ADVANTAGE JA

SERMAS –HUG, Madrid 14 July 2017

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Demographic change – challenges to society & economy

- Ageing society
- Health workforce shortage
- Chronic conditions
- Financial unsustainability
- HLY vs LE
- Health inequalities
Frailty is a public health problem and societal challenge in Europe that can be prevented & will benefit from a European approach.

The EC supports MS to work on a EU policy to prevent frailty.

Work should be progress from:
- EIP on AHA AG Frailty
- Scientific evidence

Work will consider:
- MS individualities
- EC funded projects
- 2014 Council Conclusions
- 2014 SPC LTC report

Building a European approach to tackle frailty at national level.
What will we do?

Working on frailty prevention by

Analysis
- Understanding frailty
- Framing the concept

Intervention
- Prevention
- Diagnosis
- Treatment
- Clinical pathways
- Services organization

Implementing results
- Awareness
- National structures/plans
- Capacity building
- Facilitators/barriers to change

"Frailty prevention approach" at EU level
<table>
<thead>
<tr>
<th>Focus</th>
<th>Classical framework</th>
<th>Innovative framework</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cluster of diseases</td>
<td>Disease</td>
<td>Function</td>
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<tr>
<td></td>
<td>Unusual</td>
<td>Usual</td>
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<tr>
<td>Aim</td>
<td>Prolong life expectancy</td>
<td>Improve QoL</td>
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<tr>
<td>Mean</td>
<td>Cure</td>
<td>Care</td>
</tr>
<tr>
<td>Approach</td>
<td>React</td>
<td>Prevent</td>
</tr>
<tr>
<td>Prognosis based on</td>
<td>Disease</td>
<td>Function</td>
</tr>
<tr>
<td>Model of care</td>
<td>Episodical</td>
<td>Integrated and continued</td>
</tr>
<tr>
<td>Main cost component</td>
<td>Complications of disease</td>
<td>Functional decline/Disability</td>
</tr>
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A Joint Action with **22 Member States and 35 organizations** involved. It is co-funded by the EU Commission and the Member States.

- **DURATION:**
  1\(^{st}\) January 2017 - 31\(^{st}\) December 2019 (3 years)

- **COORDINATOR:**
  Servicio Madrileño De Salud (SERMAS-HUG), Spain

- **BUDGET:**
  The estimated eligible costs of the action are EUR 5,738,934.60
  (reimbursement 60% of the action's eligible costs)
Partners en ADVANTAGE JA

- Hospital Universitario de Getafe, SERMAS-HUG, Madrid Spain.
- Medizinische Universitat Graz (MUG), Austria;
- Institut Scientifique de Sante Publique (WIV-ISP (IPH)), Belgium;
- Natsionalen Centar Po Obshtestveno Zdrave i Analizi (NCPHA), Bulgaria;
- Hrvatski Zavod Za Javno Zdravstvo (CIPH), Croatia;
- Ministry of Health of the Republic of Cyprus (MOH), Cyprus;
- Ministerstvo Zdravotnictvi Ceske Republiky (MZČR) Czech Republic;
- Terveyden Ja Hyvinvoinnin Laitos (THL), Finland;
- Agence Nationale De Sante Publique (ANSP), France;
- Ministere des Affaires Sociales et de la Sante (MASSDF), France;
- Medizinische Hochschule Hannover (MHH), Germany;
- Company of Psychosocial Research and Intervention (EPSEP) (SPRI), Greece;
- Panepistimio Patron (UPAT), Greece;
- Nemzeti Egysegfejlesztesi Intezet (NIHD), Hungary;
- Health Service Executive HSE (HSE-NUIJG), Ireland;
- Agenzia Nazionale per i Servizi Sanitari Regionali (AGENAS), Italy;
- Istituto Nazionale di Riposo e Cura per Anziani INRCA (INRCA), Italy;
- Istituto Superiore di Sanita (ISS), Italy;
- Regione Marche (ARS), Italy;
- Universita Cattolica del Sacro Cuore (UCSC), Italy;
- Lietuvos Sveikatos Mokslu Universitetas (LSMU), Lithuania;
- Ministry for the Family and Social Solidarity (MFSS), Malta;
- Rijksinstituut voor Volksgezondheid en Milieu (RIVM), Netherlands;
- Folkhelseinstituttet (NIPH Norway), Norway;
- Narodowy Instytut Geriatrii Reumatologii i Rehabilitacji Im.Prof.Dr Hab. Med. Eleonory Reicher (NIGiR), Poland;
- Ministerio da Saude - Republica Portuguesa (DGS), Portugal;
- Centrul National de Sanatate Mintala si Lupta Antidrog (CNSM), Romania;
- Scoala Nationala de Sanatate Publica, Management si Perfectionare in Domeniul Sanitar Bucuresti (SNSPMPSB), Romania;
- Universitatea Babes Bolyai (UBB), Romania;
- Nacionalni Institut Za Javno Zdravje (NIJZ), Slovenia;
- Asociacion Centro de Excelencia Internacional en Investigacion Sobre Cronicidad (KRONIKGUNE), Spain;
- Consejeria de Salud de la Junta de Andalucia (CSJA), Spain;
- Fundacion para la Investigacion del Hospital Clinico de la Comunitat Valenciana, Fundacion Incliva (INCLIVA), Spain;
- NHS Lanarkshire (NHS LANARKSHIRE), United Kingdom.

AFFILIATED ENTITIES

- Fundacion Para La Investigacion Biomedica del Hospital Universitario De Getafe (FIBHUG), Spain;
- Servicio de Salud de Castilla la Mancha (SESCAM), Spain;
- Servicio Vasco de Salud Osakidetza (Osakidetza), Spain;
- Servicio Andaluz de Salud (SAS), Spain;
- Fundacion Publica Andaluza Progreso y Salud (FPS), Spain;
- Azienda Ospedaliera Universitaria Federico II (FEDERICO II), Italy;
- Istituto di Ricerche Economico Sociali del Piemonte (IRES Piemonte), Italy;
- Regione Emilia Romagna (GEREASSR), Italy;
- Regione Liguria (Liguria), Italy;
- Svim – Sviluppo Marche Spa Societa Unipersonale (SVIM), Italy.
Objectives

ADVANTAGE JA aims at building a common understanding on frailty to be used in Member States, by policy makers and other stakeholders, … which should be the base for a common management both at individual and population level of older people who are frail or at risk of developing frailty throughout the European Union.

1. To **promote important sustainable changes** in the organization and implementation of care in the Health and Social Systems;

2. To **prepare a common European framework** on screening, early diagnosis, prevention, assessment and management of frailty;

3. To develop a common strategy on frailty prevention and management, including raising awareness and advocacy among stakeholders, especially policy and decision makers.
1. Policy makers and stakeholders, both from the public and private sectors.

2. Health and Social care professionals.

3. Frail older people and their carers, those at risk of frailty, and the EU population at large.
EXPECTED OUTCOMES

A GENERAL EUROPEAN FRAMEWORK

A SPECIFIC MS PERSPECTIVE
aligned with the European one,
but tailored to the local capability & context

- Develop & encourage consensus in the concept of the Frailty Prevention approach in health and social care services.
- Improve understanding of long-term medical conditions which cause functional impact in older patients.
- Contribute to a more effective and sustainable response to the needs of older people.
- Reduce the burden & inefficiency in care delivery.
Areas of work

✓ Build a common understanding on frailty
✓ Validate tools for *early diagnosis* of frailty & *screening* of frailty risk factors
✓ Prepare *common guidelines* or frameworks on *screening, prevention, assessment* and *management of frailty*
✓ **Differentiate frailty interventions** at clinical level & population level *from chronic diseases interventions*
✓ Develop the concept of the ‘Prevention of Frailty Approach’ (FPA) in *health & social care services*
✓ Build consensus on the convenience of addressing frailty independently *from long-term conditions*
✓ Design **FPA road-maps tailored** to the interests of the JA participant MS
How are we structured? / Work packages

- **Horizontal work packages**
  - WP1 coordination + WP2 dissemination + WP3 evaluation

- **Knowing frailty at an individual level WP4**

- **Knowing frailty at a population level WP5**

- **Treating/approaching frailty at an individual level WP6**

- **Models of care to prevent, delay or treat frailty WP7**

- **Extending and expanding the knowledge on frailty WP8**

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**ADVANTAGE**

**JA on Frailty Prevention**

- It will develop the concept of the ‘Prevention of Frailty Approach’ in health and social care services.

- It will build consensus on the convenience of addressing frailty independently from long-term conditions & Chronic Diseases.
IMPLEMENTATION PHASES


**Phase II** (2018) - developing and testing the draft version of the common European model to approach frailty (frailty prevention approach – FPA document).

**Phase III** (2019) - drafting final documents, debating these with participant MSs, and drafting the final framework, the FPA document and policy recommendations.
Working documents from each period:
1. State of the Art
2. Local status and clustering
3. First Drafts
4. Second drafts (post-piloting)
5. Comments to the road-map by clusters
6. Final documents
Estrategies/ synergies

1. Active participation of stakeholders
2. Maximize resources (building on previous work & evidence)
3. Translate evidence into policy action
4. Create awareness
5. Disseminate results
6. External expertise to improve/validate
UE added value

• Addresses common challenges where shared action at EU level may facilitate development of national frailty prevention policies.

• Addresses demographic change & associated demands for social & health care by re-shaping health care provision.

• Jointly tackles a common public health problem (frailty, discapacity) by avoiding scattered actions or duplications.

• Develops the FPA concept in health & social services by encouraging consensus and developing common frameworks on screening, prevention, assessment and management.
Thanks for your attention