CHRODIS+ Work Package 6 – Pilot Implementation of Integrated Care Model for multimorbidity

CHRODIS+ Kick-off event

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

- Disease patterns
  - Individual diseases
  - Combination of diseases
- Low socioeconomical status
  - low income
  - poor social support
- Poor physical function
- Mental health problems
  - depression
  - cognitive impairment

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- Individual diseases
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- Poor social support
- Poor physical function
- Mental health problems: depression, cognitive impairment

Key message 1. Assessment of multimorbidity should be comprehensive


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

16 components selected

For each component:

- Description and aims
- Key characteristics
- Relevance to multimorbidity patients
# Multimorbidity Care Model

<table>
<thead>
<tr>
<th>Delivery system design</th>
<th>Clinical information system</th>
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<tr>
<td>Comprehensive assessment</td>
<td>Electronic patients records</td>
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<tr>
<td>Coordinated team</td>
<td>Exchange patients infos</td>
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## Key message 2. Various components should be integrated to target complexity of MM

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

• 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
Objectives & Partners
## Partners contributing to this WP

### WP6 members

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<thead>
<tr>
<th>VULSK (i)</th>
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<tbody>
<tr>
<td>UCSC (i)</td>
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<tr>
<td>IACS (i)</td>
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<td>KAUNO KLINIKOS (i)</td>
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<td>KRONIKGUNE</td>
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<td>NIVEL (cp)</td>
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*cp = collaborative partners*

* i = implementing sites
WP leaders

Graziano Onder
WP Leader
- UCSC, Università Cattolica del Sacro Cuore, IT

Rokas Navickas/ Elena Jureviciene
WP co-leader
- VULSK, Vilnius University Hospital Santaros Clinics, Lithuania
Objectives of this WP

Define a strategy to implement the care model proposed by JA-CHRODIS.

Perform a pilot implementation in European practices.

Assess the success of the pilot implementation by evaluation of organizational outcomes.

Develop country specific adaptation of the JA-CHRODIS integrated care model.
Detailed task breakdown & timing

Partners’ contribution to this WP in detail
Deliverables and required contributions

D6.1 Report on preparatory phase and scale up strategy

• Preparatory phase and strategy for implementation for WP6. Report on description of participating practices and questionnaire used for their evaluation, definition of stratifications strategies and approaches to improve integration and reintegration of patients with multimorbidity in the workplace. Report of the results of the experts meeting to define implementation strategies and tailoring of the intervention we need here from partners
Deliverables and required contributions

D6.2 : Pilot implementation and outcomes evaluation

• Pilot implementation: description of the methodology of implementation and outcomes assessment

D6.3 : Country specific CHRODIS integrated care model versions

• Country specific CHRODIS integrated care model versions, from no less than 3 different healthcare settings maintaining the model structure, but taking into consideration local funding, regulations, etc.
WP 6 - CHRODIS +

- Task 6.1. Preparatory phase. Leader UCSC.
- Task 6.2. Pilot implementation. Leader UCSC and VULSK
- Task 6.3. Support to implementation activities. Leader VULSK and UCSC.
- Task 6.4. Outcomes assessment and evaluation. Leader IACS and ISCIIII.
- Task 6.5. CHRODIS integrated care model adjustment for local healthcare setting. Leader VULSK.
Task 6.1 – Preparation phase M1-12

• Task 6.1.1 Assessment of participating pilot sites. UCSC
Task 6.1 – Preparation phase M1-12

- Task 6.1.1 Assessment of participating pilot sites. UCSC
- Task 6.1.2 Identification of patient risk stratification strategies. KRONIKGUNE
  - Link with ASSESSH project
Task 6.1 – Preparation phase M1-12

- Task 6.1.1 Assessment of participating pilot sites. UCSC
- Task 6.1.2 Identification of patient risk stratification strategies. KRONIKGUNE
- Task 6.1.3 Definition of an implementation strategy and tailoring of the intervention. KRONIKGUNE
- Link with SUNFRAIL, SELFIE, Joint Action ADVANTAGE and EIP on AHA action group B3 + other WPs
- Experts meeting organization
- NIVEL
- Identification of possible outcomes
Task 6.2 – Pilot implementation M13-30

Sites:
• Spain (CSJA and IACS)
• Lithuania (VULSK and Kauno Klinikos)
• Italy (UCSC)

Sample size: 1000 patients

Settings:
• Primary care
• University hospitals
Task 6.3 – Support to implementation activities M13-30

- Participating practices will be visited by local partners involved in the WP at the beginning of the implementation phase and at least twice during the first year after implementation phase started.

- Local partners will be involved in supporting the implementation activities.

- Additional visits will be planned based on the needs of the individual practices.
Task 6.4 – Outcomes assessment and evaluation M13-33

• Relevant outcomes identified in the preparatory phase and agreed with pilot sites identified in the experts meetings will be assessed to determine the success of the implementation.
Task 6.5 – CHRODIS integrated care model adjustment for local healthcare setting M6-33

• In parallel with Task 6.3, and based on local experience and knowledge, participating partners will determine JA-CHRODIS

• Integrated care model to the specific characteristics of their local health care setting. Outcomes will be

• Country specific model versions, fully adapted and specified for local implementation.
Timeline

- WP6 Kick Off Meeting
- Experts meeting to define preparatory phase and strategy for pilot
- Pilot implementation
- Country Specific CHRODIS integrated care model versions
- Closing Conference
Introduction

- Find common interests among partners

- Discuss the means of communication between the WP partners, aiming to involve all partners from the very beginning

- Discuss and agree on work organization
  - Make a detailed action plan
Action plan for the upcoming 6 months

Task 6.1.1
- Assessment of participating pilot sites.
- M1-M6
- Leader UCSC

Task 6.1.2
- Identification of patient risk stratification strategies
- M1-M12
- Leader KRONIKGUNE
The Joint Action on Implementing good practices for chronic diseases (CHRODIS PLUS)

* This presentation arises from the Joint Action CHRODIS+ addressing chronic diseases through cross-national initiatives identified in JA-CHRODIS to reduce the burden of chronic diseases while assuring health system sustainability and responsiveness, under the framework of the Health Programme (2014-2020). 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.