Putting the Multimorbidity Care Model into practice

Pilot The Netherlands

CHRODIS

ADDRESSING CHRONIC DISEASES & HEALTHY AGEING ACROSS THE LIFE CYCLE

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Multimorbidity

- About 50 million people with multimorbidity in Europe; nearly 2 million in the Netherlands.
- These people have complex health needs.
- Lack of evidence on which care models are most effective to care for people with multimorbidity.

Developing the JA-CHRODIS Multimorbidity Care Model

1. Define multimorbidity and identify relevant components from existing chronic care models
2. Collect scientific evidence to specify the components in the case of multimorbidity
3. Consensus meeting: experts discuss the relevance of the potential components
4. Design the Multimorbidity Care Model
5. Assess applicability in various European countries: country-experts apply the model to an imaginary patient in their country

Palmer et al., submitted

Multimorbidity Care Model

Delivery system design	Decision support	Self-manage-ment support	Clinical infor-mation system	Community resources
Regular comprehensive assessment	Implementation of evidence-based medicine	Train care providers to tailor s-m support	Electronic health records and computerized clinical charts	Access to community resources
Multidisciplinary team	Team training	Help improve patients' health literacy	Exchange of patient information	Involve social network
Individualized care plans		Involve patients in decion-making	Uniform coding of patients' health problems	Psychosocial support
Appointment of case manager		Involve family members	Patient platforms	
		Train patients to use supportive aids, tools etc.		

Palmer et al., submitted

Pilot in the Netherlands

Aim: apply the model to evaluate whether it could be used as a basis to improve multimorbidity care in the Netherlands

Approach: (together with Vilans)

- Transform model into a practical self-evaluation tool (in Dutch)
- Assessment of current practice by (primary) care providers
- Provide feedback and set goal(s) for improvement
- Three working sessions
- Evaluation and conclusions

Online self-evaluation tool

Component 1: Delivery system design

Element 1: Regular comprehensive assessment
[….. description of element]

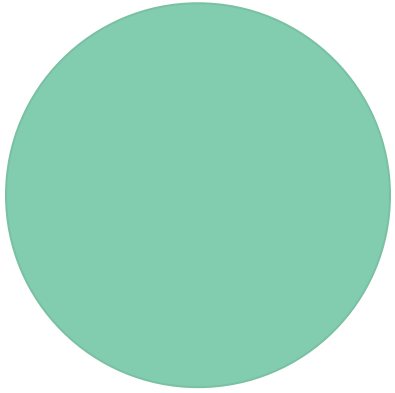
The element is relevant for multimorbidity care.									
1	2	3	4	5	6	7	8	9	10
The element has been implemented in our practice as described.									
1	2	3	4	5	6	7	8	9	10
The element has been implemented sufficiently in our practice.									
1	2	3	4	5	6	7	8	9	10

	Pilot practice 1	Pilot practice 2
Target group	**Multimorbidity in patients of non-Dutch origin**	**Multimorbidity in older patients**
Participants 	1 Patient 1 General practitioner 1 Primary care nurse 1 Pharmacist 1 Social worker 1 Home care professional 1 Dietician 1 Physiotherapist 1 Sports coach	2 Family members 1 General practitioner 2 Primary care nurses 1 Pharmacist 1 Social worker 2 Home care professionals 1 Dietician 1 Physiotherapist 1 Exercise therapist

Relevance of components and elements

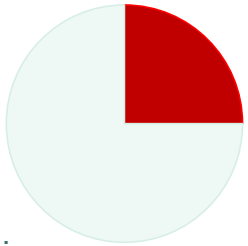
Scores:

- 8 - 10
- 6 - 7
- 1 - 5



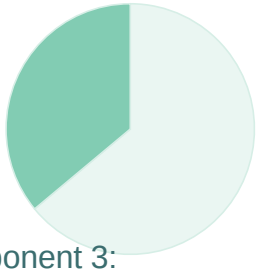
All scores 8 or higher!

Current practice

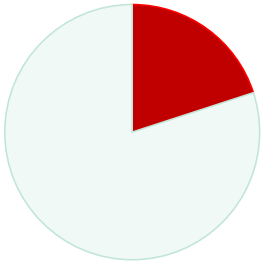


Component 1:
Delivery system design

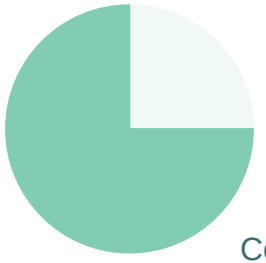
Component 2:
Decision support



Component 3:
Self-management support



Component 4:
Clinical information system



Component 5:
Community resources

Which improvements are thought necessary? (pilot practice 1)

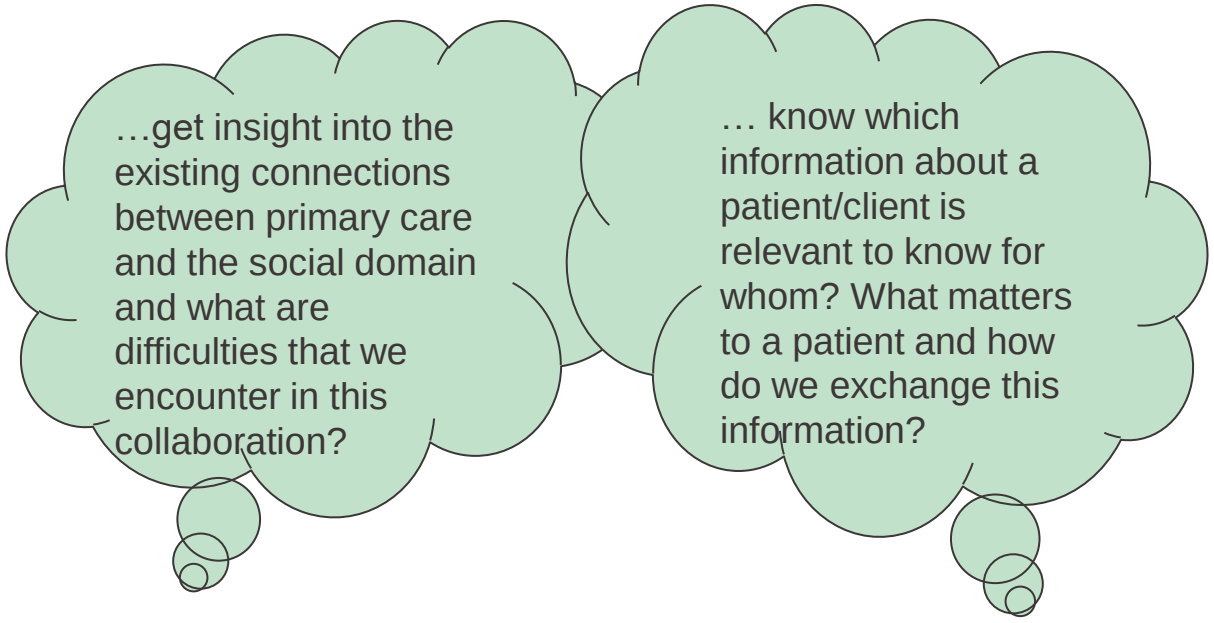
Based on the self-evaluation tool

- Development of individualised care plans
- Training and educating care professionals about multimorbidity
- Building on a network of professional experts
- Reporting on patient preferences regarding self-management support
- Sharing patient information between care providers
- Reporting on wishes and needs of patients
- Identification of target populations for eHealth
- Electronic exchange of patient information and monitoring

Suggestions based on the feedback in the open space

- Need for improvement in cooperation and exchange between care providers
- Consultation of professional experts: broader network necessary?
- Tools for self-management support for patients of non-Dutch origin necessary?
- Need for better cooperation with the social domain for self-management support
- Sufficient tools and methods available for shared decision-making?
- More insight necessary in social network of patients of non-Dutch origin?

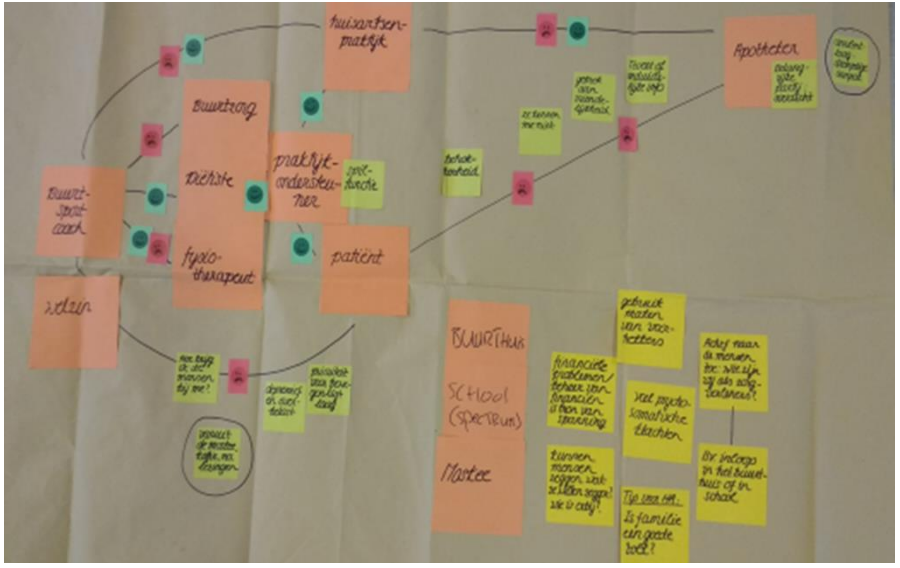
“How can we …?” - questions formulated by pilot practice 1



Exploring the network

Action points

formulated based on the network map:



- ✓ Creating the right circumstances to get to the (social, financial or psychosomatic) problem behind the (medical) problem.
- ✓ Actively showing to our patients what we as caregivers (in primary care and social domain) have to offer.

Some first conclusions

- The Multimorbidity Care Model could be used as a basis for self-assessment and quality improvement in Dutch primary care practices.

- It needs further development, e.g. some questions of the self-evaluation tool are less applicable to care professionals not working in the medical setting.

- Practices have made some important steps to improve care for their patients/clients with multimorbidity.

Improving care for people with multimorbidity is like climbing a mountain…

You need motivation, preparation, knowledge, training and …

Then it is simply a matter of moving your feet in the right direction.

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