



CPME/AD/Brd/30042011/066_final/EN

On 30 April 2011, the CPME Board adopted the “CPME Statement on the European Innovation Partnership on Active and Health Ageing (EIP)” (CPME 2011/066 FINAL EN)

CPME Statement on the European Innovation Partnership on Active and Health Ageing (EIP)

This partnership has three stated main goals:

- i. Enabling EU citizens to lead healthy, active and independent lives while ageing;
- ii. Improving the sustainability and efficiency of social and health care systems; and
- iii. Boosting and improving the competitiveness of the markets for innovative products and services.

A successful outcome set by the EU is to increase healthy lifespan in the EU by two years by 2020.

The work of the partnership will be taken forward by three work packages, on:

- i. Health promotion and prevention, medical technology, medicines and treatment, with a focus on dealing better with age-related chronic diseases;
- ii. Integrating health and social care systems for the elderly, improving home-based and self-care, and developing new, large-scale innovative solutions for long-term care of the elderly; and
- iii. Enabling the elderly to lead independent and active lives by promoting the development and introduction of innovative solutions, including ICT- based and other technologies, for products, devices and services specifically suitable for the elderly.

CPME contributed to the consultation process on this initiative; while stressing the important role of eHealth, telemonitoring and telehealth in contributing innovative solutions to long-term chronic care, other more basic issues that need to be addressed for the initiative to make a measurable impact include the changes need to the healthcare workforce and roles, better integration of social and medical care, improved flows of information across boundaries between



primary, secondary and social care, reducing multiple prescribing (polypharmacy) and improving patient involvement through enhanced communication and information.

The stakeholder consultation conference (Nov 26th 2010), through the presentation of case studies, emphasised the need for more connectivity between all actors involved in integrated care. The case studies also demonstrated why it is right to approach the issue of active and healthy ageing, not through a technology-led process, but by analysing the challenges presented by individual long-term care scenarios, identifying the essential participants in the care pathway, and encouraging their involvement. A “one-size fits all” approach to chronic care management will fail unless it is practically-based, clearly defines the role of healthcare, social care, carers and patients, and identifies the essential changes in work practices, technology and roles that will be needed. Much of the “innovation” required will not be a new form of telemonitoring or telemedicine, (although these are clearly important, and will drive the involvement of industry), but a new way of working horizontally across different clinical disciplines and sectors. Innovation will necessarily be disruptive, and challenges to established ways of working, and established professional boundaries need to be recognised and planned for.

CPME’s suggestions are aimed at the successful planning and execution of the next stage of the partnership’s work - piloting. For this to be successful, and also to test innovative ways of working, CPME suggests:

1. Identifying pathways for piloting that have established clinical management, role identification, measurable outcomes and a degree of patient involvement. Type II diabetes represents a good example of a condition in which guidance on management is agreed, complications are predictable and manageable through extended specialist teams, and markers for success (maintenance of blood sugar, limitation of complications and reduced hospital stay, improved mobility) can be measured.
2. While “hard” evidence of improved outcomes is essential, “soft” evidence is also important. These include more qualitative assessments, such as independence, increased confidence in self-management, and reduced isolation.
3. There is good evidence that patients who can continue to live independently



have better health outcomes. It must be stressed that in order for this to be achieved, there must be adequate social support and emotional support. In addition, families trying to provide care for elderly family members will need support. This may be financial in order to compensate carers or varying kinds of practical support. This is covered in more detail in the CPME Statement on Mental Health in Older People ([CPME 2010/105 FINAL](#)).

4. The challenges addressed by the Green paper on the EU healthcare workforce need to be considered within this project. Key challenges are a clearer identification of professional roles in new forms of care, such as remote monitoring, the use of new technology, and improved communication of risk. Specific projects will require specific skills, roles and training. Different pathways will require different core teams. These factors must be addressed as part of the planning of a pilot, and an understanding reached within the team, as to who has ultimate responsibility for the integration of care, the delegations of tasks, and accountability. This will normally be the patient's specialist geriatrician or general practitioner
5. Given the current financial crisis, and the variable response of member states in the reconfiguration or funding of their healthcare systems, pilots must have secure EU funding for the lifetime of a project. In addition, the question of sustainability, and maintaining the benefits achieved beyond the timescale of the pilot, must be discussed with the member state(s) concerned. Patients who benefit from better integration of chronic care are entitled to expect this benefit to be maintained.
6. Innovative technology needs introducing in ways that are efficient. For users, a long period of assessment and authorisation, such as exists for medicines, will generally be unnecessary and will reduce the enthusiasm for industry to launch new products. CPME notes that new methods of health technology assessment are being considered, and suggests that applying these to the telehealth solutions in the pilots would be valuable.
7. Change is always threatening. Very few people embrace it without reservation. For doctors, acceptance of change is likely to be greater if there is a demonstrable benefit to patient care. Effective evaluation of the pilots which measure outputs that are genuine markers of benefit, are to be supported.