

# Support healthcare system resilience through a focus on persistency in the treatment of chronic diseases

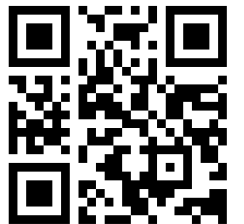
IHI call 6 – topic 1

# Before we start...

- We are **recording this webinar**. The recording and slides will be published on the IHI website and the B2Match platform.
- The call **has been launched** and all links and details of how to apply have been published on the IHI website and the Funding and Tenders Portal.

<https://www.ihi.europa.eu/apply-funding/open-calls>

<https://europa.eu/!qCgKGR>



# Today's webinar

## Will cover:

- Introduction to IHI programme
- IHI Call Topic:
  - Challenge, need for public-private collaborative research
  - Scope, outcomes & impacts
- Proposal submission & evaluation
- Tips for writing a successful proposal

## Will not cover rules & procedures

- This webinar is on the IHI website:
  - [www.ih.europa.eu/news-events/events/ih-call-days-calls-6-7](http://www.ih.europa.eu/news-events/events/ih-call-days-calls-6-7)



# Innovative Health Initiative

EU partnership in health between:

- the **European Union** represented by the European Commission &
- **Healthcare industry associations:**
  - **COCIR** (medical imaging, radiotherapy, health ICT and electromedical industries)
  - **EFPIA**, including **Vaccines Europe** (pharmaceutical and vaccine industries)
  - **EuropaBio** (biotechnology industry)
  - **MedTech Europe** (medical technology industry)

# IHI's general objectives

- Turn health research and innovation into **real benefits for patients and society**
- Deliver safe, effective health innovations that **cover the entire spectrum of care** – from prevention to diagnosis and treatment – particularly in areas where there is an unmet public health need
- Make Europe's health industries globally **competitive**.



# IHI projects are...

Created via **open & competitive calls** for proposals

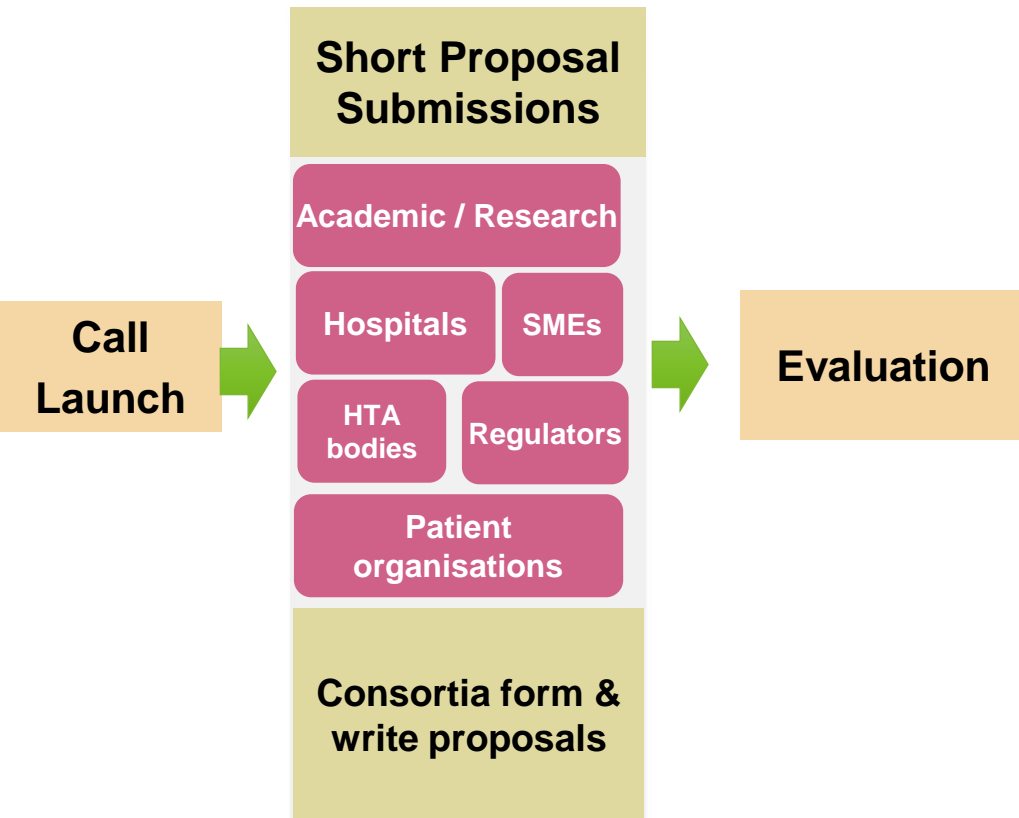
**Cross sectorial public private partnerships** leveraging:

- **Contributions from industrial partners** (*COCIR, EFPIA including Vaccines Europe, EuropaBio, MedTechEurope*)
- if relevant, contributions from contributing partners

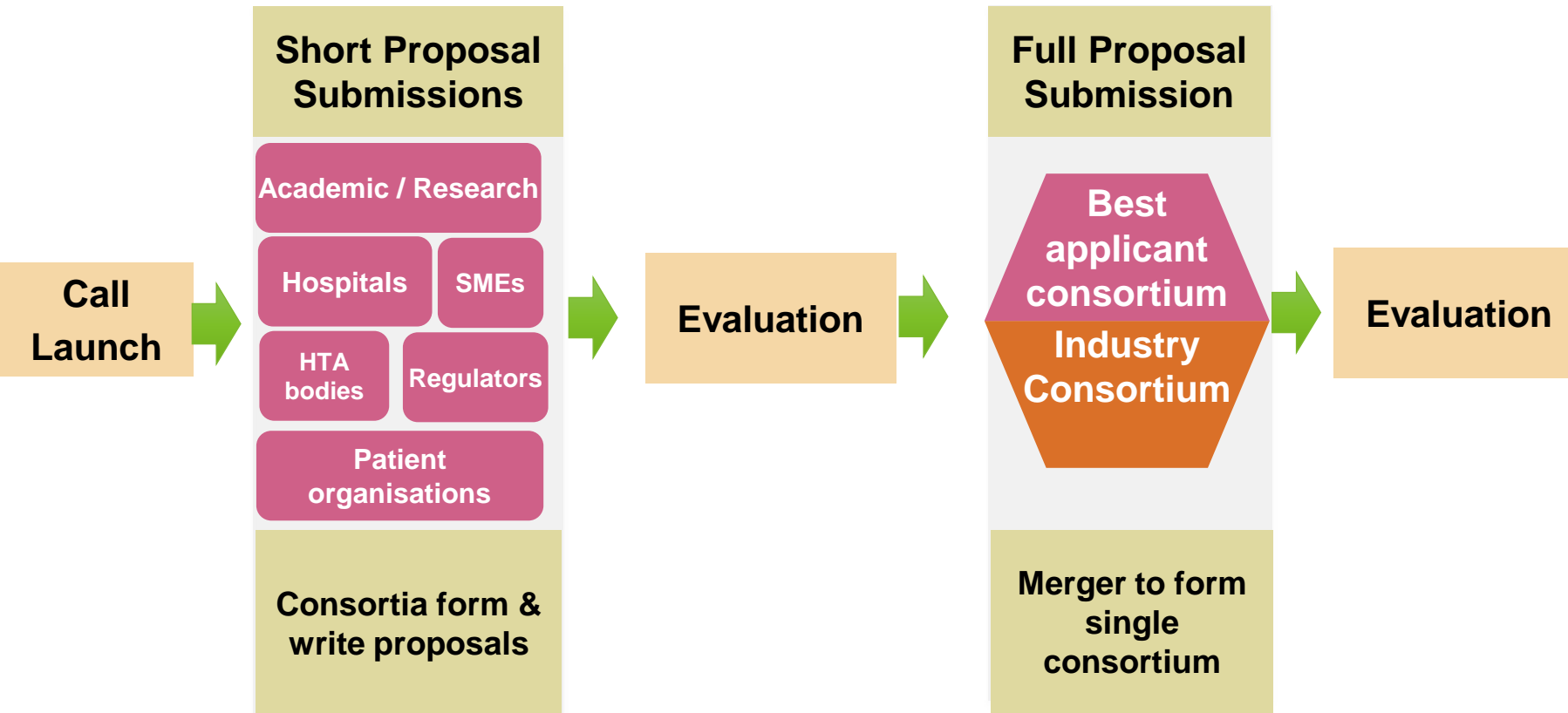
and

- **Public funding** via European Commission

# How IHI works: 2-stage calls

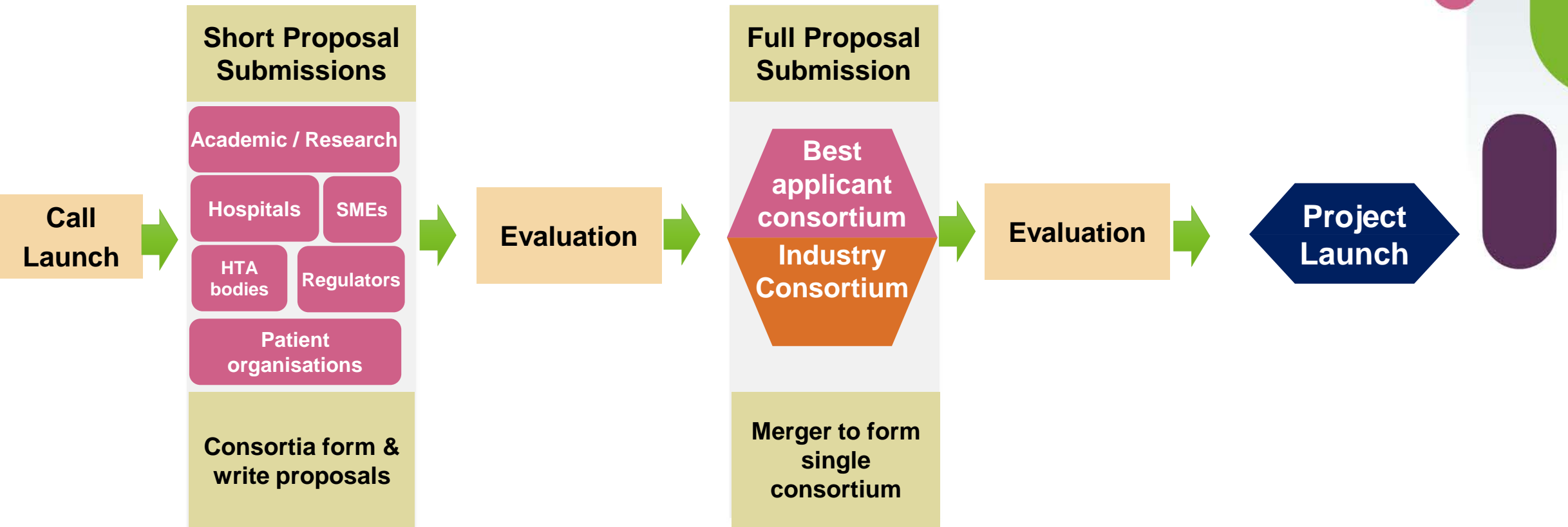


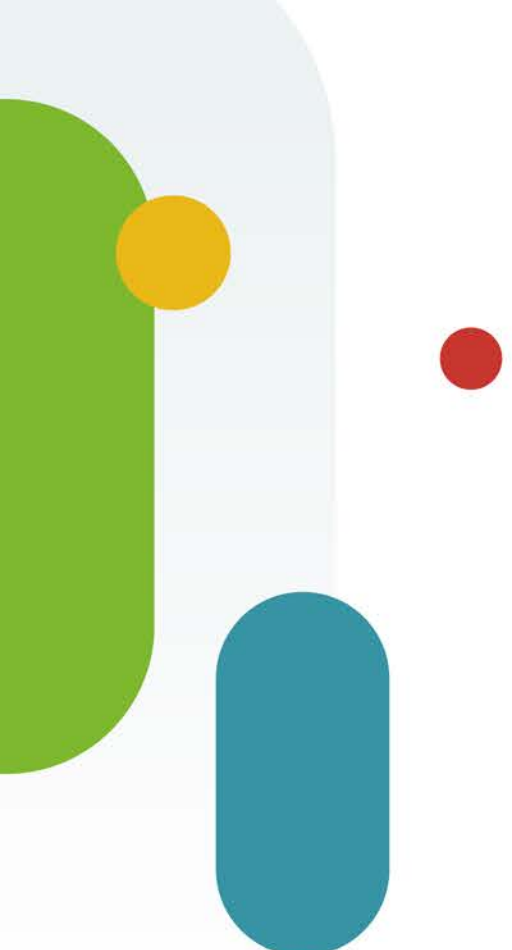
# How IHI works: 2-stage calls





# How IHI works: 2-stage calls





# Support healthcare system resilience through a focus on persistency in the treatment of chronic diseases

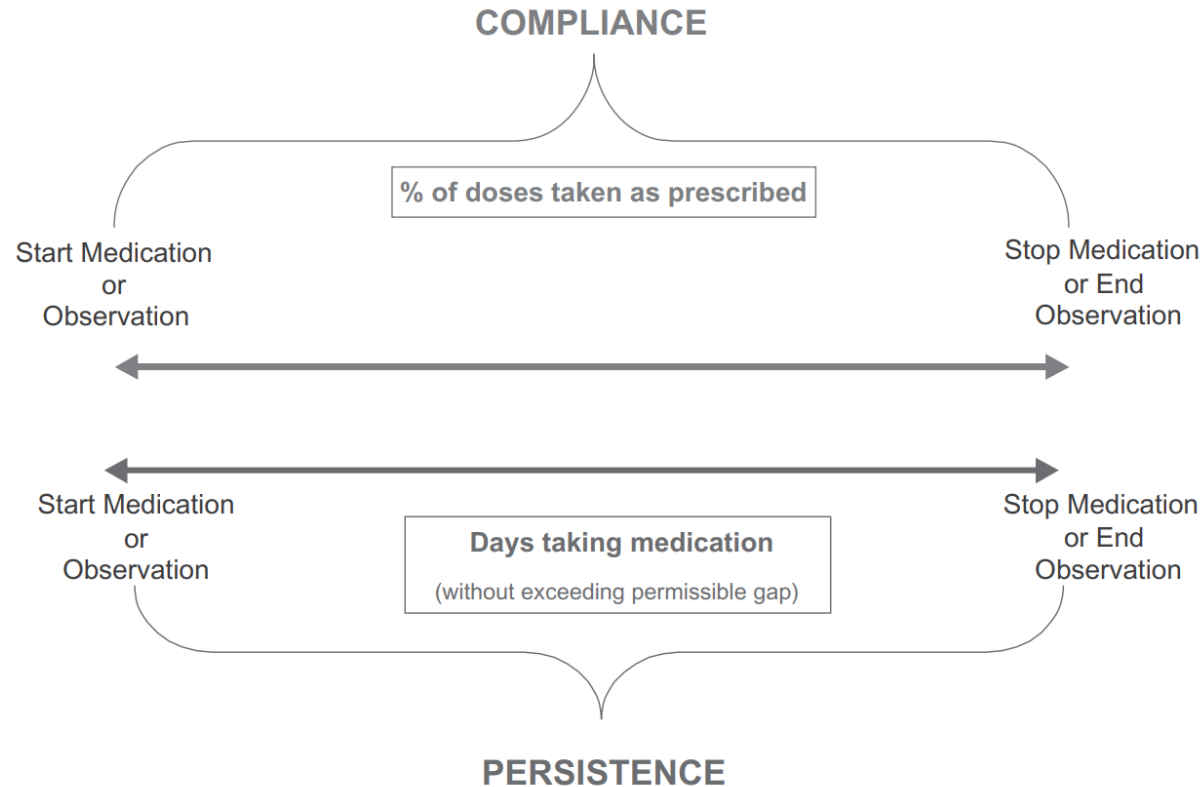
IHI call 6 – topic 1

Günaj Rakipovski  
Matthias Müllenborn  
Paul Menter

16.01.2024 • Online

# Definition of treatment persistency

## Part of treatment adherence



Persistency is part of drug adherence and is defined as the length of time between starting treatment and the last dose which immediately precedes discontinuation of medication

# The challenge

There are challenges in chronic disease care...



**50%**

of people living with chronic diseases **discontinue treatment** in the first 12 months of starting<sup>1</sup>



**1 in 3**

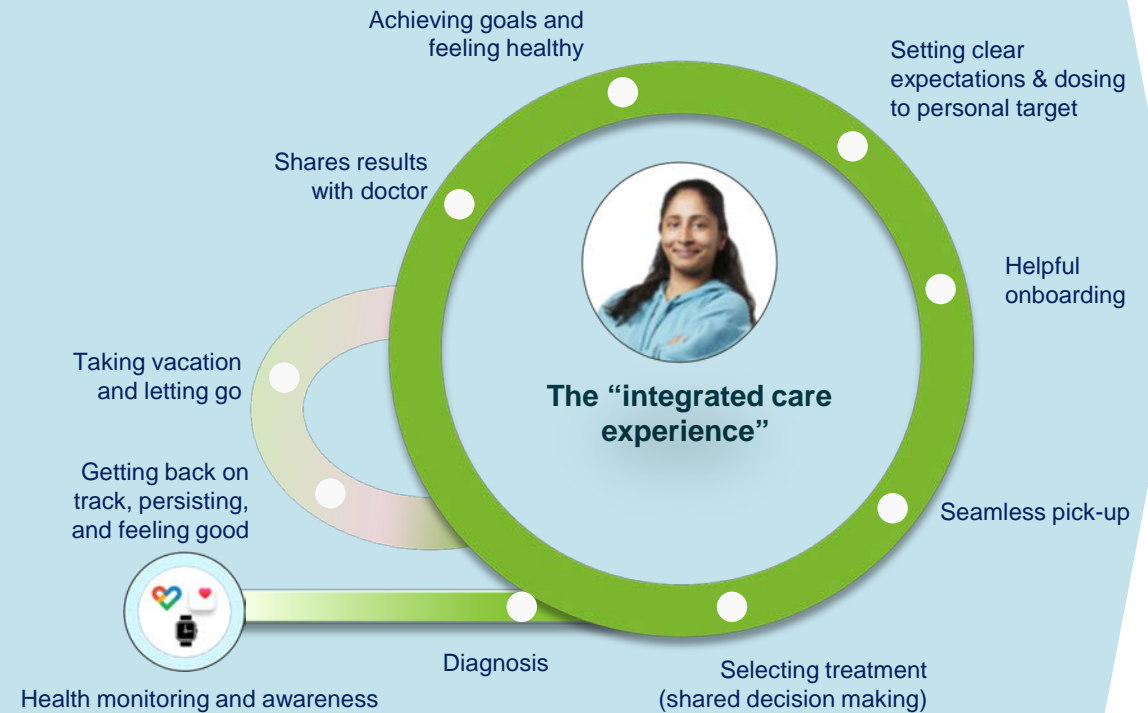
with the increasing burden on health systems, 1 in 3 **Primary care physicians** experience **burn-out**<sup>2</sup>



**#1**

Type 2 Diabetes remains the **leading cause of devastating & expensive complications** such as CVD, kidney failure, blindness and lower limb amputation<sup>3</sup>

...technology enables a future of continuous care for any connected patient.



1. Neiman AB, Ruppert T, Ho M, et al. CDC Grand Rounds: Improving Medication Adherence for Chronic Disease Management — Innovations and Opportunities. MMWR Morb Mortal Wkly Rep 2017;66. DOI: <http://dx.doi.org/10.15585/mmwr.mm6645a2external icon>. 2. Munira Z. Gunja et al., Stressed Out and Burned Out: The Global Primary Care Crisis — Findings from the 2022 International Health Policy Survey of Primary Care Physicians (Commonwealth Fund, Nov. 2022), <https://www.commonwealthfund.org/publications/issue-briefs/2022/nov/stressed-out-burned-out-2022-international-survey-primary-care-physicians.>; 3. OECD Health Statistics 2021, [Diabetes Care](#).

# What are the barriers

- Patient specific, e.g. lack of knowledge, lack of routines, poor health literacy, gender, transition from paediatric to adult care, socioeconomic background;
- Disease specific, e.g. lack of symptoms, lack of improvement, illness fatigue;
- Treatment specific, e.g. side effects, complexity in dosages, inconvenience;
- Healthcare and system specific, e.g., poor communication among stakeholders including e.g. physicians, patients, pharmacies, insurance providers, service providers, policy makers;
- Social and culture specific, e.g. stigmas, religious belief, other alternatives;
- Logistic and finance specific, e.g., price, renewal of prescription.

# Need for public-private, cross-sector collaboration

The ecosystem is transforming...

From

Drug-centric offering where patients struggle to stay on treatment

To

To a more tightly **integrated ecosystem approach** increasing access, stay-time and patient outcomes.



## Situation

- Healthcare systems across the globe are dealing with immense pressure. Better treating people with chronic disease will be critical to ascertain the sustainability of health care systems.
- Scientific organizations as well as national governments like the NHS have acknowledged adherence to medication and associated waste to be a main driver to ineffective treatment.
- Patients do not fully benefit from available treatments with many opportunities for improvement.
- Opportunity to engage with HC systems and other stakeholders as a partner to increase awareness and help solve this challenge



## Questions to be addressed

- Why do people drop off of chronic disease treatment?
- Which healthcare ecosystems excel at helping patients stay on treatment? What can we learn from them?
- What role can the stakeholders of the healthcare ecosystem play in helping improve persistence on treatment?
- How can public-private collaboration improve persistence?
- What are the key gaps (technological, scientific, practical, commercial) to be addressed?

*To support a healthcare environment which effectively helps people living with chronic diseases to be treated and treat themselves in line with their individual needs, it is critical to improve persistency*

# Scope of the project

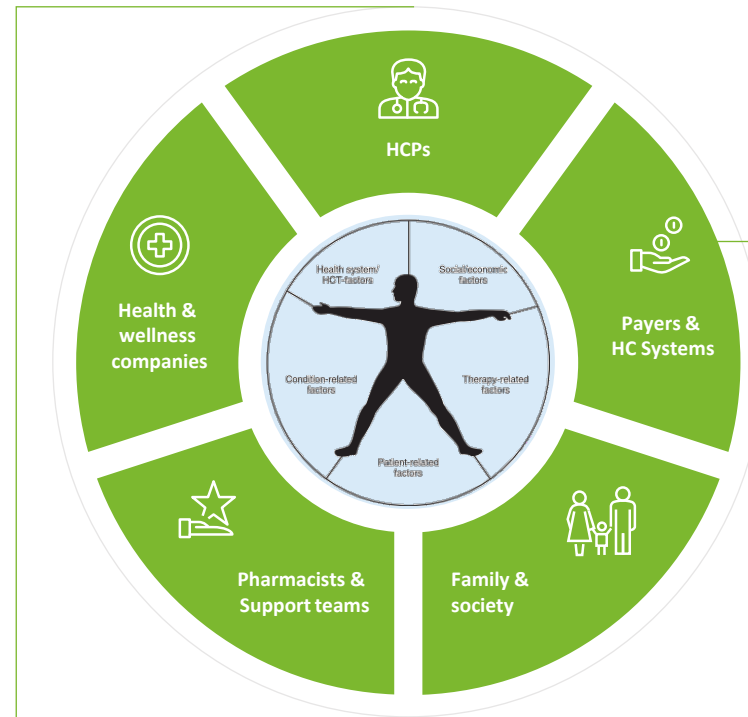
Evidence generation,  
Policy  
& Public-Private  
collaboration



## Core beliefs

- 1 Driving change in drop-offs requires collaboration with healthcare stakeholders
- 2 Clinical evidence to support integrated treatment solutions will be standard & expected by HCPs & HTAs

## Multiple factors drive drop-offs within an ecosystem



Persistency matters to the daily life of HCPs in primary care

“As a practicing internist here in Chicago, I face talking to my patients about whether they’re taking their medicine every single day. We know that, if the patients don’t take their medicine, they’re never going to get their blood pressure, their diabetes, their depression, so many chronic conditions under control”  
- Marie T. Brown, MD, Primary (internal) Care at Rush University Medical Center, USA

Guidelines & key stakeholders call for action to address persistency.



“low rates of continued medication use...affects almost half of people with type 2 diabetes, leading to suboptimal glycemc and CVD risk factor control as well as increased risks of diabetes complications, mortality, and hospital admissions and increased health care costs (58–62)..” ADA/EASD Consensus Guideline 2022



“Improving medicines adherence and reducing associated waste is one of the great challenges facing modern health systems, including the NHS” - Carol Roberts Director of Strategic Prescribing, NHS



Despite a shared interest throughout the ecosystem and pockets of success, patients **experience a fragmented healthcare system, not well coordinated to make staying healthy easy.**



**Public-private coalitions** are needed to help define and drive new models for collaboration across the healthcare ecosystem to improve persistency to benefit patients and health-system sustainability

# Scope of the project

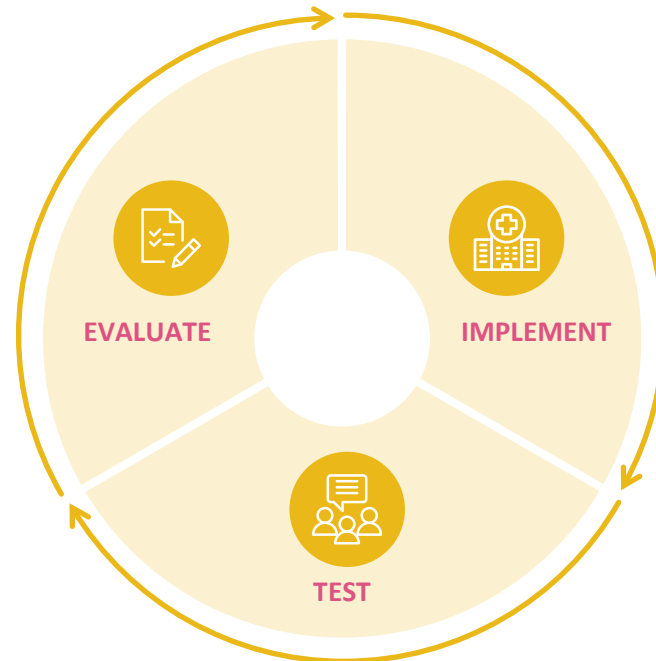
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## Core beliefs

- 1 Driving change in drop-offs requires collaboration with healthcare stakeholders
- 2 Clinical evidence to support integrated treatment solutions will be standard & expected by HCPs & HTAs

Agile scientific evidence of  
impact



Academia, Health Systems & Industry



Use both observational and diverse clinical research methodologies to **demonstrate** impact



**Drive fit for purpose studies** to secure the evidence needed of our offering to maximize their impact – particularly moving from test to scale



**Foster close collaboration with academic expertise** within this field to ensure fast and feasible execution in RW settings



**Build internal understanding & competencies** within persistency to inform drug, study & service development

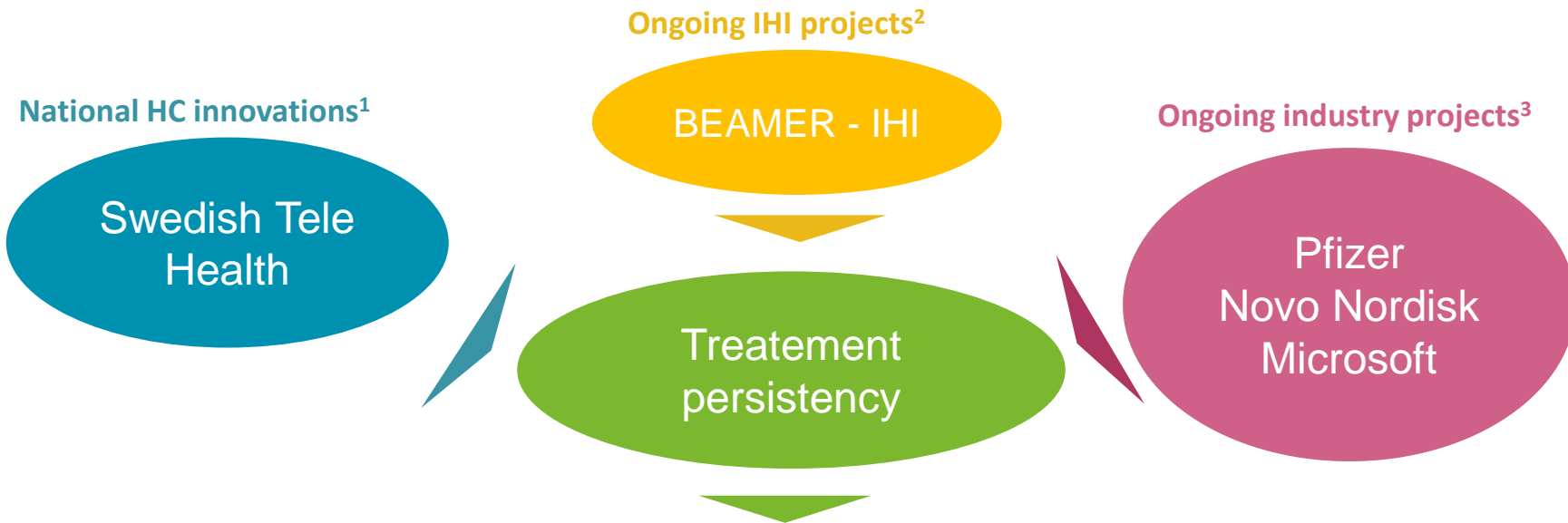


# Expected outcomes

- Map and share insights from existing projects, pilots and datasets to understand what the barriers and opportunities are to improve persistency and health outcomes for people living with chronic diseases
- Develop and implement new/revised collaborative models between public and private organisations with the aim of improving persistency and health outcomes
- Generate clinical and scientific evidence to demonstrate results to show the value of these new approaches and technologies
- Integrate new insights into the treatment regimen in close collaboration with people living with chronic diseases to improve disease outcomes
- Develop a consistent methodology/framework for measuring persistency using real-world data
- Develop recommendations and consensus reports with relevant healthcare stakeholders
- Optimise communication between healthcare systems and patients to improve persistency

# Expected impact

Leveraging learnings from ongoing projects will be key



- Improving outcomes for patients with chronic diseases by supporting them to stay on the recommended and most efficient treatment, reducing symptoms and side-effects in the best way;
- Less co-morbidities for patients on chronic disease treatment;
- Reducing inefficiencies and costs in healthcare systems.

# Expected (in-kind) contributions of the industry consortium

The pre-identified industry consortium (Abbott, Eli Lilly, Menarini, Novo Nordisk (Lead), Pfizer, Sanofi, Servier) expect to contribute to the IHI JU project by providing the following expertise and assets:

- Results and insights from existing pilots and studies
- Real-world evidence (RWE) and clinical trial data
- Expertise in medical & science, data collection, epidemiology, evidence generation, publication support, digital health, market access, patient voice
- Data platforms, digital tools, apps, remote monitoring technology

# Expected contributions of the applicants

- Experience and insights from diabetes, obesity, and cardiovascular disease care
- Observational and diverse clinical research to demonstrate impact, including health economics and outcomes research
- Fit-for-purpose studies to secure the evidence needed to maximise impact – particularly moving from test to scale
- Close collaboration between industry and academia to ensure fast and feasible execution in real-world settings
- Build understanding & competencies within persistency to inform drug, study and service development
- Build training programmes for healthcare stakeholders
- Analyse how the new learnings/insights might be implemented in clinical treatment guidelines.
- Access to relevant data on persistency and treatments, such as access to electronic health records and public data
- Expertise in patient journey, clinical practice, chronic disease management

# Budget

- Maximum financial contribution from the IHI JU: EUR 11 300 000
- Indicative in-kind contribution from industry: EUR 11 300 000

# Duration

- 5 years





Thank you for your attention


Got questions? Contact [applicants@ihi.europa.eu](mailto:applicants@ihi.europa.eu)

**DO NOT CONTACT THE TOPIC WRITERS**

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# Proposal submission & evaluation



# Proposal Template

- **Part A** of the proposal is **administrative data** that is entered in webforms through the Funding & Tenders Portal.
- **Part B** of the proposal is the **narrative part** that includes 3 sections:
  - Excellence
  - Impact
  - Implementation

*Read instructions in proposal template very carefully*

- **Annex:**
  - Participant type

# Evaluation Criteria (1/2)

- **Excellence**

- Clarity and pertinence of the project's objectives, and the extent to which the proposed work is ambitious, and goes beyond the state of the art.
- Soundness of the proposed methodology

- **Impact**

- Credibility of the pathways to achieve the expected outcomes and impacts specified in the work programme, and the likely scale and significance of the contributions due to the project.

# Evaluation Criteria (2/2)

- **Quality and efficiency of the implementation**
  - Quality and effectiveness of the work plan
  - Capacity and role of each participant, and extent to which the consortium as a whole brings together the necessary expertise.



- Tips for applicants

# Tips for applicants

- Read all the call-relevant material, especially the **topic text**
  - [www.ihl.europa.eu/apply-funding/future-opportunities](http://www.ihl.europa.eu/apply-funding/future-opportunities)
- Form your consortium **early**
  - Already think “public-private partnership”
- Ensure that **all information requested in the call text and proposal template** is provided to allow the evaluation experts to easily assess your proposal against the evaluation criteria
- Consider & plan for the potential **regulatory impact** of results

# Finding project partners

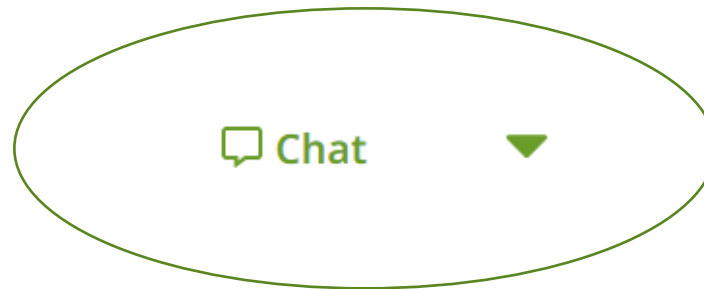
**You'll need to build or join a consortium!**

- Network with **your contacts & IHI Call days participants:**
- <https://ihi-call-days.ihi.b2match.io/>
- Use EU Funding & Tenders portal **partner search tool:**
  - <https://europa.eu/!QU87Nx>
- Get in touch with your **IHI national contact point:**
  - <https://europa.eu/!D7jyMy>
- Network on social media:
  - [www.twitter.com/IHIEurope](http://www.twitter.com/IHIEurope)
  - [be.linkedin.com/company/innovative-health-initiative](https://be.linkedin.com/company/innovative-health-initiative)



# Questions

If you want to ask a question please use the chat function on the right corner of your screen





Thank you for your attention

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