

on effective treatment and rehabilitation of obesity and its comorbidities to counteract the disability retirement risk.

Inflammatory bowel disease and allocation of health-related benefits

Kirsten Fonager

K Fonager¹, JB Leth², TM Larsen³, BA Jacobsen⁴

¹Department of Social Medicine, Aalborg Hospital, Aarhus University, Denmark

²University College North Jutland, Aalborg, Denmark

³Department of Health Planning and Quality, North Jutland Region, Denmark

⁴Department of Medical Gastroenterology, Aalborg Hospital, Aarhus University, Denmark

Contact: k.fonager@rn.dk

Background

Inflammatory bowel diseases (IBD), including Crohn's disease (CD) and ulcerative colitis (UC), are chronic diseases that impact patients' lives at many different levels. The incidence is highest in young adults and the disease course unpredictable. The aim was to study whether patients with inflammatory bowel disease had a higher risk of leaving the regular work force.

Method

We included all patients in North Jutland, Denmark, diagnosed with CD or UC from 1993 to 2002. 31 patients had left the regular work force at the time of diagnosis and 11 died during follow up leaving 317 patients with CD and 558 patients with UC for the analyses. Data were linked to the DREAM database which holds information on public social

benefits. Risks of leaving the regular work force (allocated to permanent health related benefit) after five years were estimated in logistic regression models. The number of days having received social support/sickness benefit the five years following diagnosis was assessed by linear regression analysis. Sub-analysis was performed using a Poisson regression model to calculate the incidence rate ratios (IRRs) for disability pension among CD and UC patients compared with the background population.

Results

A total of 8.2% with CD and 4.3% with UC had left the regular work force within five years after diagnosis. CD women had a higher risk than UC women (OR 2.5 (95% CI = 1.0–6.0)), whereas no difference was found for men (OR 1.0 (95% CI = 0.4–2.8)). Receiving social benefits one year before diagnosis seemed to have impact on both the number of days receiving social support/sickness benefit and the risk of leaving the regular work force during the five year time period. Both CD and UC patients had a higher risk than the background population of receiving disability pension (CD: IRR 2.82 (95% CI = 1.08–3.08); UC: IRR 1.82 (95% CI = 1.57–5.14)).

Conclusions

The study showed that patients with inflammatory bowel disease, especially women with CD, had an increased risk of leaving the regular work force five year after diagnosis. The study indicates that factors unrelated to the disease might be important.

M.8. Workshop: Towards a workable model for the management of chronic conditions in Europe

Chairs: Iveta Rajnicova-Nagyova, Slovakia and Jacqueline Bowman-Busato, Belgium

Organiser: EUPHA Section on Chronic Diseases & European Platform for Patients Organisations, Science and Industry (Epposi)

Background

Chronic conditions management (CCM) and changes in current systems of healthcare delivery are increasingly considered as important issues at policy and organisational level, as well as at the level of community and the individual. Although there are numerous different chronic conditions, what these conditions have in common is that they are largely preventable; they need a long-term and complex response, coordinated by different healthcare professionals, with access to necessary pharmaceuticals, testing and medical devices, and extending into social care. As such, there is a serious need for a thoughtful, multi-stakeholder, holistic approach to the practical implementation of integrated care systems based on patient-centred, coordinated and continuous care models.

Objective and layout

The primary objective of the workshop is to address the existing obstacles and weaknesses in the management of chronic conditions in Europe and to provide the key policy recommendations to the practical implementation of existing care models which focus on the realities of those living with chronic conditions. After an introductory presentation on the existing CCM models, policies and strategies in Europe, four related topics will be presented. The first presentation highlights the main existing gaps and weakness in CCM, commonly identified in 10 European Union (EU) countries. The second presentation illustrates the EU perspective on CCM, in particular how the European Innovation Partnership on Active and Healthy Aging (the EIP) helps to support necessary changes in the present medical and financial healthcare delivery models. The third presentation gives a national perspective on the importance of patients and patient

organisations to overcome the hurdles of patient empowerment and implementation of patient-centred care models in Europe. The fourth presentation offers a concrete good practice example of the solution to the existing gaps in CCM in Europe-E-TEACCH, Electronic multimediamultilingual easy-to-use Training, Education, Assessment and Communication Center on Headache. An audience discussion with 5 panelists concludes the workshop.

Added value

The workshop intends to be a valuable contribution to the existing information and evidence on chronic conditions and diseases in Europe by revealing the outcomes of the multi-stakeholder approach to CCM in Europe, including European, national and practice policy perspectives.

Accessibility and quality of a prescription drug sold, policies and strategies

Bert Vrijhoef

B Vrijhoef^{1,2,3}

¹Tilburg University, The Netherlands

²Vilans, The Netherlands

³The Netherlands Organisation for Applied Research, The Netherlands

Background

A variety of changes for the management of chronic disease care have been advocated. Most effective interventions for improvements in chronic disease care include the combination of multi-pronged strategies. The Chronic Care Model (CCM) and the Expanded CCM are examples of such strategies. Both strategies foster systemic change with the CCM focusing on people who have a disease and the Expanded CCM also supporting people and communities to be healthy. A study was performed to: (1) identify what policies for improving the quality of chronic care are being implemented in The Netherlands, Denmark, the United States and Canada and (2) to assess to what extent these policies have resulted in

the implementation of elements of the (Expanded) CCM and with which impact on outcomes.

Methods

A qualitative review of the scientific literature and government documents and semi-structured interviews with three experts from each of the four countries were done. Data were analyzed against an analytic framework to provide an overview of the breadth of the data. Use was made of the framework for creating a regional health care system. This framework describes that improvement strategies regarding chronic care will need to systematically coordinate actions across multiple strategy areas: data-sharing for performance measurement, engaging consumers, improving health care delivery, and aligning benefits and finances.

Results

The identified policies could be meaningfully structured and displayed by the framework for creating a regional health care system. In all four countries the systemic collection of data in order to redesign is troublesome. Further, in all four countries multiple policy measures are introduced regarding consumers, providers and purchasers of chronic care with an emphasis on strategies aimed at providers and a single disease orientation. A shift towards consumer involvement was found. Policies regarding providers encompass Quality Improvement strategies, motivational strategies to foster change and to a lesser extent the building of clinical data systems. Strategies for insurers include the removal of disincentives, redundancies and inefficiencies in current health insurance or payment.

Conclusions

Chronic care policies are in accord with the CCM, are incremental of nature and show variation both within and between countries. The building of an evidence-base regarding their impact has only just started.

Commonalities on gaps and weaknesses in the current CCM in Europe and key policy recommendations to the practical implementation of existing care models

Andrea Pavlickova

A Pavlickova
Epossi, Belgium

Background

CCM is useful as a conceptual framework but should also be supplemented by guidelines on implementation. The lack of common European guidelines, references or data on the quality of CCM in Europe is the main obstacle to supporting changes in the present medical and financial care models. This research was performed to: (1) build a workable model for the holistic management of chronic conditions for EU citizens, taking into account the medial, socio-economic and technology dimensions; (2) identify the best practices and deficiencies in EU countries' capacities to manage chronic conditions; (3) provide policy recommendations to the implementation of existing care models in the regional, national and EU context.

Methods

The research started with the mapping of the EU-27 countries in terms of prevalence of a national plan or strategy for the CCM across 5 disease areas. Secondly, 10 EU countries were selected for the evaluation of CCM national plans and strategies. The theoretical framework (Expanded Chronic Care Model) was set following valuable multi-stakeholders inputs and the critical review of the scientific literature. The framework was the basis for drafting the evaluation checklist. The checklist is organized into four core domains (policy, patient empowerment, practice level, community linkages) which are further divided into comparable and measurable parameters and indicators.

Results

The application of the evaluation checklist to the CCM approaches of 10 EU countries has revealed both the many commonalities in good practices, and more importantly, the

current weaknesses in the management of chronic conditions in Europe. Despite the uniqueness and diversity of healthcare systems in Europe, the EU countries face common problems and issues of CCM across policy, practice, individual and community levels. A shift towards a holistic, patient-centered approach to CCM, productive relationships between well-educated and informed patients and well-capable and proactive healthcare teams is still rather a challenge in Europe. The identification of existing gaps and weaknesses in CCM is an important asset to address these challenges as the areas of potential actions and initiatives are clearly described.

Conclusions

The findings serve as the basis for the formulation of concrete, evidence-based recommendations that can be used by the EU and its member states in their national and regional policies, strategies or plans for the CCM.

How can the EIP to support necessary changes in the present medical and financial healthcare delivery models in Europe?

Maria Iglesia Gomez

M Iglesia Gomez

Head of Unit, Health and Innovation (Directorate General for Health and Consumers-DG SANCO, European Commission)

Abstract 3

Issue/Problem

The European population is ageing rapidly, but living longer does not necessarily mean living a healthier, more active and independent life. This poses a formidable socio-economic challenge but at the same time great opportunities for citizens and businesses. The key lies in promoting people-oriented, demand driven innovation in smart investments that have the potential to meet the needs of the changing demographic environment. The European Innovation Partnership (EIP) aims to increase the healthy lifespan of EU citizens by 2 years, by working in three areas: (1) improving the health and quality of life of European citizens, and particularly of older people, (2) supporting the long-term sustainability and efficiency of Europe's health and social systems, (3) fostering the growth and expansion of EU industry in this field.

Description

The EIP brings together a wide array of stakeholders from the public and private sectors, to work in a collaborative way on shared interests, activities and projects geared towards common goals. The Partnership's aim is to deliver the necessary commitment and investments from key stakeholders in three strategy priority areas: (1) prevention, screening and early diagnosis; (2) care and cure; (3) active ageing and independent living. The Partnerships intends to achieve its aims by aligning the existing EU, national and private financial tools to improve their effectiveness and efficiency.

Results

The added value of the EIP in relation to support changes in the current healthcare systems lies in its ability to offer a framework of cooperation for addressing barriers across the entire innovation value chain. Innovation in active and healthy aging faces numerous obstacles, particularly the lack of involvement of end users, lack of technical standards or fear and rigidity of care systems to change. With a strong commitment and the leadership of all relevant stakeholders, the EIP seeks to overcome barriers in the following way: (1) facilitating scaling up and multiplying; (2) joining up resources and expertise; (3) bridging gaps and speeding up innovation process.

Lessons

Collaborative, integrated and people-centered care provision is a way forward to sustainable and efficient care systems. The success of the EIP and its contribution to support the necessary changes in current healthcare systems depends on the active involvement of, and collaboration among a broad range of committed stakeholders.

The role of patients and patients' organisations in the facilitation of necessary changes in current healthcare delivery systems in Europe

Tomasz Szelagowski

T Szelagowski

Federation of Polish Patients, Poland

Issue/Problem

Confronted with an ageing population as well as the availability of ever better but more expensive treatments, chronic diseases have become a financial burden. During last ten years patients organisations have integrated their activity and built a strong network to raise patients' voice to overcome the hurdles of patient empowerment and implementation of patient-centred care models at regional, national and European levels.

Description

A comparative analysis of the setting policy themes and goals of the umbrella patient organisation (Federation of Polish Patients) versus the achievements at the national and European level is applied. In addition, the concrete and practical examples of the achieved objectives in four core domains (capacity-building of patient organisations, policy impact, patient's evidence, partnership) are clearly illustrated.

Results

Partnering for a workable patient-centered CCM model for the EU citizens, patients' organisations may become one of the most important elements of such a model. The patients' organisations understand who patients trust and where they seek help when they have been diagnosed with lifetime chronic conditions and diseases, often influencing the lives of the entire families and communities around patients. After the initial stages of disease care, where the technical knowledge and information about the process of care are provided, the healthcare professionals or innovative support tools will seldom be the sources that make a difference for patients and their relatives. The ability to share the knowledge in the lay language and to present a genuine interest of learning what is the situation of the individual, the group of patients or patients' families with openness and compassion, enables patients' organisations to act as an expert in the field of advocacy as well as the dissemination of the important messages about the access and quality of the healthcare services.

Lessons

A solid understanding may be built of what can be actually delivered as a valuable input from the patients' organisations as a public partner to support the implementation of new patient-centered and coordinated integrated care models in Europe.

E-Teacch: A good practice example of the CCM support solution for healthcare professionals and patients on how to address the existing educational and information gaps

Colette Andree

C Andree^{1,2}

¹Center of Public Health Research, Luxembourg

²Migraine Action, Switzerland

Background

Despite the existence of effective treatments and good health care that can greatly reduce the burden of chronic diseases, headache disorders are under-recognized, under-treated and commonly mismanaged conditions which impose a substantial health and economic burden for the European societies. Migraine alone is being the most costly of the purely neurological disorders. Long-term side effects, high comorbidity, disability, chronification and dependency are major problems. According to WHO, this abject health-care failure has its roots in education failure at every level and in resulting widespread lack of understanding. The objectives of the E-Teacch projects are to: (1) produce an educational platform for exchange of information, transfer of expertise and best disease-management practice for healthcare professionals and patients; (2) bring together research institution, headache experts, national organizations of all stakeholders to utilise and optimize the existing resources; (3) establish clear roles and responsibilities, set clear standards empowering stakeholders in their roles, enhancing usage of implemented guidelines, facilitating communication to improve quality of life and lower health care costs.

Methods

After reviewing and evaluating existing information as a guide on all level (doctor, patient, pharmacist) the ICT-based platform is developed and validated in a real environment with real patients, doctors and pharmacists, considering and analysing their needs, responsibilities, opinions, suggestions and feedback. All stakeholder users are actively involved in the content, design, development and the implementation phases to personalize the system accordingly to the specific requirements and necessities that stakeholders have at any moment.

Results

5 standalone, accredited, self-paced and stakeholder customized contents, interactive courses with flexible (need and nice to know) information, practical training, assessment and 'goodies' empowering the different stakeholders to contribute to the disease-management.

Conclusions

The collaborative production of an educational platform with major stakeholders and their official organisations is feasible, enriching and useful to improve disease-management of chronic diseases.

O.8. MENTAL HEALTH

An analysis of the mortality involving Parkinson's and Alzheimer's disease in France and Italy using the multiple cause-of-death approach

Aline Désesquelles

E Demuru¹, A Désesquelles², V Egidì¹, L Frova⁴, F Meslé², M Pace⁴, M Pappagallo⁴, MA Salvatore⁴

¹Department of statistics, Sapienza, Rome, Italy

²INED, Paris, France

³ISTAT, Rome, Italy

Contact: alined@ined.fr

Background

Because death at old age is often the final stage of a long process involving several conditions, the multiple

cause-of-death (MCO) approach is relevant to study the mortality of ageing populations. We use this approach for two conditions emblematic of old age mortality, Parkinson's and Alzheimer's disease, and for two countries, France and Italy.

Methods

Data are for year 2008 and for deaths over the age of 65. They are based on the information reported on the death certificates. We first compute the ratio (Standardized Ratio of Multiple to Underlying Cause or SRMU) between mortality rates accounting for all causes and for the underlying cause (UC) only. We then examine in which combinations of causes the diseases under study are frequently involved. The indicator we use