Joint Action on Chronic Diseases and Promoting Healthy Ageing Across the Life Cycle

2nd WP6 MEETING MINUTES

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Meeting location: Treviso, Italy
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CHRODIS
ADDRESSING CHRONIC DISEASES & HEALTHY AGEING ACROSS THE LIFE CYCLE

OBJECTIVE: to provide partners with an overview of WP6 activities performed during the 1st year of JA-CHRODIS, to show the ongoing works and to set next steps for the future.

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CONTENTS

During the 2nd meeting of WP6 the results of the 1st year of the JA-CHRODIS and the ongoing TASK 3 activities have been presented.

Final achievements of the 1st year: TASK 1 and TASK 2

Regarding the results of TASK 1 focused on the identification of target groups of patients with multimorbidity (MM) with high or very high care demands and negative health outcomes (vulnerable patients), they have been published on a Special Issue of the European Journal of Internal Medicine (Special Issue on Multimorbidity in the Elderly, EJIM, Volume 26, Issue 3, Pages 157-216, April 2015). A presentation of the papers collected in this issue has been performed by one author per paper. The analysis of the available national databases has led to define a profile of the most care-demanding patients. Several factors associated with adverse health outcomes and resource consumption among patients with multimorbidity, have been identified: disease patterns, physical function, mental health and socioeconomic status. Particular attention requests the subgroup of patients with diabetes and "discordant" diseases, which is the coexistence of conditions which don't share the same pathophysiological pattern. This subgroup seems to be associated with very high level of health care services utilization. These results confirm and underline the need of a global assessment in order to identify those patients with multimorbidity that are at highest risk of negative health outcomes and for those a comprehensive approach, targeting not only diseases, but also functional, cognitive and social problems should be adopted.

Regarding 1st year TASK 2 activities about the review of existing care (pathway) approaches for multi-morbidity patients", two main actions have been performed: 1) providing an overview of integrated care programmes targeting patients with multimorbidity in European countries and 2) providing a review of the evidence on the effectiveness of integrated care programmes. More than 100 integrated care programmes targeting patients with multimorbidity or frailty, or with a specific care approach for patients, have been reviewed. This activity led to identify some common elements such as patient-centredness, emphasis on coordination of care, improvement of collaboration and a focus on outcomes. Althought most programmes are not thoroughly evaluated yet, six (non-controlled) studies show positive impact on patients' QoL, patient satisfaction with care, better care planning/referral and more appropriate prescribing. The specific impact of comprehensive care programmes seems to be connected to patient-related outcomes (for example patient care satisfaction, health-related quality of life, depressive symptoms, functional status), mortality, healthcare utilization (ex. primary care/GP visits- other outpatient care, hospital admissions) and costs. The analysis seems to suggest that providing an integrated or comprehensive care to patients with multimorbidity or frailty results in better patient outcomes, does not impact on mortality nor on the number of primary care/ GP visits and impact on the use of inpatient care or costs. These findings are however still very unclear since the evidence is inconsistent and the heterogeneity in outcome measures.

Activities and intermediary achievements of 2nd year of JA-CHRODIS: TASK 3

Task 3 objectives: TO ASSESS AND TO SELECT GOOD PRACTICES ON MANAGEMENT OF MULTI-MORBID PATIENTS

During the 1st six months of 2015, with regards to Task 3 activities, a preliminary selection of components of MM good clinical care has been performed. The following components have been proposed: comprehensive assessment, multidisciplinary team, patient-centered and -personalised care plan, collaborative goal setting/problem solving/follow-up support, shared decision making, tailored to the social and cultural context, self-management approach for patients and involvement of social network, psychosocial support, patient education (verbal education and educational material), patient assessment of quality of care. An expert list composed by academics, policy makers with academic background, clinicians, patients' rights, health economist and pharmacist has been set. The work of partners involved in this task aims to define clear criteria to select the most care-demanding group of patients that is those patients with highest risks and costs and define a minimum set of key characteristics essential for standardisation. For each component a cost-effectiveness, applicability and replicability evaluation will be performed. The final step of this task will be to provide WP4 partners with our findings in order to collaborate to create scientific bases for their work.

Conclusions

During the meeting a considerable time was devoted to discussion in order to share the activities already performed and the planned ones, to ask for new proposals/idea for the study of the available national database in order to best define MM features, to ask involvement of partners in next activities such as those planned for TASK 4 (*Define multi-morbidity case management training programmes*) and dissemination initiatives. This approach led to several needs and of possible strategies to achieve them.

The following main needs have arisen:

- of standardisation since the lack of consensus on methodological program

- of a cost-effectiveness analysis of interventions

- of a strong evidence both from the clinical point of view and from the economical side

- of a MM gender perspective

- of involvement of patients and caregivers in a MM programmes

- of considering the point of view of policy makers in order to meet their needs

- of finding an agreement for the assessment of multimorbidity

- of creating a template to collect the different types of data that are available in our databases

In particular the closer next activities will be focused on:

- the identification of explanatory variables such as use of ER, hospitalization rate, quality of life, disability level, which are considered essential to study MM patients needs, meeting, in this way, the arisen methodological issue

- the layout of a questionnaire/field survey to evaluate applicability of MM care programmes.

Actions planned

Sandra Prodos-Torres will distribute a survey to evaluate the heterogeneity of the assessment of multimorbidity in datasets available across partners

NIVEL will identify relevant components of the interventions on multimorbidity to be discussed with experts during a meeting in Brussels

Coordinators (AIFA and VULSK) to organise an expert meeting in October in Brussels

Upcoming events

Expert meeting in the next October