

European Innovation Partnership on Active and Healthy Ageing

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EIP on Active and Healthy Ageing

APPROACH:

- Ownership of key stakeholders
- High-level political commitment
- Very large-scale deployment & innovation
- Awareness and best-practice sharing across Europe
- Combining demand and supply sides of innovation
- Building on existing instruments and new ones



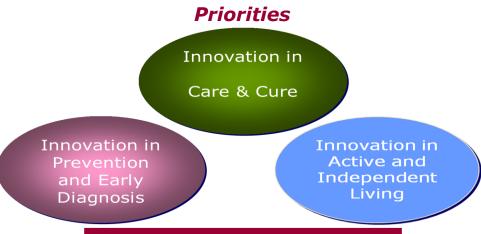
+2 Healthy Life Years by 2020 Triple win for Europe

Health & quality of life of European citizens

Sustainable & efficient healthcare systems

Growth & expansion of

EU industry





EIP on Active & Healthy Ageing



specific actions



Improving prescriptions and adherence to treatment



Better management of health: preventing falls



Preventing functional decline and frailty



Integrated care for chronic conditions, inc. telecare



ICT solutions for independent living & active ageing

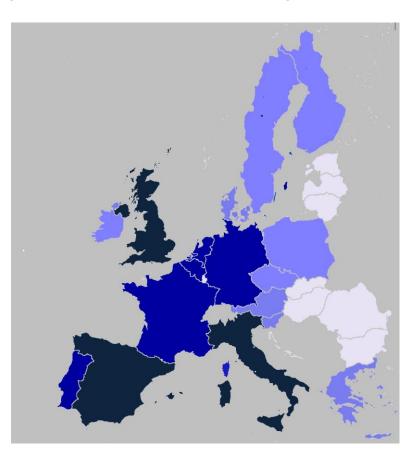


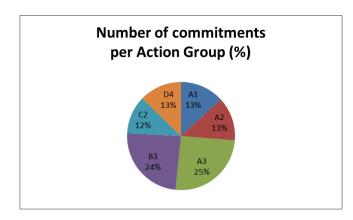
Age-friendly cities and environments

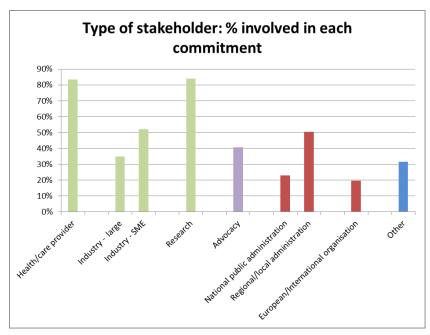


Stakeholders and countries involved

(Source: First and Second Invitation (517 commitments))







Monitoring framework



The monitoring of the EIP on AHA is divided into two steps.

EIP on AHA Process

The process monitoring addresses different aspects: the involvement of stakeholders, the creation of synergies, knowledge transfers and the absorption of innovation by the health systems, the added value for the participating organisations and funding.

EIP on AHA Outcome

The outcome monitoring concerns the outcome of the individual interventions and the activities of the Action Groups in relation to the overall target of the EIP on AHA, namely, two additional Healthy Life Years (HLY) by 2020 and the Triple Win (Quality of Life, sustainability, innovation).

It should be emphasised that this framework is not about the evaluation of the individual interventions and/or commitments.⁵

Integrated care models

Outcome Monitoring framework



HLY + Healthy Life Years At birth **Quality of Life** Sustainability of care systems **Triple** Innovation-based Win facility/hospital admissions &cost of health services physical and cognitive function competitiveness ↑ Establish the link (theory & modelling JRC) ↑ Outcomes for model group (100 patients) facility/hospital adm/ssions Market growth Improved QoL and HLY 33% **V**in hospital admissions and nursing home visits 65% **Ψ** in emergency room visits **50% slower ♦** in cognitive function Telehealth Outcome 50% **V**in length of stay in hospital & nursing home indicators **5.1%** ♠ of physical condition **Telemonitoring** cost of health services **EMRS** savings of 1000 euro per person per year no of medications Ψ 19% **Ψ** in community health services costs 48% Vin nursing home costs 34% **♦** in hospital expenses Process indicators Geographical coverage of the model: **Process** northern Italy + 15 replicated regions indicators Target group:

Individual actions

Replication of integrated social and health case management model for frail elderly people

100 patients X 15 = > 1500

Outcome

Monitoring framework November 2013



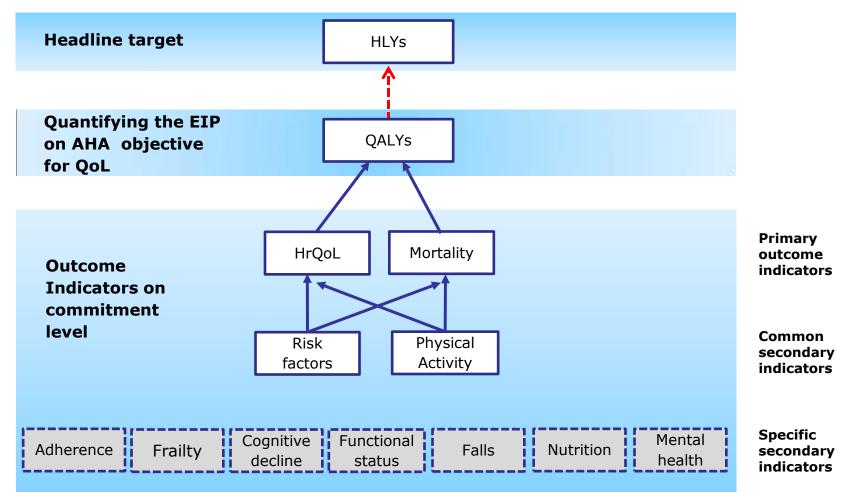
QoL	Sustainability	Innovation and growth
Nutrition	Management of health	Innovation
	services	
	(cost/business model,	Implemented technologies and devices
	training/education, patient	(Users receiving care remotely,
	satisfaction,	implemented devices)
	appropriateness of	
	prescription, adverse drug	
	effects, drug use)	
Physical activity	Hospitalisation	
	((re)admissions, length of	
	stay, hospital visits,)	
Prevention and identification of	Care at home and	Economic Growth
risks (blood pressure,	institutionalisation	(number of new SME's)
cholesterol level, glucose level,	(avoid institutionalisation,	(Humber of flew Sivile's)
BMI, adherence level)	care home bed days)	Employment
Divil, aurierence level)	care nome bed days)	(employment rate, number of created jobs)
		(employment rate, number of created jobs)
Health Status(QoL, frailty,		
cognitive decline, functional		
status, mental well-being)		
Participation in society		
Mortality and fall incidents		

Criteria selection indicator blocks:

- Legitimacy
 Indicators used
 by commitments
- **Credibility**Validity and reliability of indicators (literature review)
- **Salience:**Linkage 2HLYs
 and Triple Win
 possible?

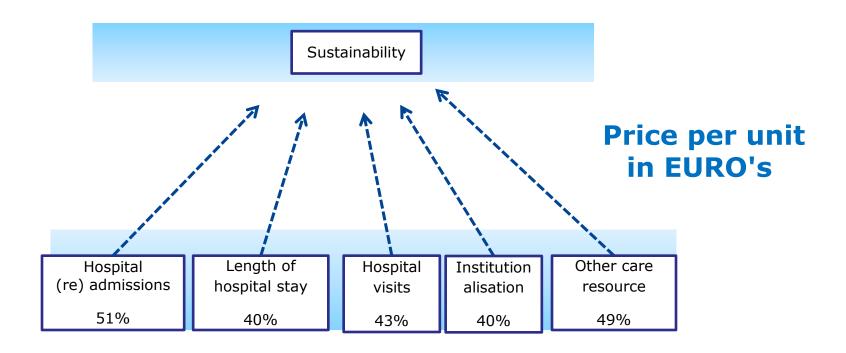
Outcome Quality of Life





OutcomeSustainability





Outcome Innovation and growth



Innovation and growth



Number of implemented technologies

Number of users of new technologies

Number of created jobs

Number of new SME's



EIP on AHA versus AAI

EIP on AHA

- Commitment level
- Quality of Life
- Sustainability
- Innovation and growth
- 2 Healthy Life Years

Active Ageing Index

- Household level
- Employment
- Participation in society
- Independent, Healthy and Secure Living
- Capacity and Enabling Environment for Active Ageing



EIP on AHA versus AAI

EIP on AHA

- Commitment in a specific region
- Quality of Life
- Sustainability
- Innovation and Growth
- 2 Healthy Life Years

Active Ageing Index

- Country level

Independent, Healthy and Secure living

- Physical exercise
- Independent living

Capacity and Enabling Environment for Active Ageing

- Share of healthy life expectancy at age 55
- Mental well-being
- Use of ICT