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Integration of care for people with multiple chronic conditions in Europe

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Policy Issue

The fragmented, disease-based structure of current health and social care systems does not meet the needs of people with multimorbidity

Integration of care is needed

→ to provide effective, appropriate and good-quality services for people with multiple chronic diseases

→ to avoid unnecessary costs caused by inadequately coordinated care

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Definition of integrated care

Integrated care is

"a coherent and coordinated set of services, which are

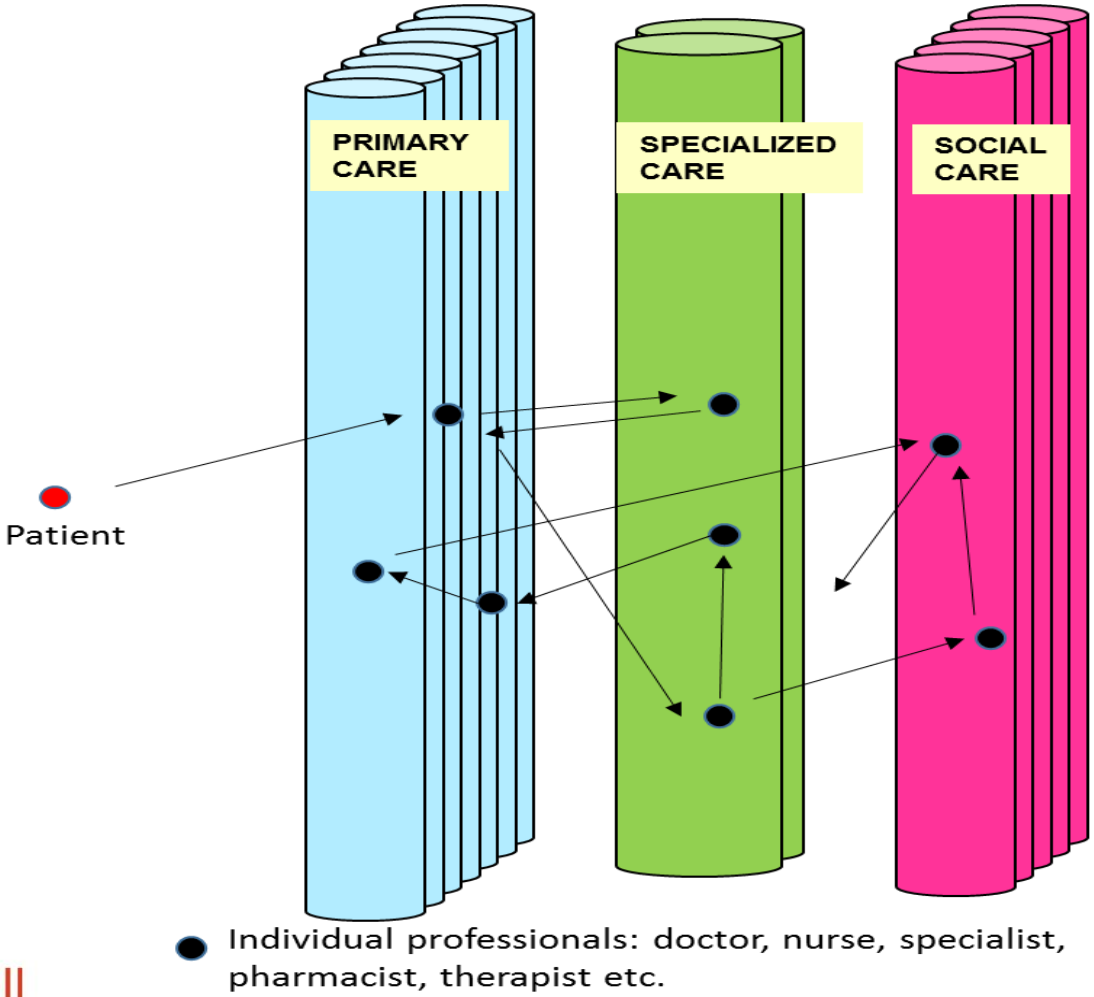
planned, managed and delivered to individual service users

across a range of organisations and

by a range of cooperating professionals and informal care givers"

(Hardy 2003, 11)

Current care pathway of a patient with multimorbidity



Challenges for a patient

- The patient does not find her/his own carepath among separate services
- Nobody is responsible for coordinating care
- Professionals act separately and focus only on one part of the patient
- Information gaps between professionals

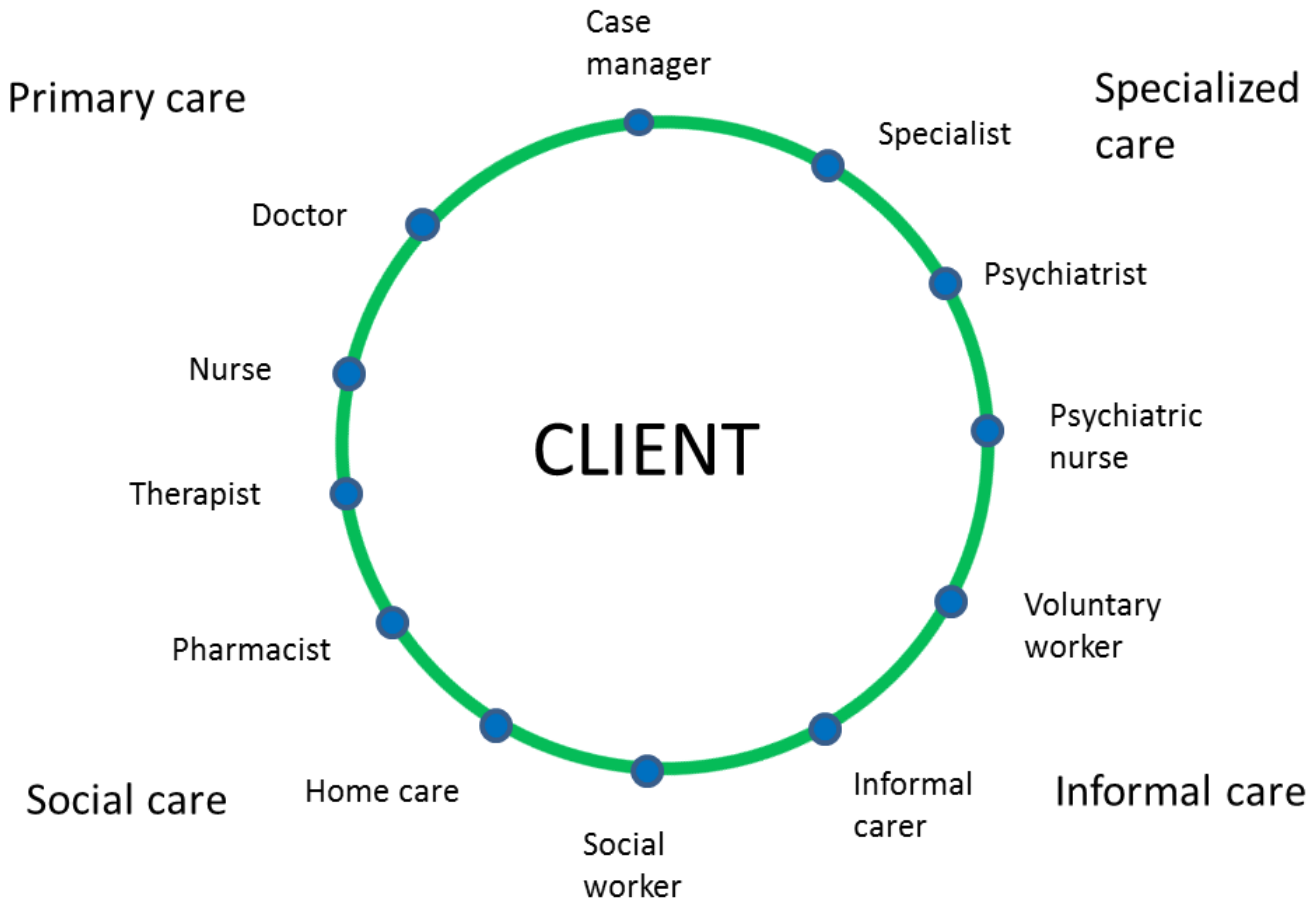
Challenges for care professionals

- It is difficult to identify the ’shared client’
- Overcoming professional boundaries is not easy
- Information systems do not support exhange of patient information between organizations
- Support from the management is missing

Challenges for management

- The importance of the support to the professionals' collaboration is either neglected or not recognized
- Lack of culture for 'shared support' and 'managing together' beyond organizational boundaries
- Separate budgets and lack of shared goals lead to sub-optimization

Integrated organization of care



Innovative care programmes in Europe: Example 1

Clinic for Multimorbidity and Polypharmacy, Silkeborg, Denmark

- The CMP (established in 2012) is part of the Diagnostic Centre of the Silkeborg Regional Hospital, situated in the Central Denmark Region, in the city of Silkeborg. It organises comprehensive integrated care services to patients with multiple diseases.
- The multidisciplinary clinic offers a same-day service, where multimorbid, polypharmacy patients receive a comprehensive assessment of their disease status, including a review of their medication plan and follow-up recommendations.
- A multidisciplinary team, consisting of a medical doctor, nurse, pharmacist, physiotherapist, occupational therapist and relevant specialists, including a psychiatrist, jointly provides a treatment plan for the patient's future care.
- The CMP supports the work and decision making of GPs (General Practitioners) with the care of multimorbid patients.

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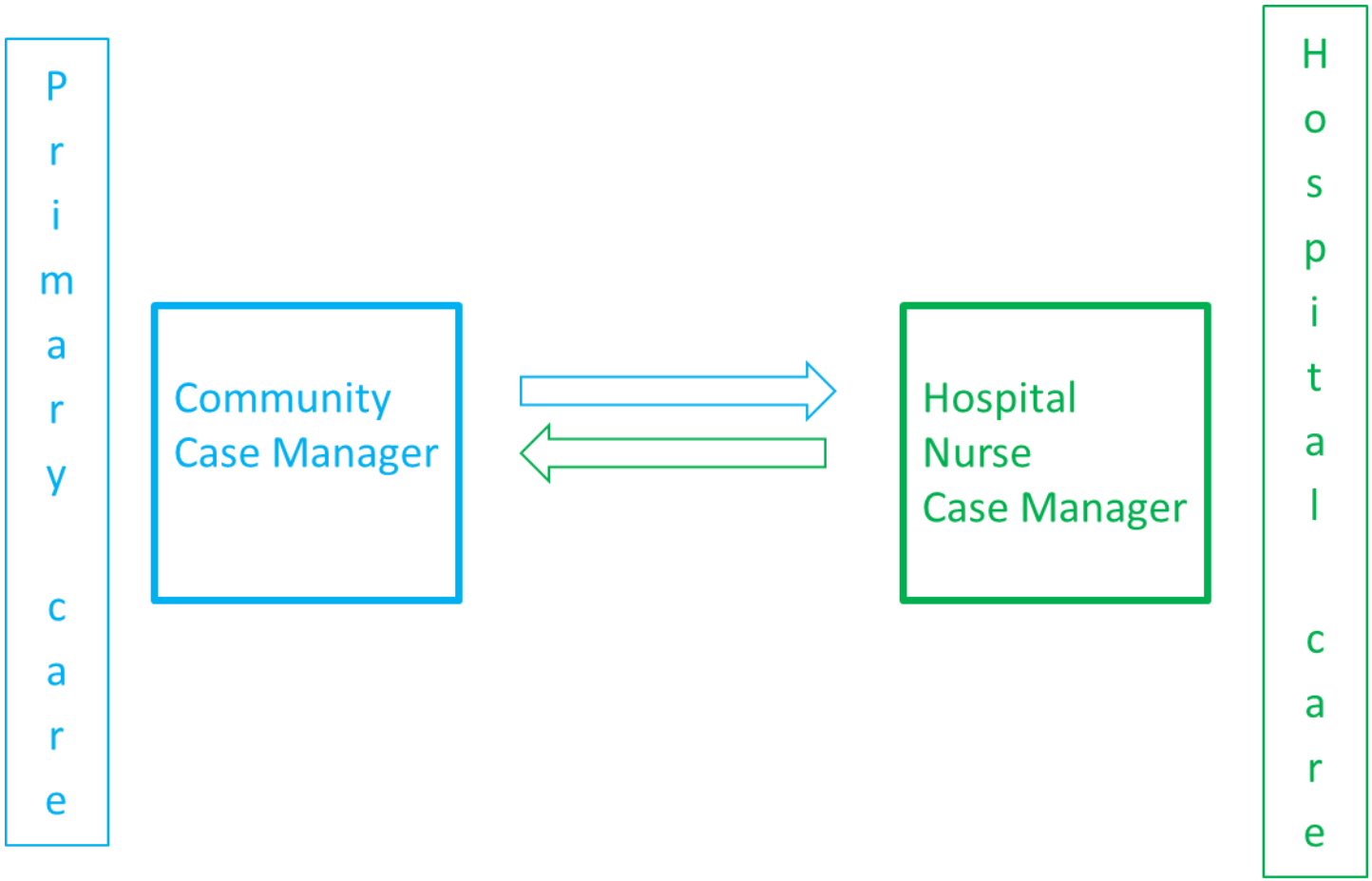
Innovative care programmes in Europe: Example 2

The model of two case managers in Valencia, Spain



Implications at professional level

- Collaborative activities focusing on sharing and producing joint knowledge about patients between professionals
- Integration at the level of everyday care, not programmes being separate from professionals' everyday work
- Courage to overcome professional, organizational, hierarchical etc. boundaries
- Orientation from traditional teamwork towards ad-hoc meetings and consultations with other professionals

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Implications at management level

- Support for and commitment to integration from the management at all levels (strategic, operational, frontline)
- More information about required competencies of professionals related to multimorbidity
- Tools for evaluating the impacts of integration
- Orientation from silo-based management towards inter-organizational management

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Implications at health system/policy level

- Developing different models to coordinate care 'beyond silos'
- Promoting both multiprofessional and inter-organizational collaboration of care professionals
- Including social care and informal care more actively in integrative activities
- Addressing multimorbidity care and related competencies in health and social care education

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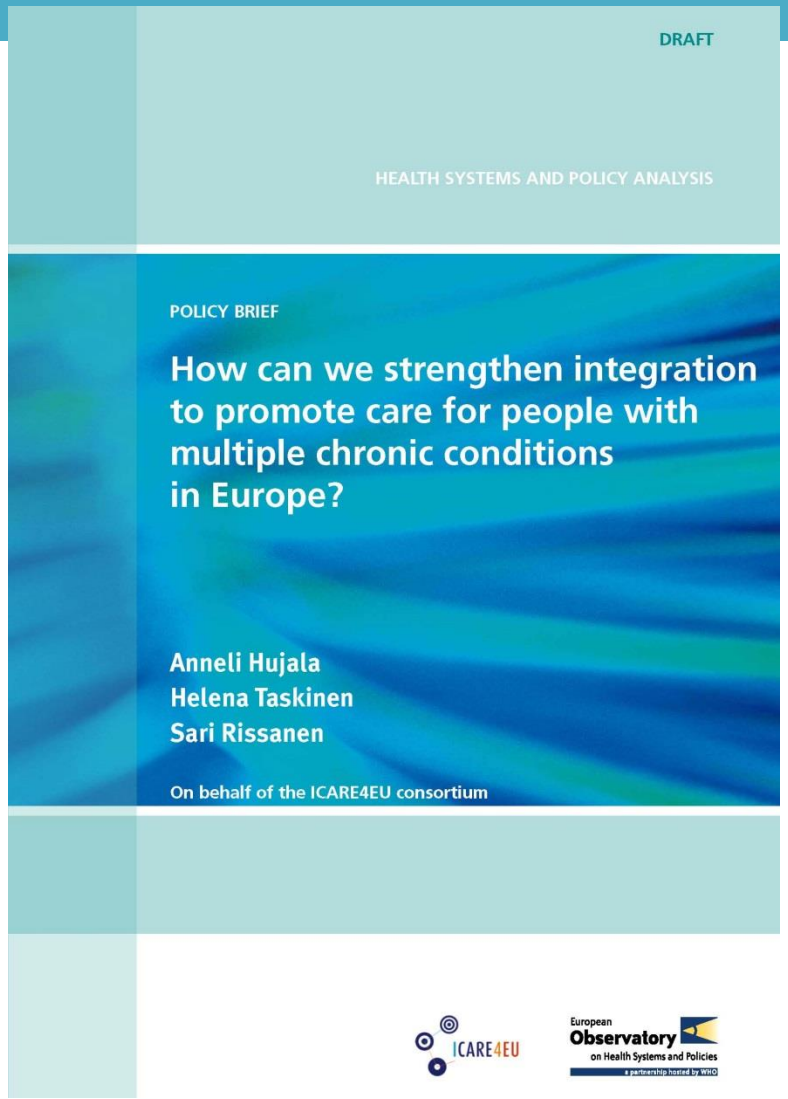
Closing observations

- Administrative reforms form a basis for structural integration
- Much effort is needed to guarantee the implementation of integration at operational and practical levels
- Commitment from the management of care organizations is crucial
- More attention to the role of social care and informal care

Policy brief



Take-home message

#integrated care can improve quality of care for people with **#multimorbidity**: care professionals should be supported to work **#out of silos**

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Innovating care for people with multiple chronic conditions in Europe (ICARE4EU)*

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