

Supporting Healthy Aging
with a Hospitable
Innovation Environment:
Consensus on Policy
Reforms and Actions

MARCH 2022

The Global Coalition on Aging (GCOA) brought together a carefully selected group of global, multi-sector stakeholder experts on September 29, 2021, (See Appendix for list of Roundtable Participants) on the topic of *“Healthy Aging for All: A New Paradigm for Innovation in the Era of Longevity.”* GCOA facilitated the dialogue through its position as the leading private sector, cross industry voice on “aging”—one of the most powerful and pervasive mega-trends of the 21st century.

GCOA undertook such a dialogue through the lens of the COVID-19 pandemic as it focused the world's attention simultaneously on both longstanding inequities and health disparities and the power of innovation to deliver life-saving interventions, in the vaccine, therapy and digital technology spaces. These advances teach us important lessons about taking on longevity through market innovation, which are captured in a recent GCOA report.

Our Roundtable methodology was applied to bring these experts together to consider public policy and market shifts that could be captured through a unique joint understanding of otherwise very different, but equally visible health crises the past four decades, which all have in common innovation solutions that mitigated the crisis, immensely improving lives, creating value for society and providing a basis for reducing the associated economic and fiscal burdens:

- HIV was perhaps among the most recent, broadly and publicly recognized across all society in a long history of viruses and diseases, that human ingenuity has sought to overcome. HIV showed that it is through innovation that we realize new treatments or preventive measures that have turned once deadly diagnoses into manageable conditions from HIV to multiple forms of cancer. As **Sue Peschin**, CEO of Alliance for Aging Research, noted, "...there is a failure to recognize how far and [in the scheme of the history of disease] so quickly...innovation...has come."
- The COVID-19 pandemic is the most recent of a public health crisis, itself with a magnitude and scale not seen in at least a hundred years, but which reflects the case that it is through innovation that the crisis is managed and in large measure mitigated.
- The mega-trend of aging contains within it the exploding challenge of non-communicable diseases aligned near perfectly with growing old. From cardiovascular disease and oncology to Alzheimer's disease, osteoporosis, vision and hearing loss, COPD and diabetes, it is clear that healthy aging—perhaps redefined in terms of enabling functional ability as we age—is possible only with parallel innovative advances.

Even as we celebrate innovation and recognize the value it has brought to billions of people, including bringing us the extension of long lives where we will age to 100 as a matter of course in the 21st century, there are gaps and therefore serious public policy reforms to be addressed. Amid these incredible advances, there is the profound challenge to further extend access of those innovations to more and more in need globally.

Lorraine Cortés-Vázquez, Commissioner of The New York City Department for the Aging, said, “There is still so much work to be done. We continue to make our city [the nation and the world] more equitable and accessible.”

During the roundtable, which was held virtually on September 29, 2021, we found evidence that the delivery of quality, patient-centered care can create a virtuous cycle of innovation. When communities impacted are centrally involved, not only in decisions about their care but also in determining value and opportunities for improvement, it can lead to better medicines, improved outcomes for all communities impacted, and an enhanced patient experience. Communities that, as **Phylicia Woods**, Executive Director of the Cancer Policy Institute at the Cancer Support Community, articulated, include “the patient perspective as critical to value the needs to be weaved throughout the process of providing care.” Further, **Scott Bertani**, Director of Advocacy at HealthHIV, said, “There is the need for more medical education and integrated care coordination...so that policymakers see us through our needs per se [an aging older person with HIV] for example.”

Moreover, at roundtable, GCOA was able to lead an important dialogue through the lens of such global demographic trends—particularly the mega-trend of aging—that themselves present new challenges for policy makers to ensure that more people are able to enjoy healthy and more active aging. To that end, GCOA has invited the participants of the roundtable to support the following core policy principles to not only continue to enable the advancement of innovation, but also to ensure broader, deeper and more equitable access to ongoing innovation advances.

Core Policy Actions In Support of Equitable Healthy Aging Through Innovation

Spend on health innovation as an investment, which must be driven by policy incentives and supportive markets.

I.

A cultural shift is needed—where policymakers see health spending as an investment that enhances the lives of people, allows them to contribute more to their families, their communities and the economy over the long term, fortifies health systems themselves by enabling fiscal sustainability, and contributes to healthier and more active aging. Critical among the public policy essentials that reflect such a shift that spending on health is an investment are:

- **Environments that foster innovation start with strong and reliable intellectual property rights.**

This in turn helps to foster competition for new and innovative discoveries in the marketplace. Innovators must know that these discoveries and advances are protected. Without this support, R&D funding is at risk as investors and funders will not see an opportunity for returns.

- With regard to innovation in life sciences—including therapeutics and vaccines—**public policy must recognize that innovation is most often realized in incremental steps and that each step must be seen as a critical part of progress**, which is best measured over many years, sometimes decades. Our regulatory and access and reimbursement systems must be restructured to reflect this reality so that such “incremental innovation” is made available

through the approval process and then paid for by public and private insurance, including in the case of older Americans, Medicare and Medicaid. As **James Class**, Executive Director of Policy at Gilead Sciences explained during the roundtable, “Innovation is a long process. Yet, when we look at it over time, it can look like a breakthrough.” As an example, in the 1990s the average patient with HIV took 25 pills a day. This shrank to eight pills in 2014, and today is down to one pill to manage, a diagnosis that was—just a generation ago—most often a death sentence. This can only happen when innovation is nurtured over a long period of time, in this instance, an entire generation.

- Especially in our aging era, where there are more old than young across society, **the partnerships across government and between local and federal governments are required to ensure that spending on health as an investment is embraced** by those responsible for health and economic policy.

Re-imagine 21st century aging and health needs with a focus on what quality looks like to patients and how it is fostered.

II.

A value-based model would further support innovation by ensuring that the advances that create the best outcomes are based on what is valued by patients and their caregivers. A first step to meet this principle is to ensure a better collection of information and data about what the patient needs to live a better life—and connected to a healthier and more active aging. Reframing health system readiness from the 20th century acute care model to a 21st century one should be based on patient quality and outcomes. We need to reorient our healthcare system. We can't talk about equity without first talking about prevention or access," according to **Jane Barratt**, Secretary General of the International Federation on Ageing.

Principle elements of reimagining quality is linked to 21st century health system readiness and the Decade of Healthy Ageing where our roundtable targeted innovation as a goal that can help achieve the quality. This can be achieved through:

- Linking explicitly to how innovation can enable functional ability—what people want for themselves as they age that may be different from the 20th century health goal of “absence of disease” and more related to an active aging.
- Reflecting these ideals across community and population health programs that connect stakeholders as decision makers in partnership with more traditional health care professionals.
- Recognizing the central role of private-public partnerships in the co-design with the patient/user of health innovation to underscore the innovation's role in economic as well as health policy.

Ensure an access framework is judged by health equity metrics that focus on putting the patient, caregiver, consumer at the center.

III.

In most instances, existing reimbursement models—themselves determining access—there is a perpetuation of inequity, particularly when it comes to innovation. Yet the success of any innovation ought to be measured by the people who are able to access it. Policies must support their widespread availability—for the benefit of all. Reimbursement must be geared to and judged by its impact of equity of access to the innovation. Moreover, if this approach is not taken, it will likely have an adverse impact on the incentives to innovative in the first place.

As **Jane Barratt** so clearly stated during the roundtable: “What does equity mean when it comes to aging? This is a tough question to answer.” She then shared the words of Dr. Margaret Chan, offering that “no one should be denied health care. Equity is a matter of life or death.”

Likewise, technology must become more available, more age-friendly and more equitably distributed. This means that health systems must rapidly move away from traditional reimbursement models to more modern ones aligned to emphasizing prevention strategies rather than the 20th century acute care model. Reimbursing existing innovative technology will benefit greater and more equitable access today, even as it signals a more hospitable environment for future innovation. Nevertheless, it is also important to reimagine how innovative health technology is designed—co-design with older adults or others across society who will use it—to ensure that the equity is not hindered by impractical designs less applicable across all society.

Health care is shifting away from an acute care, “just-in-time” system to one that prioritizes outcomes as defined by the user—consumer, patient, caregiver. This means as much focus on innovation that serves to predict and prevent illness, disease and age-related decline. Policy makers have an opportunity to lead us in this change. This begins with reframing regulatory processes to put the patient, caregiver, consumer at the center, so that regulatory decisions are reflective of overall patient needs. As **Phylicia Woods**, clearly acknowledged, access and equity must be built into innovative solutions: “We want to incorporate patients [caregivers, consumers of the care] and have them in the discussions...because...to make the [best] decisions, the patient needs to be involved.”

For example, the central involvement of the patient and their caregivers during the height of the HIV/AIDS epidemic, compassionate use was the refrain and drove—and was often responsible for—both access and availability of life-saving treatments. Equally, decades years later, during the COVID-19 pandemic, calls for emergency use authorization sped regulatory approvals, and likewise access.

Emphasize the fundamental role of care delivery to all societies—across generations, races, genders—made possible only through multiple stakeholder and cross-sector integration strategies.

IV.

Enabling the scalability of innovation can be achieved by reducing barriers reflected in conventional health care itself, as well as unconventional, non-medical, social determinants of health: from transportation and ageism to economic status, the employer role and other external environmental factors such as the environment in which one lives and interacts. **Lorraine Cortés-Vázquez** was clear on the impact of ageism as a social determinant of health, itself a key factor in scaling the delivery of care. “Our biggest battle is fighting ageism. Aging is everywhere. More active adults is a win for society and economy,” she said.

When this is combined with **Daniel Downer’s** (Executive Director of The Bros In Convo Initiative) straightforward, but profound insight that “healthy aging isn’t just for more seasoned community members,” it emphasizes two key themes that resonated across the roundtable: (1) patient navigation and (2) the related care coordination involving caregivers, families and communities. Both of these are embedded in the core areas of the recently launched WHO/UN Decade of Healthy Ageing in its core focus area of Integrated Care, which recognizes can be more fully enabled when non-traditional health sectors—transportation, internet and food security access—are brought into the goals around innovation and health equity.

During the roundtable, there was a very clear consensus, as summarized by **Michael Hodin**, CEO, Global Coalition on Aging and moderator of the roundtable dialogue: “The combination of the COVID-19 pandemic and the megatrend of aging combine with other experiences as in, for example, HIV and cancer, which have completely transformed expectation and needs of the broader and deeper health ecosystem. Due to the impact of public health on our daily economic lives, the topic has risen to the very top of everyone’s agenda, ranging from the C-suite to the kitchen table, which means how we deliver care, to whom we deliver it, and how we judge results is profoundly transforming”.

There is evidence that the delivery of quality, patient-centered care can create a virtuous cycle of innovation. When communities impacted are centrally involved, not only in decisions about their care but also in determining value and opportunities for improvement, it can lead to better medicines, improved outcomes for all communities impacted, and an enhanced patient experience.

Conclusion

The Global Coalition on Aging invites all participants to join us in creating a new Alliance on Innovation for Healthy Aging for us to help lead, as **Jane Barratt** phrased it, "...as the agents of change instead of just talking about the change." That, in this new Alliance, we commit to work on the core principles that form the consensus output of the roundtable and become initial projects of the Alliance, including further research; linkages to existing and future public policy; identifications of best practices across countries, disease states and/or stakeholders as basis for reforms globally; communications to policy and decision makers to adopt our consensus statements to achieve the 21st century innovation environment central to healthy aging.

APPENDIX

Roundtable Participants

Michael Adams,
CEO, Services and Advocacy
for LGBT Elders

Emily Allen,
Director of Thought Leadership
and Advocacy, Home Instead

Jane Barratt,
Secretary General, International
Federation on Ageing

Scott Bertani,
Director of Advocacy, HealthHIV

James Class,
Executive Director, Policy,
Gilead Sciences

Lorraine Cortés-Vázquez,
Commissioner, NYC Department
for the Aging

Dázon Dixon Diallo,
Founder and President,
SisterLove, Inc

Daniel Downer,
Executive Director,
Bros In Conversation, Inc.

Michael Hodin,
CEO, Global Coalition on Aging

Brian Hujdich,
Executive Director, HealthHIV

Janetta Louise Johnson,
Executive Director, TGI Justice

Stephen Karpiak,
Senior Director for Research, GMHC

Cheri Lattimer,
Executive Director,
National Transitions of Care Coalition

Sue Peschin,
President and CEO of the Alliance
for Aging

Gitanjali Sah,
Strategy and Policy Coordinator,
Strategic Planning and Membership
Department, International
Telecommunication Union (ITU)

Phylicia Woods,
JD, MSW, Executive Director,
Cancer Policy Institute,
Cancer Support Community



About GCOA

GCOA represents a cross-section of global business including technology, pharmaceuticals, healthcare, home care, financial, transportation, and consumer sectors. We engage global institutions, policymakers, and the public to drive debate on, create, and promote innovative policies and actions to transform challenges associated with the ageing of the global population into opportunities for social engagement, productivity and fiscal sustainability.

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For more information, visit

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