

# Sunfrail Transnational Workshop – March 22, 2016 - Bologna

## Synergies with the EIP-AHA Initiatives – A3

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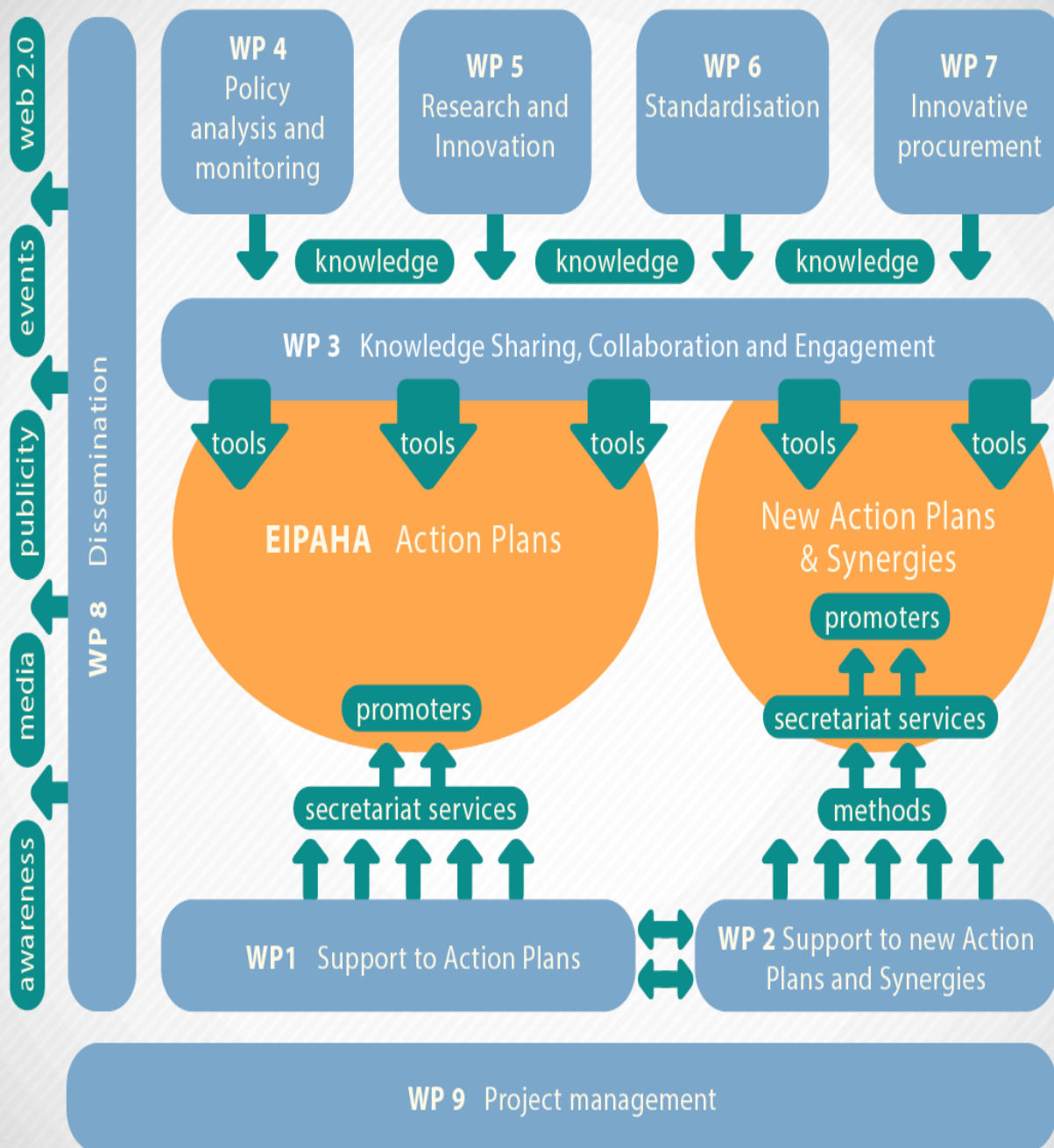


# **Sunfrail Transnational Workshop – March 22, 2016 - Bologna**

1.The background

2.The A3 synergy initiative





## Work Packages

## Specific support actions



**European Innovation Partnership  
on Active and Healthy Ageing**

**4<sup>th</sup> Conference of Partners**

**EIPonAHA Synergies**

**Synergies Task Force**





# EIP on AHA synergies: Task force



**1- Mission:** To provide an innovative proposal for AG synergies

## 2- Vision

- To reduce fragmentation between AG
- To propose possible synergies
  - with no extra-funding (current synergies)
  - with extra-funding (future synergies)
- To be in line with the Renovation Action Plan **of the leading AG**

## 3- First task

Between November 4 to December 7, to develop a first set of synergies

- Proposed by AGs (***mandate given to the TF participants by AG***)
- Analyzed and approved by the TF
- And presented to the CoP (for approval)



# EIP on AHA synergies - Definitions



**Individual commitments:** Individual task of an Action Group (AG).

**Collaborative work:** Project agreed by an AG and carried out by several organisations. In some cases, a set of commitments can be grouped in a collaborative work.

## **Synergies:**

- Commitments or collaborative work with cross-cutting interest to several AGs established using a collaborative approach.
- A synergy is proposed by an AG in line with the AG 2016-2017 priority plan.



# EIP on AHA synergies - Methodology



**1- Template:** 9 templates received

## **2- Assessment of templates using Monkey Survey**

- 9 items scored from 0 to 10 (do not agree to fully agree)
- 12 assessors (2 per AG)
- 100% response rate

## **3- Approval of synergies**

- All items > 6/10
- Major criteria:
  - Proposal in line with the Renovated Action Plan
  - Proposal can be achieved with available resources in a defined time
- 8 templates reached sufficient threshold, one was withdrawn
  - 4 immediate approval
  - 4 approval after revision
- Milestones (7) or Collaborative work (1)



# EIP on AHA synergies



AG	Title	Leaders
A1	Information technology and adherence in ageing population with chronic diseases and polypharmacy	H Papadopoulos (Greece)
A2	Falls prevention and injuries: a grand societal challenge	P Eklund, N Guldemont, H Blain (Finland, NL, France)
A2	Masters of AHA: Inter-professional programmes for senior citizens, social and health carers	A Nizinska & N Goswami (Poland, Austria)
A3	Impact of Community-based Program on Frailty	G Liotta, G Fico, G Iacarina
B3 -A2 C2	Citizen's empowerment across the EIP AGs	C Vera, D Somekh, N Guldemont, A Cano (Spain, UK, NL)
B3	Maturity Models for scaling up innovative strategies in Europe	A Pavlickova, D Henderson (UK)
B3	Chronic respiratory diseases in old age adults: an under-recognized societal problem	J Bousquet, M Bewick (France, UK)
D4	AHA in the framework of Responsible Research and Innovation	I Monsonis & N Hinkema (Spain, NL)



# EIP on AHA synergies – Links with EU



Title	EU project	
Frailty	MeDALL	FP7
	PERSSILAA	FP7
	CROSS	CIP
	Simpathy	3rd HP
	Beyond Silos	CIP ICT
	Sunfrail	3rd HP
	FOCUS	PUBLIC HEALTH
	MID-FRAIL	FP7
	FRAILOMIC	FP7
	FRAILCLINIC	DGSANTE
	FRAILTOOLS	DGSANTE
	SPRINTT	IMI-1
	ACANTO	H2020
	DECI	H2020
	VIVIFRAI	ERASMUS+

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## European Innovation Partnership on Active and Healthy Ageing

### EIP on AHA Task Force on Synergies

### TEMPLATE Proposals for synergies

#### **Title of the proposal**

**Impact of Community-based Program on Frailty Prevention and frailty Mitigation (ICP – FPM)**

#### **Leading organization**

Name of the leading organization: University of Tor Vergata, Biomedicine and Prevention Dept

Address: Via Montpellier 1 – 00133 Rome, Italy

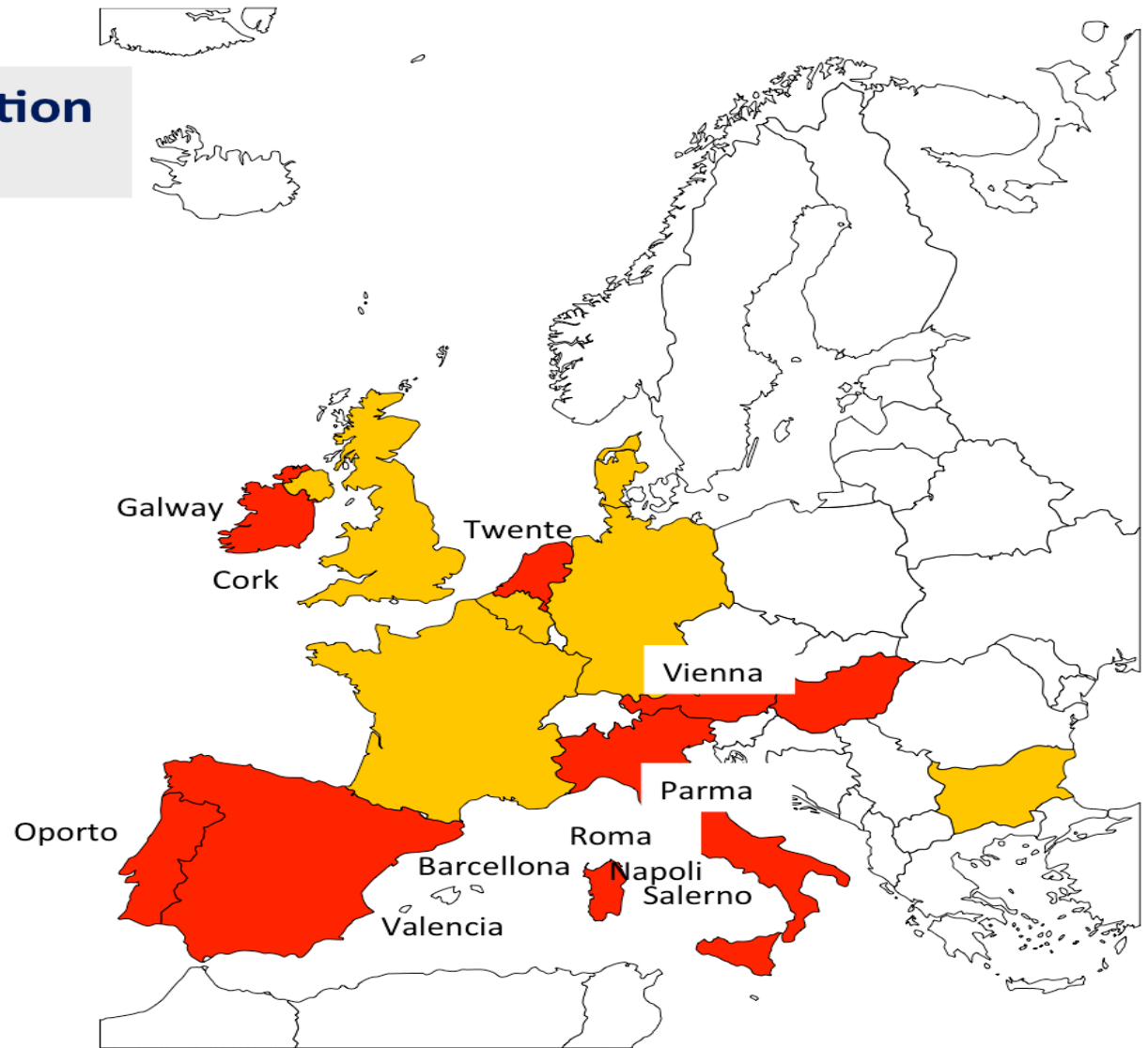
Contact person: Prof. Giuseppe Liotta

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#### **Supporting organizations**

- The CARTS organizations: University College Cork, Ireland, National University of Ireland, Galway, IDIAP Jordi Gol, Barcelona, Spain, UNIFAI/ICBAS-University of Porto, Porto, Portugal. (AGs A3-A1)
- Medical University of Graz (AG A3)
- University of Naples "Federico II" – PERSSILAA project (AGs A3, A1) - Italy
- Community of Sant'Egidio – Long Live the Elderly programme – Rome, Italy
- University of Twente – PERSSILAA project (AG A3), The Netherlands
- University of Parma – Emilia Romagna Region (AG A3), Italy
- University of Salerno (AG B3), Italy
- University of Valencia (AG A3), Spain
- VIVISOL – Italy
- Nevelők Háza Egyesület, Pecs, Hungary

## Geographical distribution of the program



To create synergy, healthcare planners should join the assessment of frailty with good practices already in the field with the aim of building up a continuum of care model, testing the impact of this model in terms of quality of life and cost effectiveness.

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## The proposal is aligned with EIPAHHA main objectives

**Table 1. Alignment with the EIP on AHA objectives**

<b>Objectives of EIP on AHA</b>	<b>Objectives of the synergy</b>
To enable EU citizens to lead healthy, active and independent lives while ageing;	This draft public health model has the potential to detect, prevent, and mitigate frailty and its consequences, a major health concern for the older European population.
To improve the sustainability and efficiency of social and health care systems	Integration of health and social care at primary care level has the potential to reduce the cost of care. A special focus on the support to the care givers will also contribute to achieve the objective
To boost and improve the competitiveness of the markets for innovative products and services, responding to the ageing challenge at both EU and global level, thus creating new opportunities for businesses	This draft public health model of care encompasses the development of new job profiles, potentially able to open new professionalism in the field of service of personal care.

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## **Objectives ICP-FPM.-**

General Objective: to set up a public health approach to manage frailty in community dwelling older adults, to be validated in different EU member states (at least six).

### Specific objectives

- To assess the impact of a public health model to manage frailty in the community in terms of cost effectiveness, use of health services, acceptance by citizens and patients' quality of life.
- To integrate social and health care interventions at primary care level.
- To join systematic frailty assessment with good practices in frailty management and secondary prevention of falls.
- To exploit existing ICT supported assessment and intervention tools, including those to improve prescription adherence.

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## **Expected impact**

The synergy program is expected to involve more than 10,000 citizens with the following expected results:

- a. To test the implementation of a common public health program in at least six European countries, with different setting and services in the field of primary care for older adults.
- b. To test the impact of the program in terms of acceptance by citizens, patients' quality of life, potential integration with the operating systems of care, and cost effectiveness.
- c. To gather crucial information on key elements to integrate health and social care at community level.
- d. To provide a model of care to be tested in other European countries.

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## **Methodology**

*Study design:* Prospective observational study

### *Outcomes*

At least one of the following outcomes must be assessed in the study:

- Incidence of frailty (increased prevalence of ADL/IADL impairment and/or reducing of socio-economic resource and/or risk of negative outcomes like hospitalization, institutionalization, death)
- Progression/regression of pre-frail/frail status
- Incidence of hospitalization
- Incidence of institutionalization
- Incidence of death

Each study site could add different outcomes that must be listed in the specific study site section

*Sample:* candidate to be assessed are the over 64 citizens living at home; exclusion criteria is living in a institution (nursing homes or similar). Each study site can decide to restrict the field of intervention with additional exclusion criteria. The total number of European citizens involved in the assessment should be not less than 10,000 of which at least 3,000 enrolled before the end of June 2016.

# Implementation Sites

- Barcellona
- Cork
- Galway
- Napoli
- Oporto
- Parma
- Pecs
- Roma
- Salerno
- Twente
- Valencia

# Study design

- Observational study

- Comparison will be done with existing data
- Historical data could be used if the methodology which was used to gather the data is comparable with the one used in this proposal

- Cohort study

- For limited sub samples a control group could be set up (cost-effectiveness analysis)

- Duration of the project 36 months
- Minimum duration of follow up 12 months
- Budget: provided by the already ongoing project and in-kind work

- Statistical analysis

- Statistical analysis could be performed per each single intervention or pooling together all the intervention vs no intervention

# Expected results

- a. To test the implementation of a common public health program in at least six European countries, with different setting and services in the field of primary care for older adults.
- b. To test the impact of the program in terms of:
  - acceptance by citizens
  - patients' quality of life
  - potential integration with the operating systems of care
  - effectiveness.
- c. To gather crucial information on key elements to integrate health and social care at community level.
- d. To provide a model of care to be tested in other European countries

# General indicators

At least one of the following outcomes must be assessed in the study:

- Incidence of frailty (increased risk of negative outcomes like hospitalization, institutionalization, death)
- Incidence of hospitalization
- Incidence of institutionalization
- Incidence of death

Each study site could add different outcomes that must be listed in the specific study site section

## Assessment matrix (fill the box with the indicators you assess in your program)

	Health Promotion	Prevention	Early detection	Management
CARTS				
PERSSILAA				
Long Live the elderly	Extension of social network, Onset of frailty, Hospitalization, Institutionalization, Mortality			
Sympathy				
Beyond Silos				
Carmen				
SunFrail				
Nevelők Háza Egyesület				
VIVISOL				

# Sample

- Over 64 citizens living at home
- Exclusion criteria: living in an institution (nursing homes or similar).
- Each study site can decide to restrict the field of intervention with additional exclusion criteria.
- At least a cumulative number of 3,000 citizens should be enrolled before the end of June 2016.

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Fig 1. The GANTT Chart

