

INNOVATIVE HEALTH CARE APPROACHES FOR PATIENTS WITH MULTIMORBIDITY IN EUROPE: MULTIMORBIDITY CARE MODEL

An applicability report



? What is it about?

As a first step, the document provides a descriptive overview of integrated comprehensive care programmes for patients with multimorbidity, which are available across EU Member States and other European countries. As a second step, the report describes the components that were present in one or more care programmes previously identified, either in isolation or combined. Out of 100 components, experts selected sixteen of them and discussed them in depth.

The report “Multimorbidity care model: Recommendations from the consensus meeting of the Joint Action on Chronic Diseases” further reflects on **how the multimorbidity care model components can be applicable across different healthcare settings in Europe**. The report shows that integrated care programmes are seen as key for the improvement of care for multimorbid patients in Europe



Integrated care has the potential to respond to the challenge of providing good qualitative and sustainable care to patients with multimorbidity.



The ideal model of integrated care is **patient-centred**, proactive and well-coordinated multidisciplinary care, using new technologies to support **patients' self-management** and to improve collaboration between caregivers.

👥 Using in practice

How can the report be used?

- Multimorbidity care model components are widely applicable across the EU
- Components have variable applicability levels
- Components are being implemented by different means

The applicability report supplements the care model description, by confirming its potential for implementation. It provides a very general overview on the existing healthcare settings and highlights the priority healthcare settings, where the care model could be tested. In addition, it gives deeper insight into the possible geographical distribution of care model implementation.



Reforming healthcare delivery for patients with multimorbidity is essential, in particular by improving quality (in terms of clinical outcomes and quality from the patient perspective) and sustainability (in terms of financial and human resources) of care.

Who needs to be involved?

- **Clinical level:** Medical doctors, nurses, social workers and all people involved in the care and management of individuals will be the principal actors of the implementation of the model.
- **Research level:** Scientists and opinion leaders will be involved in the phase after the conclusion of implementation, since they will have the possibility to use and analyse the results obtained.
- **Political/Administrative level:** Health ministries, members of scientific expert committees, policy makers involved in planning of prevention and care actions/activities will be involved in all three main phases of the implementation process:
 1. They will approve and financing the project (pre-implementation phase).
 2. They will guarantee the prosecution of the project and monitor the progress (implementation phase).
 3. They will use the results to evaluate future steps such as extending the application of the model nationwide, in case of encouraging results (post-implementation phase).
- **Industry level:** Ideally involved in the post-implementation phase, when results of the project can be used to develop specific services, which can satisfy the needs multimorbid patients.

What is required?

Human resources are the engine of the project's implementation besides secure financing that guarantees the sustainability of the project as well as its implementation.

