

EIP on AHA
European Innovation Partnership
on Active and Healthy Ageing

LIVING HEALTHY AND ACTIVE
IN AN AGEING EUROPE



Proceedings of the International Workshop
Bologna, June 3rd, 2013

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

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The present document is meant to collect the proceeding of the International Workshop "Living healthy and active in an ageing Europe" held in Bologna, on June 3rd, 2013. The meeting was co-funded in the framework of Avviso 1 of the Mattone internazionale Project.

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Supported by



In collaboration with



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1. Foreword

Quick background information on EIP on AHA

EIP on AHA **originates** from the **European Innovation Partnership**¹ (hereafter EIP), a new concept introduced in the Europe 2020 flagship initiative **Innovation Union**.² The objectives of the EIP are twofold and meant to counteract globalisation and current fiscal constraints, addressing societal challenges and, in so doing, enhancing Europe's competitiveness.^{3;4}

The **European Innovation Partnership on Active and Healthy Ageing** (hereafter EIP on AHA) was initiated in October 2010 to tackle the common challenge of the European ageing population. The **overarching target of EIP on AHA** is a two-year increase of the average healthy lifespan within 2020.

It aims to achieve this objective by bringing together key stakeholders acting in the innovation cycle (Health Authorities, patient groups, businesses, entrepreneurs, healthcare professionals, elderly people and other stakeholders), from research to adoption (adaptation).

The **Strategic Implementation Plan**⁵ (the Plan), which was adopted by the Partnership's Steering Group in November 2011, is the first landmark document of EIP on AHA. The Plan delivers its rationale, its vision and its suggestions for addressing the challenge of innovation for an active and healthy ageing. The Commission welcomed the Plan⁶ in its Communication to the European Parliament and the Council: COM (2012) 83 final.

¹ http://ec.europa.eu/research/innovation-union/index_en.cfm?pg=eip (last access July 2013)

² http://ec.europa.eu/research/innovation-union/index_en.cfm (last access July 2013)

³ Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions. Europe 2020 Flagship Initiative Innovation Union, Brussels, 6.10.2010, COM(2010) 546 final
http://ec.europa.eu/research/innovation-union/pdf/innovation-union-communication_en.pdf
(last access July 2013)

⁴ Also refer to Frequently Asked Questions regarding European Innovation Partnership under Europe 2020: December 2010 - http://ec.europa.eu/research/innovation-union/pdf/eip_faq_december_2010.pdf
Complementary FAQ: May 2012
http://ec.europa.eu/research/innovation-union/pdf/eip_faq_may_2012.pdf#view=fit&pagemode=none
(last access July 2013)

⁵ Strategic Implementation Plan (SIP) for the European Innovation Partnership on Active and Healthy Ageing
strategic plan http://ec.europa.eu/research/innovation-union/pdf/active-healthy-ageing/steering-group/implementation_plan.pdf#view=fit&pagemode=none
operational plan http://ec.europa.eu/research/innovation-union/pdf/active-healthy-ageing/steering-group/operational_plan.pdf#view=fit&pagemode=none
(last access July 2013)

⁶ Communication from the Commission to the European Parliament and the Council **"Taking forward the Strategic Implementation Plan of the European Innovation Partnership on Active and Healthy Ageing"**, Brussels 29.2.2012 COM(2012) 83 final

The Plan focuses on 3 main **actions** developed around 3 pillars and 1 cross-action:

- Prevention, screening and early diagnosis
- Care and cure
- Active ageing and independent living
- Horizontal issues

Within each action, the Plan sets out the following limited number of **specific actions** (see below) to which key stakeholders should refer in order to face the challenge of an ageing population:

- identifying innovative solutions to ensure better adherence to treatment at regional level;
- finding innovative solutions to better manage own health and prevent falls by older people;
- helping the prevention of functional decline and frailty;
- promoting integrated care models for chronic diseases, including the use of remote monitoring at regional level;
- developing ICT solutions to help older people stay independent more active and mobile for longer;
- promoting innovation for age friendly and accessible buildings, cities and environments.

The Commission identified two modalities/instruments to deliver the Plan:

- The **Invitation to commitments** open to all stakeholders. A commitment is a measurable and concrete engagement in support of an action or a group of actions in order to deliver on the objectives and deliverables identified in the Plan. Participants in the specific actions will form **Action Groups**,⁷ which will commit to run a number of activities contributing to the headline target through an **Action Plan**.
- The **Reference Site (RS)**, which are coalitions of Regions, cities, integrated hospitals or care organisations that aim to provide a comprehensive, innovation-based approach to active and healthy ageing - and that provide concrete examples of a positive impact. Reference Sites demonstrate synergies between different actions, breakthrough solutions within a short time frame, as well as the added value of a holistic approach (see below to get an in-depth insight on RS, in particular on the RS identification process).

The Partnership provides all actors with an online platform (Marketplace, see *Annex 1*) in which they can cooperate, unified around a common vision that values elderly and their contribution to society, identify and overcome potential innovations barriers and mobilise instruments⁸.

Please, note that **EIP on AHA is not a new funding program**. The Partnership is a pilot initiative that - alongside with other initiatives in different areas (climate change, energy and food security) - will actively contribute to the Europe 2020 Strategy.

The success of the Partnership will depend on the actions taken at national, regional and local level. The role of the Reference Sites is therefore of crucial importance in the EIP on AHA framework.

⁷ Action groups: <https://webgate.ec.europa.eu/eipaha/actiongroup/index/list> (last access July 2013)

⁸ Communication from the Commission to the European Parliament and the Council, **Taking forward the Strategic Implementation Plan of the European Innovation Partnership on Active and Healthy Ageing**, Brussels, 29.2.2012, COM(2012) 83 final
<http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=COM:2012:0083:FIN:EN:PDF> (last access July 2013)

Reference Site identification process⁹

The first Reference Sites applied through the "Invitation for Expression of Intent for candidate Reference Sites", a call that was open between February 29th and June 3rd, 2012.

The Emilia-Romagna Region answered the invitation as well, through the Agenzia sanitaria e sociale regionale, which is currently coordinating all the Program activities and their implementation by a close collaboration with working groups acting in the regional commitments.

Fifty-four (54) organisations applied to be candidate Reference Sites (among them the Emilia-Romagna Region), in order to illustrate and exchange best practices on implementing elements from a substantial number of the 6 specific actions (see below) in an integrated way.

Following the reference site identification process 32 Reference Sites have been identified.

Afterwards, the candidate Reference Sites were invited to complete a self-assessment about their own good practice(s) by April 2013 basing on a mutually agreed questionnaire.

The Emilia-Romagna Region presented the following good practices (for an in-depth description, see *Paragraph 4.2*):

SOLE (Healthcare online) and HER (Electronic Health Record- FSE Emilia-Romagna)

PROFITER Prevention of falls initiative in Emilia-Romagna

Aria Project

The good practices have then been assessed by their peers on the innovation, scalability and replicability and outcomes of their submitted good practice(s) and basing on a methodology agreed together. A total of 72 good practices have been evaluated. On the basis of this process, Reference Sites' good practices have been attributed 1 to 3 stars¹⁰ (4 stars identify the model of excellence). The star rating has been presented at a Star Ceremony held in Brussels on July 1st¹¹ and reported in the "Catalogue of the 32 Reference Sites".¹²

This paves the future work of the Reference Sites, that is championing innovative best practice and transferring knowledge across Europe. A phase of transfer of know-how and good practices to other European Regions, through a coaching system. The aim is to foster innovation in Europe in order to adapt health systems and our society to the needs of older people, avoiding to replicate the same tests, rather than taking inspiration from the best practices in Europe.

⁹ What are and what do Reference Sites: <https://webgate.ec.europa.eu/eipaha/index/site>, see also p. 12 of the Communication from the Commission to the European Parliament and the Council, **Taking forward the Strategic Implementation Plan of the European Innovation Partnership on Active and Healthy Ageing**, Brussels, 29.2.2012, COM(2012) 83 final

<http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=COM:2012:0083:FIN:EN:PDF> (last access July 2013)

¹⁰ Reference sites rewarded between 1 and 3 stars; none of the reference sites rewarded in Brussels achieved the maximum score (4 stars).

¹¹ Commission's press release published at this occasion

http://europa.eu/rapid/press-release_IP-13-633_en.htm?locale=en (last access July 2013)

¹² To learn about both the 32 Reference Sites and their good practices, please refer to the "Catalogue of the 32 Reference Sites"

http://ec.europa.eu/research/innovation-union/pdf/active-healthy-ageing/rs_catalogue.pdf#view=fit&pagemode=none (last access July 2013)

As results emerged from Action Groups and Reference Sites, they will provide feedback to help adjust and improve framework conditions as well as accelerate the uptake of innovation.¹³

Demographic challenge, EIP on AHA and the Emilia-Romagna region

Within the EIP on AHA context, besides being Reference Site since July 1st, 2013, and therefore networking and coordinating players and initiatives and facilitating good practices exchange, the Emilia-Romagna Region is specifically committed on different actions brought about by 5 working groups engaged in Actions¹⁴ (groups) A1, A2, A3, B3 and C2.

The 6 specific actions in EIP on AHA are:

- A1 Prescription and adherence to treatment
- A2 Personalised health management: Falls prevention
- A3 Prevention of functional decline and frailty
- B3 Integrated care for chronic diseases, including remote monitoring at regional level
- C2 Interoperable independent living solutions
- D4 Age friendly buildings, cities and environments

The Emilia-Romagna's specific strategy is to integrate, reinforce and coordinate existing initiatives. Networking activities are facilitated by the presence of both national and international networks such as Euregha,¹⁵ Eunetha,¹⁶ and the Mattone internazionale Project.¹⁷

Population ageing is one of the most serious challenges that all European countries will have to face in the near future. With respect to the Italian context Emilia-Romagna is among the Regions with the highest longevity. Indeed, according to recent projections, by 2030 the average life expectancy at birth in the Emilia-Romagna Region will increase of 1-4 years and 2-5 years for women and men, respectively.

Moreover, in Italy 75% of over 65 are affected by a chronic disease and 50% of those have co-morbidities, and it is expected that between 2010 and 2020 the over 80 population fraction in our country will reach a prevalence of 16-20%.

Furthermore, the presence of lonely children will lead to a decrease of informal caregivers and a possible overload of requests for healthcare and social services.

Finally, a higher increase of the young population thanks to the growing number of births and immigration is seen both in Emilia-Romagna and Italy. International immigration, starting at the beginning of 2000, changed gear to a crystallized population status, characterized by scarce renewal ability due to very low fertility and very high longevity. By 2030, Emilia-Romagna, as well as Italy, is

¹³ COM(2012) 83 final

¹⁴ The 6 action plans

http://ec.europa.eu/research/innovation-union/index_en.cfm?pg=commitment§ion=active-healthy-ageing#action_plans (last access July 2013)

¹⁵ EUREGHA - European Regional and Local Health Authorities

<http://www.euregha.net> (last access July 2013)

¹⁶ EUNETHA - European Networks for Health Technology Assessment

<http://www.eunetha.eu/> (last access July 2013)

¹⁷ Progetto Mattone Internazionale - <http://www.progettomattoneinternazionale.it> (last access July 2013)

expected to be older and multicultural, the future is therefore reserving more complexity from a social point of view and important challenges in the social and healthcare realms both at regional and national level.¹⁸

Through the EIP on AHA, the Emilia-Romagna Region embraced the cause of promoting active and healthy ageing of its population in order to increase the quality of life in the elderly and, at the same time, to improve services sustainability.

The International Workshop “Living healthy and active in an ageing Europe”

These workshop proceedings contain the presentations given by the speakers during the one-day plenary and poster sessions held in Bologna, June 3rd, 2013 “Living healthy and active in an ageing Europe”. An introduction note to the Workshop’s aim and a speaker index with the names of 20 selected speakers and authors is shown in the event program at the beginning of Chapter 3 (see also *Annex 3* for the complete program).

Paragraph 3.2 contains the slides of the speakers in their order of presentation; at the end of the same Paragraph the section “Closing round table results in a nutshell” is included. Key and critical points resulting from the round table discussion have been placed between inverted commas to underline their relevance, both in terms of challenges and opportunities - in particular for the Emilia-Romagna Region - for the achievement of the European Innovation Partnership on Active and Healthy Aging objective: a two-year increase of healthy life expectancy for European citizens by 2020.

Chapter 4 contains all the material handed out to participants at the event.

In addition, this document includes:

- some quick information about EIP on AHA, aimed at providing a background and understanding on key EIP on AHA assumptions, in particular to those who are unfamiliar with the Program and need to better contextualize EIP on AHA actions displayed both at regional and EU level (opening paragraphs of this document);
- some numbers about the EIP on AHA Program, the Emilia-Romagna Region and the Workshop achievements (*Chapter 2*);
- a chapter displaying announcements, news, articles and notes originating from a variety of stakeholders informing about the Workshop (*Chapter 5*).

These workshop proceedings are also available online

<http://assr.regione.emilia-romagna.it/it/eventi/2013/convegno-eip-aha-vivere-sani-e-attivi/intro>
(last access July 2013)

¹⁸ To learn more about demographic challenges in Emilia-Romagna, please refer to an in-depth demographic analysis providing interesting scenarios in Paragraph 3.2 (Angela Mazzocchetti’s presentation) and Paragraph 4.3 (paper on this topic).

2. A few numbers about the Workshop and the EIP on AHA Program

2.1. Workshop numbers

- Participants who signed the attendance sheet: 173 (conference room capacity: max 200 persons)
- Online registered participants: 189
- Speakers & participants to the closing round table: 20
- Filled-in and returned registration forms: 93
- Filled-in and returned satisfaction questionnaires: 83
- Remote participants to the live streaming video of the event: 39

2.2. EIP on AHA numbers¹⁹

in Europe

- 32 EIP on AHA Reference Sites for 12 Member States
- 500 commitments
- 300 leading organisations
- 1,000 Regions and Municipalities
- 30 million citizens and 2 million patients involved
- 6 Action Plans presented at Conference of Partners (Nov. 6, 2012)
- Marketplace²⁰ (EIP on AHA online platform): more than 30,000 visits, more than 650 registered users; 250 events and 300 initiatives
- 1 billion Euros mobilised
- 39 innovative good practices (reference sites)

¹⁹ Data drawn from the Workshop interventions of Petra Leroy Cadova, Unit Innovation for Health and Consumers, DG SANCO, and Pasqualino Rossi, EU and International Relations Department, Italian Ministry of Health. Both power point presentations are available in Paragraph 3.2 of the present document.

²⁰ EIP on AHA online platform - <https://webgate.ec.europa.eu/eipaha/> (last access July 2013)
What is Marketplace for? To exchange views and find partners or initiatives in order to put your innovative ideas into practice - Also see Annex 1 to the present document.

in Italy

Italy is the second EU country for number of commitments presented in the framework of the II Call for Commitments in 2013.

- 5 Reference Site²¹ (Emilia-Romagna Region; Campania Region, Friuli Venezia Giulia Region, Liguria Region, Piemonte Region)
- 88 Commitments (I Call for Commitment: 21; II Call: 67)
- 10 innovative best practices²²

in Emilia-Romagna Region

- 5 Commitments: I Call for Commitment: 4; II Call: 1 (*Paragraph 4.1* of the present document)
- 3 innovative best practices: Fascicolo Sanitario Elettronico / SOLE Project; PROFITER; ARIA Pilot Project (see Chapter 4, in particular *Paragraph 4.2*)
- 15 regional experiences relevant to the Program themes (*Paragraph 4.3* - continuously updated collection of regional experiences)

²¹ What is the Reference Site? What do the Reference Site?

<https://webgate.ec.europa.eu/eipaha/index/site> (last access July 2013)

²² European Guide in Excellent innovation for aging - <http://ec.europa.eu/digital-agenda/en/news/excellent-innovation-ageing-european-guide-reference-sites-european-innovation-partnership> (last access July 2013)

3. The Workshop

3.1. The program (see also Annex 3)

INTRODUCTION

The Workshop aims at stimulating the international debate to generate practical and innovative solutions to the ageing challenge in Europe.

The event is addressed to local and national actors involved in supporting an active and healthy ageing program: Local Health Trusts, research institutions, industrial partners, Universities, public and private foundations.

Population ageing is one of the most serious challenges that all European countries will have to face in the near future. With respect to the Italian context Emilia-Romagna is among the Regions with the highest longevity. Indeed, according to recent projections, by 2030 the average life expectancy at birth in the Emilia-Romagna Region will increase of 1-4 years and 2-5 years for women and men, respectively.

The key questions is: will these additional years of life be healthy and active?

Parallel to population ageing, European Countries will have to face an overwhelmingly increasing public expenditure related to healthcare costs, including long-term assistance, and retirement funds.

The Emilia-Romagna Region, through the European Innovation Partnership on Active and Healthy Ageing (EIP-AHA), embraced the cause of promoting active and healthy ageing of its population in order to increase the quality of life in the elderly and, at the same time, to improve services sustainability.

SPEAKERS

- ANTONIO ADDIS - Regional Agency for Health and Social Care of Emilia-Romagna Region - EIP-AHA Regional Coordination
- SILVANO BERTINI - Economic Development Policies Unit, Emilia-Romagna Region
- PAOLO BONARETTI - General Director, ASTER Consortium for Innovation and Technology Transfer, Emilia-Romagna
- PETRA LEROY CADOVA - Policy Analyst, Unit Innovation for Health and Consumers, DG SANCO, European Commission
- LAURA CALZÀ - University of Bologna
- LORENZO CHIARI - University of Bologna
- KIRSTEN CURRIE - EUREGHA Secretariat
- ANNA DARCHINI - Health and Social Policies Department, Emilia-Romagna Region
- TERESA GALLELLI - CUP 2000 SpA, Bologna
- ROBERTO GRILLI - Director, Regional Agency for Health and Social Care of Emilia-Romagna Region
- ACHILLE GRISETTI - Chief Operating Officer Noema Life SpA
- LISA LEONARDINI - Project Manager - Progetto Mattone Internazionale, Azienda ULSS 10 - Veneto Orientale
- CARLO LUSENTI - Regional Councillor for Health Policies, Emilia-Romagna Region
- FRANCESCO ANTONIO MANZOLI - Scientific Director, Research Hospital Rizzoli Orthopaedic Institute, Bologna
- REMO MARTELLI - Vice Presidente Comitato regionale per la qualità dei servizi dal letto del cittadino (CCRQ), Regione Emilia-Romagna
- ANGELINA MAZZOCCHETTI - Statistical Office, Emilia-Romagna Region
- ALBERTO PERRA - National Institute of Health, Italy
- PASQUALINO ROSSI - EU and International Relations Department, Italian Ministry of Health
- LUCA SANGIORGI - Research Hospital Rizzoli Orthopaedic Institute, Bologna
- GIORGIO VEZZANI - Hospital Trust of Reggio Emilia

PROGRAM

a.m.

- 9.30 Welcome coffee and poster viewing
- 10.00 Introduction and setting the scene
CARLO LUSENTI - FRANCESCO ANTONIO MANZOLI - SILVANO BERTINI
- 10.30 **AGEING IN EUROPE: EU, NATIONAL AND REGIONAL STRATEGIES AND SYNERGIES**
Chairman ANTONIO ADDIS
Interventions
 - The European Commission strategy for healthy ageing and instruments 2014-2020 - PETRA LEROY CADOVA
 - Bringing Regions together for a better health - KIRSTEN CURRIE
- 12.00 Demographic projections in Emilia-Romagna: possible developments - ANGELINA MAZZOCCHETTI
- 12.15 Mattone Internazionale Project
PASQUALINO ROSSI - LISA LEONARDINI
- 12.30 Break and poster viewing
- p.m.
- 1.30 PETRA LEROY CADOVA - ANTONIO ADDIS
- 1.45 **EIP-AHA IN EMILIA-ROMAGNA: REGIONAL COORDINATION**
Regional coordination of EIP-AHA - ANTONIO ADDIS

- 2.00 Regional EIP-AHA commitments
 - Novel approach for improvement adherence to medical plans and medication (Action A1) - LUCA SANGIORGI
 - Prevention of falls initiative in Emilia-Romagna (Action A2) - LORENZO CHIARI
 - Cognitive component in the frailty syndrome (Action A3) - LAURA CALZÀ
 - Collaborative models for supporting integrated care (Action B3) - GIORGIO VEZZANI
 - Working together for independent living at regional level (Action C2) - TERESA GALLELLI
- 3.30 EIP-AHA Emilia-Romagna: Transversal Good Practice. Electronic Health Record (EHR) and SOLE (Healthcare online) - ANNA DARCHINI
- 3.45 Monitoring health and quality of life in over 64 people (PASSI d'Argento) - ALBERTO PERRA
- 4.00 **CLOSING ROUND TABLE**
NEXT STEPS: STRATEGIES, TOOLS AND OPPORTUNITIES
Chairman PASQUALINO ROSSI
Interventions
 - PAOLO BONARETTI
 - ROBERTO GRILLI
 - ACHILLE GRISETTI
 - REMO MARTELLI
- 5.00 Closing remarks
ROBERTO GRILLI - PAOLO BONARETTI

3.2. The interventions

Session 1.



Ageing in Europe: EU, national and regional strategies and synergies

Introduction

Antonio Addis

**Living healthy and active
in an ageing Europe**

Ageing in Europe
National, and Regional strategy and Synergy
Antonio Addis
Bologna – June 3, 2013

 Agenzia sanitaria e sociale regionale 

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

WHY

Proportion: Elderly (Age 60+)



Year	1950	2010
Proportion	12.1%	17.2%

Proportion: Working-age Population (Age 20-59)

Year	1950	2010
Proportion	52.4%	42.1%

Proportion: Children (Age 0-19)

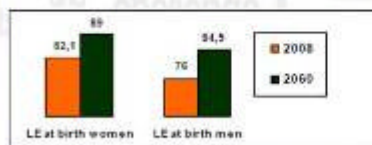
Year	1950	2010
Proportion	17.1%	11.1%

European Innovation Partnership on Active & Healthy Ageing

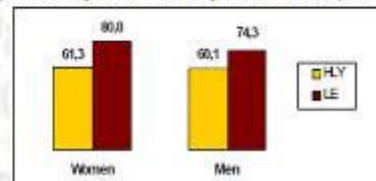
WHY

By 2050 the number of Europeans over 65 will double
the number of over 80's will almost triple



Life expectancy 2008-2060

Life expectancy vs. Healthy LifeYears (2010)



Regione Emilia Romagna



European Innovation Partnership on Active & Healthy Ageing

OBJECTIVE

increase the healthy lifespan
of EU citizens by 2 years by 2020

WHAT

Improving

health and quality of life of European citizens, and particularly of older people

Supporting

long-term sustainability and efficiency of Europe's health and social systems

Fostering

growth and expansion of EU industry

Regione Emilia Romagna



The International Workshop

1st SESSION

Ageing in Europe: EU, national and regional strategies and synergies

- The European Commission strategy for healthy ageing and instruments 2014-2020 - *Petra Leroy Cadova*
- Bringing Regions together for a better health - *Kirsten Currie*
- Demographic projections in Emilia-Romagna: possible developments - *Angelina Mazzocchetti*
- Mattone Internazionale Project - *Pasqualino Rossi & Lisa Leonardini*



The International Workshop

2nd SESSION

EIP-AHA in Emilia-Romagna: regional coordination

- **Regional EIP-AHA commitments**
 - ➔ Novel approach for improvement adherence to medical plans and medication (*Action A1*) - *Luca Sangiorgi*
 - ➔ Prevention of falls initiative in Emilia-Romagna (*Action A2*) - *Lorenzo Chiari*
 - ➔ Cognitive component in the frailty syndrome (*Action A3*) - *Laura Calzà*
 - ➔ Collaborative models for supporting integrated care (*Action B3*) - *Giorgio Vezzani*
 - ➔ Working together for independent living at regional level (*Action C2*) - *Teresa Gallelli*
- **EIP-AHA Emilia-Romagna: Transversal Good Practice Electronic Health Record (EHR) and SOLE (Healthcare online)** - *Anna Darchini*
- **Monitoring health and quality of life in over 64 people (PASSI d'Argento)** - *Alberto Perra*



The International Workshop

3rd SESSION

Closing round table Next steps: strategies, tools and opportunities

Chairman **Pasqualino Rossi** - *Italian Ministry of Health Representative*

- **Paolo Bonaretti** - *Sector of Innovation and Technology Transfer Representative*
- **Roberto Grilli** - *Emilia-Romagna Region Representative*
- **Achille Grisetti** - *Industrial sector Representative*
- **Remo Martelli** - *Third sector Representative*

Closing remarks *Roberto Grilli - Paolo Bonaretti*



Regione Emilia Romagna

The road map to become Reference Site...



The European Commission strategy for healthy ageing and instruments 2014-2020

Petra Leroy Cadova



EUROPEAN INNOVATION PARTNERSHIP on Active and Healthy Ageing

Petra Leroy Čadová
Senior Policy Officer
European Commission, DG SANCO
EIP-AHA Workshop, 3 June 2013, Bologna

From challenge to opportunity

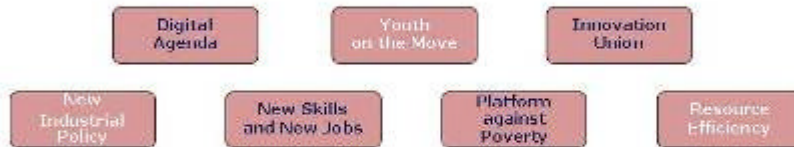


<i>Social Necessity</i>	<i>Major Opportunity</i>
 <p>Dependency Ratio • From 1:4 to 1:2 • 80+ doubles by 2025</p>	 <p>Empowerment • Active Ageing</p>
 <p>Cost of Care • Up by 4-8 % of GDP by 2025</p>	 <p>New Care Models • Integrated care • Large Efficiency gains</p>
 <p>Human Resources • Shrinking work force • Lacking 20 million carers by 2020</p>	 <p>Growth and Markets • 3000 B€ Wealth • 85 Million Consumers and growing</p>



Health in Europe 2020

Europe 2020 flagships for smart, sustainable and inclusive growth



Innovation Union

- innovation for tackling societal challenges, e.g. ageing and health
- innovation for addressing the weaknesses & removing obstacles in the European innovation system

European Innovation Partnership on Active and Healthy Ageing



Active & Healthy Ageing: A European Innovation Partnership






+2 Healthy Life Years by 2020 *Triple win for Europe*



Action Groups




Improving prescriptions and adherence to treatment (A1)



Integrated care for chronic conditions, inc. telecare (B3)



Better management of health: preventing falls (A2)



ICT solutions for independent living & active ageing (C2)



Preventing functional decline and frailty (A3)



Age-friendly cities and environments (D4)

Reference Sites



Ways of involvement

Action Groups

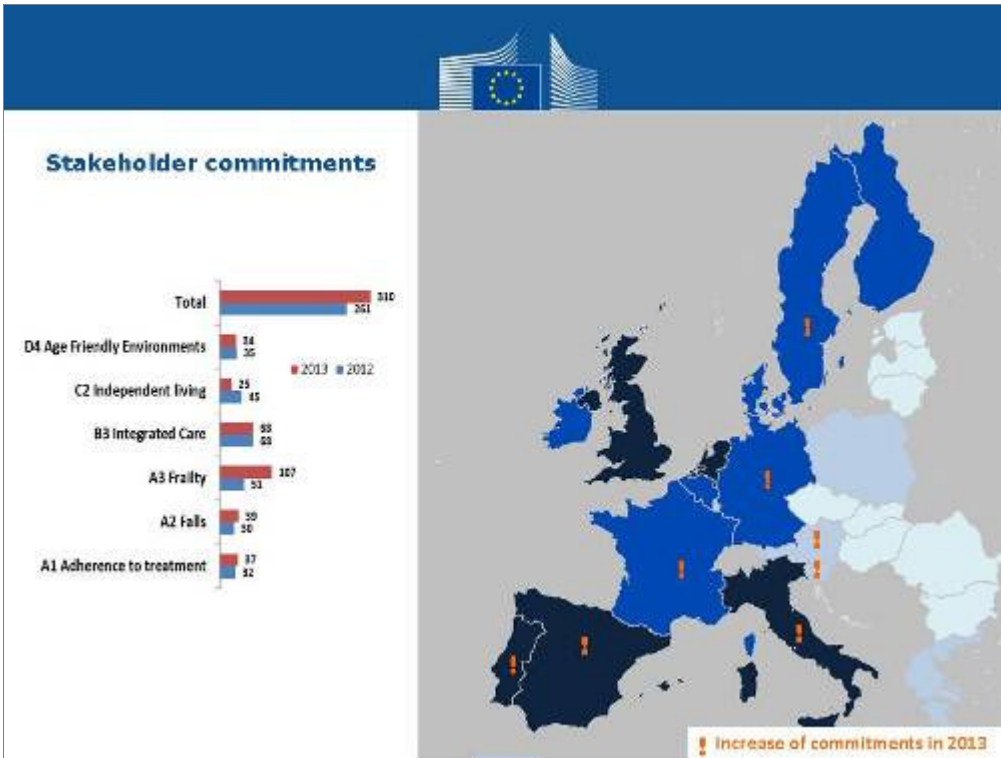
Active partners submitted a commitment to work together towards one of the Specific Actions of the Partnership

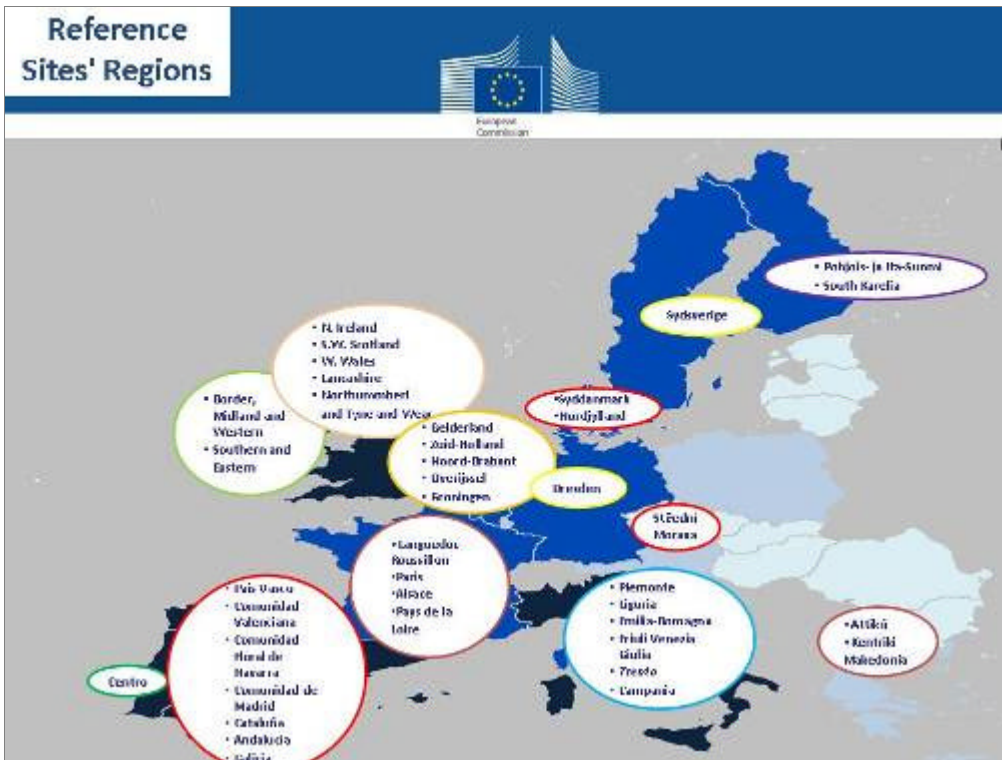
Reference Sites

Regions, health providers working across priorities – repository of good practices

Marketplace for Innovative Ideas

Online collaboration – open for everybody







Marketplace – Your Online Platform

- > 30,000 Visits
 - > 650 Registered Users
 - > 250 Events
 - > 300 Initiatives
- Daily News & Research Publications**
- Monthly information sheet on relevant open calls**



Potential funding opportunities for Active & Healthy Ageing

TODAY



7th Framework Programme (FP7): More than 0.4 billion available in the last calls (July 2012) potentially relevant for societal challenges such as ageing and/or EIP priorities.



Competitiveness and Innovation Framework Programme (CIP): ICT part of CIP allocated €24 Million in the Work Programme 2012 for sectors directly relevant for the EIP. €39 Million in 2013.



Second Health Programme: In 2012 call, € 4 million for the EIP on AHA. In 2013 €6 Million and a Joint Action on Chronic Diseases and promoting Healthy Ageing (€5 Million).



Structural Funds (2007-2013)

e.g. PROGRESS (DC EMPL) € 740 million



€ 700 million (2008-2013)



Risk-sharing Finance-Facility (RSFF) € 2 billion (2007-2013)



FUTURE



(2014-2020)



Health Programme (2014-2020) € 446 million



€ 9 billion (original proposal) for Health, Demographic Change and Well-being



European Union Cohesion Policy (2014-2020)

e.g. European Programme for Social Innovation €98 Million



HORIZON 2020

Commission proposal for a 80 billion euro research and innovation funding programme (2014-2020)

A core part of Europe 2020, Innovation Union & European Research Area:

Responding to the economic crisis to invest in future jobs and growth

Addressing people's concerns about their livelihoods, safety and environment

Strengthening the EU's global position in research, innovation and technology



HORIZON 2020

Three Priorities:

Excellent science

Industrial leadership

Societal challenges

Societal Challenges (proposed budget distribution in Million Euro)

<i>Health, demographic change and wellbeing</i>	<i>8 033</i>
<i>Food security, sustainable agriculture, marine and maritime research & the bioeconomy</i>	<i>4 152</i>
<i>Secure, clean and efficient energy*</i>	<i>5 782</i>
<i>Smart, green and integrated transport</i>	<i>6 802</i>
<i>Climate action, resource efficiency and raw materials</i>	<i>3 160</i>
<i>Inclusive, innovative and secure societies</i>	<i>3 819</i>



HEALTH PROGRAMME 2014-2020

A **new health programme** to help EU countries respond effectively to economic and demographic challenges facing their health systems and enable their citizens to stay healthy for longer. The programme would help fund:

the uptake of innovative solutions to improve healthcare provision

pooling of resources and know-how between EU countries to address common problems, while enabling national governments to retain control over their own healthcare systems.

€ 446 million (Proposed budget) for a 7-year period.

The Programme would fund grants and public procurement contracts for public or private bodies, national authorities, European NGOs and international organisations. It would help EU countries:

find **cost-effective solutions** to the challenges they face

make their health systems more **responsive and sustainable**.



Today's EIP scale and critical mass





Added Value of the EIP on AHA

Networking	<i>(% of all 107 respondents)</i>
- To form partnerships	85%
- To align processes with others	58%
- Other	28%
Visibility	70%
Exchange of good practice	75%
Creating awareness for healthy ageing	53%
Influence local/regional/national policies	63%
Growth and employment	21%
Overcoming barriers	47%
None	1%



Thank you for your attention!

petra.cadova@ec.europa.eu

EIP on AHA Website – the MARKETPLACE

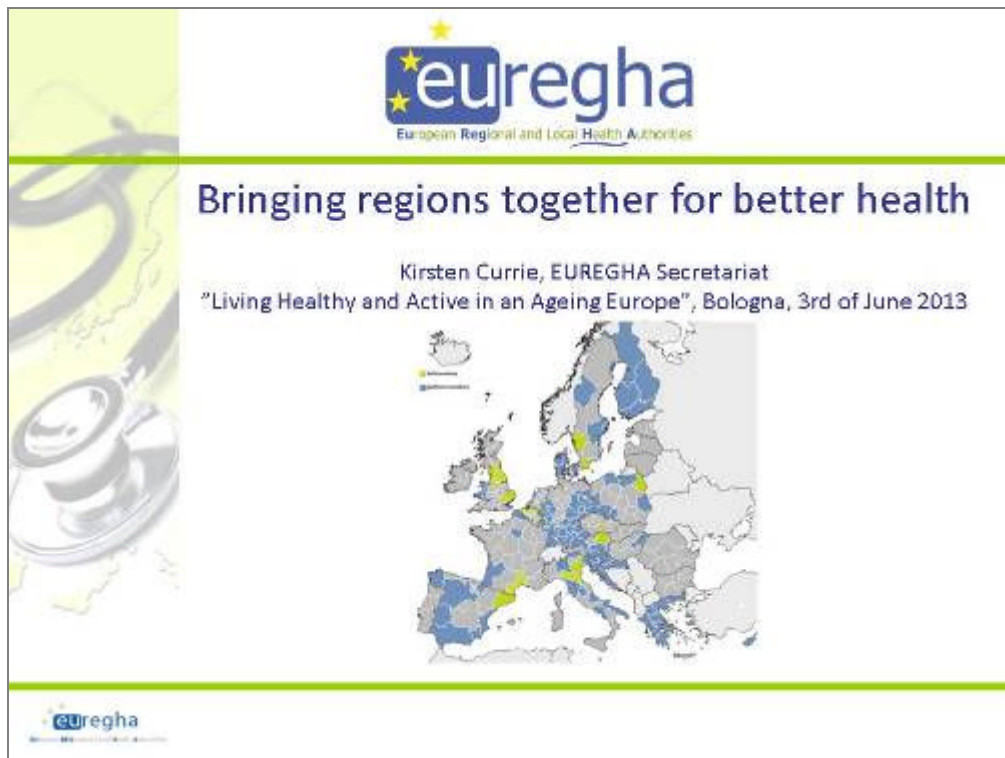
<http://ec.europa.eu/active-healthy-ageing>

DG SANCO Website

<http://ec.europa.eu/health>

Bringing Regions together for a better health

Kirsten Currie

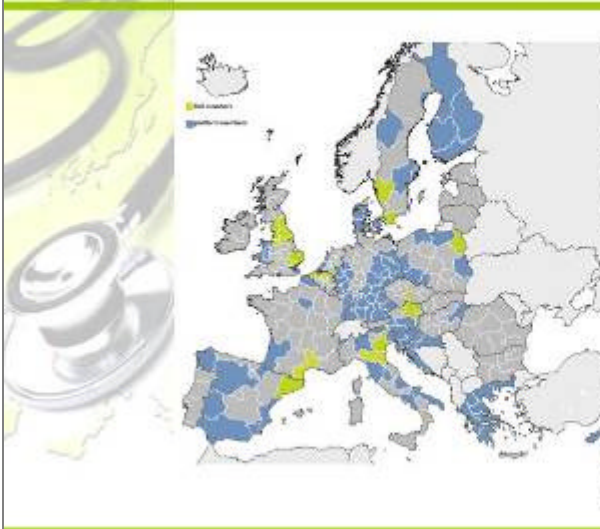


Regional and local authorities represent the natural interface between citizens, National- and European institutions and exert a pivotal role in improving the efficiency and quality of policy development in health

Why work together on health?

- Regional and local authorities are the natural interface between citizens, national- and EU institutions
- Regional and local authorities important role to play in order to improve efficiency and quality of policy development in health
- With approximately 300 regions in the EU it is important for regions to work together to achieve improved efficiency and improved healthcare quality
- On top of this, a network like EUREGHA has an important role to provide the EU-institutions with a gateway to so many regions

EUREGHA today: high level experts within an efficient and collaborative structure



Founding members

- Catalonia (ES)
- East of England (UK)
- Flanders (BE)
- North West of England (UK)
- Podlaskie (PL)
- Skåne (SE)
- Västra Götaland (SE)
- Veneto (IT)
- Lower Austria (AT)

Joined in 2012

- Emilia Romagna (IT)
- Vysočina (CZ)
- German Speaking Belgium (BE)
- Languedoc-Roussillon (FR)

euregha

Aim

To promote collaboration amongst regions and local health authorities and EU stakeholders in the field of health

History

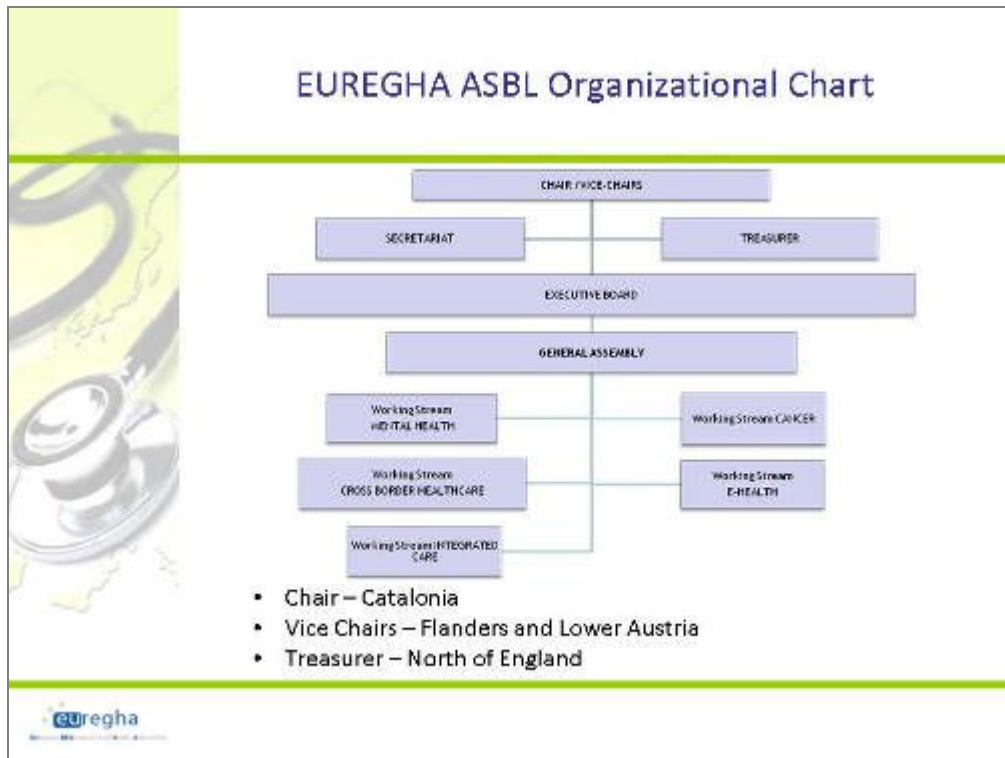
Created on January 30th 2006

2006-2011: free and informal platform

January 2012: EUREGHA ASBL (non-for profit organization according to the Belgian Law)

EUREGHA today

- 13 full/paying members - green regions on the map
- 80 platform members - blue regions on the map - remaining from when EUREGHA was a platform. Limited rights, get information on event etc.



Organisation

- Secretariat in Brussels - one employee and one trainee
- One Chair, two Vice Chairs and one Treasurer
- General Assembly - as the management organ
- Executive Board - as the implementing organ, meets at least 3 times/year, currently 9 members
- Five "Working Streams" that are EUREGHA's main focus - mental health, cancer screening, cross border health care, ehealth, integrated care
- Brussels based members



EUREGHA in Brussels

Liaising with EU institutions

- European Commission – Directorate General for Health and Consumers (DG SANCO)
- EU Presidencies
- Committee of the Regions' (CoR) Interregional Group on Health

Liaising with other EU stakeholders

- Health related networks – AER, CORAL, EuroHealthNet and ERRIN
- EU Platforms – European Health Policy Forum and eHealth Stakeholder Group
- Regional Offices



How does the EUREGHA network work in Brussels and with which European institutions and stakeholders do we mostly interact with? And why is it important to collaborate on the European level?

Liaising with EU Institutions

European Commission

- Structured dialogue with DG Sanco, for example Investing in Health and Experts' Conference on the Cross Border Patients' Directive

EU Presidencies of the Council of the European Union

- Presentations by the health attachés from each EU Presidency about their upcoming health priorities

CoR

- Secretariat of the Health Intergroup. Aim: to raise the profile of health questions in the CoR

Liaising with other EU stakeholders

Health related networks

- Benchmarking and collaboration with other Brussels based health networks - for example collaboration with AER and CORAL in a current application to the Ambient Assisted Living (AAL) Program.
- Seek to exchange experiences and complement each other, several member regions are members of other networks, in order to avoid duplicities and competition.

EU Platforms

- Active participants in eHealth Stakeholder Group and European Health Policy Forum. Increases dialogue and possibilities to influence EU policy and a very important gateway for the member regions to contribute to EU decision making process.

Regional Offices

- The presence of European regions in Brussels is important in order to ensure their influence on the EU decision making process

- Close dialogue with the member regions' Brussels offices and we meet on a regular basis.
- EUREGHA is a gateway to the policy process for its member regions and we are the only European network that really represents regional and local authorities and understand their priorities and specific needs.
- Regarding health, local and regional health authorities across Europe are becoming increasingly engaged in EU health policy, legislation and funding activities. EUREGHA facilitates this by communicating important health related information, and mapping changes in the health legislation processes.
- The voice of a network which represents so many regions will be stronger than if all regions would only work individually. Together we can achieve more than what we can alone.



EUREGHA and the European Innovation Partnership on Active and Healthy Ageing

Participation of EUREGHA in the EIP – AHA

- B3 Action Group on Integrated Care
 - Action Area 1: Organisational Models
 - Task co-ordinator
 - Commitment: workshop and data collection
 - Action Area 5: Care Pathways
 - Collaborator
 - Commitment: workshop
 - Action Area 8: Finance/Funding
 - Collaborators
 - Commitment: elaborating questionnaires and data collection



How does EUREGHA fulfil its aim and what are the main activities of the network?

EUREGHA is actively involved in the EIP-AHA and this participation is currently developing into one of our main activities.



Our other activities include:

Working Streams

The five core working groups

- Mental health:
 - Focused on the EUREGENAS project: 3 years, funding from the EU Public Health Program, aim - contribute to the prevention of suicide prevention in Europe through the development and implementation of strategies for suicide prevention at regional level
- Cancer Screening:
 - Focused on the EPAAC Joint Action (European Partnership for Action Against Cancer)
 - Through a consortium of 3 member regions we participate in the Steering Committee meeting
 - Workshop on Breast Cancer Screening in Brussels 3-4th of June
- Cross border health care:
 - Focused on the implementation of the Cross Border Patient's Directive.
 - Experts' meeting with regional experts on the 17th of September, where the regions will sit down with the Commission and discuss the implementation of the directive and how it will affect the regions
- eHealth:
 - Liaise with other networks on eHealth
 - Participation in the EC's eHealth Stakeholder Group
 - Map the eHealth strategies of the member regions
- Integrated Care:
 - Focused on the commitments of EUREGHA in the European Innovation's Partnership (already mentioned)

Joint Actions

Policy driven activities carried out by the EU and one or more Member States or by the EU and authorities of the countries participating in the Health Program.

- Mental Health -EUREGHA is collaborating partner
- EPAAC - Flandern, North England, Veneto - EUREGHA participates via the consortia
- Chronic diseases - associated partner which means that EUREGHA will be more active. Secretariat, North West England, Skåne, Languedoc-Roussillon and Catalonia. Working with the dissemination work package where we will organize a workshop to disseminate the results of the JA to EU regions.

Lunch Briefings

- Regular Lunch briefings
- Aim: information sharing, discuss subjects of importance to members
- For example: Before every presidency - lunch briefing on the health priorities of the coming presidency and "Introducing Euregha"

Policy briefings

- Once per month
- Discuss policy areas (legislative or non-legislative) that are of importance to the member regions
 - February- The Tobacco Directive
 - March - The Social Investment Package and Investing in Health, with Wolfgang Buecherl from DG Sanco
 - April - eHealth Action Plans



EUREGHA Activities and Communication Tools

- Input opinions to EUREGHA joint positions to EP and EC
- High Level Conference

Communication Tools

- Newsletter
- Members Section of EUREGHA website
 - Mapping documents
 - Full Members contact information
 - Documents/Presentations from EUREGHA activities
- Social media



Input opinions to EUREGHA joint positions to EP and EC

For instance: consultation on the public health program

High level Conference

- Aim is to organize one HLC per year
- Early December “Governance of research for regional health strategies”
- Influenced by a presentation by Mr. Addis, held at our General Assembly in March which interested evoked an interest in many of our members. The HLC will explore this topic of connecting health research and policy further.

In order to communicate with our members and to maintain transparency EUREGHA has various communication tools that we utilize:

Communication Tools

Newsletter

- Once a month for members, quarterly for the public
- EUREGHA news and the most relevant EU Public Health news
- Conferences and events
- Call for proposals

Members’ section

- Each member has its own account where they can access important documents and information that is not published on the official website

Social media

- Twitter

Thank you for your attention



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Demographic projections in Emilia-Romagna: possible developments

Angelina Mazzocchetti

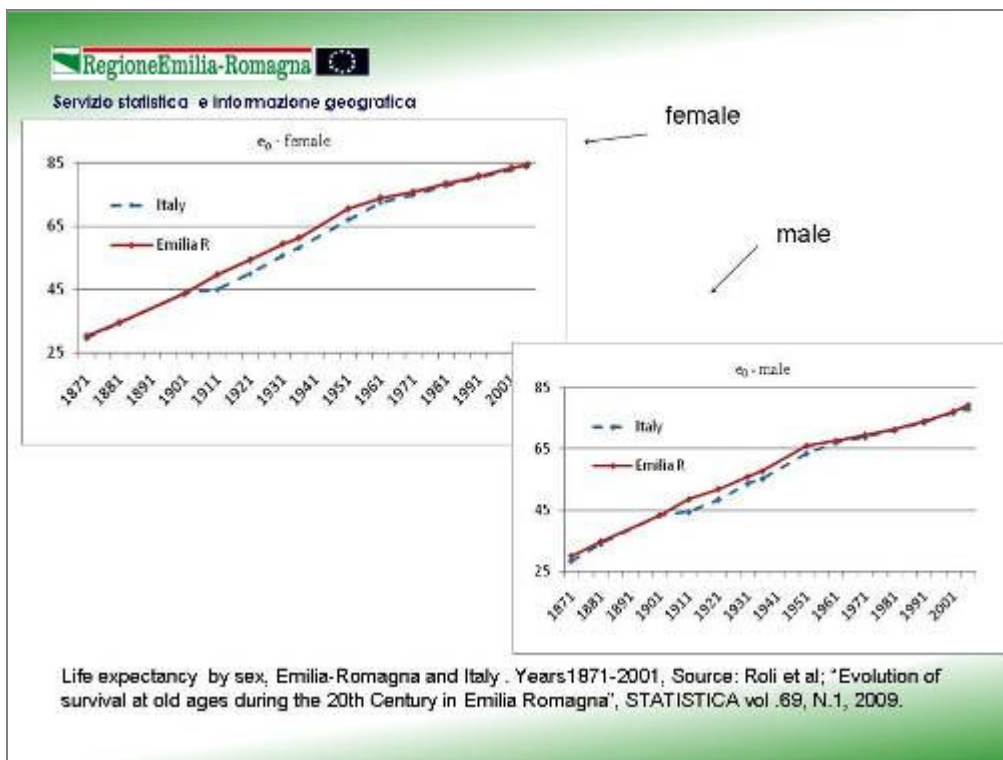
Regione Emilia-Romagna 

Servizio statistica e informazione geografica

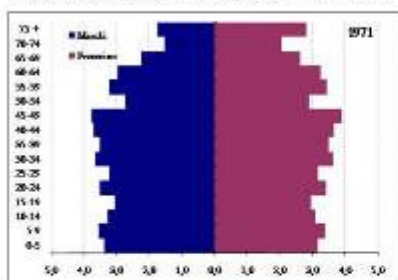
Demographic projections in Emilia-Romagna: possible population developments

Angelina Mazzocchetti

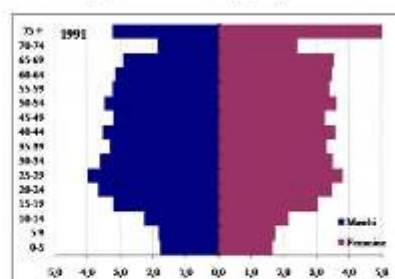
Servizio statistica e informazione geografica



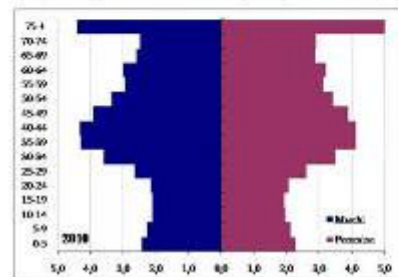
Population pyramid of Emilia-Romagna region, 1971 census



Population pyramid of Emilia-Romagna region, 1991 census



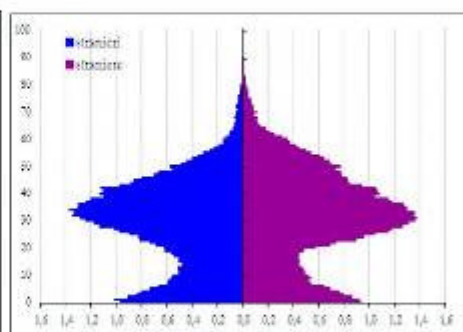
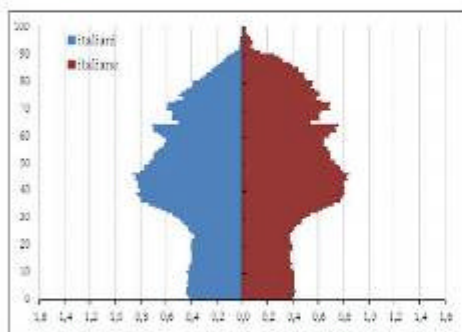
Population pyramid of Emilia-Romagna region, 1st January 2012



Emilia-Romagna population by age. Absolute figures and percent change (1971-1991 population census on 1st January 2010)

	1971	1991	2012	71-91	91-2012
0-14	783,630	447,887	698,060	-41.2	35.5
15-39	1,293,485	1,367,930	1,220,841	5.8	-3.4
40-64	1,289,437	1,329,180	1,552,742	3.0	16.9
65+	500,202	765,515	888,016	53.0	16.0
total	3,846,755	5,909,512	4,359,649	1.8	11.5

Population pyramid of Emilia-Romagna by citizenship (native / non-native). Percent distribution, 1st January 2012. Source SSIG - Rer



Emilia-Romagna population projection

- ✓ 3 scenarios (low, medium, and high variant) combining different evolutionary hypothesis for mortality rate, fertility rate, emigration rate and different level of immigration flows.
- ✓ multistate multiarea cohort-component model
 - ✓ multiarea → flexible sub-regional areas definition
 - ✓ multistate → two sub-populations are considered : Italian and foreign (identified as a whole by non- Italian citizenship)
- ✓ results depend on hypothesis but some evolutionary path are still designed by the recent demographic history
- ✓ 20 years time range → last update 2010-2030 - *under revision*

two observed tendencies for life expectancy:

- ✓ reduced speed of growth rate
- ✓ gender gap decrease

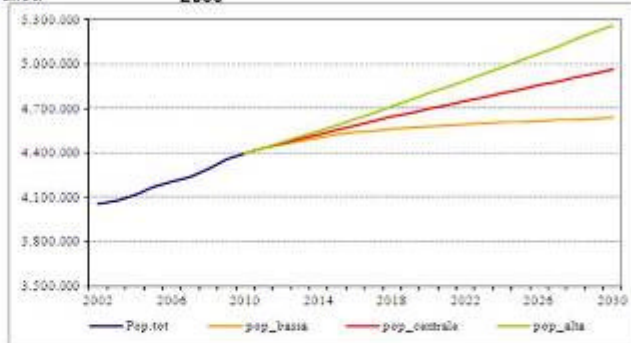
	difference with the previous period		difference male - female		
	e0M	e0F	e0M	e0F	
1981	71.74	78.98			-7.25
1991	74.26	80.91	2.53	1.93	-6.65
2001	77.43	83.29	3.17	2.37	-5.86
2010	80.02	84.91	2.59	1.63	-4.89

	2010	2029 projected value		
		Low variant	Medium variant	High variant
e0M	80.02	81.8	83.3	84.8
e0F	84.91	85.3	86.4	87.9

Low variant → stability, 5% growth expected in 20 years

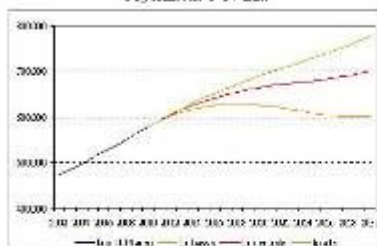
Medium v. → growth in the next 20 years will reproduce growth of the last 20 years

High v. → growth at a sustained pace; total growth will be 1.5 times the last 20 years observed growth

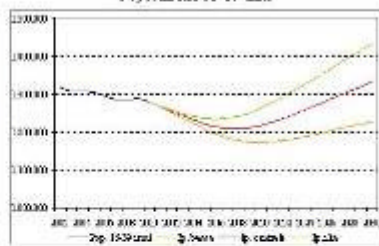


	2010	Low v.	Medium v.	High v.
	4,395,606	4,637,948	4,966,475	5,264,182
v.a. su 2010		242,342	570,869	868,576
v. % su 2010		5.23	11.49	16.50

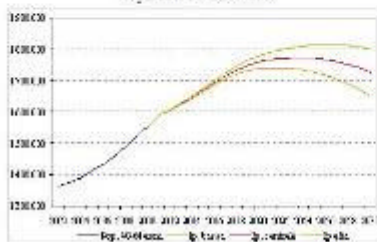
Popolazione 0-14 anni



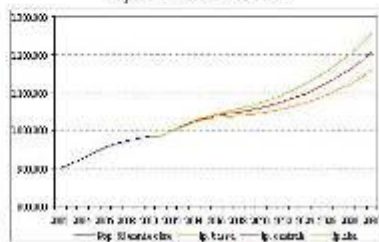
Popolazione 15-39 anni



Popolazione 40-64 anni



Popolazione 65 anni e oltre



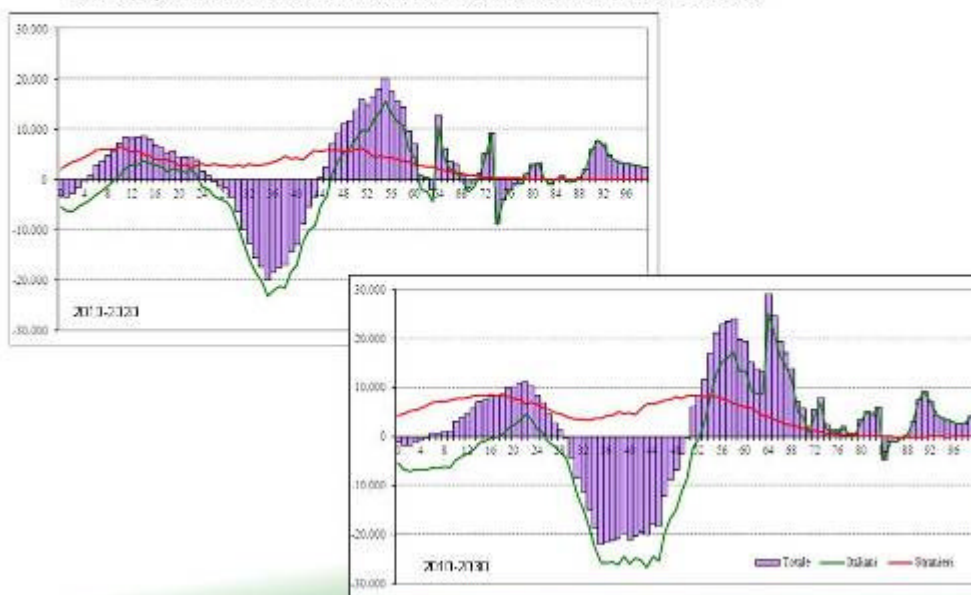
Population in Emilia-Romagna aged 65 years or more. 1st January 2010 and estimation 1st January 2020 , 1st January 2030. Absolute figures and percent change. Source : SSIG - RER

	2010	2020			2030				
		Low variant	Medium variant	High variant	Low variant	Medium variant	High variant		
65-79	679.569	690.508	697.261	703.826	791.921	814.955	836.568		
80+	306.123	356.208	362.848	369.725	369.760	394.417	421.039		
65 years or more	985.692	1.046.716	1.060.109	1.073.551	1.161.681	1.209.272	1.257.607		
	Percent change 2020-2010			Percent change 2030-2020					
	Low variant	Medium variant	High variant	Low variant	Medium variant	High variant			
65-79	1,6	2,6	3,6	14,7	16,9	18,9	16,5	19,9	23,1
80+	16,4	18,5	20,8	3,8	8,7	13,9	20,8	28,8	37,5
65 years or more	6,2	7,5	8,9	11,0	14,1	17,1	17,9	22,7	27,6

Demographic indices, Emilia-Romagna population. 1st January 2010 and estimation 1st January 2020 , 1st January 2030. Source : SSIG - RER

	2010	2020			2030		
		Low variant	Medium variant	High variant	Low variant	Medium variant	High variant
Ageing index	170,2	167,1	159,6	155,6	193,2	172,7	161,9
Young dependency	20,5	21,5	22,3	22,7	20,9	22,9	24,1
Old dependency	34,8	36,0	35,6	35,3	40,4	39,6	38,9
Total dependency	55,3	57,5	57,9	58,0	61,3	62,5	63,0
Active population structure	121,5	148,3	144,4	140,9	134,7	129,6	125,7
Potential Replacement	154,1	139,3	137,8	136,4	165,5	156,5	151,4
parent support ratio	17,6	19,0	19,2	19,5	18,2	19,0	20,0

Absolute change of population in Emilia-Romagna region by age and citizenships (native non-native). 2010-2020 and 2010-2030 estimation low variant Source: SSIG-Rer



CONCLUSIONS:

- ✓ ageing process is estimated to persist
- ✓ migration flows can alleviate this process but certainly cannot remove some already wrote pattern
- ✓ change in the consistency and some age groups will mainly due to migrant population
- ✓ the growing complexity of the demographic components represent a recognized future challenge

fewer ? → maybe

older and multicultural? More certainly two future faces of European Countries

Fewer, older and multicultural? Eu populations projections by foreign/national background. G. Lanziani, Eurostat WP, 2011

Thanks for your attention!

amazocchetti@regione.emilia-romagna.it

Mattoni internazionale Project

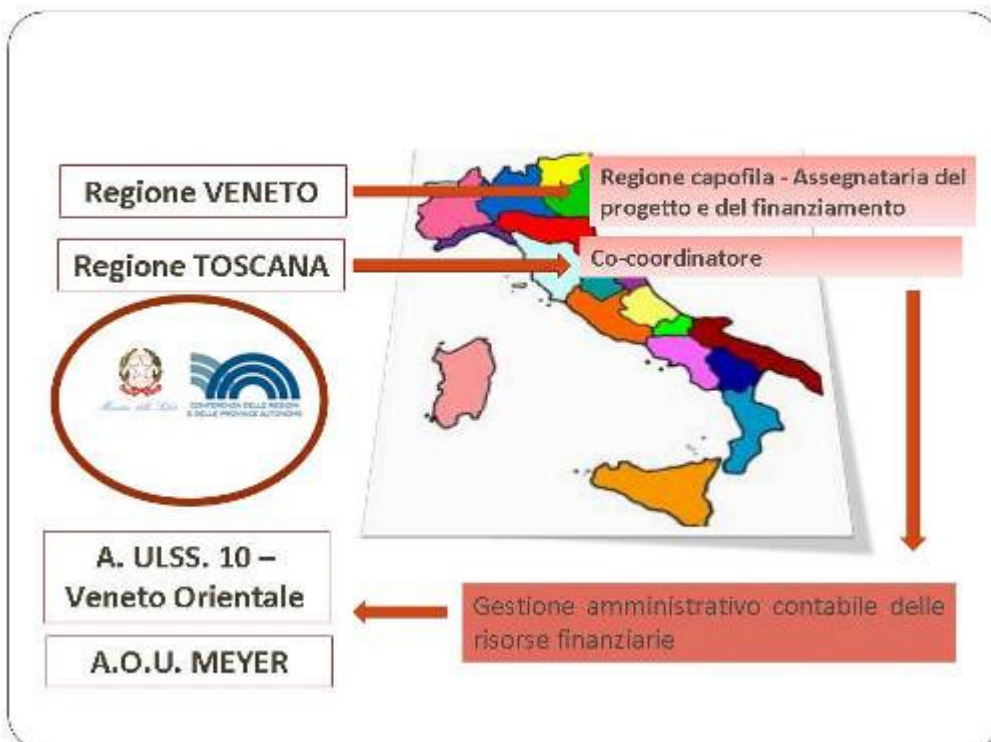
Lisa Leonardini



Mattoni SSN
Progetto Mattoni Internazionale

2010 – 2015
Portare la sanità delle Regioni in Europa e nel Mondo, altresì l'Europa e il Mondo nei Sistemi Sanitari delle Regioni italiane, nel quadro di una collaborazione sinergica con il Sistema Paese

Logos: Regione Toscana, ULSS10, MEYER, Ministero della Sanità, Consiglio delle Regioni e delle Province Autonome





Pilastro 1.
Piano di Formazione Nazionale

Attivazione e realizzazione di Corsi Formativi dedicati a target differenti, come risposta efficace alla necessità di costruire una presenza costante e qualificata dell'Italia nelle sedi Europee ed Internazionali.



Pilastro 2.
Creazione di un database

Realizzazione di un database aggiornabile che raccoglie i progetti europei e internazionali nell'ambito sanitario.



Pilastro 3.
Comunicazione e informazione

Sito web di progetto come strumento principale di comunicazione.

Info day nazionali.

Workshop tematici di approfondimento.

Newsletter mensile contenente informazioni dall'Europa per le Regioni italiane.



Pilastro 4.
Piani di formazione locale

Moltiplicare saperi e nozioni nei livelli locali dove opera quotidianamente il personale sanitario.

I Piani di Formazione Locale sono finanziati alle Regioni italiane attraverso Avviso pubblico.

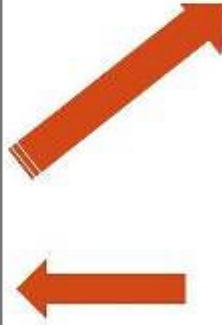


**Pilastro 5.
Internazionalizzazione
dei Sistemi Sanitari**

Attivazione di due azioni specifiche atte a supportare le Regioni e le Aziende Sanitarie nel processo di internazionalizzazione dei Sistemi Sanitari:

Azione 1:
Aziende Sanitarie e Ospedaliere
selezione di Esperti Nazionali
Distaccati (END)

Azione 2: Avviso n. 2
"Cantieri aperti per la sanità del futuro" finanziamento di attività di progettazione qualificata.



Visualizza: Scegli la lingua:

Progetto Mattoni Internazionale

Portare la Sanità delle Regioni in Europa e nel Mondo, altresì l'Europa e il Mondo nei Sistemi Sanitari delle Regioni Italiane nel quadro di una collaborazione sinergica con il Sistema Paese.

- Home
- Il progetto
- Chi siamo
- Attività
- Tematiche del PMI
- Eventi
- Finanziamenti: Avvisi n.1 e n.2
- Newsletter
- Documenti utili
- Banca Dati Esperti del PMI
- Database
- I video del PMI

Cerca nel sito

Notizie in evidenza



notizia pubblicata in data: 05/04/2013
E' on-line la Manifestazione di Interesse per la selezione di esperti da inserire nella Banca Dati del Progetto Mattoni Internazionale
 E' aperta la Manifestazione di interesse per la selezione di esperti da inserire nella Banca Dati del Progetto Mattoni Internazionale finalizzata ad individuare degli esperti che



www.progettomattoneinternazionale.it

Numero 24 - Marzo 2013

MATSTONE NEWS

Numero n. 24 di MATSTONE NEWS, la newsletter del Progetto Mattone Internazionale, un servizio di informazione all'impresa.

PROGRAMMI E SERVIZI DEL PROGETTO MATTONE INTERNAZIONALE

In primo piano
 NUOVI COOP. COOPERAZIONI TRA STATI MEMBRI DELLA DIRETTIVA EUROPEA SULL'ASSISTENZA SA

Newsletter
 Dov'è ricercare le news del Progetto Mattone Internazionale?
 Clicca qui per ricevere la Newsletter.
 Consulta l'archivio delle Newsletter.

Benvenuto nel portale dedicato al database del Progetto Mattone Internazionale!

Il database raccoglie progetti europei ed internazionali delle diverse Regioni Italiane e delle Aziende Sanit. Ospedaliere nonché IRCCS finanziati nella Programmazione 2007-2013. Oltre a permettere una ricognizione progetti europei ed internazionali in ambito sanitario e lo sviluppo di studi statistici mirati (sulle economie, risorse, ecc.), potrà supportare il processo di individuazione delle eccellenze relative ad ambiti specifici in campo sanitario, della ricerca, della cooperazione, ecc., delle sinergie attivate nei diversi settori nonché delle reti europee a cui l'Italia, attraverso le Regioni, le Aziende Sanitarie e Ospedaliere, aderisce. Il database "neonato" è in fase di perfezionamento.

Ricerca progetti

- Home
- Il progetto
- Chi siamo
- Attività
- Tematiche del PMI
- Eventi
- Finanziamenti: Avvisi n.1 e n.2
- Newsletter
- Documenti utili
- Banca Dati Esperti del PMI
- Database
- I video del PMI
- Contatti
- Link

HOME e Glossario

Glossario

Il glossario è una raccolta in ordine alfabetico di termini, utilizzati abitualmente dalle pubbliche amministrazioni. Il glossario può essere di aiuto al cittadino per comprendere meglio la terminologia che viene utilizzata in questo sito. Per agevolare la navigazione il glossario è accessibile due volte sulla parola desiderata, in questo modo verrà presentato un link alla definizione nel glossario, se presente, e su Wikipedia.

BANDI EUROPEI

La banca dati raccoglie i 100 maggiori bandi di gara europei relativi ai temi della sanità, della ricerca, della cooperazione e dell'assistenza. Per ogni bando è disponibile un breve sommario e un link per il testo in caratteristiche principali.

SANITÀ **RICERCA** **COOPERAZIONE** **SISTEMI**

HOME x E-Manual

E-MANUAL

L'E-Manual è un manuale on line che ha l'obiettivo di fornire strumenti di consultazione per la formazione e l'approfondimento di coloro che intraprendono, o intendano intraprendere, attività progettuali di finanziamento con Fondi Europei e Internazionali.

HOME e Banca delle Regioni

BACHECA DELLE REGIONI ITALIANE

Servizi Online

- Contatti on line
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- Bandi Europei
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- Formazione a Distanza - FAD



QUALI I PUNTI DI FORZA?

... aver proposto ai governi regionali processi di internazionalizzazione in sanità finalizzati a promuovere l'immagine dei SSR in Europa e nel mondo e a supportarne l'incremento di competitività e attrattività, SSR intesi non solo come sistemi di erogazione di prestazioni sanitarie, ma anche come sistemi capaci di introdurre innovazione e contribuire alla crescita del sistema paese nel suo complesso.

QUALI GLI STRUMENTI?

Area del network, con la definizione di una rete interregionale di "addetti ai lavori" tesa a facilitare l'attività di supporto e il collegamento interistituzionale, capace di assicurare una partecipazione italiana costante e pro-attiva presso le Commissioni e Gruppi di lavoro Europei ed internazionali su tematiche sanitarie di rilievo (Active Ageing, Direttiva 2011-24-EU, ecc.), con il contributo attivo di esperti regionali.

Area dell'informazione e della formazione, con la creazione di reali occasioni per la massima utilizzazione delle opportunità offerte dall'attuale Agenda Europea (2007-2013), e dalla futura (2014-2020), in tema di Programmi e Risorse Comunitarie.

Area del capitale umano, con l'attenzione alla promozione dello sviluppo delle risorse umane impiegate nelle strutture dei Servizi Sanitari Regionali, poiché la capacità di agire in Europa e a livello internazionale è determinata e definita dalla capacità di garantire una presenza continuativa, strutturata, ma soprattutto competente, ai tavoli operativi e decisionali.

IL FUTURO?

Rafforzare l'empowerment del gruppo di esperti delle Regioni e delle ASL coinvolti in questi anni di attività.

Consolidare il coordinamento attivato tra le Regioni italiane.

Supportare il recepimento e l'applicazione della Direttiva 2011-24-EU.

Supportare la partecipazione delle Regioni alle iniziative della Commissione Europea (PPP).

Accompagnare la Presidenza italiana in Unione Europea (nell'ambito della salute), prevista per il II semestre 2014.

Rafforzare le Regioni sull'accesso ai fondi comunitari, compresi i fondi strutturali e il loro utilizzo (attualmente sottovalutato) in sanità.

Grazie per l'attenzione

progettomattoneinternazionale@ulss10.veneto.it

Session 2.

EIP on AHA in Emilia-Romagna: regional coordination

Regional coordination of EIP on AHA and the commitments of Emilia-Romagna

Antonio Addis

*Living healthy and active
in an ageing Europe*



EIP-AHA in Emilia-Romagna
Regional Coordination
Antonio Addis
Bologna – June 3, 2013

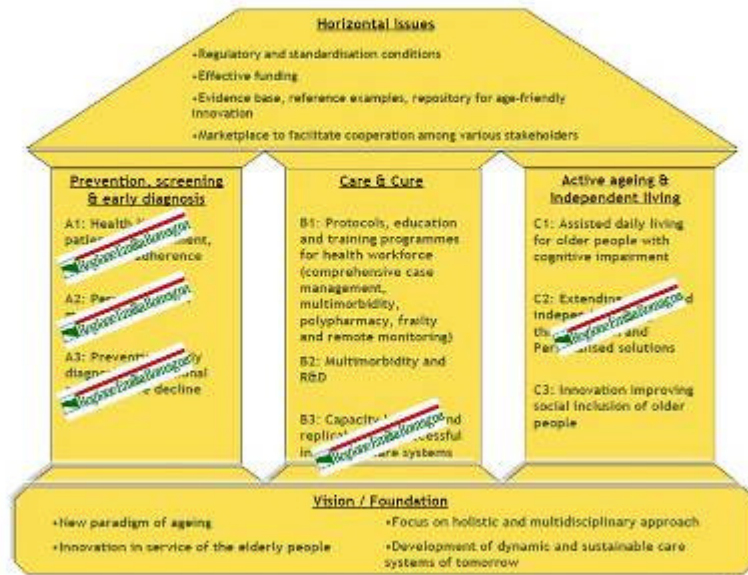
 Agenzia sanitaria e sociale regionale  Regione Emilia Romagna

Agenda

- The starting point:
2011 the Strategic Implementation Plan (SIP)
- Regional Coordination and Reference Site
- Actions, commitments, and working groups
- ...integrating regional tools

  Regione Emilia Romagna

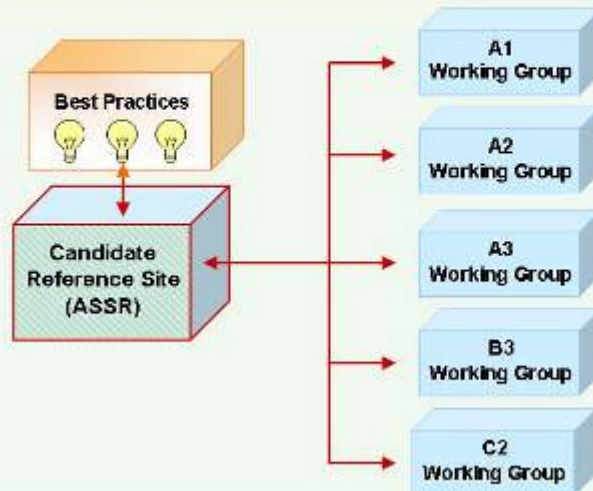
Strategic Implementation Plan - SIP



nov. 2011

REGIONAL COORDINATION

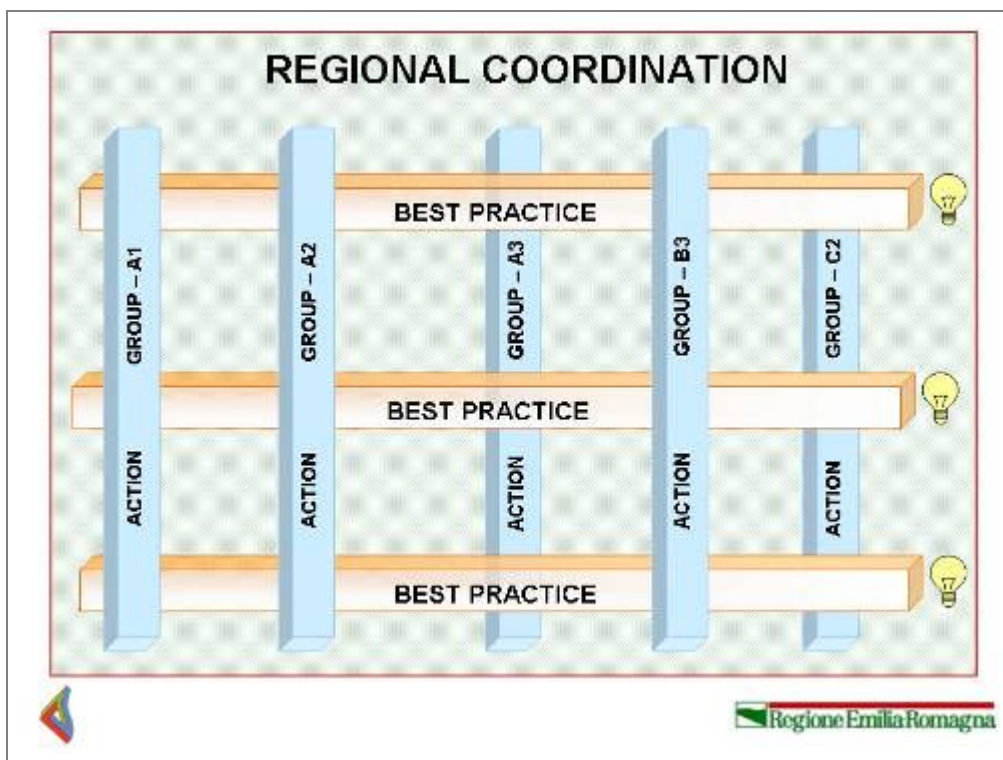
Regional Health and Social Policies Department
 Regional Agency for Health and Social Care - ASSR
 Regional Productive Activities, Trade and Tourism Department
 Consortium for Innovation and Technology Transfer - ASTER



Policy & Decision Level

Policy & Operational Level

Operational Level



RE-R Action Groups - main objectives

A1 Create ICT platforms that provide patients with feedback about their disease, its progression, and the success of interventions to improve function and QoL. Use ICT databases and novel methods for population stratification to develop innovative personalized therapy program to improve adherence to treatment; Create innovative integrated Logistic Platform for Biosamples and Pharmaceutical delivery & storage

A2 Deployment and evaluation of tailored ICT-based solutions for fall detection and prevention; Mapping of the identified fall risk model into an operational programme for the prescription of personalized interventions and/or ICT-based assistive devices for falls prevention and rehabilitation in community dwelling older subjects

A3 Inclusion of the cognitive testing as screening action in the frailty diagnostic criteria; use of personal and ambient devices for objective evaluation of physical performance; introduce new guidelines for pre-and frailty recognition through personalized index

B3 Spread tele-medicine all over the region, initially dedicated to 4 major disease areas: Chronic respiratory insufficiency, Chronic heart failure and rehabilitation in chronic coronary artery disease, Chronic renal failure, Palliative care

C2 Introduce guidelines on how to implement innovative procurement; Introduce recommendation for interoperability process and standardisation; create a set of good practice documents for the implementation of independent living solutions and recommendations

Regional Best Practices - their aims



SOLE-FSE project: create an integrated network of Local Health Trusts, Hospitals, general practitioners and pediatricians and provide, through the Electronic health record (FSE) the clinical history of every citizen of the region. *...our transversal BP*



PROFITER project: establish a regional network for falls prevention through a number of seminal regional initiatives involving different Local Health Trusts, research institutions and industrial stakeholders.



ARIA project: evaluate the feasibility of a home follow-up program combining tele-monitoring and chest physiotherapy in preventing acute respiratory episodes.

Integrating regional tools A

Anagrafe regionale delle Ricerche - ArER

Since 2005 we are **mapping research** to get a clearer picture of the research carried out in the regional territory

ArER is...

...a **perspective register** to systematically catalogue research activities carried out in the regional healthcare Institutions/Organisations tracing - at the same time - research relevant outputs

2008-2013

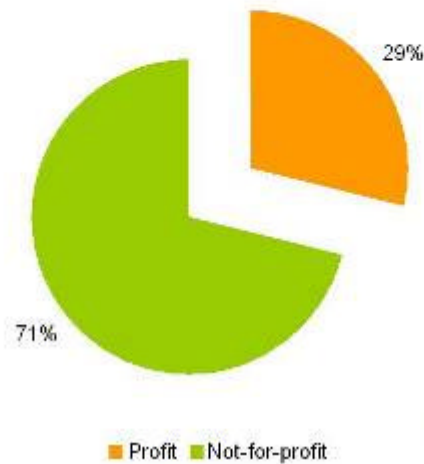
138 studies on elderly people



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Integrating regional tools A *Anagrafe regionale delle Ricerca I*

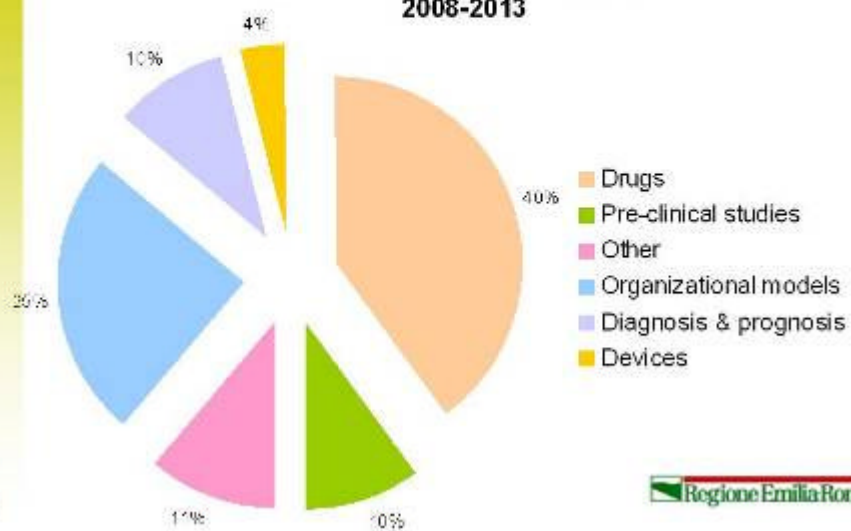
Profit and not-for-profit studies on elderly people
2008-2013



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Integrating regional tools A *Anagrafe regionale delle Ricerca II*

Type of studies on elderly people
2008-2013



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Integrating regional tools B

Programma di ricerca Regione-Università I

Research for Clinical Governance Call 2013

2,5 MILLION Euros

6 Research questions (out of 25)
focusing on **Geriatrics**



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Integrating regional tools B

Programma di ricerca Regione-Università II

1. Evaluation of **integrated healthcare models** for oncological/oncohaematological elderly patients;
2. **Pharmacological and non-pharmacological management** of elderly patients with Behavioural and Psychological Symptoms of Dementia (BPSD) and/or delirium;
3. Evaluation tools and multidimensional geriatric models of intervention for **frail elderly patients**, or elderly patients at risk of frailty, in different settings;
4. **Fall prevention** interventions in different settings (hospital, rehab centers....);
5. **Impact evaluation** of interventions aiming at maintaining muscle mass, tone and performance in elderly patients with major surgery;
6. Impact evaluation of interventions to **increase therapeutic compliance** in the elderly by comparing transferability into current practice, efficacy and costs.

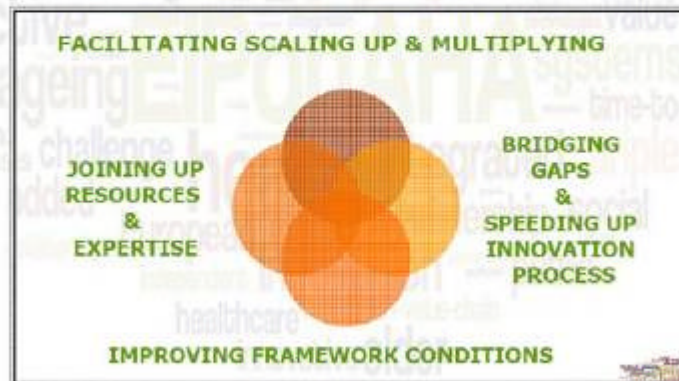


Regione Emilia Romagna

European Innovation Partnership
Active & Healthy Ageing

What?

Added value of EIP-AHA



Regione Emilia Romagna



Thank you for your attention

Antonio Addis

EIP-AHA in Emilia-Romagna
Regional Coordination

aaddis@regione.emilia-romagna.it



Agenzia sanitaria e sociale regionale

Regione Emilia Romagna

Action A1 - Novel approach for improvement adherence to medical plans and medication

Luca Sangiorgi

**Living healthy and active
in an ageing Europe**



**Novel approach for improvement adherence to
medical plans, medication and management of
Bioresources and Pharma**

Dott. Luca Sangiorgi – IRCCS Istituto Ortopedico Rizzoli

Bologna – June 3, 2013

 Agenzia sanitaria e sociale regionale  SERVIZIO SANITARIO REGIONALE
EMILIA - ROMAGNA
Istituto Ortopedico Rizzoli di Bologna
Istituto di Ricerca e Cura a Carattere Scientifico  Regione Emilia Romagna

WHO?

Partnership is composed by:

- IRCCS Istituto Ortopedico Rizzoli
- IRCCS Arcispedale S.Maria Nuova
- IRST Istituto Scientifico Romagnolo per lo Studio e la Cura dei Tumori
- IRCCS Istituto delle Scienze Neurologiche di Bologna
- Alma Mater Studiorum, University of Bologna

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WHO?

The collaboration is based on:

- **good practices** already developed by partners with regard to medication assistance
- already in use **technologies for traceability** of
 - ✓ Information
 - ✓ Logistics
 - ✓ Temperature
- **trace softwares** that govern the information of clinical pathways and therapeutic care of patients,
- training on **Health Literacy** for communication with patients.



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WHO?

Partnership presenting:

- ✓ **technological innovations**
- ✓ **new clinical care models**
- ✓ **integration** between **hospitals and territories**
- ✓ **multidisciplinary approach**
- ✓ **broad spectrum of diseases treated** (neurology, orthopedic and oncology)
- ✓ **case-mix** of **ospitalization** and **post-ospitalization**



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WHAT?

- **Reduction** of **inappropriate** prescription and in general **inappropriately poly-medicated patients.**
- **Tracing** the complete life cycle of **Pharmacological therapy** and the results of carrying out clinical tests and **adherence to prescription**
- **Adoption** of the necessary **safety criteria** for the **management of therapies** and the related clinical data



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WHAT?

- We will start from clinical data and patients behaviour to **implement best practices and guidelines for ageing-diseases**
(Bottom-Up Strategy)
- Implementation of:
 - ✓ **Appropriate support programmes (Health Literacy)**
 - ✓ **Tools**
 - ✓ **Educational materials**to address adherence for different target groups.



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HOW?

- Create **IT platforms**, in Cloud Environment, that provide patients with feedback about their disease, its progression, and the success of interventions
- Create **IT tools** to improve function and quality of life and promote real time information exchange between patients, hospitals and pharmacist.
- Novel technological individual **packaging and medication devices** (old people-friendly) for hospitals and patients.



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HOW?

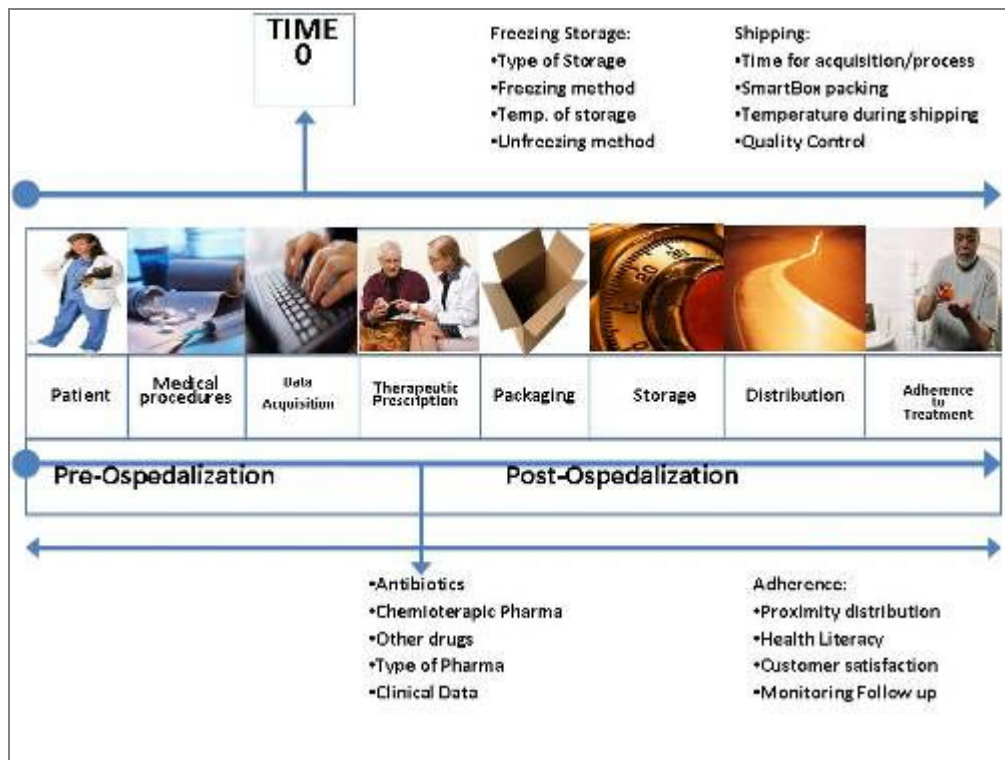
- Use **IT databases** and novel methods for population stratification in order to develop an innovative personalized therapy programme to improve adherence to treatment.
- Create an innovative **Integrated Logistic Platform** for Bio-samples (BS) and Pharmaceutical products (PH) delivery and storage for quality monitoring. and certify.
- Improving **Health Literacy**
- **Customer satisfaction** evaluation of the provided services



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WHY?

- **Identification of risk factors** affecting health status led us to **improve the lifestyle** in target groups.
- Evaluation of adherence rates to therapies in older patients by:
 - ✓ **use of patients' databases**
 - ✓ **observational studies**
- Based on drug prescription databases:
 - ✓ Assess specific **adherence** issues
 - ✓ contribute to the **sustainability** of services.



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WHY?

- IT tools combined with:
 - ✓ **Logistic/Automation**
 - ✓ **Innovative technological equipment** for hospital and home carecan boost the **competitiveness**
- Final aim is to reduced health and care costs by improving
 - ✓ **Accessibility**
 - ✓ **Quality of care**of target groups in given regions



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WHERE?

City of Bologna health care system:
Zero miles

Area Vasta Romagna:
Low Miles

Integreted Logistic between Reggio
Emilia and Bologna:
Long Miles



EMILIA ROMAGNA



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WHEN?



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Regione Emilia Romagna

Action A2 - Prevention of falls initiative in Emilia-Romagna

Lorenzo Chiari

(see also best practice, Paragraph 4.2)

The slide cover features a yellow vertical bar on the left. At the top, it includes logos for Alma Mater Studiorum Università di Bologna, the Emilia-Romagna Region (Regione Emilia-Romagna), and CIRI. A pink banner at the top right reads 'HEALTH SCIENCES & TECHNOLOGIES'. The main title is 'Living healthy and active in an ageing Europe' in red. Below it is a word cloud with 'EIP' and 'AHA' as prominent words. The subtitle is 'Prevention of falls initiative in Emilia-Romagna (PROFITER)'. The presenter's name and email are 'Lorenzo Chiari - {lorenzo.chiari@unibo.it}'. The date and location are 'Bologna - June 3, 2013'. Logos for the regional health agency and the Emilia-Romagna Region are at the bottom.

ALMA MATER STUDIORUM
UNIVERSITÀ DI BOLOGNA

FOR FEDER 2007-2013
CREDITO COOPERATIVA
& COOPERAZIONE
Regione Emilia-Romagna

CIRI

HEALTH SCIENCES & TECHNOLOGIES

**Living healthy and active
in an ageing Europe**

Active elderly
active ageing
health
innovation
services
win
systems
integrated
partnership
social
public
innovation
older

Prevention of falls initiative in
Emilia-Romagna (PROFITER)
Lorenzo Chiari – {lorenzo.chiari@unibo.it}

Bologna – June 3, 2013

Agenzia
sanitaria
e sociale
regionale

Regione Emilia-Romagna

The slide titled 'Contents' has a yellow vertical bar on the left. It lists six items: 1. Rationale: facts & figures, 2. The RER baseline before EIP, 3. Our commitment: the PROFITER project, 4. Added value of a partnership, 5. The Regional partnership, and 6. Future objectives. Logos for the regional health agency, the University of Bologna, and the Emilia-Romagna Region are at the bottom.

Contents

1. Rationale: facts & figures
2. The RER baseline before EIP
3. Our commitment: the PROFITER project
4. Added value of a partnership
5. The Regional partnership
6. Future objectives

Agenzia
sanitaria
e sociale
regionale

Regione Emilia-Romagna

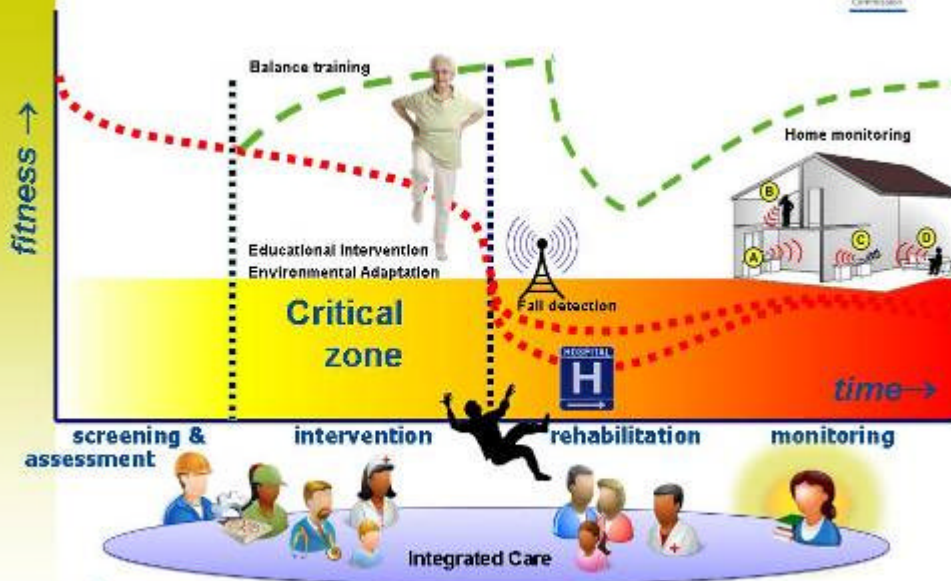
1. Rationale



- **1:3** people > 65 years & **1:2** people > 80 years fall each year
 - > **50%** Fear falling, depression, isolation, dependence, loss of mobility
- leading cause injury deaths
- within one year frequent fallers are in hospital, full time care or deceased
- more bed days than heart attack, heart failure & stroke combined
- US direct medical costs of falls \$30 billion
- **0.85-1.5%** national health care expenditure EU
- underestimated problem **75%-80%** falls never reported
- Adequate prevention & management
 - > reduce costs
 - > saves resources
 - > increases independence & QoL



1. Rationale



2. The Baseline before EIP

Regione Emilia Romagna

2^a CONFERENZA REGIONALE PAR
POLITICHE INTEGRATE REGIONALI PER LE PERSONE ANZIANE
Venerdì 21 novembre 2008
ore 9.30 - 14.00 Sala Polverini - Via Risorgimento, 10 - Bologna

PIANO TERRITORIALE REGIONALE DELL'EMILIA-ROMAGNA

Il Piano della Prevenzione 2010-2012 della Regione Emilia-Romagna

64

Regione Emilia-Romagna

Agenzia sanitaria e sociale regionale

2. The Baseline before EIP

PERFORM

PERHL PERSONAL HEALTH LIFE

TRASCENDO

SMILEY

SENS ACTION AAL

SERVIZIO SANITARIO REGIONALE EMILIA-ROMAGNA Azienda Unità Sanitaria Locale di Modena

MAIA WATER STEWARDSHIP UNIVERSITÀ DI BOLOGNA

SERVIZIO SANITARIO REGIONALE EMILIA-ROMAGNA Azienda Unità Sanitaria Locale di Forlì

I DONT FALL

Agencia sanitaria e sociale regionale

Regione Emilia-Romagna

PROFITER
Prevention of Falls Initiative in Emilia Romagna

This action builds on a number of seminal regional initiatives on ICT-based physical activity monitoring and fall prevention involving different Local Health Trusts, research institutions (UNIBO) and industrial stakeholders, which were supported by the RER and the EU over the last 5 years.

3. The PROFITER project



EIP-AHA Action Group A2 – Fall prevention Action Plan 2012-2015

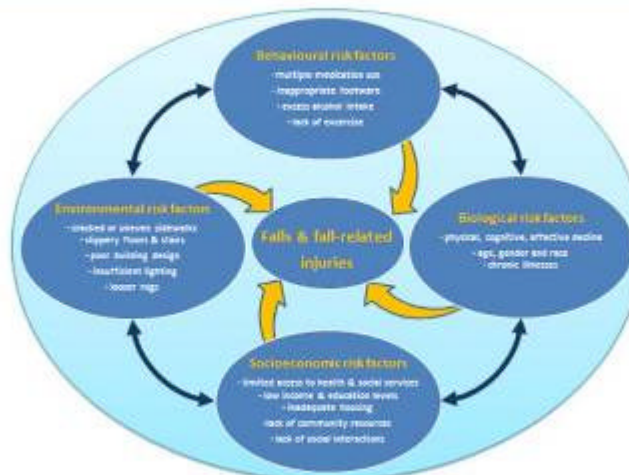


Figure 1: World Health Organisation risk factor model for falls in older age



3. The PROFITER project



EIP-AHA Action Group A2 – Fall prevention Action Plan 2012-2015

The Falls Prevention and Management Pathway

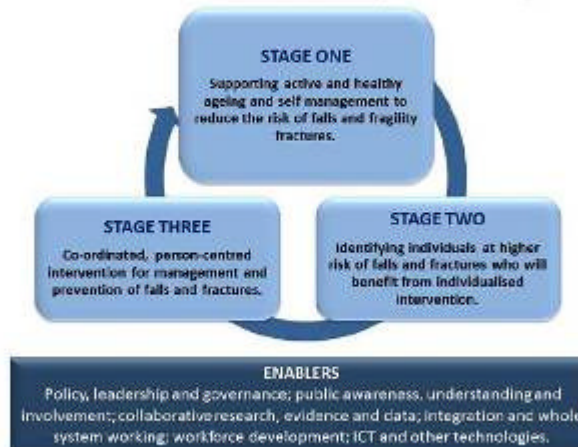


Figure 2: Falls prevention and management pathway



3. The PROFITER project



4. Added value

The regional commitment has so far allowed to:

1. build a broad, multidisciplinary network of clinical/research experts;
2. recollect a number of relevant regional initiatives for fall prevention in different settings;
3. start the process to structure knowledge and classify fall risk factors to allow interoperability among different clinical specialties;
4. prepare the exploitation of novel ICT-based tools for fall detection, activity monitoring in daily life, instrumenting clinical scales; the majority of such tools are already available on smartphone platforms.



5. The partnership



6. Future objectives

1. Collection, digitalisation, and retrospective analysis, within the FSE (Electronic Health Dossier) of relevant fall-related information (Registro Regionale Cadute, RRC);
2. Development and validation of a **personalised fall risk model**, integrating known fall risk factors, clinical balance measures, and parameters extracted from wearable inertial sensors;
3. **Classification of fall risk factors** according to the International Classification of Functioning, Disability and Health (ICF) to allow interoperability among different clinical specialties and, in perspective, across European Regions;
4. Mapping of the identified fall risk model into an operational programme for the prescription of **personalized interventions** and/or ICT-based assistive devices for falls prevention and rehabilitation in community dwelling older subjects;
5. Specific **training** for personal carers of high-risk subjects;
6. **Scale up** by producing a *good practice* which can be transferred.



Thanks for your attention



Lorenzo Chiari

CIRI Scienze della Vita e Tecnologie per la Salute
Dipartimento di Ingegneria dell'Energia Elettrica e dell'Informazione 'Guglielmo Marconi'
Viale Risorgimento 2 - Bologna
www.unibo.it



Action A3 - Cognitive component in the frailty syndrome

Laura Calzà

Living healthy and active in an ageing Europe

"Cognitive component in the frailty syndrome
(Action A3)"
Laura Calzà

Bologna – June 3, 2013

Frailty: a multidimensional condition

In a common medical sense, the frail elderly have an advanced age, chronic pathologies, clinical instability and a certain degree of disability. The condition of "pre-frailty" is present when only a few frailty factors are observed.

In Italy, there are one million frail patients whose number will double in next 20 years (ISTAT 2006)

Lang et al., 2010

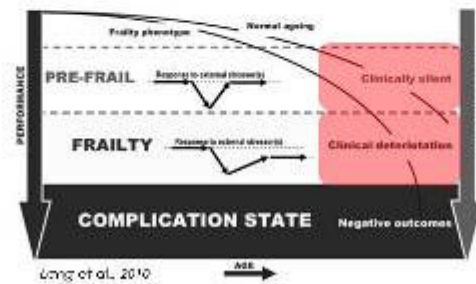
Social domain: socio-economic context of the elderly

Physical domain: strength (handgrip), Walking speed, weight loss, Easily exhausted, physical activity.....

Ex: Short Physical Performance Battery, SPPB

Cognitive domain

Ex: Cognitive status evaluated with the Short Portable Mental Status Questionnaire (SPMSQ)



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Social domain

1) filtering and aggregating of pre-existing health-clinical-administrative databases originally built for other studies
E-care; FSE; rete SOLE

2) analysing socially-critical situations and extrapolating common health and working traits helping disease outbreak

3) using proper and validated tools to quickly highlight frailty traits in a population base yet unknown to socio-sanitary services



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Physical domain

- 1) To spread the use of the **simple functional evaluation tools** in the everyday clinical practice in the different clinical settings of the regional health system also according to comorbidities
- 2) To implement more **objective tools** for physical performance assessment (i.e. wearable and ambient sensors)
- 3) To realize the rational (and **indices**) for the development and implementation of intervention aimed at preventing functional decline, hospitalization and disability in older frail people
- 4) Maximise use of ICT to deliver **screening**, triage, assessment
- 5) Use the same ICT platform to deliver and monitor **treatment / rehabilitation interventions** at scale



Cognitive domain

Table 1. Alzheimerology in 2020

Risk assessment at around age 50 and then every 10 years: History (emphasizing family history) and neurological exam Brief cognitive screen and neuropsychological testing Gene screen on "AD risk chip" (+ other familial dementias) Imaging—A β scan, tau scan, MRI Blood "A β antibody challenge": basal and evoked A β levels CSF assays for A β , tau, and other biomarkers Outcome: a numerical AD risk score
--

Holtzman et al, 2012

Screening

Brief test at GP level

New cognitive tests

Extensive use of ICT devices

Validation programs



Cognitive domain

Validation for a screening use of neuropsychological tests which are widely employed in our territory: Clock Drawing Test (CDT), MMSE, MoCa, 3O3P, Gpcog.

Development of a new screening technique based on the discourse analysis and computational analysis of linguistic corpora

Implementation of a brief test battery on tablet for ICT platforms

OPLON project (OPportunities for active and healthy LONGevity), smart cities



Regione Emilia Romagna




PRODUCTS

1. new brief cognitive tests for screening based on ICT devices;
2. personal and ambient devices for objective evaluation of physical performance;
3. new guidelines for pre- and frailty recognition through personalized index;
4. new guidelines for secondary and tertiary prevention related to frailty risk index.

Action B3 - Collaborative models for supporting integrated care

Giorgio Vezzani


**Living healthy and active
in an ageing Europe**




**EIP on AHA B3 Action Plan:
Delivering Integrated Care Models**

Dr. Giorgio Vezzani, M.D.

Bologna – June 3, 2013



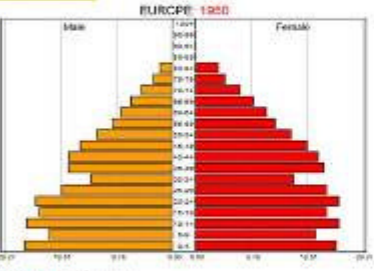
Agenzia sanitaria e sociale regionale



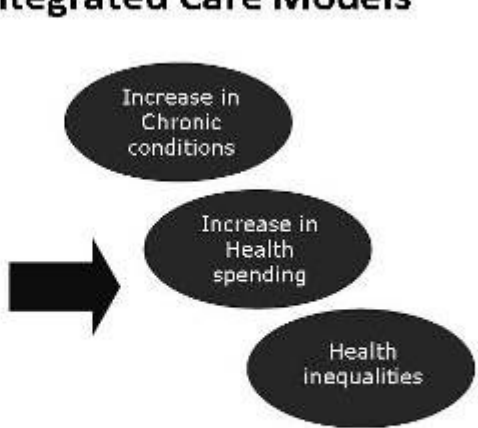
Regione Emilia Romagna

**EIP on AHA B3 Action Plan: Delivering
Integrated Care Models**

Ageing society





EURCPE 1950



Increase in
Chronic
conditions

Increase in
Health
spending

Health
inequalities

Regione Emilia Romagna

What is the Action Plan B3 about?

INTEGRATED CARE

HOSPITAL

OVER 54 MILLION CITIZENS
OVER 15 BILLION EUROS
COMMITTED SPEND



COMMUNITY
HEALTH

SOCIAL CARE

PATIENTS / USERS /
CARERS

INDUSTRY



Regione Emilia Romagna

EIP ON AHA B3 - INTEGRATED CARE

Action Area 1
Organisational Models

Action Area 2 Change
Management

Action Area 3 Workforce
Development

Action Area 4 Risk
Stratification

Action Area 5 Care
Pathways

Action Area 6 Citizen
Empowerment

Action Area 7 ICT/
Teleservices

Action Area 8 Finance
/ Funding

Action Area 9
Comms / Dissemination



Regione Emilia Romagna

Why Engage in the EIP-AHA?

- ✓ Learn from the others' good practices
- ✓ 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



RER-ASSR B3 Action Group

ACTION AREAS

Action Area 1 Organisational Models	Action Area 2 Change Management	Action Area 3 Workforce Development
A.O. / IRCCS ASMN (RE)	A.O. / IRCCS ASMN (RE)	SOC. IT. TELEMEDICINA (SIT) – (RM)
AUSL FE (FE)	CUP 2000 (BO)	
UNIV. LUISS (RM)	UNIV. LUISS (RM)	
SOC. IT. TELEMEDICINA (SIT) – (RM)	SOC. IT. TELEMEDICINA (SIT) – (RM)	
ANT (BO)		
Action Area 4 Risk Stratification	Action Area 5 Care Pathways	Action Area 6 Citizen Empowerment
SOC. IT. TELEMEDICINA (SIT) – (RM)	AUSL FE (FE)	AUSL FE (FE)
	UNIV. LUISS (RM)	
	SOC. IT. TELEMEDICINA (SIT) – (RM)	
	ANT (BO)	



RER-ASSR B3 Action Group

ACTION AREAS

2

Action Area 7 ICT / Teleservices

A.O. / IRCCS ASMN (RE)

AUSL FE (FE)

AUSL FC (FC)

UNIV. LUISS (RM)

SOC. IT. TELEMEDICINA (SIT) – (RM)

DEMOCENTERSIPE (MO)

CUP2000

Action Area 8 Finance / Funding

DEMOCENTERSIPE (MO)

Action Area 9 Communications / Dissemination

UNIV. LUISS (RM)



Regione Emilia Romagna

ASSR B3 A.G. - activities' synthesis

- Contacts with Agencies / Universities / Hospitals / Local Health Authorities of Emilia Romagna Region in order to define the insertion of collaborators in the ASSR B3 A.G.
- Bruxelles Meetings / emails to contribute to the implementation and updating of the EU B3 Action Plan (Drafts, Deliverables, etc.)
- Contribution to the definition of the EU B3 Combined Work Plan
- Collection and delivering to EU B3 coordinators of some good care and organizational practices present in Emilia Romagna
- Meetings with regional Pulmonologists and Nephrologists opinion leaders to explain the EIP on AHA B3 Action Plan
- Interfacing with the ASSR A2 and C2 Action Groups team leaders to identify joint regional research projects.



Regione Emilia Romagna

Action C2 - Working together for independent living at regional level

Teresa Gallelli

**Living healthy and active
in an ageing Europe**



“Working together for independent living at regional level”

Teresa Gallelli
Bologna – June 3, 2013

 Agenzia sanitaria e sociale regionale  cup e-care 2000  Regione Emilia Romagna

European Innovation Partnership on Active & Healthy Ageing

innovative collaboration



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

specific actions

**+2 HLY by 2020
Triple win for Europe**



Pillar I Prevention screening early diagnosis **Pillar II** Care & cure **Pillar III** Independent living & active ageing

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

 cup e-care 2000  Regione Emilia Romagna

European Innovation Partnership on Active & Healthy Ageing

Development of **interoperable independent living solutions**, including guidelines for business models



C2 Action Group Rationale

ICT solutions benefit:

- Independent living of older people
- Social inclusion and participation of older people
- Reduce depression rates
- Enhance quality of work for carers
- Make overall care provision economically sustainable (e.g. by avoiding and reducing hospital stays).

But, Largely proprietary, based on single provider design and cannot be easily adapted to multiple and changing user and organizational needs



What is the Action Plan C2 about?

The overall objective: "enhancing deployment and take up of interoperable independent living solutions based on open standards".

The specific action: "development of interoperable independent living solutions", supported by two deliverables:

1. By 2015 availability of key global standards and validated implementations of interoperable platforms, solutions and applications for independent living.
2. By 2015 availability of evidence on the return on investment of these solutions and applications, based on experience involving at least 10 major suppliers, 100 SMEs and 10,000 users. The action group has expanded ROI to include socio-economic outcomes.

Our focus: to deliver this in a way that enhances older people's quality of life, supports independent living & active ageing, boosts cost effectiveness for the health and social care sectors and promotes economic benefits.



cup e-care 2000

Regione Emilia Romagna

C2: what happens at the regional level



cup e-care 2000

Regione Emilia Romagna

First step in C2

Innovative procurement has been identified as a relevant one

The participants have agreed to collaborate on this topic as to

- 1) promote awareness raising and a wide use of innovative public procurement for innovative services and products
- 2) facilitate mutual learning and sharing of practices among practitioners and interested parties

The analyses on the innovative procurement tools which are currently being used, and the lessons learned by the practitioners so far, is the first task to be performed.

Upcoming step in C2

Toolkit/guidance for **user empowerment** incorporating co-creation, awareness raising and technology confidence building



Thanks for your attention!

Teresa Gallelli - CUP 2000 S.p.A.
teresa.gallelli@cup2000.it





**EIP on AHA Emilia-Romagna: A Transversal Good Practice.
Electronic Health Record (EHR) and SOLE (Healthcare online)**

Anna Darchini

(see also best practice, Paragraph 4.2)

**Living healthy and active
in an ageing Europe**


EIP-AHA Emilia-Romagna: Good practice trasversale
EHR e SOLE
Anna Darchini
Bologna – June 3, 2013



 Agenzia sanitaria e sociale regionale
  Regione Emilia Romagna

SOLE – Health care online - roadmap

SOLE is an integrated network of Local Health Trusts, Hospitals, General Practitioners and Paediatricians and provide, through the Electronic Health Record (EHR), the clinical history of every citizen of the region.

Year	Month	Event
2002	October	Start up
2003	June	Project analysis
2005	January	Pilot
2006	July	Start Deployment
2010	January	Project Completed

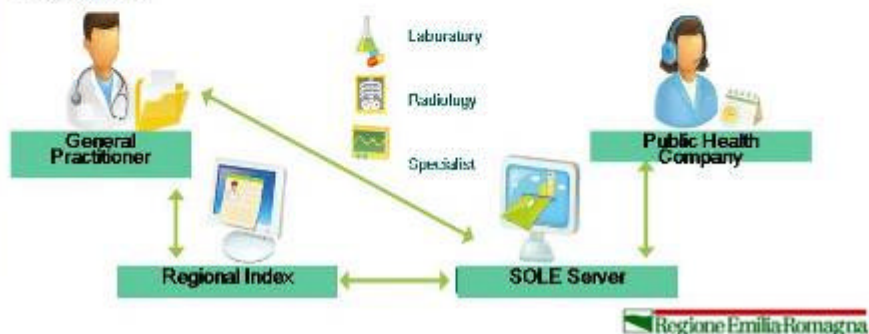
Technological partner

"in house" Company

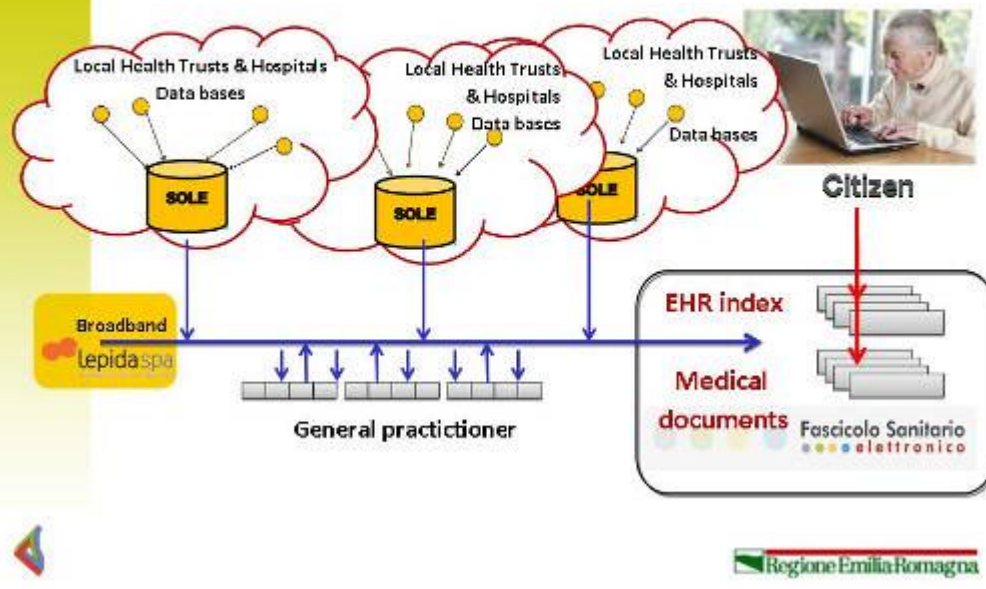
SOLE – Health care online - contents

Project's SOLE solutions are based on innovative e-government standards and health care services in order to:

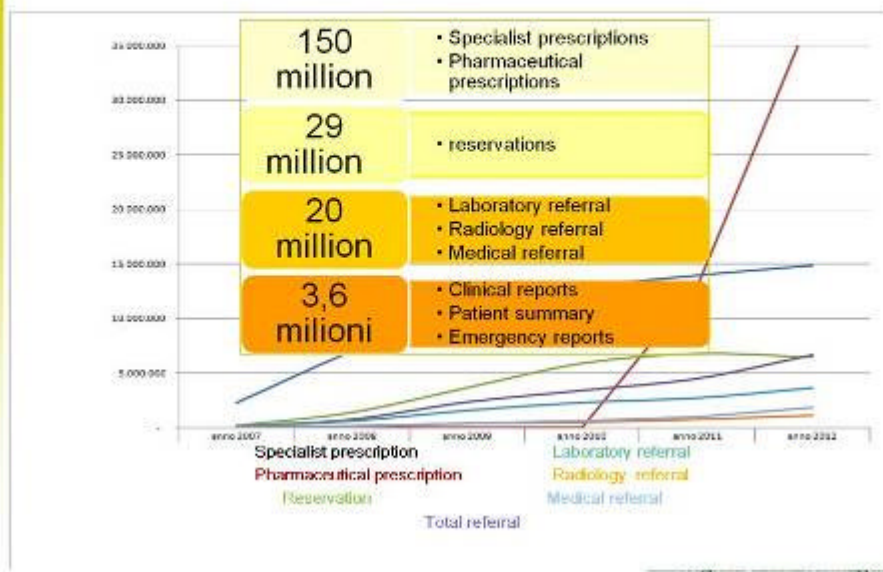
- Manage prescription-referral life cycles
- Provide continuing-assistance management process
- Keep GP/Company Administrative Management Fluxes
- Supply Integrated Home Care Assistance in Management Processes



SOLE versus Electronic Health Record



Electronic Health Record - measures



EHR & SOLE & ... EIP-AHA Emilia-Romagna



EHR & SOLE functional support to commitment



Anna Darchini
Responsabile Servizio Innovazione e Sviluppo ICT e Tecnologie
Sanitarie
Direzione Sanità e Politiche Sociali
Regione Emilia Romagna
adarchini@regione.emilia-romagna.it



Monitoring health and quality of life in over 64 people (PASSI d'Argento)

Alberto Perra

Regione Emilia-Romagna
EFFICIO LUMINICO REGIONALE
SMA-ICMAGEM

Agenzia emiliana di salute pubblica

EIP-AHA
Partenariato europeo per l'innovazione
sull'invecchiamento sano e attivo

ISTITUTO SUPERIORE DI SANITÀ
Cnesps

**PASSI
d'Argento**

*Vivere sani e attivi
in un continente che invecchia*

**Sorvegliare salute e qualità della vita
della popolazione ultra64enne –
PASSI d'Argento**

Alberto Perra, CNEPSS, ISS
Bologna, 3 Giugno 2013

**PASSI
d'Argento**

Razionale e storia della sorveglianza

Sorvegliare la salute di una popolazione

- * Si realizza sulla popolazione generale e attuale, non sui servizi
- * Fornisce informazioni precise, significative ma non esaustive
- * Focalizza sui processi e non sui risultati
- * Fornisce l'informazione che serve → orientata all'azione
- * Fornisce l'informazione quando serve → tempestiva
- * Raccolta, management e uso dei dati da parte del servizio sanitario
- * Costa poco

La sorveglianza di salute della popolazione è nata in Italia (2004-2005) allo scopo di mettere a disposizione degli indicatori, di malattie o loro determinanti e di diffusione di azioni di prevenzione o promozione della salute (**PASSI** = **P**rogressi delle **A**ziende **S**anitarie per la **S**alute in **I**talia)

Le motivazioni della sorveglianza di PASSI d'Argento

Perché costruire un sistema di sorveglianza per la popolazione ultra64enne?

- * Popolazione ampia (20.8% della totale) e in crescita (33% nel 2035)
- * Predominante voce di spesa, pubblica e delle famiglie
- * Ampi spazi per migliorare l'efficienza (es.: attraverso la migliore collaborazione sociale-sanitario)
- * Allineamento con strategie internazionali (es.: Active Ageing, OMS) e europea
- * PNS e PNP 2010-2012: sorveglianza essenziale per monitoraggio e valutazione interventi
- * LEA (revisione) e Guadagnare Salute
- * Priorità delle regioni

Da qualche settimana si è conclusa la rilevazione di **PASSI d'Argento**:

- ☛ realizzato in **17** regioni dopo 2 anni di sperimentazione
- ☛ molte regioni hanno una rappresentatività, oltre che regionale, anche di qualche azienda sanitaria
- ☛ un totale di circa **24.000** interviste individuali di ultra64enni o di loro proxy (circa il 20% del totale)
- ☛ oltre **1.000** operatori socio-sanitari impegnati nella preparazione, nella raccolta e inserimenti dati, nell'analisi e nella costruzione di prodotti di comunicazione studiati per **7** diversi target



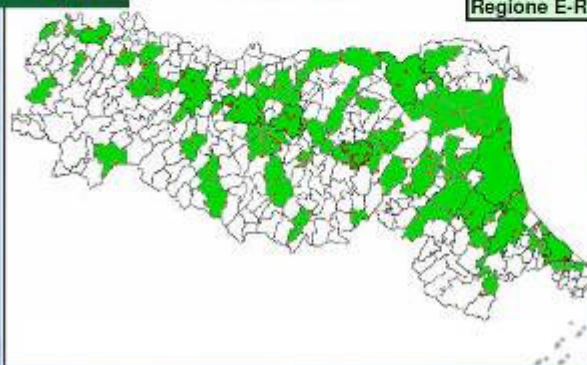
La regione ha partecipato in tutte le fasi

Rapporto sperimentazione 2009

Il campione - AUSL

AUSL	N.interviste
Piacenza	108
Parma	168
Reggio Emilia	168
Modena	240
Bologna	324
Imola	48
Ferrara	156
Ravenna	156
Forlì	72
Cesena	72
Rimini	108
Regione E-R	1.620

Il campione



Campionamento e numero interviste 2012

Oggetto della sorveglianza

Partecipazione, Salute e Sicurezza

3 pilastri dell'invecchiamento attivo e sano



La strategia delineata dall'OMS è basata su:

- ❖ Partecipazione
- ❖ Salute
- ❖ Sicurezza delle persone ultra 64enni

Una società che investe su queste tre aree contribuisce a creare le condizioni in cui gli anziani si trasformano da target passivo dei sistemi sanitari e sociali a **risorsa per la società**

Partecipazione, Salute e Sicurezza

3 pilastri dell'invecchiamento attivo e sano



La strategia delineata

Essere risorsa e partecipare alla vita sociale

- Essere una risorsa per se stessi e per la società
- Partecipazione ad attività sociali e corsi di formazione
- Attività di volontariato

64enni

Una società che investa su queste tre aree contribuisce a creare le condizioni in cui gli anziani si trasformano da target passivo dei sistemi sanitari e sociali a **risorsa per la società**

Partecipazione, Salute e Sicurezza

3 pilastri dell'invecchiamento attivo e sano



La strategia delineata dall'OMS è basata su:

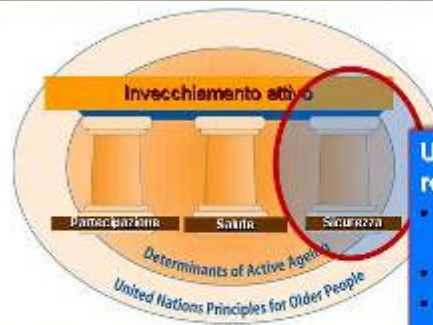
- ❖ Partecipazione
- ❖ Salute

Rimane in buona salute

- Percezione dello stato di salute
- Stili di vita: attività fisica, abitudini alimentari, alcol e fumo
- Problemi di vista, udito e masticazione
- Cadute
- Sintomi di depressione
- Isolamento sociale

Una società che investa su le condizioni in cui gli anziani si trasformano da target passivo dei sistemi sanitari e sociali a **risorsa per la società**

3 pilastri dell'invecchiamento attivo e sano



La strategia delineata dall'OMS è basata su:

❖ Partecipazione

Usufruire di cure e tutele, e avere un reddito adeguato

- Conoscenza e uso di programmi di intervento e servizi sociali
- Uso di farmaci
- Aiuto nelle attività della vita quotidiana
- Reddito percepito e proprietà della casa
- Pensione e attività che producono reddito

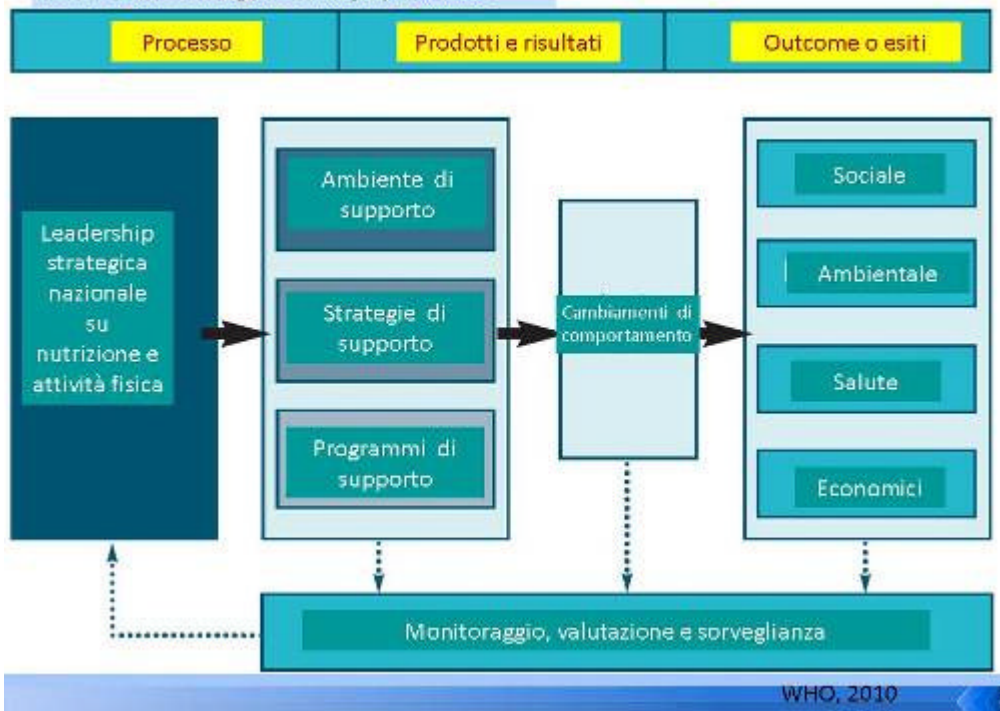
Una società che investa su queste condizioni in cui gli anziani si trasformano da target passivo dei sistemi sanitari e sociali a **risorsa per la società**

Chiavi di lettura della sorveglianza

Chiave di lettura per la sorveglianza di popolazione

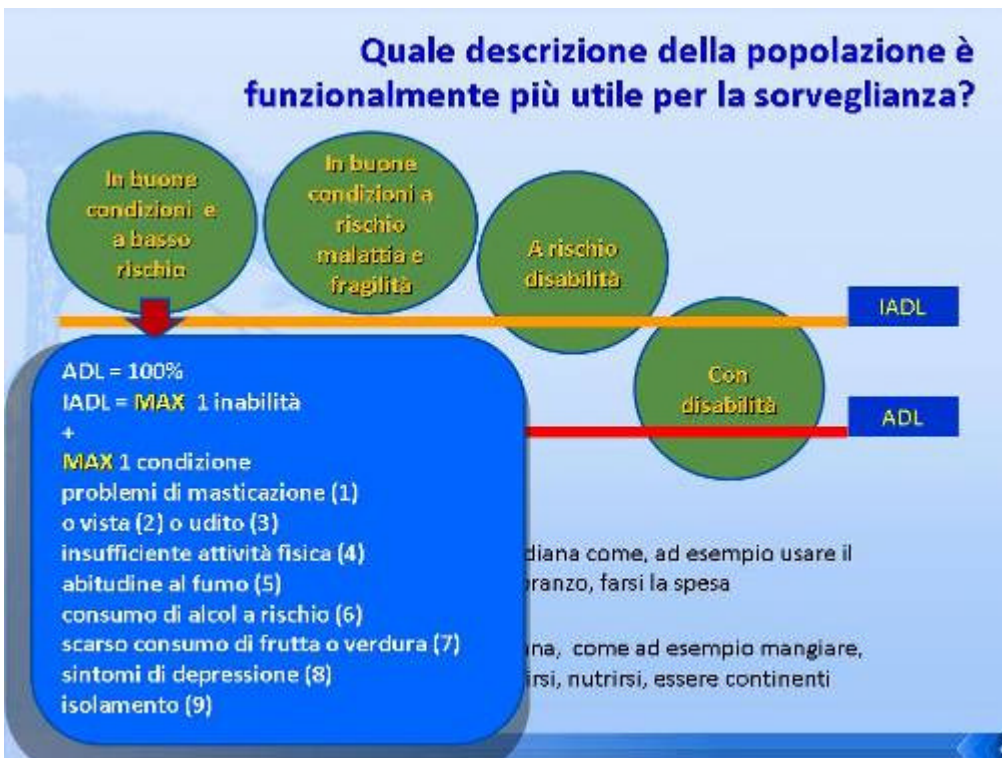


Ruoli della sorveglianza di popolazione



4.2 Prevenzione e Sorveglianza della disabilità della popolazione			
REGIONE	Programma/Progetto		
ABRUZZO	4.2.1 4.2.2	Attivazione del servizio di sorveglianza di lungo periodo per i soggetti fragili di genere Prevenzione della disabilità e dell'isolamento sociale attraverso la promozione di attività sociali e iniziative di inclusione e di partecipazione negli spazi pubblici e nelle comunità locali	3
BASILICATA	4.2.1	Progetto di sensibilizzazione e di supporto per la prevenzione e il trattamento della demenza per il territorio di riferimento (D.G.R. n. 2574/2012)	3
CALABRIA	4.2.1	Progetto di prevenzione e promozione di attività di inclusione sociale e di partecipazione per la popolazione fragile e vulnerabile (attività di sensibilizzazione e di promozione di iniziative di inclusione e di partecipazione)	3
	4.2.2	Progetto di prevenzione e promozione di attività di inclusione sociale e di partecipazione per la popolazione fragile e vulnerabile (attività di sensibilizzazione e di promozione di iniziative di inclusione e di partecipazione)	3
EMILIA-ROMAGNA	4.2.1	Sensibilizzazione e promozione di attività di inclusione sociale e di partecipazione	3
FVG	2.5.8.1	Sorveglianza e prevenzione dell'isolamento nel territorio del lago di Gario di attività di sorveglianza e di inclusione	3
	2.5.8.2	Sorveglianza e prevenzione dell'isolamento nel territorio del lago di Gario di attività di inclusione e di partecipazione	3
	2.5.8.3	Sorveglianza e prevenzione dell'isolamento nel territorio del lago di Gario di attività di inclusione e di partecipazione	3
LAZIO	4.2.1	Attività di sensibilizzazione e di promozione di iniziative di inclusione sociale e di partecipazione per la popolazione fragile e vulnerabile	3
	4.2.2	Attività di sensibilizzazione e di promozione di iniziative di inclusione sociale e di partecipazione per la popolazione fragile e vulnerabile	3
LIGURIA	4.2.1-1.1.1-1.2.1	Attività di sensibilizzazione e di promozione di iniziative di inclusione sociale e di partecipazione per la popolazione fragile e vulnerabile	3
	4.2.1-1.1.1-1.2.2	Attività di sensibilizzazione e di promozione di iniziative di inclusione sociale e di partecipazione per la popolazione fragile e vulnerabile	3
LUCANIA	4.2.1-1.1.1-1.2.1	Attività di sensibilizzazione e di promozione di iniziative di inclusione sociale e di partecipazione per la popolazione fragile e vulnerabile	3
MARCHE	4.2.1	Attività di sensibilizzazione e di promozione di iniziative di inclusione sociale e di partecipazione per la popolazione fragile e vulnerabile	3
MOLISE	4.2.1	Attività di sensibilizzazione e di promozione di iniziative di inclusione sociale e di partecipazione per la popolazione fragile e vulnerabile	3
	4.2.2	Attività di sensibilizzazione e di promozione di iniziative di inclusione sociale e di partecipazione per la popolazione fragile e vulnerabile	3
PIEMONTE	4.2.1	Attività di sensibilizzazione e di promozione di iniziative di inclusione sociale e di partecipazione per la popolazione fragile e vulnerabile	3
	4.2.2	Attività di sensibilizzazione e di promozione di iniziative di inclusione sociale e di partecipazione per la popolazione fragile e vulnerabile	3
PUGLIA	4.2.1	Attività di sensibilizzazione e di promozione di iniziative di inclusione sociale e di partecipazione per la popolazione fragile e vulnerabile	3
SARDEGNA	4.2.1	Attività di sensibilizzazione e di promozione di iniziative di inclusione sociale e di partecipazione per la popolazione fragile e vulnerabile	3
SIILIA	4.2.1	Attività di sensibilizzazione e di promozione di iniziative di inclusione sociale e di partecipazione per la popolazione fragile e vulnerabile	3
TOSCANA	4.2.1	Attività di sensibilizzazione e di promozione di iniziative di inclusione sociale e di partecipazione per la popolazione fragile e vulnerabile	3
	4.2.2	Attività di sensibilizzazione e di promozione di iniziative di inclusione sociale e di partecipazione per la popolazione fragile e vulnerabile	3
TRENTINO	4.2.1	Attività di sensibilizzazione e di promozione di iniziative di inclusione sociale e di partecipazione per la popolazione fragile e vulnerabile	3
VALLE D'AOSTA	4.2.1	Attività di sensibilizzazione e di promozione di iniziative di inclusione sociale e di partecipazione per la popolazione fragile e vulnerabile	3
	4.2.2	Attività di sensibilizzazione e di promozione di iniziative di inclusione sociale e di partecipazione per la popolazione fragile e vulnerabile	3
VENETIA	4.2.1	Attività di sensibilizzazione e di promozione di iniziative di inclusione sociale e di partecipazione per la popolazione fragile e vulnerabile	3
VALLE D'AOSTA	4.2.1-2.3.1	Attività di sensibilizzazione e di promozione di iniziative di inclusione sociale e di partecipazione per la popolazione fragile e vulnerabile	3
TOTALE			28

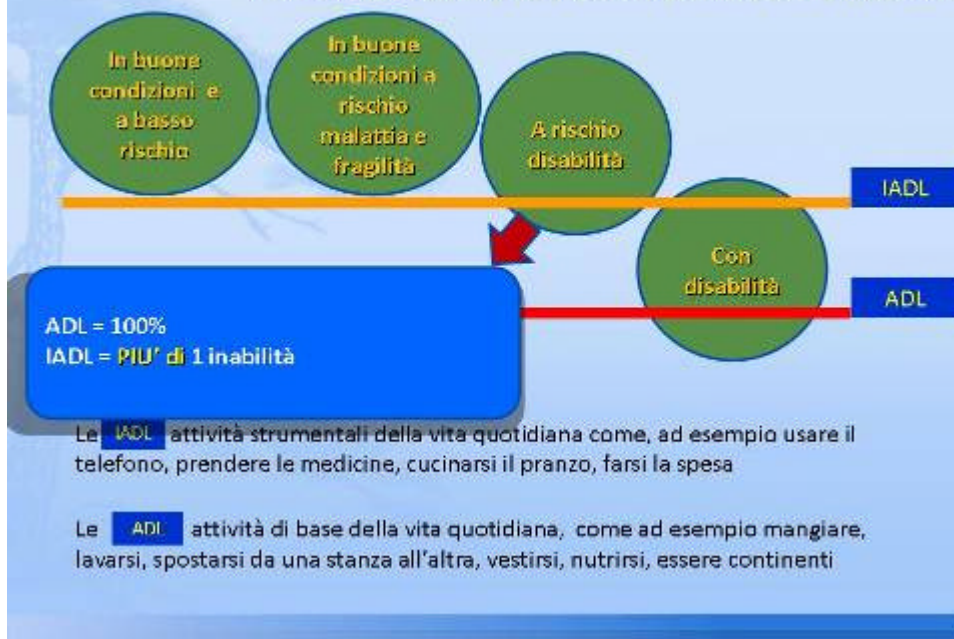
Progetti in realizzazione per la prevenzione della disabilità, PNP 2010-12



Quale descrizione della popolazione è funzionalmente più utile per la sorveglianza?



Quale descrizione della popolazione è funzionalmente più utile per la sorveglianza?



Quale descrizione della popolazione è funzionalmente più utile per la sorveglianza?

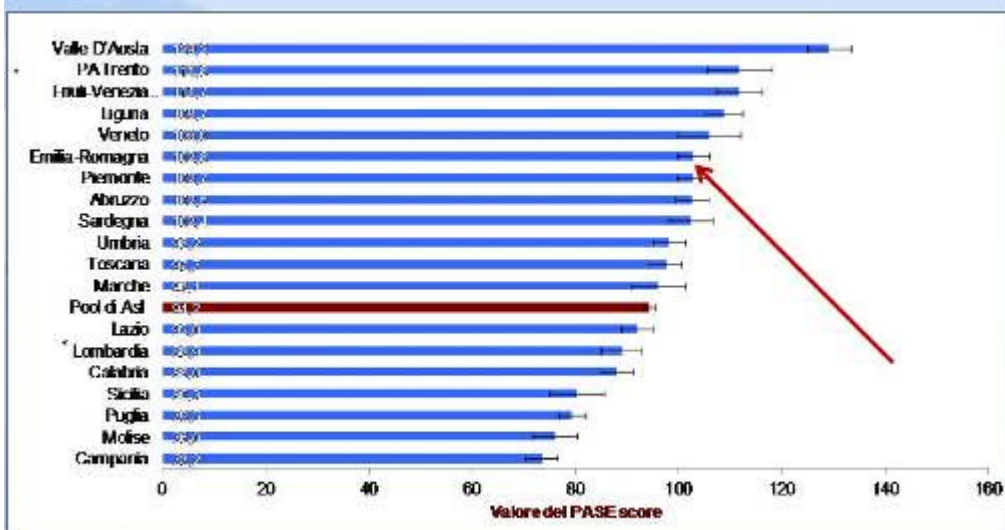


I 4 gruppi della popolazione ultra64enne fanno appello a operatori differenti



Alcune applicazioni all'azione

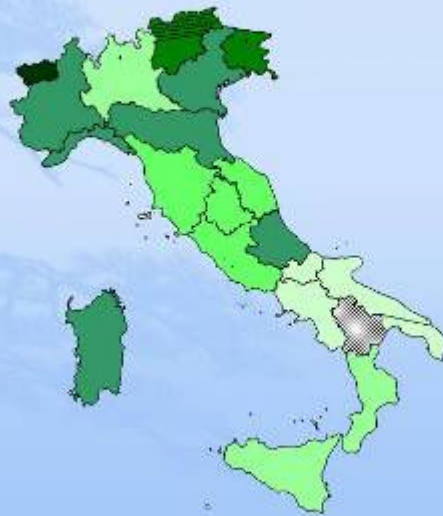
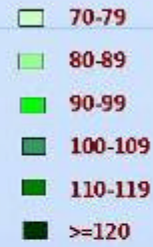
Valori medi standardizzati PASE score per classi di età (65-74 e 75+) e genere



* rappresentatività aziendale

PASE score: valori medi standardizzati per classi di età (65-74 e 75+) e genere

PASSI
d'Argento

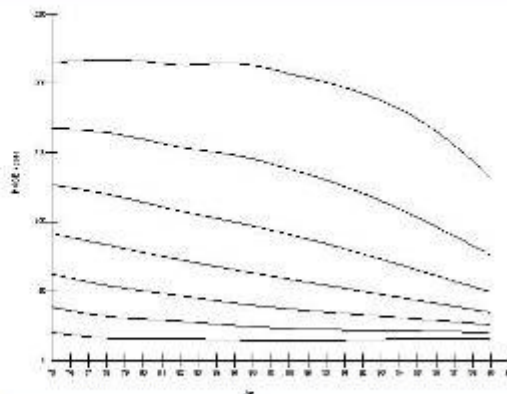
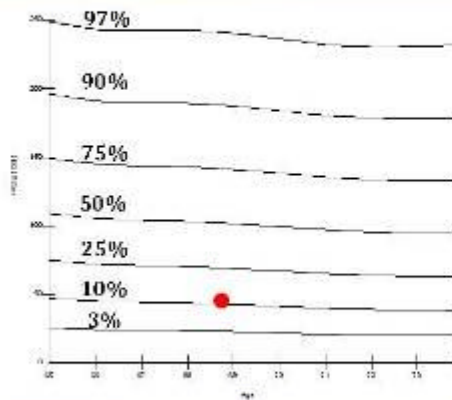


Stima dell'attività fisica dell'ultra64enne

PASSI
d'Argento

65-74 anni

75 e più



Identificare i gruppi maggiormente a rischio

Fragilità e rischio di disabilità

- **definizione di Fried, fenotipica**

Persone con perdita peso, astenia, facile esauribilità, diminuzione attività motoria

- **PDA, approccio bio-psico-sociale**

Persone fragili e a rischio di disabilità per effetto dell'interazione fra abilità della persona e caratteristiche dell'ambiente, non risultano abili in almeno **2 IADL**

In un contesto di sorveglianza epidemiologica questa definizione risulta sensibile, identificando circa il **21%** della popolazione ultra64enne

Fragilità e rischio disabilità



Identificazione "fragili" su popolazione a rischio

All'interno del gruppo delle persone a rischio di disabilità sono stati considerate le persone che, durante l'ultimo anno, hanno perso più di 4,5 kg o del 5% del peso corporeo (**67%** nel gruppo con almeno 2 IADL compromesse)

2 o più IADL E criterio perdita di peso

In tal caso la percentuale di persone «fragili e a rischio di disabilità» diventa del **13%** della popolazione totale

I 4 gruppi della popolazione ultra64enne



Fragilità e rischio disabilità



Ma anche a un'applicazione del criterio "fragilità" molto più ampia..

Pilastro SALUTE

	Valore rilevato su tutto il campione	genere		età		istruzione		difficoltà economiche		
		uomini	donne	65-74	75 e più	bassa	alta	nessuna	poche	molte
Fattori di rischio comportamentali										
Fumatori	9,6	13	7	6	13	7	13	11	10	13
Consumatori di alcol a rischio*	18,8	32	9	23	15	16	24	25	19	15
Insufficiente consumo di frutta e verdura [†]	46,2	48	45	46	50	50	40	37	46	55
Attività fisica (Mediana Punteggio PASE) [‡]	90	98	89	105	70	89	100	103	90	81
Fattori fisici e sensoriali										
Cattiva masticazione	14,8	12	17	9	20	19	9	5	11	22
Udito insufficiente	16,5	16	17	10	23	20	12	7	12	16
Vista insufficiente	13,4	11	15	7	20	17	8	5	8	17
Percezione di sintomi di depressione	21,4	14	26	18	26	25	17	12	22	42
Malattia cronica non trasmissibile	63,2	67	62	58	70	67	59	55	62	70
Cadute negli ultimi 30 giorni	11,1	9	13	8	14	12	9	7	10	16
Non effettuazione vaccinazione anti- influenzale	38,1	38	38	47	29	35	43	42	36	32
Inabilità per 2 o più IADL	36,1	31	40	19	54	45	22	16	27	40
Disabilità per 1 o più ADL	16,3	13	19	6	26	21	9	4	8	14

* più di una unità alcolica/die
† meno di 3-4 porzioni/die

Fonte: PASSI d'Argento, ISS, 2013

Qualche prospettiva

Prospettive per il PASSI d'Argento

- ✦ **Rinforzare la comunità di pratica della sorveglianza**
 - ✦ Formazione continua
 - ✦ Raccolta e valorizzazione proposte e buone pratiche
- ✦ **Integrazione sorveglianze**
 - ✦ Migliorare efficienza a livello centrale e regionale
 - ✦ Analisi e confronti di fenomeni (es sovrappeso/obesità) comuni a tutti i gruppi di popolazione
- ✦ **Piano prevenzione 2014-2018**
 - ✦ Adattare la sorveglianza e la tempestività dei risultati in funzione della misura di problemi/determinanti di salute e della diffusione delle soluzioni (interventi del piano)
- ✦ **EIP-AHA**
 - ✦ Esplorare potenziali modalità d'uso della sorveglianza per documentare le azioni innovative nelle 14 aree EIP-AHA

Session 3.
Closing round table

Next steps: strategies, tools and opportunities

Pasqualino Rossi



Alcune considerazioni di partenza ...

Alcune Regioni (o Asl) non avevano informazioni o avevano informazioni errate sui meccanismi dell'EIP-AHA ...

Più soggetti all'interno della stessa Regione hanno presentato Commitments ... molti di questi non sono informati gli uni degli altri ...

Alcune Regioni si trovano coinvolte (e collaborano) all'interno degli stessi Action Groups ... manca però il coordinamento a livello italiano ...



Obiettivi

Dare Informazioni

Mettere in comunicazione le Regioni tra loro

Mettere in comunicazione le Regioni con altri stakeholders locali

Supportare le Regioni nella partecipazione alle «opportunità europee»

Strumenti

Giornate informative

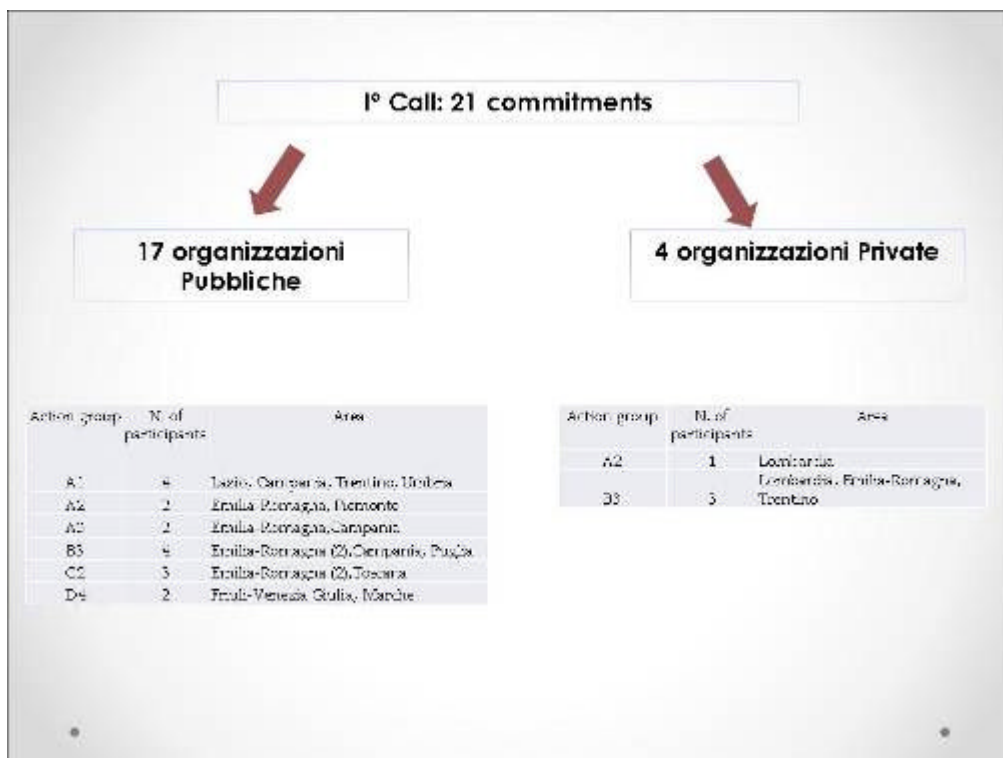
Workshop tematici

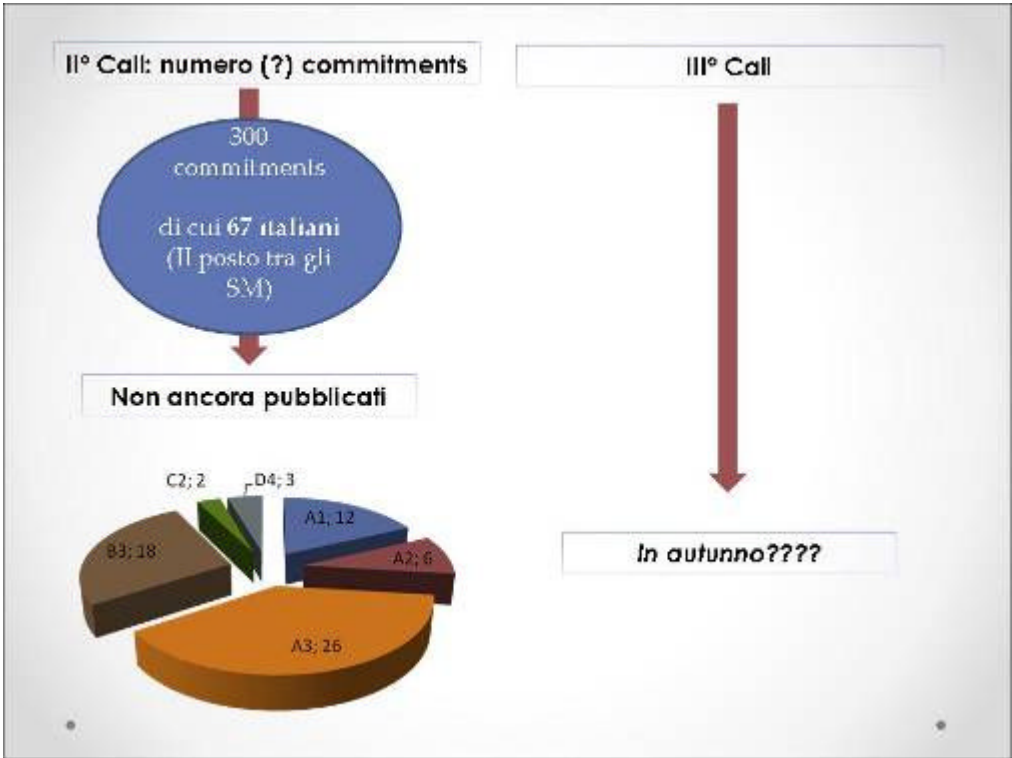
Sito web: area tematica

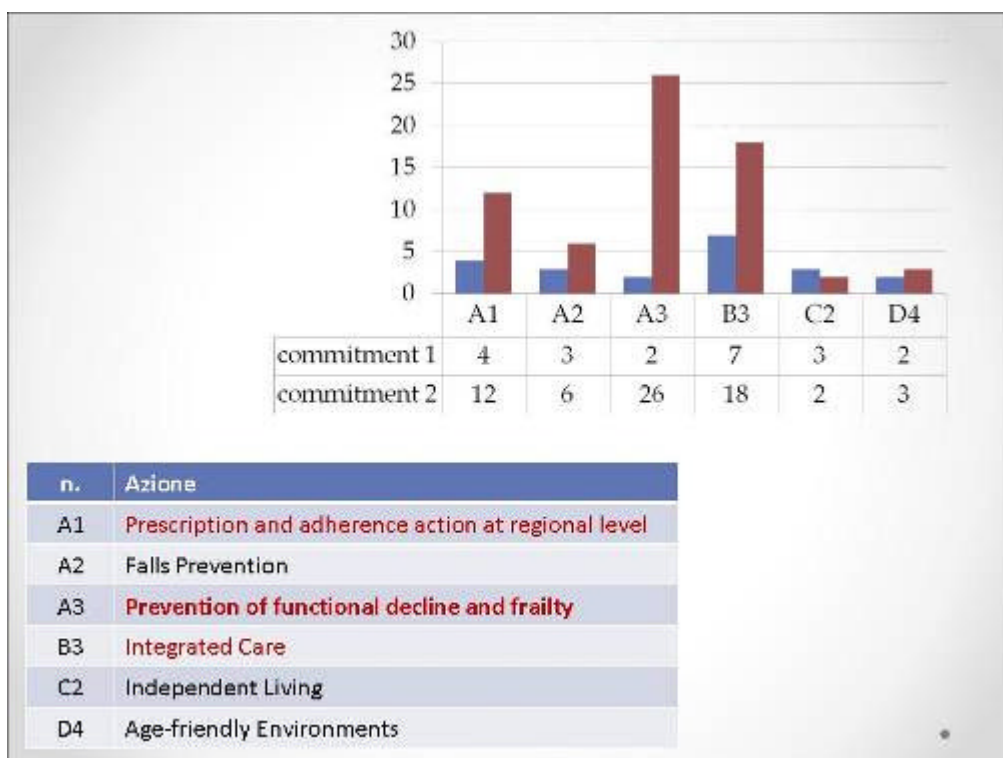
Repository dei commitments

Database dei progetti

Avvisi 1 e 2







n.	Azione
A1	Prescription and adherence action at regional level
A2	Falls Prevention
A3	Prevention of functional decline and frailty
B3	Integrated Care
C2	Independent Living
D4	Age-friendly Environments

STATO DELL'ARTE

Prov. Aut. di TRENTO: in una area geografica limitata, come il centro per diabetici della Val di Non, è stata avviata la terapia combinata localizzata. Attraverso **strumenti di autodiagnosi** il paziente è continuamente monitorato e può compiere azioni medicali in autonomia. Occorrerà un periodo di formazione ai pazienti per imparare l'utilizzo di tali strumenti ed un successivo monitoraggio. Sono coinvolti 10 medici x 100 pazienti. Affianco a questi strumenti si pone anche la diffusione di sani stili di vita sempre attraverso il portale.

n.	Azione
A1	Prescription and adherence action at regional level
A2	Falls Prevention
A3	Prevention of functional decline and frailty
B3	Integrated Care
C2	Independent Living
D4	Age-friendly Environments

STATO DELL'ARTE

Prov. Aut. di TRENTO: è stata realizzata una cartella del cittadino nel quale vengono inseriti i referti degli esami svolti nel territorio trentino (occorrerà sviluppare un sistema che accolga anche altri territori). Attualmente vi sono circa 7000 iscritti. Si sta studiando il modo di poter accedere alla propria cartella digitale tramite un portale e permettere di aggiornarla in autonomia utilizzando anche software open source per non pesare sui conti delle Amministrazioni Pubbliche.

n.	Azione
A1	Prescription and adherence action at regional level
A2	Falls Prevention
A3	Prevention of functional decline and frailty
B3	Integrated Care
C2	Independent Living
D4	Age-friendly Environments

STATO DELL'ARTE

FRIULI VENEZIA GIULIA: è stato costituito il tavolo "FVGas@lab", al quale appartengono attori che lavorano nel campo della tecnologia per i life environments. Una rete regionale che opera nel campo della ricerca e innovazione per migliorare la qualità della vita e promuovere un invecchiamento sano e attivo della popolazione, e che regola i rapporti tra i firmatari del "White Paper".

Grazie per l'attenzione

progettomattoninternazionale@ulss10.veneto.it

The closing round table results in a nutshell

Closing round table coordinator

- Pasqualino Rossi - Head of Section IV, EU and International Relations Department, Italian Ministry of Health

Participants in the closing round table

- Paolo Bonaretti - General Director, ASTER Consortium for Innovation and Technology Transfer, Emilia-Romagna
- Roberto Grilli - Director, Regional Agency for Health and Social Care of Emilia-Romagna
- Achille Grisetti - Chief Operating Officer Noema Life SpA
- Remo Martelli - Vice President, Comitato regionale per la qualità dei servizi del lato del Cittadino (CCRQ), Regione Emilia-Romagna

We are here reporting the main key themes as emerged from the Workshop on active and healthy ageing closing round table.

After shining a light on European, national and - in particular - Emilia-Romagna's strategies to tackle the serious demographic challenge our continent is facing (Sessions 1 and 2), Sessions 3 concentrates on significant signs emerged from the previous sessions as a starting point to look at the future to identify further strategies, tools and opportunities to be taken into account.

"Innovation is the keyword identified by the EU Commission to face the ageing challenge: innovation must not be suffered but governed. The commitment is to guarantee innovation governance, in other words a way not to be overwhelmed by emergencies or market prompts, yet to produce information useful for policy makers."

"What is the EIP on AHA added value? "The Partnership aims at connecting worlds otherwise doomed never to meet: i.e. technological-innovative research and healthcare research. Therefore, in other words, EIP on AHA acts as a catalyst for these two realms and their respective players, bringing them to the same round table: decision and policy makers (healthcare, social and productive activities), academia (research), the third sector (voluntary work), and the industrial component (market)."

"Besides already operating good practices, the Emilia-Romagna Region makes available specific tools to take a picture of the state of the art while also committing on the economic side. As a demonstration is the latest call presented by the Programma di ricerca Regione-Università²³ in 2013 within the framework of Clinical Governance research:²⁴ 6 research questions out of 25 are specifically dedicated to geriatrics, in compliance with EIP on AHA themes."

²³ See http://assr.regione.emilia-romagna.it/it/aree_attivita/governance-della-ricerca/Programma-ricerca-regione-universita/intro and <http://www.laniusletter.it> (last access July 2013)

²⁴ See http://assr.regione.emilia-romagna.it/it/aree_attivita/governance-della-ricerca/Programma-ricerca-regione-universita/bando-area-2-ricerca-gc-2013 and <http://www.laniusletter.it> (last access July 2013)

"EIP on AHA symbolizes an opportunity to meditate on integrated politics that guarantee a vision of the research and development theme as something to be addressed in order to be valued, especially on the academic and entrepreneurial side".

"It is not only about getting good to compete for obtaining European funds, but also to develop a strategy for a governance of complex social issues such as ageing and to become capable to foresee future needs coherently and consistently addressing research and healthcare".

"The key-words to tackle the ageing challenge are «innovation», «network», «public-private-voluntary work partnership», «prevention of burden diseases»."

4. The material

Here are some material handed out to participants on the day of the Workshop, in particular:

- The Emilia-Romagna EIP on AHA Commitments (*Paragraph 4.1*)
- The Emilia-Romagna EIP on AHA Best practices (*Paragraph 4.2*)
- Some regional experiences in the context of the European Innovation Partnership on Active and Healthy Ageing (*Paragraph 4.3*)

4.1. The Emilia-Romagna Region EIP on AHA Commitments

The Emilia-Romagna Region answered the 1st Call for Commitments in 2012 by presenting 4 Commitments related to 4 out of 6 Action lines proposed by the Partnership:

- Action A2 - Prevention of falls initiative in Emilia-Romagna
- Action A3 - Cognitive component in the frailty syndrome
- Action B3 - Collaborative models for supporting integrated care
- Action C2 - Working together for independent living at regional level

In 2013 the Region answered the 2nd Call entering in Action 1:

- Action A1 - Novel approach for improvement adherence to medical plans and medication

The following abstracts are meant to provide a general description of the 5 Emilia-Romagna Commitments and their state of the art [*editor's note*: the activities related to the Action 1 Commitment have just started], as well as a brief internet webography relevant to each Commitment.

Action: **A1**

Reference person: **Luca Sangiorgi**

Organisation name: **Research Hospital Rizzoli Orthopaedic Institute, Bologna**

Commitment name: **Novel approach for improvement adherence to medical plans and medication**

A non-coordinated process between the various stakeholders in diagnostic/therapeutic pathway may introduce elements of uncertainty in clinical decision and determine relevant delays in the therapeutic actions. We would like to harmonize the different actions of the various stakeholders and gather information useful to assess the level of the provided services, to reduced healthcare costs by improving accessibility and quality of care of target groups in a given Region. Identification of risk factors affecting health status led us to improve the lifestyle in target groups. Moreover evaluation of adherence rates to therapies used for chronic diseases in the elder, using patients' databases and observational studies based on drug prescription databases, allows to assess specific adherence issues and contributes to the sustainability of services. Finally IT tools combined with Logistic/Automation and innovative technological equipment for hospital and homecare boost competitiveness. An inappropriate prescription reduction as well as the decrease of the number of inappropriately polymedicated patients; monitoring the life cycle of pharmacological therapy, results of clinical tests

and adherence to prescription, adoption of the necessary safety criteria for the management of therapies and the related clinical data. And implementation of appropriate support programs, tools and educational materials to address adherence in different target groups. The challenge is transform these aims in reality by:

- creation of IT platforms in Cloud Environment to promote real time information exchange among patients, hospitals and pharmacy;
- developing a novel technological individual packaging for the elder, which can be used both in hospitals and outpatient settings;
- databases and novel methods for population clustering to develop personalized therapeutic programs and to improve adherence to treatment;
- creation of an innovative Integrated Logistic Platform for Biological samples (BS) and Pharmaceutical products (PH) delivery and storage for quality monitoring and certification;
- customer satisfaction evaluation of the provided services.

Webography (last access July 2013)

Directorates-General - Health and Consumers (DG SANCO) - European Commission

http://ec.europa.eu/dgs/health_consumer/index_en.htm

Marco Polo Programme - Directorates-General - Mobility and Transport

<http://ec.europa.eu/transport/marcopolo/>

Italian Ministry of Health

<http://www.salute.gov.it>

Italian Drug Agency

<http://www.agenziafarmaco.gov.it>

National agency for regional health services - Age.Na.S.

<http://www.agenas.it>

NHS Choices - the online 'front door' to the NHS

<http://www.nhs.uk/Pages/HomePage.aspx>

Italian Society of Health Technology Assessment

<http://www.sihta.it>

Health Technology Assessment International - HTAi

<http://www.htai.org>

Logistica del farmaco - LdF (Drug logistics)

<http://www.logisticadelfarmaco.it>

Gruppo Giglio

http://www.gruppogiglio.it/it/index.php?option=com_content&task=view&id=14

Centre for Research on Health and Social Care Management - CERGAS - Bocconi University

<http://www.cergas.unibocconi.it/>

RFID Journal

<http://www.rfidjournal.com>

GHEPI (innovative, hi-tech, professional, family-run business in the field of plastic)

<http://www.ghepi.it>

Action: **A2**

Reference person: **Lorenzo Chiari**

Organisation name: **University of Bologna**

Commitment name: **Prevention of falls initiative in Emilia-Romagna**

The A2 regional commitment has so far allowed to:

- build a broad, multidisciplinary network of clinical/research experts involving, as yet, 12 partners, including hospitals and research centers;
- recollect a number of relevant regional initiatives for fall prevention in different settings;
- start the process to structure knowledge and classify fall risk factors to allow interoperability among different clinical specialties;
- prepare the exploitation of novel ICT-based tools for fall detection, activity monitoring in daily life, instrumenting clinical scales; the majority of such tools are already available on smart phone platforms.

It is planned to involve General Practitioners, primary caregivers, and ICT SME's and industries by next Fall.

Webography (last access July 2013)

EU-FP7 FARSEEING. FARSEEING - a collaborative research project. It aims to provide a thematic network focusing on the issue of promoting healthy, independent living for older adults

<http://farseeingresearch.eu/>

EU-CIP PSP I don't fall - The main goal of the I-DONT-FALL project is to deploy, pilot and evaluate a range of innovative technological solutions for fall detection and prevention management

<http://www.idontfall.eu/>

ProFouND - EC- CIP funded Thematic Network which work closely with the EIP-AHA to bring about the dissemination and implementation of best practice in falls prevention across Europe, using novel ICT solutions

<http://profound.eu.com/>

Falls Prevention in Older Age at World Health Organization

http://www.who.int/ageing/projects/falls_prevention_older_age/en/

Emilia-Romagna Regional Plan for Prevention 2010-2012

<http://www.saluter.it/documentazione/piani-e-programmi/piano-regionale-della-prevenzione/piano-prevenzione-2010-2012>

Action: **A3**

Reference person: **Laura Calzà**

Organisation name: **University of Bologna**

Commitment name: **Cognitive component in the frailty syndrome**

The actual definition of "frailty" indicates a state of high vulnerability to negative health-related outcomes. Frailty definition is based on a scoring system related to physical fitness (weakness, slowness, poor endurance, weight loss and physical inactivity) assessed by clinical examination, not including mood and cognitive status. This is quite surprising in view of the high impact of cognitive status in the multi-systemic decline and vulnerability. This is also more evident in the attempt to develop sensitive and reliable approaches to detect pre-frailty states among the senior population.

This working group aims to implement and validate a multi-level approach to screen senior population in order to:

- identify cognitive frailty using brief cognitive tests based on ICT devices;
- introduce personal and ambient devices for objective evaluation of physical performance;
- introduce new guidelines for pre- and frailty recognition through personalized index;
- propose new guidelines for secondary and tertiary prevention related to frailty risk index.

Screening will be based on validated questionnaires of frailty, implemented with data derived from wearable and in-home monitoring sensors, and with data derived from brief cognitive testing performed through novel easy-to-use devices for memory, clock-wise test and automatic analysis of natural language. These data will be centralized using the SOLE platform and Regional Index of Clinical Events (IREC).

The inclusion of the cognitive testing as screening action in the frailty diagnostic criteria meet recent indications for future management of Alzheimer disease, which is the most prevalent cause of cognitive decline in the elderly population. Thus, this is a key action to improve the health status and the quality of life, allowing identification of reversible cognitive problems related e.g. to malnutrition, micronutrient deficiencies, and subclinical hypothyroidism. Identification of cognitive pre-frailty and frailty will introduce personalized co-morbidity therapeutic criteria and a better prevention of adverse neurological outcomes, thus supporting the long-term sustainability and efficiency of health and social care systems. Secondary and tertiary prevention will include anaesthesia protocols to prevent post-operative cognitive dysfunction, personalized profile for analgesic, anxiolytic and antidepressant treatments.

Webography (last access July 2013)

Innovation Union - European Commission

http://ec.europa.eu/research/innovation-union/index_en.cfm?section=active-healthy-ageing

Alzheimer's association - alz.org | research centre

<http://www.alz.org/research/overview.asp>

Canadian Initiative on Frailty and Aging

<http://www.frail-fragile.ca/e/index.htm>

National Institute on Ageing - NIH

<http://www.nia.nih.gov/health>

Canadian Initiative on Frailty and Aging - U.S. Department of Health & Human Services
<http://www.frail-fragile.ca/e/index.htm>

Papers (last access July 2013)

Clegg A, Young J, Iliffe S, Rikkert MO, Rockwood K. Frailty in elderly people. *Lancet*, 2013 Mar 2;381(9868):752-62. doi: 10.1016/S0140-6736(12)62167-9. Epub 2013 Feb 8.

<http://www.ncbi.nlm.nih.gov/pubmed/23395245>

Kirkland JL. Translating advances from the basic biology of aging into clinical application. *Exp Gerontol*, 2013 Jan;48(1):1-5. doi: 10.1016/j.exger.2012.11.014. Epub 2012 Dec 10.

<http://www.ncbi.nlm.nih.gov/pubmed/23237984>

Action: **B3**

Reference person: **Giorgio Vezzani**

Organisation name: **Hospital Trust of Reggio Emilia**

Commitment name: **Collaborative models for supporting integrated care**

The aim of this Commitment is to test feasibility and adoption of innovative care models, including TLC solutions, to better manage chronic diseases and to gain more active and healthy life years in elderly people, as highlighted by EIP on AHA EU Program.

To get this goal many actors should be involved in the process: patients, their care-givers, public and private - profit and non profit - social and health services providers, politics and regulatory trusts, venture capitals management, health and independent living industries/companies (encouraged to develop projects of research and development of technologically innovative standardized and cost-acceptable solutions), data transmission and storage network infrastructures, invited to made data available to all those involved in older people wellness, to support independence in everyday-life and therefore contain, as much as possible, hospitalization or institutionalization.

The Emilia-Romagna Action Group B3 is involved in as many as 9 Action Areas: Organizational models, Change management, Workforce development, Risk stratification, Care pathways, Citizen Empowerment, ICT / telemedicine services development , Finance and funding, Communication and dissemination.

Commitment's state of art

- Involvement and collection of Commitments of/from various public and private regional institutions (Hospital Trust of Reggio Emilia, Local Health Trusts of Reggio Emilia, Forlì and Ferrara, CUP2000, Democentersipe Foundation, ANT) and extra-regional ones (LUISS University, Società Italiana di Telemedicina e Sanità Elettronica) and their inclusion in the 9 Action Areas.
- Explanation of the EIP on AHA Action B3, experience sharing and brainstorming with clinicians, researchers and institutions at regional and national levels.
- Participation in the national and European (Action Plan B3, B3 Combined Work Plan) planning in the 9 Action Areas, to the drafting of a document for the EU Commission.
- Production of welfare projects (pilot projects) to be spread more widely at regional, supra-regional and European level.

- Collection of good practices in both the social and health fields as well as in the bio-medical industrial development projects in the region and transmission to the EIP on AHA B3 AG coordinators.
- Interfacing with regional A2 and C2 groups team leaders to verify the possibility of joint pilot projects in Emilia Romagna health and social settings, in order to test the convenience and applicability to regional and supra-regional services.
- Contribution in writing the document "Services for Integrated Care".

Until 2015 we will continue to pursue the development and progression of all the points mentioned, also involving other regional actors, public and private, non-profit and profit organizations, industries of the welfare sector, patient groups and voluntary and we will have to put attention to encourage the participation of the parties to the European Calls for the funding of ideas and projects.

Webography (last access July 2013)

Innovation Union - European Commission

http://ec.europa.eu/research/innovation-union/index_en.cfm?section=active-healthy-ageing
in particular:

Active and Healthy Ageing - Commitment

http://ec.europa.eu/research/innovation-union/index_en.cfm?section=active-healthy-ageing&pg=commitment

Active and Healthy Ageing - Action Plan B3: Replicating and tutoring integrated care for chronic diseases, including remote monitoring at regional level

http://ec.europa.eu/research/innovation-union/pdf/active-healthy-ageing/b3_action_plan.pdf

eHealth Week 2013 - session on Active and Healthy Ageing:

<http://worldofhealthit.org/2013/education/european-innovation-partnership-on-active-and-healthy-ageing-eip-aha/>

Hospital Trust Santa Maria Nuova of Reggio Emilia

<http://www.asmn.re.it>

Local Health Trust of Forlì

<http://www.ausl.fo.it>

Local Health Trust of Ferrara

<http://www.ausl.fe.it>

Cup 2000 SpA -The e-health industrial hub in Italy

<http://www.cup2000.it>

Democenter-Sipe Foundation - it encourages interaction between businesses and the University

<http://www.democentersipe.it>

Guido Carli Free International University for Social Studies

<http://www.luiss.it>

ANT Foundation - Italian private organization working in Italy in the field of palliative care and pain management

<http://www.ant.it>

Action: **C2**

Reference person: **Teresa Gallelli**

Organisation name: **CUP 2000 SpA**

Commitment name: **Working together for independent living at regional level**

The action's objective is to face the problem of elderly care from a systemic point of view. The main scope is to build a federative environment where different open and personalized solutions could be implemented and where several agencies (belonging to the public sector and volunteer associations) could use the available services to support and assist the elderly. The Region intends to acknowledge the work done in the past few years, and is determined to transform good practices into a real "system" through fostering new initiatives and realizing innovative implementations of social networking at large scale.

A high percentage of the senior population (70%) is in good health conditions, even if approximately half of the people presents factor risks, which are, nevertheless, modifiable. For this significant share of the population, the strategic objective is to valorise the possibilities of their family and of the collectivity. People who present modifiable risk factors will need activities of healthcare promotion and prevention.

There are several challenges the commitment will pursue:

- seniors are an important resource for both the family and the community, not always enough valorised by the community; in Emilia-Romagna, seniors are quite familiar with the existence of clubs and associations for seniors, but do not equally participate to such activities;
- improving knowledge of tele-help and tele-assistance services; and activating politics of economic protection, in order to guarantee an equal access to services, and to find a proper financial cover for the proposed interventions;
- evaluating the efficacy and usability of the proposed interventions and the economic impact.

The joint action is led by CUP2000 a public owned company of the Emilia-Romagna Region which has designed, deployed and operated health and care software and services addressed to the prevention of frailty and the maintenance of the seniors in their living environment. CUP 2000 manages on behalf of the Local Health Authority (LHA) of Bologna and of the 50 municipalities in its district with the support of the Emilia-Romagna Region. Currently, the service includes over 11,000 elderly people over seventy-five, who are followed by a specialized Service Center that delivers tele-monitoring, tele-assistance and tele-company services to prevent the aggravation of social and healthcare frailty and for the early detection of possible worsening signals, in constant relationship with both municipal social and healthcare services and with the healthcare services delivered by the LHA of Bologna. The Service Center of CUP 2000 will be the hub of this complex system of interventions, and it will be equipped with tools and capabilities to deliver and/or support the delivery of new services to the elderly person and to the healthcare professionals. Other Local Health Authorities of the region have expressed their commitment to the actions and will collaborate to meet the expected objectives.

Webography (last access July 2013)

CUP 2000 SpA - The e-health industrial hub in Italy

<http://www.cup2000.it>

ItaliaLongeva - Research national network on ageing and active longevity

<http://www.italialongeva.it>

Per Lunga Vita - PLV

<http://www.perlungavita.it>

AIAS Associazione italiana assistenza spastici, Province of Bologna

This association is aimed at promoting the right of people with disabilities (and their families) to live a happier life and to be an integrated part of the community

<http://www.aiasbo.it/english.html>

4.2. Emilia-Romagna EIP on AHA best practices

SOLE (Healthcare online) and EHR (Electronic Health Record - FSE Emilia-Romagna)

Authors/reference persons

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Anna Darchini - Regione Emilia-Romagna - adarchini@regione.emilia-romagna.it

BACKGROUND AND AIMS / TYPE OF INNOVATION

The idea is to create an integrated network of Local Health Trusts, hospitals, general practitioners and paediatricians and to provide, through the Electronic Health Record (EHR), the clinical history of every citizen of the region.

Started in 2003, the SOLE network in Emilia-Romagna aims at boosting the efficient sharing of health information which is indispensable for the effective delivery of care. Elderly people and those with chronic conditions can particularly benefit as they often have several physicians, and are shuttled to and from multiple care settings.

The use of ICTs in the Emilia-Romagna Region ensures the timely and accurate collection and exchange of health data and can foster better care co-ordination and the most efficient use of resources through the promotion of standards, guidelines and reference platforms for interoperable solutions.

Electronic capture of data through EHRs can facilitate clinical research, as well as improve evidence-based care delivery, promote prevention and increase stakeholder cooperation. Indeed new functionalities are under development addressing older people's functionality, including the loss of cognitive functions and frailty and the planning of "evidence based" actions and methods, aimed at preventing frailty and functional decline and at promoting the health of the elderly, planning and developing early diagnosis and "care and cure" tools and networks.

The Regional Health Service is committed to complete the implementation of the computerised network thus allowing GPs and paediatricians, professionals in hospitals and territorial services, administration departments in Health Trusts to communicate with each other, in order to improve and simplify public access to services, and improve both patient management and continuity of care.

It is important to underline that the implementation of SOLE/EHR allows the following benefits:

- increasing quality of care and efficiency;
- reducing operating costs of clinical services;
- reducing administrative costs;
- enabling entirely new modes of care.

Indeed, through the implementation of the technological infrastructure, the project provides a large amount of telematic services, which can be used on a local or district scale by the majority of territorial healthcare structures and authorities.

This way every citizen in Emilia-Romagna Region has his/her Electronic Health Record online, containing medical prescriptions, medical referrals, laboratory referrals, radiology referrals, a patient summary, emergency reports.

The creation of personal electronic medical records is therefore possible through the SOLE network. With the patient's formal consent, documents already available in the network are automatically inserted in the record, which is permanently available on the internet in a protected, confidential format, i.e. it can only be consulted with the use of personal credentials (information on obtaining personal credentials is provided on the website). All citizens can insert medical documents, personal data and information into their own file; these documents can be accessed only by the patients themselves or can be shared with general practitioners and other specialists.

SOLE and EHR deal with chronic disease, which is one of the biggest obstacle to the sustainability of many public healthcare systems and particularly with the management of highly prevalent chronic diseases, which are strongly associated with preventable hospitalisations.

The project is implementing a series of actions at local, regional and national levels which will allow to develop and implement multidimensional early diagnosis services, tele-assistance and monitoring services, education and health supporting services with a particular focus on older people.

The new instances coming from central and regional administrations indicate that more and more actors will be involved in data digitization and in the dematerialization of processes, not necessarily only within healthcare contexts but also within socio-medical and administrative contexts. The purpose is to provide a network capable of connecting different applications and devices, where information is collected and elaborated according to specific logics, that are based on a series of modules and components, largely already present and only requiring a simple configuration/customization.

SCALABILITY-REPLICABILITY, TRASFERIBILITÀ

SOLE/EHR adopts standard formats and processes for the indexation and sharing of the applications which promote the inter-operability of the achieved solutions.

The Region acknowledges the importance of the European Interoperability Framework and many practical results and insights have been obtained in the defined interoperability specification for the epSOS project, both at the infrastructure, services, technical level and at the semantic level (within the context of the two epSOS use cases, Patient Summary and ePrescription). Emilia-Romagna indeed took part at the epSOS project through a national sub-project called IPSE.

In the SOLE project, all the relevant players have been involved: the Emilia-Romagna Region as promoting and funding body and strategic guide; all the regional Local Health Trusts; GPs, paediatricians, specialist and hospital doctors; CUP 2000, an in-house providing company, that a) provides on the one hand, the professional services to realize the project, and on the other hand customer/user assistance; b) manages the purchase of technological goods from the external suppliers; numerous companies providing sw applications according to international standards.

Up to now SOLE is involving all regional GPs and paediatricians (more than 3,600) and all the citizens can access the network. This means that about 100,000 subjects will be engaged into actions promoting healthy life styles since each GP covers about 1,500 patients, and about 22% of the regional population (approximately 4.5 million inhabitants) is over 65. All Local Health Trusts and primary care structure are being involved to raise awareness about the importance to use the SOLE Network and EHR in the implementation of innovative clinical pathways.

OUTCOMES

Every citizen of Emilia-Romagna Region, including the elderly, can activate his/her EHR. This means that citizens can access their clinical history, and GPs can access in real time patients' clinical data. With respect to the elderly, the EHR is now integrated with a socio-information system allowing a better continuum of care. SOLE and EHR have contributed to reduce the risks of clinical mistakes at the point of care; to enhance continuity and smoother transfers between different points of care; to allow time savings by avoiding unnecessary journeys.

The SOLE project is well positioned between the expectation of an ageing population and the increase of the demand for more and better health services.

More than 66 million clinical documents transit from the SOLE network each year. This means that well focused policies on data privacy and security have a great influence on how different organisations on the market use cloud-based services, and how they face the developing of data aspects for their innovative platforms and new products, addressed in particular to elderly people.

In principle the services provided by SOLE/EHR are extended to all regional citizens and more than 3/4 of the regional population (about 3.4 million) gave their consent, resulting in more than 600,000 elderly involved in the network as well as the almost totality of GPs.

SOLE/EHR is a federated system adopted by all 11 Local Health Trusts of the Region and by 6 large hospitals.

PROFITER

Prevention of falls initiative in Emilia-Romagna

Author/reference person

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BACKGROUND AND AIMS / TYPE OF INNOVATION

Building on a number of seminal regional initiatives involving different Local Health Trusts, research institutions and industrial stakeholders, the PROFITER Project aims to establish a regional network for falls prevention.

Falls are a major determinant of morbidity and mortality for the older population. Disabling injuries and fear of falling among the survivors seriously limit their participation in activities of social life and threaten their independence. According to the international scientific literature, falls affect almost one third of the population 65 or older (approximately 300,000 people in Emilia-Romagna). By means of the proposed actions we aim to reach 10% of this target population through informative initiatives, preventive programmes, direct screening through different levels of care (including the network of 3,134 general practitioners most of them already reached through the SOLE network) involving inpatients and outpatients.

The action will substantiate in the following steps: collection, digitalisation, and retrospective analysis, within the FSE (Electronic Health Record) of relevant fall-related information (Registro regionale cadute, RRC); development and validation of a personalised fall risk model, integrating known fall risk factors, clinical balance measures, and parameters extracted from wearable inertial sensors through appropriate epidemiological methods and psychometrically sound techniques; deployment and evaluation of tailored ICT-based solutions for fall detection and prevention; classification of fall risk factors according to the International Classification of Functioning, Disability and Health (ICF) to allow interoperability among different clinical specialties and, in perspective, across European Regions; mapping of the identified fall risk model into an operational programme for the prescription of personalized interventions and/or ICT-based assistive devices for falls prevention and rehabilitation in community dwelling older subjects; intensive monitoring of high-risk patients at hospital discharge; specific training for personal carers of high-risk subjects.

Models and operational programmes for fall risk estimation and prevention clearly represent key elements towards the headline target of increasing by 2 the average number of HLYs in the EU by 2020, affecting both duration and quality of life. Model-based ICT solutions for fall prevention also aim to shrink healthcare costs associated to hospitalization, medical treatments and personal carers. The use of up-to-date wearable sensors and innovative ICT platforms in a strategic public-private partnership will strengthen the industrial competitiveness of the regional Biomedical Cluster, will encourage existing SMEs to update their products towards emerging societal needs, and will stimulate new start-up initiatives.

The aim of the ICT solutions used in the PROFITER Project is to provide systems and services to support an evidence-based healthcare decision system. They are based on a wearable inertial sensor unit and/or a Smartphone/Tablet to collect and process data captured by the sensor. The Smartphone/Tablet platform has been used because of its high-level processing and interaction units. The Smartphone, beyond a mere communication tool, will also become a transparent companion ultimately able to early detect changes in the fall risk profile of its users and to timely involve carers and family, as and when needed. An ad hoc wearable monitoring unit has been also designed and will be validated on-field to assist high risk individuals in different settings and conditions. High risk patients with a high incidence of falls will include patients with advanced Parkinson's disease, dementia, epilepsy, stroke, multiple sclerosis, and also nursing home residents, rehabilitation inpatients who start to ambulate again.

This technological cocktail will allow the measurement and analysis of movement patterns, vital signs, and environmental/contextual information to identify fall risk factors (by means of gait variability, transfer capacity, sway analyses), and to provide instrumented version of well-accepted and standardized functional tests of mobility.

A set of advanced movement analysis and data processing techniques are being used to extract robust and quantitative information about the subject mobility skills. In essence, the systems used in PROFITER incorporates this quantitative methodology in the “art” of clinical practice, so as to make the framework for clinical decisions more objective by better reflecting the evidence from a quantitative data analysis.

PROFITER aims to develop a predictive model of mobility and risk of falls in elderly individuals by introducing and exploiting some unique features offered by pervasive but unobtrusive ICT solutions that are suitable for developing population-based approaches and new primary preventive strategies for community dwelling older persons.

The definition of evaluation procedures and testing protocols to assess the fall risk, as much independent as possible from the specific pathologies, can be considered as an innovation key point for the diffusion and the interoperability between clinical specialties. Moreover, the definition of restricted ICF domains and items should be considered as a major key point for the usability and diffusion of our initiative and to allow interoperability among different clinical specialties and, in perspective, across European Regions.

SCALABILITY-REPLICABILITY, TRASFERIBILITY

It is clearly important to ensure wide dissemination of scientific and technological progress to many stakeholders, older people themselves being perhaps at the top of the list, but researchers, clinicians, technologists, policy makers, planners, commissioners and providers of services, and all players in the marketplace must be included. Traditionally scientific researchers and academics have published their results in scientific journals with little consideration of the impact this will have on the wider society, but this must change if we are to achieve significant advancement and implementation of knowledge into practice and the market. There must be good lines of communication between the players, SMEs or academics, and the results generated by a project such as PROFITER must be moved smoothly and in a timely fashion from “laboratory bench to bedside, or home” or more generally into the community. To date this has not always been the case. A number of communication channels do exist and probably the most useful in terms of breadth and reach is the internet.

The PROFITER dissemination strategy, strongly supported by the Region, targets individuals, large companies, SMEs and (local) governments to raise awareness, knowledge and skills.

The link with two European Thematic Networks (ProFound and eNoFalls) active on falls prevention and several European projects (FARSEEING-FP7, I don't Fall-CIP PSP, among others) will facilitate the transferability of results and good practices towards other European Regions.

OUTCOMES

The outcome is the implementation, within the next 3 years, of a regional collaborative model involving caregivers across at least 5 regional Local Health Trusts, researchers and technological providers. The care model will include innovative wearable devices integrated with the eHealth network used by the GPs and public hospitals already using the SOLE infrastructure, plus a considerable number of yet uninvolved professionals and final users engaged in screening and prevention, including home-based monitoring for high-risk subjects.

The PROFITER Project will have a positive impact with a well demonstrated approach for the objective characterization of mobility decline and an accurate and early prediction of fall risk. In particular:

- the ICT approach offers unique advantages for detecting fall risks and dynamically monitoring its evolution;
- PROFITER aims at maintaining and increasing the quality of life in older persons using a proactive approach. This means that the project engages independent older persons as much as possible to maintain autonomy and support their social roles in order to maximize participation.

Future deployment of the PROFITER systems, services and approaches to falls management will also contribute to the sustainability and efficiency of regional health services:

- better and faster fall risk assessments will reduce hospital stays and the number of repeated visits of older subjects for re-diagnosis and treatment (currently estimated at 20% of hospital costs);
- subject specific at-home interventions will reduce the work-load on health professionals and reduce person transport associated with falls and fractures;
- reduced cost of hospital diagnostic services (currently about 60% of hospital costs) as far as the traumatic events related to balance impairment and falls are concerned.

ARIA Project

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BACKGROUND AND AIMS / TYPE OF INNOVATION

Pulmonary complications are the main cause of morbidity and mortality in neuromuscular and in severe rib cage diseases patients.

Patients with neurological, neuromuscular and severe chest wall diseases with chronic respiratory failure treated with mechanical ventilation with or without tracheostomy and with or without supplemental oxygen have a very poor prognosis and a limited life time free from respiratory complications. They generally do have significant limitations on their social life because of frequent hospital admissions for acute respiratory complications which worsen further, sometimes to the death, their respiratory and global health condition.

The ARIA Project is the development of an idea born within the Italian Association of muscular dystrophy patients (UILDM) by some medical specialists in pulmonology, belonging to the Arcispedale Santa Maria Nuova (Santa Maria Nuova General Hospital) in Reggio Emilia and to the San Sebastiano Hospital-Local Health Authority of Reggio Emilia, who have long dedicated themselves to the care and follow up of acute and chronic respiratory failure in neuromuscular, neurological and rib cage diseases patients.

In particular the project, started in 2008 and still ongoing, aims to evaluate the feasibility of an innovative home follow up program combining tele-monitoring and chest physiotherapy in preventing and early treating acute respiratory episodes, in order to avoid/to reduce hospitalization and to maintain good clinical condition as long as possible in such fragile patients. Tele-medicine is an important innovative and powerful tool that can contribute to deliver benefits to patients, caregivers and health workers to improve collaboration among them, earlier clinical decisions, fragile patients' quality of life, patients' independent daily life, patients' life length, healthcare costs cutting.

The ARIA Project demonstrates that a continuous remote clinical conditions monitoring in really fragile outpatients allow to obtain: a physiological tranquillity for patients and their families, a useful clinical decision support to the patients' GP, a significant reduction in hospital admissions for acute respiratory diseases, a cutting of healthcare costs.

In fact neurological, neuromuscular, and rib cage diseases affected patients that often suffer from acute respiratory failure usually causing hospitalization in high care settings for a long time. Early home tele-monitoring detection of worsening of the clinical conditions in such fragile patients may allow an earlier medical and chest physiotherapy treatment at their home setting, avoiding to reach critical clinical conditions. This can reach two very important goals: to allow patients to remain at their home during acute respiratory exacerbations therapy and to cut healthcare costs, avoiding high care hospitalization.

With reference to the different Project's steps, patients and their caregivers were initially submitted to an educational meeting in hospital; at home they had to daily register respiratory signs and symptoms. Each patient was equipped with a clinical respiratory 10-item questionnaire and with a pulse oximeter with a modem for transmitting data to a remote control center in charge of alerting the pulmonologist in case of early sign and symptom deterioration. Patients' GP and chest physiotherapy interventions at home were planned after pulmonologist indication. So, as a consequence of these actions, patients were allowed to earn up to now four years of life in good health and independence from the hospital and were able to have a social life unimaginable with the previous model of care.

Integration of early detection of pathological symptoms and respiratory parameters by mean of tele-monitoring, early medical and chest physiotherapy treatments in a home based setting may allow a greater independent living to particularly vulnerable patients than the traditional hospital care and cure model. Moreover, the reduction of

the number of acute respiratory complications may allow to maintain good health conditions as long as possible, with very favourable impact on social and occupational daily life and on life length.

SCALABILITY-REPLICABILITY, TRASFERIBILITY

Given the excellent results achieved so far by the ARIA Project, there is the intention to propose its spread to all Pneumologic and Neurologic Wards in the Emilia-Romagna Region and also enter patients with amyotrophic lateral sclerosis, quadriplegia and Gold stage IV COPD. To this end, meetings with the heads of Pneumologic Wards sited in the hospitals of Emilia-Romagna as well as Local Health Trusts have been scheduled and then, with the aim to scale-up the ARIA Project in the provinces of the Region, the home-based service providers will be contacted to standardize assistance and home monitoring procedures.

The ARIA Project currently involves many actors: hospital specialist pulmonologists, patient's general practitioners, chest physiotherapist, patients, their families/caregivers, home service providers, hospital management and the leadership of Local Health Trust. In the next project development phase, specialist neurologists and specialists in neuro rehabilitation will be involved.

It can be assumed that after spreading and testing the ARIA Project in other provinces of the Region, this care model should be proposed to other Italian or EU Local Health Trusts or Regions to join the Project.

OUTCOMES

The long term traditional care of patients enrolled by the ARIA Project is very expensive for Health Public Service, as these patients frequently need hospitalization in intensive care settings for long periods.

Hospitalization costs in Santa Maria Nuova General Hospital at Reggio Emilia due to acute respiratory failure are: € 300 per day in a Pneumologic Ward, and € 2,000 per day in a high Intensive Care Unit.

The average annual cost per patient involved in the ARIA Project (including telemedicine service and to house visits of the respiratory physiotherapist) is around € 1,200.

The ARIA Project continues to demonstrate, since 2008, that more human, much less expensive and more preferably treatment of patients with different kinds of highly disabling diseases, is possible compared to the classical scheme of hospital care. So it is possible to assume a substantial savings for the regional health expenditures, especially for larger numbers of highly fragile patients cared for in their own homes.

The spread of home care settings forces the industry to propose new telecommunication and remote monitoring devices, to gain physiological parameters with as user friendly as possible biometric sensors. The ARIA Project contributes to the dissemination and using of these new sophisticated technologies, potentially contributing to their improvement through field trials.

Currently the number of patients cared for by ARIA Project is small,* but there is the aim to extend both the range of diseases serviceable remotely at home and the number of patients.

* Fifteen patients are currently enrolled in the ARIA Project (age: mean $38,7 \pm 15,8$, min 17 max 68; mechanical ventilated (MV) patients: 11 (78,5%), patients in oxygen therapy plus MV: 3 (21,5%), patients with tracheostomy: 6 (42,8%).

The diseases included are: Becker muscular dystrophy (MD) 1, Duchenne MD 5, other congenital MD 2, scapular-humeral girdle MD 2, Welander distal MD 1, Pompe's disease 1, other myopathy 1, Type 2 spinal cord amyotrophy 1, severe Kyphoscoliosis 1.

Admission criteria are: Reduced cough power (PCEF <270 l/min), MEP <40 cm H₂O, CV <1,500 ml, Adequate home caregiver support, Hospital access difficulty (excessive distance, greatly reduced or entirely absence of personal physical mobility capacity), Mechanical Home Ventilation.

Exclusion criteria are: bulbar muscular impairment, no patient's cooperation, poor patient's and relatives' motivation.

4.3. Some regional experiences in the context of EIP on AHA²⁵

²⁵ Posters presented at the International Workshop “Living healthy and active in an ageing Europe” are available online (last access July 2013)

<http://assr.regione.emilia-romagna.it/it/eventi/2013/convegno-eip-aha-vivere-sani-e-attivi/intro>

**Regional experiences
in the context
of the European Innovation Partnership
on Active and Healthy Ageing**

**In the framework of the International Workshop
"Vivere sani e attivi in un continente che invecchia"
["Living healthy and active in an ageing Europe"]
Bologna, June 3, 2013**

with the support of



in collaboration with



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Introduction

Population ageing is one of the major challenges that Europe will have to face in the near future.^{1,2}

Strategies to achieve an active and healthy ageing are paramount to improve the quality of life of senior citizens. On the one hand, it will enable senior citizens to actively participate and contribute to society while growing older, getting more out of life. On the other hand, it will contain, and hopefully decrease, the unsustainable pressure exerted by population ageing on healthcare systems.

Besides being a challenge, population ageing offers an invaluable opportunity to retune and/or create healthcare services in a more patient-oriented configuration, for the benefit of the European healthcare system as a whole and of the innovation industry.

Starting from these scenario/challenges, in 2012 the European Commission launched the **European Innovation Partnership on Active and Healthy Ageing (EIP-AHA)**^{3,4} in the frame of the "Europe 2020 Flagship Initiative".⁵ Notably, 2012 was appointed as the **European Year for Active Ageing and Solidarity between generations**.

This Partnership, which has been selected as the pilot initiative to face the challenge of population ageing, aims at **a two-year increase of healthy and active average lifespan for European citizens by 2020**, meeting three objectives:

- to improve health and quality of life of European citizens, with particular attention to seniors;
- to support long-term efficiency and sustainability of healthcare services;
- to increase the competitiveness of European industry by creating growth opportunities and new markets, ultimately contributing to a sustainable growth.

Some of the currently ongoing research projects, related to the EIP-AHA Partnership and carried out in the Emilia-Romagna Region, will be presented here.

Each programme has been presented in a structured way and distributed to all participants during the "Living healthy and active in an ageing Europe" event, held in Bologna (June 3rd 2013).

¹ Recent projections have shown that in the next 50 years European senior citizens ages 65 and older will double, moving from 87 million in 2020 to 148 million in 2060. If left untackled such demographic transition will seriously endanger financial sustainability of European healthcare systems. For more information see: <http://epp.eurostat.ec.europa.eu/portal/page/portal/eurostat/home/> (last access May 2013)

² In depth-analysis for Emilia-Romagna region in Chapter "The regional context" in the present document.

³ EC Communication - COM(2012) 83 final: "Taking forward the Strategic Implementation Plan of the European Innovation Partnership on Active and Healthy Ageing"
<http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=COM:2012:0083:FIN:EN:PDF> (last access May 2013)

⁴ Motion for a European Parliament Resolution on the European Innovation Partnership on Active Healthy Aging
<http://www.europarl.europa.eu/sides/getDoc.do?pubRef=-//EP//TEXT+REPORT+A7-2013-0029+0+DOC+XML+V0//EN> (last access May 2013)

⁵ See EC Communication - COM(2010) 2020 Final: "Europe 2020. A strategy for smart, sustainable and inclusive growth" <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=COM:2010:2020:FIN:EN:PDF> (last access May 2013)

EIP-AHA represents a novel strategy aimed at supporting the entire Research-Development-Innovation chain by overcoming barriers and thus bringing together all the relevant actors playing a role in the innovation cycle, as well as public and private partners. This will speed up the spread of innovation and profit from synergies set up at EU, national and regional/local levels⁶.

The Regional Agency for Health and Social Care of Emilia-Romagna Region (ASSR) Working Group:

Antonio Addis, Barbara Mazzoni, Luigi Pilolli, Silvia Pozzi, Tania Salandin, Federica Sarti

⁶ In order to ease the exchange of ideas and partners collaborations the EC created a web-based platform open to all involved players: cd. marketplace (<https://webgate.ec.europa.eu/eipaha/> - last access May 2013). Such platform is supposed to aid partners seeking and collaboration setup, helping sharing projects and documents and stimulating ideas exchange and good practice transfer.

The regional context.

Demographic trends in the Emilia-Romagna Region: what next?

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Nicola Caranci - Agenzia sanitaria e sociale regionale dell'Emilia-Romagna

Population changes, and more specifically modifications of population subgroups ratio, are key elements to reflect upon when talking about the future territorial development.

Migrations, intrinsically unpredictable, and the ageing phenomenon, which is genetically pre-determined, characterize and drive the future territorial development, thought at different levels.

Emilia-Romagna (E-R) is the Italian Region that underwent the fastest and deepest transformation with respect to the age structure. In just a few decades, and about ten years in advance with respect to the rest of Italy, senior citizens took over the young ones. Indeed, the 1961 census showed the presence of one 65-year old and plus every two individuals below age 15, while in 2001 the reverse was true, with two senior citizens every young one (ageing index⁷ = 193).

Opposite to the rest of Italy, where the senior to young ratio is still growing, in the E-R Region it has been decreasing in the past 10 years, despite the growing number of seniors. The reason behind the latter phenomenon is a higher increase of the young population thanks to the growing number of births and immigration. International immigration, starting at the beginning of 2000, changed gear to a crystallized population status, characterized by scarce renewal ability due to very low fertility and very high longevity.

Arrival of young foreigner citizens (mean age 31 vs 47 of the Italian population) slowed down the Italian population ageing process, speeding up the young age group growth, while not affecting the elderly yet.

Being slightly if not at all affected by immigration dynamics, prospective evolutions of the E-R Region senior population will be mainly driven by mortality rate at different ages, which can be expressed as life expectancy at birth (the statistically expected number of years of life for a person born in a specific year, in a given territory, experiencing the mortality rates of the relevant population).

Despite the recent slow down, as well as the decreased discrepancy between male and female survival rate (favouring the latter notwithstanding the 100:105 female to male birth ratio), life expectancy at birth has been growing over the past century.

When considering the past two decades, between 1991 and 2001 life expectancy underwent a three- and two-year change among males and females, respectively, switching from 74 to slightly more than 77 for males and from 81 to 83 for females. During the following decade, the still growing life expectancy suffered a one-year decrease in both males and females.

Life expectancy estimation in 2011⁸ were 80 and 84.7 for males and females, respectively. All in all, in the past 20 years mean age in the E-R Region saw a 6- and 5-year increase in males and females, respectively.

Thus, given the aforementioned trends, this indicator is still growing, yet at a slower pace and with a male vs female gap reducing over time (in the next 20 years it is expected that life expectancy will be characterized by a 5- and 4-year increase in males and females, respectively). In the middle variant the

⁷ Old age index: number of 65 and plus year people in the population as a percentage of the 0-14 year old population.

⁸ Source: Istat.

observed slow down could be reduced to 3.5 and 2.5 years for males and females, respectively. On the other hand, in the low variant, the hypothetical growth would be 2 and 1 years for males and females, respectively.⁹

In dealing with demographic estimates and projections, hypotheses about life expectancy go hand in hand with those relative to fertility and migration flows that can be presented using the same three scenarios to predict age and gender structure of the future E-R population.

Being solely affected by survival improvements among the elderly, not likely to induce significantly different results in the next 20 years, the over-65 age group is subject to the lowest variation over the three demographic scenarios.

The elderly age group has been, and will still be, consistent in the future, reaching the value of one million residents and over in the next decade. However, the elderly age group weight over the entire E-R population will be stable, fluctuating between 22.3%-22.8% and 23.9%-25% in 2020 and 2030, respectively.

Despite the 65-79 and over-80 age groups being predicted to behaviourally diverge in the next 20 years, projections show that the elderly age group increase will concentrate on individuals 80 year old and plus. The latter are expected to grow in the 2010-2020 decade only. As a result of the expected slowed down growth between 2020 and 2030 in the over-80 age group there will be a greater increase concerning the 65-79 age group, also by baby-boom individuals born in the 1954-1964 period. Indeed, the E-R Region registered the maximum number of birth events in 1964: about 58,000 as compared to 40,000 today.

65-year or plus population divided into age groups and scenarios - in 2010, 2020 and 2030 - in the Emilia-Romagna Region

	2010	2020			2030		
		Low variant	Middle variant	High variant	Low variant	Middle variant	High variant
65-79	679,569	690,508	697,261	703,826	791,921	814,855	836,568
80+	306,123	356,208	362,848	369,725	369,760	394,417	421,039
<i>Tot. 65 +</i>	<i>985,692</i>	<i>1,046,716</i>	<i>1,060,109</i>	<i>1,073,551</i>	<i>1,161,681</i>	<i>1,209,272</i>	<i>1,257,607</i>

Age threshold, conventionally set at 65, might be brought into question in countries such as Italy where lifespan is way longer than 65 years and where the onset of chronic and disabling diseases is delayed.

Disability is more frequently found in individuals over 85, when the natural ageing process adds up to chronic and invalidating diseases. On the other hand, life expectancy in healthy conditions at birth, which can be obtained by combining mortality and healthy subjects rates in 2010 in E-R¹⁰, was 60.8 and 58.3 in males and females, respectively, thus sensibly different from life expectancy alone. This is particularly true in females, for which the advantage of a longer life expectancy at birth turns into a disadvantage when considering the foreseen higher number of years of life in bad health.

In conclusion, the expected changes in the E-R demographic structure run along the same lines pointed out for demographically mature systems: the elderly fraction increase, population faces the ageing phenomenon with a concomitant decrease of the working fraction, and, though still uncertain, an increase of the population in schooling age is expected in the near future.

⁹ Generating hypotheses on mortality rate is much more complicated (eg because the increase is not proportional across all age groups).

¹⁰ http://www.istat.it/it/files/2013/03/1_Salute.pdf (last access May 2013)
Source: Istat, Survey on the number of deaths and related causes.

Distribution of unhealthy conditions and disability are under evolution among the elderly as well, and calls for proper attention when discriminating evolution basing on age groups and degree of vulnerability, which are as important as demographic dynamics, though not specific object of this presentation.

1. Novel approach for improvement adherence to medical plans, medication and management of bioresources and drugs

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**Background
and aims** Outsourcing and/or territorial centralization of testing, at least in the routinely setting, is becoming a consolidated trend in healthcare governance. A non-coordinated process between the various stakeholders may introduce elements of uncertainty in clinical decision and determine relevant delays in the therapeutic actions. This project will allow to harmonize the different actions of the various stakeholders and gather information useful to assess the level of the provided services, to reduced healthcare costs by improving accessibility and quality of care of target groups in a given Region.

Type of innovation The partnership aims at:

- creating IT platforms in Cloud environment to promote real time information exchange among patients, hospitals and pharmacy;
- developing a novel technological individual packaging for the elder, which can be used both in hospitals and outpatient settings;
- databases and novel methods for population clustering to develop personalized therapeutic programmes and to improve adherence to treatment;
- creating an innovative Integrated Logistic Platform for Biological samples (BS) and Pharmaceutical products (PH) delivery and storage for quality monitoring and certification;
- customer satisfaction evaluation of the provided services.

**Scalability-
replicability
Trasferibility** Identification of risk factors affecting health status led us to improve the lifestyle in target groups. Evaluation of adherence rates to therapies used for chronic diseases in the elder, using patients' databases and observational studies based on drug prescription databases, allows to assess specific adherence issues and contributes to the sustainability of services. IT tools combined with Logistic/Automation and innovative technological equipment for hospital and homecare boost competitiveness.

Results

- Inappropriate prescription reduction as well as the decrease of the number of inappropriately poly-medicated patients
- Monitoring: life cycle of pharmacological therapy, results of clinical tests and adherence to prescription
- Adoption of the necessary safety criteria for the management of therapies and the related clinical data
- Implementation of appropriate support programmes, tools and educational materials to address adherence in different target groups.

2. From the “fall” phenomenon evaluation in hospital to empowerment of citizens and professionals

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Local Health Trust/Institution/ Organisation	Azienda ospedaliero-universitaria di Parma
Background and aims	Falls prevention is a risk management issue on which there is attention both at national and regional level. The University Hospital Trust of Parma defined falls prevention a clinical governance and risk management priority. The citizen/caregiver/professional empowerment is a key element in falls prevention effectiveness. The purpose of this work is to develop involvement/information/education strategies for all actors that contribute in healthcare processes.
Type of innovation	The management system innovation in the “falls” phenomenon was carried out through the following steps: <ul style="list-style-type: none">▪ identification of a multi-professional working group in the University Hospital Trust;▪ implementation of an Incident Reporting System specific for “falls” phenomenon in the University Hospital Trust;▪ organizational and departmental identification of risk profile on the basis of the received reports;▪ redaction and circulation among professionals of an agile and specific communication tool;▪ preparation of a poster and a brochure to disseminate recommendations for patients and caregivers;▪ national recommendations and prepared materials release on the Hospital website.
Scalability- replicability Trasferibilità	<p>Intra-organization transferability: among wards with different clinical competence; among wards and other services.</p> <p>External transferability: between the Hospital and Local Services; from the Hospital setting to the patient’s home. The project, carried out with internal resources, has been positively acknowledged by professionals.</p> <p>Raising awareness among professionals on falls risk led to preventative interventions realization.</p> <p>This experience was presented at the regional level and contributed to the definition of Good practices for AGENAS of the Emilia-Romagna (2012).</p>
Results	If observed data will be confirmed over time, the empowerment of citizens-caregivers-professionals could contribute to significantly reduce injurious falls and the costs of diagnostic tests and specialized visits post-injuries (a first estimate suggests that the economic value of the fall phenomenon in University Hospital Trust of Parma may be at least € 50-60.000 per year).

3. Importance of motion sensors in the identification of older patients at risk of falling

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**Background
and aims** Falls in the elder are one of the most important geriatric syndromes because of the impact on disability and quality of life both of patients and their family. Identification of causes of falls, often multi-factorial and affecting multiple organs, is mandatory to prevent the fall event.

Together with well-known risk factors, nowadays there is the chance to refine and extend the search of elements useful in falls prevention by means of wearable motion sensors capable of objectively measure parameters of the subject mobility profile.

Aim of this study is to identify quantifiable elements measured by the motion sensors that can be useful in defining older patients at risk of falling and to identify both non-pharmacological and pharmacological therapeutic targets.

Type of innovation Technological innovation in the clinical field with primary and secondary prevention objectives.

**Scalability-
replicability
Trasferibilità** All tests used in this study have been widely validated in the literature. The wearable motion sensor is a non-invasive tool, easily replicable in different clinical settings and easily transferable.

Results We report preliminary data related to a pilot study carried out on 90 patients admitted to the Cardiogeriatric Ward of the Chair of Geriatrics of the S. Agostino-Estense Hospital in Baggiovara. All patients were submitted to complete examination, 12-leads electrocardiogram, history of fall risks, blood pressure measurement and evaluation of orthostatic hypotension. Moreover, the principal tests for gait, balance and strength (standing balance, chair standing, Functional Reach test, Timed Up and Go test (TUG)) were performed instrumented with the wearable motion sensor.

The 90 patients were divided into two groups, according to their risk of falling. Interestingly, with equal scores in the clinical TUG, patients with a higher risk of fall had worst performance in many parameters measured by motion sensors.

In conclusion, we strongly believe that the routine use of wearable sensors will be able to add new and fundamental elements in the prevention of falls and of the subsequent disability.

4. Falls risk assessment in a hospital setting

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Background and aims	The Local Health Trust of Reggio Emilia has been monitoring in-patients falls since 2003. A retrospective survey covering the period 2003-2011 showed an increase of falls incidence in the 5 corporate hospitals, ranging from 0.67 to 1.53 per 1,000 patient days of all admissions, due to the improvement of the reporting procedures. We also developed a scoring system to classify subjects at high risk of falling (red), low risk (green) and unclear risk (yellow). This tool consists of a one-page form, which is based on previously published selected scoring systems. "Yellow" patients only undergo a further instrumental assessment of balance (30 minutes) to more accurately classify them as "red" or "green" patients. The scoring system has been administered for 6 consecutive months to all patients (no = 190) of the Orthopedic, Pulmonary, Intensive and Extensive Rehabilitation wards of the S. Sebastiano Hospital of Correggio. The scoring system can be applied to the majority of patients (except for vegetative and minimally conscious states). On average, less than 5 minutes were needed to collect data. Sensitivity and specificity of the scoring system in predicting falls were 70% and 87%, respectively.
Type of innovation	We developed and tested a scoring system to stratify the risk of fall assessment in a hospital setting, which can be delivered in less than 5 minutes, with a predictive value greater than those of published algorithms and not limited to geriatric patients. The high specificity of our scale (87%) is nearly double than that of the available clinical scoring systems, and rely on the joint assessment of clinical, nursing-related and functional risk factors. Such specificity allows the specific delivery of preventive interventions, which can be influenced by positive items in the scoring system.
Scalability- replicability Trasferibilità	Once validated in a wider sample, our scoring system can be applied in similar hospital settings. Data acquisition regarding ambulatory patients is in progress.
Results	For each hospitalized patient it will be possible to: <ul style="list-style-type: none">▪ assess the level of risk (red/yellow/green),▪ identify the major risk factor(s),▪ design a tuned preventive action, if needed,▪ design a pointing out procedure (e.g. red wristband).

5. Multifactorial program for prevention of accidental falls in hospital at "Rizzoli" Orthopedic Institute - Bologna

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Local Health Trust/Institution/ Organisation	Rizzoli Orthopedic Institute
Background and aims	<p>Hospitalization increases the risk of falling. Among the consequences of accidental falls are increased costs. Many studies confirm that multifactorial programs reduce the incidence of falls in the hospital. The principal objective of the program was to reduce the incidence of accidental falls in the hospital and related damages, as well as associated claims, by applying healthcare interventions aimed at preventing and eradicating the main risk factors.</p>
Type of innovation	<p>The realization of the program encompassed:</p> <ul style="list-style-type: none">▪ training of clinical staff;▪ classification of fall risk for hospitalized patients by using the Morse Scale;▪ implementation of healthcare interventions to reduce risk factors for accidental fall;▪ implementation of informational and educational activities directed to patients and family members. <p>The program evaluation activity included:</p> <ul style="list-style-type: none">▪ monitoring of falls, injuries and claims rate;▪ verification of the correct application of the applied procedure;▪ a survey given to parents of pediatric hospitalized patients, to assess the quality of information provided by healthcare personnel;▪ an economic analysis of costs for program design and implementation phase. <p>After an initial test carried out in 3 wards, which was started in 2010, the program has been extended to the whole Hospital in 2011.</p>
Scalability- replicability Transferability	Provided that different organizational contexts exist, program implementation and evaluation activities can be transferred to other hospitals.
Results	<p>Outcomes evaluation showed a significant reduction of harms to patients between 2009 and 2011 (-100% and -75% reduction for medium and serious lesions, respectively) and a 67% reduction of claims in the same period, good adherence of health personnel to the company procedures (correct application of the Morse Scale in 78% of cases and correct application of healthcare interventions in 89% of cases) Results of the survey showed a high-quality level of information provided by staff to parents of pediatric patients (completeness and clarity of information have been considered adequate by 100% of respondents).</p> <p>The implemented program has been implemented at € 3,71 per inpatient.</p>

6. Implementation of simple cost-effective tests of physical performance for the screening of frail people at risk for physical decline in different clinical settings

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Background and aims	<p>A number of studies have demonstrated that simple objective tests of physical performance may identify non-disabled older persons at high risk of functional decline and disability. The four-meter usual walking speed, the balance test and the repeated chair raise tests (Short Physical Performance Battery, SPPB) are among the most studied prognostic tools.</p> <p>Aims of this project are:</p> <ul style="list-style-type: none">▪ to diffuse the use of the simple functional evaluation tools in the everyday clinical practice in different clinical settings of the regional healthcare service of the Emilia-Romagna Region;▪ to implement more objective tools for walking speed assessment;▪ to achieve the rationale for the development and implementation of interventions aimed at postponing or preventing functional decline, hospitalization and disability.
Type of innovation	<ul style="list-style-type: none">▪ Process and organizational innovations: verification of feasibility and transferability of instruments, validated in epidemiological (Guralnik, NEJM 1995; Studensky JAMA 2011) and clinical settings (Volpato JGMS 2011), to the everyday clinical practice scenario of new assessment tools▪ Technological: standardized walking speed assessment (4 and 10 meters test) using accelerometers (actigraphy)
Scalability- replicability Trasferibilità	<p>The project feasibility is supported by two local experiences conducted in different settings. The first field experience, based on a sample of older patients hospitalized at the AUO Clinical Center in Ferrara (Volpato JGMS 2011), demonstrated that SPPB is predictive of incident functional decline in the 12 months following hospital discharge. The second field experience consists of a sample of 141 community-dwelling (Medesano, Parma) older people (mean age: 78.5 ± 5.5 years, range: 65-91) that were assessed using the six minute walking test, the 4 and 10 meters walking test (with and without accelerometer), the SPPB and body composition assessments.</p>
Results	<p>We wish to be able to identify older people at high risk of functional decline and loss of independence, with a better risk stratification and a more efficient implementation of preventive and therapeutic interventions (physical exercise, rehabilitation, and nutritional support) at an early stage and to standardize the process.</p>

7. Toward early detection of cognitive frailty in the community: current and future tools and resources

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Background and aims	<p>The global epidemiological picture shows a gradual aging of the population with a consequent increase in vulnerable subjects. One of the direct effects of increased life expectancy is increasing the likelihood of developing a neurodegenerative disease whose the most significant symptom is the cognitive impairment. To detect early indices cognitive fragility aimed to large-scale screening, it is necessary to develop affordable and easy to use tools.</p> <p>The objectives of this project are:</p> <ul style="list-style-type: none">▪ to implement in ICT devices screening tools such as neuropsychological tests already used in clinical practice;▪ to validate tests for the analysis for pathological languages through the automated analysis of spontaneous speech (linguistic corpora) collected in the ecological context
Type of innovation	Validation for screening purposes of the following tests, already standardized and widely used in the area as tools for assessment of cognitive impairment: Clock Drawing Test (CDT), MMSE, MoCA, 3O3P, GPCog. In particular, for the CDT, we intend to develop an application for Tablet able to analyze the created image and detect possible early signs of deterioration. Also, you want to insert the GPCog as the first screening tool within Millewin, the software most widely used by Italian GPs, which already has some tests of cognitive and functional assessment (MMSE, SPMSQ, ADL, IADL). Finally, we intend to implement a new screening tool, based on the analysis of the speech: you want to compare the linguistic productions of a group of pathological subjects (MCI, AD initial, full-blown AD) and a control group, recorded and subjected to analysis of computational linguistics.
Scalability- replicability Trasferibilità	In the case of an actual prediction of the different instruments, they can be used as instruments of fast-cognitive screening (eg for use by GPs), easy to use and low cost, using information technologies for the administration, and the rapid interpretation of data on tablet .
Results	Validation of new screening techniques for prevention and early diagnosis of frailty and cognitive decline, through the use and implementation of well-known neuropsychological tests as well as cheap and fast innovative techniques for the analysis of specific language patterns.

8. Health and social care database for preliminary evaluation of frailty in the Emilia-Romagna territory

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**Background
and aims**

Frailty and its early evaluation have been the main topic of several researches in the past decade. Currently, two main paradigms exist to define frailty: the biomedical and the bio-psycho-social paradigms. As far as the biomedical paradigm is concerned, frailty is defined "a biologic syndrome of decreased reserve and resistance to stressors, resulting from cumulative declines across multiple physiologic systems, and causing vulnerability to adverse outcomes". With regards to the bio-psycho-social paradigm, frailty is "a dynamic state affecting an individual who experiences losses in one or more domains of human functioning (physical, psychological and social), which is caused by the influence of a range of variables and which increases the risk of adverse outcomes".

Aim of this project is to identify and gather preliminary data on frailty in the Emilia-Romagna population. It will encompass several methodologies, including but not limited to:

- filtering and aggregation of pre-existing health-clinical-administrative databases, originally built for other research projects;
- analysis of socially critical situations and extrapolation of common health and working traits helping disease outbreak;
- use of appropriate tools, and their validation, to quickly highlight frailty traits in a population still unknown to social and sanitary services.

Type of innovation Data aggregation and analysis from existing health-clinical-administrative data; analysis and follow up of population according to proper critical areas, for both social and sanitary aims; research and application of validated tools aiding the discovery of frailty traits in a large population still unknown to social and sanitary services; building an up-to-date frailty register, integrated with the regional data-warehouse and fed with real-time population data. This tool will be used to provide current status views, such as personal frailty risk index.

**Scalability-
replicability
Trasferibilità** Application of experimental analysis tools on much larger population samples; application of experimental models to evaluate and follow-up frailty targets in population samples.

Results Regional database containing data elements and frailty cases detected in the target territory to be used later as the main tool to plan social and sanitary support and interventions.

9. Eubiosia Project

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**Local Health
Trust/Institution/
Organisation** ANT Italia Foundation

**Background
and aims** Eubiosia project's main goal is to offer free of charge health and social home care to cancer patients and their families, guaranteeing the most suitable and qualified health care together with the public health system.

Type of innovation Home health services provided by ANT Foundation are carried out with a strong medical component, higher than the nursing one and with the important contribution of the psychological staff in supporting the patients and their families.
In addition, ANT, thanks to the work of its volunteers, provides social supporting services in order to reduce suffering, discomfort and sense of isolation both of patients and their families. ANT healthcare model contributes to a humanization process of public health.
Moreover, an interface of two different IT platforms (public healthcare and ANT) has been created, resulting in a wider healthcare data base.

**Scalability-
replicability
Trasferibility** The model, developed in the Emilia-Romagna Region, has been replicated in other 8 Italian Regions by transferring the quality standards to the territorial medical ANT teams (in 2012 ANT took care of more than 9.500 patients). ANT's experience and know-how will also allow to transfer this "Best Practice" to the entire European context.

Results

- The link between NPO (Nonprofit Organizations) and Public Institutions for "Health" as a common good
- Significant reduction of inappropriate admissions. The ANT model, more specifically the number of home-visits by physicians, seems to favour one's home as the place of death (79%)
- Significant reduction of health care costs for the community benefit (the average cost for each ANT patient is less than 20 Euros per day)

10. Preventing diabetes complications

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Background and aims	<p>Type 2 Diabetes Mellitus (DMT2) took on a pandemic dimension, with an increase of prevalence that seems not to be influenced by primary prevention interventions. Despite the increasing availability of innovative drugs, DMT2 evolution towards macro- and microangiopathic complications is unmodified. DMT2 is a multifactorial pathology, where environment factors and those associated with life style are primarily involved in prevalence increase and in the development of complications.</p> <p>Several clinical studies documented that persistent changes in life style allow, together with drugs, to prevent or delay DMT2 complications.</p> <p>Systematic education to self-management of diabetes by health professionals favors promotion of patient's self awareness and autonomy, which is essential for the maintenance of metabolic control's index. Objective: to develop systematic health education activities for DMT2 patients through self evaluation process and psychological support.</p>
Type of innovation	Utilization of the "Conversation Maps" tool to develop a group health education program.
Scalability- replicability Trasferibilità	Health education activities can be carried out using several approaches, often without being assessed in terms of efficacy or standardization. The implementation of a homogeneous approach and the development of group facilitation methods may lead to apply the health education tool in a standardized way, thus allowing to replicate and transfer the methodology.
Results	<p>The expected results are:</p> <ul style="list-style-type: none">▪ definition of uniform application principles of "Conversation Maps";▪ assessment of the effectiveness of the educational group in terms of participation and satisfaction;▪ analysis of some indicators of disease compensation during and after the educational process.

11. Networking actions in the Mirandola Biomedical District

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Local Health Trust/Institution/Organisation	Democenter-Sipe Foundation (Technologies transfer centers of University of Modena and Reggio Emilia)
Background and aims	<p>Emilia-Romagna is well-known as the Region of industrial districts. The Regional authorities supported realization of innovative projects through the call "Dai Distretti produttivi ai distretti tecnologici", which financed projects implemented through enterprises collaboration. The initiative involved 35 enterprises, triggering investments for EUR 16,7 million. Democenter Foundation supported this networking program through 2 biomedical-related research projects:</p> <ul style="list-style-type: none">▪ ICL (Integrated Compounding Lab), involved B.Braun Avitum Italy and Lean. Project aims at realizing an integrated and multidisciplinary technology platform for pharmacological compounds' automatic production.▪ FARE (Filtration and Adsorption Emilia-Romagna) promoted by Bellco and Medica. The project aims at creating a multidisciplinary-based technological platform for extracorporeal blood clearance. <p>Democenter Foundation supported dissemination by organizing "Distretti Day", an event aimed at spreading the results, where about 180 people, 70 enterprises, 15 authorities, and 6 trade associations participated.</p> <p>Thanks to the successful results obtained during the first edition, Region launched a new call in 2012: "Dai distretti produttivi ai distretti tecnologici - 2". Objective of the initiative is to promote the evolution of the districts involved through the implementation of a novel methodology such as open innovation and design management approaches.</p>
Type of innovation	These initiatives represent an opportunity and a best practice to create a partnership among enterprises belonging to biomedical supply chain. These networks aim to support research projects through the spreading of knowledge, skills and competencies.
Scalability-replicability Trasferibilità	This experience could be transferred to other Regions and/or Districts where enterprises could create networks to reach new markets. Technologies transfer centers could help to overcome diffidence among enterprises working in the same sectors to carry out joint projects.
Results	These initiatives give the opportunity to create 8 partnerships among biomedical enterprises and they highlight the relevant role played by technology transfer centers, among which Democenter, as facilitators for creating partnerships between enterprises and Universities and positive effects on the productive district. This way, technology transfer centers support creation of international networks of EU enterprises.

12. A regional network of consulting services for domestic environment adaptation: assessment of social costs related to independence supporting interventions

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Local Health Trust/Institution/ Organisation	Emilia-Romagna Regional Centre for Assistive Technology
Background and aims	The Emilia-Romagna Region established a network of innovative services aiming at supporting people with disabilities, as well as the elderly, to live independently, in safety and with a good quality of life. The strength of the experience relies on a systematic review of the impact on social costs.
Type of innovation	<ul style="list-style-type: none">▪ The Emilia Romagna Region created an innovative network of local services in all provinces, directly accessible by the elderly and disabled citizens and by Health and Social Services. The Centres for Adaptation of the Home Environment (CAAD) by means of multidisciplinary teams provide information and training, environmental assessment and consulting services for the elimination of architectural barriers, plants adaptations, home automation, furniture and AT devices for daily life functions. CAADs are free of charge resources for citizens wishing to adapt their homes, and a support for local institutions that wish to use public resources more efficiently.▪ Following a pilot experience carried out by the Regional Centre for Assistive Technology, CAAD launched a study on social care costs borne by the elderly and disable persons, their families and public authorities. Using the SCAI (Siva Cost Analysis Instrument) the social costs "without" and "with" domestic adaptation action can be compared.
Scalability- replicability Trasferibility	A scale leap has already been registered: from Regional Centre for Assistive Technology experiment to tool for the assessment of quality within the regional network of CAAD. The use of SCAI can certainly be extended and transferred to all the organizations offering solutions for autonomy at home and for the quality of life of the elderly and people with disabilities.
Results	<p>Initial results indicate that besides increasing quality of life, adapting the living environment to better cope with disability leads to important savings, both in the resources deployed by the family and those committed by local authorities.</p> <p>A unique sample within Europe (in terms of size) will be analyzed. We expect that results from this analysis will reveal as objective the investments positive economic impact on home adaptation, to ultimately meet citizens needs as well as the need of reducing and qualifying public spending.</p>

13. E-care Service in Bologna

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Background and aims	<p>The E-care Service, active since 2005, created by CUP 2000 SpA on behalf of the health and social Committee of the Municipalities and Local HealthTrust of Bologna. The E-care Service has developed throughout the years as a network of citizens, associations, institutions and professionals, able to provide support to the frail elderly. The e-Care Service Network aims at:</p> <ul style="list-style-type: none">▪ favoring the long staying of the elderly in their homes and preventing the increase of not-self sufficient conditions;▪ improving the quality of life by fighting social isolation;▪ allowing the fruition of healthcare and social services;▪ reducing unnecessary hospital admissions. <p>The target of the service is represented by the frail elderly over 75, at risk of social isolation (single, in a couple, or with weak familiar and social relationships) related to frailty indicators.</p>
Type of innovation	<p>The service carries out a constant monitoring of frailty by means of a periodical personalised support and the promotion of lifestyles addressing the improvement of health conditions and adherence to medical treatments. Moreover, the monitoring system, developed by a multidisciplinary team participated also by the social service units of the 9 Bologna Districts, allows the identification and the prompt warning of critical events to the social and healthcare services. The close cooperation of volunteers, associations and institutional operators allowed the success of this service, which has been able over the years to value all the resources available in the territory.</p>
Scalability- replicability Trasferibilità	<p>The E-care Service can be considered as a reference model for the integrated care and monitoring of the frail elderly. The service can address different levels of frailty, more specifically it can be addressed to elderly with a lower level of frailty. The scaling up of the service and the provision of support to a greater percentage of elderly is sustainable with a large engagement of local organizations and volunteers. The model can be easily transferred and adapted to the different social and territorial contexts.</p>
Results	<p>The frail elderly included within the e-Care Service are about 4.5% of the over-75 population of the Province of Bologna. The service has evolved as a complex network system and has put together the social and healthcare resources, providing the elderly with safety, support for social inclusion in order to prevent not-self sufficiency conditions. The further innovation of the services and the integration with new ICT solutions will allow an effective management and prevention of frailty.</p>

14. SOCIABLE: motivating platform for elderly networking, mental reinforcement and social interaction

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Local Health Trust/Institution/ Organisation	Local Health Trust (AUSL) of Forlì - Morgagni-Pierantoni Hospital, Geriatric Department
Background and aims	<p>SOCIABLE is a pilot project supported by the European Commission in the frame of CIP-ICT-PSP Programme. It aims to integrate, develop and pilot a novel ICT-based approach for assessment, monitoring, and reinforcement of the cognitive status of elderly people in the early stages of dementia, as well as boosting their social interaction. Project objectives are to:</p> <ul style="list-style-type: none">▪ pilot and evaluate a radically new ICT-based approach for cognitive training and social activation of elderly people at the early stage of dementia;▪ activate and increase the number and quality of social interactions of elderly people;▪ provide the medical personnel with automated ICT-based tools for supporting the assessment/diagnosis process and the use/management of patients' data.
Type of innovation	Introduction and piloting of a radically new ICT-based approach for the cognitive training and social activation of elderly people at the early stage of dementia, in order to prevent and delay the progression of dementia through enjoyable gaming-like cognitive training activities, specifically designed for elderly people.
Scalability- replicability Trasferibility	The novel approach of SOCIABLE has been included among the services provided by the Specialized Memory Centre of the hospital, as an added innovative service for elderly patients affected by dementia. The innovative services introduced by SOCIABLE have been adopted not only within the Hospital of Forlì, but also in collaboration with the Elderly Service of the local Municipality that took part in the project in quality of partner. As for transferability of SOCIABLE, the service has been adopted and validated in different Countries involved in the projects, where it has been tested in medical and social centers for the elderly.
Results	The main project results showed that SOCIABLE is an effective intervention for patients in the early stages of dementia, with a significant positive effect on cognitive skills of the elderly affected by Mild Cognitive Impairment (MCI) and Mild Alzheimer's Disease. Moreover, the project has proven to be useful for cognitively healthy elderly as a mean of cognitive decline prevention. Positive results emerged also about the satisfaction expressed by elderly involved in the project. Finally, SOCIABLE services provided health professionals with an innovative and effective tool to be used in their daily activities when dealing with elderly demented patients.

15. SPES – Support Patients through E-services Solutions

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Local Health Trust/Institution/ Organisation	ENEA – Italian National Agency for new technologies, energy and sustainable economic development
Background and aims	<p>SPES project aims at improving the quality of life of people by the use of ICT and New technologies. Target people are, mainly elder with chronic diseases, or suffering by social exclusion. The raise of the mean age in the European Territory leads to an increasing number of persons necessitating external aid. The individuation of technical solutions that can support people in their house represents both a challenge for research and the only sustainable solution for healthcare systems.</p> <p>SPES develops 4 different pilots that face different pathologies: respiratory problems, dementia, handicap and social exclusion.</p>
Type of innovation	<p>SPES aims at using market available technologies, not developed during the project, to face needs expressed by the patients, their families or caregivers. Each pilot is developed by a team that involves a technical partner, such as universities, and a "social" partner, such as municipalities or healthcare providers. This way, it is possible to put patients in contact with technologies, by the development of specific solutions for specific needs, and technologies with patients, individuating different ways to allow users to interact with tools.</p> <p>Thus, the software producer is able to get the correct information and data, expressed in a technical language, which respect the requirements from patients.</p>
Scalability- replicability Trasferibility	The SPES project has in its DNA the common needs in different zones of the Central Europe Area and thus it has the characteristics that will guarantee the repeatability in other contexts and the dissemination of the results in other realities.
Results	The expected main result is an increase of awareness, in different layers of populations, that it is possible to help people with problems, in particular the elders, so that they can live better and longer in their locations that could be houses or social contexts, by the aid of technologies already on the market.

5. Communication

5.1. Communicating the Workshop

The Emilia-Romagna Region press release

Politiche per la salute - From the Emilia-Romagna region toward Europe, active and healthy ageing challenge: Monday, June 3rd Regional workshop on innovation projects to ensure a good quality of life to an ageing population

Bologna - More than 4 and 5 years of life for male and female, respectively. These are life expectancy estimate at birth for 2030 in Emilia-Romagna (hereafter ER), one of the most long-lived region where demographic forecasts confirm the ageing phenomenon common to European countries. **“Living healthy and active in an ageing Europe”** is the subject of the international workshop that will be held in Bologna on Monday, June 3rd (9 am - 5 pm; viale della Fiera 8, Sala A, Terza Torre). This event has been organized by the **Regional Agency for Health and Social Care of Emilia-Romagna** in collaboration with Aster and supported by the *“Mattone internazionale”* Project. An opportunity to debate on what is going on within and outside the national boundaries and to find concrete answers to the ageing challenge, also involving healthcare professionals, scholars, regional officials, decision and policy makers.

The European Partnership

The EU Commission launched the European Innovation Partnership on Active and Healthy Ageing (EIP on AHA) with the objective of a two-year increase of healthy life expectancy for European citizens by 2020. The Emilia-Romagna Region decided to partake in the achievement of such an ambitious target.

The Regional healthcare service has been active since a long time with many social and healthcare interventions aimed at supporting and fostering healthy ageing. As a matter of fact, following guidelines as in the regional prevention Plans, programs for frailty, healthy habits promotion and multifactorial interventions aiming at reducing fall risk in the elderly have been put in place since 2006. A regional coordination group, led by the Regional Agency for Health and Social Care through the Research Governance Area, is at work together with all the other participating bodies.

Among the working groups are many territorial authorities (Local Health Trusts) and a few from the *Scienze della vita della Rete Alta Tecnologia - Rizzoli RIT* platform, the *Centro interdipartimentale di Scienze della Vita dell'Università di Bologna*, *Democenter-Sipe* - together with other important regional players - *ANT, Centri Ausilii, CUP2000* and some enterprises - with research projects aiming at finding solutions for problems related to the ageing population.

In this context the latest Call launched in 2013 by the Regional Agency for Health and Social Care in 2013 for clinical governance research [*editor's note*: in the framework of the *Programma di ricerca Regione-Università*] is devoting an important percentage of the available research questions to geriatrics and integrated assistance of oncological patients, to the management of patients affected by dementia, to interventions on frail and elderly patients and to projects aimed at preventing falls in the hospital.

After introducing the work in progress on Monday morning, there will be a face to face on European, national and regional strategies and synergies. Later on, the afternoon will be devoted to regional EIP on AHA projects, presenting activities aimed at preventing falls and fractures in the elderly, increasing compliance to follow drug prescriptions, or efficient solutions for independent elderly, frailty, the cognitive component, and healthcare integration. The day will end with a round table on future steps, tools and opportunities.

A detailed program and the registration form can be found on the web site

<http://assr.regione.emilia-romagna.it/it>. For further information, tel. +39 051 5277405-7191.

The Workshop ad hoc web page

Here is the screenshot of the web page specifically designed - and constantly updated - for the Workshop on the portal of the Regional Agency for Health and Healthcare, Emilia-Romagna Region <http://assr.regione.emilia-romagna.it/it/eventi/2013/convegno-eip-aha-vivere-sani-e-attivi>.

The screenshot shows the website for the Regional Agency for Health and Healthcare (ER) in Emilia-Romagna. The page is titled "Vivere sani e attivi in un continente che invecchia" and features a sidebar with navigation options like "Servizi online" and "Area di attività". The main content area includes a header with the ER logo and the text "Agenzia sanitaria e sociale regionale". Below the header, there is a section for the "[2013] Workshop internazionale" with a photo of a man and a detailed "Dettagli dell'evento" box. The event details specify the date as 01/06/2013 from 09:00 to 17:00, the location as Bologna, Regione Emilia Romagna, and the contact information for the Emilia Romagna Region.

ER Agenzia sanitaria e sociale regionale

Regione Emilia-Romagna

Ciò che è solo nella sezione corrente

Venerdì 18.07.2013 09:00 2013

Primo Piano | L'Agenda

ER | Agenzia sanitaria e sociale regionale | Eventi > 2013

Servizi online

- Argomenti - indice A...Z
- Pubblicazioni
- Diagnostica
- Sviluppo software e IT-Cad sanità

Area di attività

- Accreditamento delle strutture sanitarie
- Farmaci
- Governance della ricerca
- Governance clinica
- Innovazioni e nuove tecnologie in sanità
- Partecipazione, equità, inclusione sociale
- Rischio infettivo
- Sviluppo delle professionalità
- Valutazione dell'assistenza

Portale Salute

Portale Sociale

Interpretate la Newsletter

Social Media

Vivere sani e attivi in un continente che invecchia

[2013] Workshop internazionale

Quando: 01/06/2013 dalle 09:00 alle 17:00

Dove: Bologna, Regione Emilia Romagna

Per informazioni: Assr@er.spc.it

Recupero telefonata: 051 5277405-7191

per contatti:

Aggiungi l'evento al calendario: [iCal](#) [iCal](#)

Bologna, Piazza Maggiore - Sala A, Viale della Repubblica

L'Agenzia sanitaria e sociale regionale dell'Emilia-Romagna, con il supporto e la collaborazione del progetto "Mazione internazionale", organizza un workshop internazionale dal titolo "Vivere sani e attivi in un continente che invecchia" per confrontarsi dentro e fuori i confini nazionali e dare risposte concrete e innovative alla sfida dell'invecchiamento demografico.

Per governare efficacemente il fenomeno, la Commissione europea ha lanciato il Partenariato europeo per l'innovazione sull'invecchiamento attivo e in buona salute (EIP-AHA), un'iniziativa tesa ad accrescere di 2 anni la speranza di vita in buona salute dei cittadini dell'Unione europea entro il 2020. La Regione Emilia-Romagna ha scelto di partecipare al Programma, consapevole che è fondamentale promuovere un invecchiamento attivo e in buona salute dei propri cittadini per migliorare la qualità della vita dei cittadini anziani e, contemporaneamente, per ridurre la crescente pressione che il fenomeno esercita sui sistemi sanitari.

In particolare, l'Agenzia sanitaria e sociale regionale, attraverso l'Area Governance della ricerca, è alla guida del gruppo di coordinamento regionale, mirato a facilitare lo scambio di informazione da e verso la Commissione europea e gli attori coinvolti a livello regionale.

L'incontro è rivolto a coloro che sul territorio regionale sono e saranno impegnati a raccogliere la sfida: professionisti del Servizio sanitario, del mondo accademico, funzionari regionali, decisori e policy maker.

The international Workshop held in Bologna June 3rd, 2013 was just the last stage of an information process started in April 2013 with the so-called Anteprima 60' (April 13th; see also *Annex 2*) aimed at presenting the regional EIP on AHA strategy to professionals working at the Regional Agency for Health and Social Care of Emilia-Romagna and at the Regional Department of Health.

The screenshot shows the website of the Regional Agency for Health and Social Care of Emilia-Romagna. The main header includes the logo 'E-R' and the text 'Agenzia sanitaria e sociale regionale'. The navigation bar shows the date 'Giovedì 18.07.2013' and the location 'BO'. The main content area features a large banner for the event 'EIP-AHA Partenariato europeo per l'innovazione sull'invecchiamento sano e attivo. Più sani e più attivi entro il 2020'. Below the banner, there is a section for 'Anteprima in 60'' with a small image of a document. To the right, a 'Dettagli dell'evento' box provides the following information:

Quando	15-04-2013 dalle 13.00 alle 14.00
Dove	Bologna, Regione Emilia-Romagna
Parere di riferimento	Diret. Servizi
Recupilo telefonico per commenti	051 527191
Aggiungi evento al calendario	iCal iCal

Below the event details, the 'Programma' section is partially visible, starting with 'L'Emilia-Romagna in EIP-AHA. Il coordinamento regionale: azioni, buone pratiche' by Antonio Addis.

<http://assr.regione.emilia-romagna.it/it/eventi/2013/anteprima-eip-aha>

Save the date! All the announcements about the Workshop

We gathered the "Save the date!" announcements appeared in the Internet prior to the start of the "Living healthy and active in an ageing Europe" Workshop.

Regional Agency for Health and Social Care of Emilia-Romagna

<http://assr.regione.emilia-romagna.it/it>

ER Agenzia sanitaria e sociale regionale

Vivere sani e attivi in un continente che invecchia

E' disponibile il programma del workshop internazionale organizzato per il prossimo 3 giugno nell'ambito del Partenariato europeo per l'innovazione sull'invecchiamento sano e attivo (EIP-AHA)

Nel 2012 la Commissione europea ha lanciato l'Iniziativa EIP-AHA per affrontare la sfida rappresentata dall'invecchiamento demografico, con l'obiettivo di accrescere di due anni la speranza di vita in buona salute dei cittadini europei entro il 2020.

L'Agenzia sanitaria e sociale regionale dell'Emilia-Romagna, con il supporto e la collaborazione del progetto "Nazione internazionale", organizza il 3 giugno 2013 il workshop internazionale "Vivere sani e attivi in un continente che invecchia" con l'obiettivo di attivare un confronto dentro e fuori i confini nazionali per dare risposte concrete e innovative alla sfida dell'invecchiamento.

L'incontro è rivolto a coloro che sul territorio regionale sono e saranno impegnati su temi: professionisti del Servizio sanitario regionale, del mondo accademico, funzionari regionali, decision e policy maker.

► [Sulle pagine del Workshop](#), le sezioni online e il programma dell'iniziativa
► [disponibili anche i video di presentazione dell'evento](#)

Saluter - The Web portal of the Emilia-Romagna Regional Health Service

<http://www.saluter.it>

ER Il portale della Regione Emilia-Romagna

Saluter
il portale del Servizio sanitario regionale dell'Emilia-Romagna

SERVIZIO SANITARIO REGIONALE EMILIA-ROMAGNA

Cerca nel sito

solo nella sezione corrente

home → l'agenda → regione → workshop: "vivere sani e attivi in un continente che invecchia"

Saluter oggi **Servizi ai cittadini** **Area istituzionale e operatori**

Workshop: "Vivere sani e attivi in un continente che invecchia"

< Regione > Bologna , 3 giugno 2013

Lunedì 3 giugno a Bologna, presso la sala A della Terza Torre (viale della Fiera 8) è in programma un workshop internazionale organizzato dal titolo "Vivere sani e attivi in un continente che invecchia". Ad organizzare l'evento, l'Agenzia sanitaria e sociale dell'Emilia-Romagna nell'ambito delle attività promosse da EIP-AHA (Partenariato europeo per l'innovazione sull'invecchiamento sano e attivo lanciato nel 2012 dalla Commissione europea). Prevista in apertura la partecipazione dell'assessore regionale alle politiche per la salute Carlo Lusenti.

Confrontarsi dentro e fuori i confini nazionali per dare risposte concrete e innovative alla sfida dell'invecchiamento. Questo è il principale obiettivo dell'incontro, rivolto a coloro che sul territorio regionale sono impegnati su questo fronte: professionisti del Servizio sanitario regionale, del mondo accademico, decision e policy maker.

Per partecipare è necessario effettuare la pre-iscrizione sul sito dell'Agenzia sanitaria e sociale regionale:
[iscrizione on-line](#)

cosa	Convegno
quando	03/06/2013 da 09:30 al 17:00
dove	Bologna
aggiungi l'evento al calendario	

Archivi

- Il fatto
- Notizie da Regione e Aziende sanitarie
- Le campagne informative
- L'agenda
- Corsi ed eventi formativi per operatori

Archivio storico

Solo l'agenda della ...

- Regione Emilia-Romagna
- Azienda Usi di Piacenza
- Azienda Usi di Parma
- Azienda Ospedaliero-Universitaria di Parma
- Azienda Usi di Reggio Emilia
- Azienda Ospedaliera di Reggio Emilia
- Azienda Usi di Modena
- Azienda Ospedaliero-Universitaria di Modena
- Azienda Usi di Bologna

Mattoni internazionale Project

http://www.progettomattoneinternazionale.it/servizi/notizie/notizie_homepage.aspx



Progetto Mattone Internazionale
 Portare la sanità delle regioni in Europa e nel mondo, altresì l'Europa e il mondo nei sistemi sanitari delle regioni italiane nel quadro di una collaborazione con il sistema paese.

Visualizza: [A] [A] Scegli la lingua: [IT] [EN]

cerca per parole...

DATABASE | **E-MANUAL** | **BANDI EUROPEI** | **F.A.Q.** | **BACHECA REGIONI**

HOME » archivio notizie

Dettaglio della notizia
 Questa è la pagina di approfondimento della notizia che hai scelto.

Workshop "Vivere sani e attivi in un continente che invecchia"
 notizia pubblicata in data : venerdì 17 maggio 2013
 3 giugno 2012, Bologna

Documenti allegati
 Programma preliminare del workshop
[scarica il documento - formato pdf - 703 Kb](#)

LA NEWSLETTER
 ISCRIVITI

Servizi Online
 Contatti on line
 F.A.Q.
 Bandi Europei

European Commission - European Innovation Partnership on active and healthy ageing

<https://webgate.ec.europa.eu/eipaha/>



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EUROPEAN INNOVATION PARTNERSHIP
 on Active and Healthy Ageing

Home » Events » "Living healthy and active in an ageing Europe"

Home | Members | Initiatives | Funding | Forum | Documents | Events | News | About

Event organiser: Agenzia Sanitaria e Sociale Regionale dell'Emilia Romagna (ASSR)

Event name: "Living healthy and active in an ageing Europe"

Event dates: On 03-06-2013

Event details:
 The Workshop aims at stimulating the international debate to generate practical and innovative solutions to the ageing challenge in Europe.
 The event is addressed to local and national actors involved in supporting an active and healthy ageing program: Local Health Trusts, research institutions, industrial partners, Universities, public and private foundations.
 Population ageing is one of the most serious challenges that all European countries will have to face in the near future. With respect to the Italian context Emilia-Romagna is among the Regions with the highest longevity. Indeed, according to recent projections, by 2030 the average life expectancy at birth in the Emilia-Romagna Region will increase of 1-4 years and 2-5 years for women and men, respectively.
 The key questions is: will these additional years of life be healthy and active?
 Parallel to population ageing, European Countries will have to face an overwhelmingly increasing public expenditure related to healthcare costs, including long-term assistance, and retirement funds.



The screenshot shows the CIRI website interface. At the top, there is a logo for the University of Bologna and the text 'ALMA MATER STUDIORUM UNIVERSITÀ DI BOLOGNA'. To the right, a pink banner reads 'CIRI SCIENZE DELLA VITA E TECNOLOGIE PER LA SALUTE'. Below this, a navigation menu includes 'Home', 'CIRI - Scienze della vita e tecnologie per la salute', 'Ricerca', 'Servizi per le aziende', and 'Laboratori'. The main content area features a sidebar with 'Home' highlighted. The main text describes an international workshop titled 'Vivere sani e attivi in un continente che invecchia' held on June 3, 2013, from 09:30 to 17:00 at Sala A Conferenze, Terza Torre - Viale della Fiera, 8, Bologna. It mentions the organizing agency EIP-AHA and the speakers Laura Calzà and Lorenzo Chiari. A button 'Aggiungi l'evento al calendario' is visible. Below the event details, there is a note that documents are available for download and that participation is free upon registration. A link for further information is also present.



The screenshot shows the ASTER website interface. At the top, there is a search bar and navigation links for 'Home', 'Chi siamo', 'News', 'Eventi', 'Galleria', 'Ufficio Stampa', 'Lavora con noi', and 'Contatti'. Below this, there are four main categories: 'Rete Alta Tecnologia', 'Programma Imprese', 'Europa e Internazionale', and 'Capitale Umano'. The main content area features a sidebar with 'Eventi' highlighted. The main text describes an international workshop titled 'Vivere sani e attivi in un continente che invecchia' held on June 3, 2013, at Aster. It mentions the organizing agency EIP-AHA and the speakers Laura Calzà and Lorenzo Chiari. A button 'Esate il programma' is visible. Below the event details, there is a note that the registration module will be available soon. A link for further information is also present.

Local Health Trust of Bologna

<http://www.ausl.bologna.it/>

SERVIZIO SANITARIO REGIONALE EMILIA-ROMAGNA
Azienda Unità Sanitaria Locale di Bologna

Relazioni con il cittadino: Medicina Generale, Farmacie, Guardia Medica, 118, GR Salute, Bandi di concorso, Gare di appalto, Posta sul Web

Direttrici: Casalocchio di Reno, Città di Bologna, Ferrara Est, Ferrara Ovest, Forlì-Torre, San Lazzaro di Savena

Di cui: Portale News → Archivio 2013 → **Vivere sani e attivi in un continente che invecchia**

INFORMAZIONI SU ESAMI, VISITE E SEDI

Mapa del sito
Per i cittadini
Per i professionisti
Per operatori economici (gare di appalto)
Chi siamo
Amministrazione trasparente
Partecipazione
Ufficio stampa
Appuntamenti
Come sta Bologna
Contatti e Posta Elettronica Certificata
Albo Informatico
News
Archivio 2013
Vivere sani e attivi in un continente che invecchia
Archivio 2012
Archivio 2011
Ricerca News

Vivere sani e attivi in un continente che invecchia

Un workshop internazionale, il 3 giugno, a Bologna

È il titolo del workshop internazionale organizzato dall'Agenzia sanitaria e sociale regionale (ASPR), in programma il prossimo 3 giugno, nell'ambito delle attività promosse da EIP-AHA, il Partenariato europeo per l'innovazione sull'invecchiamento sano e attivo, lanciato nel 2012 dalla Commissione europea, con l'obiettivo di accrescere di due anni la speranza di vita in buona salute dei cittadini europei entro il 2020.

L'incontro, che avrà luogo alla Terza Torre in Viale della Fiera 8, è rivolto a coloro che sul territorio regionale sono impegnati sui temi: professionisti del Servizio sanitario regionale, del mondo accademico, funzionari regionali, amministratori.

Obiettivo del seminario è di confrontarsi dentro e fuori i confini nazionali per dare risposte concrete e innovative alla sfida dell'invecchiamento, con il supporto e la collaborazione del progetto "Mattone internazionale".

L'invecchiamento demografico è infatti una delle principali sfide del futuro per l'Europa, e l'Emilia-Romagna è tra le Regioni con maggiore longevità: le previsioni demografiche dicono che da qui al 2030 ci sarà un incremento della speranza di vita da 1 a 4 anni per le donne e da 2 a 3 per gli uomini.

La spesa pubblica legata all'invecchiamento della popolazione (sanità, assistenza a lungo termine, pensioni) peserà sulle economie e sui sistemi previdenziali dei Paesi europei e, in questa prospettiva, la Regione Emilia-Romagna ha scelto di partecipare a questa esperienza per migliorare la qualità della vita dei cittadini anziani e per ridurre la pressione, in aumento, del fenomeno dell'invecchiamento sui sistemi sanitari.

« luglio 2013 »

Lu	Ma	Me	Gi	Ve	Sa	Do
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Link

YouTube, Facebook, Twitter

Fascicolo Sanitario

Local Health Trust of Modena

<http://www.ausl.mo.it/>

SERVIZIO SANITARIO REGIONALE EMILIA-ROMAGNA
Azienda Unità Sanitaria Locale di Modena

PORTALE DELL'AZIENDA USL DI MODENA

Home, Strutture, Servizi e prestazioni, Dedicato a..., Come fare per, Comunicazione, Ufficio Relazioni col Pubblico

Di cui: Home → Conoscenza → Ufficio stampa → **diagnostica** → **2012** → **diagnostica** → **Vivere sani e attivi in un continente che invecchia**

RICERCA E INNOVAZIONE

- Ricerca
- Innovazione
- Board Ricerca e Innovazione
- Collana "Strumenti per l'Appropriatezza"

VIVERE SANI E ATTIVI IN UN CONTINENTE CHE INVECCHIA

Nel 2013 la Commissione europea ha lanciato l'iniziativa EIP-AHA per affrontare la sfida rappresentata dall'invecchiamento demografico, con l'obiettivo di accrescere di due anni la speranza di vita in buona salute dei cittadini europei entro il 2020.

L'Agenzia sanitaria e sociale regionale dell'Emilia-Romagna, con il supporto e la collaborazione del progetto "Mattone internazionale", organizza il **3 giugno 2013** il workshop internazionale "Vivere sani e attivi in un continente che invecchia" con l'obiettivo di avviare un confronto dentro e fuori i confini nazionali per dare risposte concrete e innovative alla sfida dell'invecchiamento.

L'incontro è rivolto a coloro che sul territorio regionale sono e saranno impegnati sui temi: professionisti del Servizio sanitario regionale, del mondo accademico, funzionari regionali, decisori e policy maker.

Programma (176.57 KB)
[Link al workshop](#)

Commitment A3: "Fragilità dell'anziano e componente cognitiva" (11.86 KB)



<ul style="list-style-type: none"> ★ Info ▶ Cos'è Europafacile ▶ Autore del sito ▶ Credits ▶ Contattaci ★ servizi ▶ Aggiungi ai preferiti ▶ Faq ▶ L'UE online ▶ Progetti ▶ Ricerca Partner ★ i nostri siti ▶ Spazio Twinning ★ utenti ▶ Registrazione ▶ Recupero password ▶ Newsletter ★ link ▶ Consultazioni dell'UE ▶ Erlai ▶ First ▶ Spazio Europa 	<p>Scheda evento</p>
	<p>▶ Titolo</p> <p>Vivere sani e attivi in un continente che invecchia</p> <p>▶ Data Evento</p> <p>03/06/2013</p> <p>▶ Note</p> <p>Il 3 giugno prossimo si svolgerà a Bologna il workshop internazionale "Vivere sani e attivi in un continente che invecchia", organizzato dall'Agenzia sanitaria e sociale regionale dell'Emilia-Romagna per confrontarsi dentro e fuori i confini nazionali e dare risposte concrete e innovative alla sfida dell'invecchiamento demografico.</p> <p>Per gestire efficacemente l'invecchiamento della popolazione, la Commissione europea ha lanciato il Partnership europeo per l'innovazione sull'invecchiamento attivo e in buona salute (EIP AHA), un'iniziativa tesa ad accrescere di 2 anni la speranza di vita in buona salute dei cittadini dell'Unione europea entro il 2020.</p> <p>La Regione Emilia-Romagna ha scelto di partecipare all'iniziativa, consapevole che è fondamentale promuovere un invecchiamento attivo e in buona salute dei propri cittadini per migliorare la qualità della vita dei cittadini anziani e, contemporaneamente, per ridurre la crescente pressione che il fenomeno esercita sui sistemi sanitari. In particolare, l'Agenzia sanitaria e sociale regionale, attraverso l'Area Governance della ricerca, è alla guida del gruppo di coordinamento regionale mirato a facilitare lo scambio di informazioni da e verso la Commissione europea e gli attori coinvolti a livello regionale.</p> <p>Il workshop è rivolto a tutti coloro che sul territorio regionale sono e saranno impegnati a raccogliere la sfida: professionisti del Servizio sanitario, del mondo accademico, funzionari regionali, <i>decision e policy maker</i>.</p> <p>Per ulteriori informazioni sull'evento e per l'iscrizione online (max 240 posti): sito web ER-Agenzia sanitaria e sociale regionale</p> <p style="text-align: center;"> BACK </p> <p style="font-size: small; text-align: center;"> Non conosci qualche termine utilizzato in questa pagina? vai a glossario Avvertenza: le informazioni contenute in questo sito sono oggetto di clausola di responsabilità e di un avviso sul copyright </p>
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Direttore responsabile: Mico Perrone

Giovedì 18 Luglio 2013 ore 16:47

Insaisci una parola chiave

RICERCA AVANZATA

PRODOTTI CHI SIAMO CONTATTI SPECIALI I TWITTER DI DIRE

CANALI dIRE POLITICA dIRE WELFARE dIRE SANITÀ dIRE AMBIENTE dIRE LAZIO dIRE EMILIA ROMAGNA dIRE SPORT

La settimana politica in Emilia Romagna - Agenda dal 3 all'8 giugno

03-06-2013

di **Naurizio Pepe**

BOLOGNA

Lunedì il Palazzo dei congressi ospita la giornata inaugurale di "Eurelectric", la conferenza annuale dell'Associazione europea delle industrie dell'energia, con la partecipazione del ministro dello Sviluppo economico, Flavio Zanonato, insieme all'amministratore delegato di Enel, Fulvio Conti, al sindaco Virginio Merola e al presidente della Regione Emilia-Romagna, Vasco Errani. In Regione, invece, si riunisce l'Assemblea legislativa in sessione europea con la partecipazione di Antonio Tajani, vicepresidente della Commissione europea. Sempre in Regione è in programma un workshop internazionale su "Vivere sani e attivi in un continente che invecchia", nonché un seminario su "La precarietà giovanile nei Comuni di Cesena, Modena e Piacenza". In Salaborsa verranno presentati gli eventi organizzati in occasione dell'apertura della stazione Sfm Bologna Mazzini, con l'assessore comunale Andrea Colombo e quello provinciale Giacomo Venturi. Alla sede Conad di via Michelino, invece, illustrazione del bilancio 2012 e dei piani di sviluppo 2013 di Nordiconad. In Provincia, dov'è in programma anche il Consiglio provinciale, le commissioni Bilancio e Trasporti approfondiscono la situazione di bilancio di Tper. Anche il Consiglio comunale si riunisce in sessione europea, con la

Gentili abbonati, da oggi la DIRE diventa pienamente multimediale: nei notiziari a voi riservati debuttano ufficialmente foto e video. Per consultarli non dovete cambiare abitudini: basterà autenticarsi qui sotto con i consueti dati d'accesso e sarete indirizzati al nuovo sistema di visualizzazione Newscader. Il "vecchio" Twib rimane ancora operativo, qui (<http://twib1.dire.it/press-10>), ma sarà dismesso entro pochi mesi. Attenzione solo a come inserire le password: il sistema distingue caratteri maiuscoli e minuscoli. Helpdesk per aiuto sulla login: 06.45499568 (orari d'ufficio)

ACCEDI AI NOTIZIARI / AREA UTENTI

Nome utente Liber

password Per

Tweets

Mico Perrone @nscoperdine 23h
Roma, catturò il galletto del Tuscolano. Dopo l'ingaugimento torna in campagna | DIRE.it [dire.khomo3889-pres...](#)

PASSI d'Argento
"La qualità della vita vista dalle persone con 65 e più"

CCM
CENTRO NAZIONALE STUDI DI STATISTICA

In agenda:

"Vivere sani e attivi in un continente che invecchia": i materiali
Sono on line, sul sito dell'Ars Emilia-Romagna, i materiali del workshop (Bologna, 3 giugno 2013), organizzato dall'Ars con il supporto e la collaborazione del progetto "Matrone internazionale". L'evento è stata occasione per confrontarsi sul tema dell'invecchiamento demografico e presentare i dati ottenuti dalla sorveglianza di Passi d'Argento. Per maggiori informazioni visita il sito dell'agenzia sanitaria e sociale regionale dell'Emilia-Romagna.

Bari, 5-6 giugno 2013 "Dimensioni della fragilità"
All'interno dell'edizione 2013 del Forum sulla Non autosufficienza di Bari, Alberto Perra (Cnesps, Iss) illustra i dati del sistema di sorveglianza Passi d'Argento con l'intervento "Qualità della vita e condizioni di salute degli ultra60enni: evidenze della prima rilevazione nazionale del sistema di sorveglianza Passi d'Argento". Per maggiori informazioni sul tema leggi anche l'articolo "Invecchiamento attivo e democrazia" che ricorda le strategie da adottare e il ruolo dell'abilitazione per il mantenimento di una buona qualità della vita.

Documenti dal Veneto

Sono on line, sul sito della Regione Veneto, i materiali del seminario "Passi D'argento: alcuni riflessioni sul lavoro svolto" (Venezia, 23 aprile 2013) e il report dell'Asl 15 Alta padovana della Regione Veneto.

Nota sulla conferenza di alto livello relativa alla fragilità in età avanzata

Giovedì 18 aprile si è tenuta a Bruxelles la conferenza di alto livello sul tema della fragilità in età avanzata, tra i partecipanti numerosi esperti italiani. Nel corso della conferenza sono stati discussi aspetti specifici relativi alla fragilità in età avanzata, come il declino funzionale e cognitivo, screening e interventi mirati, fattori di rischio come la malnutrizione. Se ne parla, tra le altre notizie, con un approfondimento nella newsletter (pdf 2.1 Mb) di aprile del progetto **Matrone internazionale**. Tra gli obiettivi principali della conferenza, particolare attenzione è stata data al dibattito politico relativo alla fragilità, condividendo con gli addetti ai lavori gli impegni presi nel gruppo d'azione relativo alla fragilità e discutendo gli ultimi sviluppi riguardanti la tematica.

L'indagine 2009 in Emilia-Romagna

In occasione del seminario "Passi d'Argento nel distretto di Castelnovo ne' Monti (Re)" (Castelnovo ne' Monti, 20 aprile 2013), la Regione Emilia-Romagna ha presentato i dati del

dalle Regioni

- Calabria
- Campania
- Emilia-Romagna
- Friuli Venezia Giulia
- Lazio
- Liguria
- Marche
- Piemonte
- Puglia
- Umbria
- Sardegna
- Sicilia
- Toscana
- Trentino Alto Adige
- Valle d'Aosta
- Veneto

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- TUTTE LE ATTIVITÀ DELLA RETE

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WORKSHOP INTERNAZIONALE "VIVERE SANI E ATTIVI IN UN CONTINENTE CHE INVECCHIA"

03.06.2013

UN INCONTRO PER DARE RISPOSTE CONCRETE E INNOVATIVE ALLA SFIDA DELL'INVECCHIAMENTO

Workshop
Bologna, 3 giugno 2013
Ore 9,30
Terza Torre, Sala A
Viale della Fiera, 8

Per confrontarsi dentro e fuori i confini nazionali e per dare risposte concrete e innovative al processo di invecchiamento della popolazione è organizzato a Bologna un **workshop internazionale** nell'ambito del Partenariato europeo per l'innovazione sull'invecchiamento sano e attivo (Eip-Aha)

La spesa pubblica legata direttamente al fenomeno dell'invecchiamento demografico (sanità, assistenza e pensioni) ha ed avrà in misura crescente un forte impatto sulle economie e sui sistemi previdenziali dei Paesi europei. Per governare efficacemente questo processo nel 2012 la Commissione europea ha lanciato l'iniziativa pilota del Partenariato europeo con l'obiettivo di migliorare la salute e la qualità della vita dei cittadini

RICERCA

Ricerca Testuale

Argomento statistico

Tema

Territorio

SOLO LIVELLO NAZIONALE

SCEGLI IL TERRITORIO

REGIONE

PROVINCIA

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Direttore responsabile Maria Ferrante – giovedì 18 luglio 2013

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 - Diritti dei cittadini
 - Immigrazione
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- Cultura
 - Ricerca Scientifica - Ambiente

Sponsor



DIRITTI DEI CITTADINI - INVECCHIAMENTO ATTIVO - WORKSHOP INTERNAZIONALE A BOLOGNA PER UNA VITA SANA E ATTIVA - PARTENARIATO EUROPEO PER L'INNOVAZIONE SOCIO-SANITARIA

(2013-05-31)

Fino a 4 anni di vita in più per le donne e a 5 in più per gli uomini: sono le stime sulla speranza di vita alla nascita per il 2030 in Emilia-Romagna. Una regione che figura tra le più longeve e dove le previsioni demografiche confermano la tendenza del fenomeno d'invecchiamento della popolazione; fenomeno che interessa tutta l'Europa. "Vivere sani e attivi in un continente che invecchia" è il tema del workshop internazionale in programma in Regione lunedì 3 giugno in regione a Bologna

L'evento è organizzato dall'Agenzia sanitaria e sociale regionale dell'Emilia-Romagna con la collaborazione di Aster e il supporto del progetto "Mattone internazionale". Un'occasione per un confronto su ciò che viene fatto dentro e fuori i confini nazionali e per dare risposte concrete e innovative alla sfida dell'invecchiamento, coinvolgendo professionisti del Servizio sanitario, del mondo accademico, funzionari regionali, decision e policy maker.

La Commissione europea ha lanciato il Partenariato europeo per l'innovazione sull'invecchiamento attivo e in buona salute (EIP-AHA), con un obiettivo: entro il 2020 accrescere di 2 anni la speranza di vita in buona salute dei cittadini europei. Obiettivo ambizioso a cui la Regione ha deciso di contribuire.

Il sistema sanitario regionale è attivo da anni con numerosi interventi di tipo socio-sanitario orientati a favorire un invecchiamento in salute. In particolare fin dal 2006, in seguito alle indicazioni contenute nei Piani regionali della prevenzione, sono stati attuati programmi di contrasto della fragilità, promozione di stili di vita favorevoli alla salute e interventi multifattoriali mirati alla minimizzazione del rischio di caduta nella popolazione anziana. Un gruppo di coordinamento regionale, guidato dall'Agenzia sanitaria e sociale regionale attraverso l'Area Governance della ricerca, è all'opera con tutte le strutture e gli enti che concorrono ai programmi.

I gruppi di lavoro coinvolgono numerose Ausl del territorio e alcuni soggetti della piattaforma Scienze della vita della Rete Alta Tecnologia - Rizzoli RIT, il Centro interdipartimentale di

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BOLOGNA {+}

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1 Ricerca rapida: Hai bisogno di leggere il testo con il mouse attraversato, ottenere la lettura illimitata.

Vivere sani e attivi in un continente che invecchia

PER APPROFONDIRE: 27 05, 2013 archivio, attivi continente, giugno bologna, internazionale presso, invecchia parla

📍 sede presso internazionale

27 Maggio 2013 12:22:00

Se ne parla il 3 giugno a Bologna in occasione di un workshop internazionale presso la sede della Regione

Provenienza: Salute
27.05.2013
Archivio news
27 maggio 2013

regione emilia romagna

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Notiziario Marketpress di Lunedì 03 Giugno 2013

DALL'EMILIA-ROMAGNA ALL'EUROPA, LA SFIDA DELL'INVECCHIAMENTO ATTIVO E IN SALUTE: LUNEDÌ 3 GIUGNO IN REGIONE WORKSHOP SUI PROGETTI INNOVATIVI PER ASSICURARE UNA BUONA QUALITÀ DELLA VITA A UNA POPOLAZIONE SEMPRE PIÙ ANZIANA

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Bologna, 3 giugno 2013 - Fino a 4 anni di vita in più per le donne e a 5 in più per gli uomini: sono le stime sulla speranza di vita alla nascita per il 2030 in Emilia-romagna. Una regione che figura tra le più longeve e dove le previsioni demografiche confermano la tendenza del fenomeno d'invecchiamento della popolazione; fenomeno che interessa tutta l'Europa. "Vivere sani e attivi in un continente che invecchia" è il tema del workshop internazionale in programma in Regione lunedì 3 giugno dalle 9.30 alle 17 (viale della Fiera 8, Sala A, Terza Torre). L'evento è organizzato dall'Agenzia sanitaria e sociale regionale dell'Emilia-romagna con la collaborazione di Aster e il supporto del progetto "Mattone internazionale". Un'occasione per un confronto su ciò che viene fatto dentro e fuori i confini nazionali e per dare risposte concrete e innovative alla sfida

5.2. They talked about us

Ageing population. One million more in 10 years *Affaritaliani.it*

Tuesday, June 4th 2013 - 10:06:00

BOLOGNA - Forecasts for the next 10 years say that in the Emilia-Romagna (hereafter ER) region there will be one million individuals over-65, and more than 1.25 million by 2030. This is what emerges from a research conducted by Angelina Mazzocchetti (*Servizio statistica e informazione geografica*, ER Region) and Nicola Caranci (Regional Agency for Health and Social Care of Emilia-Romagna) that participated to the "Living healthy and active in an ageing Europe" Workshop promoted by the Region held this morning in Bologna. In the Italian landscape, ER is the region that has undergone the fastest and strongest social transformation when considering the age structure. As detected in the 2001 census, the ratio young/over 65 residents was 1/2. Despite a constant increase in the over 65 age class, in the past 10 years the latter ratio decreased thanks to immigration. As a matter of fact, foreigners are younger than Italians (mean age 31 vs. 47).

Despite the growing life expectancy (2011 estimate was 80 and 85 years for males and females respectively), and thanks to the migration flow, the over 65 population will grow less than 1% and 3% from now to 2020 and in the next 20 years, respectively. In the next 20 years projection the elderly increase will concentrate in the over 80 age class, although a consistent increase of residents between 65 and 79 years old is expected in the 2020-2030 period because of the 1954-1964 baby boom (58.000 registered newborn vs. current 40.000). As a matter of fact, it is opinion of the two aforementioned experts that the Emilia-Romagna Region will host an ageing population, which will concentrate in the over 80 class age; as a consequence, there will be a shortage of individuals in working age, followed in the near future by an increase of babies and children in schooling age. However, depending on migration flows, the latter claim is more likely a speculation.

The major problem is that although life expectancy of Emilia-Romagna Region residents is over 80 and more, life expectancy in good health, i.e. in the absence of invalidating diseases, is 61 and 58 for male and female, respectively, which means that in the next 20 years each resident will probably need healthcare and assistance from the regional healthcare service.

Objects of the workshop held in Bologna were the future of public healthcare, technological and organizational innovation, and the "European Innovative Partnership on Active and Healthy Ageing" (EIP on AHA). The European Union (EU) is urging local authorities, such as Regions and groups active in the healthcare realm, to conceive and put in place developmental projects. The general idea is to share the expertise of different players, such as scientific research and public health organizational capabilities, not only to save on management costs but also to ameliorate the lean management, which as underlined by **Silvano Bertini** (Economic Development Policies Unit, Emilia-Romagna Region) **"can have beneficial effects on the economic situation as a whole: in order to do research, create new workplaces, increase productivity and make the healthcare service more efficient in the ER region we need to invest on the healthcare-university-enterprises triangle"**. "Right now the EU is not planning to specifically fund the involved actors" reported Antonio Addis, the EIP on AHA regional coordinator, "nevertheless the Emilia-Romagna Region - which is active since a long time with many social and healthcare initiatives aimed at supporting healthy ageing - choose to share such regional interventions and models in the EU arena. These will be evaluated and

further developed in the EIP on AHA framework and, thanks to the lesson learned, the Emilia-Romagna actors will be ready to successfully answer future EU calls for project on this specific topic".
(*giovanni baiano*)

**Outcomes of events founded by Notice n. 1 of Mattone internazionale Project -
Living Healthy and Active in an Ageing Europe
Mattone News n. 27, June 2013, Newsletter Progetto Mattone internazionale**

Living active and healthy in an ageing continent. It is a good omen for the future of the old Europe but it is also the title of an international workshop organized by the Emilia-Romagna Region. The event was held in Bologna on June 3rd 2013 and it was funded in the framework of Notice 1 of the Project "Mattone internazionale".

The meeting - while not providing Continuing Medical Education credits - was attended by nearly 190 people, including professionals in the Regional Health Service, academia, regional officials, decision and policy makers. To these must be added those who have followed the live streaming (about 40). The Emilia-Romagna Region - which was rewarded in 2013 as the *reference site* in the framework of the "European Innovation Partnership for active and healthy ageing" (EIP-AHA) - began a long process of activities dissemination and coordination, designed to encourage the general objective of EIP-AHA: to raise 2 years the European citizens expectancy of life in good health by 2020. To reach the ambitious goal of two years in good health, EIP-AHA has defined activities and paths which *reference site* candidates must follow to get back in the experimentation. Usually these activities are grafted onto paths and (best) practices that the different existing Regions, Municipalities and EIP- AHA European institutes have taken since long time.

The Emilia-Romagna Region, which ranks among the Italian regions with the greatest longevity (population forecasts to 2030 estimate in fact an increase in life expectancy at birth from 1 to 4 years for women and from 2 to 5 for the men), has decided to face the challenge of aging on two fronts simultaneously.

Communication

Emilia-Romagna Region is aware of the importance of confronting inside and outside regional and national boundaries to:

- provide innovative and practical responses to aging and conveys information relevant on their territory;
- organize meetings to foster the exchange of experiences and the updating of own resources.

The Regional Coordination

Managing existing experiences with new practices and experimentation inside and outside its borders is a challenge that must be taken to avoid wasting resources, skills and priorities. At this purpose the Region has created a regional Coordination team that identifies and defines the strategies of government in the challenge to ageing. The coordination team consists of:

- Regional Department of Health Policies
- Regional Department of Productive Activities

- Regional Agency for Health and Social Care of Emilia-Romagna (ASSR)
- ASTER (Consortium for innovation and technology transfer)

Read more

Everything about the international Workshop is available at the Regional Agency for Health and Social Care's website - <http://assr.regione.emilia-romagna.it/it>

The proceedings will be available from the month of July 2013.

Living healthy and active in an ageing Europe EUREGHA network

Bologna, 3rd June 2013

On Monday 3rd June, the EUREGHA Secretariat took part in the "Living healthy and active in an ageing Europe" conference, held in Bologna, Emilia-Romagna. The conference was mainly focused on the involvement and activities of Emilia-Romagna in the European Innovation Partnership on Active and Healthy Ageing (EIP on AHA), and the particular demographic challenges that the region faces.

The Region of Emilia-Romagna is involved itself in the EIP-AHA as both a Reference Site, and as an active participant in five of the Action Groups:

- A1 - Adherence to medical plans and medication
- A2 - Fall prevention
- A3 - Frailty
- B3 - Integrated Care
- C2 - Independent living (at regional level)

Petra Leroy Cadova, from DG SANCO, presented an overview of the EIP on AHA from the European Commission perspective, with a particular update on the state-of-play of the Reference Site process. That day, 3rd June, was the deadline for peer assessment of Reference Sites, and on 1st July, all Reference Site candidates will be given a star rating (1-4 stars).

As part of this initial session of the conference, the Secretariat also gave a presentation, explaining what the EUREGHA association does and particularly how it works as a network in Brussels, as well as all EUREGHA activities and our involvement in the EIP on AHA. Emilia-Romagna were asked by a representative of another attending region why they chose EUREGHA in particular, from all other networks that exist in Brussels. Mr. Antonio Addis, from the Regional Agency for Health and Social Care of Emilia-Romagna, that the priorities and focus of EUREGHA complemented and matched those of the Emilia-Romagna Region. Mr. Addis explained that when choosing which networks to join, the most important factor was to consider the interests of the region, and where they can best be developed, and the shared priority of health policy development was a key reason for Emilia-Romagna's decision to join the EUREGHA network.

A presentation was also given on the Mattone internazionale Project, in which Emilia-Romagna is involved, alongside fellow EUREGHA member-Region Veneto.

For more information on this event, see also the EUREGHA Newsletter Issue no. 9: June-July 2013, in particular the EUREGHA NEWS section, or contact the EUREGHA Secretariat.

Segreteria EUREGHA

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Email: info@euregha.net

Skype: euregha

Internet: www.euregha.net

6. General webography²⁶

Some key-documents

Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions. **"Europe 2020 Flagship Initiative Innovation Union"**, Brussels, 6.10.2010, COM(2010) 546 final

http://ec.europa.eu/research/innovation-union/pdf/innovation-union-communication_en.pdf

Communication from the Commission to the European Parliament and the Council **"Taking forward the Strategic Implementation Plan of the European Innovation Partnership on Active and Healthy Ageing"**, Brussels 29.2.2012 COM(2012) 83 final

<http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=COM:2012:0083:FIN:EN:PDF>

DG SANCO

<http://ec.europa.eu/health>

EIP on AHA Action Plans

http://ec.europa.eu/research/innovation-union/index_en.cfm?pg=commitment§ion=active-healthy-ageing#action_plans

in particular:

Action Plan A1

http://ec.europa.eu/research/innovation-union/pdf/active-healthy-ageing/a1_action_plan.pdf#view=fit&pagemode=none

Action Plan A2

http://ec.europa.eu/research/innovation-union/pdf/active-healthy-ageing/a2_action_plan.pdf#view=fit&pagemode=none

Action Plan A3

http://ec.europa.eu/research/innovation-union/pdf/active-healthy-ageing/a3_action_plan.pdf#view=fit&pagemode=none

Action Plan B3

http://ec.europa.eu/research/innovation-union/pdf/active-healthy-ageing/b3_action_plan.pdf#view=fit&pagemode=none

Action Plan C2

http://ec.europa.eu/research/innovation-union/pdf/active-healthy-ageing/c2_action_plan.pdf#view=fit&pagemode=none

Action Plan D4

http://ec.europa.eu/research/innovation-union/pdf/active-healthy-ageing/d4_action_plan.pdf#view=fit&pagemode=none

²⁶ For a non-comprehensive illustrative purpose. Last access July 2013

Excellent Innovation for Ageing - a European guide: the Reference sites of the European Innovation Partnership on Active and Healthy Ageing

<http://ec.europa.eu/digital-agenda/en/news/excellent-innovation-ageing-european-guide-reference-sites-european-innovation-partnership>

Strategic Implementation Plan (SIP) for the European Innovation Partnership on Active and Healthy Ageing

strategic plan http://ec.europa.eu/research/innovation-union/pdf/active-healthy-ageing/steering-group/implementation_plan.pdf#view=fit&pagemode=none

operational plan http://ec.europa.eu/research/innovation-union/pdf/active-healthy-ageing/steering-group/operational_plan.pdf#view=fit&pagemode=none

The Emilia-Romagna Regional Health Service. Facilities, expenditure, activities as of 31.12.2011, programs, agreements and organizational models (April 2013)

http://www.saluter.it/documentazione/rapporti/ssr/Pubblicazione_SSR_ingl2012.pdf

Some key websites

EIP on AHA in the Emilia-Romagna Region

http://assr.regione.emilia-romagna.it/it/aree_attivita/governance-della-ricerca/progetti_internazionali/eip-aha

EU Health Programme

http://ec.europa.eu/health/programme/policy/index_en.htm

European Innovation Partnerships

http://ec.europa.eu/research/innovation-union/index_en.cfm?pg=eip

European Innovation Partnership on Active and Healthy Ageing

http://ec.europa.eu/research/innovation-union/index_en.cfm?section=active-healthy-ageing

Horizon 2020

http://ec.europa.eu/research/horizon2020/index_en.cfm

Innovation Union

http://ec.europa.eu/research/innovation-union/index_en.cfm

Mattone internazionale Project

http://www.progettomattoneinternazionale.it/servizi/notizie/notizie_homepage.aspx

Marketplace

<https://webgate.ec.europa.eu/eipaha/>

PASSI d'Argento

EpiCentro - PASSI d'Argento

<http://www.epicentro.iss.it/passi-argento/>

PASSI d'Argento moodle

<http://www.passidargento.it/moodle/>

PASSI d'Argento in Emilia-Romagna

<http://www.ausl.mo.it/dsp/flex/cm/pages/ServeBLOB.php/L/IT/IDPagina/6533>

PASSI d'Argento nel Distretto di Castelnovo ne' Monti (RE) - Seminario 20 aprile 2013

<http://www.ausl.mo.it/dsp/flex/cm/pages/ServeBLOB.php/L/IT/IDPagina/6535>

Schede monotematiche riassuntive

<http://www.ausl.mo.it/dsp/flex/cm/pages/ServeBLOB.php/L/IT/IDPagina/6539>

PASSI d'Argento: la qualità della vita percepita dalle persone con 65 anni e più - Indagine 2009, Emilia-Romagna - Collana Contributi n. 59/2009

<http://www.ausl.mo.it/dsp/flex/cm/pages/ServeBLOB.php/L/IT/IDPagina/6533>

Workshop internazionale "Vivere sani e attivi in un continente che invecchia", June 3rd, 2013. Materiali e documentazione

http://assr.regione.emilia-romagna.it/it/aree_attivita/governance-della-ricerca/progetti_internazionali/eip-aha/materiali-e-documentazione/workshop-eip-aha/materiali-e-documentazione-workshop

Annexes

- Annex 1.** Marketplace
- Annex 2.** Leaflet of the Anteprima in 60' "EIP-AHA Partenariato europeo per l'innovazione sull'invecchiamento sano e attivo. Più sani e più attivi entro il 2020", Bologna, April 13th, 2013
- Annex 3.** Program of the International Workshop "Living healthy and active in an ageing Europe", Bologna, June 3rd, 2013
- Annex 4.** Poster of the International Workshop "Vivere sani e attivi in un continente che invecchia", Bologna, June 3rd, 2013

Marketplace

What is the Marketplace for?

The Marketplace is a website (<https://webgate.ec.europa.eu/eipaha/>) designed to provide the latest news and **information** on the European Innovation Partnership on Active and Healthy Ageing, including funding opportunities.

It also aims at enabling **interaction** and strengthening debates among the community of registered members, who can be partners from the Reference Sites, Action Groups members as well as external users.

Detailed instructions to register to the Marketplace and the newsletter

In order to register and to be able to take advantage of all the features available on the Marketplace, two steps must be taken: you first need to register on ECAS, the European Commission Authentication Service and then fill in your profile on the Marketplace itself.

STEP 1 (if you already have an ECAS account, jump directly to STEP 2)

- Go to <https://webgate.ec.europa.eu/eipaha/>
- Click on "login-register" in the very top menu

It opens the ECAS website

- Click on "Login - not registered yet"
- Fill in the "Sign in" form

(It will ask you the following fields: Choose a username, First name, Last name, E-mail, Confirm e-mail, E-mail language, Code (just transcript what you see in the box))

Once this is done, you will receive a login and a password by email in the next 10 minutes.

STEP 2

- Go (back) to <https://webgate.ec.europa.eu/eipaha/>
- Click on "login-register" in the very top menu

It (re)opens the European Commission Authentication Service (ECAS) website

- Enter your login and password
- Click on "Login!"

You are automatically re-directed to the Marketplace.

- Close the blue bar on the top (white cross)
- Click on "My Profile"
- Fill in your "fiche", as yourself or representing an association, with as much information as possible – this will help you being "searched for" by other members of the Marketplace looking for partners, contacts, other players.
- Save your profile.

STEP 3 (to register to the newsletter)

In your profile form, go to the "Notification" sheet.

Click on "I want to receive the EIP on AHA newsletter".

A short presentation of the present platform



EUROPEAN INNOVATION PARTNERSHIP
on Active and Healthy Ageing

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The Marketplace

We are working on...

- Prevention, screening and early diagnosis
- Care and cure
- Active ageing and independent living
- Horizontal issues and framework conditions

EIP on AHA highlights

Invitation for Commitment to the Action Plans: deadline extended to 28th of February!
The European Commission has opened the Invitation for Commitment to the Action Plan...
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- The latest news

Promote...

- Your initiatives
- Your events or documents

Start...

- Debates
- Creating a community



I want to find out about projects and initiatives

- Browse a list of projects directly related to the work of the European Innovation Partnership
 - Find projects and initiatives looking for funding or partners
 - Upload your own and find the resources you need
- <https://webgate.ec.europa.eu/eipaha/initiative>

Executive Summary	Fit as a Fiddle is a nationwide physical activity, nutrition and wellbeing programme, led by Age UK, which has reached over 300,000 older people across England. For more details please see www.ageuk.org.uk/health-wellbeing/fit-as-a-fiddle/ We are keen to share best practice from Fit as a Fiddle with European partners, and create a lasting legacy for the programme.	Fit as a Fiddle	Moira ROBINSON
Keywords	Active ageing Older people Inclusion	Active ageing in a foreign land	Sandra PINCINI
Contribution to activities and the objectives of the EIP on AHA	Physical activity and nutrition are central to increasing healthy life years. The Fit as a Fiddle programme relates particularly to the EIP objective of preventing functional decline. It is also related to patient empowerment and personalised health management.	SOpuznet.nl: Social Network voor older people	Jaap KOOT
Key bottlenecks and barriers to progression	Changing behaviours.	Rolling out system wide case management for the most resource-intensive patients within the Telephone-based Case management in the Stockholm County covering 2 million lives	Maria SÖDERLUND
Innovative element	Fit as a Fiddle hosts innovative projects promoting healthy ageing, based around the needs and ideas of local people. Programmes are run in partnership with regional and national organisations.	Sustained Activity, Fitness and Employability	Mary VAN STEEG
Partners	Fit as a Fiddle also has strong links with different national activity and wellbeing programmes for older people, with which it shares ideas, networks and inspiration, including Age UK's Ageing Well programme.	ADVITA - 11 training DVDs for Caregivers	Rosario SOBRAL
		Don't Fall Don't Break	Klara ZALATNAI
		Living and Care Lab	Vicky VAN DER AUWERA



I want to talk about burning issues

- Post a question about the EIP on AHA
 - Chat with other Marketplace members
 - Tell the community about your project or initiative
 - Launch a debate or put forward a budding idea
- <https://webgate.ec.europa.eu/eipaha/forum>

Home	Members	Initiatives	Funding	Forum	Documents	Events	News	About
Create new forum								
Title	Topics	Posts	Last post					
Initiatives This forum can be used to discuss past, present and future initiatives on active and healthy ageing	2	2	last post by Valérie AYACHE 2013-01-11 15:18:17					
Discussing events This forum can be used for discussions on active and healthy ageing events, meetings, workshops and conference	3	4	last post by James APPELVARD 2013-01-14 17:29:22					
Discussing ideas and sharing evidence Discuss your thoughts and ideas on active and healthy ageing in this forum, share data and evidence	18	21	last post by Antony FAYTON 2013-01-15 11:00:43					



I want to keep up with the latest news

- Become a member of the Marketplace and receive the monthly newsletter
- Log on and read the latest news on the website
- E-mail us with your news stories: EC-EIP-AHA@ec.europa.eu



Active and Healthy Ageing, for you and with you - Check out DG Content's new brochure! How can we handle the challenges of getting older? It's an important question for you, but also for countries and for Europe as a whole. In this short publication we point out what the European Commission is doing for you, and what you can do to live actively and independently for as long as possible. Our systems for health and social care should change, and ICT-enabled products and services can help, but it is you who will make the difference. Want to look into the future of getting older? Check out the brochure in the Marketplace Library.



Champions join forces to push for greater people power in local health and care services
Four leading national charities have joined forces today to encourage more people and communities to get involved and have a say on how health and social care services are run in their area.



Researcher uncovers link to memory loss in older people
Neuroscientists at the University of California, Berkeley, have made the first link between sleeping problems, memory loss and the cerebral deterioration that occurs as we age. The study involved 18 young adults in good health.

<https://webgate.ec.europa.eu/eipaha/news/index/index/page/1>



European Innovation Partnership on Active and Healthy Ageing

November - February 2013 issue

Highlights

- Action groups and reference sites update
- Our Marketplace reaches 300 members!
- 2nd initiative for commitment: deadline extended!
- Member of the month
- Spotlight on the "EUAHP" project
- Funding
- Latest news
- Upcoming events

Action groups and reference sites update

Action Groups working at full speed!

After a busy period perfecting and reflecting upon the Action Plans post-Conference of Partners, the Action Groups are kick-starting the new year with meetings to discuss cooperation on particular themes:

- **Integrated care** (2) on 15/01/13 worked on planning the activities in 2013, the contribution of partners to these activities and the preparation of the first two deliverables this year, such as best practices and models for risk stratification, care pathways and the use of telemedicine.

- **Fall Prevention** (2) on 20/01/13 is planning for the delivery of its first set of deliverables, such as the repositories of operational fall prevention and management programmes, approaches and care pathways in regions of Europe.



I want more information about funding

- Access a list of funding relevant to projects working on active and healthy ageing
- Keep up to date on open calls and get the key descriptions and website links
- Let us know if you are aware of relevant funding

<https://webgate.ec.europa.eu/eipaha/funding>



List of Open Calls potentially interesting for Stakeholders of the European Innovation Partnership on Active and Healthy Ageing

Programme	Duration	Amount
FP7 - Seventh Framework Programme	2007-2013	€ 51 billion
FP7 Cooperation - Health	2007-2013	€ 6.1 billion
FP7 Cooperation - Food	2007-2013	€ 1.9 billion
FP7 Cooperation - ICT Challenge 5: ICT for Health, Ageing Well, Inclusion and Governance	2007-2013	€ 37 million
FP7 Future and Emerging Technologies (FET)	2007-2013	€ 93 million FET-Open
FP7 Capacities - Regions of Knowledge	2007-2013	€ 126 million
FP7 Cooperation - Socio-economic Sciences and Humanities (SSH)	2007-2013	€ 601 million
FP7 People - Marie Curie Actions	2007-2013	€ 4.7 billion
FP7 Ideas	2007-2013	€ 7.4 billion

Programme Second Health Programme

Call Title: 2013 Call for proposals Supporting the priorities of the European Innovation Partnership on Active and Healthy Ageing

Description: In support of the practical implementation of innovative solutions responding to the priorities of the European Innovation Partnership on Active and Healthy Ageing, project grants will foster pilot actions at local and regional level focusing on the management of multimorbidity among elderly people through integrated care pathways, as well as on improving adherence to treatment and prevention of falls and frailty.

- (1) Implementation of integrated or coordinated interventions for early identification and diagnosis of physical frailty in older persons
- (2) Implementation of interventions to address polypharmacy

Deadline: 22 March 2013.

Budget: € 6 000 000

Info: <http://ec.europa.eu/ehp/health/projects.html>



I want to read up on active and healthy ageing

- Access a wealth of documents on ageing and on the European Innovation Partnership
 - Upload and share your own
- <https://webgate.ec.europa.eu/eipaha/library>

General Library documents	Action Group documents	EIP on AHA background documents
Summarising the OECD's Health at a Glance Europe 2012 report...	D4 Age-friendly Buildings, Cities & Environments - Action Plan Specific Form	EIP on AHA: how to get involved
Active and Healthy Ageing - for you and with you	C2 Interoperable Independent Living Solutions - Action Plan Specific Form	Invitation and Guide for Commitment to ACTION PLANS
Active Ageing and Quality of Life in Old Age (Executive Summary)	B3 Integrated Care for Chronic Diseases incl Remote Monitoring-Action Plan Specific Form	Frequently Asked Questions
Sustainable Health Systems: Visions, Strategies, Critical Uncertainties and Scenarios	A3 Prevention of Functional Decline and Frailty- Action Plan Specific Form	European Innovation Partnership on Active and Healthy Ageing (EIP) First Conference of Partners: Delivering Results for Europe - Conference Report
View all	View all	View all



I want to attend events and network!

- Browse the events calendar to find conferences and meetings on active and healthy ageing
 - Let the Marketplace members know about your own event
- <https://webgate.ec.europa.eu/eipaha/events>

European Innovation Partnership on Active and Healthy Ageing (EIP on AHA)	Fri	Sat	Sun
Action Group Meeting D4: Innovation for Age Friendly Environments	3 events	1 4th Edition of Senior Sports Day	2 3
On 01-03-2013			
Following up on the Action Plan that was delivered and presented at the 6th November 2012 Conference of Partners, Action Group D4 will meet to discuss the next phase of the Partnership and what this means for the implementation of their initiatives. All of the relevant documents and literature from this event will be uploaded onto the Marketplace for your reference in due course!	8 11th International Conference on Alzheimer's ...	9 11th International Conference on Alzheimer's ...	10 2 events
N/A	15	16	17
Brussels	57. Jahrestagung The SOCRI's 3rd Annual Dementia Research Conference		
<ul style="list-style-type: none"> • Extending active and independent living through open and personalised solutions • Innovation improving social inclusion of older people 	22 2 events	23 57. Jahrestagung	24
EIP on AHA action groups			



Anteprima in 60'

15 aprile 2013

ore 13.00 - 14.00

EIP-AHA

PARTENARIATO EUROPEO PER L'INNOVAZIONE SULL'INVECCHIAMENTO SANO E ATTIVO

PIÙ SANI E PIÙ ATTIVI ENTRO IL 2020

L'Emilia-Romagna in EIP-AHA

Il coordinamento regionale: azioni, buone pratiche

ANTONIO ADDIS e ANNA DARCHINI

Presentazione dei gruppi di lavoro

Migliorare l'aderenza alle prescrizioni di farmaci a livello regionale (LUCA SANGIORGI)

Prevenire le cadute e le fratture nell'anziano (LORENZO CHIARI)

Fragilità dell'anziano e componente cognitiva (LAURA CALZÀ)

Modelli collaborativi a supporto delle cure integrate (GIORGIO VEZZANI)

Collaborare per una vita autonoma dell'anziano (TERESA GALLELLI)

Conclusioni e discussione

ROBERTO GRILLI

Bologna
viale Aldo Moro 21
sala 105b - 1° piano

 Regione Emilia-Romagna

 SERVIZIO SANITARIO REGIONALE
EMILIA-ROMAGNA

 Agenzia
sanitaria
e sociale
regionale

EIP-AHA
*European Innovation Partnership
on Active and Healthy Ageing*

*Living healthy and active
in an ageing Europe*

Bologna, June 3, 2013
Terza Torre - Sala A
Viale della Fiera 8

INTRODUCTION

The Workshop aims at stimulating the international debate to generate practical and innovative solutions to the ageing challenge in Europe.

The event is addressed to local and national actors involved in supporting an active and healthy ageing program: Local Health Trusts, research institutions, industrial partners, Universities, public and private foundations.

Population ageing is one of the most serious challenges that all European countries will have to face in the near future. With respect to the Italian context Emilia Romagna is among the Regions with the highest longevity. Indeed, according to recent projections, by 2030 the average life expectancy at birth in the Emilia-Romagna Region will increase of 1-4 years and 2-5 years for women and men, respectively.

The key questions is: *will these additional years of life be healthy and active?*

Parallel to population ageing, European Countries will have to face an overwhelmingly increasing public expenditure related to healthcare costs, including long term assistance, and retirement funds .

The Emilia-Romagna Region, through the European Innovation Partnership on Active and Healthy Ageing (EIP-AHA), embraced the cause of promoting active and healthy ageing of its population in order to increase the quality of life in the elderly and, at the same time, to improve services sustainability.

SPEAKERS

ANTONIO ADDIS - Regional Agency for Health and Social Care of Emilia-Romagna Region - EIP-AHA Regional Coordination

SILVANO BERTINI - Economic Development Policies Unit, Emilia-Romagna Region

PAOLO BONARETTI - General Director, ASTER Consortium for Innovation and Technology Transfer, Emilia Romagna

PETRA LEROY CADOVA - Policy Analyst, Unit Innovation for Health and Consumers, DG SANCO, European Commission

LAURA CALZÀ - University of Bologna

LORENZO CHIARI - University of Bologna

KIRSTEN CURRIE - EUREGHA Secretariat

ANNA DARCHINI - Health and Social Policies Department, Emilia-Romagna Region

TERESA GALLELLI - CUP 2000 SpA, Bologna

ROBERTO GRILLI - Director, Regional Agency for Health and Social Care of Emilia-Romagna Region

ACHILLE GRISETTI - Chief Operating Officer Noema Life SpA

LISA LEONARDINI - Project Manager - Progetto Mattone internazionale, Azienda ULSS 10 - Veneto Orientale

CARLO LUSENTI - Regional Councillor for Health Policies, Emilia-Romagna Region

FRANCESCO ANTONIO MANZOLI - Scientific Director, Research Hospital Rizzoli Orthopaedic Institute, Bologna

REMO MARTELLI - Vice Presidente Comitato regionale per la qualità dei servizi dal lato del cittadino (CCRQ), Regione Emilia-Romagna

ANGELINA MAZZOCCHETTI - Statistical Office, Emilia-Romagna Region

ALBERTO PERRA - National Institute of Health, Italy

PASQUALINO ROSSI - EU and International Relations Department, Italian Ministry of Health

LUCA SANGIORGI - Research Hospital Rizzoli Orthopaedic Institute, Bologna

GIORGIO VEZZANI - Hospital Trust of Reggio Emilia

PROGRAM

a.m.

- 9.30 *Welcome coffee and poster viewing*
- 10.00 Introduction and setting the scene
CARLO LUSENTI - FRANCESCO ANTONIO MANZOLI -
SILVANO BERTINI
- 10.30 **AGEING IN EUROPE: EU, NATIONAL AND REGIONAL
STRATEGIES AND SYNERGIES**
- Chairman ANTONIO ADDIS
- Interventions
- The European Commission strategy for healthy ageing and instruments 2014-2020 - PETRA LEROY CADOVA
 - Bringing Regions together for a better health - KIRSTEN CURRIE
- 12.00 Demographic projections in Emilia-Romagna: possible developments - ANGELINA MAZZOCCHETTI
- 12.15 Mattone Internazionale Project
PASQUALINO ROSSI - LISA LEONARDINI
- 12.30 *Break and poster viewing*

p.m.

- 1.30 PETRA LEROY CADOVA - ANTONIO ADDIS
- 1.45 **EIP-AHA IN EMILIA-ROMAGNA:
REGIONAL COORDINATION**
Regional coordination of EIP-AHA - ANTONIO ADDIS

- 2.00 Regional EIP-AHA commitments
- Novel approach for improvement adherence to medical plans and medication (Action A1) - LUCA SANGIORGI
 - Prevention of falls initiative in Emilia-Romagna (Action A2) - LORENZO CHIARI
 - Cognitive component in the frailty syndrome (Action A3) - LAURA CALZÀ
 - Collaborative models for supporting integrated care (Action B3) - GIORGIO VEZZANI
 - Working together for independent living at regional level (Action C2) - TERESA GALLELLI
- 3.30 EIP-AHA Emilia-Romagna: Transversal Good Practice, Electronic Health Record (EHR) and SOLE (Healthcare online) - ANNA DARCHINI
- 3.45 Monitoring health and quality of life in over 64 people (PASSI d'Argento) - ALBERTO PERRA
- 4.00 **CLOSING ROUND TABLE
NEXT STEPS: STRATEGIES, TOOLS AND OPPORTUNITIES**
- Chairman PASQUALINO ROSSI
- Interventions
- PAOLO BONARETTI
 - ROBERTO GRILLI
 - ACHILLE GRISETTI
 - REMO MARTELLI
- 5.00 Closing remarks
ROBERTO GRILLI - PAOLO BONARETTI

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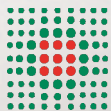
In collaboration with



Organization and contact information

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Bologna, 3 giugno 2013
Terza Torre - Sala A
Viale della Fiera 8

EIP-AHA

Partenariato europeo
per l'innovazione
sull'invecchiamento sano e attivo

Vivere sani e attivi in un continente che invecchia

Evento sostenuto da



In collaborazione con



