



Healthy Aging -Is it a time for innovation?

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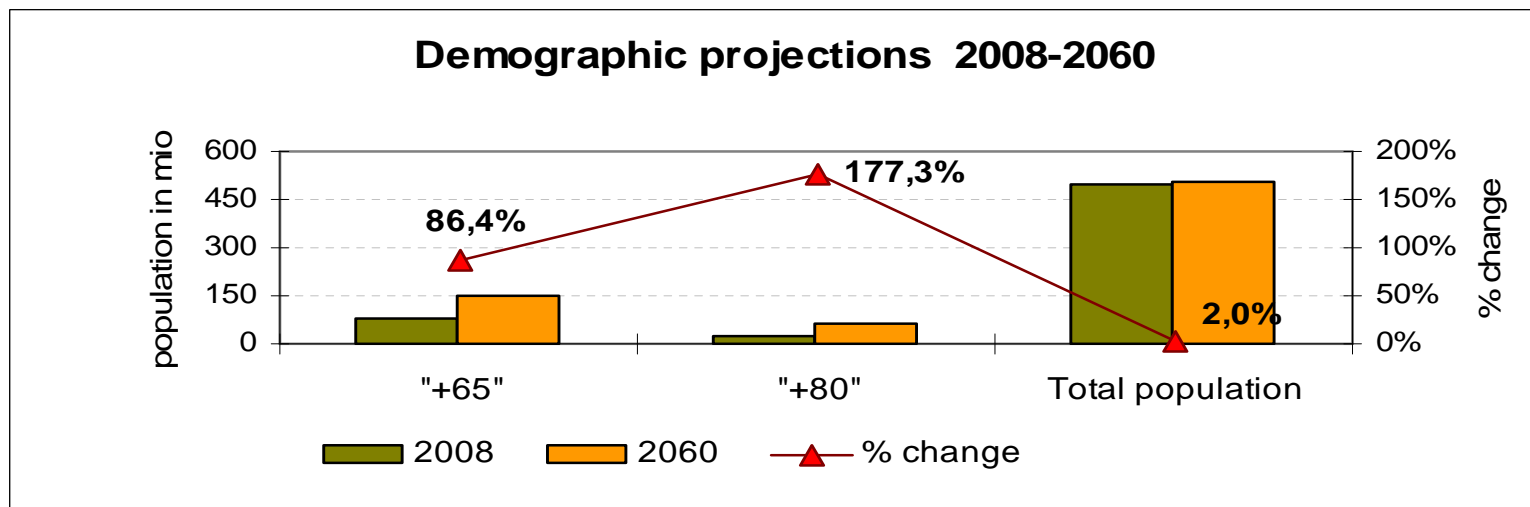
Director

SANCO.D - Health systems and products



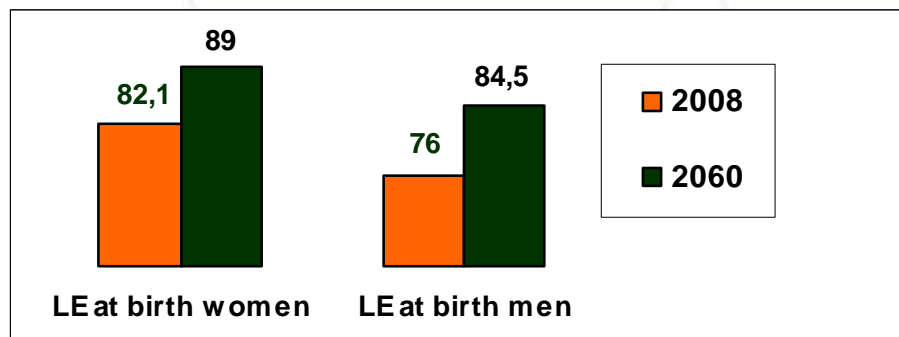
Ageing CRISIS Trends and outlook

Demographic change

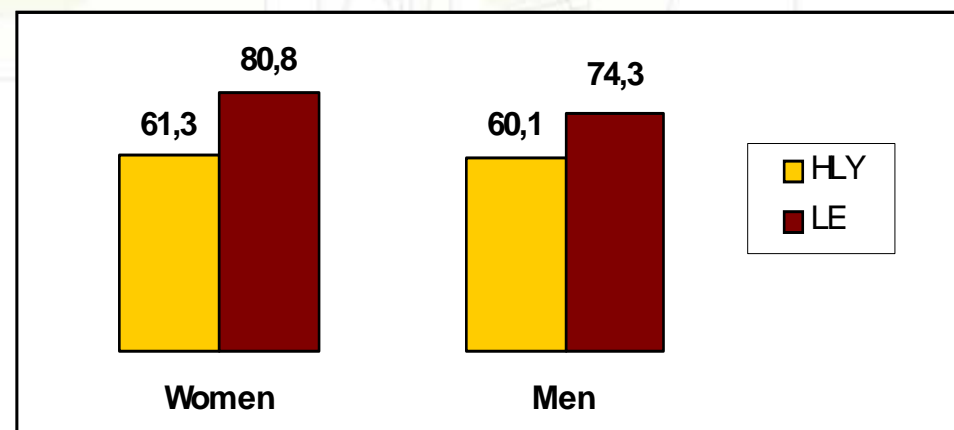


Source: SANCO, based on Ageing Report 2009

Life Expectancy (LE) 2008-2060



LE vs. HLY (2010)





Budget constraints & unsustainable care systems in the EU 27 (EU average in 2008)

- Total **health spending** - **9.6% of GDP**
- Total **public health spending**
 - => 7.4% of GDP
 - => 14.7% of total government expenditure
- Total **aged-related spending**
(*education, pensions, healthcare, LTT, unemployment benefits*)
 - => 23,1 % p. of GDP in 2007
 - => **↑**by 4.75% points of GDP by 2060
- **Shrinking workforce** in the care sector by 2020
 - => 1 mio doctors and nurses less, and 2 mio incl. ancillary staff
 - => 15% of necessary care uncovered
- **Insufficient number of health specialists**, unbalanced **skill-mix** and training, migration



Ageing CRISIS? *Trends and outlook*

Medical and health outcomes in the EU

Multiple chronic conditions

- => 80% of people over 65 affected with heart failure, diabetes, depression, hypertension, osteoarthritis, osteoporosis etc.
- => 75% of health spending on chronic illnesses (large direct & indirect costs; e.g. IT on diabetes >6% of health exp.)

Neurological degeneration

- => **Alzheimer's disease** - 60% of aged 65+ with dementia
- => dementia incidence in 2030 - 40% (from 9.9 mio to 13.95 mio)
- => €160.3 bio total EU care costs of dementia, €22.194/per (dementia)

Loss of physical functions

- => **musculoskeletal conditions** (MSCs): 150 diseases and syndromes
- => economic burden of >€ 240 bio/y on state budgets (health care costs, work-disability, sick leave and premature retirement)

Incidence of falls and fractures

- => **falls**: 1/3rd of +65 fall at least 1/yr => economic burden >€15bio/y
- => **fractures**: 24% women and 33% men die within 1 year after fracture incidence



Economic, social and health implications

↓ **health outcomes** – quality of life, mobility, functional and physical ability

↑ (avoidable) **hospitalisation**

↑ **mortality** and **morbidity**

↑ use of **health care resources**

unsustainability and **inefficiency** of health systems

higher risk of **polypharmacy** and **adverse medicines events**

work loss and **high absenteeism** at work



EU wide work on ageing

sample actions

- 2006 COM on the demographic future of Europe –from challenge to opportunity
- 2007 COM Promoting solidarity between the generations
- 2007 Healthy ageing: keystone for a sustainable Europe
- 2007 EU Health Strategy 2008-2013
- 2009 Ageing Report on 'Dealing with the impact of an ageing population in the EU'
- 2009, 2010 Council Conclusions on active, dignified and healthy ageing
- 2010 Joint Report on Pensions
- Tools: Open Method of Coordination, HLY, forums, EYAA 2012...
- Social welfare coordination, social situation observatory, health systems groups/forums, ...



Innovation potential in healthcare

- ❑ **Innovation** in material sciences, genetics, bio-technology & -informatics & e-health - novel treatments, medicines & medical technologies
- ❑ **Technological change** as a driver for improved productivity and economic growth
- ❑ **Substitution of old treatments with novel ones**
=> productivity gains, improved health outcomes (increased length and quality of life of people)
- ❑ **Expansion of innovative treatments** (novel medical interventions)
=> match of demand and supply, increased no of diagnosed and treated people, improved health outcomes
- ❑ **Business and growth opportunities** for pharmaceutical, medical devices and products sectors
- ❑ ...but also leading to **skyrocketed expenditure & higher regulatory health & safety standards**



EIP on Active and Healthy Ageing – a novel concept

- Announced in Europe 2020 flagship initiative on Innovation Union
- Is **not a new EC instrument**, neither financial nor legal
- Seeking to **align and optimise the use of existing tools**, under a **single and coherent framework**
- **Bringing together actors** at all levels and sectors to **build synergies**
- **Removing bottlenecks and barriers** to innovation in the area and leveraging the demand-supply
- Defining a **common vision** in achieving common objectives and goals, built upon **commitments**



Objectives and headline target

A triple win for Europe

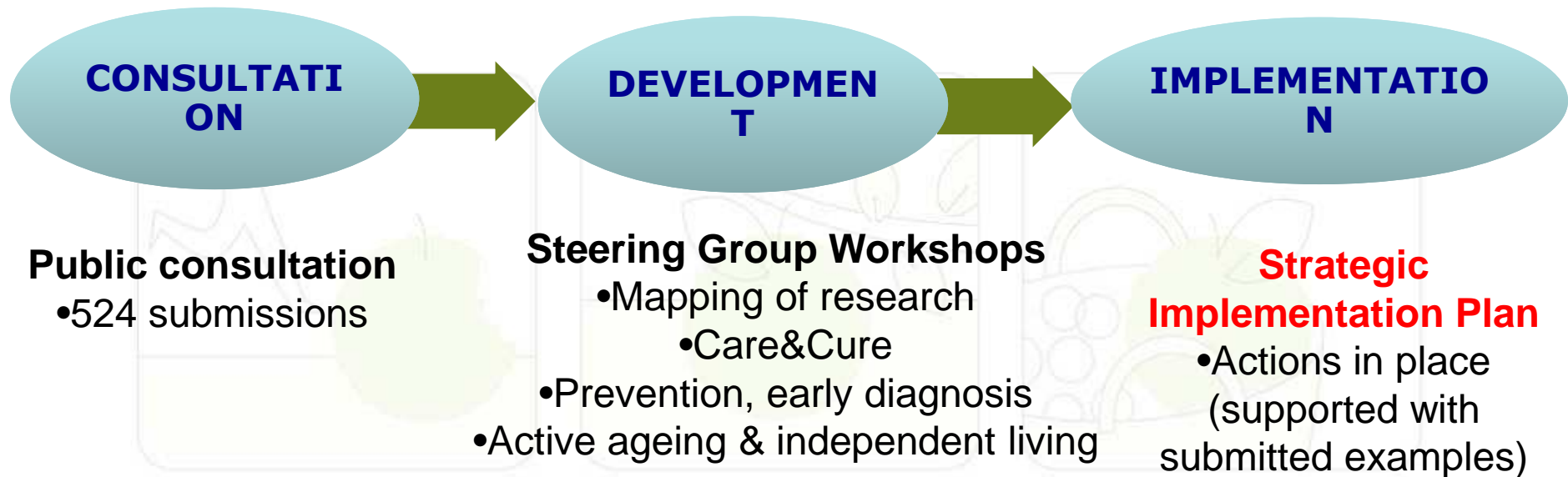
- Enabling EU citizens to **lead healthy, active and independent lives until old age**
- Improving the sustainability and efficiency of **social and health care systems**
- Developing and deploying **innovative solutions**, thus fostering competitiveness and market growth

Overarching goal by 2020

- **Increasing** the number of **healthy life years** (HLYs) by 2 in the EU on average



EIP three-step process stakeholder involvement



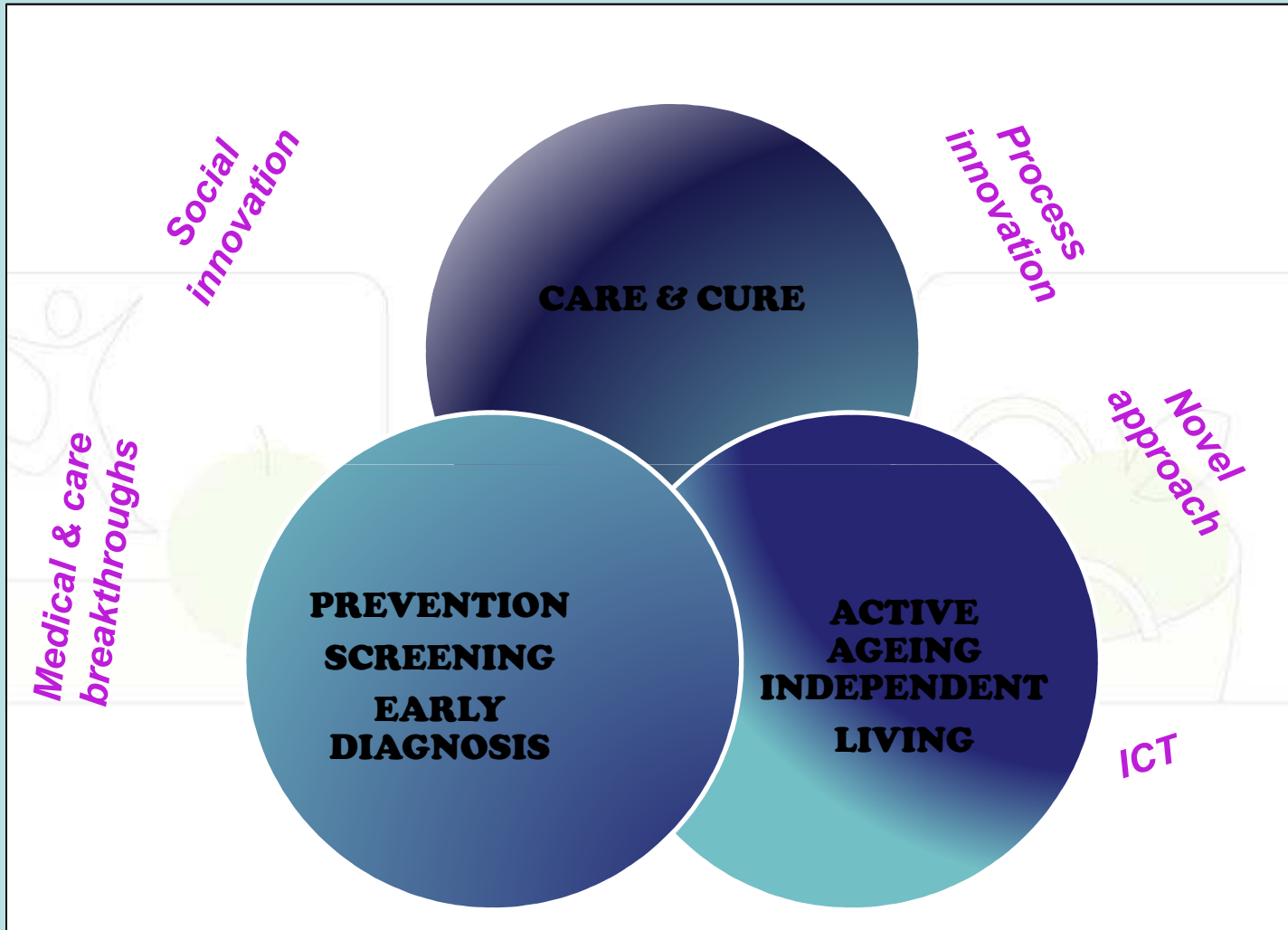
Series of seminars, meetings, conferences, etc.

- E-health conference Budapest
- ERAC
- Gastein Health Forum

Fiches with actions

- More than 100

STRATEGIC INNOVATION PRIORITIES



HORIZONTAL ISSUES



Horizontal issues

- General approach to evidence and data/ Monitoring
- Knowledge transfer and good practice sharing and exchange/ Marketplace for partnering and matching stakeholders
- Innovation in support of age-friendly cities and environments

Prevention, screening & early diagnosis

- Health literacy, patient empowerment, ethics & adherence

Action 1: Prescription adherence action at regional level

- Personal guidance systems

Action 2: Programme for falls prevention & early-diagnosis

- Prevention, vaccination, early diagnosis of functional & cognitive decline & malnutrition

Action 3: Early-diagnosis & action on frailty & malnutrition to prevent functional decline of older people

Care & Cure

- Guidelines for care, workforce (e.g. multimorbidity, polypharmacy, frailty & collaborative care)

- Multimorbidity and R&D

- Capacity building and replicability of successful integrated care systems

Action 4: Replicating and tutoring integrated care for chronic diseases, including remote monitoring, at regional level

Active ageing & independent living

- Assisted daily living for older people with cognitive impairment

- Flexible and interoperable ICT solutions for active and independent living

Action 5: Global standards development, guidelines for business models & financing for independent living solutions

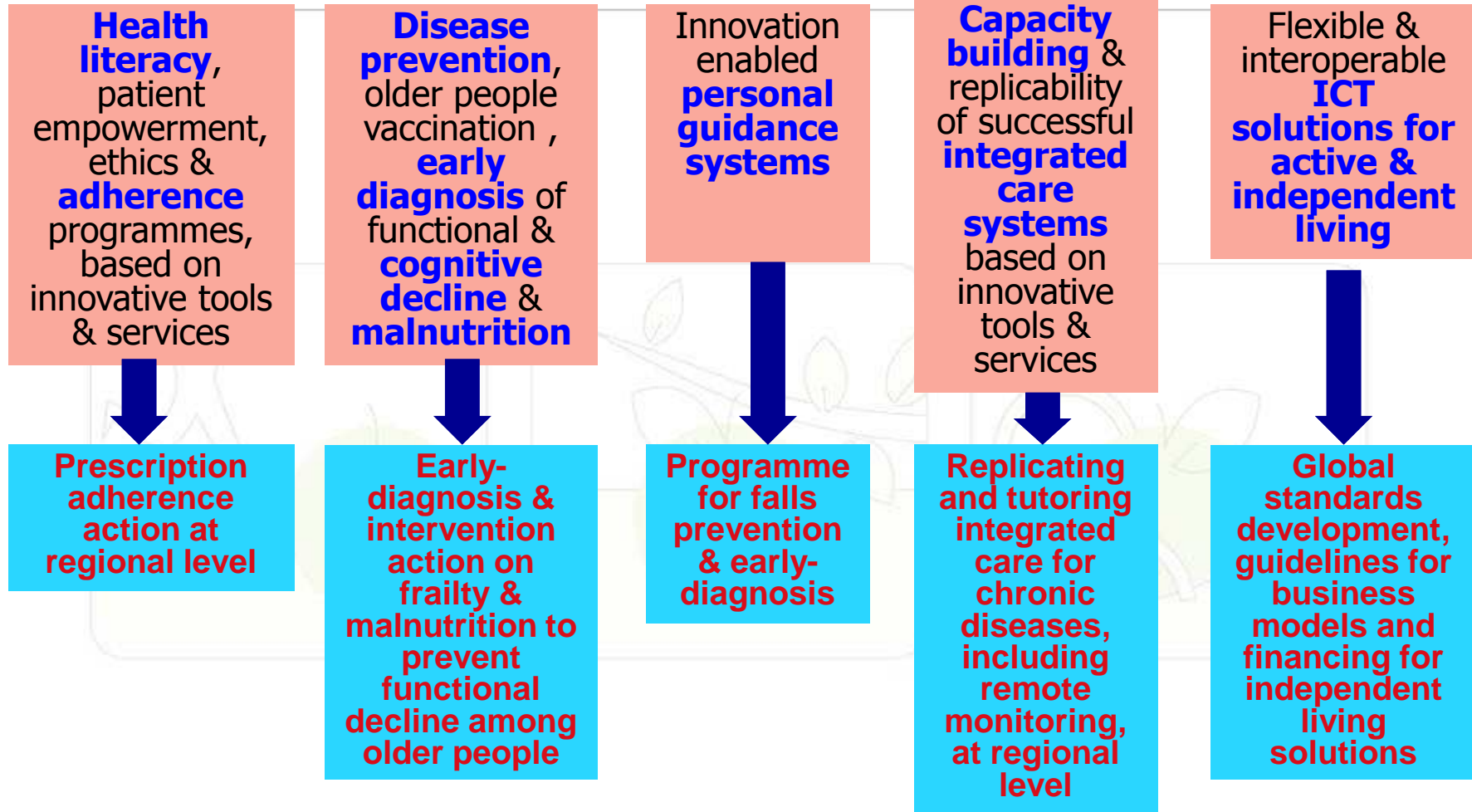
- Innovation improving social inclusion of older people

Vision / Foundation

- New paradigm of ageing
- Innovation in service of the elderly people
- Holistic and multidisciplinary approach
- Dynamic & sustainable care systems of tomorrow



LIMITED priority action areas & actions - post 2nd Steering Group meeting



Horizontal action areas

General approach to **evidence** and data/ **Monitoring**
Knowledge transfer **and good practice sharing** and exchange/ **Marketplace** for partnering & matching stakeholders
Innovation in support of **age-friendly cities and environments**



Next steps

20 October

Sherpa meeting

24-25 Oct

Workshop on horizontal issues

7 Nov 11

3rd SG meeting

Autumn 11

Adoption of the **SIP by the SG**

Dec 11

Council of the EU – possible discussions

1st half 2012

Commission COM on the SIP

1st half 2012

Council endorsement



Potential role and involvement of research community

- **Active actors in governance** and **partners** in alliances **proposing and designing concrete actions**, either individually or in groups and networks
- **Important role in strengthening the innovation process** by linking the research results with translation and deployment
- **Users of EU instruments** – e.g. research programmes (FP7, AAL), structural funds (ESF, ERDF) and other tools

Possible benefits and outcomes

- Strengthened **political advocacy of research priorities** at the EU level in promoting active and healthy ageing
- Support in more **effective use of research funds** in the area of health and innovation
- Facilitation of and assistance in **overcoming barriers to translation of research** – from research to market and stimulating deploying proved innovative solutions
- Positive outcomes in **making the delivery of care more efficient** and adapting to the current challenges



EIP on Active and Healthy Ageing operationally and in practice

**Multiple chronic conditions
(comorbidity)**

- as an example of potential action



Problem analysis - example of comorbidity of chronic diseases

How innovation can help?

Common and collaborative work of all relevant stakeholders from the outset

Evidence

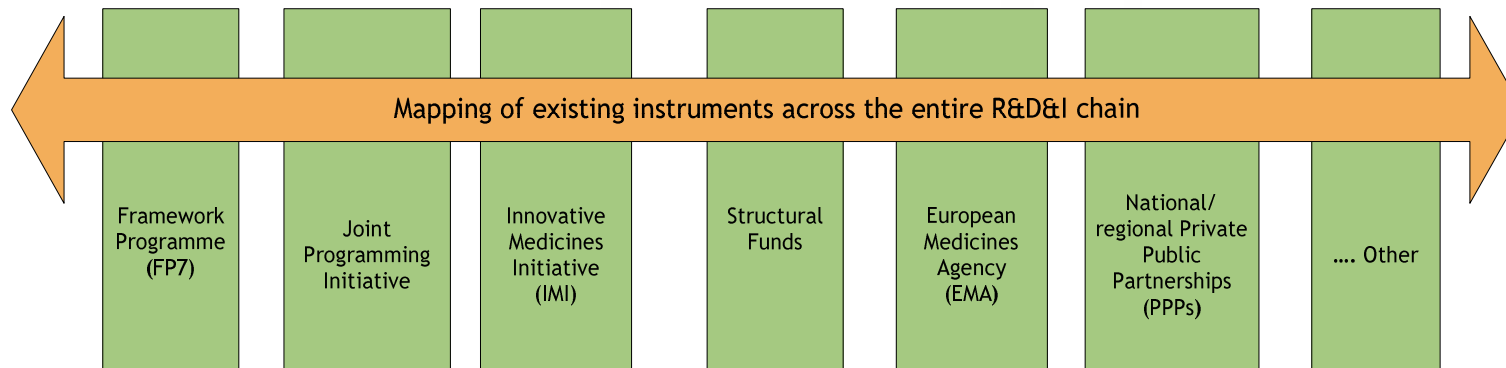
- increasing risk with age – higher prevalence of chronic disease - higher number of chronic conditions happening simultaneously (comorbidity)
- multiple chronic diseases lead to ↓ of health outcomes – quality of life, mobility, functional ability and ↑ of hospitalisation, mortality and use of health care resources

Challenge

- interactions among medications, among treatments => risk of polypharmacy and adverse medicines events
- integration of comorbidity problem into existing activities on chronic diseases

Mapping, simplifying, fostering cooperation – instruments and initiatives

Voluntary commitments of MSs, regions and other stakeholders





Identifying barriers and gaps

For example:

- scattered research and studies in EU MSs on comorbidity in chronic diseases
- insufficient exchange of best practice and guidelines
- under-representation of older people with chronic comorbid diseases in clinical trials

Streamlining, aligning, filling the gaps

Integration - one single coherent framework across the entire R&D&I chain

Partnership contribution – voluntary commitment for implementation of actions

Monitoring and reporting

Partnership outcomes – targets

- reducing the unnecessary use of hospital services
 - improving health and quality of life status for patients with comorbid conditions
 - reducing the long-term disability associated with comorbidity
- => eventually contributing to increasing healthy lives of EU older citizens, thus contributing to achieving the **objective of HLYs +2 by 2020**



EIP on Active and healthy Ageing operationally and in practice

Dementia – Alzheimer's
- as an example of potential action



Problem analysis - example of dementia (Alzheimer's)

How innovation can help?

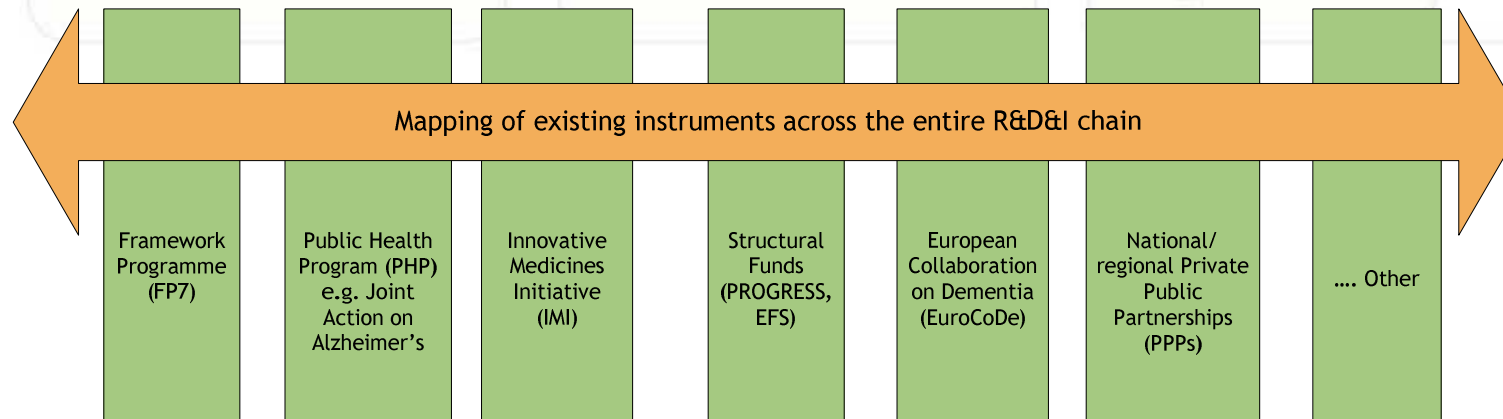
Common and collaborative work of all relevant stakeholders from the outset

Evidence

- Alzheimer's as the most common type of dementia – 60% of aged 65+ with dementia
- dementia in aged 65+ - likelihood roughly doubles every 5 years
2030 – 40%↑ (from 9.9 mio to 13.95 mio)
- estimated cost of dementia in the EU in 2008 (health, social and informal care) €1 60.3 bio
=> €22.194 per person with dementia

Mapping, simplifying, fostering cooperation – instruments and initiatives

Voluntary commitments of MSs, regions and other stakeholders





Identifying barriers and gaps

For example:

- Insufficient focus on treatment and care
- Little of research in prevention
- Few cost-effective preventive measures
- Under-participation of older people with dementia in trials for Alzheimer's drugs
- Insufficient exchange of good practices

Streamlining, aligning, filling the gaps

Integration - one single coherent framework across the entire R&D&I chain

Partnership contribution - voluntary commitment for implementation of actions

Monitoring and reporting

Partnership outcomes – targets

-reducing the unnecessary use of hospital services

-improving health and quality of life status for patients with dementia

-reducing the cost of illness in the long term

=> eventually contributing to increasing healthy lives of EU older citizens, thus contributing to achieving the **objective of ↑HLYs by 2 by 2020**



Thank you for your attention