

Overview

❑ **EIP-AHA – Working together for integrated care**

- ✓ Objectives and current start of art
- ✓ B3 Action group on Integrated Care

❑ **Interim outcomes and next steps**

- ✓ Tools to support integration – maturity model, good practices & success stories in Europe (example of Scotland)



Rationale for the EIP-AHA

New paradigm of ageing in Europe

FROM

societal challenge
burden
passive care
curing diseases



Dependency Ratio

- From 1:4 to 1:2
- 80+ doubles by 2025



Cost of Care

- Up by 4-8 % of GDP by 2025



Human Resources

- Shrinking work force
- Lacking 20 mio carers by 2020

TO

major opportunity
asset
pro-active care
improved functioning



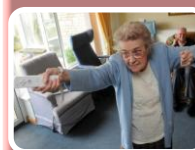
Empowerment

- Active Ageing
- Health literacy



New Care Models

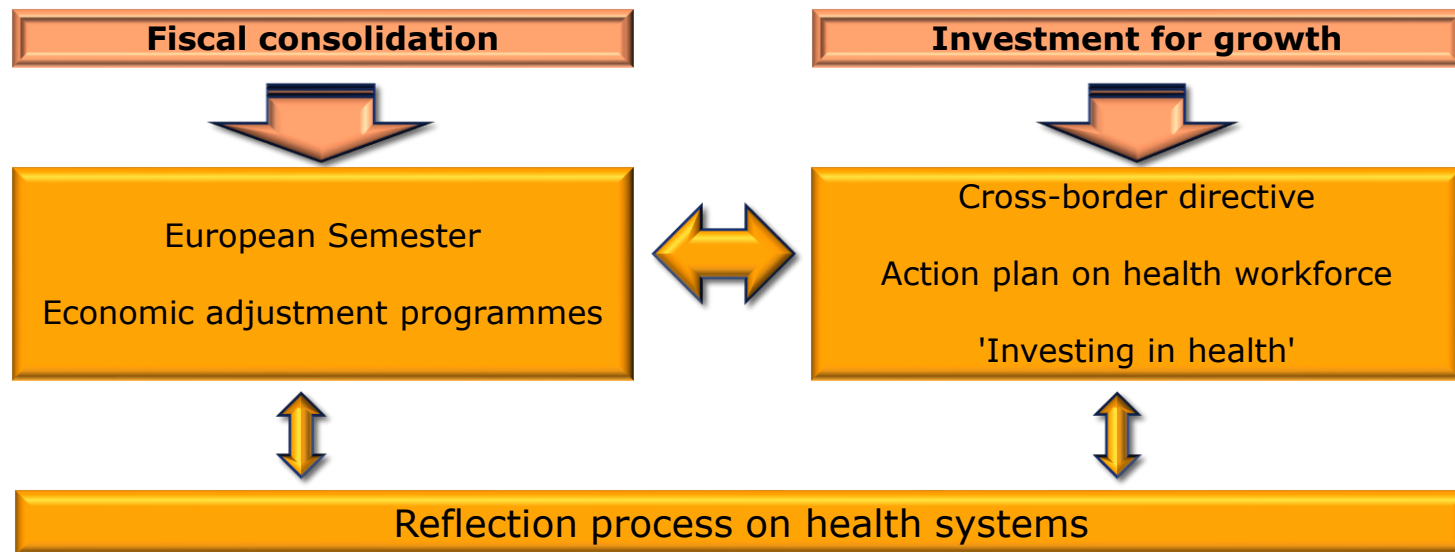
- Integrated & Community care
- Large efficiency gains



Growth and Markets

- 3000 B€ Wealth
- 85 Million Consumers

Europe 2020 & sustainability



Innovation Union – smart growth

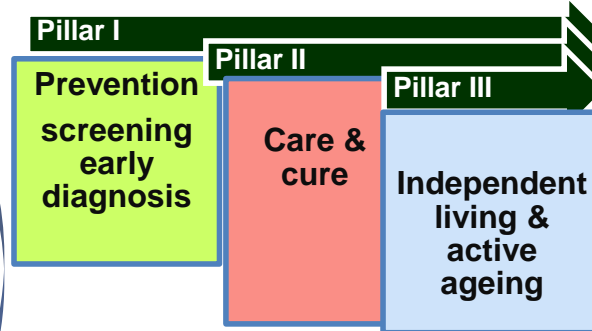
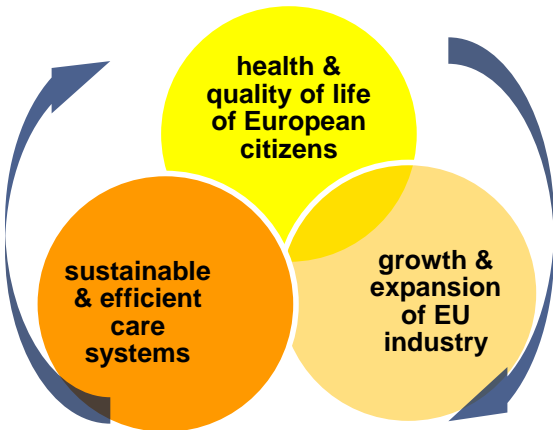
European Innovation Partnership on Active and Healthy Ageing

European Innovation Partnership on Active and Healthy Ageing



crosscutting, connecting & engaging stakeholders across sectors, from private & public sector
Specific Actions

+2 HLY by 2020
Triple win for Europe



-  Improving prescriptions and adherence to treatment
-  Better management of health: preventing falls
-  Preventing functional decline & frailty
-  Integrated care for chronic conditions, including telecare
-  ICT solutions for independent living & active ageing
-  Age-friendly cities and environments

B3 Action Areas

1. Organisational Models
2. Change Management
3. Workforce Development
4. Risk Stratification
5. Care Pathways
6. Patient Empowerment
7. **Electronic Care Records / ICT/Teleservices**
8. Finance, Funding

Deliverables

Mapping of innovative practices

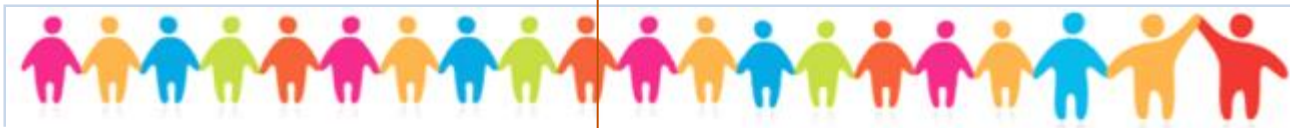
Practical Toolkits

Implementation on large scale

More integrated, more efficient services

provide input and expertise through an open collaboration

Commitments of the partners

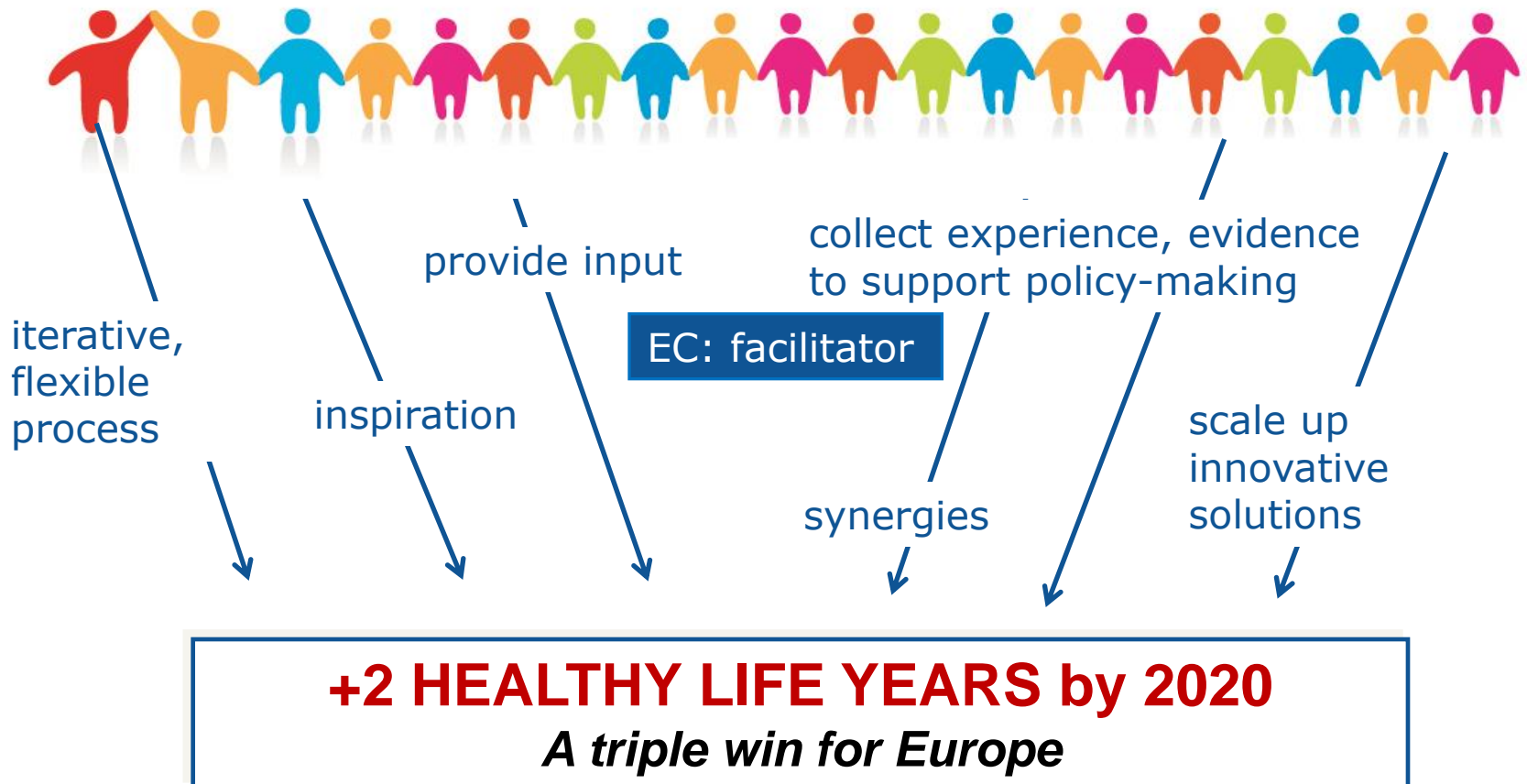


Action Group work

Local implementation

EIP-AHA

voluntary collaboration for efficient and integrated care



(1) Collection of good practices

Scotland's vision for 2020:

- ❑ Everyone is able to **live longer healthier lives at home**, or in a homely setting.
- ❑
- ❑ We will have a healthcare system where we have **integrated health and social care**, a focus on **prevention, anticipation and supported self management**.
- ❑
- ❑ When hospital treatment is required, and cannot be provided in a community setting, day case treatment will be the norm.
- ❑
- ❑ Whatever the setting, **care will be provided to the highest standards of quality and safety, with the person at the center of all decisions**.
- ❑
- ❑ There will be a focus on ensuring that people get back into **their home or community environment as soon as appropriate**, with minimal risk of re-admission

(1)Scotland's framework for integration

- ❑ **Consistency** of outcomes across Scotland
- ❑ Apply in every council and health board area
- ❑ Statutory underpinning
- ❑ **Joint officer** clearly accountable for agreed outcomes
- ❑ Professionally led by clinicians and social workers
- ❑ **Simplifies** rather than complicates existing structures
- ❑ Achieved with minimal disruption to staff and services
- ❑ **Integrated budget for primary, community and social care and some acute services**
- ❑ **Existence of legal framework** (Public bodies (Joint Working Act 2014))

(1) Reshaping care: Integration in action

- ❑ 10 Year National Programme 2011-2021
- ❑ £300 million Change Fund 2011-2015
- ❑ 32 Partnership Change Plans agreed by:
 - ✓ NHS: primary, acute and mental health services
 - ✓ Local authority: social care and housing
 - ✓ Third sector
 - ✓ Independent sector
- ❑ Reshaping Care and Integration Improvement Network to support partnerships to transform care

(2) Concrete tools: Maturity model

ICT to support integrated care is being adopted at different rates and in diverse ways across regions of Europe

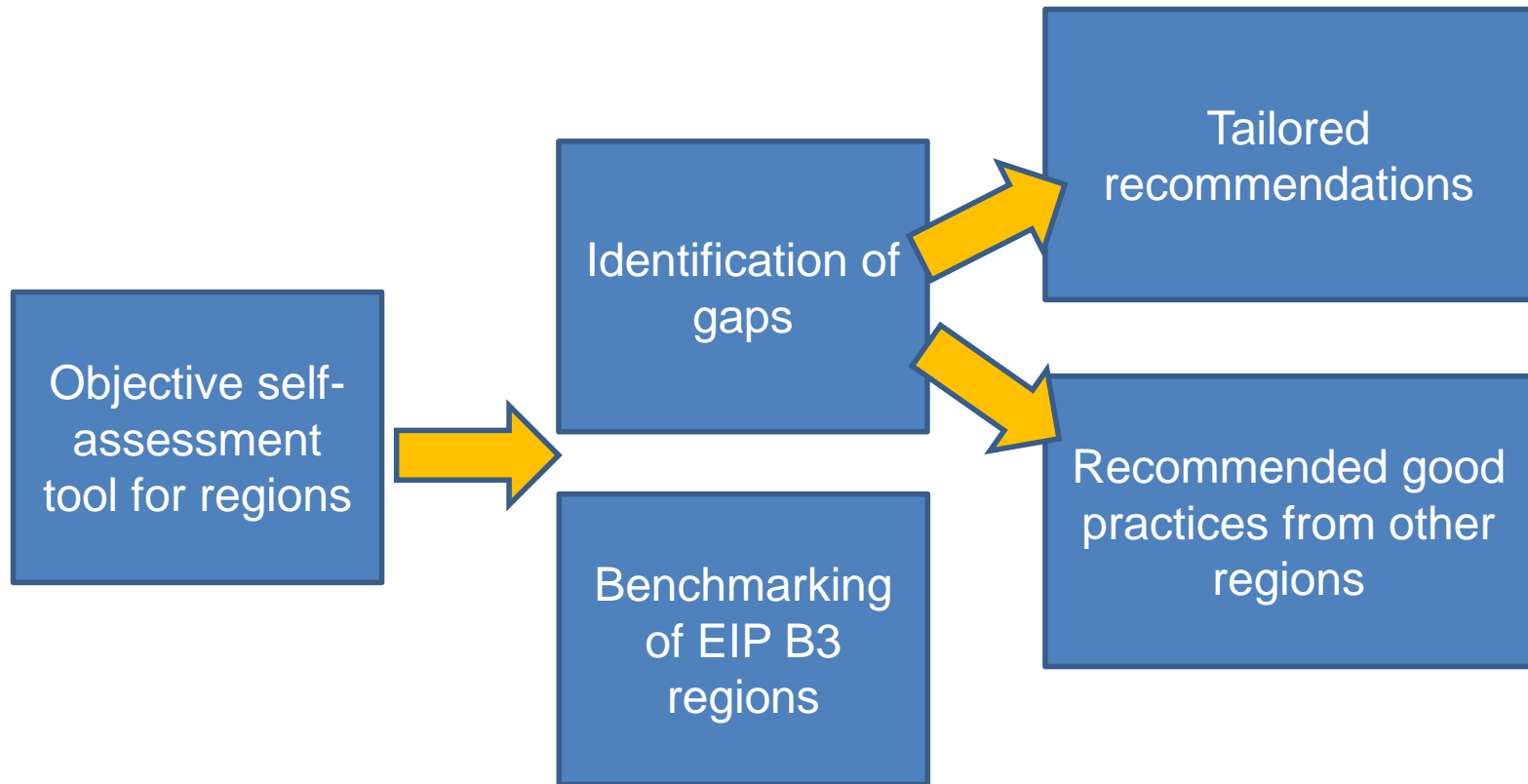
- ❑ What **actions** have the more progressive regions taking in order **to be successful**?
- ❑ What can we **learn from these pioneers** about how to overcome barriers and accelerate results?
- ❑ Can these **lessons** be **structured into a conceptual 'maturity model'** that could help aspiring regions to speed their own adoption

(2) Concrete tools: Maturity model

- ❑ Assess *how eHealth programmes & assets have been developed* by European regions to support integrated care and service innovation
- ❑ *Extract common themes to build a 'maturity model'* to help other regions
- ❑ Qualitative assessment based on *interviews* and desk research
- ❑ Interviews with 6 regions involved in EIP AHA
 - ✓ Athens/Attica
 - ✓ Basque Country
 - ✓ Catalonia
 - ✓ Galicia
 - ✓ N Ireland
 - ✓ Saxony

Dimension	Objective	Maturity Indicators
Readiness to Change	Compelling vision, sense of urgency, stakeholder support	Public consultation, clear strategic goals & milestones, stakeholder engagement
Structure & Governance	Sustain and deliver new systems, effective change management	Funded programmes, ICT competence centres, distributed leadership, communications
eHealth / eServices	Essential components, secure and trusted services, 'digital first'	Unique citizen ID, linked records, regional EHR, scale teleservices
Standardisation	Simplification of infrastructure, fewer integration points to manage, easier interoperability	Use of international standards, reduction in number applications, regional procurements, mandates
Inhibitors	Actions to remove barriers: legal, organisational, financial, skills	Laws to enable data sharing, financial incentives, training
Population Approach	Understanding and anticipating demand, meeting needs better	Risk stratification, range of care pathways, prevention, feedback
Evaluation Methods	Evidence-based investment	Agencies - HTA, health impact, care cost/quality improvements
Breadth of Ambition	Fully integrated care services	Both vertical and horizontal integration, citizen engagement
Innovation Management	Faster adoption of proven ideas	Outreach to regions, academic & industry relations, procurement
Capacity Building	Increasing technology skills, continuous improvement	Capturing bottom-up innovation, deployment skills

Next steps



Some general observations

- Demographic challenges (ageing, chronicity, frailty) accelerating change
- Objective is *more appropriate use of care services, not just cost savings*
- *Mostly vertical integration so far* (primary/community/acute)
- *ICT is highly customised to local conditions*, so limited diffusion
- Attempts being made to reduce number of systems and standardise...whilst 'bottom up' innovation and local adaptations are encouraged
- *Capabilities have taken years to build* – Patient ID, HIE, EHR, portals
- *Cross-regional cooperation* (visits, ideas, MoU's) increasingly important
- External funding helps innovation, but *sustained investment is needed*

Working together for integrated care

Added value of the EIP-AHA

Learn from the others' good practice

Combine evidence

Collaboration leading to **efficiency in (re-)design and validation of innovative care services**

Efficiency of design leading to expansion of services to larger population - with the same level of investment

Being stronger in application for funding at local/national level

Local industry seeing a larger market, beyond the "local border"

Political support

