EUROPEAN INNOVATION PARTNERSHIP on Active and Healthy Ageing

Action group B3 Integrated Care

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European Innovation Partnership on Active and Healthy Ageing

How many of you have ever heard about EIP AHA?

Are your organisations involved in any EIP AHA Action Group?
Health in Europe 2020

Europe 2020 flagships for smart, sustainable and inclusive growth

- Digital Agenda
- Youth on the Move
- Innovation Union
- New Industrial Policy
- New Skills and New Jobs
- Platform against Poverty
- Resource Efficiency

Digital Agenda for Europe

- ICTs for tackling societal issues - ageing, health care delivery
- Sustainable healthcare & ICT-based support for dignified & independent living

Innovation Union

- Innovation for tackling societal challenges, e.g. ageing and health
- Innovation for addressing the weaknesses & removing obstacles in the European innovation system

EIP AHA
+2 Healthy Life Years by 2020

Triple win for Europe

- Sustainable & efficient care systems
- Health & quality of life of European citizens
- Growth & expansion of EU industry

February 2012/ December 12-Feb 13 - 6 Action Groups

- Improving prescriptions and adherence to treatment (A1)
- Better management of health: preventing falls (A2)
- Preventing functional decline and frailty (A3)
- Integrated care for chronic conditions, inc. telecare (B3)
- ICT solutions for independent living & active ageing (C2)
- Age-friendly cities and environments (D4)

May 2011 High level Steering Group

November 2011 Strategic Implementation Plan
**Action Areas**

A1. Prescriptions and adherence to treatment
A2. Preventing falls
A3. Preventing functional decline & frailty
B3. Integrated care incl. remote monitoring
C2. Independent Living
D4. Age-friendly cities and environments

**Deliverables**

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

**Local implementation**

provide input and expertise through an open collaboration

Commitments of the partners
Building up EIP scale and critical mass

- 1,000 regions & municipalities
- 1 billion euro mobilised
- 30 mio citizens, >2 mio patients
- >500 commitments
- 3,000 partners
- Marketplace
  >30,000 visits >650 registered users
### Added Value of the EIP on AHA

(% of all 107 respondents)

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form partnerships</td>
<td>85%</td>
</tr>
<tr>
<td>Align processes with others</td>
<td>58%</td>
</tr>
<tr>
<td><strong>Visibility</strong></td>
<td>70%</td>
</tr>
<tr>
<td>Exchange of good practice</td>
<td>75%</td>
</tr>
<tr>
<td>Creating awareness for healthy ageing</td>
<td>53%</td>
</tr>
<tr>
<td><strong>Influence on policies</strong></td>
<td>63%</td>
</tr>
<tr>
<td>Growth and employment</td>
<td>21%</td>
</tr>
<tr>
<td>Overcoming barriers</td>
<td>47%</td>
</tr>
<tr>
<td>None</td>
<td>1%</td>
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</tbody>
</table>
European Innovation Partnership on Active and Healthy Ageing

B3: Action Group on Replicating and tutoring integrated care for chronic diseases, including remote monitoring at regional level
Invitation For Commitments 2013

Closed: 28 February 2013
B3 Action Plan

Focus on Activities

Specific Deliverables

Collaboration - Governance

Measurable Outcomes

Monitoring

Gaps for expanding in the future

Adopted: 6 November 2012
B3 Integrated Care Action Group

iterative, flexible process

provide input

inspiration

collect experience, evidence to support policy-making

EC: facilitator

synergies

scale up innovative solutions

+2 HEALTHY LIFE YEARS by 2020

A triple win for Europe
OBJECTIVE
Reducing avoidable/unnecessary hospitalisation of older people with chronic conditions, through the effective implementation of integrated care programmes and CDM models, ultimately contributing to the improved efficiency of health systems.

Chronic Conditions

By 2015
Chronic Conditions’ Programmes available at least 10% of target population in at least 50 regions

Integrated Care

By 2015 - 2020
Integrated Care Programmes serving older people, supported by innovative tools and services, in at least 20 regions

Implementation and Scale Up of Chronic Care + Integrated Care Programmes

1. Action Area: Organisational Models
   Toolkit
   Map of partnership models for implementation of Chronic and Integrated Care Programmes

2. Action Area: Change Management
   Toolkit
   Map of best practice methodologies to support the implementation of Chronic and Integrated Care

3. Action Area: Workforce Development
   Toolkit
   Map of reusable learning resources

4. Action Area: Risk Stratification
   Toolkit
   Stratification of the population

5. Action Area: Care Pathways
   Toolkit
   Mapping Best Practices in the EU regions

6. Action Area: Patient / User Empowerment
   Toolkit
   Map of coaching, education and support patient/user empowerment and adherence

2013 Monitoring impact and outcomes 2015
Care pathways – an example

Aligning existing funded activities

Mapping best practice implementation in the EU regions

Evidence base for integrated care pathways and associated guidelines and processes

A repository of implemented chronic care pathways, integrated care pathways for chronic conditions

Toolkit for Integrated Care Pathways:

Care pathway redesign & implementation plans & replication

European standardised methodologies & indicators

Standardised protocols, procedures and activity workflows
MAPPING GOOD PRACTICES

• March-September 2013

• All B3 members were invited to complete the B3 Good Practice template

• TITLE GOOD PRACTICE
• Organisation name:
• Country: Region:
• Total Region population:
• Good Practice Target population:
• Topics / chronic diseases addressed:
• Relevance to B3 Action Plan:
• Description:
• Highlights:
• Innovation, Impact and Outcomes:
• Transferability to other organisations/regions:
Collection of good practices

- 85 good practices
- 23 regions
- 8 action areas

... and the collection is still on-going
Thematic coverage of the good practices - B3 Action Areas

<table>
<thead>
<tr>
<th>Action Area</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>AA1 Organisational Models</td>
<td>23</td>
</tr>
<tr>
<td>AA2 Change Management</td>
<td>19</td>
</tr>
<tr>
<td>AA3 Workforce Development</td>
<td>13</td>
</tr>
<tr>
<td>AA4 Risk Stratification</td>
<td>12</td>
</tr>
<tr>
<td>AA5 Care Pathway</td>
<td>26</td>
</tr>
<tr>
<td>AA6 Patient / user empowerment</td>
<td>27</td>
</tr>
<tr>
<td>AA7 Electronic Care Records / ICT / Teleservices</td>
<td>41</td>
</tr>
<tr>
<td>AA8 Finance, Funding</td>
<td>14</td>
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</tbody>
</table>
Contributing Regions and Countries*

Andalusia Aragón Basque Country Campania Catalonia Centre
Coimbra Valencia Copenhagen Emilia Romagna Extremadura Germany Israel
Languedoc Roussillon Lombardia Spain Netherlands Piedmont Portugal Trento Puglia
Rotterdam Saxony Scotland Southern Denmark Spain Turkey UK Valencia West Midlands Zealand

*Size corresponding to number of good practices
Coverage of the good practices

- Size of the **direct target population** varies from 50 patients to 1,9 million citizens
- **Total**: over 8 million people
RECURRENT THEMES

• 50% of the good practices target one or more chronic disease (cardiovascular diseases, COPD, diabetes, etc)
• Numerous examples of comprehensive regional programmes for chronicity
• **Wide range of issues**, incl. insurance, social security, housing, independent living, volunteering, impact on competitiveness
• **Innovation** in technologies, delivery of services and organisation
• **Patient-centered**
• Strong focus on **implementation**
Good Practice per Action Area: 
CHANGE MANAGEMENT

- UK: 8
- DENMARK: 2
- NETHERLANDS: 1
- GERMANY: 2
- FRANCE: 2
- ITALY: 1
- SPAIN: 5
Good Practice per Action Area:
PATIENT/USER EMPOWERMENT
Examples

**South Denmark: SAM:BO**

Regional agreement of coherent care pathways for citizens and patients as well as an integrated system backed by an infrastructure and ICT services. Demonstrates potential savings of e-referral on national level:

At current levels of use it saves 1 million € each year over paper based systems. If all referrals were sent electronically this could rise to 3.5 million € per year.

**Basque country:**

Chronicity strategy

Risk stratification of patients

- the entire population (2.2mio) included
- 100% of health professionals know what care approach the patient need in relation to their risks
- 11,000 hospital stay reduction & saving of €8.9mio (entire strategy)
NEXT STEPS...

Analysis of good practices to determine:

- **Success factors** – why initiative worked well
- **Lessons learned** – what didn’t work / what could be done better / differently
- **Transferability** to other regions / organisations – to promote scale up of integrated care

Inform the development of B3 Toolkits

Second Conference of partners, 25 Nov 2014

**Horizon 2020** – 11 Dec 2014

Budget €70 billion
European Innovation Partnership on Active and Healthy Ageing

B3 Action Group on Integrated Care

https://webgate.ec.europa.eu/eipaha/actiongroup/index/b3