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1. European Innovation Partnership on Active and Healthy Ageing (EIP-AHA), action plan and goals

In 2012 the European Committee launched the European Partnership for innovation on active and healthy ageing (EIP-AHA): a pilot initiative aimed at dealing with the challenge represented by demographic ageing, whose goal is to increase by 2 the average number of healthy life years in the EU, by 2020. The main objectives of the projects are: to improve the health status and quality of life of European citizens, with a particular focus on older people; to support long-term sustainability and efficiency of health and social care systems; and to enhance the competitiveness of EU industry through an improved business environment providing the foundations for growth and expansion of new markets.

The partnership particularly intends to enhance local and regional interventions, involving regions, cities, hospitals and other organizations, and it aims at guaranteeing an innovative and integrated approach to the assistance of healthy and active ageing, thanks to the direct involvement of the actors in the public and private sectors, in the request, offer and regulation of systems and services in favour of aged people.

The EIP-AHA action plan has originated thematic work groups and regional coordination groups regarding research, innovation and development.

In this context, since July 2013, the European Committee has acknowledged some Italian regions as Reference Sites. Their task is to act as the operative interface between the European Committee and the regional dimension, for the implementation for the EIP-AHA strategic lines, the valorisation of good regional practices, the supervision and the evaluation of the results.

As a matter of fact, the experience of the Italian Reference Sites has highlighted the need to strengthen the cooperation among Italian regions, and to intensify the synergies with the European Regions, in order to consolidate policies and actions in favour of healthy and active ageing innovation, as well as to identify national and international opportunities.

1.1 Action plan and Goals

The Partnership for innovation is considered as the key to deal with the main social changes and to reach Europe 2020 goal for an intelligent, sustainable and inclusive growth. The partnership gets together actors of the public and private fields through tables and sectors aimed at reaching the “triple win” approach: a) Improving the health and quality of life of European people with a focus on older people; b) Supporting long-term sustainability and efficiency of health and social care systems; c) Enhancing the competitiveness of EU industry and of innovative products and services, sharing innovative solutions and models that deal with people ageing and social and health problems connected to ageing, such as for example, the growing load of chronic diseases and frailty.

The partnership envisages the cooperation with regional government institutions dealing with health care, industries, academia and the civil society (such as for example the organizations
representing aged people and patients) into an integrated system. The “Quadruple helix” arrangement has enabled all stakeholders to be more aware of health and care priorities, challenges, and needs, enabling researchers and industry to focus on more rapidly developing solutions to be tested, and offering mechanisms to scale up within the region.

The Strategic Implementation Plan (SIP) adopted by the EIP-AHA steering committee establishes the vision, the strategy and a concrete operation plan, with 13 priority actions defined within 3 main vertical pillars: 1) prevention and early diagnosis, 2) care and cure, and 3) active ageing and independent living. In addition, horizontal actions have been identified to regulate, standardize and plan the funding of the activities in each area.

The main goal is to strengthen the “processes” and the “decisions” that define the actions realized within the regional contexts for healthy and active ageing, strengthening the impact and verifying the performances through: a) activation of a national direction; b) sharing of experiences and good practices (database of governance actions); c) information and education about the tools to activate regional, national and international processes (communication and instruments).

The modalities to cooperate to the implementation strategies of the healthy and active ageing Partnership are
1. Become a Reference Site;
2. Become part of the Action Groups sending commitments on specific themes.
Both modalities are “governed” by EU Committee Calls.

1.2 Reference Site
EIP-AHA Reference Sites are: national, regional or local government authorities, health organizations, industries, research and innovation institutions, that have developed innovative models and solutions and they can transfer their experiences so that they can be repeated by other European countries. The Reference Sites are "ecosystems" that have transformed their best local practices into regional or national practices and have contributed to the growth and the creation of jobs in their own fields.

The first Call (2012) identified 32 Reference Sites, that have been designated in 2013 during a ceremony at the presence of the EU Vice-President at the time, Neelie Kroes. In Italy, four regions were identified as Reference sites: Emilia Romagna, Piedmont, Liguria and Campania. They acted as the operative interface between the European Commission and the regional dimension for the implementation of EIP-AHA strategic lines, the enhancement of good regional practices, the supervision and the evaluation of the results. The European Commission has highlighted that when all the main actors have been involved – those that constitute the “Quadruple helix” – into an integrated ecosystem, the Reference Sites have been more successful.

Starting with the results obtained during the first EIP-AHA phase, the European Commission has defined further steps: 1) increase cooperation in Europe, launching new calls for commitment (calls to find new commitments/cooperation) and calls for Reference Sites (calls to identify new Reference Sites across Europe); 2) realize cross-actions, such as for example the creation of a
Repository (a virtual storage of all good practices); 3) strengthen the political support, and the partnership organizing a yearly meeting with all the political and technical partners.

In 2016 the 2nd Call led to the acknowledgement of 74 Reference Sites: organizations all around Europe, that have showed their excellence in realizing and strengthening more innovative products and services designed to satisfy the needs of their population. These organizations have demonstrated the existence of comprehensive strategies to advance innovation for active and healthy ageing, based on a "Quadruple Helix" model and together they represent a commitment of over four billion € during the 2016-2019 period, to invest in innovative solutions that will lead to: improvements in the quality of life of the ageing population, support efficiencies and sustainability of health and social care delivery, and finally stimulate economic growth and competitiveness. These investments are expected to benefit about five million people in the next three years.

The maturity of the Reference Sites has been assessed by the award of one or more stars, according to the following outlined characteristics. As a matter of fact, the reference sites have been able to demonstrate that:
✓ they have comprehensive strategies in place which support an active and healthy ageing;
✓ they are responding to health, social, and economic challenges through a strategic “whole system approach”;
✓ they are aligned with the EIP on AHA through both contributions to the 3 EIP on AHA Pillars and commitments;
✓ they are developing partnerships with other Regions for the transfer and exchange of good practice to support active and healthy ageing;
✓ they have evidence-based outcomes demonstrating impacts on patients and service users;
✓ they are able to demonstrate examples and evidenced impact of good practices and they are working to scale up smart health and care solutions for active and healthy ageing.

1.3 Commitment and Action Groups

The European partnership for healthy and active ageing is structured into 6 Action Groups:

- A1: prescription and adherence action (multiple treatments, multiple morbidity, risk stratification, etc.).
- A2: personalized health management and falls prevention initiatives (risk assessment, social and health integration, health education, rehab processes, etc.).
- A3: prevention of functional decline and frailty (diet, physical exercise, etc.).
- B3: integrated care for chronic diseases (management and organization models, change management, risk stratification systems, remuneration models, PDTO development, patients empowerment, remote monitoring, telemedicine, etc.).
- C2: Development of interoperable “independent living” solutions to prevent old people isolation (housing solutions, alert systems, ICT applications, etc.).
• D4: promotion of *age-friendly environments*, that is life-environments (work place, transports, urban planning, service innovation) that make social inclusion of old people easier (smart-cities, age-friendly buildings, etc.).

The work update of each group can be found in the dedicated EIP-AHA website\(^2\).

1.4 **Opportunities for funding**

Notwithstanding EIP-AHA is not a funding instrument, the projects and the activities that the European Regions intend to implement contribute to improve the alignment of regional strategies for innovation with the priorities set out at the national level. This effect, associated to constant networking activities, makes easier the participation to the mechanisms that influence the purposes of the calls, the allocation of the funding aimed at development, and the inclusion into valid consortia.

As a matter of fact, EIP-AHA promotes the involvement and the dialogue between distant stakeholders, so that they can exchange ideas and cooperate to reach concrete results. The official EIP-AHA site makes available a list of funds that can be used as reference, such as: Horizon2020, Ambient Assistive Living (AAL) Program, Employment and Social Innovation Program (EaSI), Innovative Medicines Initiative (IMI), European Institute of Innovation and Technology (EIT)\(^3\).

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\(^3\) More information on Funds can be found here: [https://ec.europa.eu/eip/ageing/funding_en](https://ec.europa.eu/eipa ageing/funding_en)
2. **EIP-AHA in Italy: State of the Art**

### 2.1 National Scenario
In Italy the central government has put in place many initiatives to help citizens maintain a good health during their whole life. “Health in all policies” (“Salute in tutte le politiche”) is the frame of reference within which the different actors act, according to a “life course” approach. Hereafter it is reported a list, maybe not exhaustive, of the plans and programs launched at national level and sharing the will to transform the challenge of active ageing into an opportunity of development, matching it with the introduction of innovative approaches that enhance the potentialities of old people, optimizing the possibilities to favour their active participation to society, improving their health, safety, and independence, reducing the course towards non-autonomy and social isolation⁴.

### 2.2 Italian RS: reference scenario
At the European level, the Reference Site Collaborative Network (RSCN) collects all the EIP-AHA European reference sites in a permanent forum that aims at fostering the cooperation among regions, also favouring connections with other networks, like ERRIN (European Regions Research and Innovation Network), EUREGHA (European Regional and Local Health Authorities) and CORAL (Community of Regions for Assisted Living), supporting them in the evolution course of their ecosystems, and simplifying their participation to the strategic activities of the European Commission. RSCN plays a very important role for the sharing of experiences and the development of common policies and strategies for the promotion of health and the improvement of care innovative approach. RSCN is also an excellent instrument to develop partnerships for the calls promoted by the European commission in the research and innovation field.

In Italy, the RS represent heterogeneous situations in different local and regional contexts, and the main goals relevant to policies and different social and health assistance plans depend on issues that include the level of maturity of their research and innovation chain. Among the 74 Reference Sites awarded by the European Commission in 2016 there were as many as 11 Italian Regions that have been assigned one or more stars according to the maturity: Campania, Emilia Romagna, Friuli Venezia Giulia, Lazio, Liguria, Lombardy, Piedmont, Puglia, Tuscany, Veneto and the autonomous province of Trento.

Hereafter it is reported a list of the good practices realized by these Regions and what are their future perspectives, also with reference to what they have implemented.

#### 2.2.1 Campania Region
The Campania Region is in the South of Italy, with 5,850,850 inhabitants (ISTAT, 2016) and a growing percentage of old adults which moved from 14.3 in 2002 to 17.9 in 2016, with a 117,3

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⁴National prevention plan 2014-2018; Health Agreement 2017; Chronicity National Plan; Digital Health Agreement; National Strategy of intelligent specialization; and institution capabilities 2014-2020.
old age index, and a 49,4 dependence index. People ageing in Campania presents new challenges such as the need to move from an intensive and reactive therapy to a proactive approach to health and to the integrated management of multiple chronic diseases, in order to reduce dependence and disability. Innovative solutions based on ICT instruments and matched to change management can speed up the change process and improve the sustainability of social and health system in Campania. The vision of the Campania Region Reference Site is to stimulate and support the finalization of a local ecosystem aimed at dealing with the challenge of people ageing through a life-course approach, where innovations are exploited to improve the results regarding health, quality of life and sustainability of social and health systems. Ageing brings forth a dynamic of growth connected to the opportunity of matching Silver Economy with local resources, such as age-friendly touristic services.

The partner of the Campania Region Reference site are: Campania Regional government, the University hospital Federico II in Naples, the Inter-department centre for Research in pharma-economy and use (CIRFF) at the Pharmacy University Federico II in Naples, the Regional Centre of Reference of Urban Veterinary Hygiene (CRIUV), no-profit organizations such as the Onlus Salute in Collina, the Alfa Project, the Onlus Salute Campus, some local authorities that work together to build a structured and inclusive ecosystem.

The Campania Reference site has been an active partner in the RSCN network since the beginning in 2013. Since then, the RSCN network has given the opportunity to get in connection with other regions of the national and international context and share knowledge. This has allowed to consolidate a collaborative approach to innovations applied to healthy and active ageing.

In this context, the European RS have been able to design a replicability strategy as a flexible instrument to facilitate and personalize the transfer of the innovations to the different local contexts.

The Campania RS focuses on the connection between innovations and its stakeholders in all the fields regarding active and healthy ageing, and it acknowledges the importance of building cooperation in an open and international environment, where experiences, tools and competences can be shared and exchanged.

The RS Campania intends to connect innovations to final users by means of:

- Growth of the equity level to access health care for the citizens in Campania, improving the sustainability through strategies of change management and the adoption on large scale of services supported by ICT technologies.
- Overcome the limits of a system oriented to the management of the diseases, focusing on diseases prevention.
- Strengthen the transfer of biomedical and technological innovations for the market, exploiting the integration among research, education and service supply through international cooperation, in innovative contracts and in the EIP-AH, and PPI fields.
- Encouragement of multi-disciplinary and multi-actors cooperation, through laboratories designed to be adapted to local, social and cultural contexts.
- The opportunity to improve their style of life quality; the perception of an inclusive and social impact of the European project that involves foreign citizens.

2.2.2 Emilia Romagna Region

Ageing is undoubtedly a factor that characterizes people in Emilia-Romagna, an Italian region of about 4.5 million people. This is the fact: from 1990 to 2010 life expectation in Emilia-Romagna
has grown of about 6 years for men and 5 years for women. At the same time, a healthy life expectation has grown even more rapidly, particularly for women. While it is foreseen that in 2030 people over 65 years will be more than a million, the trend of a good life expectation is not guaranteed.

In order to deal with ageing, chronic diseases and the increase of complex health needs and to support long-term sustainability and the efficiency of health and social assistance systems, the Emilia-Romagna Region has recently started a reorganization process of primary cares through the development of a multi-professional and multidisciplinary care model. Since 2010, 80 Health houses have been working and 42 more are planned to be created. In these Houses health and social interventions are planned and realized in a proactive way.

ICT infrastructures have been introduced in order to support an improved integration among professionals. The project Sun connects the doctors of general medicine, paediatricians and other professionals and structures of the health service for the exchange of medical documents, such as prescriptions and reports. The Personal Electronic Health Record (PEHR) collects all the medical and social and health digital data and the documents generated by past and present clinical events.

Since 2013 Emilia-Romagna is part of EIP-AHA through the Regional Agency for health and social assistance (ASSR). The ASSR is the technical agency of the regional Department for Health and its mission is to supply a technical and regulatory support to regional health services and to the integrated social services system.

In 2016 Emilia-Romagna decided to renovate its candidacy as RS in order to take advantage of the international relationships established to develop further its own strategy in terms of innovative services dedicated to old people. The general goal, that is to increase the life expectancy of healthy citizens, will be reached though the confrontation and the discussion in EU arenas (EIP-AHA, SUNFRAIL Project, EUREGHA).

Notwithstanding the efforts made to implement the innovative Health Houses, in Emilia-Romagna the rates of hospitalization for “ambulatory care sensitive conditions” are still higher than national standards (for example for the BPCO and the diabetes).

Future challenges are connected to dealing with barriers and promoting factors to facilitate the full realization of the integrated assistance courses that involve families, Health houses and hospitals. In order to reach these goals, new ICT infrastructures (such as video-monitoring), clinical audits, guide-lines actuation and economical evaluation and supervision will be adopted.

2.2.3 Friuli Venezia Giulia Region

The autonomous Region Friuli Venezia Giulia (FVG) is the second Italian Region for the number of old people (about 25 per cent of the population is older than 65 years, end the old age index was 204,75 in the year 2015). The FVG Region has already realized many interventions in favour of old people, such as for example the concession of an indemnity to caregivers to support home-stay or new forms of house assistance. The FVG Region is one of the first Italian regions that has adopted a regional law (regional law n. 22/2014) and it has created a regional group for active and healthy ageing.

The reference site has three partners: a) the central management for health and social integration, social and family policies; B) the central management for work, education, training, Equal Opportunities, Young People policies, universities and Research, and C) the regional Institution "Rittmeyer" for blind people, a public institution specialized in the cure of partially-sighted and blind people, and that has been a RS at the first invitation for RS: the reference site also
represents the actors of the regional research and care system, like scientific regional parks, universities, local health authorities, municipalities and the Third Sector.

The FVG Region requested to be a RS, taking into account the political, organization and technological competences acquired on the field, the possibility to work together with other already involved European regions as well as to acknowledge the investments made on innovation.

The ambition of the reference site is to develop a fruitful exchange of knowledge and know-how in the European panorama, bringing forth its own experience to realize the strategies and the European program for healthy and active ageing and to strengthen the *triple win* approach in its territory.

The strategy to be realized is identified in the three-year regional program for the promotion of healthy ageing, as adopted according to the regional law n. 22/2014. There are many areas of regional intervention, such as civil commitment, culture and social tourism, the access to new technologies, information and services. A specific panel has been created to implement and manage all those areas of intervention. Many Central Directorates of FVG Region, such as the Directorate competent in Labour and Research and the Directorate competent in Culture, participate in that Panel. Since the FVG Region has already realized many interventions for healthy and active ageing in the past, the participation to the call to become a reference site in order to take part to EIP-AHA initiatives can just be a mere added value.

The FVG Region has been very active in the EIP-AHA as an independent region (inside the Action Group D4 and B3). The FVG Region takes also part to the networks ERRIN and CORAL and it has been actively involved in the realization of the strategic plan for active ageing by the DG and by the DG CONNECT of the EU. The participation to the European network of reference sites can represent a great opportunity to share the experiences, transfer knowledge, and also to strengthen the proactive role that it may assume.

### 2.2.4 Lazio Region

The Department of Epidemiology of Lazio Regional Health Service, ASL Roma 1 (DEP) has been active for more than 30 years, and it performs the regional functions of epidemiology in the environment, employment, clinic and risk evaluation fields. The main goal of the DEP is to make epidemiological studies in the environment and evaluation epidemiology fields. The goal is to provide the best available scientific knowledge to decision makers so that they can plan interventions aimed at reducing the effects of environment exposure on health and improving the quality, the efficiency and the equity of health assistance.

In July 2016, the DEP has been awarded as Reference Site of the European Innovation Partnership on Active and Healthy Ageing, recognizing the value and the importance of some of the main activities that the DEP has promoted for years, also in cooperation with academic and private institutions, patients representatives, as per the Quadruple Helix Approach. The main best practices fall into three Action Groups of the EIP on AHA and they are:

- **Action A1. Prescription and adherence action at regional level**

Since 2008, the DEP has taken care of the Regional Program for the Evaluation of Health Interventions Results (P.Re.Val.E.), that contains all the information relevant to the cares supplied by all regional health structures. The publication of these data intends to equip the Region with a transparent management tool, according to which the health system in Lazio can be re-oriented and improved. Moreover, health institutions can immediately monitor the quality of the cares supplied.
In order to promote the adherence to evidenced-based cares, an important tool is the identification of the target population for specific health interventions. For what concerns old people, chronic diseases are particularly relevant, since they are largely widespread among old people and they need many economical and human resources. According to current health data, the DEP has developed some algorithms that allow to identify the population suffering of BPCO, diabetes and acute coronary syndrome. Specific indicators allows to evaluate the quality of the cares supplied and the adherence to evidence-based cares, always aiming at improvement. Moreover, activities for the training of general medicine doctors and patients empowerment are held, with the scope of improving the adherence.

- Action A3. Action for prevention of functional decline and frailty
Since 2005, the DEP has been in charge of the Surveillance Plan for Old People that are alone during the summer, which is part of the Regional Intervention Operation Plan for the Prevention of the effects on health of Heath Waves (Regional Law N.9, 2005, art.48). Frail old people, identified through a frailty algorithm, are inserted into a specific program of active surveillance. This program is performed in cooperation with the Health Ministry, Civil Protection, general medicine doctors and the University of Tor Vergata.

- Action B3. Replicating and tutoring integrated care for chronic diseases, including remote monitoring at regional level
The treatment of chronic diseases imply a complex management of diagnosis and therapeutic activities. An innovative approach based upon an integrative clinic model is needed in order to guarantee the access to the relevant health services to all people, and in particular to old people. In Lazio, in the last years, Diagnosis-Therapeutic Assistance Processes have been implemented (PDTA) for some chronic diseases. Moreover Health Houses have been created: they are multidisciplinary clinics for primary care offering integrative social and health services. The DEP decided to apply for Reference Site, so that to insert into a European context the activities already under development in the field of the Healthy and Active Ageing, and to guarantee future developments and new initiatives to be integrated with what developed in other European areas. The DEP also aims at getting access into a national and European network of cooperation, in order to improve the quality and the efficiency of actions and projects. Last but not least, at the regional level the presence of a Reference Site should facilitate the cohesion and the cooperation among different actors on specific themes, that as of today are often dealt with by means of isolated single initiatives.

2.2.5 Liguria Region
The presence of old people in Liguria is one of highest in Europe, and in fact Liguria is facing problems in terms of treatments and social costs, though old people represent a high potential in terms of knowledge, experience and ability to work from which the community can benefit. On January 1, 2010 the index of old people in Liguria was of 234 points (with reference to the national index of 144). Old people (+65) are 43,8 every 100 active people, with reference to the 30,8 at national level. Due to the high concentration of old people, along the years the Liguria Region has developed a wide range of policies, trying to create a system that include all initiatives against isolation and in favour of prevention. In addition to the actions undertaken to assist old people in need, also at home, the policy makers are also convinced that keeping the population active in many fields helps to prevent many mental and physical diseases and that it has a positive impact on the community. The Liguria Region intends to transform the region into
a living laboratory on active ageing, to develop innovative services and policies for a new concept of ageing, thus fostering the creativity of all the social actors involved in this field.

To reach this goal, the Liguria Region has created a public-private partnership for active ageing based on the model of the partnerships for innovation launched by Europe 2020. The partnership, coordinated by the Liguria Region, collects some of the excellences active in the region in terms of research and innovation (University), third sector companies, IT specialized companies, training institutions, regional health agencies and local institutions. They have decided to apply again since the reference sites are a powerful learning experience. During the last years, an efficient dialogue with the other RS has started, using not only the channels offered by the services made available by the European Community in the field of the EIP-AHA and the RS network, but also through the joint participation to projects and networks. In the frame of knowledge sharing and international partnership for the construction of innovative strategies for active and healthy ageing, the Liguria Region wants to be a leader of policies innovation, with the goal of implementing a new approach to revolutionize ageing. The main drivers of the Liguria approach are: a) the mechanisms to keep citizens at the centre of the network / cluster of application; b) inclusion of the actors that form the “quadruple helix” for the elaboration of AHA social innovation models; c) fostering the creation and the sustainability of an ecosystem of social innovation for each regional network/hub; d) establish methods to explore the resources for longevity and the other common challenges for healthy and active ageing; e) deal with urban areas as well as rural ones.

### 2.2.6 Lombardy Region

Lombardy, with its 10.000.000 inhabitants, represents about the 16% of the Italian population. Between 2005 and 2013 Lombardy has registered a progressive ageing of the population and an increase of chronic patients, in particular of subjects affected by more than one disease with complex care needs, that can be traced back to the increase of new cases and the reduction of the mortality. As of today, chronic diseases concern more than 3,5 million patients, that corresponds to the 30% of the population, and they weigh on the global sanitary expense for more than 70%.

The substantial change of the demographic and epidemiologic scene requires congruent social and health policies, as well as new delivery systems. In this context the Region approved in 2015 a Law for the Reform of the Social and Health Service in Lombardy (L.R. n° 23/2015), that has given impulse to interventions aimed at guaranteeing an excellent health and social integration, according to a patient-centred vision, and oriented to overcome the fragmentation of services and the traditional dualisms between the hospital and the territory, the health and the social fields. The law takes on the management of chronic diseases, launching innovative management models that take charge of chronic patients in a proactive and integrated way, also through the use of Telemedicine, and the connection of various professional, hospital and territorial competences, into a network system.

The regional strategy about ageing and the chronicity/frailty connected to it has been subject of a devoted program. The most relevant program acts in the EIP-AHA context are:

1. **Prevention Regional Plan (PRP) 2015-2018 (DGR X/3654 del 05/06/2015)** which identifies six community Programs:
   - P1: Networks for Health promotion in the work environments;
   - P2: Schools that promote health – SPS Network Lombardy;
   - P3: Health promotion for babies and moms during pregnancy and birth process;
   - P4: Promotion of favourable life styles in the community;
P5: Oncological Screening;  
P6: Chronic diseases prevention.  
In particular, the program P6 “Chronic diseases prevention” concerns individual prevention in the field of the Primary cares and public health strategies for health promotion in the “community”. The Program reinforces the offer of behavioural and pharmaceutical counselling for groups at risk, in addition to primary and secondary prevention for chronic patients suffering from diseases that are not complicated at the first stage.

2) Regional Plan for chronicity/frailty 2016-2018 (DGR Lombardy n. X/4462 dated December 23, 2015), based upon ‘Population Health Management’ approaches that move the focus of the organization action from the individual to the population, in order to vary the offer of the services according to the real needs of different categories of patients. According to the levels of risk and the chronicity, the Plan identifies different supply models. In this regard, the Region has created and developed the CReG (Chronic Related Group) methodology, that is a system of clinical risk adjustment to classify different types of subjects, even with multiple pathological conditions, in homogeneous categories, with reference to their clinical seriousness and use of health resources. This makes easier, from a managerial point of view, the mapping of a rather heterogeneous and complex reality. Different new management models of integrated treatment have been started in Lombardy (some of them in an experimental modality), and they are all based upon tools for proactive and personalized treatment process planning (Multidimensional evaluation of the need, Individual Assistance Plan), with the aim of integrating services and experts, also through the organizational support of a service Centre that helps the patient in the Treatment Plan.

In order to realize the “Quadruple Helix” model, the Region has involved, as partner of the reference site, the Lombardy Cluster for Technologies in life environments (Tech4Life, http://clusterztav.lombardia.it/), that is a multidisciplinary technological cluster, funded by the Region (DG Productive Activities and Research), gathering industries, universities, research centres and various institutions for the development of knowledge, plants, housing solutions and highly innovative technological solutions to foster health and safety in patient-centred life environments. Its aim is to improve the continuity of the treatments and the quality of life (e.g. adherence to treatments, tele-rehabilitation, telemedicine, etc.) and it joins active partners during all the phases of products and services development (innovation, integration, testing and commercialization), also involving local authorities, industries, universities, research centres, IRCCS, citizens and patients, either directly or through the health sector.

The proposal of the Lombardy Region regards all the thematic areas represented in the Action Groups, to which many regional excellence centre, hospitals and research centres take part. In terms of healthy and active ageing, the ambition of the Lombardy Region is particularly focused on regional strategies for chronicity/frailty, and it regards the following subjects:

- Increase health prevention and promotion programs aimed at active ageing through inter-sectorial and “life course” actions and in all life settings.
- Vary the offer according to the real needs of chronic patients, with a multidisciplinary approach and involving different levels of treatment, fully exploiting the opportunities offered by technology to improve the adherence to therapies, and ICT instruments supporting treatments and life quality (telemedicine, remote monitoring, home automation, etc.).
- Integrate the treatment processes with interventions for the prevention of functional decline and frailty.
• Falls prevention and management to reduce physical, psychological and functional disabilities.

The Region is interested in increasing the opportunities of confrontation and cooperation with other Reference Sites, not only to share knowledge and good practices, but also to make visible the innovation developed in Lombardy, giving value to excellent realities.

The European award represents a sort of catalyst for the development of cooperation networks, with evident results in terms of attraction and competitiveness of the regional system for the organization of the Social and Health system in Lombardy, as well as for research and industry. The RS status is also an opportunity to maximize the impact of regional strategies at the local level.

2.2.7 Piedmont Region

The Regional Health Authority of Piedmont (RHAP) is the official institution managing health and social care in the Region since 1982. RHAP became Reference Site for the EIP-AHA in 2013. Since then it began mapping and coordinating the several initiatives targeting older people on the regional territory. The RHAP started to connect interested stakeholders operating in the field and it works in close cooperation with the local University, research institutes and healthcare staff training centres, to demonstrate a coverage of the relevant areas in the project. Over the last decade, Piedmont has brought about an organizational change aimed at enhancing primary care and implementing integrated care pathways, as well as preventing inappropriate cares and hospitalization excesses. Thanks to a previous experience carried out by Turin University with the innovative program ‘Family and community nurses advanced learning program’, RHAP was awarded as Reference Site.

Piedmont RS policy intends to include not only a new job profile, but also all the innovative tools, that can contribute to its success, into the development of this new model of care. In the framework of “Silver Constellation for Health”, an operational setting of interlaced best practices on active and healthy ageing, important experiences contribute to the health policy, adding new professional and community skills.

New relations have been established among regional authorities and research and academic subjects: IRES (Institute for Social and Economic Research); Torino Polytechnics; industrial clusters and start-ups (2i3t; BiopMed; ICT Innovation Cluster) and with European representatives of other Reference Sites and health networks. The RHAP has been implementing care pathways for the management of chronic diseases. One of the main objectives of the Regional Health Authority is now to change management according to the reorganization of healthcare services, particularly those dedicated to the elderly people. Piedmont RS coordinators have taken part in the EIP-AHA B3 Action Group since 2012, (Workforce Development and Change Management) to share visions and objectives at EU level, also according to OSCE recommendations about healthcare systems renewal and modernization, to increase the efficiency in the framework of the general cost containment of healthcare expenditure and as a reaction to the challenge of demographic changes.

In the meanwhile, Piedmont, as lead partner, submitted a proposal in the Alpine Space call for projects to apply and in depth evaluate the best practice of the project Family and Community Nursing, which was approved in December 2015.

Investments have been made in building up a network of professionals and experts working on AHA and innovation projects, including the EU ones and the creation of an e-platform and a peer regional e-community. The network is going to be strengthened by the new platform ‘Smart for
Learn’. Furthermore, the Regional System Competitiveness Directorate, in charge of Innovation and Research, has indicated in the Smart Specialization Strategy the specific objectives in the field of AHA. With the Social Cohesion Regional Directorate a new cooperation has been established, which mainly refers to AHA. Several EU projects have been funded in which the RHAP is either partner or leader. The MAGIC project focuses on transforming the delivery of health and social care services for patients who have experienced a stroke. MAGIC will run a European-wide PCP focused on the development of ICT-based solutions that improve patients well-being and optimize the opportunity of post stroke recovery. The CO.N.S.E.N.SO project accepts the challenge by developing a care model that puts the elderly at the centre of health and social services. It builds on the pivotal role of the Family and Community Nurse (FCN). The model aims to allow the elderly to live at home as long as possible: through periodical visits, the FCN will evaluate their risk factors, manage minor health and social needs and promote healthier lifestyles. The SUNFRAIL project has the general objective of improving the identification, prevention and management of frailty and taking care of multi-morbidity in community dwelling persons (over 65) of EU. The Empowering Hospitals project is a multicentre project aimed at fostering health promotion interventions and environments suitable for prevention of diabetes or cardiovascular diseases. The strategy is based on the Health Promoting Hospitals (HPH) framework with strong emphasis on evidence-based prevention.

As RS, the Piedmont Region facilitated the submission of commitments to the Action Group B3 and A2 by networks of local Health Agencies, in particular concerning the management of multiple therapies, aimed at identifying adverse events caused by the interactions of drugs in multi-morbidity patients. The operators of the home radiology service constantly update their commitment with new results, while the commitment focused on Family and Community Nursing has widened its network of local and interregional stakeholders. A pulmonology department of the Città della Salute e della Scienza (City of Health and Science) actively participates to the twinning on chronic respiratory diseases, coordinated by the Reference Site Languedoc Roussillon. IRES Piemonte, together with three other Italian Reference sites (Emilia Romagna, Liguria, Campania) actively participates to the Joint Action on frailty, named Advantage, and it supports the Work Package of the Joint Action coordinated by the Marche Region. In February 2017, researchers of IRES Piedmont were invited to participate to the work group on Active and Healthy Ageing, started at the University of Eastern Piedmont and the Municipality of Novara, cooperating with the local stakeholders that formed a network of health and social operators, also involving local associations.

2.2.8 Puglia Region

Puglia is a region in the South of Italy with 4.090.105 inhabitants (of which 41% included old people and chronic patients in 2015). The Reference Site Puglia intends to improve the life conditions of old and disabled people, so that they can live an active and autonomous life. In this perspective, the Region is dealing with the challenge of people ageing fostering the introduction of sustainable and integrated social and health models, and involving all local industries, in order to encourage business and
competitiveness opportunities. In order to reach this goal, the Puglia Region is also integrating research and innovation policies with social policies, in the following ways:

- joining efforts, encouraging cooperation based upon a shared vision and common goals that may favour synergies while avoiding overlapping, so that to obtain results that satisfy all the needs of the citizens;
- healing the gap between public and private actions, activating instruments to support innovation and reducing the time for the commercialization of research results;
- increasing the number of positive results through the reduction of complex bureaucracy and overcoming fragmentation;
- planning common program actions and eliminating obstacles in all the phases of the innovation chain.

The Reference Site Puglia intends to plan its own expansion strategy as a flexible tool, able to facilitate the transfer of innovation to different local contexts, and supplying tailored solutions. The partners of the Reference Site Puglia are: the Department for economic development, Regional Department of Health and Social Assistance; Innova Puglia, the Regional Health agency (A.R.E.S. Puglia), the Technological Research and Business Centers (HBIO, ALISEI, INNOVAAL), Accademia Salute, Living Labs and the Biomedical Scientific Institution Euro Mediterraneo (ISBEM).

The support given by Puglia to the reinforcement of the social innovation chain is witnessed by the promotion of public-private partnership and by the fact that it took part to national and European networks (for example, the Italian association Ait AAL, the national cluster "Tecnologie per la Vita dell’Ambiente" (Technologies for the Life of the Environment), the European network CORAL) with the goal of sharing good practices with other regions and territories, and promoting the interregional cooperation between the subjects involved in technological development processes.

The RS Puglia has the political, organizational technological and financial capacity to act, thanks to the institutional frame of regional policies for healthy and active ageing, and to the available instruments of execution, such as for example the creation of assistance centres, and the ability expressed by the existing competences of the multidisciplinary technological districts (H-BIO, INNOVAAL), the Cloud Computing platforms (e-Health PRISMA and SMART Health 2.0), the calculation centre (RECAS); and the connection with the thematic clusters of the nations (ALISEI, TAV, etc.).

The pilot interventions of innovation partnerships, technological clusters and Living Lab, have made possible to share the knowledge and resources of the regional territory starting from the local request, and develop a good cooperation practice, that during the years has evolved from a classical triple helix into an innovative metaphor of quadruple helix – a typical Living Lab approach – and it has been acknowledged inside the network ENoLL through the regional networks ACTLabandInnovAALab, contributing to share the knowledge, the learning and the resources for innovation. The RS also detains the demonstrations and the innovative practices that can be re-activated into a pilot action of pre-commercial contracts, that started with the DGR n. 1779 dated August 2, 2011, through actions FESR 1.4.3 “Public contracts for innovation”, promoted and managed by the industrial and innovation Research Service, where the validation of a significant clinic replicability of the realized prototypes has been requested.

Some experiences at the European level that involve the Puglia Region and AReS Puglia, directly committed in the Action Group B3, have started and they improve the European cooperation and the transferability of the innovative results (for example ProVi and REAAL).
Acting as a RS, the Puglia Region intends to strengthen the efficiency of the social and health system to improve the life standards of old and disabled people, so that they can live an active and self-sufficient life, and at the same time stimulate business opportunities and competitiveness.

### 2.2.9 Tuscany Region

Tuscany is a region in the centre of Italy with 3,744,398 inhabitants (ref. ISTAT 2016) and after Liguria and Friuli-Venezia Giulia it is one of the oldest region in Italy, with about 25% of old residents, which means 4 old people every 2 young people under 15 years of age. With reference to the total number of inhabitants, about 900,000 people are older than 65 years, with a life expectancy of 80,7 years for men and 85.2 for women (ISTAT temporary estimation). 54% of them is affected by long-lasting chronic diseases (ref.: ISTAT 2013).

Tuscany is also one of the Italian regions with the lowest rate of mortality (768 deaths every 100,000 inhabitants, against 802 in Italy). In 2010 the ageing of Tuscany people led the regional government to adopt a proactive model for the management of chronic diseases (Health initiative), which was modelled on the Expanded Chronic Care Model, whose goal matches the efficient interaction between a patient –made expert by proper interventions of education and information– and a multidisciplinary team (family doctors, nurses and other professional figures), as well as the promotion of primary prevention interventions, addressing the entire community, and the reinforcement of the chronic disease self-management ability performed by the single person and in the social context. This model has been implemented in all the Health agencies in Tuscany, covering 54% of the total population assisted by general medicine doctors in 2015.

In 2015 the Health Regional Agency conducted a study on the impact of Health initiative for patients affected by type II diabetes and heart failure, which demonstrated for both pathologies an increase of the process and therapy indicators, and the decrease of mortality to 4 years. In the same period the Sant’Anna School of Advanced Studies in Pisa made some investigations regarding the satisfaction experienced by operators and patients, which highlighted a high level of satisfaction for both categories. An operational component of this model is represented by the availability on the entire regional territory of Adapted Physical Activity Programs, that is group exercises for people with chronic diseases which are aimed at correcting sedentary life-styles, to finally prevent frailty and disability. The Adapted Physical Activity Programs is an instrument for citizens with different levels of functional limitation, giving them the opportunity to perform specific exercise programs in a safe context and at a low cost, as an alternative to traditional rehabilitation programs. Being supplied through the partnership with private operators and the support of citizens associations, under the supervision of the health service structures, the Adapted Physical Activity (AFA) is also a driver for economic development and an opportunity to socialize. In 2015, about 30,000 citizens older than 65 years of age and with chronic diseases (3,3%) got involved by the AFA in the almost 2000 courses activated in 82% Tuscan municipalities, and the targets of intervention are still extending and widening (the last project that has been launched regards specific courses for falls prevention with the Otago methodology).

The vision of Tuscany is to evaluate the good practices already implemented on a large scale, experimenting possible models to strengthen them through digital innovation in the next years, and developing the capacity of the system to prevent chronicity and frailty, as well as
guaranteeing an efficient management. The existing organizational architecture will then allow to transfer and quickly disseminate good practices.

2.2.10 Autonomous Province of Trento

The Autonomous Province of Trento (APT) is located in the North of Italy, with a population of more than 535,000 citizens. It relies on a high level of autonomy in the Health, Education, Welfare, Infrastructures and Transport sectors. This autonomy makes it a fertile environment, able to develop experimental actions and produce innovation. As a matter of fact, awarding Trento as a Reference site, the European commission acknowledged and evaluated the many efforts it made in order to improve the services and the life conditions of its citizens. This award also represents an opportunity of development of the provincial strategy in the social inclusion sector (initiative “Community welfare” and the screening campaign “Frailty Management”) as well as in strengthening the health services particularly dedicated to old citizens, through the use of the ICT.

In this sense, the provincial health service is committed in developing innovative solutions to support advanced management models of integrated health and social assistance for the entire population, whose 32% is older than 55 years of age.

For what concerns health, E-Health represents the key element of the province strategy regarding the innovation of the public service and the supply of excellent services. The actions undertaken for the innovation of the health service in the Autonomous Province of Trento have allowed to develop the technological platform of electronic Health which enables the citizens who have activated their own medical records (Cartella Clinica del Cittadino - TreC) to access their electronic Health file (Fascicolo Sanitario Elettronico – FSE), which includes medical reports, lab exams, discharge letter, pharmaceutical and specialized prescriptions, etc., and to use their own personal Health Diary which allows to keep records of the clinic history (medicines, personal and family treatments and therapies, allergies and intolerances, vaccines, etc.). The TreC platform therefore represents a good and innovative practice to improve the quality of the treatment in a context of assistance continuity between the hospital and the territory, as well as a support instrument for innovative initiatives promoting Health and Prevention.

At the moment, more than 200,000 citizens use the digital Health services and they have already downloaded more than 1.5 million health records. Remote monitoring and Telehealth models are being experimented to offer home services and to guarantee the continuity of the treatment, as well as a more immediate and efficacious assistance (Diabetes, oncology, Nephrology, Hypertension, etc.).

The Autonomous Province of Trento considers it fundamental to take part to the European Initiative EIP-AHA. This participation renews and supports the provincial strategy of innovation, on the one hand by means of strengthening and extending the already existing good practice, and on the other hand developing new initiatives even imported from other European Regions.

2.2.11 Veneto Region (Arsenàl.IT - Veneto's research centre for eHealth Innovation)

Arsenàl.IT is the no-profit consortium of all the Local Health Agency (ASL) of the Veneto Region (which is in the North-East of Italy with 5 million inhabitants) in the eHealth field. Arsenàl.IT deals with planning, research, development and evaluation of e-health inter-organizational applications, and it is involved in activities connected to standardization, systems inter-operability, research and innovation, engineering, education and supply. Arsenàl.IT took
and still takes part in various international and national projects dealing with the application of eHealth in the management of chronic patients and patients empowerment.

In April 2016, Arsenàl.IT applied as Reference Site to make easier the exchange and the replicability of good practices in a bidirectional way, particularly concerning the application of ICT technologies for integrated care, in a context with a high level of social and health integration.

The Regional policies contained in the regional Social and Health Plan 2012-2016 allowed Arsenàl.IT to deal with its strategy for healthy and active ageing projects, in order to realize new services that could be inter-operated with the existing ICT health structures, and replicated afterwards in the entire Region. Arsenàl.IT has defined an actuation plan for the development of the Regional Health Information Exchange (HIE) whose goal is to respect the regional and national policy aimed at reaching common goals. The HIE allows to realize many electronic health services based upon big data; moreover, using socio-demographic and clinical digital data it has been possible to stratify the different levels of need of the various citizens of the Veneto Region.

Arsenàl.IT is giving support to the application of correct therapeutic diagnostic processes of care for chronic diseases, that have been defined from the specific needs of the patients, and approved by the Veneto Region.

The Consortium Arsenàl.IT cooperates with all its members to find solutions in the field of electronic health, but it also involves universities and other research centres by means of agreements and project proposals, like the ICT suppliers that work for the regional health system. In addition to this, the ICT suppliers are invited to events aimed at matching the interests of the public administration with those of the ICT market in order to improve the network. The growth of the market is also conveyed by the regional program that promotes the evaluation of the e-health services through public-private partnerships. Finally, Arsenàl.IT involves citizens and user associations in co-creation and training activities.

Since 2013 Arsenàl.IT contributed to the growth of EIP AHA B3 Group, sharing good practices especially in the fields of remote monitoring and telemedicine. In 2016 it has been awarded as European Reference Site of the Veneto Region. Moreover, Arsenàl.IT actively cooperates with the association IHE - Integrating the Healthcare Enterprise, to foster the development of systems integration, through the use of inter-operable standards, and it is also involved in some European projects.

2.3 Main Themes on which the Italian Regions have focused from 2012 to 2016

Two Italian regions distinguished themselves for the coordination of 2 action groups:

**Action group B3: models of care integration for chronic patients**

The Puglia Region Puglia, through the Regional Health Agency, presented a Commitment in EIP on AHA on the chronicity management priority theme, according to integrated and sustainable patient management models, with the introduction of telemedicine systems and remote supervision, correspondent to the Action Group B3, performing an intense support activity, supporting and cooperating with the European Commission and its technicians for the implementation of the processes connected to the specific action.

In particular, it took part to the preparation of the documents and reports required by the European Commission for the accounting of the middle term objectives (2010-2015), the preparation of the final objectives workplan (2015-2020), also contributing to the preparation of
the Action Plan 2016-2020. Together with other components of the Coordination Group, it also significantly widespread the priorities and strategies promoted by EIPAHA, on behalf of the European Commission and also supporting it. It also contributed to the definition of an instrument for the evaluation of the level of maturity of the Regions regarding the implementation process of an integrated take-over model of chronic patients through the use of telemedicine systems and remote supervision. The instrument, defined “Maturity Matrix” and presented to the European Commission, was highly appreciated. As responsible of the Action Area Patient Empowerment in the AG B3 Coordination, it contributed to the creation of a document for the definition of the dimensions and indicators necessary to limit the use of the “Maturity Matrix” to the empowerment process of the patients in the field of the wider context of Integrated Chronic Care Model, promoting meetings and synergies with the other Action Groups and with all the European stakeholders. The above-mentioned activities opened up a new scenario of opportunities for the Puglia Region, since it concerned the internationalization of the specific sector Health which up to that moment had not been presided. This allowed to take advantage from a privileged observatory with respect to the initiatives under development, and to participate to the processes defining priorities and the orientation of the communitarian investments regarding Health and the digital agenda. The Region Puglia has thus been acknowledged as virtuous and dynamic, able to face innovation and competitiveness challenges, open to the introduction of infrastructures and ready for the reorganization of the management models to make them coherent and competitive with those of the other European regions.

**Action group A3: frailty and functional decay prevention (diet, physical exercise, etc.)**
The Reference Site Campania presented various commitments on the AG A3, focusing on the use of innovative instruments for the prevention of frailty and the management of multi-morbidity, on screening and empowerment, and the implementation of a protected discharge model based on an integrated platform for ADI management to exploit remote monitoring tools, combining it all with the training of nurses, social assistants and patients. Since 2013, Campania actively participated to the coordination team of AG A3, contributing to the preparation of the group reference documents, such as the Frailty Decalogue, the documents concerning the achievements made by AG, the State of Play, and finally the renewal of the Action Plan. In particular, Campania made easier the enhancement of the Italian contribution to the AG A3, through networking events supported by ProMIS, and the preparation of shared documents. As the coordinator of the Action Area “Food and Nutrition”, Campania contributed to outline the AG strategy for primary nutrition approach, which define a sustainable and efficacious approach for the prevention of frailty while identifying the education gaps that may help creating new opportunities of work aimed at satisfying the emergent needs of pre-fail and frail subjects.
3. The instruments supporting the EIP-AHA initiative and promoted by EC

3.1 Coordination and support actions for the EIP-AHA

Through the Horizon 2020 programme, the European Commission has promoted the financing of measures for the coordination and support of the European Innovation Partnership on active and healthy ageing. The PROEIPAHA (coordination, Support and Promotion activities in favour of EIP-AHA) project has defined an organizational model for the co-ordination of activities and working groups initiated under the Partnership's priorities. In this partnership, many European stakeholders collaborate on a voluntary basis to address the challenges of the Ageing society. The objective is to define innovative strategies in the promotion of health, care and care, an active and independent life of the elderly.

The PROEIPAHA project was financed by the European Commission to increase the effectiveness and impact of EIP-AHA interventions and to facilitate the involvement of an increasing number of stakeholders towards achieving the objectives set by the plan Strategic implementation (SIP).

The project had a duration of two years, 2015 and 2016, and was created by a consortium of 14 organizations, led by Funka.

For the new EIP-AHA cycle 2018-2020, the European Commission financed a new support and coordination action that took its launch in September 2017. The WE4AHA project (Widening the support for large scale uptake of Digital innovation for Active and Healthy Ageing) carries on the activities of the previous action widening the interventions to the new initiatives promoted by the European Union in the field of innovative Digital for Active and healthy ageing (Blueprint, innovation to Market, MAFEIP). WE4AHA is managed by a consortium of 9 partners (including AOU Federico II/Regione Campania) with lead Funka and has a duration of 40 months. Promis is a member of the project advisory Board and will be involved in consultative activities.

The context in which WE4AHA moves cannot disregard the strategic priorities of the European Commission for the Digital Transformation of health and care within the framework of the digital single market. In 2018, the publication of a communication that would identify the main development lines towards the full implementation of a digital health at European level is expected. The declination of these lines will cover:

- The adoption of policy measures to promote digital innovation for the improvement of patient health and to guide the change of health systems, including support for data infrastructure;
- The alignment of national laws on the protection of personal data, patient rights and electronic identification, cross-border access and portability of personal health data (interoperability);
- Intensifying cooperation between public and private actors in the field of digital transformation of health and care and facilitation of interaction between citizens and healthcare professionals.

Within this reference scenario, the EIP-AHA will have to be able to highlight the impacts generated since its inception, to make its priorities coherent to the objectives of the

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6 Commission communication on "Digital transformation of health and care in the context of the digital Single Market"
communication on digital innovation for Health and contribute to reflection on the future of the initiative at the end of the 2018-2020 cycle. Founded on the two pillars of the Action Group and the Reference Site, the EIP-AHA incardinates three further horizontal initiatives:

- **BLUEPRINT**, followed by the EIP-AHA Scaling Up Strategy, is the tool available for the partners of the EIP-AHA to provide and receive policy guidance on the issues of digital innovation for health. Through a mechanism of continuous exchange with the European Commission, public and private actors will be called to contribute to the evolution, updating and implementation of the Blueprint.

- **INNOVATION TO MARKET (I2M)** targets the scalability of digital solutions for health in a cross-border context. The initiative aims to identify and foster, through an Action Plan, the adoption of measures to promote the supply of innovative services and tools (in particular by SMEs and start-ups) and to improve the conditions for development of a digital European market.
MAFEIP, developed in response to the specific needs of the EIP-AHA, is the tool for monitoring and evaluating the impact of the initiative in economic and social terms. The tool will have to be increasingly used to support decisions regarding investments in the health sector.

The previous diagram illustrates the general EIP-HA plant for the 2018-2020 cycle and indicates the main milestones (milestones, events) that they will develop the development.

### 3.2 Repository

The European commission has created a Repository where innovative active and healthy ageing practices, that have been implemented in Europe, can be consulted. The Repository will give its contribution to gather the resources and the knowledge on active and healthy ageing so that to implement scalable innovative solutions connected to eHealth. This strategy represents a further step for the development of EIP-AHA to guarantee the realization of innovative solutions on the European scale.

### 3.3 EU Health Policy Platform

The EU Health Policy Platform is a cooperation initiative to facilitate the communication between the services of the Commission and health stakeholders. The goals of the platform for EU health policy are: to supply a frame for a dialogue between the Commission and the stakeholders; to guarantee a transparent dialogue about health policies; to contribute to the construction of knowledge and competences concerning public health; to facilitate specific discussions between the Commission and the stakeholders; to support the diffusion of information regarding food safety projects; to identify, share and promote the replicability of good practices; to collect and widespread the results of the research and to facilitate the availability of results and outcomes; and finally, to supply information about other sectors of intervention relevant to health and based on the approach "Health in all Policies" (HIAP).

The EU Health Policy Platform has two operational modalities: the IT Platform, to allow the discussion and the cooperation online, and face-to-face meetings, hosting discussions on specific themes. The Health and Safety DG manages the secretariat of the EU health policy platform, and it moderates the IT platform, as well as the coordination input and the participation to the Commission. The platform is composed by: a public web page with general information regarding EU health policy platform; the Agorà network, that is an area for open discussion and accessible to all subjects that registered into the IT platform; accessible thematic networks on specific issues (some are open to all stakeholders, while others select the participants according to the theme discussed); EU experts networks accessible only to the Health DG members.

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7 For more information on projects implemented at European level [http://www.promisalute.it/servizi/notizie/notizie_fase02.aspx?ID=3311](http://www.promisalute.it/servizi/notizie/notizie_fase02.aspx?ID=3311)

8[https://webgate.ec.europa.eu/hpf/](https://webgate.ec.europa.eu/hpf/)
4. The support of the Mattone Internazionale Project and the renewed ProMIS

4.1 The role of the Mattone Internazionale Project in EIP-AHA
Since the beginning, the Mattone Internazionale Project (PMI)\(^9\) has promoted opportunities of confrontation among the Italian regions about themes concerned with active and healthy ageing, also stimulated by the cooperation developed in the international context and coherent to it. The PMI has systematically offered opportunities of information and discussion, organizing workshops and conferences, satisfying the needs jointly expressed by the regions. The PMI disseminated European calls, stimulated the participation of Italian clusters to the consortia and supported the regions in the coordination of the consortia for the participation to the European calls.
The PMI keeps a continuous connection with the communitarian institutions, granting the participation of a representative of the European Commission and/or the European networks to the specific events where the funding strategies and/or programs aimed at supporting projects on age ingare explained.
Finally, the PMI has developed preparatory activities to help the Regions apply to the call for the Reference Sites and for the commitments, explaining the details of the calls, facilitating the access to the useful information in order to prepare the proposal, thus making the Italian Regions compete at their best with the other European Regions.

4.2 Events organized by the PMI in Italy
In order to better understand what were the initiatives promoted and/or supported by Mattone Internazionale, a list of the events organized within the EIP-AHA Project are reported hereafter, together with a short summary of the topics.
1. **November 30, Rome. Workshop: “The role of the Regions in the future European Partnership for active and healthy ageing”.**
The event represented a first and important moment of confrontation among the Italian Regions. Various project ideas were presented by many Regions on the topic of ageing. The same proposals were then presented for the last European calls regarding ageing. First Dr. Zagordo, of the DG Santé, and then Dr. Margetidis of the CHAFEA Agency, outlined a panorama of the perspectives that the Healthy and Active Partnership concretized afterwards. The important role that Italy has played (and is playing) for the European Partnership for Active and Healthy Ageing has been described. The activities and the outcomes of the work Groups of the Italian Regions involved in the EIP-AHA were presented. The event ended with the involvement of some Regions that presented the work they had developed. The workshop highlighted the need to deepen the confrontation and the exchange of experiences among the different Italian regions.
This was the first coordination meeting among the Italian Regions involved in EIP-AHA. It took place at the Health Ministry headquarter, with the participation of the Regions and Health

\(^9\)www.progettomattoneinternazionale.it
and Hospital Agencies directly involved, together with European Commission, to the
definition of the action plans regarding EIP-AHA.
This meeting represented the occasion to start sharing initiatives under development, as well as
to give opportunities to plan the joint realization of information and training activities at the
national level. A Repository dedicated to Ageing, collecting the existing good practices, and
the possibility to share the projects under development, was activated. The possibility to
realize training activities to be realized as study-visit in qualified regional structure was taken
into consideration.

3. April 19, 2013, Naples: “The European Partnership for Active and Healthy Ageing
(EIPAHA) as an operational innovation tool”.
The workshop wanted to divulge the importance and the impact of EIP-AHA with the
stakeholders of the Campania Region (Hospitals, Universities, Research Centres, Local
Institutions, Patients Associations), favouring their interaction with the international
community. It also represented a moment of dialogue between the people representing the
institutions (European Commission, Health Minister, Mattone Internazionale Project,
Campania Region) in order to facilitate the action of EIP-AHA and enhance the results.
Among the topics that were dealt with: how the EU governance identify EIP-AHA as a tool to
challenge ageing, and how the Italian representatives of the Health Ministry and the Campania
Region intend to support EU Action Groups.

Almost 190 people, ranging from professionals of the regional health service, the academia,
regional officials, decision and policy makers, attended to the Workshop. Emilia-Romagna,
which is one of the Italian Regions with the highest degree of longevity (demographical
forecast estimates that in 2030 the life expectation in this region will increase from 1 to 4 years
for women and from 2 to 5 years for men), decided to deal with ageing on two fronts at the
same time: on the one hand, Aware Communication of the importance of
comparing one’s
own experience inside and outside the borders of the Region, to give concrete and innovative
answers to the challenge of ageing, transferring information and organizing meetings to
exchange experiences and to update the resources; and on the other hand, creating a regional
Coordination Group that identify and define the government strategies in dealing with ageing.
The coordination team is constituted by: a) Department for Health Policies; b)Department for
Productive Activities; c)Regional Health and Social Agency (ASSR); d) ASTER (consor
tium for technological innovation and transfer).

Procurement Workshop”.
The goal was to promote the programs of the 6EIP-AHA Action Groups also in Puglia. The
activities supported by the Region Puglia in this field were presented in detail: promotion and
education to Health for an active and healthy ageing; prevention, proactive patient-centered
approached, especially for chronic patients; ICT tools for telecare and remote monitoring;
research and innovation in the field of “independent living” especially targeted to old people.

The event had been conceived in the EIP-AHA context in order to give information regarding
the strategies that the DG Santè was developing on nutrition in view of an active and healthy
ageing. During the Workshop the documents prepared by Action A3 European Group
“Nutrition” were presented, also including the “Consensus Document” of EIP – AHA A3
Nutrition Group, a project that tested and developed an integrated approach to nutrition for
healthy and active ageing, in order to promote coordinated, intersectoral and multimodal interventions regarding the factors connected to nutrition that may lead to frailty.


The workshop was focused on the role of hospitals in supplying health care dealing with increased people ageing. It emerged the need to innovate the social and health care offer, with new processes of integrated assistance, new responsibilities for each actor, and new professionalisms. It was also clear that the ICT tools are necessary to realize this integration, favouring the exchange of information among the various actors (hospitals, general medicine doctors, outpatient specialists, social and social and health workers, patients, volunteers) and thus reducing inefficiency and waste. All this in synergy with the European initiatives supporting regional policies for health and social challenges in the next future, within the EIP-AHA field.


The workshop was organized by the Italian EIP-AHA Reference sites with the support of PMI at the Health Ministry headquarters. It focused on the topics discussed inside the Action EIP-AHA Group A3, concerning prevention to functional decay and frailty. In fact, the consequences of the progressive ageing of the European people is twofold: on the one hand, the physiologic decay; on the other hand the person experiences a cognitive decay. In this context, which saw the participation of the Higher Health Institute, the Reference Sites of the Italian Regions and the University of Graz – Austria, the importance of prevention, diagnosis and frailty management in the field of EIP-AHA, have been highlighted.


The event was organized by the PMI and by the Health Ministry and it has been entirely dedicated to the presentation of the EIP-AHA call for the candidacy as Reference Site, last April 2016. The EC Representative (DG Connect) introduced the activities and the outcomes of the Reference Sites and the Action Groups, as well as the scalability strategy of good practices and the one health approach. Starting from the results obtained during the first phase of EIP-AHA, the EC defined the further steps for the next three years 2016-2018. The programs and national projects dealing with EIP-AHA issues were then presented (the National Plan for Chronic disease, the PON GOV, digital health and telemedicine as the lever to challenge chronicity) and the regional experiences implemented by the partnership, underlying the added value of this work that has allowed regional systems to step up in class in terms of innovation and quality of prevention and care interventions regarding Ageing.

**4.3 The “renewed” Program Mattone Internazionale Salute**

The Program intends to give continuity to the activities performed by PMI, transforming it into a stable institution tool that, through the creation of a permanent dialogue structure between the Health Ministry, the Regions and the autonomous Provinces of Trento and Bolzano, may realize:

- A consolidation of the connection between the national and regional levels in order to define shared internationalization policies of the National Health System.
- A reinforcement of the single-actor institution strategies in the European dimension, developing a coordinated participation to European funding calls that may make more competitive the action of the Regions/PA in the European context.
✓ A support to the definition of actions in the health field, in coordination with the policies undertaken in other sectors (social sector, environment, tourism, education and research) in order to guarantee a coordinated planning of the use of European funds.

4.4 ProMIS activities for the next three years in the EIP-AHA field

The possibility to condition communitarian strategies depends on the capacity of the local and regional actors to create a network in order to offer joint contribution to decision-making tables. The participation to EIP-AHA provides a context where vision, mission, goals and tools can be shared, while renovating and adapting them to the ongoing changes and to the different reference contexts. Within EIP-AHA, in the next three years, ProMIS intends to launch, strengthen and perpetuate the following support actions to the Italian RS:

✓ Analysis of the priorities and EIP-AHA planning (Benchmarking priority EU/national/regional).
✓ Coordination of the interregional network of the Italian RS (interregional coordination network and joint activities planning).
✓ Connection with other policies-administrations (Analysis of common interests for European planning and promotion of joint interventions/policies).
✓ Information and communication (Website/App with dedicated sections, Newsletter, Database of funded European projects subdivided in planning, Italian commitments repository, infoday, workshop and laboratories with the involvement of European experts).
✓ Support for the participation to the European processes (Connection with the national and regional representatives in Brussels, and with European and international Institutions, participation to consultation and coordinated participation to networks, workgroups and European initiatives).
✓ Support for the participation to funding programs (co-planning laboratories)