Independent Living Solutions**

The “development of interoperable independent living solutions, including guidelines for business models”, supported by two deliverables:

By 2015 availability of key global standards and validated implementations of interoperable platforms, solutions and applications for independent living.

By 2015 availability of evidence on socio-economic outcomes (among others: the return on investment) of these solutions and applications, based on experience involving at least 10 major suppliers, 100 SMEs and 10,000 users.
Thank you!

More information

EIP Marketplace: https://webgate.ec.europa.eu/eipaha

EIPonAHA: ec.europa.eu/active-healthy-ageing