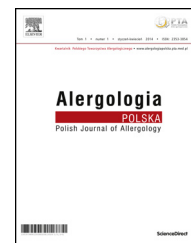


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## Review/Praca pogładowa

# Scaling up strategies of the chronic respiratory disease programme of the European Innovation Partnership on Active and Healthy Ageing – Executive summary

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## ABSTRACT

Action Plan B3 of the European Innovation Partnership on Active and Healthy Ageing (EIP on AHA) focuses on the integrated care of chronic diseases. Area 5 (Care Pathways) was initiated using chronic respiratory diseases as a model. The chronic respiratory diseases action plan involves AIRWAYS integrated care pathways (ICPs). It is deployed in collaboration with the WHO Global Alliance against Chronic Respiratory Diseases (GARD). The

**Abbreviations:** AIRWAYS ICPs – integrated care pathways for airway diseases; ARIA – Allergic Rhinitis and Its Impact on Asthma; CDSS – Clinical Decision Support System COPD: chronic obstructive pulmonary disease; DG – Directorate General; EIP on AHA – European Innovation Partnership on Active and Healthy Ageing; EU – European Union; GA<sup>2</sup>LEN – Global Allergy and Asthma European Network (FP6); GARD – WHO Global Alliance against Chronic Respiratory Diseases; ICP – integrated care pathway; IPCRG – International Primary Care Respiratory Group; MACVIA-LR – contre les MALadies Chroniques pour un Vieillissement Actif (Fighting chronic diseases for active and healthy ageing); MASK – MACVIA-ARIA Sentinel Network; MOH – Ministry of Health; NCD – non-communicable disease; NHS – National Health Service; RSCN – Reference Site Collaborative Network; WHO – World Health Organization.

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- EIP on AHA
- European Innovation Partnership on Active and Healthy Ageing
- Chronic respiratory diseases
- AIRWAYS ICPs
- MACVIA
- ARIA
- Scaling up

EIP on AHA has proposed a 5-step framework for developing an individual scaling up strategy: (i) what to scale up: (i-a) databases of good practices, (i-b) assessment of viability of the scaling up of good practices, (i-c) classification of good practices for local replication and (ii) how to scale up: (ii-a) facilitating partnerships for scaling up, (ii-b) implementation of key success factors and lessons learnt, including emerging technologies for individualised and predictive medicine. This strategy has already been applied to the chronic respiratory diseases action plan of the EIP on AHA.

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## Introduction

Health and care services in Europe are undergoing changes to adapt systems to the growing demands caused by expansion of chronic diseases and ageing. This restructuring involves development and testing of innovative solutions as well as the implementation of the most successful pilots [1].

The European Commission launched in 2012 the European Innovation Partnership on Active and Healthy Ageing (EIP on AHA, DG Santé and DG Connect) to enhance EU competitiveness and tackle societal challenges through research and innovation [2]. The B3 Action Plan is devoted to the scaling up and replication of successful innovative integrated care models for chronic diseases amongst older patients.

Chronic respiratory diseases were selected to be the pilot for chronic diseases of the EIP on AHA Action Plan B3 (AIRWAYS ICPs) [3, 4] with a life cycle approach [5]. Several effective plans exist in Europe for chronic respiratory diseases, but they are rarely deployed to other regions or countries. There is an urgent need for scaling up strategies in order to (i) avoid fragmentation, (ii) improve health care delivery across Europe, (iii) speed up the implementation of good practices using existing cost-effective success stories and (iv) meet the EIP on AHA objectives [2].

This paper presents the summary of the scaling up strategy for chronic respiratory diseases published in Clinical Translational Allergy [6].

Scaling up is often considered as a continuous process of change and adaptation that can take different forms [7]. The

AIRWAYS ICPs scaling up strategy strictly follows the five-step framework scaling up strategy of the EIP on AHA (Table I). It may be used as a model for scaling up activities in other areas of the EIP on AHA and other chronic diseases.

## Good practices in chronic respiratory diseases

### • AIRWAYS ICPs

Six commitments for action have been submitted in 2014 to the EIP on AHA to support AIRWAYS ICPs. AIRWAYS ICPs study groups exist in all but 2 EU countries (Luxembourg, Malta). They follow the GARD model deployed in Turkey [8, 9] and Italy [10, 11].

### • Other international, national or regional projects

Many guidelines, ICPs and national plans exist for the most common chronic respiratory diseases (asthma [12–15], COPD [16], rhinitis [17–19], rhinosinusitis [20] or severe asthma [21]).

The Finnish plans for asthma [22], allergy [23] and COPD [24] are considered to be the prototypes of national plans for chronic respiratory diseases [25]. The Portuguese National Programme for Respiratory Diseases (PNDR) is the first national programme including all respiratory diseases [26].

The WHO Global Alliance against Chronic Respiratory Diseases (GARD) is leading successful initiatives globally [11].

Care pathways provided by national institutions are of great interest (e.g. NICE in the UK or the Haute Autorité de Santé in France, ICP for acute asthma in children in Northern Ireland).

**Table I – The 5-step framework of EIP on AHA scaling up strategy**

Step	Scaling up strategy	Individual scaling up strategy
<i>What to scale up</i>		
1	Database of good practices	
2	Assessment of viability of the scaling up of good practices	
3	Classification of good practices for local replication	
<i>How to scale up</i>		
4	Facilitating partnerships for scaling up	
5	Implementation Key success factors and lessons learnt	Planning and initiating the service Setting up a system for change Organisational process and design choices Training and skills for the work force Appropriate resourcing for equipment Integration of clinical record systems Creating capacity Monitoring, evaluation and dissemination

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