ACKNOWLEDGEMENT

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OVERVIEW

• The challenge
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THE CHALLENGE

• Ageing population - from 461 million people older than 65 years in 2004 to 2 billion people by 2050
• Studies performed during the last 20 years demonstrate the importance of the concurrence of multimorbidity and frailty
• This poses new challenges to health services, in terms of professionals’ skills, resources and organisational aspects.

What is frailty?
• A state of late life decline and extreme vulnerability, characterised by weakness and decreased physiologic reserve
• Frailty contributes to an increased risk for falls, institutionalisation and disability

What is multimorbidity?
• The prevalence of two, or more, chronic medical conditions in the same person
THE CHALLENGE: FRAILTY

- Lack of universal definition of frailty/pre-frailty
  - Biomedical vs. bio-psychosocial definition

Biomedical
- Biological: Age, sex
- Health-diseases
- Life Styles: physical activity
- Risk Factors: smoking, alcohol..

Psychosocial
- Well being (physical, psychological)
- Independent living
- Education Level
- Socialisation
- Resources: health care, social interaction, sport

- How identify frailty? Through common set of items?
  - Physical activity
  - Weight loss
  - History of falls
  - Recurrent hospitalisation
  - Social isolation etc.

- How organise operational response to frailty and multimorbidity, in primary health and social care?
### PARTNERS

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<th>PARTNER</th>
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<tr>
<td>LP1</td>
<td>Regione Emilia-Romagna - Agenzia Sanitaria E Sociale Regionale, <strong>Italy</strong></td>
<td>(RER-ASSR)</td>
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<td>Aster - Societa Consortile Per Azioni, <strong>Italy</strong></td>
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<td>(CAMPANIA)</td>
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<td>PP5</td>
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<td>(GERONTOPOLE)</td>
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<td>PP6</td>
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<td>Universytet Medyczny W Lodzi, <strong>Poland</strong></td>
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<td>PP8</td>
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<td>PP9</td>
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<td>(HSCB)</td>
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<td>PP10</td>
<td>European Regional And Local Health Authorities Asbl, <strong>Belgium</strong></td>
<td>(EUREGHA)</td>
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WORK PACKAGES

Horizontal Work Packages
WP 1 – Coordination and management of the project
Lead: Emilia Romagna Region and Aster

WP 2 – Dissemination
Lead: EUREGHA

WP 3 – Monitoring and evaluation
Lead: Deusto University

Core Work Packages
WP4 – Designing a model for management of frailty and multimorbidity
Lead: Emilia Romagna Region, University Hospital of Montpellier, University Hospital of Toulouse and Northern Ireland
Purpose: Design a shared model of reference for the prevention and management of frailty and care of multimorbidity and elaborate methods and tools for the replication of the model
WORK PACKAGES

WP5 – Validating the model
Lead: Emilia Romagna Region, University Hospital of Montpellier, University Hospital of Toulouse and Northern Ireland
Purpose: Conduct a survey of existing health and social services dedicated to the prevention and management of frailty and care of multimorbidity

WP6 – Experimenting the model
Lead: Emilia Romagna Region and Northern Ireland
Purpose: Experiment the model, through living labs in selected pilot sites, to identify systems/services/good practices’ strengths and weaknesses

WP7 – Healthcare staff innovative education
Lead: Piemonte
Purpose: Elaborate innovative academic educational programmes addressed to healthcare professionals, aimed at meeting the needs of the ageing population.
OBJECTIVES

General Objective
To improve the identification, prevention and management of frailty and care of multimorbidity in community dwelling persons (over 65) in EU countries.

Specific Objectives
1. To design an innovative, integrated model for the prevention and management of frailty and care of multimorbidity
2. To validate the model: assess existing systems and services targeting frailty and multimorbidity
3. To assess the potential for the adoption/replication and sustainability of the model in different organisational contexts.
4. To promote the dissemination of the results.
EXPECTED OUTCOMES

• A shared model of good practices on frailty and multimorbidity
• Innovative tool-kits for the prediction of frailty and multimorbidity, focusing on community based prevention and avoidable hospitalisation.

The tool-kits will focus on the following four areas:

1. **Assessing the risks of frailty** through physical and performance measures
2. **Supporting the design of care pathways** for the management of chronic diseases
3. Identifying methods and instruments to **predict multimorbidity**
4. Identifying instruments for **workforce development and cost analysis**.
THANK YOU FOR YOUR ATTENTION!

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