Joint Action

CHRODIS
ADDRESSING CHRONIC DISEASES AND HEALTHY AGEING ACROSS THE LIFE CYCLE

WP6. Development Of Common Guidance And Methodologies For Care Patways For Multi-morbid-patients

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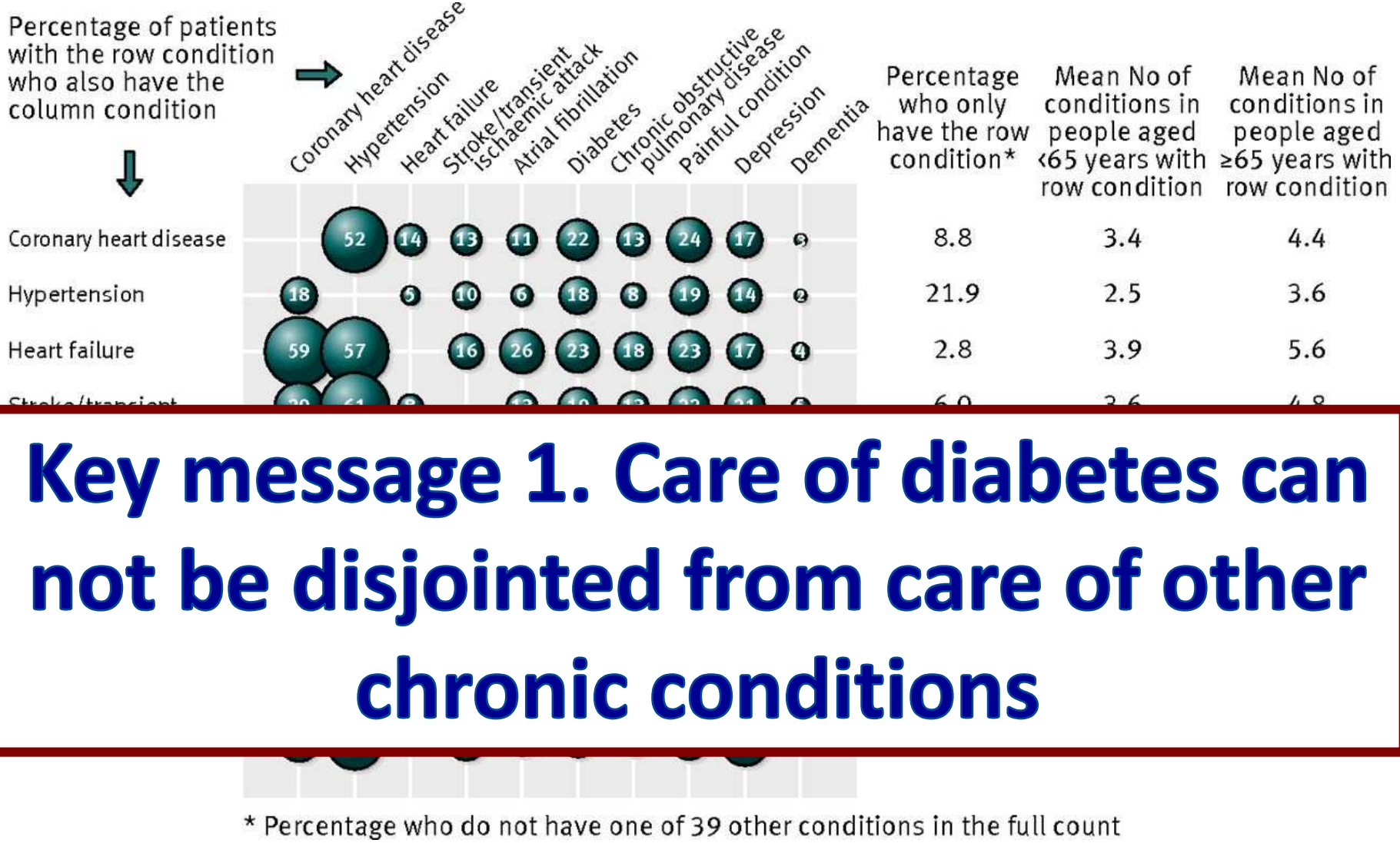
Comorbidity of 10 common conditions



Key message 1. Care of diabetes can not be disjointed from care of other chronic conditions

Guthrie B et al. BMJ 2012;345:bmj.e6341 BMJ

WP6. Tasks

T1. **Identify targets** of potential interventions for management of multi-morbid patients

T2. **Review existing care (pathway) approaches** for multi-morbid patients

T3. **Develop a common model for** management of multi-morbid patients

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

- Disease patterns
  - Individual diseases
  - Combination of diseases

Onder G. *Eur J Intern Med* 2015;26(3):157-9

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journal homepage: www.elsevier.com/locate/ejim

Original article

Global health care use by patients with type-2 diabetes: Does the type of comorbidity matter?

	Concordant[a] (ref. category)	Discordant[b]			Mental[c]		
		IRR	95% CI		IRR	95% CI	
Use of Primary Care							
Visits to GP	1	1.08**	1.06	1.11	1.17**	1.14	1.21
Visits to nurse	1	1.03*	1.00	1.06	1.01	0.97	1.04
Use of Specialised Care							
Total visits	1	1.38**	1.33	1.43	1.30**	1.25	1.35
Visits to different specialties	1	1.36**	1.32	1.39	1.27**	1.23	1.31
Use of Hospital Care							
Total admissions	1	1.17**	1.07	1.28	1.25**	1.12	1.39
Unplanned admissions	1	1.03	0.92	1.16	1.21*	1.06	1.39
Hospital days	1	1.13	0.99	1.29	1.47**	1.25	1.73
Use of Emergency Care							
Total visits	1	1.12*	1.05	1.19	1.26**	1.17	1.35
Priority visits	1	1.10*	1.02	1.19	1.30**	1.18	1.42

In patients with type-2 diabetes, the coexistence of mental comorbidity significantly increases the use of unplanned hospital services, and discordant comorbidities have an important effect on specialised care use

Calderon Larranaga et al EJIM 2015

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

- Disease patterns
  - Individual diseases
  - Combination of diseases
- Low socioeconomical status
- cognitive impairment

Onder G. *Eur J Intern Med* 2015;26(3):157-9

Need of comprehensive and

Key message 2. Assessment of multimorbidity and diabetes should be comprehensive

chronic conditions, are needed

JAMA. 2012;307(23):2493-2494

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Care pathways for multimorbidity

- Review (BMJ 2012 Sep 3;345:e5205) → **Evidence** on the care of patients with multimorbidity **is limited… Interventions had mixed effects...**
- Update (Health Policy 2016) → **Programs varied … Different components of the intervention were identified (comprehensive programs)**

Lack of Evidence
Mixed interventions
Lack of standardization

Examples of GCP

	POTKU, Finland	Clinic for Multimorbidity and Polypharmacy, Denmark	Strategy for Chronic Care Valencia Region, Spain
Main aim:	Improve patient-centredness	Substitution, support primary care	Improve delivery of integrated care
Target group:	Chronic patients	Chronic patients with more complex needs	Patients with 'highly complex needs'
Based in:	Primary care	Diagnostic clinic in hospital	Primary care + hospital care
Care model:	PC doctor/nurse teams, individual care plan	teams of specialists/others, 'one day'-service, treatment plan for care by PC doctor	Community nurse case manager + hospital nurse case manager, joint monitoring

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Examples of GCP

	Quality of care	Patient outcomes	Utilization / costs
POTKU, Finland	Patients with individual care plan more positive (PACIC). Care providers experience improved quality (ACIC).		Use of primary care decreased (2012-2014), except phone calls to nurses.
Clinic for Multimorbidity and Polypharmacy, Denmark	Improved quality and coordination of care according to care providers involved		"The multimorbidity clinic results in a more efficient use of hospital resources."
Strategy for Chronic Care Valencia Region, Spain		Between 2011 and 2013 decrease of older people with polypharmacy of 34 300 (-10%).	In 2012-2014, > 200 000 patients with polypharmacy reviewed and 100 000 drug prescriptions changed, resulting in decrease of expenditures on drugs, from 19.5 million Euros in 2012 to 7.3 million in 2014.

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Experts meeting - Results

16 components selected

For each component:

- Description and aims
- Key characteristics
- Relevance to multimorbidity patients

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Multimorbidity Care Model

Delivery system design

- Comprehensive assessment
- Coordinated team
- Individualized care plans

Clinical information system

- Electronic patients records
- Exchange patients infos
- Uniform coding

Key message 3. Various components should be integrated to target complexity of MM

Self management

- Tailor Self-management
- Options for self management
- Shared decision making

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Conclusions

- This care model needs to be validated in a real life setting to determine specifically **how and to what extent multimorbidity patients will benefit** from it;
- Specific research questions of interest may focus on how this care model can be **applied across different settings** in various European countries;
- Costs and benefits to the patients and families, and practical application of the care model within care and medical setting should all be considered

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