European Innovation Partnership on Active and Healthy Ageing

A1 Prescription and adherence action at regional level

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Welcome and introduction
EIP on AHA: Objectives and headline target

- **Headline target by 2020**

- **Increasing** the number of healthy life years (HLYs) by 2 in the EU on average

- **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 fostering competitiveness and market growth
EIP on AHA: Background

Not a new EC instrument, neither financial nor legal

Aligning and optimising the use of existing tools, under a single and coherent framework

Bringing together actors at all levels and sectors to build synergies whilst mobilising available resources and expertise

Defining a common vision in achieving common objectives and goals, built upon commitments

Speeding up the innovation process from research to market – by removing bottlenecks and barriers and leveraging the demand-supply

Scaling up and multiply successful innovation at EU level
Public consultation
• 524 submissions

Steering Group Workshops
• Mapping of research
• Care&Cure
• Prevention, early diagnosis
• Active ageing & independent living

Fiches with actions
• 127 submissions

Strategic Implementation Plan
• Steering Group 7th of November 2011
EIP Framework: Strategic Implementation Plan

**Horizontal Issues**
- Regulatory and standardisation conditions
- Effective funding
- Evidence base, reference examples, repository for age-friendly innovation
- Marketplace to facilitate cooperation among various stakeholders

**Prevention, screening & early diagnosis**
- Health literacy, patient empowerment, ethics and adherence
- Personal health management
- Prevention, early diagnosis of functional and cognitive decline

**Care & Cure**
- Guidelines for care, workforce (multimorbidity, polypharmacy, frailty and collaborative care)
- Multimorbidity and R&D
- Capacity building and replicability of successful integrated care systems

**Active ageing & independent living**
- Assisted daily living for older people with cognitive impairment
- Flexible and interoperable ICT solutions for active and independent living
- Innovation improving social inclusion of older people

**Vision / Foundation**
- New paradigm of ageing
- Innovation in service of the elderly people
- Focus on holistic and multidisciplinary approach
- Development of dynamic and sustainable care systems of tomorrow
Role of the European Commission

29 February Commission Communication "Taking forward the Strategic Implementation Plan"

- alignment and effective use of EU funding instruments
- addressing regulatory and standardization issues to the Specific Actions
- defining the arrangements for the SIP's monitoring and evaluation timely delivery of the headline target of +2 HLYs

1) Invitation for Commitment by May 31st
   => Initiatives to be an active partner in the implementation of one or more Specific Actions

2) Invitation for expression of intent to be a candidate 'reference site' by May 31st
   => European locations implementing a substantial number of the Specific Actions in an integrated way

3) Marketplace for innovative ideas
   => Interactive platform *Set up an online platform, marketplace for innovative ideas*
Role of the Partnership

- The Partnership is in its implementation phase, focusing on actions and the delivery of results.

- Governance for this new implementation period will build on the stakeholders who are committed to run the EIP actions.

- Action Groups will establish their working methods and governance, with the Commission services facilitating the process.

- Stakeholders are expected to put forward concrete actions within the SIP priority activities
Specific Actions: Invitation for Commitments

- Prescription and adherence action at regional level
- Personalised health management, starting with a Fall Prevention Initiative
- Action for prevention of functional decline and frailty with first action focused on physiological frailty and malnutrition
- Replicating and tutoring integrated care for chronic diseases, including remote monitoring at regional level
- Development of interoperable independent living solutions, including guidelines for business models
- Thematic marketplace: innovation for age friendly buildings, cities and environments
Agenda Day 1

• 14.00 – 14.30  Welcome and introduction from the EC

• 14.30 – 15.00  Mapping and clustering of commitments
  •  Link to action plan

• 15.00 – 15.45  Introduction of participants

• 15.45 – 16.15  Break

• 16.15 – 18.00  Discussion on major areas of activity (Group work)
  •  Partners discussion on commitments
  •  Working collaborations
  •  Identification of synergies

• 18.00 – 18.15  Conclusions and summary of day 1

• 18.15  Cocktail and networking
Agenda Day 2

Morning session (9.30-12.30)

• 9.30 – 10.00 Outline scope of draft action plan for Adherence to treatment AG
• 10.00 – 12.30 Discussion on how to develop the Action Plan. Partners form subgroups to work on:
  » Identification of tasks
  » Timeline
  » EIP targets

• 12.30-14.00 Lunch

Afternoon session (14.00-16.30)

• 14.00 – 15.00 Governance principles, organisation of work
• 15.00 – 15.30 Logistics for action group
  » Facilitating the action group work
• 15.30 – 16.00 AOB & Next steps
  » Milestones and deadlines
• 16.00 – 16.30 Conclusions
Aims of the meeting

• Meet the other members of your Action Group

• Identify possible collaborations on specific activities

• Start developing the Action Plan

• Discuss the relevant governance structure
Mapping the Commitments
European Innovation Partnership
Total Commitments vs A1
General overview

- 34 Commitments accepted out of 34 + 2
- More than 1100 partners involved
- 26 EU Member States participating
- 11 Non EU Countries
- 370 million € budget (figures available for 5 commitments/34)
- 3,100,000 citizens covered (figures available for 6 commitments/34)
Where do A1 stakeholders come from?
Scope of Organisations

- 56% National
- 32% Multinational
- 12% Regional - Local
Today's participants

39 participants

25 / 36 Commitments

1 / 12 Reference Site
Clustering
Presentation overview

ADHERENCE AREA

G1  G2  G3  G4

ACTION PLAN
GOVERNANCE & STRUCTURE
IDENTIFY SYNERGIES
OBJECTIVES

- Improve patients' adherence to medication and to medical plan
- Contribute to the sustainability of health care costs (personal costs and society costs)
- Empower the patients and their carers to enhance personal independency.
- Contribute to research and to methodology on ageing
TARGET POPULATION

Old people
- Healthy and independent old people
- Old people in risk of dependency

Independent Patients
- Polimedicated patients
- Multi-morbidity patients
- Chronic diseases patients
- Patients in general

Dependent patients
- Disabled people
- Nursing home patients
- Terminal patients

Carers
- Formal & informal Carers
- Health professionals: physicians, nurses
- Patients' groups
Interactions among the groups
Shared elements to boost actions & deliver solutions

**ADVOCACY**

**Target groups**
- Patients organisations
- NGOs
- Government
- Umbrella UE organisations
- Civil institutions

**Tools**
- Website platforms
- Workshops (patients, pharmacists, GPs....)
- Focal groups
- Mass media campaign
- Conferences
- Peer-review journals
- Social-network
- Brochures

**INDUSTRY & MARKET**

- Industrial competitiveness engaging design & enterprise partners to develop ICT based decision support and tele-healthcare solutions.
- Establish enterprise communities of interest (i.e: digital health consortium).
- Create innovative environments bringing together academia, health sector, private technology to generate patents and products with market added value.
- Create consortia to encourage cooperation between firms, research centres, hospitals and local government to identify business opportunities and market needs.
Group Work
4 Topics

1. Enhancing patients' adherence to treatment. Monitoring ICT devices.
2. Enhancing health literacy. Training. Empowerment.
4. Development of changes in the health care system
Group 1: Enhancing patients' adherence to treatment. Monitoring. ICT devices

- Design, develop & implement evidence based interventions.
- Greater use of community pharmacists to reinforce positive messages about adherence.
- Encourage closer working of pharmacists with health professionals & community services.
- Assess patients' needs to adherence support.
- Assess the range of adherence supports that can be available.
- Early warning on poor adherence to treatment.
- Integrated adherence monitoring system regarding patients with chronic diseases.
- Development of an electronic tool to monitor non-adherence.
- Facilitate adherence in older people including medication appropriateness.
- Develop ICT to share complete, timely, accurate medicines information.
- Individual packaging of medicines (weekly or daily doses in elderly friendly manner).
- Early detection of adverse reaction of medication in older patients.
GROUP 1

- Colegio Oficial Farmaceuticos Valencia. Valencia, Spain
- Department of Health, social services & public safety. N Ireland, UK
- University Federico II CIRFF. Italy
- Aston University. UK
- Consejo General Colegio Oficial Farmaceuticos de Espana. Madrid, Spain
- Medical University of Warsaw. Poland
- GIRP, European association of Pharmaceutical Fulltime wholesalers. Belgium.
- MERCK-Serono, Switzerland
- APPS (Regional Health Provider Trento Province) Trento, Italy
Group 2: Enhancing health literacy. Training. Empowerment

- Enhance self-care and adherence to healthy lifestyles and treatment fostering active patients.
- Expert Patient Chronic Disease Self-Management Program.
- Medication safety linked to the role of family carers.
- Medication linked to functional decline and falls in elderly.
- Education of prescribers on actions to improve adherence.
- Implement decision support tools for patient involvement and self-management.
- Remote monitoring, pro-cognitive and physical-intellectual stimulant social activities.
- Screening for risk population and tailor prescriptions.
- Review adherence to treatment by trained patients to empower peers.
- Implementation of personalized dosage systems.
- Use of data-bases on prescriptions and health outcomes to evaluate rational use of medication and estimate outcomes in real-world conditions.
GROUP 2

- University of Coimbra. Portugal
- University College Cork. Ireland
- Radbound University Nijmegen. Netherlands
- Education Health & Society Foundation. Murcia, Spain
- Welsh Local Government Association, Wales, UK
- TU Dortmund Fakultat, Dortmound, Germany

- Adherence to intervention plans drawn on risk level.
- Development of personalised care plans.
- Population risk stratification.
- Assess patients' needs to adherence support.
- Assess the range of adherence supports that can be available.
- Develop an algorithm to identify indicators of levels of adherence and predictors of discontinuation, which will result in a score for intervention in patients.
- Use of prediction algorithm to identify individuals with co-morbidity and risk of non-adherence based in hospitalization, prescribing, emergency department, outpatient and psychiatric admission data. (SPARRA model)
- Cellular regeneration treatment and development of adult stem cell cellular treatment.
- Monitoring adherence through utilisation of observatories and databases, electronic tools and alert system.
GROUP 3

- AESGP, Association of the European Self-medication industry. Belgium
- Universidad Pablo Olavide, Sevilla, Spain
- Life supporting Technologies. Universidad Politecnica de Madrid. Spain
- University Medical Center Groningen. Groningen University. Netherlands
- Medicines Italian Agency. Roma, Italy
- Medical Delta, Delft University. Netherlands
Group 4. Development of changes in the health care system

• Implement new information tools (i.e: Electronic Prescription, Telematic Health counselling device, remote warning system for adherence)
• Implement ICT devices to improve outcomes (i.e: mobile phones to remind medicines uptake)
• Population risk stratification (Population at risk; Self-managed for diabetic patients; high and medium complexity patients)
• Expert Patient “Chronic Disease Self-Management Program
• Ensure right level of support and management is available to the patient by the prescriber (hospital, primary health care) formal and informal cares.
• Early warning on poor adherence to treatment resulting in an integrated adherence monitoring system regarding patients with chronic diseases.
• Reduce unnecessary visits to hospitals by improve early detection of diseases, computer and web-based platforms for awareness maintenance and early detection of health failure.
• Screening for in risk population and review adherence to treatment by trained patients to empower peers.
GROUP 4

- Department of Health, social services & public safety. N Ireland, UK
- Department of Health and Consumers affairs of the Basque Government. Bizkaia, Spain
- SERMAS-HUG (Servicio Madrileño de Salud) Madrid, Spain
- SOS IATROI (SOS Doctors) Athens, Greece
- European patients Forum, Brussels
Action Plan
Action Plan Structure for each group

Introduction

Overview

1. What is our headline outcome objective?
2. What types of activities will we work on to make it happen?
3. What specific deliverables do we expect from our work? What are the key milestones and operational targets? How will we make it happen?
4. How are we going to measure our progress?
5. What will be our Governance structure?
6. What are the key gaps identified for potential future actions?
7. Are there any key synergies identified?
Monitoring
Monitoring – roadmap

November 2012:
Defined outcome and process indicators

December 2012:
First results process indicators

March/April 2013:
First results outcome indicators
Start extrapolating

October 2013:
Start econometric modelling
Governance principles

- AGs establish their own working methods. EC acts as facilitator and supporter.
- AGs define a Governance structure
- Rules of engagement based on the following principles:
  - **Openness and partnership**: common willingness of all partners to cooperate with other relevant partners.
  - **Evaluation**: outcome of actions to be evaluated and results made public.
  - **Reporting**: regular reporting from the AG's meetings, progress of actions and deliverables to be made public.
Logistics

- AG members coordination
- Reporting to Commission
  - Dissemination actions
  - Progress of actions
  - Template for reporting
- Marketplace as document repository
- Calls for proposals (supporting EIP aims)
Tasks – before the next meeting

• Draft Action Plan by 17 September
• 2\textsuperscript{nd} AG meeting (4\textsuperscript{th} week September)
• Action Plan (2\textsuperscript{nd} week October)
• # 2\textsuperscript{nd} invitation for commitments