MAFEIP
Wrap up of the day

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1. Addressing information needs on different levels of the EIP on AHA

2. Potential tool improvements / further developments

3. Suggested MAFEIP dissemination strategy within EIP on AHA

4. What's missing – future research to provide health economic support to Active & Healthy Ageing
Addressing information needs on different levels of the EIP on AHA
Impact on Partnership-level

The EC does not intend to compare or rank EIP on AHA commitments.

However, the MAFEIP-tool provides a comparative assessment of individual interventions against suitable (context specific) standard care scenarios.

On Partnership level, we may assess the cumulative impact of the activities carried out by stakeholders in terms of aggregated population level impact on:

a) Health (QALYs) and
b) Health and care expenditure
Impact on Intervention-level

**ICER = ΔC/ΔE**

Accept intervention if ICER< WTP (λ)

**Commitments can use the tool to assess whether their interventions provide / have the potential to provide cost-effective care to patients in particular health and care settings.**
The MAFEIP-tool can be applied to assess technologies even at an early stage of development.

It does so by using methods conventionally used for informing 'decisions to buy' (demand-side) into the development process of a new technology ('decision to invest').

Hence, with MAFEIP we can take on an 'investors perspective', which is particularly interesting for the EIP on AHA (and other policy initiatives) as:
- The Partnership aims at identifying and scaling up innovations to improve active and healthy ageing.
- It is still a 'young' policy initiative, where many interventions are also at an early stage of development and.
- The information available about respective technologies is typically scarce and scattered.

In this context, early HTA through MAFEIP can be a useful tool for assessing the potential of a new technology, which in turn, may provide valuable information for:
- The developer of a technology to decide upon further investment and.
- The EIP on AHA (and other initiatives for that matter), to provide the right support for respective innovations so that they can progress faster to the next stage of development.
Improving tool-flexibility through:

a) Optional additional health states

- Baseline health
- Deteriorated health
- Dead
- Moderately frail
- Slightly frail
- Frail
- Not frail
Improving tool-flexibility through:

b) More nuanced data inputs, e.g. for transition probabilities

Currently, the input sheet allows specifying probabilities which are not time / age dependant and remain constant throughout the entire model lifetime (apart from background mortality data).

It may be more realistic to assume that probabilities depend on age and may vary over a model's lifetime.

One future development of the tool should therefore look into improving flexibility to populate the model with more nuanced data, especially for transition probabilities (including excess mortality to adjust background data).
Improving tool-flexibility through:

c) More analytic options, e.g. for subgroup analysis

- e.g. BMI
- Smoking
- Diabetes
- Etc....

Can be partly solved through additional model states and / or running the model multiple times with different subgroups
Suggested MAFEIP dissemination strategy within EIP on AHA
The MAFEIP-tool is intended for users with limited background in health economic evaluation ....however.....

....even though we aimed at simplifying methods as much as possible without sacrificing on the validity of the approach...

…it remains a complex task to populate the tool with data and interpret results correctly!
Therefore….

…we suggest an approach with regular seminars and workshops with hands-on exercises to support EIP on AHA stakeholders with making the best use of the tool and its results.

…a potential MAFEIP continuation should therefore look into the development of appropriate user-support for stakeholders with different levels of experience.

The EIP on AHA with its six thematic Action Groups provides an excellent platform to carry out such workshops and seminars, and the MAFEIP Team has vast experience in facilitating economic evaluation methods to various audiences.
What's missing – future research to provide health economic support to Active & Healthy Ageing
A 'generic measure of ageing related well-being'

Within MAFEIP, outcome is strictly defined in terms of health (quantity & quality)

However, active ageing is a multidimensional concept, and this limits the applicability of the tool to health-related policies and interventions.

Significant work has been carried out to measure the untapped potential of older people for active and healthy ageing across countries.

We need to build up from these experiences and further improve outcome measurement, exploit synergies between tools, and ultimately aim for a measure of outcome that can be used to evaluate and compare different active ageing policies and interventions.
A framework for the *economic evaluation of Active Ageing policies*

MAFEIP builds up strictly from economic evaluation in health

However, for the same reason we need to improve outcome measurement, we also need to adapt methods for the economic evaluation of active ageing policies.

This involves several aspects, for instance:

- The fact that active ageing policies typically impact on several policy areas
- Many outcomes are intangible and we need to find ways of measuring them (previous point)
- Assessing the cost of active ageing policies can be way more complicated as impact on several budgets (positively and negatively) is possible.
- Trade-offs between different active ageing outcomes need to be accounted for and also
- The preferences of different stakeholders with respect to active ageing outcomes
Some relevant literature
(all open access)


• BOEHLER C, ABADIE F (2015) Monitoring and Assessment Framework for the European Innovation Partnership on Active and Healthy Ageing (MAFEIP) - Conceptual description of the Monitoring and Assessment Framework for the EIP on AHA. European Commission, DG Joint Research Centre, Institute for Prospective Technological Studies (EUR 27412); DOI: 10.2791/290381

• BOEHLER C, ABADIE F, SABES FIGUERA R (2014) Monitoring and Assessment Framework for the European Innovation Partnership on Active and Healthy Ageing (MAFEIP) - Second report on outcome indicators. European Commission, DG Joint Research Centre, Institute for Prospective Technological Studies (EUR 27034); DOI: 10.2791/171684

• ABADIE F, BOEHLER C, LLUCH M, SABES FIGUERA R (2014) Monitoring and Assessment Framework for the European Innovation Partnership on Active and Healthy Ageing (MAFEIP) - First report on outcome indicators. European Commission, DG Joint Research Centre, Institute for Prospective Technological Studies (EUR 26826); DOI: 10.2791/12311


More information on MAFEIP:
http://is.jrc.ec.europa.eu/pages/TFS/MAFEIP.html