

Workpackage 6

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



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Tasks

T1. Identify targets of potential interventions for management of multi-morbid patients (M 1-12)

T2. Review existing care (pathway) approaches for multi-morbid patients (M 1-12)

T3. Assess and select good practices on management of multi-morbid patients (M 13-24)

T4. Define multi-morbidity case management training programmes (M 25-36)

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T4. Define multi-morbidity case management training programmes (M 25-36)

Task 1 (leader AIFA)

- *Analysis of existing databases*
 - Databases identified (**Task 1.1**)
 - Strategies for data analysis defined (**Task 1.2**)
 - Research questions defined (**Task 1.2**)
 - Analyses performed (**Tasks 1.3**)
 - 7 papers + 1 Editorial produced (**monographic issue EJIM**) (**Task 1.4**)

Task 1 (leader AIFA)

Author	Title
Onder G	Time to Face the Challenge of Multimorbidity. A European perspective from the Joint Action on Chronic Diseases and Promoting Healthy Ageing across the Life Cycle (JA-CHRODIS).
Hopman P	Health care utilization of patients with multiple chronic diseases in The Netherlands: differences and underlying factors
Navickas R	Multimorbidity - is this a special condition, or just another chronic disease? National multimorbidity overview based on Lithuanias' national database
Alonso-Moran E	Health-related quality of life and multimorbidity in community-dwelling telecare-assisted elders in the Basque Country
Forjaz J	Chronic conditions, disability and quality of life and in older adults with multimorbidity in Spain
Alonso-Moran E	Multimorbidity in people with type 2 diabetes in the Basque Country (Spain): prevalence, comorbidity clusters and comparison with other chronic patients
Wikstrom K	Risk Factors, Hospitalization, And Mortality Related To Multimorbidity 10-year follow-up of Finnish population-based cohorts 1982-2012
Calderon A	Global health care use by patients with type 2 diabetes: does the type of comorbidity matter?

Task 1 (leader AIFA)

- *Analysis of existing databases*
 - Databases identified (**Task 1.1**)
 - Strategies for data analysis defined (**Task 1.2**)
 - Research questions defined (**Task 1.2**)
 - Analyses ongoing (**Tasks 1.3**)
 - Papers will be produced (**monographic issue EJIM**) (**Task 1.4**)
- *Literature review*
 - Search strategy defined (**Task 1.5**)
 - Review performed and paper produced (**Tasks 1.6 and 1.7**)

Task 1 (leader AIFA)

Patients with multimorbidity at high risk (target for intervention):

- Disease patterns
 - Individual diseases
 - Combination of diseases
- Low socioeconomical status
 - low income
 - poor social support
- Poor physical function
- Mental health problems
 - depression
 - cognitive impairment

Need of comprehensive
assessment and intervention

Task 2 (leader NIVEL)

- *Literature review*
 - Review completed (**Task 2.1**)

Task 2 (leader NIVEL)

- *Literature review*
 - Review completed (**Task 2.1**)

Comprehensive care programs for patients with multiple chronic conditions and/or frailty: A systematic literature review (update)

*20 publications/studies were selected evaluating **19 comprehensive care programs** for multimorbid patients. **Programs varied in the target patient groups, implementation settings, number of included interventions, and number of chronic care model components** to which these interventions related. Strong evidence was found for a beneficial effect on physical and mental health status. Insufficient evidence or no evidence was found for improvement on other outcomes. **Different components of the intervention were identified:** health system, community resources, self-management support, delivery system design; decision support, clinical information system*

Task 2 (leader NIVEL)

- *Literature review*
 - Review completed (**Task 2.1**)
- *ICARE4EU*
 - Data collected and summary produced (**Tasks 2.2 and 2.3**)

Programmes (N=97)	%
Multimorbidity in general	59
Specific diagnosis* with a variety of co-morbidities	27
A combination of specific diagnoses	14

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

Task 2 (leader NIVEL)

1. Many recent initiatives/care programmes in Europe targeting patients with multi-morbidity and/or frailty.
2. Different key components can be identified, but programmes are extremely heterogeneous
3. Programmes aim to increase cooperation, improve coordination of care and reduce use of care services
4. Positive outcomes are often reported or perceived, but not much strong evidence based on scientific literature.
5. Strong evidence that CC programmes can improve (frail) patients' physical and mental health status.

Joint Action on Chronic Diseases and Promoting Healthy Ageing across the Life Cycle (JA-Chrodis)*



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