

10.N. Workshop: Multimorbidity and integrated care: which priorities for European and national policies?

Organised by: EUPHA section on Chronic diseases
Contact: iveta.nagyova@upjs.sk

Chairperson(s): Julian Mamo - Malta, Andrea Pavlickova – United Kingdom

Rationale

An estimated 50 million European citizens suffer from multimorbidity, and this number will increase in the next decade. The complex healthcare problems of patients with multimorbidity and their need for continuous and multi-disciplinary care pose a great challenge to health systems and social services. Yet, the current organisation and delivery of care across Europe is not responsive to the care needs of people with multimorbidity, as it is disease-oriented and highly fragmented. Evaluations of several integrated care programmes for multimorbidity indicate that increased multiprofessional collaboration, polypharmacy management, and use of innovative technologies lead to improvements in patients' health status and quality of life, and can also lead to savings and health care systems sustainability. The development and implementation of patient-centered integrated care for people with multimorbidity can be fostered by policies and strategies at level of service providers and at level of national health and social care systems. This shift in organisation and delivery of care cannot be carried-out without support from policy makers.

Aim

The aim of this workshop is to accelerate improvements in care and support for people with multimorbidity by fostering effective transfer of research knowledge into healthcare practice and policy. The workshop will define what topics, actions and activities should be prioritised in addressing the challenges of multimorbidity at the European, but also national and regional levels.

Workshop structure

The workshop will consist of four presentations providing an overview of currently running EU-funded projects on innovative integrated care approaches for people with multiple chronic conditions, followed by an interactive audience discussion. The first presentations will describe the JA-CHRODIS multimorbidity care model and a platform for knowledge exchange. The second presentation will deal with the ICARE4EU products that provide concrete options for further development and implementation of patient-centered integrated care for people with multimorbidity. The third presentation, the SELFIE project, will discuss a novel framework that structures concepts in integrated chronic care for multi-morbidity, guiding the qualitative research and the multi-criteria decision analyses. The fourth presentation, the SCIROCCO project will address the challenge of scaling-up and transferability of good practices in integrated care. Further to the reflexion on the current knowledge base, an audience discussion and a guided group exercises will give attendees the opportunity to recommend their policy priorities to ease the plight of multimorbid patients.

Key messages:

- The growing prevalence of people with multimorbidity and their complex healthcare needs require a shift in organization of care to an integrated and patient-centered care
- This shift cannot be accomplished without effective transfer of knowledge to health policy makers

Addressing Chronic Diseases and Healthy Ageing across the Life Cycle (JA-CHRODIS)

Carlos Segovia

A Gallinat¹, A Haarmann², E Jureviciene³, T Kunkel², M Maggini⁴, F Mammarella⁵, R Navickas³, G Onder⁵, A Pierson¹, C Segovia⁶, J Zaletel⁷, P Cediel⁸, E Bernal⁹, R Launa⁹, M Espallargues

¹EuroHealthNet, Brussels, Belgium

²Federal Centre for Health Education, Cologne, Germany

³Vilnius University Hospital Santariskiu Klinikos, Vilnius, Lithuania

⁴National Institute of Health, Rome, Italy

⁵Italian Medicines Agency, Rome, Italy

⁶Institute of Health Carlos III, Madrid, Spain

⁷National Institute of Public Health, Ljubljana, Slovenia

⁸Spanish Foundation for International Cooperation, Health and Social Policy, Madrid, Spain

⁹Institute for Health Science in Aragon, Zaragoza, Spain

¹⁰Agency for Health Quality and Assessment for Catalonia, Barcelona, Spain

¹¹Portuguese Diabetes Association, Maia, Portugal

on behalf of JA-CHRODIS

Contact: csegovia@isciii.es

Issue

Chronic diseases affect 8 out of 10 people aged over 65 in Europe. Approximately 70% to 80% of health care budgets across the EU are spent on treating chronic diseases. The prevalence of chronic diseases increases with age, and persons affected frequently have more than one chronic disease, many of them with common determinants. The burden of these diseases is not only economic, but also organisational and a challenge for policy making since they require the coordination of diverse actors in health and social care. Learning from each other across Europe opens new possibilities.

Problem description

JA-CHRODIS aimed at promoting the exchange of good practices on primary prevention, health promotion and management of chronic diseases across Europe. JA-CHRODIS has conducted: a) reviews of the scientific literature; b) reports on national prevention practices, models of care and plans; c) quality criteria for practices, and guides for training, and for national plans; d) study visits to selected cases in order to assess and foster the transferability of practices; e) a platform to upload and exchange good practices.

Results

The results of JA-CHRODIS have been assessed and are beginning to be used by 17 Ministries of Health across Europe. A multimorbidity care model has been defined, a guide to implement national diabetes plans designed, a large selection of good practices chosen, and a platform for knowledge exchange has been established.

Lessons

Chronic diseases share common health determinants and challenge health and social systems in a similar

way. They demand a system approach covering different diseases, health determinants and the reorganization of health care and its coordination with social care. In this context, exchanging good practices across Europe bears the hitherto unexploited potential to improve disease prevention, disease management, healthcare services, and to yield efficiency gains.

ICARE4EU, a Health Programme project (2008-2013) on integrated care for multimorbidity, targeted at policymakers

Ewout Van Ginneken

E van Ginneken^{1,2}, M Rijken³

¹European Observatory on Health Systems and Policies, Brussels, Belgium

²Berlin University of Technology, Berlin, Germany

³NIVEL, Utrecht, The Netherlands

Contact: ewout.vanginneken@tu-berlin.de

Background

Care needs of people with multimorbidity result in a pressure on European health care systems in terms of the complexity of care delivery, manpower and costs. The ICARE4EU project (Innovating care for people with multiple chronic conditions in Europe) aims to contribute to the innovation of care for European citizens with multimorbidity by increasing and disseminating knowledge about potentially effective and efficient approaches.

Methods

The project employed various methods, including identification of innovative care practices (programmes) targeting patients with multimorbidity by country expert organizations in 31 countries; data collection through a country-level survey and a programme-level survey; and site visits to eight 'high potential' programmes. The project used a comprehensive dissemination strategy targeted at policymakers, including blogs, newsletters, publications in professional journals, country factsheets, case reports, presentations at conferences, and policy briefs.

Results

Innovative practices to improve care for people with multimorbidity were identified in 24 European countries. Data were analysed from 101 programmes, mostly operational at a local or regional level and initiated bottom-up. Programmes often contain elements of patient-centered care, but do not address all elements. Integration of care is mostly established within primary care and between primary and secondary care. Involvement of social care and informal care is occasional. Innovative financing mechanisms are not often applied, while the potential of eHealth is underused.

Conclusions

So far policies do not seem to have a specific focus on multimorbidity and room for new initiatives exists. ICARE4EU products provide concrete options for further development and implementation of patient-centered integrated care for people with multimorbidity.

This project has received funding from the Health Programme 2008–2013 of the European Union.

SELFIE, a novel Horizon2020 project on integrated care for multi-morbidity

Fenna Leijten

M Rutten-van Mölken^{1,2}, F Leijten¹, V Struckmann³, R Busse³, M Boland⁴, A Tsiachristas⁴, E van Ginneken⁵

¹Institute for Health Policy and Management, Erasmus University Rotterdam, Rotterdam, The Netherlands

²Institute for Medical Technology Assessment, Erasmus University Rotterdam, Rotterdam, The Netherlands

³Department of Health Care Management, Berlin University of Technology, Berlin, Germany

⁴Health Economics Research Centre, Nuffield Department of Population Health, University of Oxford, Oxford, UK

⁵European Observatory on Health Systems and Policies, Berlin University of Technology, Berlin, Germany

Contact: m.rutten@bmg.eur.nl

Background

The rise in multi-morbidity (MM) is a growing public health issue and forms a challenge in the organization of care. A shift is required from disease-centered care towards person-centered integrated chronic care (ICC). The Horizon2020 project "Sustainable intEgrated care modeLs for multi-morbidity: delivery, Financing and performancE" (SELFIE) addresses this challenge by adopting a broad health economic approach to ICC of MM. This approach includes Multi-Criteria Decision Analysis (MCDA).

Methods

A scoping review of the literature and expert discussions were used to identify relevant concepts of ICC for MM, and structure these into a framework. The review included a targeted search of the grey literature and a search in 8 scientific databases. International and national expert meetings were organized with representatives of '5P' stakeholder groups: Patients, Partners (i.e., informal caregivers), Professionals (i.e., care providers and researchers), Payers (e.g., health insurers), and Policy makers.

Results

Concepts were extracted that were relevant for ICC for persons with multi-morbidity. These formed an initial framework that was adapted after discussion with SELFIE partners and 5P representatives. Concepts and their potential interrelations were mapped into the 6 WHO components of health systems: service delivery, leadership & governance, workforce, financing, technologies & medical products, and information & research. For each of these components the framework describes the key features of person-centered integrated care at the micro, meso and macro level.

Conclusions

A novel framework will be presented that structures concepts in integrated chronic care for multi-morbidity. That framework will guide the qualitative research and the multi-criteria decision analyses performed in SELFIE.

This project has received funding from the European Union's Horizon 2020 research and innovation programme under grant agreement No 634288.

SCIROCCO: Scaling Integrated Care in Context

Donna Henderson

D Henderson, A Pavlickova

NHS 24, Scottish Centre for Telehealth and Telecare, Aberdeen, UK

Contact: donna.henderson1@nhs.net

Background

Grounded in the experience of the European Innovation Partnership on Active and Healthy Ageing, SCIROCCO addresses the challenge of scaling-up and transferability of good practices in integrated care across Europe. SCIROCCO aims to address this challenge by providing a validated and tested tool (B3 Maturity Model) that facilitates successful scaling up and knowledge transfer in integrated care in Europe.

Methods

The B3 Maturity Model (B3-MM) was derived from an observational study, based on the interviews with 12 European regions over 18 months. A wide spectrum of stakeholders was involved in the study: national and regional decision-makers, service delivery organisations, healthcare professionals, industry and academia. The outcomes of the study served as the baseline for the development of the B3-MM, including its dimensions, performance indicators and rating scale. SCIROCCO builds on these achievements and further tests validity and reliability of the B3-MM through Delphi study, a survey based on the Development Model for Integrated Care, non-participant observations and other methods. The B3-MM is also tested in real-life settings in the process of self-assessment, twinning and coaching of participating European regions.

Results

The B3-MM provides a tool for European regions to assess their progress and maturity in the provision of integrated care, including identification of strengths, gaps and areas for

improvement. It is intended to stimulate discussion, to encourage regions to share their experience of the journey, and to reach out to other regions who may be able to accelerate their journey towards integrated care systems, to meet future demands and expectations.

Conclusions

The B3-MM shows to be a useful tool to facilitate the knowledge transfer and flow of right information from transferring to adopting regions and thus accelerating the process of scaling-up and transferability of good practices in Europe.