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Commissioner Dalli delivers speech on "How to make healthy ageing a reality"

John DALLI, European Commissioner for Health and Consumer Policy, attends the Breakfast Policy Briefing of the European Policy Centre

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Ladies and Gentlemen,

I welcome this opportunity to share with you some ideas about the important and pressing question - how to make healthy ageing a reality.

The ageing of society is – and will continue to be – one of the greatest social and economic challenges for European societies of the 21st century.

The long-term impact of ageing is estimated to increase public budgets by around 5% of GDP by 2060. More than half of this increase will be the result of higher spending on healthcare and long term care.

Later this year, the Commission will release the 2012 update of its 2009 Ageing Report, presenting updated estimates for the impact of ageing on public budgets.
Today, 20% of our lifespan is still spent, on average, in ill health.

We have to commit ourselves to providing care to those in need, whilst giving ample opportunities to those that are active to continue to contribute to society.

This is why we have made healthy and active ageing a key component of the Europe 2020 strategy.

Our flagship initiative is the European Innovation Partnership on Active and Healthy Ageing; it's overarching and ambitious aim is to extend the average healthy lifespan of European citizens by 2 years over the next decade.

Whilst our main aim is to improve the health of the EU citizen, we are also striving to relieve pressure on health and social care systems thus contributing to productivity.

Our health systems are in urgent need of restructuring to match the future needs of ageing societies – for example, to face the growing challenge of chronic diseases, which are more prevalent in older people.
We will need **innovative models** to deliver high quality healthcare to patients, while **keeping down costs** and **maximising cost-efficiency**.

The European Innovation Partnership offers a **unique platform** for collaboration among different actors and across different policies.

Last November, the Steering Group of the Partnership published its **Strategic Implementation Plan**.

This document identified **3 pillars** on which we will build – prevention; care and cure; and independent living.

A month ago, the Commission published a Communication setting out **concrete measures** that we have committed to put in place to **start delivering** on EIP objectives by 2013. For instance: We have committed to put in place a "virtual marketplace for innovative ideas" that will help the sharing of good practices and the dissemination of information and evidence;

We have committed to take into consideration the overall objectives of the EIP when revising **European regulatory frameworks** and when allocating funds for research, innovation and public health;
We have in particular committed ourselves to continue to align and make more effective the use of our funding instruments such as the Competitiveness and Innovation Programme (CIP), the Research Framework Programme and the Health Programme;

The Communication also outlines our proposal for the new governance that will focus on delivering projects.

We will also facilitate the formation of Action Groups that will implement the work under the 6 priority areas we have shortlisted.

In addition, we have committed to organise a yearly Conference of Partners that will bring together the stakeholders engaged on implementation of the Partnership.

To kick-start implementation, we have launched “invitations for commitment”, open to all stakeholders, until 31 May.

My key objective is to see tangible results by the end of next year.

To that end, by the end of this year we will get underway an action on replicating and tutoring integrated care programmes.
Our aim is to help identify models for chronic condition management of older people that have proved successful.

This means models that have shown solid and positive results in terms of reduced hospitalisation, increased uptake of ICT solutions for home and community care, and better overall health outcomes.

Take the UK project on the Whole System Demonstrator for example, which provides a good illustration of the opportunities and the potential of such an approach.

By deploying telehealth and telecare, this UK project has decreased bed days by 14%; emergency admissions by 20%; and, perhaps most surprisingly, resulted in a substantial reduction in mortality rates.

The UK government is now convinced of the potential of care integration and telecare and plans to scale-up this experiment to involve 50,000 patients, and move from there to the nationwide '3 million lives' campaign.

And the UK is not a stand-alone case. Many other EU Member States and regions are developing telehealth and integrated care solutions.
Championing such models elsewhere will require technical, organisational and operational adjustments. This is where the Partnership can help by removing obstacles – for example, setting standards for better interoperability of e-health solutions.

One of the other actions we will be implementing soon concerns the development of independent living solutions to make the most of the potential in eHealth and telecare.

Take electronic health records. Widespread use of these could save Europe 9 million bed days – which equate to a cost of 3.7 billion Euros a year.

Or take the potential of eHealth applications. By 2017 the global market for health-related mobile applications is expected to be around €17.5 billion per year.

Such innovations will help enabling patients to become "co-producers" of their own health; receive more tailor-made healthcare; and stay at home longer – thus living actively and independently for a longer period of time.

At the same time, these solutions will contribute towards delivering high quality healthcare to patients, while keeping down costs and maintaining the efficiency and sustainability of health and care systems.
Under the Partnership we will also implement actions on new ways of addressing secondary prevention.

We will focus in particular on issues involving frailty – physical frailty to start with, and also a particular action on falls prevention.

Support of preventive actions on frailty as well as targeted actions on falls prevention offers opportunities to significantly improve the functional condition and quality of life of older people, as well as make savings in unnecessary and avoidable use of formal care services.

Frailty – both physical and cognitive – is highly prevalent in old age – and malnutrition is one of the biggest determinants of frailty, putting over 20 million of our older citizens at risk of hospitalisation and disability.

Healthcare needs to become increasingly patient-centred and individualised, with the patient becoming more and more an active participant rather than a passive recipient of healthcare. This applies in particular to older patients, who often have several diseases and take multiple medications.

And this is the reason behind the launch of an action on compliance with and concordance to medication.
This is just the beginning. We still have a broad canvas for further work on specific measures that will not only mitigate the impact of ageing in our health systems, but equally importantly, serve as a source of sustainable growth.

Thank you for your attention. I would be happy to answer any questions you may have.