SUNFRAIL Transnational Workshop
Naples (Italy) – October 27, 2016

Results of the assessment of services targeting frailty and multimorbidity

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Co-funded by the Health Programme of the European Union

BACKGROUND

A major expected outcome of the SUNFRAIL project is to propose a model of care for the detection, management and treatment of frailty and multimorbidity to be applied across Europe

Thus, it is important to assess health and social care systems and services available at Reference Sites, in particular how frailty and multimorbidity are currently addressed

This information will be important to feed the development of a feasible new paradigm of care which might stem from already available resources and practices

METHODS

The SUNFRAIL consortium developed two questionnaires for internal use

Questionnaire #1 (to be completed by local public health authorities, decision makers and/or representatives at the reference sites): to explore the coverage, basic entitlements and accessibility of older persons with frailty and multimorbidity to local care services

Questionnaire #2 (to be completed by health and/or social care professionnals): to understand the community outreach, diagnosis and management approaches towards frailty and multimorbidity at the reference sites

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REFERENCE SITES

- Regione Emilia Romagna (Italy)
- Università di Parma (Italy)
- Regione Campania (Italy)
- Regione Liguria (Italy)
- Regione Piemonte – Assessorato Sanità (Italy)
- Region Languedoc-Roussillon-Midi-Pyrenees (France)
- Centre Hospitalier Universitaire de Toulouse (France)
- Department of Health, Health and Social Care (Northern Ireland)
- Medical University of Lodz (Poland)
- Universidad de Deusto (Spain)

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RESULTS

Primary care coverage

All the reference sites (except for the French one) offer automatic coverage, universal entitlement to primary care for older persons

In France, the most prevalent model (96.2%) consists of mandatory health and social insurance

In Poland, the affiliation to a specific insurance/fund cannot be chosen, but linked to professional status, geographic situation, and employer

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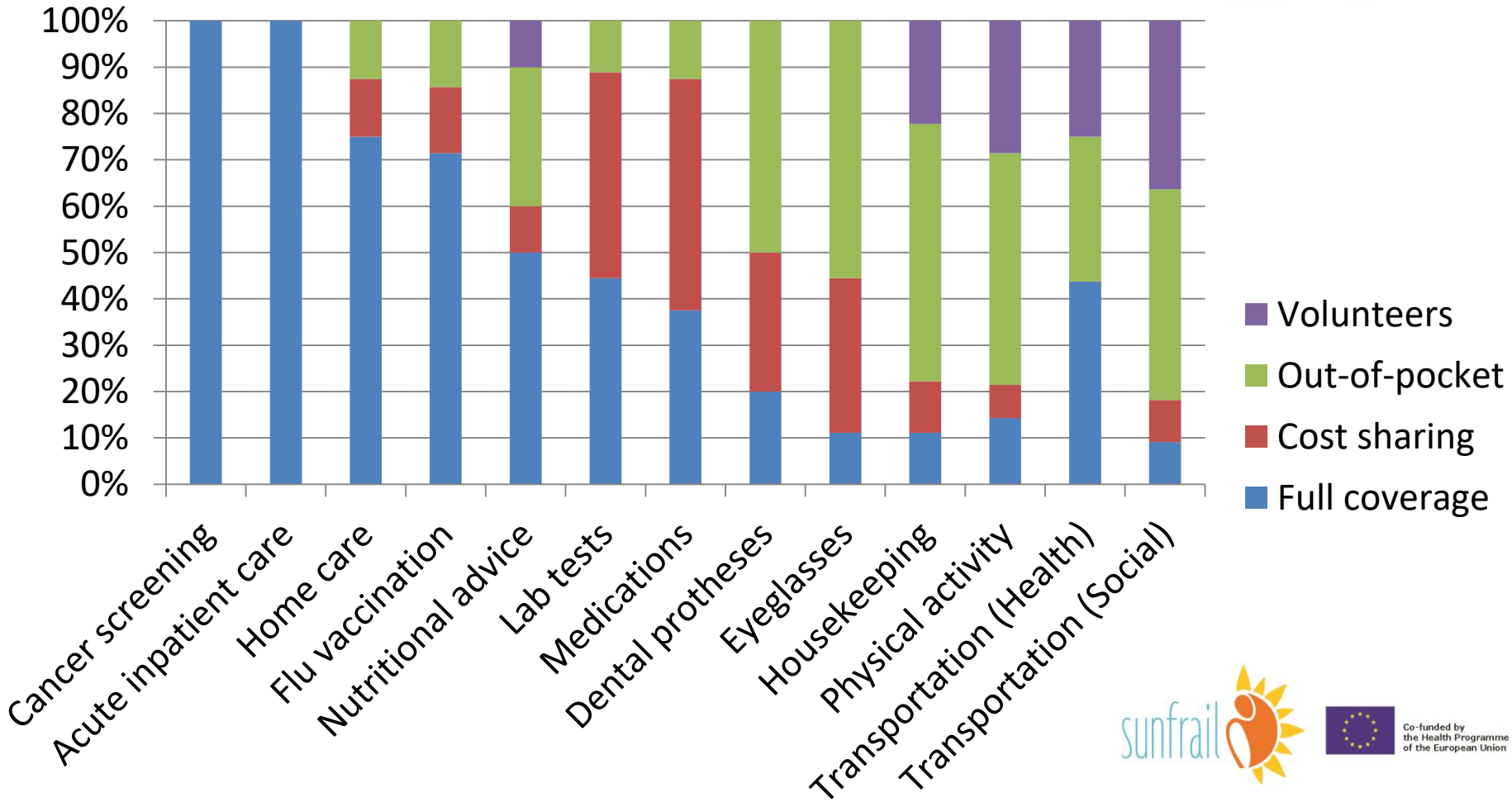
RESULTS

Systematic assessment of risk factors for frailty



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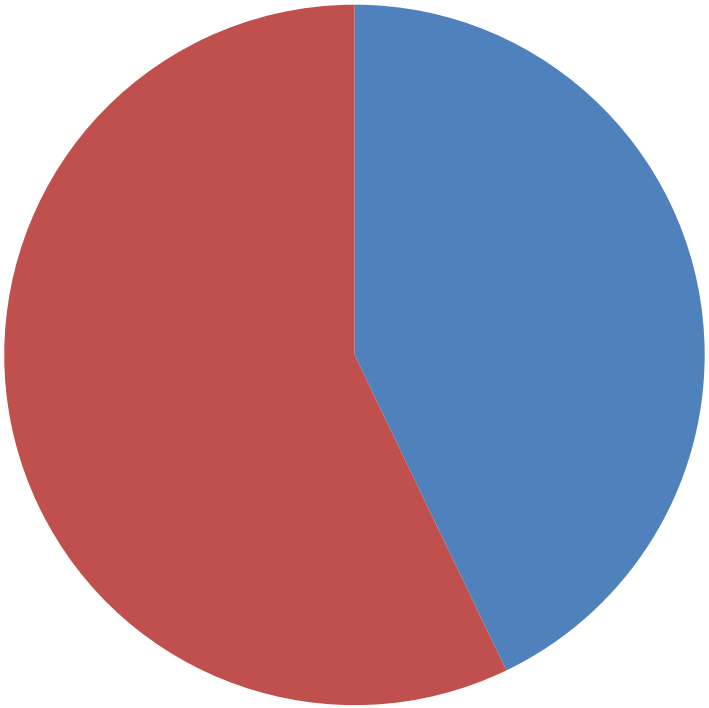
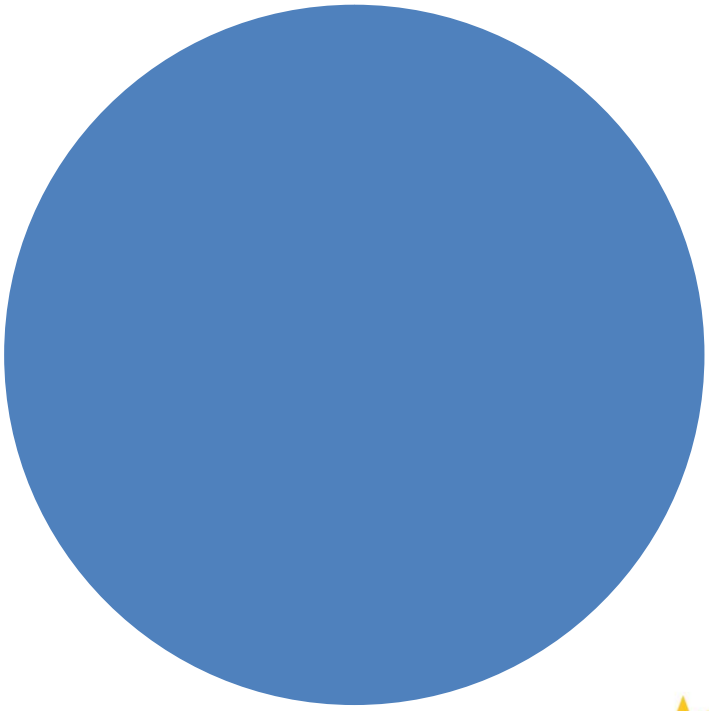
RESULTS

Choice of care provider

Outpatient specialist



Primary care physician



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RESULTS

Targets set to improve health outcomes

Regional targets set to improve health outcomes are not always available

When available, targets are heterogeneous and focused on different activities (most commonly flu vaccination coverage, blood pressure assessment, preventive campaigns)

Inconsistent use of population surveys addressing health, social, and economic conditions of older persons

Consistent presence of participatory processes involving older persons regarding expectations, satisfaction, and barriers to services

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RESULTS

Frailty screening

Routine screeening of frailty by general practitioners is quite common (62.5%)

Frequent involvement of other health/social care professionals (5/8 RSs), in particular geriatricians (62.5%), nurses (50%), and social workers (25%)

Wide spectrum of instruments used to detect frailty, rarely recommended by National/Regional public health authorities

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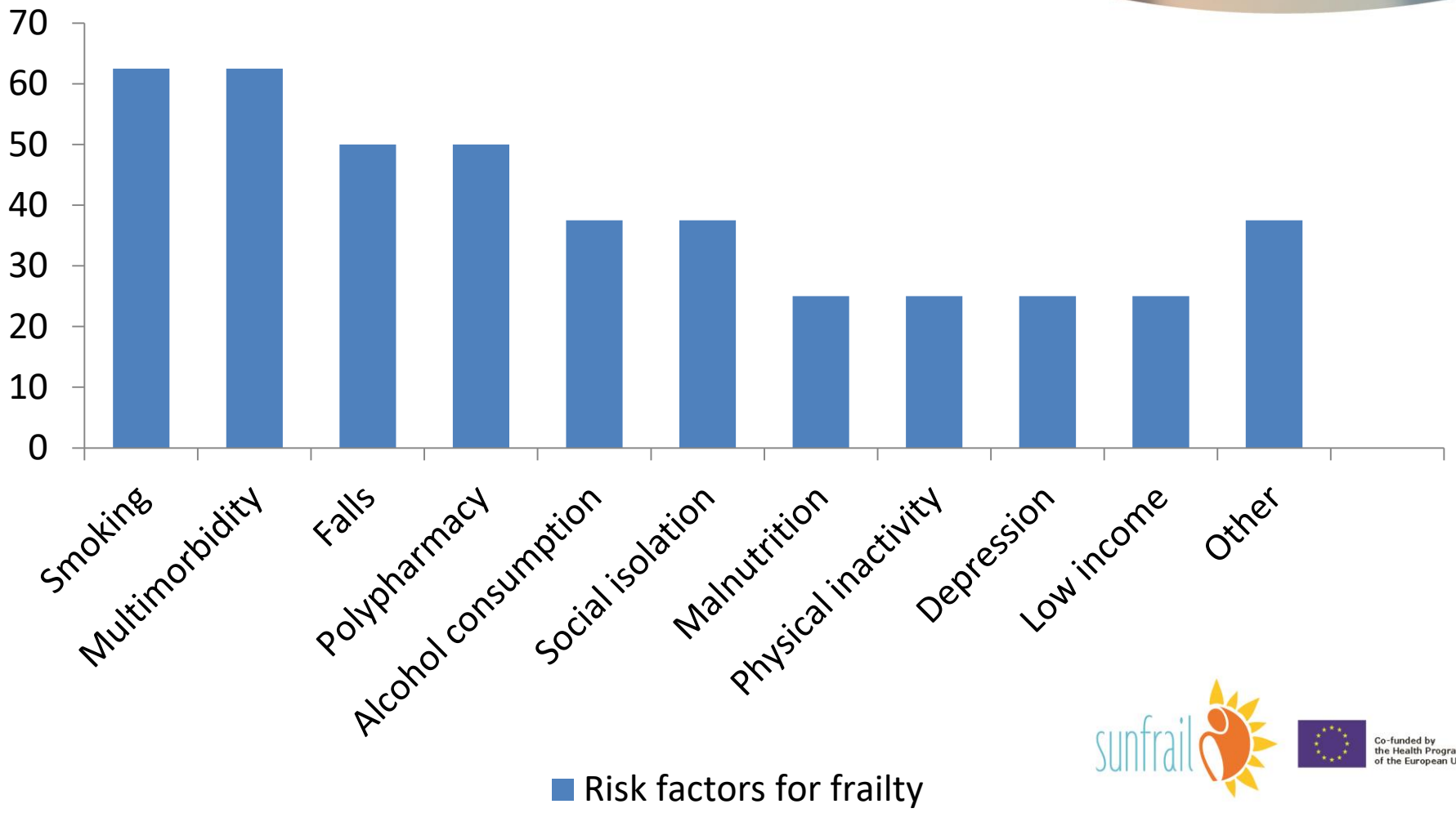
RESULTS

Systematic assessment of risk factors for frailty



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CONCLUSIONS - I

The SUNFRAIL surveys has highlighted a major heterogeneity in the clinical services and infrastructures aimed at counteracting frailty and multimorbidity in the elderly

Given the relevance of the topic, it is important to build up on the few commonalities for standardizing the care of frailty and multimorbidity across Europe

However, it seems difficult to federate such existing diversities in a single and rigid model of care

CONCLUSIONS - II

The few points to be retained:

- Frailty and multimorbidity are relevant conditions, considered everywhere across Europe
- The general practitioner (i.e., primary care) is the main referent for the detection of frailty and the implementation of the first interventions, although for some other professionals (nurses, social workers, others) may play important/complementary roles
- No instrument can today be indicated as "gold standard" for the screening and assessment of frailty
- Few risk factors for disabling conditions are systematically screened in primary care across Europe

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TAKE HOME MESSAGE

The burden of clinical activities conducted in primary care (pursuing both preventive and therapeutic objectives) cannot be ignored

In order to implement a solid preventive strategy, it is thus needed to delegate some tasks to actors who are not adequately invested in the systems and models of care

Among these, the person him/herself, the family, social workers and community nurses may strongly contribute for the modeling of a successful model of care

THANK YOU!

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