



How to identify Good Practices on Frailty and Multimorbidity

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Agenzia
sanitaria
e sociale
regionale

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Health and social care services:

1° level:

Primary health and social care
(GPs, Nurses, Social Workers, ...)

2° level:

Specialist

Living environment

Promotion, referral (pharmacy, circles, church, gyms....)

Possible pathways:

Identification-referral
1° prevention-promotion (lifestyles)
Social activation (voluntary work, informatic literacy, sport....)
Individual, family, collective response

Possible pathways:

Diagnosis
2° prevention
Therapy
referral

Biomedical Response

Social Response



To allow the evaluation of the Good Practices (**GPs**), the following dimensions should be clearly described (1):

Stakeholders involved

Stakeholders involved (e.g. University-Research Institutes, Institutions responsible for planning and implementing services, ...); “experimental GPs” or “ongoing GPs” (already adopted within the current services practice), when relevant

Objective

General aims, end-points (clearly defined and measurable), timeline and strategy to evaluate the effectiveness

Innovation

Novelty of the GP, and (when relevant) their technological dimensions (ICT)

Evaluation of the GP outcome

Methods and data used to evaluate the effectiveness of the GP, in terms of health outcomes, process/structure indicators

Duration and State of Art

Date of beginning; ongoing GP or not; new practice or practice aimed at continuing and improving a previous action



To allow the evaluation of the Good Practices (**GPs**), the following dimensions should be clearly described (2):

Professional Figures Involved

Type of professional figures involved; multidisciplinary approach.

“Empowerment” of the target population

Active participation of the target population, and eventually of their relatives/caregivers.

Estimated costs

When possible, direct costs of the good practice, both for the health and social sector

Law/regulation scenario

Existing regional and/or national laws coherent with the local GP

Experience of replication

Replication of the practice in territorial entities (regions, districts, other) different from the original one.

To select the GPs, the following dimensions must be fulfilled:

The GPs fulfilling the following two criteria will be included:

- target population + objective
- at least 3 out the 4 following criteria (by importance order):
 - duration of the state of the art,
 - stakeholders involved
 - estimated costs
 - low/regulation scenario

All the remaining criteria will be considered as added value for the description of the GP



Active & Healthy Ageing

*A European Innovation
Partnership*



Based on EIP-AHA repositories (2013)
(by Corsat-It.fr)

Action group A3:

Prevention of functional decline and frailty
N=98

Action group B3:

Integrated Care
N=86

Work in progress



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