



PRO.M.I.S.
Programma Mattone Internazionale Salute

SUNFRAIL Final conference

The network of Italian Regions - Pro.M.I.S. PROgramma Mattone Internazionale Salute

07 February
Bologna

Dr. Nicola Scomparin

ProMIS – Mattone Internazionale Salute Programme
Communication & Information



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A) PMI e ProMIS: an Italian good practice



PMI & ProMIS start

- Mattone Internazionale Project (**PMI**) – years: 2011-2016 (April)
- Mattone Internazionale Salute Programme (**ProMIS**) – institutionalized project (1[^] deadline: April the 30th 2019)



Why the PMI was born

- ✓ To guarantee a permanent and qualified participation of Italy within European and International institutions and an appropriate participation in defining and implementing European policy processes on health
- ✓ To bring the Italian Health System (SSN) in the framework of the wider European context (top-down and bottom-up phases)
- ✓ To engage Italian Regions in a common and shared position within selected issues
- ✓ To promote the best practice dissemination concerning Health Issues
- ✓ To promote the Italian participation to the **European fundings** and the **International Agencies opportunities**

Its «mission» was to bringing the Health System and policies of the Italian regions in Europe and Europe in the Health systems of the Italian



What the PMI has done in 5 years

- ✓ **Educational and information activities** addressed to Ministry organizations, Italian Regions, local social-health authorities, hospitals as well as other stakeholders involved in health topics, in order to **promote the dissemination of EU policies and opportunities to access EU financed programs in the framework of health, research and innovation** in the national territory.
- ✓ Implementation of specific mechanisms for the **promotion and participation of all qualified stakeholders to European and International health policies**



Outcomes of the PMI

- ✓ It has been at the core of a system of partnerships and networks
- ✓ It promoted international research activities in the public health field
- ✓ It responded to the way of working at the basis of the EU planning
- ✓ It fostered the capacity building process
- ✓ It promoted the experimentation and implementation of new organizational models
- ✓ It involved the different actors of the National Healthcare System, while increasing their role within the institutional levels
- ✓ It allowed the dissemination of several methodologies concerning projects, the development of proposals for supra-regional interest and the dissemination of results
- ✓ It represented an innovative governance method for supra-regional interest, aimed at accessing the European direct and indirect funds



Why the ProMIS was born

The impact analysis of the whole activities showed the positive influence on the internationalisation of the National Healthcare System (SSN) policies. It also highlighted that their consolidation was necessary, notably through an **institutionalisation process, within a permanent structure.**

THE NEW PROGRAMME IN SUPPORT OF THE ITALIAN REGIONAL HEALTHCARE SYSTEMS IN THE PARTICIPATION TO FUNDING PROGRAMMES TO EUROPEAN NETWORK IN THE HEALTHCARE AND SOCIAL FIELD

1. Constitution of a sub-group composed of representatives of Italian Regions / Autonomous Provinces which was appointed during the Health Committee session of 2015, march the 4th;
2. PMI extension within 2015, december the 31st;
3. Draft proposal in order to formally establish the PMI – document approved during the Health Committee session of 2015, July the 29th.



ProMIS activities

- ✓ Priorities and programming analysis
- ✓ Regional network coordination
- ✓ Cross-cutting activities in liaison with other policies
- ✓ Information and communications activities
- ✓ Support to the participation in the European processes
- ✓ Support to financing opportunities
- ✓ Monitoring and evaluation

ProMIS actors

- ✓ **Health Commission – The Conference of the Regions and Autonomous Provinces** (21 regional representatives (all Regions have a seat) appointed by the Regional Health Ministers)
- ✓ **21 regional representatives** (all Regions have a seat) appointed by the Regional Health Ministers (DG of food hygiene, safety and nutrition, DG of Communication & EU and Int. Relations, DG Research and Innovation in Health, DG Health planning)
- ✓ **Other stakeholders** (Ministry of Labour; Ministry of Education, University and Research; National Agency for Health; Ministry of Cohesion; European Commission; etc.)



B) PMI/ProMIS European laboratories (Open Labs) and European opportunities



PMI/ProMIS European laboratories (*Open Labs*)

PMI & ProMIS activated European projects co-design laboratories within dedicated groups in order to:

- ✓ Identify Regions specific social & health priorities/expertise;
- ✓ Enjoy Italian Regions with same/similar health goals/focus for setting up different Italian consortia/partnership;
- ✓ Involve European partners who deal with specific themes of the Italian consortia above mentioned;
- ✓ Submit projects within European calls on specific social & health topics launched by European Funding Programmes



European funding Programmes for Health

- ✓ **Rights, Equality & Citizenship:** It shall contribute to the further development of an area where equality and the rights of persons, as enshrined in the Treaty, the Charter and international human rights conventions, are promoted and protected
- ✓ **Justice:** It shall contribute to the further development of a European area of justice based on mutual recognition and mutual trust
- ✓ **Third Health Programme:** instrument that the EC uses to implement the EU Health Strategy to promote health, protect from health threats, facilitate access to better & healthcare
- ✓ **Easi:** instrument to promote a high level of quality and sustainable employment, adequate and decent social protection, combating social exclusion, poverty and improving working conditions.
- ✓ **Erasmus+:** programme to support education, training, youth and sport in Europe
- ✓ **Horizon2020:** the **SC1 «Health, Demographic Change and Wellbeing»** aims to keep older people active and independent for longer and supports the development of new, safer and more effective interventions. R&I also contributes to the sustainability of health & care systems.
- ✓ **Interreg:** transnational/crossborder programmes financed by the European Structural and Investment Funds (ESIF)



C) PMI/ProMIS & the supporting initiatives on Active & Healthy Ageing



PMI/ProMIS: activities undertaken

- ✓ Promotion of comparison opportunities among the Italian Regions about themes regarding the active and healthy ageing
- ✓ Organization of workshops, conferences and promotion of European calls on the topics
- ✓ Connection with the communitarian institutions, granting the participation of a representative of the European Commission and/or the European networks to the specific events where the funding strategies and/or programs aimed at supporting projects on ageing are explained.
- ✓ **Develop of preparatory activities to help the Regions apply to the call for the Reference Sites and to the commitments, thus making the Italian Regions compete at their best with the other European Regions**



PMI/ProMIS: events organized

- ✓ 30.11.2012 → Rome – Workshop «*The role of the Regions in the future European Partnership for active and healthy ageing*»
- ✓ 07.01.2013 → Rome - Infoday «*European Health Programme (2008-2013) Call 2013*»
- ✓ 04.09.2013 → Bari – Workshop «*EIP on AHA Regional Awareness Event / Innovative Procurement*»
- ✓ 17.10.2014 → Rome – Workshop «*EIP-AHA Workshop on nutrition*»
- ✓ 27.10.2014 → Salerno - Workshop «*Using ICT for integrating health care*»
- ✓ 20.05.2015 → Rome – Workshop «*Frailty Management and optimization through EIP-AHA: early diagnosis, screening and frailty management*»
- ✓ 16.03.2016 → Rome – Infoday «*Call EIP-AHA 2016. Opportunities, experiences and outcomes reached by the Italian Reference Sites*»
- ✓ 23-24.03.2017 → Rome – Event «*Transforming the challenge of an ageing population into an opportunity. The experience of the European Regions*»
- ✓ 18-19.01.2018 → Rome – *Health & Ageing sector investment, European funds and human resources: the post 2020 perspective*
- ✓ 26.02.2018 → Bruxelles – *Strengthening touristic offer by integrating personalised services for health*



ProMIS: activities

- **Activation of a national direction** (steering committee and operational plan)
- **Sharing of best practices and experiences** (database of governance actions)
- **Information and educational activities about the tools/instruments to activate regional, national and international pathways** (communications and instruments)
- **Regions support** for applying to European calls

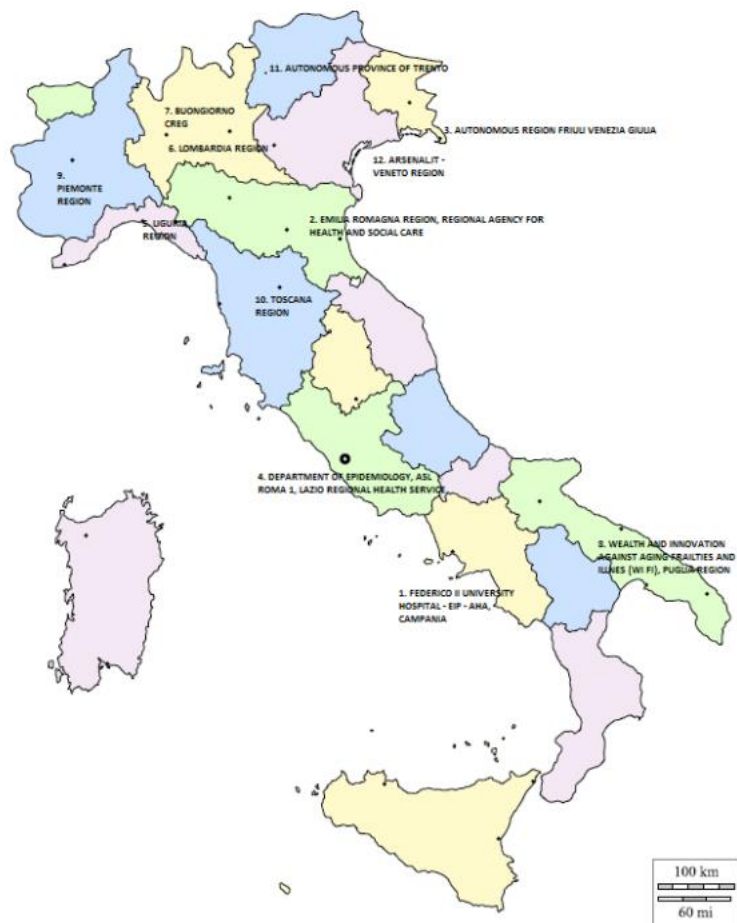
ProMIS: tools

- **Informative Days** on active and healthy ageing issues
- **Thematic workshops** with the constitution of working groups
- **Website section** titled: «*Subproject for supporting the Italian Reference Sites on Ageing issue*»
- **Repository of commitments**, commitments list submitted by Italian Regions, in the framework of EIP-AHA I and II call
- **European projects Database**, European and International projects portfolio of Italian Regions, Social-Health authorities and IRCCS (Scientific Institute for Research, Hospitalisation and Health Care), funded by the 2007-2013 and 2014-2020 (*in progress*) programmings
- **List of the European calls section** where monitoring the funding opportunities
- **ProMIS News**: the monthly newsletter where finding European and Italian news, update information on European health policies, events and calls



D) PMI/ProMIS & EIP-AHA Italy

RS description



Italian Reference sites 2016

**15% of the total
European Regions**



Italian Regions awarded as Reference Site

1° call – 2012

32 Reference Site In Europe

5 Reference Site in Italy

- 1 Campania
- 2 Emilia Romagna
- 3 Friuli Venezia Giulia
- 4 Liguria
- 5 Piedmont

2° call – 2016

74 Reference Site In Europe

12 Reference Site in Italy

- 1 Campania
- 2 Emilia Romagna
- 3 Friuli Venezia Giulia
- 4 Lazio
- 5 Liguria
- 6 Lombardia
- 7 Piedmont
- 8 Puglia
- 9 Autonomous Province of Trento
- 10 Province of Bergamo
- 11 Tuscany
- 12 Veneto



Objective

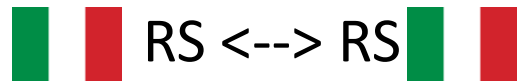
To strengthen the processes and decisions defining innovative actions implemented by the Italian Regions on healthy and active aging, by enhancing their impact and monitoring their performances

Tools adopted:

- **National direction**
- **Database of experiences and best practices**
- **Informative and training activities**



Italian EIP-AHA subgroup activities_1:



- Strengthening of the collaboration among Italian Regions on the EIP-AHA issues
- Sharing of activities
- Information exchange among Regions on funding opportunities;
- Active support to Italian Regions to become Reference Sites

Italian EIP-AHA subgroup activities_2:



- Operational interface between the EC and the Italian Regional dimension in order to let the EC informed on the Italian EIP-AHA strategic lines:
 - Evaluation of Regional good practices
 - Monitoring and evaluation of results
- Synergies enhancement with the European Regions (RSs)
- Elaboration of 2 important documents which inform the EC on the Italian strategies related to EIP-AHA:
 - **“EIP-AHA Italy: the Italian experience in the framework of the European Innovation Partnership on Active and Healthy Ageing“;**
 - **METHODOLOGY FOR THE ITALIAN REFERENCE SITES: Which organisation structure?**



Healthy ageing, il made in Italy premiato dall'Ue

DI LISA LEONARDINI *

Il 17 dicembre a Bruxelles 11 Regioni italiane - Campania, Emilia Romagna, Friuli Venezia Giulia, Lazio, Liguria, Lombardia, Piemonte, Puglia, Toscana, Veneto e la Provincia autonoma di Trento riceveranno dalla Commissione europea il premio come Siti di riferimento del Partenariato europeo per l'innovazione sull'invecchiamento sano e attivo (Reference site of the european and innovation partnership on active and healthy aging, Eip-Aha), insieme ad altri 63 selezionati a livello Eu.

Tale riconoscimento assegnato alle Regioni, e ai loro partner pubblici e privati, giunge grazie alle politiche e soluzioni innovative attuate a favore degli anziani e che contribuiscono a tradurre in pratica gli obiettivi strategici dell'Eip-Aha, tra cui: aumentare di 2 anni il periodo di vita sana e attiva entro il 2020 e ridurre i costi dei sistemi sanitari. Ruolo chiave nella scala a Reference site delle Regioni italiane l'ha avuto il Proeramma Matto-

accademico e la società civile (come per esempio le organizzazioni che rappresentano gli anziani e i pazienti) in un ecosistema integrato.

Gli 11 reference site italiani si sono impegnati a investire oltre 600 milioni di euro, nel periodo che va dal 2016 al 2019, in soluzioni innovative che porteranno: miglioramenti nella qualità della vita della popolazione, efficienza e sostenibilità per la salute, supporto all'assistenza sociale e, infine, crescita economica e aumento della competitività. Si prevede che questi investimenti porteranno benefici per circa 800mila persone nei prossimi tre anni.

Come noto, in Italia i processi demografici, che perdurano ormai da diversi anni e che influenzano l'indice di vecchiaia, sono riconducibili all'aumento della popolazione in età anziana, alla riduzione di quella in età

L'invecchiamento demografico e il calo del tasso di natalità creano stress sui sistemi di welfare e implicano la necessità di interventi mirati, come politiche d'integrazione lavorativa e d'inclusione socio-culturale degli anziani. Con l'active ageing si può agire sul sistema economico nel suo complesso, favorendo anche giovani e donne. L'aumento prospettico delle persone attive e la conseguente diminuzione dei carichi socio-assistenziali sono fonte, infatti, di ricadute positive sulla tenuta dei sistemi di welfare regionali.

La partecipazione all'Eip-Aha offre, quindi, all'Italia l'opportunità di sperimentare e implementare buone pratiche capaci di sviluppare ricadute positive: riduzione della spesa pubblica (calo dei consumi) e dei costi dei servizi socio-sanitari; aumento degli

cifiche che hanno dato impulso a interventi finalizzati a garantire un'ottimale integrazione socio-sanitaria, secondo una visione centrata sui bisogni del paziente, e orientata a superare la frammentazione dei servizi e i tradizionali dualismi ospedale-territorio, sanitario-socio-sanitario. La Campania punta al trasferimento delle innovazioni biomediche e tecnologiche per il mercato, sfruttando l'integrazione tra ricerca, formazione e fornitura di servizi attraverso collaborazioni internazionali. La Liguria sta studiando l'applicazione di sistemi digitali che coinvolgono le zone rurali e arrivano ai cittadini maggiormente isolati. Il Piemonte scommette sulla formazione, per diminuire l'ospedalizzazione, formando alle tecniche dell'infermeristica di comunità un team di professionisti in diverse zone montane. La

muovendo l'aderenza a cure basate sulle evidenze. L'Emilia Romagna ha sviluppato un modello predittivo per la diagnosi precoce di condizioni fragili e fragili legate a fattori sociali e sanitari. La Pa di Trento ha realizzato la piattaforma di sanità elettronica denominata TreC (Cartella clinica del cittadino) attiva, attraverso le sue applicazioni, nel contesto di continuità assistenziale ospedale-territorio. Anche il Veneto è impegnato nel campo digitale con lo sviluppo della Regional health information exchange (Hie) che consente ai cittadini di accedere ai servizi sanitari elettronici. Trasversalmente, la "presa in carico della cronicità" rappresenta il cuore delle buone pratiche italiane attraverso modelli gestionali innovativi basati sulla presa in carico proattiva e integrata del malato. Il premio sarà conferito dal Commissario Ue per l'economia e la società digitali Oettinger in occasione dell'European summit on digital innovation for active and healthy ageing.



BUONE PRATICHE

Anziani, anche la sanità digitale aiuta a restare attivi in tarda età

Undici regioni italiane riconosciute «siti di riferimento» nell'ambito del progetto «Partenariato europeo per l'innovazione sull'invecchiamento attivo e in buona salute». Un riconoscimento alle politiche e soluzioni innovative, attuate a favore degli anziani

di Maria Giovanna Faiella

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The Italian reference sites of the European innovation partnership on active and healthy ageing: Progetto Mattone Internazionale as an enabling factor

Maddalena Illario¹, Vincenzo De Luca¹, Giovanni Tramontano¹, Enrica Menditto², Guido Iaccarino³, Lorenzo Bertorello⁴, Ernesto Palummeri⁵, Valeria Romano⁶, Giuliana Moda⁶, Marcello Maggio⁷, Mirca Barbolini⁸, Lisa Leonardini⁹ and Antonio Addis¹⁰ for the Italian EIP-AHA Working Group*

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4 apr 2017

EUROPA E MONDO

Digitale e domotica alleati di una società che invecchia. Le best practice regionali

di Lisa Leonardini (Coordinatore CTO - ProMIS Programma Mattone Internazionale Salute Regione del Veneto, Uo Commissione Salute e Relazioni socio sanitarie)

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Thank you



promisalute@regione.veneto.it

