European Innovation Partnership on Active and Healthy Ageing

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50% of elderly people with prescribed polypharmacy do not adhere to their medical plans.


45 million chronic patients and 47 million ageing people in the EU could need monitoring by 2017.
European Innovation Partnership for Active and Healthy Ageing
Input and evidence for policy-making

Deliverables from the Action Group A1 on Adherence to Medical Plans

Adherence to medical plans in old age, a public health concern at EU level
(11 June 2013)
Europe 2020 & sustainability

**Fiscal consolidation**
- European Semester
- Economic adjustment programmes

**Investment for growth**
- Cross-border directive
- Action plan on health workforce
- ' Investing in health'

**Reflection process on health systems**

Innovation Union – smart growth

**European Innovation Partnerships**
- tackling societal challenges, e.g. ageing and health
- addressing the weaknesses & removing obstacles in the European innovation system
- innovation in a broad context: ICT, social, business, product, organisational

European Innovation Partnership on Active and Healthy Ageing
A1. Prescriptions and adherence to medical plans
A2. Preventing falls
A3. Preventing functional decline & frailty
B3. Integrated care incl. remote monitoring
C2. Independent Living
D4. Age-friendly cities and environments

Action Areas

Mapping of innovative practices
Better professional cooperation: standards, guidelines
Practical Toolkits
Implementation on large scale
More integrated, more efficient services

Deliverables

Local Implementation
Commitments of the partners

Action Group Work
provide input and expertise through an open collaboration

European Commission
Prescriptions and adherence to medical plans
Preventing falls
Preventing functional decline & frailty
Integrated care incl. remote monitoring
Independent Living
Age-friendly cities and environments

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Deliverables
Objectives of Action Group A1 on Adherence

Collect information for future policy on adherence on EU level;
Showcase the several commitments being implemented in the Adherence Action Group of the EIP;
Provide an understanding of the latest evidence on adherence that can be applicable to adherence-related commitments.
Focus on Activities

Specific Deliverables

Collaboration - Governance

Measurable Outcomes

Monitoring

Gaps for expanding in the future

Adopted: 6/11/2012
Examples of commitment/action

Medicines Management Initiative

Northern Ireland

Commitment

• Integrated working of health professionals, pharmacists, voluntary organisations, community

• Innovative Procurement for Adherence: Ecosystems approach supporting healthcare professionals in the development and application of efficient and suitable care in or close to the home and the daily life context

Engagement with pharma sector

RTC of enhanced pharmacy services

Pharmaceutical clinical effectiveness – management and evaluation

Reduced hospitalisations by 2 days
Improved health outcomes
£140 m savings since 2006
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
Good Practices

Members of the A1 Action Group has collected 69 good practices on the following topics

1. Polypharmacy
2. User empowerment/information
3. Adherence to care plans
4. Research and methodology
Examples of Good Practices

The Health Care Service Trust of Trento, Italy, (APSS) has implemented a programme to verify the role of community pharmacists in the follow-up of patients suffering from HF. Results confirmed improved adherence.

The Catalan government published rules and a Guidance Document on the Medication management in patients with chronic diseases. The implementation is supported by e-trainings and e-prescription systems, covering 100% of primary care settings. Results show reduction in polipharmacy.
Innovative Integrated Logistic Platform for Bio-samples (BS) and Pharmaceutical products (PH) delivery, storage and quality monitoring.

Novel technological individual packaging and medication devices (old people-friendly) for hospitals and patients.

IT databases for population stratification in order to develop personalized therapies

- Assess specific adherence issues
- Contribute to the sustainability of services.
- Innovative technological equipment for hospital and home care can boost the competitiveness

Reduction of inappropriate prescription and in general inappropriately poly-medicated patients.

Tracing the complete life cycle of Pharmacological therapy and the results of carrying out clinical tests and adherence to prescription

CREATE...... FOR......
Conference of Partners

25 November 2013

Annual Conference of the EIP on AHA

Speakers: Neelie Kroes, Vice President; Tonio Borg Commissioner

Focus: growth and jobs

Report: on Action Group work
Political added value of the EIP

- Inspire for policy action
- Support from the ground
- Identify good practices working in real life

**EC: facilitator & supporter**

- Develop policy on active & healthy ageing
- Align policy priorities with funding
- Mobilise efforts & resources

**Joint Action on Chronic Diseases and Healthy Ageing (28 countries + 5 networks)**

**High level conferences (e-health, Gastein Forum, Conference of Partners, Frailty and Adherence Conferences, EUPHA-polipharmacy)**

**Alignment of priorities in Horizon 2020, CIP 2013, PHP 2013 etc.**

**Reflection process of the MS: Towards modern, responsive and sustainable health systems**
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. In 2013 Call, €39 million.

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

**Structural Funds (2007-2013)**
- e.g. PROGRESS (DG EMPL)
  - €743 million

**European Investment Bank**
- Risk-sharing Finance-Facility (RSFF) €2 billion

**FUTURE**

Health Programme
- €446 million (2014-2020)

Health Programme
- €9 billion (original proposal) for Health, Demographic Change and Well Being

European Union Cohesion Policy
- (2014-2020)
  - e.g. European Programme for Social Innovation €98 Million
Horizon 2020 'Health, demographic change and wellbeing'

More than 7 billion EUR for the 'Health, demographic change and wellbeing' challenge

Important dates:
Information day: 22nd November
http://ec.europa.eu/research/health/horizon-2020-health-open-info-days_en.html
Priorities and calls published late November / December 2013
First calls: December 2013
Thank you!

More information

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