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CHRODIS+

IMPLEMENTING GOOD PRACTICES FOR CHRONIC DISEASES

Approach of the CHRODIS PLUS outcomes from the decision maker perspective

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Facing the impact of chronic diseases together



The EU and chronic diseases

Reducing the burden of **chronic diseases** such as diabetes, cardiovascular disease, cancer and mental disorders is a priority for EU Member States and at the EU Policy level, since they **affect 8 out of 10 people over the age of 65** in Europe.

Source: OECD publication Health at a Glance: Europe 2016

A heavy price for chronic diseases

It has been estimated that **chronic diseases cost EU economies €115 billion or 0.8% of GDP annually**. Approximately 70% to 80% of healthcare budgets across the EU are spent on treating chronic diseases.

Source: European Journal of Public Health, Vol. 26, Supplement 1, 2016



Multimorbid compared to single chronic condition group

Outpatients visits

2.1 times more frequent

Home visits

9.6 times more frequent

Hospital readmission
(within 30 days)

61% increase in likelihood

Source: European Journal of Internal Medicine, 2015



Multimorbidity vs ageing population

Multimorbidity starts to increase at an early age of 28 years and it grows more rapidly in younger patients than in elderly.

Source: Health policy, 2018



Hospital admissions and readmissions (3 and more chronic conditions)

18 -24 years	up to 30.25%
25 - 34 years	up to 28.18%
35 – 44 years	up to 19.22%
45 – 54 years	up to 18.53%
55 – 64 years	up to 18.74%
65 – 74 years	up to 20.95%
75 – 84 years	up to 20.45%
85 and over	up to 27.43%



Potential to respond to multimorbidity challenge: Lithuanian hospital network

Acute care beds	6.1 per 1000 population (3.67 - OECD average)
Avoidable hospital admissions	16.2%
Hospitals	63 27 out of 63 account for 8% of health services provided



Potential to respond to multimorbidity challenge: Lithuanian primary health care

Primary health care team

GP+ community nurses

Payment

multimorbidity component within payment structure (included since 1st May, 2018) – accounts for 18% of annual payment for ≥ 65 years old

Incentive payments

related to performance of tests (i.e. HbA1C), not to the outcomes of care

Networking, team working, intersectorial collaboration...

weak
(within and outside of health system)



Potential to respond to multimorbidity challenge: further development of national health care system

Consolidation of hospital network

Expansion of nursing care, including mobile services

Strengthening of primary health care:

further expansion of primary care teams with advanced practice nurses, lifestyle medicine specialists, social workers

development and implementation of novel chronic condition management models

reinforcement of collaboration within and outside the health care system



Our expectations to the outcomes of the project...



1. Product: country specific

Integrated care model identified by CHRODIS PLUS should be adjusted to the local healthcare system peculiarities



2. Proof: a set of evidence

The good practice/policy/model needs to be assessed and proven to be effective.

Before the implementation, a set of evidence is required:

A) Improving the quality of patient care:

- Patient safety
- Quality of care and quality of life
- Early detection of additional/co-morbid diseases
- Accessibility of health services

B) Optimized usage of resources :

- Reducing polypharmacy
- Reducing hospital admissions (hospitalization rate, re-hospitalization rate)
- Reducing outpatient service use (multiple appointments)

C) Cost effectiveness:

- Reducing health care costs
- Preventing or reducing over-usage of services



3. The content and resources

A detailed description of the planned services

“service pack” with the key components

Checklist of required resources

staff needed for a certain number of patients, technical equipment, its maintenance & support, etc.

The qualitative KPIs need to be set

to ensure the long term monitoring of good practice/policy/model



Moreover...



Consolidation of efforts – a board of country representatives from various joint-actions, activities, projects and organizations - as a thoughtful advisor for MoH.

Country-specific and cross-country knowledge of health systems would support national health authorities in their work, and could explore opportunities for future cooperation across the EU.





Thank you for your attention

The Joint Action on Implementing good practices for chronic diseases (CHRODIS PLUS)

This presentation arises from the Joint Action CHRODIS PLUS. This Joint Action is 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 Third 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.



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