Implementation of the Multimorbidity Care Model: A case study



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Application of the MCM to a study case

- Main goal:
 - To evaluate how the multimorbidity care model (MCM) applies to a specific profile of patients with multimorbidity, taking a study case highly common and data obtained from real health registries.
- Specific goals:
 - To evaluate the applicability of the MCM to a study case of a multimorbid patient with diabetes and mental health conditions.
 - To specify, for each MCM component, how it would applied to that specific profile of patients.



Information for Maria's case:

- SHARE database, W5
- Empirical data of MM studies with population information:
 - Calderón-Larrañaga et al.,
 Eur J Intern Med 2015,
 26:203-210
 - Forjaz et al., Eur J Intern Med 2015, 26:176-181

- Information about:
 - Socio-demographics
 - Clinical
 - Social
 - Psychological
 - Family information
 - Resources and barriers



Maria's case:

- Patient with multimorbidity (MM):
 - Diabetes
 - Osteoarthritis
 - Mental health problems
 - Mild to moderate obesity (BMI=32)
- Psychosocial problems:
 - Husband with MM: overweight, COPD, mild dementia
 - Takes care of two small grandchildren
 - Recent loss of a sister

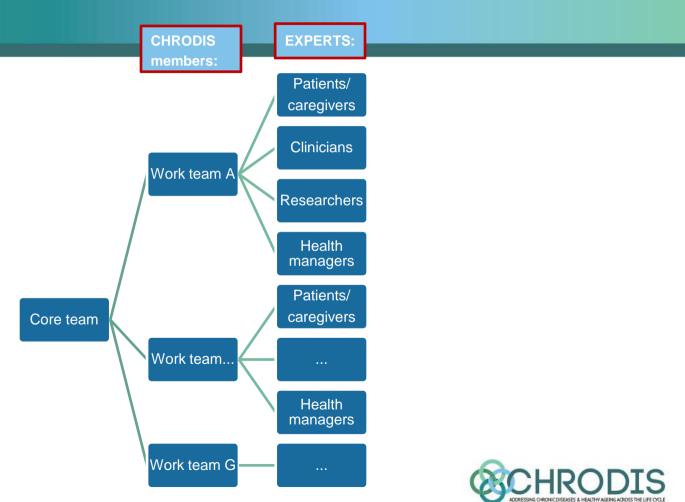
• Health care:

- 6 meds a day
- GP visits once/twice a month
- Last year: 6 visits to specialists
- One hospital admission (diabetes)
- One emergency room visit



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MCM implementation participants



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The expert opinion

- International panel of experts:
 - patient with diabetes
 - family or professional caregiver
 - health professional: general practitioner/primary care doctor, medical specialist, nurse, social worker, and psychologist
 - health manager
 - researcher (epidemiologist, health scientist, psychologist)



Experts by country and MCM component

| Components | | | | | | | |
|-------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| Country | 1-2 | 3-4 | 5-7 | 8-10 | 11-12 | 13-14 | 15-16 |
| Croatia | | \checkmark | | | | | |
| Italy | \checkmark | | | | | \checkmark | |
| Germany | | | \checkmark | | \checkmark | | |
| Lithuania | \checkmark | | | | | | |
| Netherlands | | \checkmark | | \checkmark | | | \checkmark |
| Slovenia | | | \checkmark | | | | |
| Spain | | | | | | | \checkmark |
| Ireland | | | | \checkmark | \checkmark | \checkmark | |



Questionnaire

- Potential application of each component of the MCM to Maria's case: *"Think of how the Multimorbidity Care Model components should be ideally applied to the case of Maria."*
- Structured questionnaire:
 - 3-5 questions for each component
 - Asking for detailed, concrete information
- Answers were summarized, focusing on common information provided by more than one expert



The experts' opinion: a deep insight (1)

- Experts' opinion suggests that the MCM is **feasible and applicable** to a complex case type.
- The studied case requires an **integrated intervention** of diverse professionals and the use of a wide array of rating scales and tools to assess her needs in a comprehensive and regular way.
- Some of Maria's health problems are directly linked to social needs, and therefore must be attended in an integrated way together by health services and social services.
- Currently, many experiences throughout Europe show two main ideal features when attending cases like Maria's: a multidisciplinary team (health primary care and hospital professionals, social workers and engaged family or social support), and a case manager (that could usually be the GP, nurse or social worker).

The experts' opinion: a deep insight (2)

- The clustering of patients, based on clinical and organizational complexity, and the use of risks stratification tools maximizes efficacy and cost effectiveness of interventions, ensures greater safety for patients, and allow to tailoring practices to the specific context and patients' needs.
- Allowing people with multimorbidity to use patient-operated technologies requires promoting patient empowerment, motivation and user-friendly technologies.
- **Clinical guidelines**, even if they are single disease oriented, may also be focused on patients wishes, attitudes and needs.



The experts' opinion: a deep insight (2)

- There is a need on training in the skills to work in teams and how to address a variety of the needs multimorbid patients or their caregivers may have. Training in skills and competences should be drawn on a wide European perspective.
- A consultation system to consult professionals with expertise would have to be flexible with respect to methodology, timely and with appropriate exchange of information (taking into account data protection issues).







According to experts with different backgrounds, the MCM components provide a meaningful and useful framework to guide the delivery of care for multimorbidity patients.





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