Minutes of the
First meeting of Action Group B3: Integrated Care

19-20 June 2012

Over 50 participants from across Europe attended over two days, as representatives of national, regional and local authorities, universities and research groups, industry, and patient organisations.

The circulation list of the Action Group is annexed as follows:
- Master Circulation & Contact List B3 Action Group (Annex D1)

Day 1 - Place: Centre Albert Borschette, room AB-1B, Rue Froissart 36, Brussels

14.00 – 14.30 Welcome and introduction from the EC – aims of the meeting

In their opening comments, Maria Iglesia Gomez (DG SANCO) and Ilias Iakovidis (DG INFSO) thanked participants for submitting commitments and welcomed them to the first Action Group meeting on integrated care of the European Innovation Partnership on Active and Healthy Ageing (EIP AHA) and underlined the aims of the Action Group:

- linking together what is being done in integrated care;
- achieving better results than when working alone;
- working on a clear Action Plan.

Loukianos Gatzoulis (DG INFSO) and Wojciech Dziworski (DG SANCO) then delivered the first part of a presentation, which is attached at Annex C1. It was noted that across all EIP AHA Action Groups, a total of 261 expressions of commitment had been received (including 67 for this Action Group). Out of 67 commitments, 57 organisations representing 60 commitments were invited to the group. Other applicants will hopefully remain active in the Partnership either within other Action Groups or the Marketplace.

In addition and separately, 54 submissions had been received for reference sites.

The meeting agreed to adopt the code of conduct proposed.

14.30 – 15.15 Introduction of participants: short introduction, main interests in this Action Group
Action Group members introduced themselves and their organisations. A summary of expressions of commitment had been prepared and circulated in advance of the meeting and a revised version is attached as Annex E.

15.15 – 15.45  Presentation of mapping of commitments

Andrew Ruck (Consard Ltd) presented an analysis and mapping of the Commitments. This presentation is attached as Annex C2. It was noted that:

- 67 commitments were received,
- 59 organisations were invited to attend the first Action Group Meeting, while others were contacted for clarifications.

From his preliminary analysis of these commitments, it was noted that activities underway already cover:

- More than 20 regions in Europe, and that reach out to the new Member States is clearly required;
- Close to 1.9 million patients and
- With €1,150 million already being invested.

Against this backdrop, the targets of the Action Group are ambitious, look achievable and will require:

- Increasing by 2015, the number of Regions from 20 to 50 with programmes available for chronic conditions/case management (including remote management/monitoring) serving older people in at least 50 regions,
- Increasing by 2015, the number of patients covered from 1.9 million to 10% of the target population in the involved regions (this may be around 5 million patients),
- Increasing by 2020, from 9 to 20 the regions with scaled up integrated care programmes,
- Increasing by 2020, from 7 to 15 the number of Member States adopting integrated care.

He concluded that:

- There was high interest especially from research / academia and ‘other’ organisations.
- The majority of commitments were not from organisations delivering ‘programmes for chronic conditions/case management or integrated care programmes serving older people’, and had hence been considered "indirect".
- There was especially strong interest from Spain; newer Member States were not represented at this stage.
All suggested activity areas appear viable, and clustering of activities should be envisaged to provide coherence and effective organisation of Action Group activities.

The Action Group has a potentially complex task in organising to deliver. Activities and the Action Group itself will need effective leadership.

The Action Group will need to focus on achievement of the targeted B3 deliverables (more regions, higher population coverage) and will need a rigorous approach to quantifying contributions to these deliverables.

16.00 – 18.00 Discussion on major areas of activity

During the discussion, the following points were noted:

- Members of the Action Group could help with expansion to newer Member States (for example, EUREGHA for Poland and Czech Republic).
- In the opinion of one member, diabetes care was sub-optimal in some European countries, and the Action Group could help to seek address the issue.
- Whilst the focus on the elderly provides an entry point, activity and focus could apply to other age groups, once services are truly operational.
- The Action Group would need a shared understanding of applicable models (e.g. expanded Chronic Care Model).
- The Action Group would need to focus more on delivery of integrated care, and less on working up definitions, concepts and frameworks. The need and intention is not to harmonise across Europe, but to spread adoption and support innovative approaches.
- The Action Group needs to focus on action and specifically how action is to be taken and leadership for that.
- The Action Group could provide ‘signposting’ to organisations facing similar challenges to encourage shared approaches and knowledge transfer.
- Specific activities over and above those originally identified were mentioned as follows:
  - Risk stratification;
  - Stakeholder engagement: political and corporate management, professional staff, end-users and consumers;
  - Support for community resilience: co-design and co-creation;
  - Workforce development;
  - Ensure that the perspectives of social care as well as health care were featured.

The Action Group agreed to cluster activities to be undertaken by the Action Group into 3 sub-groups, whilst always retaining strong links between sub-groups, and ensuring that outputs from sub-groups were synchronised across
the Action Group from the start. After considering the options, a matrix structure was established, focusing on three horizontal groups (1) Best Practice, (2) Implementation, and (3) Scale-up; and three thematic areas (a) Clinical and Workforce support, (b) Community and Patient Engagement, and (c) Business Models. Specific areas were identified and placed in the matrix for elaboration during the second day of the meeting, as is further illustrated in Annex C7.

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<th>Community &amp; Patient Engagement</th>
<th>Business Models</th>
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<td>Stakeholder engagement</td>
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Loukianos Gatzoulis (DG INFSO) and Wojciech Dziworski (DG SANCO) continued with presentation of the slides included at Annex C1, and notably:

- The template for the Action Plan, which the Action Group is aiming to produce by end October 2012.
The EIP monitoring and impact framework.

It was noted that:

- The EC (JRC/IPTS) would provide support for monitoring and evaluation;
- The first priority would be to establish a common and agreed baseline to describe what Action Group members had achieved so far;
- Action Group members would be asked to provide data, so that an aggregated view could be developed using comparable indicators;
- Hence the added value of the Action Group could be established.
Day 2 - Place: Thon Hotel Bristol Stephanie, Avenue Louise 91-93, B-1050 Brussels

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<th>Time</th>
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<td>9.00 – 9.15</td>
<td>Impressions from Day 1</td>
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| 9.15 – 14.00| Identification of Working Groups, major tasks, possible targets, deliverables and milestones, and first allocation of participants
              Report from Working Group discussions                                               |

The Action group started to work in the three sub-groups (1) Best Practice, (2) Implementation, and (3) Scale-up to define their actions, deliverables and targets.

The output from these sub-groups is attached at Annexes C4, C5, and C6.

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<th>Time</th>
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<td>14.00 – 14.15</td>
<td>Presentation of the Marketplace</td>
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The online platform of the Partnership, the ‘Marketplace for Innovative Ideas’ was presented (see Annex C3). It was noted that the Marketplace:

- helps in finding and contacting potential project partners, finding funding instruments, sharing documents, events, news and views in the forums;
- is designed for EIP enthusiasts wishing to develop their project for the next Invitation for Commitment, or targeted Action Group work through private forums and document sharing;
- Reference sites will also be featured on the Marketplace in the future.

The moderators of the Marketplace gave a demonstration of the Marketplace functionality.

Action Group members were requested to register by contacting the Moderators at eip-aha@eu-ness.com.

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<tr>
<td>14.15 – 15.30</td>
<td>Logistics and infrastructure for working groups and action group</td>
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Working methods and principles for governance were discussed. Action Group members volunteered to coordinate the specific groups or contribute to the overall coordination - a 6 member Steering Committee was established, with NHS24 from Scotland as main leader, and the EC facilitating (see also Annex C7).
| Overall Committee | NHS 24 (lead)  
|                  | Philips  
|                  | EPPOSI  
|                  | ECHA  
|                  | Region of Puglia  
|                  | IESE Business School Barcelona |

| Best Practice | IESE Business School Barcelona (lead)  
|               | ECHA  
|               | Region of Puglia |

| Implementation | Philips & EPPOSI (lead)  
|                | Institute Carlos III, Madrid  
|                | Valencia La Fe  
|                | Hospital Clinic Barcelona  
|                | Basque Country  
|                | Region of Saxony  
|                | Northern Ireland  
|                | UPM |

| Scale - Up | Region of Languedoc Roussillon (lead)  
|           | EFN  
|           | Slimmer Leven, Eindhoven  
|           | Region of Saxony  
|           | IDOP / SERMAS, Spain |

It was agreed that documents and data from the sub-groups would be made public to ensure transparency and that the EC would facilitate.

During a discussion about the role of the European Commission and working methods, it was noted that:

- The EC has an important role in facilitating the implementation of some of the commitments and supporting role in helping the Steering Committee;
- The EC had a key role in reach-out and dissemination;
- There would be a need to re-analyse the commitments and identify all possible contributors along the agreed activities;
- The EC would help this Action Group link with the other Action Groups in the EIP;
- EC (JRC/IPTS) would provide the lead in monitoring and evaluation;
- The EC had a key role in development and use of the Marketplace.

| 15.30 – 16.00 | Tasks to be performed before next meeting  
|              | Conclusions and next steps |
The Action Group agreed that:

- Identification of targets, deliverables and milestones would take place during the summer;
- Up to two meetings will take place before the end of October;
- Overall, the work of the Action Group will be focused on creation of the Action Plan, which is to be developed and agreed by the beginning of November.

Accordingly, the next steps of the Action Group work were agreed as follows:

- Intermediary meeting(s) are to be held with sub-groups, meetings between coordinators (both virtual and in person);
- A first draft Action Plan is to be prepared by mid-September; to be discussed in a co-ordinators' meeting at the end of September;
- The Action Plan is to be finalised by the end of October;
- A plenary meeting of the Action Group will be held at the end of October to finalise/approve the Action Plan;
- At the EIP conference on 6th November, this Action Group will present the Action Plan, open the Action Group to new partners and new commitments;
- Action Group members would volunteer to help the JRC/IPTS with data and indicators for the EIP monitoring framework;
- JRC/IPTS would make output of the SIMPHS2 study available via the Marketplace. This may be relevant to the Best Practice group. JRC/IPTS would also work towards a possible hand-over to the Action Group of the "evidence repository" developed in this study.