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IMPLEMENTING GOOD PRACTICES FOR CHRONIC DISEASES

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

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Multimorbidity

- About 50 million people with multimorbidity in Europe; nearly 2 million in the Netherlands
- These people have complex health needs
- Lack of evidence on which care models are most effective to care for people with multimorbidity

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Developing the JA-CHRODIS Multimorbidity Care Model

1. Define multimorbidity and identify relevant components from existing chronic care models
2. Collect scientific evidence to specify the components in the case of multimorbidity
3. Consensus meeting: experts discuss the relevance of the potential components
4. Design the Multimorbidity Care Model
5. Assess applicability in various European countries: country-experts apply the model to an imaginary patient in their country

Palmer et al., submitted

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Multimorbidity Care Model

Delivery system design	Decision support	Self-manage-ment support	Clinical infor-mation system	Community resources
Regular comprehensive assessment	Implementation of evidence-based medicine	Train care providers to tailor s-m support	Electronic health records and computerized clinical charts	Access to community resources
Multidisciplinary team	Team training	Help improve patients' health literacy	Exchange of patient information	Involve social network
Individualized care plans		Involve patients in decion-making	Uniform coding of patients' health problems	Psychosocial support
Appointment of case manager		Involve family members	Patient platforms	
		Train patients to use supportive aids, tools etc.		
		etc.		

Palmer et al., submitted

Pilot in the Netherlands

Aim: apply the model to improve multimorbidity care, together with Vilans

Approach:

- ✓ Transform model into a practical self-evaluation tool (in Dutch)
- ✓ Assessment of current practice by care providers
- ✓ Provide feedback and set goal(s) for improvement
- ✓ Working sessions
- ✓ Evaluation and conclusions

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	Pilot practice 1	Pilot practice 2
Target group	**Multimorbidity in patients of non-Dutch origin**	**Multimorbidity in older patients**
Participants	1 Patient 1 General practitioner 1 Primary care nurse 1 Pharmacist 1 Social worker 1 Home care professional 1 Dietician 1 Physiotherapist 1 Sports coach	2 Family members 1 General practitioner 2 Primary care nurses 1 Pharmacist 1 Social worker 2 Home care professionals 1 Dietician 1 Physiotherapist 1 Exercise therapist

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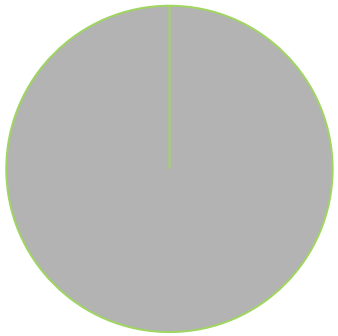
Results: Relevance of components and elements

Scores:
- 8 – 6-7
- 10
- 1 - 5



All scores 8 or higher!

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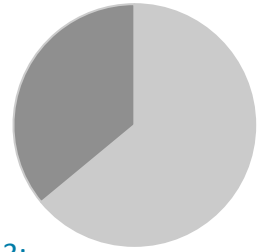
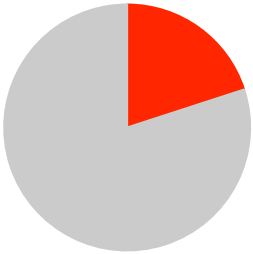
Results: Current practice

Component 1:
Delivery system design

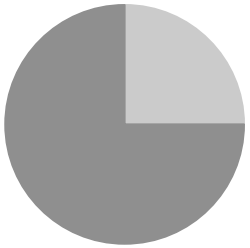
Component 2:
Decision support



Component 3:
Self-management support



Component 4:
Clinical information system



Component 5:
Community resources

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Which improvements are thought necessary? (pilot practice 1)

Based on the self-evaluation

- Development of individualised care plans
- Training and education of caregivers about multimorbidity
- Building on a netwerk of professional experts
- Reporting on patient preferences regarding selfmanagement-support
- Sharing patient information between health care providers
- Reporting on wishes and needs of patients (in addition to classification)
- Identification of target population for eHealth
- Electronical exchange of patient information and monitoring

Suggestions based on the feedback in the open space

- Need for improvement in cooperation and exchange between health care providers?
- Consultation of professional experts: broader netwerk necessary?
- Tools for selfmangement-support for patients of non-Dutch origin necessary?
- Need for better cooperation with the social domain for selfmanagement-support?
- Enough tools and methods shared decision making?
- More insight necessary in social network of patients of non-Dutch origin?

Which improvements are thought necessary (pilot practice 2)

Based on the self-evaluation

- Contact person for patient and care coordinator
- Electronical exchange and monitoring (by the patient)

Suggestions based on the feedback in the open space

- Development and evaluation of individualised care plans together with patient / family members
- Exchange of (patient) information among disciplines and together making medical decisions
- Consultation of professional experts: broader network necessary?
- Need for tools / methods regarding selfmanagement-support and shared decision making?
- Need for tools / methods regarding eHealth?
- More insight needed into possibilities for support in the social domain?

Some first conclusions

- The Multimorbidity Care Model could be used as a basis for self-assessment and quality improvement in Dutch primary care practices.
- It needs further development, e.g. some questions of the self-evaluation tool are less applicable to care professionals not working in the medical setting.
- Practices have made some important steps to improve care for their patients/clients with multimorbidity.

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Objectives of the 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.

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Partners

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

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Tasks

- Task 6.1. Preparatory phase.
- Task 6.2. Pilot implementation.
- Task 6.3. Support to implementation activities.
- Task 6.4. Outcomes assessment and evaluation.
- Task 6.5. CHRODIS integrated care model adjustment for local healthcare setting.

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Task 6.1 – Preparation phase M1-M12

- Task 6.1.1 Assessment of participating pilot sites. UCSC
  - Assessment form prepared and completed by pilot sites

    35 questions covering the following areas

    General information

    Delivery of care and decision support

    Patient self-management

    E-health

    Social network

    Practice/Programme Assessment

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List of Pilot sites

Country	Name of Programme
Aragón, Spain	Aragon Primary Care
Vilnius, Lithuania	Family Medicine Center, Primary care
Rome, Italy	Multimorbidity Care Model in elders with dementia and adults with intellectual disability
Andalusia, Spain	Implementation of a 'Personalized Action Plan' within the Strategy and the Comprehensive Plan for complex chronic patients
Vilnius, Lithuania	Kauno Klinikos

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E-Health (2/4)

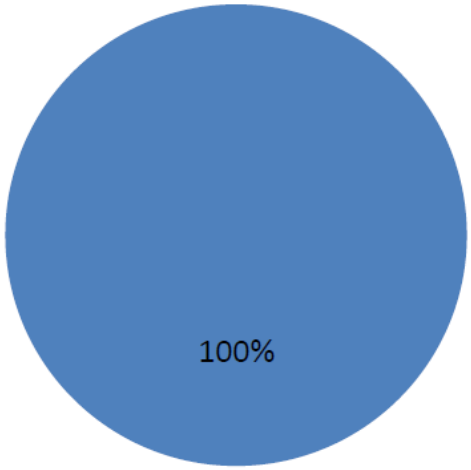
If yes, please specify

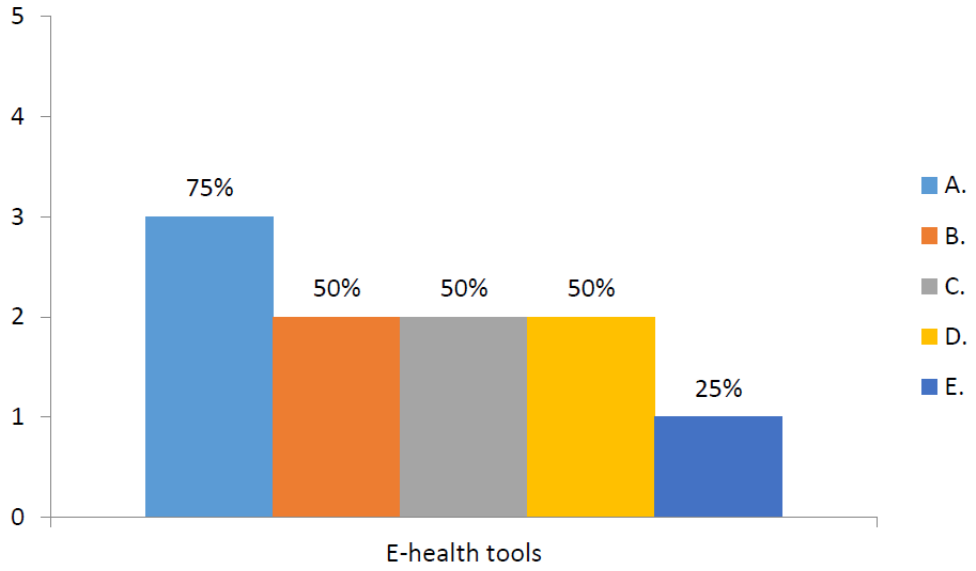
QUESTION 31

ARE DIGITAL HEALTH CARE COMMUN
USED WITHIN THE PRACTICE/PROGRA

ANSWER OPTIONS

A. E-referral system
B. Exchange of information concerning common patients on treatment and care between different care providers (e.g. video conferences)
C. Exchange of information on treatment and care between ca provider and patient (e.g. video visits, e-visits)
D. Online appointment scheduling
E. Others





Answers given for option E: Lab tests, image services available too.

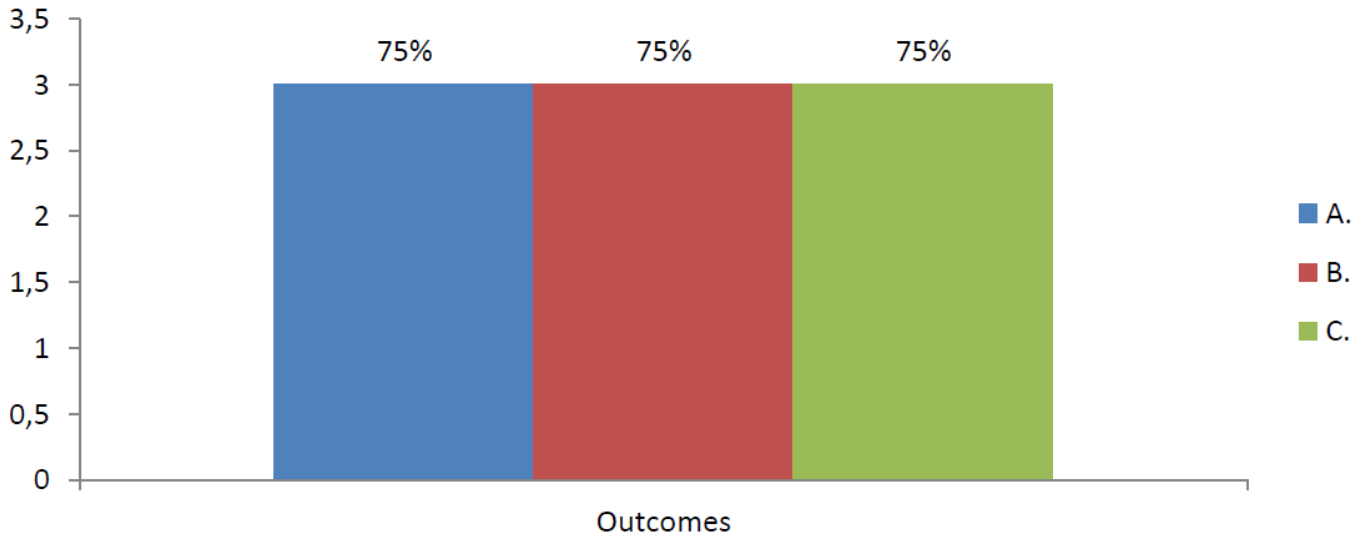
Practice/Programme assessment

QUESTION 38

If yes, please specify

ANSWER OPTIONS

A. Quality of care (i.e. quality of care indicators, health care professional perception).
B. Patient-related outcomes (i.e. falls, pain, polypharmacy, falls, quality of life measures).
C. Care utilization/costs (i.e. hospitalization, health care costs).



Task 6.2 – Pilot Implemenation M13-M30

Sites:

- Spain (CSJA and IACS)
- Lithuania (VULSK and Kauno Klinikos)
- Italy (UCSC)

Sample size: 1000 patients

Settings:

- Primary care
- University hospitals

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Deliverables

D6.1 Report on preparatory phase and implementation 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

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Deliverables

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.

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Future steps

Task 6.1

- Complete task 6.1 – Preimplementation
- Expected Sept.-Oct. 2018

Task 6.2

- Start task 6.2 – Pilot implementation
- Expected to start in Sept.-Oct. 2018

Task 6.3

Start task 6.3 – Support to implementation activities
Expected to start in Sept.-Oct. 2018

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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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