

Support Services for the Management and Utilization of Monitoring and Assessment of the EIP-MAFEIP Tool



MAFEIP

3rd Newsletter

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Overview

The MAFEIP study (Support Services for the Management and Utilization of Monitoring and Assessment of the EIP - MAFEIP Tool) is performed by Open Evidence and empirica and aims at facilitating the use of the MAFEIP tool by members of the European Innovation Partnership on Active and Healthy Ageing (EIP on AHA).

The purpose of the MAFEIP tool is to estimate the health and economic outcomes of a large variety of social and technological innovations in the health and care sector relative to current care. Examples of innovative interventions include new care pathways, devices, surgical techniques, organisational models, among others.

MAFEIP can provide an early assessment of the likelihood that interventions will achieve the anticipated impact. It can help to identify what drives an intervention's effectiveness or efficiency in order to guide further design, development or evaluation, providing valuable support to the decision making process.

The MAFEIP study fostered the creation of a thriving community of users who have consolidated 11 distinct use cases for the MAFEIP tool so far. Based on the feedback received from the community, the tool is being improved in order to facilitate its adoption as an analytical framework in Europe which could predict with better precision the value of the innovation for citizens and other stakeholders. The results of the finalised and ongoing use cases contribute to estimating the aggregated impact of the EIP on AHA on its overall health and health system objectives.

Organisations interested in applying MAFEIP to assess their innovations may consult the official MAFEIP [website](#).

Therapeutic Guideline for treatment of Behavioural and Psychological Symptoms of Dementia

Antipsychotic drugs or neuroleptics are often used to treat the behavioural and psychological symptoms of dementia (BPSD) despite an increasing evidence of potential harms associated with the use of these drugs. Nevertheless, between 20% and 50% of dementia patients are still being prescribed neuroleptics, whereas those living in nursing homes have significantly greater rates compared with those individuals living in the community.

The Therapeutic Guideline (TG) for treatment of BPSD was created by a multidisciplinary team in the in Spain to reduce the number of neuroleptics in nursing home patients with dementia. In total , 606 patients from seven nursing homes in Arenys de Mar (Barcelona, Spain) participated in the study. The patients' family physician and primary care pharmacist conducted a medication review and elaborated a therapeutic plan (TP) per patient based on the guideline. For this use case, the intervention specifically aimed to reduce the amount of neuroleptic drugs given to patients and the TP focused on alternatives to drugs for the

management of BPSD, leading to a reduction in the prescription of neuroleptics. The number of neuroleptics prescribed to patients before and after the intervention were recorded.

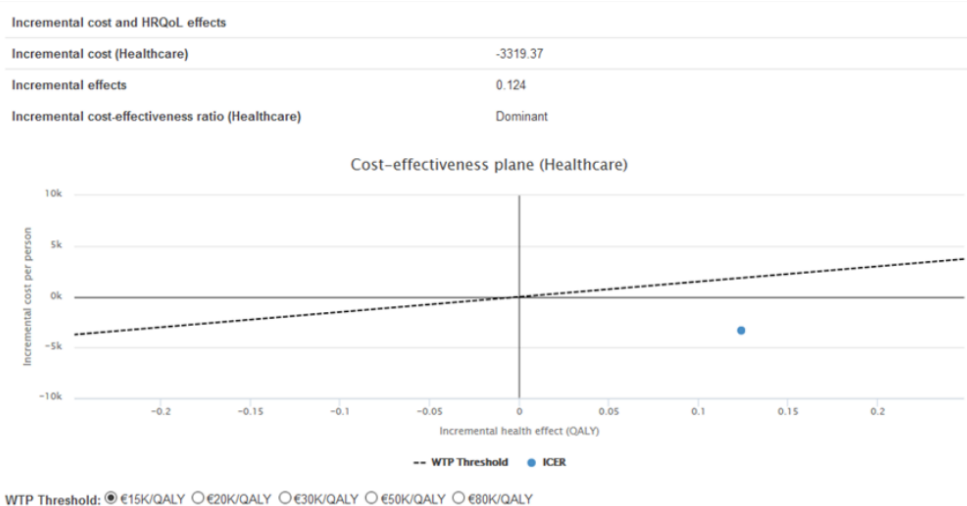
Results of the MAFEIP analysis show that with the TP, the total number of neuroleptics prescribed to the patients has been reduced, which in turn, has produced an impact on costs and mortality rates.

The project has combined data from the nursing homes as well as collected data from external sources to populate the model with values for transition probabilities and relative risk for mortality. Incidence rates were derived from data on dementia prevalence in institutionalised patients in Spain (reported to be 40%). Moreover, estimates on mortality rates were derived from the findings of a significant clinical trial that reported higher survival rates in patients receiving placebo drugs instead of neuroleptics.

Starting from a medication review, drug-related costs of the patients before, during, and after the use of the intervention were compared.

As the intervention specifically aimed to reduce the amount of neuroleptic drugs given to patients, only drug-related costs were considered in the MAFEIP tool while all other costs were taken as constants.

The incremental costs by age were shown to be all below zero (negative) throughout the age range of the target group (65 years



Incremental cost-effectiveness ratio (ICER) of the intervention

old to 90 years old), although the costs increase as age increases. The intervention can therefore be interpreted as less costly than standard care (continuing with neuroleptic prescriptions only).

The tool calculated the incremental cost-effectiveness ratio (ICER) of the intervention, showing it to be “dominant”, marking the intervention as better (more effective) and cheaper than the current (standard) care.

The ICER as illustrated by the blue dot in the previous figure is in the lower right quadrant, which describes an intervention that is always accepted even with the lowest given Willingness to Pay (WTP) Threshold value. Furthermore, the MAFEIP use case demonstrated how patients using the intervention have lower chances of dying compared to patients who are still receiving the usual care with neuroleptics.

User Community Support

The MAFEIP study has established a user community comprising committed organisations willing to use or already using the tool. At this moment, the MAFEIP User Community (MUC) consists of more than 50 organisations from 14 European countries, who are contributing with meaningful data to analyse their interventions and are using the tool, with the appropriate training and guidance provided by the study team. The organisations comprising the MUC include members of the EIP on AHA and beyond such as front runner regions, established ecosystems in the health and care sectors, associations representing health ICT industries, industrial representatives, organisations from academia and research institutions in the health sector.

The following documents have been made available on the MAFEIP official website in order to help the User Community understand and use the tool with ease:

- [MAFEIP User Guide](#):
This document is developed to help users work with the tool easily and efficiently.
- [Data Collection Codebook](#):
This document summarizes the main input parameters required to populate the MAFEIP tool.

Learn more about the tool and consult the MAFEIP video series on our website:

- [MAFEIP Introduction: Purpose and Use](#)
- [MAFEIP Introduction: Structure and Navigation](#)
- [Interpreting the results: Incremental Costs and Effects and Cost-effectiveness](#)
- [Interpreting the results: Population Impact and Patient flow](#)
- [Sensitivity Analysis - Part A](#)
- [Sensitivity Analysis - Part B](#)

MAFEIP Workshop for COCIR members (28 June 2017, Brussels, Belgium).

The MAFEIP tool was introduced to the members of the European Trade Association representing the medical imaging, radiotherapy, health ICT and electromedical industries (COCIR). During this workshop, the MAFEIP methodology was outlined and the analysis of the tool based on the cases developed by COCIR members was presented. An open discussion followed to allow participants to provide feedback and answer questions about MAFEIP.

MAFEIP Workshop at the “Transferring EU policies into Regional Social Innovation: improving AHA for a better society” (8 June 2017, Valencia, Spain).

European and Non-european stakeholders working to improve the quality of life of older people met at this event to discuss and propose innovative solutions contributing to encourage Active and Healthy Ageing in Europe, while leveraging the opportunity of the Silver Economy and the Blueprint Strategy. A special session in MAFEIP was organised to present the tool to the audience.

MAFEIP Presentation at the Open Market Consultation in Campania region as part of the EU ProEmpower PCP project (6 June 2017, Naples, Italy).

MAFEIP Use Cases

The following use cases have been published on the MAFEIP website:

- [BeyondSilos: ICT solution to integrate care pathways across organisations](#)
- [MasterMind \(cCBT\)](#)
- [VPH-DARE@IT: Technology scenarios for improved dementia care management](#)
- [MD-Paedigree: model scenario for improved paediatric cardiomyopathy care](#)
- [MasterMind \(cCVC\)](#)
- [VPH-OP: Prediction of the risk of fracture in osteoporotic patients](#)
- [MasterMind \(Aragon\)](#)
- [United4Health: Telemonitoring system for COPD](#)
- [Kinesis: QTUG](#)
- [Therapeutic Guideline for treatment of BPSD](#)

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