Clinical practices on multimorbidity

CHRODIS
ADDRESSING CHRONIC DISEASES & HEALTHY AGEING ACROSS THE LIFE CYCLE

Mieke Rijken, NIVEL

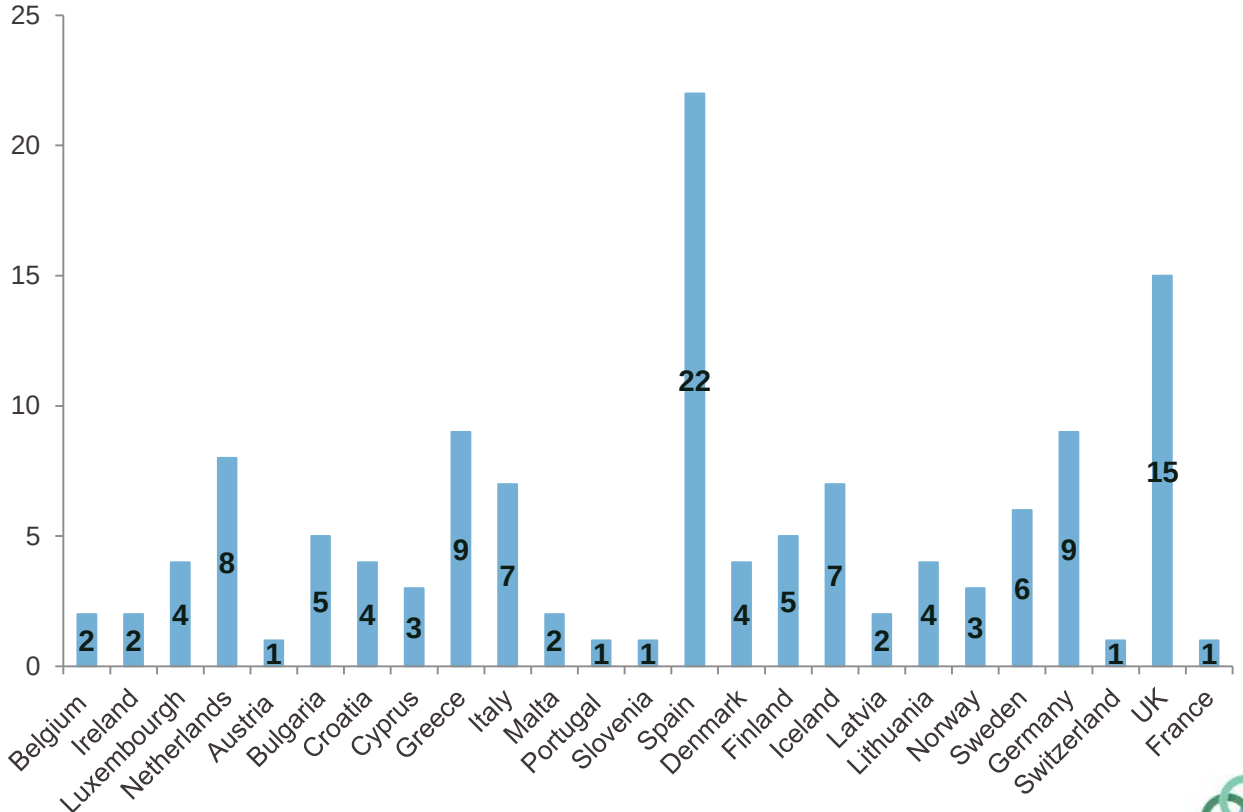
WP6 task 2:
Review existing care (pathway) approaches for multimorbid patients

Activities:

1. Identification and analysis of integrated care practices targeting multimorbid patients in European countries

2. Review the evidence on the effectiveness of integrated care practices targeting patients with multimorbidity

Identification of integrated care practices with focus on multimorbidity (N=128)



Source: Noordman et al., 2015; Bramwell et al., 2016

Examples

	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 PC doctor	Community nurse case manager + hospital nurse case manager, joint monitoring

Conclusions activity 1

- Variety of models and approaches
- Most initiated bottom-up
- Role of nurses
- Hardly any that specifically target multimorbid patients
- Outcomes often unknown (yet) → effectiveness studies needed

WP6 task 2:
Review existing care (pathway) approaches for multimorbidity patients

Activities:

1. Identification and analysis of integrated care programmes targeting patients with multimorbidity in European countries

→ 2. Review the evidence on the effectiveness of integrated care programs targeting patients with multimorbidity

Systematic review

2611 potentially relevant publications

↳ **80** full text articles retrieved

↳**19** included papers

↳ **18** programs

Data extraction

Study design, length of follow-up, target population, setting, content (CCM components), usual care condition, outcomes

Methodological quality assessment

Randomization, similarity at baseline, compliance, drop-out rate, ITT analysis, adjustment for confounding variables

Data analysis

Strong, moderate, insufficient, or no evidence

Source: Hopman et al, 2016

Characteristics of the studies (N=19)

Origin

12x USA, 6x non-USA/non-European, 1x European

Patient target group

17x frail elderly, 2x multimorbid patients

Setting

Great variety: from home care organizations and community centers to primary care practices, hospitals, specialized clinics (e.g. geriatric clinics) and managed care organizations

Source: Hopman et al, 2016

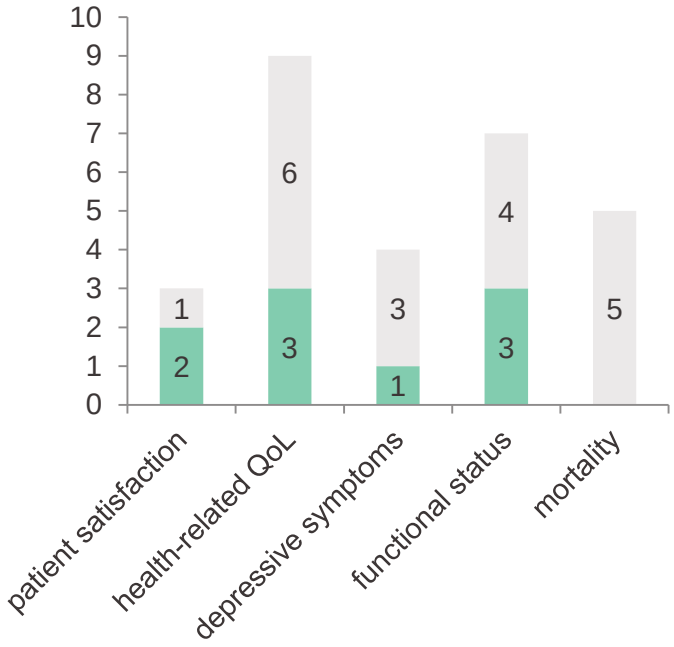
Components of the programs (N=18)

Innovations / changes in:	Number of programs
✓ Delivery system	18
✓ Decision support	11
✓ Self-management support	9
✓ Community resources	9
✓ Clinical information systems	7
✓ Health system	1

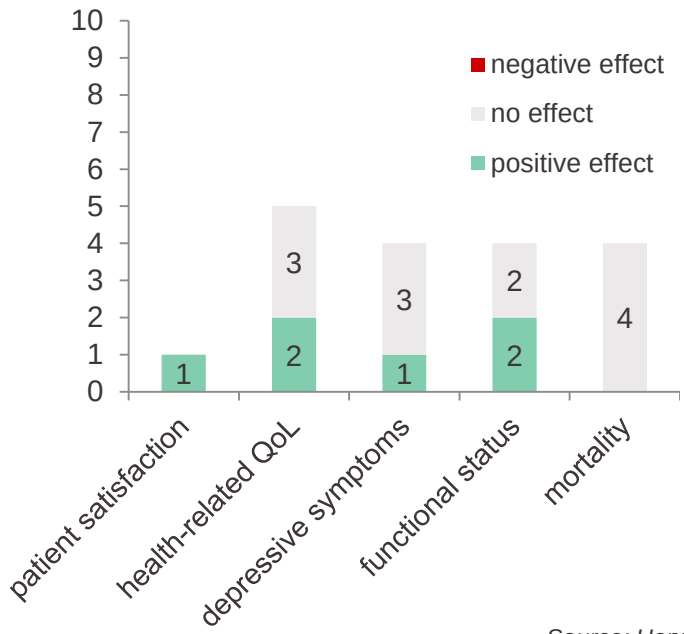
Source: Hopman et al, 2016

Effects on patient outcomes

All studies included



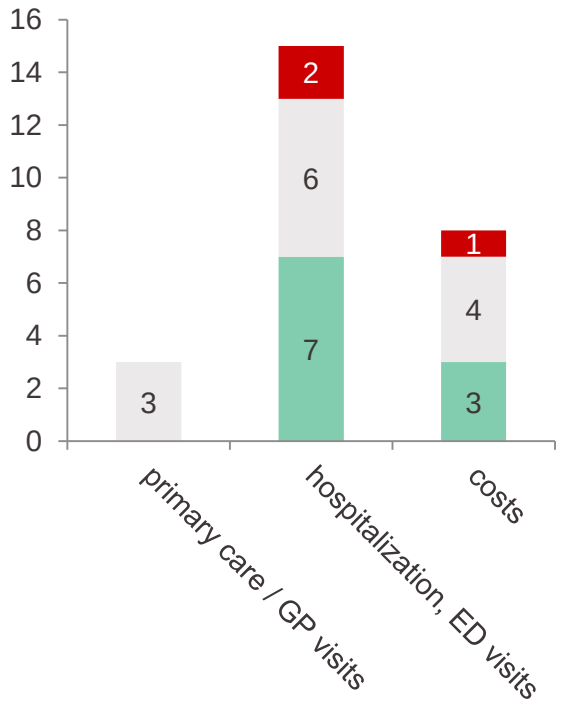
Only good-quality studies



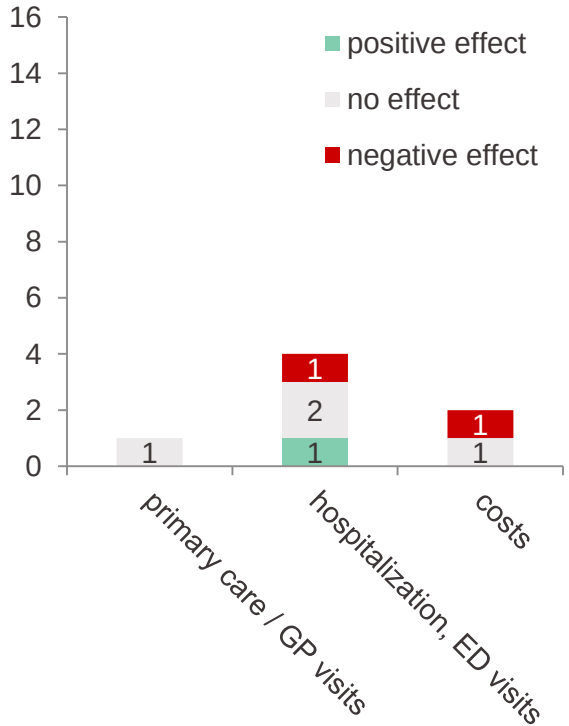
Source: Hopman et al, 2016

Effects on healthcare use and costs

All studies included



Only good-quality studies



Source: Hopman et al, 2016

CHRODIS
ADDRESSING CHRONIC DISEASES & HEALTHY AGEING ACROSS THE LIFE CYCLE

Conclusions activity 2

- Hardly any European studies
- Only few specifically target multimorbid patients
- Some evidence that (components of) integrated care programs could improve patient satisfaction, quality of life and functioning
- No / insufficient evidence that (components of) programs result in less use of healthcare services and lower costs

Co-funded by
the Health Programme
of the European Union

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

* This presentation arises from the Joint Action addressing chronic diseases and healthy ageing across the life cycle (JA-CHRODIS), which has received funding from the European Union, under the framework of the Health Programme (2008-2013). Sole responsibility lies with the author and the Consumers, Health, Agriculture and Food Executive Agency is not responsible for any use that may be made of in the information contained therein.

CHRODIS
ADDRESSING CHRONIC DISEASES & HEALTHY AGEING ACROSS THE LIFE CYCLE