

CHRODIS+

Work Package 6 – Pilot

Implementation of Integrated Care Model for multimorbidity

CHRODIS+ Kick-off event



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Joint Action

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

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

Joint Action

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

- Disease patterns

Key message 1. Assessment of multimorbidity should be comprehensive

- cognitive impairment

nature of caring for patients with multiple chronic conditions, are needed

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

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

Delivery system design

- Comprehensive assessment
- Coordinated team

Clinical information system

- Electronic patients records
- Exchange patients infos

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

VULSK (i)

UCSC (i)

IACS (i)

KAUNO KLINIKOS (i)

CSJA (i)

ISCIII

SAS

FPS

NIGRiR

KRONIKGUNE

OSAKIDETZA

EPF

ISS

NIJZ

NIVEL (cp)

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 ISCIII.
- 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.

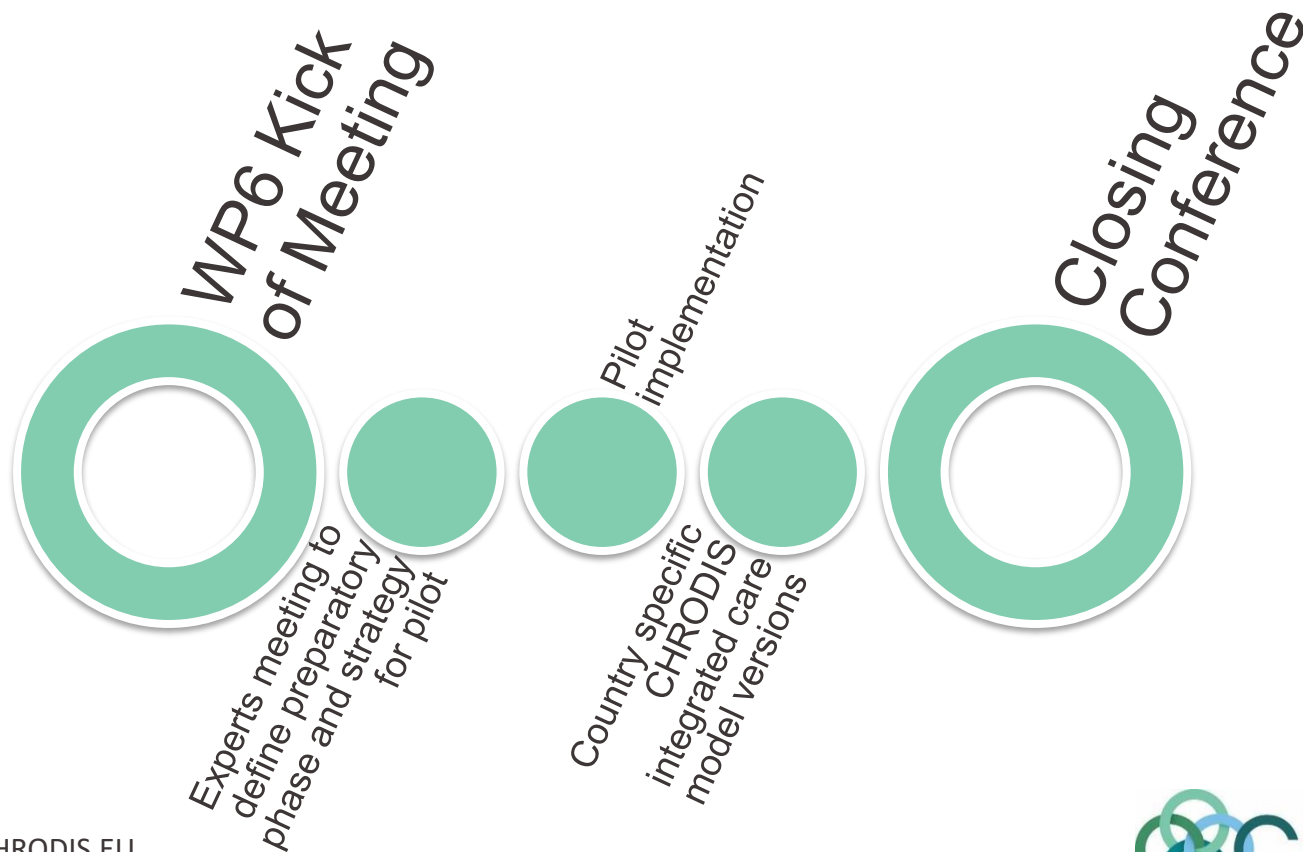
Task 6.4 – Outcomes assessment and evaluation M13-33

- 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



Working group meeting at Kick-off plan & preparation

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



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