Patient-centredness in caring for people with multimorbidity in European countries

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on behalf of the ICARE4EU consortium
Policy issue

Healthcare is not responsive to the needs of patients who suffer from multiple chronic conditions (multimorbidity).

- Care is organized and delivered in a fragmented and disease-orientated way.

- People with multimorbidity often receive incomplete, inefficient and ineffective care.
The case of Mr. Johnson

Name: Mr. Johnson
Age: 79
Hobby’s: playing chess
Health: Mr. Johnson suffers from COPD, Hypertension, Diabetes Mellitus, Osteoporosis, and Osteoarthritis
Living situation: Mr. Johnson lives with his wife
Care for Mr. Johnson

Pharmacist
Frequency of visits: 1 x per week

General practitioner
Frequency of visits: 1 x per week

Endocrinologist, respirologist, Dietitian, Reumatologist
Frequency of visits: 1 x every four weeks
### Medication and life style adaptations

<table>
<thead>
<tr>
<th>Medication</th>
<th>Life style adaptations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ipratropium metered dose inhaler</td>
<td>Check feet</td>
</tr>
<tr>
<td>70 mg/wk of alendronate</td>
<td>Sit upright for 30 min on day when alendronate is taken</td>
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<tr>
<td>1500 mg of calcium and 600 IU of vitamin D</td>
<td>Check blood sugar</td>
</tr>
<tr>
<td>12.5 mg of hydrochlorothiazide</td>
<td>During breakfast, lunch and dinner: 2.4 g/d of sodium</td>
</tr>
<tr>
<td>40 mg of lisinopril</td>
<td>90 mmol/d of potassium</td>
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<tr>
<td>10 mg of glyburide</td>
<td>Low intake of dietary saturated fat and cholesterol</td>
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<tr>
<td>81 mg of aspirin</td>
<td>Adequate intake of magnesium and calcium</td>
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<tr>
<td>1700 mg of metformin</td>
<td>Medical nutrition therapy of diabetes</td>
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<tr>
<td>250 mg of naproxen</td>
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<tr>
<td>20 mg of omeprazole</td>
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<tr>
<td>40 mg of lovastatin</td>
<td></td>
</tr>
<tr>
<td>250 mg of naproxen</td>
<td></td>
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<tr>
<td>Albuterol metered dose inhaler</td>
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*Based on Boyd et al., 2005; JAMA;294:716-24*
Problems faced by multimorbidity patients

- Difficult to remember advice from healthcare providers.
- Difficult to travel to appointments.
- Conflicting treatments.
- Complexity of medication prescriptions and self-management tasks.
“Patient-centred care is care that is respectful of and responsive to individual patients’ preferences, needs, and values, and ensuring that patient values guide all clinical decisions.”

*Institute of Medicine, 2001*
Elements of patient-centred care

1. Customizing care to the needs, preferences, values and resources of patients.

2. Involving informal carers as co-clients and co-care providers.

3. Integration and coordination of care.
1. Customizing care to the needs, preferences, values and resources of patients

‘what is the matter’
clinical outcomes

→

‘what matters to you’
patient-relevant outcomes

I would like to walk pain free when I am going out to play chess.
2. Involving informal carers as co-clients and co-care providers

Eurocarers, 2014
3. Integration and coordination of care
# Strategies to support patient-centred care for multimorbidity patients

<table>
<thead>
<tr>
<th>Micro level (care provider)</th>
<th>Meso level (service providers)</th>
<th>Macro level (health system)</th>
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<tbody>
<tr>
<td>Involve patients (and/or informal carers) in <strong>decision-making</strong>.</td>
<td><strong>Shared vision</strong> on patient-centredness.</td>
<td>A quality system that takes <strong>patient-relevant outcomes</strong> into account.</td>
</tr>
<tr>
<td>Negotiate <strong>health goals</strong> with the patient.</td>
<td><strong>Training</strong> for professionals in patient-centred care.</td>
<td>A strong <strong>primary care</strong> system.</td>
</tr>
<tr>
<td>Discuss <strong>self-management support needs</strong> with the patient.</td>
<td><strong>Electronic patient records.</strong></td>
<td><strong>Sector transcending</strong> policy development, legislation and regulation.</td>
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<tr>
<td><strong>Personal care plans.</strong></td>
<td>(<strong>eHealth</strong> support for self-management and communication.</td>
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<td></td>
<td>´Care <strong>coordinator</strong>´ and a ´<strong>trusted doctor</strong>´ or ´trusted nurse´.</td>
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<tr>
<td></td>
<td><strong>Personal care plans.</strong></td>
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<td></td>
<td><strong>Collaboration</strong> with care providers outside the healthcare sector.</td>
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<td><strong>Flexible</strong> visits.</td>
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</table>
Innovative care programmes in Europe: customizing care to the needs of patients

Example 1: The use of a personal care plan in the Finnish POTKU project

Personal care plan:

1. My needs
2. My goals
3. My measures
4. Follow-up and assessment
5. Medication, diagnoses and contact person
Example 2: The involvement of informal carers in the Belgian ADS project

- **Co-care provider**: Involvement in personal care plan.
- **Informal carer**: Burden of informal care part of needs assessment.
Closing observations

• Various inspiring examples of integrated patient-centred care initiatives from European countries; mostly initiated bottom-up.

• Elements of patient-centred care not generally applied yet.
  • Attention for specific subgroups.
  • Involvement of patients in decision-making.

• Involvement of patient representatives in the development of programmes.
Policy directions

- Involve patient representatives/organisations in the development of innovative programmes.
- Support innovative initiatives to establish patient-centred care for people with multimorbidity.
- Include patient perspective in healthcare performance and evaluation.
POLICY BRIEF

How can we strengthen patient-centeredness in caring for people with multimorbidity in European countries?

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On behalf of the ICARE4EU consortium
Take-home message

#what-matters-to-you-approach
essential for good quality multimorbidity care in #EU
Innovating care for people with multiple chronic conditions in Europe (ICARE4EU)

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