

Joint Action CHRODIS & Multimorbidity

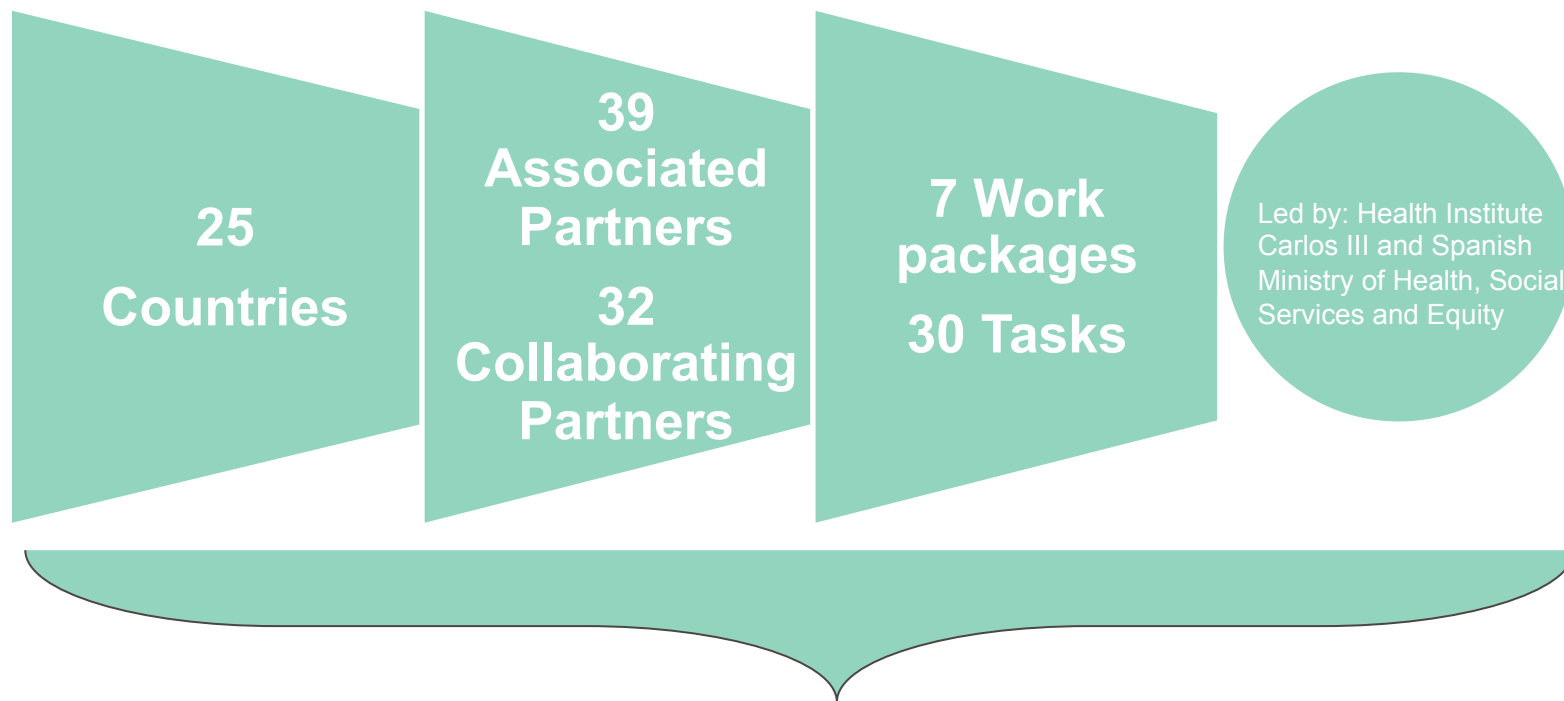
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JA-CHRODIS: Structure



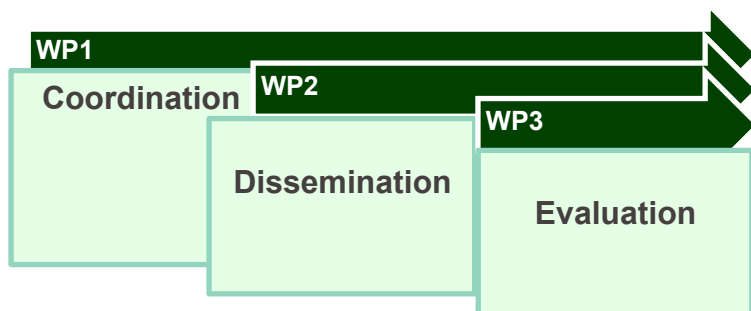
Objective of JA-CHRODIS

To promote and facilitate a process of exchange and transfer of good practices between European countries and regions

To pave the way for better health policies and interventions to improve the well-being of citizens.

JA-CHRODIS: structure

Horizontal work



WP4

Platform for knowledge exchange

WP5

Good practices in the field of health promotion and chronic disease prevention across the life cycle

WP6

Development of common guidance and methodologies for care pathways for multimorbid patients

WP7

Diabetes: a case study on strengthening health care for people with chronic diseases

Core work

Governing Board (Ministries of Health)

Advisory Board

WP 6. Multimorbidity

LEADER

Italian Medicine Agency (AIFA) , Italy

CO-LEADER

Vilnius University Hospital Santariskiu
Klinikos (VULSK), Lithuania

I Research

, Ireland

(ACS), Spain

Norway

s (NCPHA),

, Finland

(IJZ), Slovenia

earch (NIVEL),

reece

any

WP6
MULTIMORBIDITY

JA-
CHRODIS

WP 6. Objective and Expected Outcomes

To design and develop innovative, cost-efficient and patient centred approaches for multimorbid patients with chronic conditions



DEVELOPMENT OF COMMON GUIDENCE & PATWAYS
FOR MULTI-MORBID PATIENTS

WP 6. TASKS

- T1. To identify targets of potential interventions for management of multimorbid patients
- T2. To review existing care (pathway) approaches for multimorbid patients
- T3. To assess and select good practices on management of multimorbid patients
- T4. To define multimorbidity case management training programmes

WP 6.Task 1

Title: To identify targets of potential interventions for management of multimorbid patients

Leader: IT

Aim: to identify population(s) at high and very high care demand (utilization of resources, of negative health outcomes, complexity of their chronic conditions), by a analysis of existing national databases and literature review

WP 6. Task 1 – Strategy

- Analysis of existing databases
- Literature review

WP 6. TASK 1 – Results I



Special Issue on Multimorbidity in the Elderly

European Journal of Internal Medicine, 26 (2015) 157-216,

European Journal of Internal Medicine 26 (2015) 157–159



Contents lists available at ScienceDirect

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journal homepage: www.elsevier.com/locate/ejim



Original Article

Time to face the challenge of multimorbidity. A European perspective from the joint action on chronic diseases and promoting healthy ageing across the life cycle (JA-CHRODIS)



Onder et al. European Journal of Internal Medicine 26 (2015) 157–159

WP 6. TASK 1 – Results II

Patients with multimorbidity at high risk (target for intervention):

- **Disease patterns**

- Individual diseases
- Combination of diseases

- **Low socioeconomic status**

- low income
- poor social support

- **Poor physical function**

- **Mental health problems**

- depression
- cognitive impairment

NEED OF COMPREHENSIVE AND
MULTIDISCIPLINARY ASSESSMENT AND
INTERVENTION

WP 6.Task 2

Title: To review existing care pathway approaches for multimorbid patients.

Leader: NL

Aim: To provide an overview of care pathway approaches for multimorbid patients in Europe, description of their characteristics and analysis of their efficacy to improve patient outcomes, healthcare use, cost-effectiveness, applicability and replication in other regions/settings.

WP 6. Task 2 - Strategy

- Review of international literature
- Extra data collection and analysis within ICARE4EU project
- Analysis of data available from other relevant European projects

WP 6. Task 2 – Results I

- Review (BMJ 2012 Sep 3;345:e5205) → Evidence on the care of patients with multimorbidity is limited... Interventions had mixed effects...
- Update → Programs varied ... Different components of the intervention were identified (comprehensive programs)

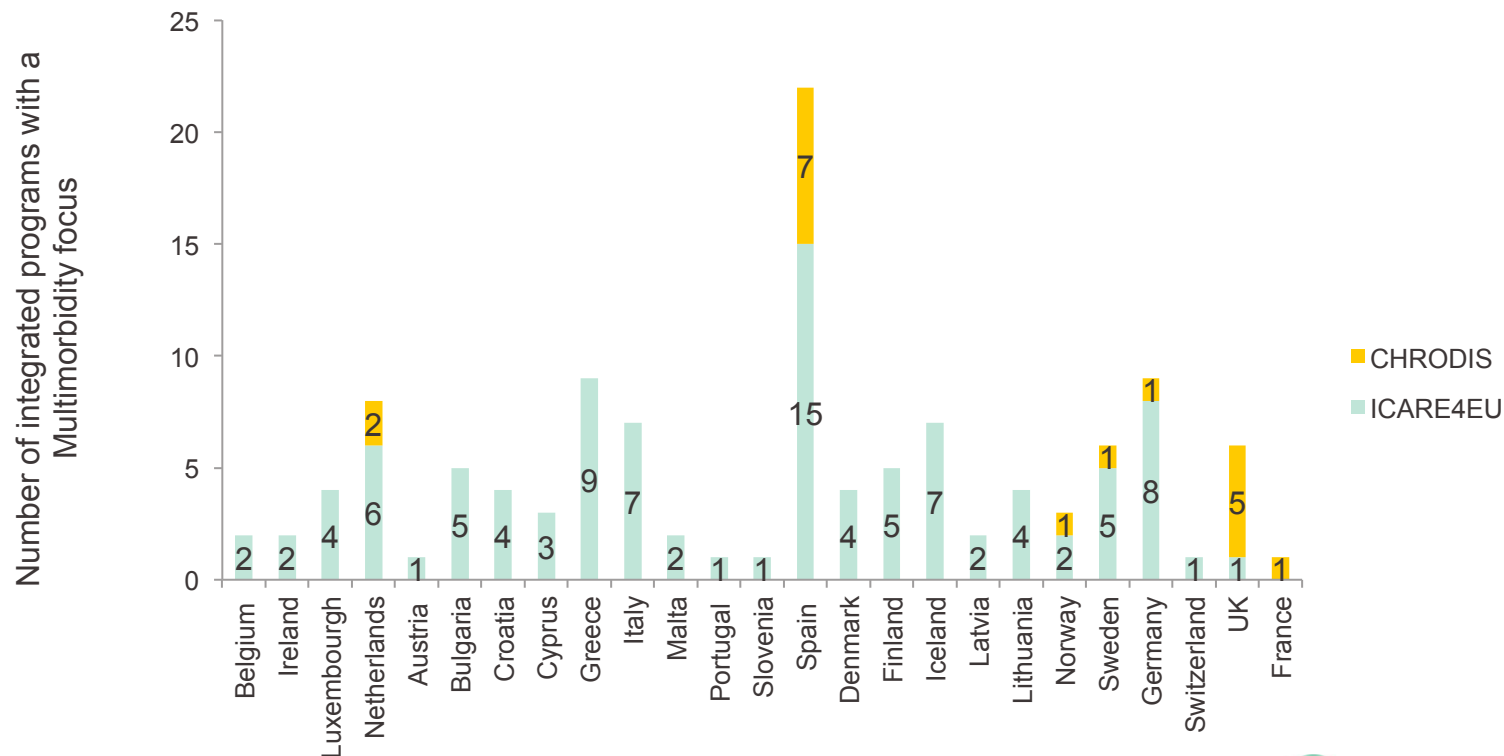
LACK OF EVIDENCE



MIXED INTERVENTIONS

LACK OF STANDARDIZATION

WP 6. Task 2 – Results II



WP 6. Task 3

Title: To assess and select good practices on management of multimorbid patients.

Leader: LT

Aim: to assess and select good practices on the management of multimorbid patients, to create a care model for multimorbid patient care.

WP 6. Task 3 – Strategy

- Preliminary identification of components
- Expert opinion
- Release of identified components

WP 6. TASK 3 – Results I

16 COMPONENTS WERE SELECTED

For each component:

- Description and aims
- Key characteristics
- Relevance to multimorbid patients

WP 6. TASK 3 – Results II

Delivery system design

- Comprehensive assessment
- Multidisciplinary team
- Individualized care plans
- Case manager

Decision support

- Implementation of EBM
- Team training
- Consultation system

Clinical information system

- Electronic patients records
- Exchange patients infos
- Uniform coding
- Patient operated technology

Self management

- Tailored self-management
- Option to improve self-management
- Shared decision making

Social & community resources

- Access to community resources
- Involvement of social network

WP 6. Conclusion

- The care model here outlined needs to be assessed and validated in a real life setting to determine specifically how and to what extent multimorbid patients will benefit from it;
- Specific research questions of interest may focus on how this care model can be applied across different settings in various European countries;
- Costs and benefits to the patients and families, and practical application of the care model within care and medical setting should all be considered.

Today as well as Yesterday

“It is more important to know what type of person has the disease, than to know what type of disease the person has.”

Hippocrates

(born c. 460 b.c.- died c. 375 b.c.)





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The Joint Action on Chronic Diseases and Promoting Healthy Ageing across the Life Cycle (JA-CHRODIS)*

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