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IAGG-ER 8° International Congress
"UNLOCKING THE DEMOGRAPHIC DIVIDEND"

ICARE4EU

Symposium: Innovating care for people with multiple chronic conditions in Europe (ICARE4EU)

The availability of integrated care programmes addressing multi-morbidity in 31 European countries

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INRCA Istituto di Ricovero e Cura a Carattere Scientifico
HEALTH AND SCIENCE ON AGING

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1. ICARE4EU Project

Co-funded by **DG SANCO Health Programme 2008-2013** of the EUC

Support to the **European Partnership on Active and Healthy Ageing**

Period: March 1, 2013 – April 30, 2016 (38 months)

Coordinator: NIVEL, Netherlands Institute for Health Services Research

Associated Partners:

- Technical University Berlin (TUB), Germany
- University of Warwick (UW), UK
- University of Eastern Finland (UEF), Finland
- National Institute of Health and Science on Aging (INRCA), Italy

Collaborating Partners: AGE Platform Europe, Eurocarers

Supportive Partner: European Observatory on Health Systems and Policies

2. Aim

- Currently, an estimated **50 million (mostly older) people in EU live with multiple chronic diseases**, which deeply impact on their quality of life
- **Innovation in chronic illness care is urgently called for because**:
  - most current care delivery models are disease-specific and not adapted to the several needs of the growing number of people with multi-morbidity
  - Interdisciplinary collaboration across sectors is often hindered by differences in organisation and financing, with negative consequences for the quality of care
- **The ICARE4EU project wants** to contribute to the innovation of care for people with multi-morbidity by disseminating knowledge about integrated efficient care approaches currently existing in EU

2. Which Innovative care approaches? Inclusion criteria

1. Target – Multi-morbidity definition: adult people (≥ 18) with two or more medically diagnosed chronic diseases

2. Programmes involve: medical services, a formalized cooperation between at least two services, integration of services from health care, home care, social care, informal carers and/or community services

3. Programmes are: evaluable *(or have an evaluation planned)* , running in 2014 (year of the survey), finished no longer than 24 months before, or starting within next 12 months (2015)

2. Four perspectives - fields of interest

- **Patient centeredness**, e.g. involvement of patient/family in the development of the care plan
- **Use of e-health technology for older people** based on ICT, to enhance the prevention, diagnosis, treatment and management of health/diseases , e.g. e-visits, telemonitoring, electronic information, warning, reminders
- **Financing systems**, e.g.public/private funding, reimbursment mechanism
- **Management practice & professional competencies**, e.g. collaboration, integration, exchange of information among professionals

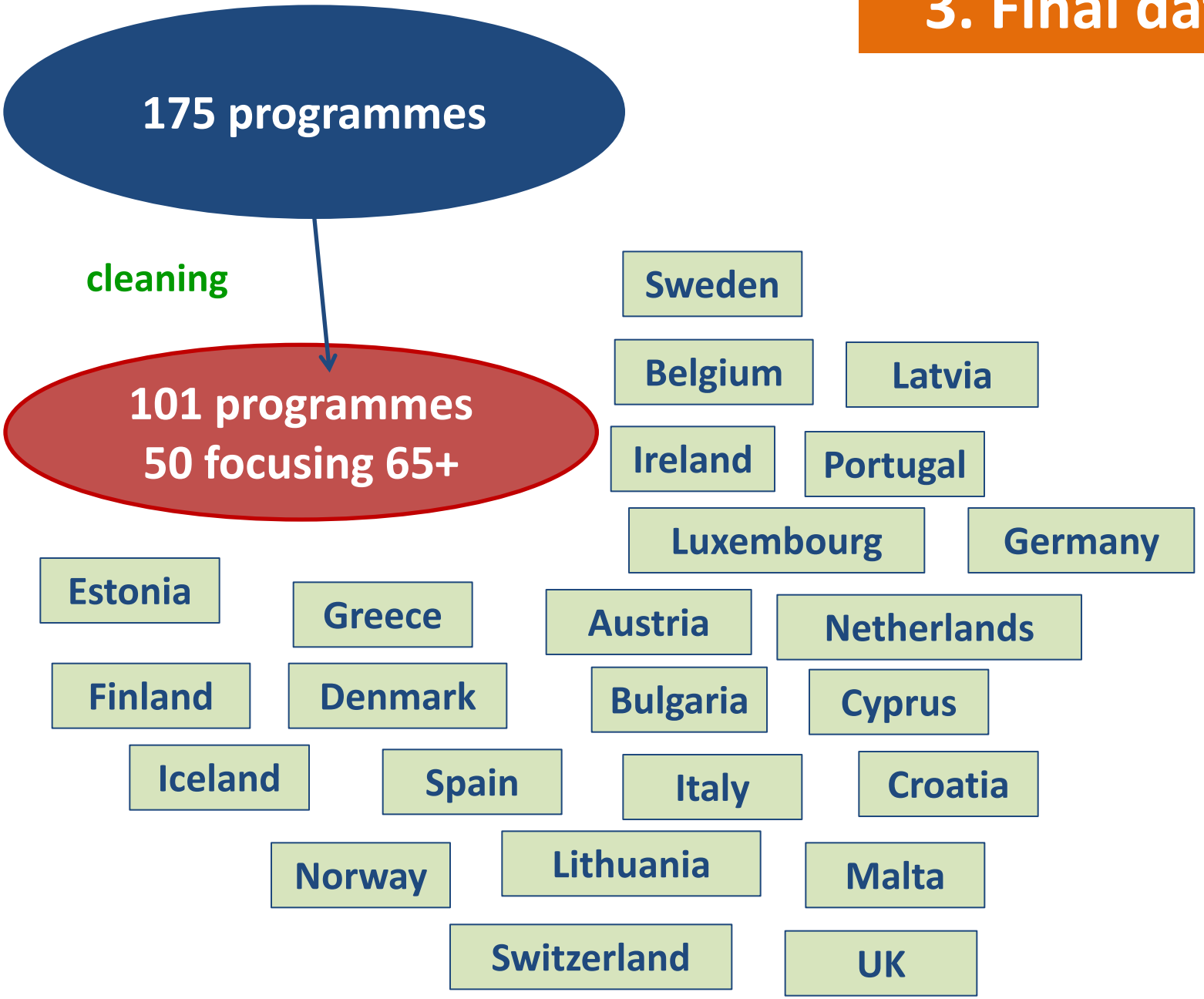
2. Method

- **Methods of data collection**
  - **online mapping/survey** via country expert-organizations
  - **use of additional data** from European statistical databases (e.g. population data, health data)
  - **site visits** (current step) to examples of High Potential Programmes (HPPs, e.g. good practices)

- **Country-level questionnaire:** policy documents/actions existing in the country about management of chronic disease, multi-morbidity and integrated care

- **Programme-level questionnaire:** general information about the programme with regard to the abovementioned four fields of interest, in addition to quality & evaluation

3. Final dataset



4. ..... some impressions

of the care programmes focusing

the elderly ......

Implementation level	% (N 50)
Regional	**30**
Local	**30**
Local / regional as part of a national program	20
National	10
National as part of an international program	6
International	**4**

Rural	8
Urban	12
Both	**80**

Main objectives (multiple answers)	% (N 50)
Increasing multi-disciplinary collaboration	**78**
Improving care coordination	**76**
Reducing hospital admission	**74**
Improving patient involvement	**72**
Decreasing / delaying complications	64
Reducing (public) costs	62
…	
Improving involvement of informal carers	50
Reducing inequalities in access	50
Improving professional knowledge	**36**

Multi-morbidity orientation	% (N 50)
Multi-morbidity in general (two or more chronic medical conditions)	**74**
Specific diagnosis (index disease)* with a variety of co-morbidities	18
A combination of specific diagnoses**	**8**

** mainly diabetes, ischemic heart disease, heart failure, renal disease, hypertension, asthma, COPD, depression*

*** as above, but also cancer, HIV, dementia, arthritis*

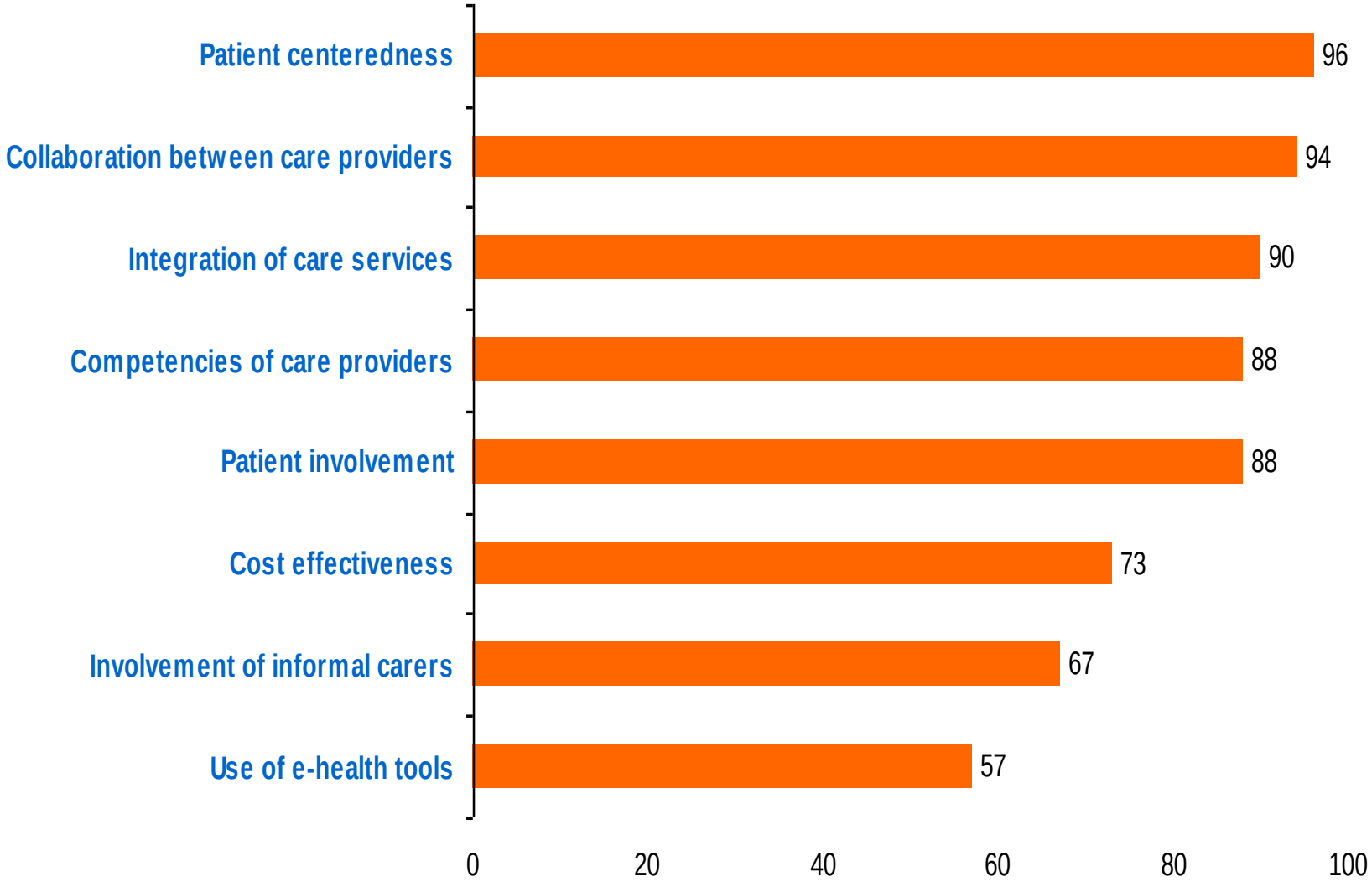
Organizations involved (multiple answers)	% (N 50)
Primary care practice	**68**
General hospital	**54**
Community / home care organization	**46**
Government	42
University hospital	40
Social care organization	40
Nursing home	36
Patient organization	34
Research institute	**28**
Health centre	**26**

Care providers involved (multiple answers)	% (N 50)
General Practitioner	**86**
Disctrict/Community nurses	**66**
Medical specialists	60
Hospital/specialized nurses	58
Social workers	58
Home helps	54
Physiotherapists/exercise therapists	46
Informal carers	44
Pharmacists	32
Phychologists/phychotherapists	**30**
Dieticians	**26**

Sources of funding in the programme (multiple answers)	% (N 50)
Public sources (e.g. general tax, social care funds)	**51**
The statutory health financing system	39
EU structural funds	18
Private sources (e.g. donations, private insurers)	12
Co-payment by the patient (out of pocket money)	10
International organizations	**8**

E-Health tools (multiple answers)	% (N 50)
At least one e-Health tool applied/used (electronic communication, monitoring, decision support system, self-management)	**84**
Privacy/confidentiality of data (e.g. electronic identification of patients and care providers)	64
Data security/risk management (e.g. backup copy of records and information)	50
Respect of ethical implications (e.g. patient informed consent for receiving services)	48

"The programme improves..." (% agree, N=50)



5. Current-next steps

1. **Eight most interesting High-Potential Programmes (HPPs - good practice)** among the identified programmes have been selected (quantitative-qualitative criteria) for further exploration: Belgium, Bulgaria, Cyprus, Denmark, Finland, Germany, Netherlands

2. **Additional qualitative data on these eight HPPs will be/are being gathered by site visits**

3. **We aim to gain insight in the daily practice** of the eight selected HPPs by collecting detailed information on the success elements of the programme, in terms of outcomes, costs and sustainability, management and implementation strategies

5. Planning

2013/2014	Month
Start data collection - survey among country-experts	Dec. ‘13
Country factsheets published on website	June ‘14

2015	Month
Case reports (8 HPPs) published on website	Apr-May
State of the Art report published on website	July
Policy summaries (from four perspectives)	August

2016	Month
Policy brief	February
Template monitoring future developments	February
Final International Conference in Brussels	**March**

6. Project Website http://www.icare4eu.org/index.php

7. The ICARE4EU Project……

…… will facilitate the exchange of knowledge and experiences throughout Europe about the availability of integrated care programmes, and project insights will help policymakers and stakeholders to plan integrated care for people with multi-morbidity

….. will provide information on features and success of HPPs, and this is particularly important for policy-makers and care managers as exemplars for a wider implementation of effective management of multi-morbidity in Europe

…. **will develop a template** that can be used **for future systematic monitoring** of developments in multi-morbidity chronic illness care

8. Next four presentations.....

- …… will describe **policy and practices** providing integrated care for people with multiple chronic conditions in **Netherlands, Italy, Finland and Germany**

- ….. will show some innovative-interesting **programmes targeting older people** from each partner Country

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Thank you for your attention!

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