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The availability of integrated care programmes addressing multi-morbidity in 31 European countries

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on behalf of all ICARE4EU project partners

ICARE4EU

DG SANCO Health Programme 2008 – 2013
Support to the European Partnership on Active and Healthy Ageing

Period: 2013 – 2016 (38 months)

Partners:

- NIVEL (coordinator)
- Technical University Berlin (TUB), Germany
- University of Warwick (UW), UK
- University of Eastern Finland (UEF), Finland
- National Institute of Health and Science on Aging (INRCA), Italy
- AGE Platform Europe (collaborating partner)
- Eurocarers (collaborating partner)
- European Observatory on Health Systems and Policies (supportive institute)

Aim and method

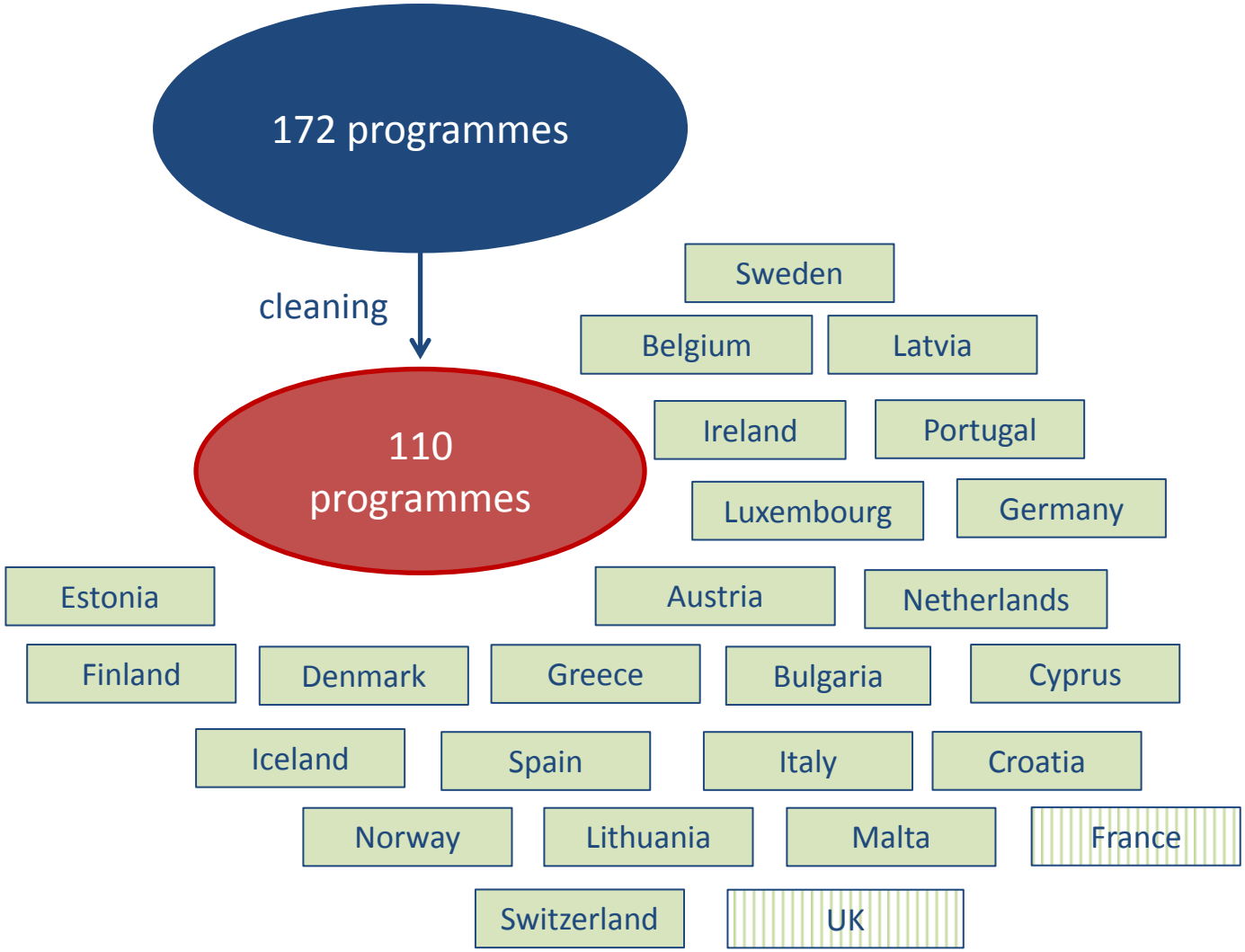
Aim

describe, analyze and disseminate knowledge about innovative approaches in multidisciplinary care for people with multiple chronic conditions currently existing in Europe

Method

- via country expert-organizations
- online survey (country level and programme-specific questionnaire)
- use of additional data from European statistical data bases

Country-level questionnaire: N=31 countries
Programme-level questionnaire: N=172 (not finished yet)



No programmes in six countries

Implementation level (N=110)	%
Local	29
Regional	28
National	17
Local / regional as part of a national program	16
National as part of an international program	6
Inter-/supra-national	3

Main objectives (N=110)	%
Increasing multi-disciplinary collaboration	78
Improving care coordination	73
Reducing hospital admissions	70
Improving patient involvement	70
Decreasing / delaying complications	65
Reducing (public) costs	62
…	
Improving involvement of informal carers	46
Reducing inequalities in access	44
Improving professional knowledge	43

Multi-morbidity orientation (N=110)	%
Multimorbidity in general	59
Specific diagnosis (index disease)* with a variety of co-morbidities	26
A combination of specific diagnoses**	15

** mainly diabetes, ischemic heart disease, heart failure, renal disease, hypertension, asthma, COPD, depression*

*** as above, but also cancer, HIV, dementia, arthritis*

Organizations involved (N=110)	%
Primary care practice	74
General hospital	54
University hospital	43
Government	37
Community / home care organization	37
Research institute	34
Health centre	34
Social care organization	29
Patient organization	28
Nursing home	25
Pharmacy	24
Insurer	15

Organizational structures / activities established in the programme (N=110)	%
Multi-professional care groups	69
Cooperation between medical and non-medical services	59
Multi-professional development groups	56
Case managers for patients	41
Cooperation with informal carers	34
Merge different organizations	26
Merge different units	24
Changes in job description	24

Example 1

Clinic for Multimorbidity and Polypharmacy
Central Denmark Region – Region Hospital Silkeborg

"The *Clinic for Multimorbidity and Polypharmacy* is a comprehensive integrated care service for patients who suffer from multimorbid diseases. The multidisciplinary clinic offers a same-day service, where multimorbidy/polypharmacy patients receive a comprehensive assessment of their disease status, and subsequent treatment needs. This is the result of an individual examination and evaluation by relevant specialists (MD's, psychiatrists, physical therapists, nurses, occupational therapists etc.)."

Target group: "Patients with a minimum of two defined diseases (incl. mental diseases)"

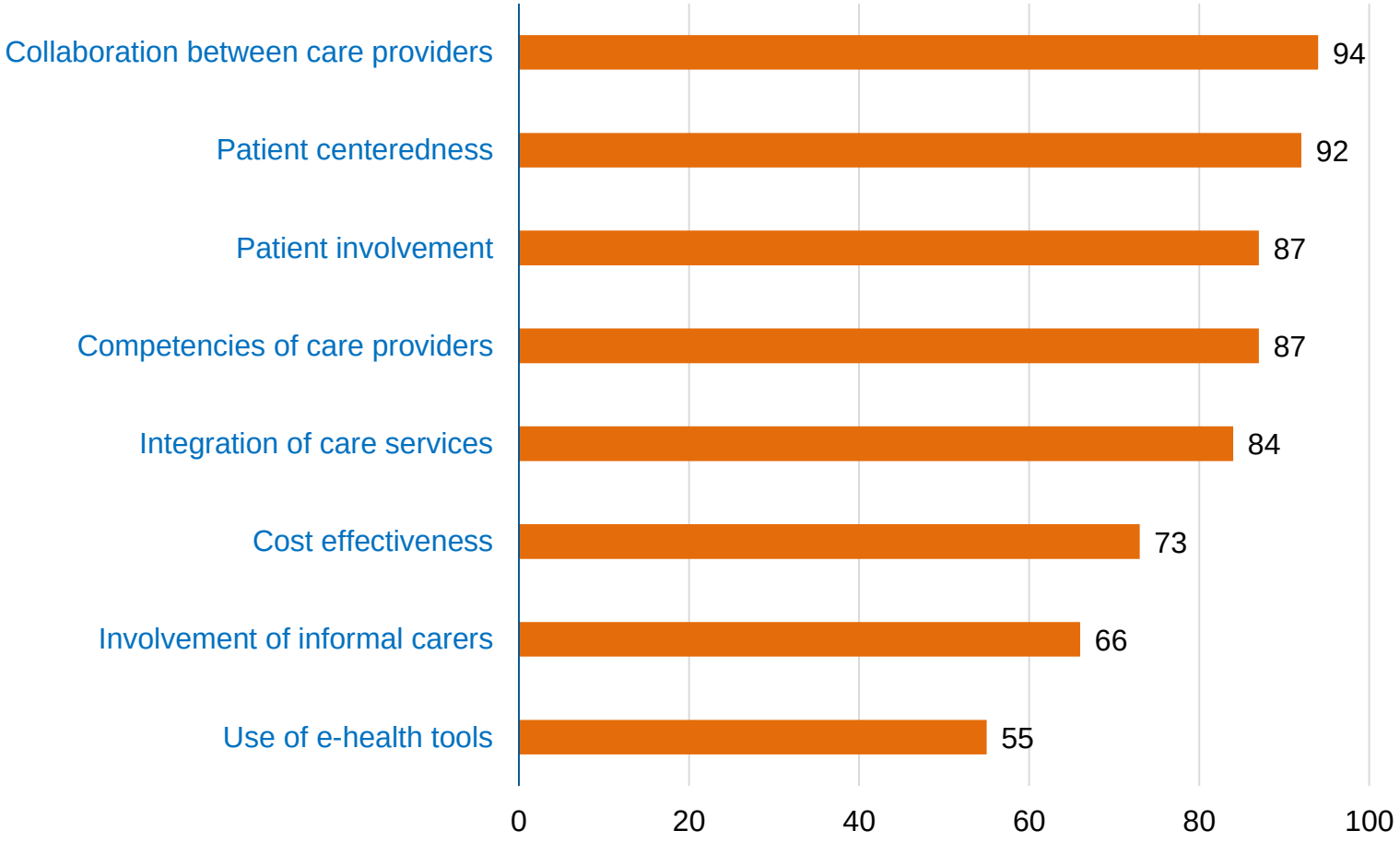
Example 2

PIRKKA-POTKU (a regional sub-programme of the national POTKU programme (Patient at the Driver's Seat)
Tampere, Finland

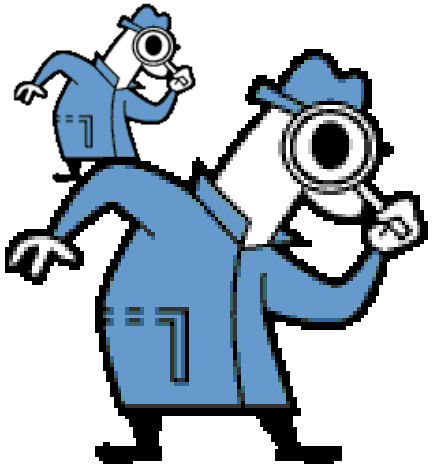
Aim and characteristics:
"To reform health care delivery for patients who need a lot of services. A special focus in this sub-programme has been on developing and implementing a care pathway for patients with multimorbidity."

Target group: "1. Patients with multimorbidity and/or patients who use a lot of services of many organizations or clinics, who need special support or to whom it is important to outline a holistic plan of care, 2. Patients who are heavy users of services, but whose services do not meet the needs, 3. long term patients or patients who have dropped out of the service system, patients who need proactive planning of care."

“The programme improves...” (% agree, N=110)



Many interesting initiatives, but what about the evidence?



CHRODIS

ADDRESSING CHRONIC DISEASES & HEALTHY AGEING ACROSS THE LIFE CYCLE

Work package 6:

Development of common guidance and methodologies for care pathways for multi-morbid patients

→ **Systematic review** of international literature describing (effectiveness of) care programmes for people with multi-morbidity

Hopman, de Bruin, Tonnara, Rodriguez Blasquez, Forjaz, Lemmens, Onder, Rijken

THE JOINT ACTION ON CHRONIC DISEASES AND PROMOTING HEALTHY AGEING ACROSS THE LIFE CYCLE (JA-CHRODIS) HAS RECEIVED FUNDING FROM THE EUROPEAN UNION, IN THE FRAMEWORK OF THE HEALTH PROGRAMME (2008-2013). NIVEL HAS ALSO RECEIVED FUNDING FROM THE NETHERLANDS MINISTRY OF HEALTH, WELFARE AND SPORTS TO CONTRIBUTE TO THIS JOINT ACTION.

Review paper: *Previous review (2012)*

Health Policy 107 (2012) 108–145

Contents lists available at SciVerse ScienceDirect

Health Policy

journal homepage: www.elsevier.com/locate/healthpol

Review

Comprehensive care programs for patients with multiple chronic conditions: A systematic literature review

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- January 1995 - January 2011
- 33 studies (4 European) → 28 CC programs
- Great heterogeneity of CC programs
- Therefore too early to draw firm conclusions regarding effectiveness

Review paper: *Results*

Study retrieval

→ 2611 potentially relevant publications

↳ 80 full text articles retrieved

↳19 eligible papers

→ 1 paper through manual search

↳ total: 20 included papers /
19 studies (programmes)

Review paper: *Results*

Programme characteristics

- 12 × USA; 6 × non-USA/non-European; 1 × European
- 17 × frailty; 2 × multimorbidity
- Great variety of settings, different types of care
- Great diversity in the CC programs (i.e. number of related CCM components)

Effectiveness of programmes

- Patient related outcomes: strong evidence that CC programs improve physical and mental health status
- Health care utilization: no evidence that CC programs reduce the use of health care services

Preliminary conclusions:

1. Many (recent) initiatives in Europe.
2. Programmes aim to increase cooperation, improve coordination of care and reduce use of care services.
3. Positive outcomes reported or perceived.
4. Evidence from systematic review:
   - i) comprehensive care programmes improve multi-morbid/frail patients' physical and mental health status,
   - ii) no evidence that these programmes result in reduced health care utilization.