

### Caring for people with multimorbidity in Europe: an overview from the ICARE4EU project

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on behalf of the ICARE4EU consortium



### **Multimorbidity:**

#### • Prevalent, especially among older people

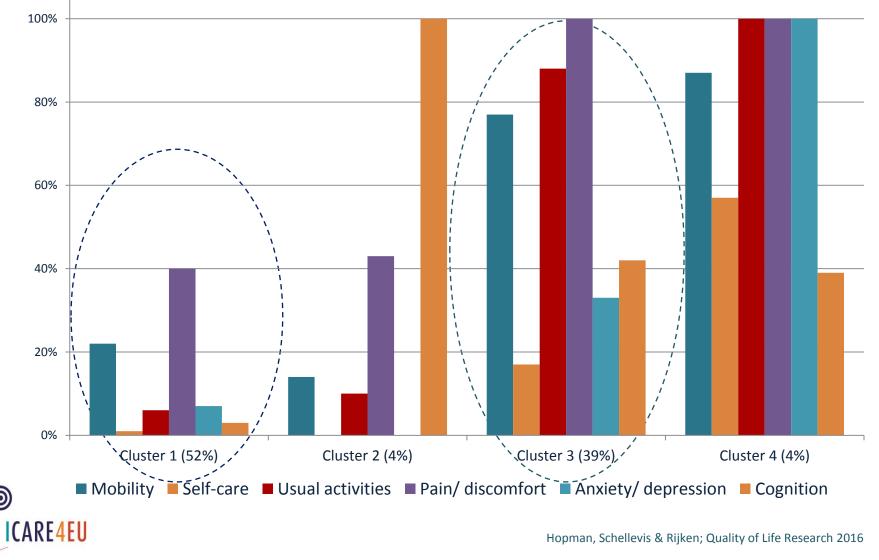
 ✓ estimation of 50 million EU citizens with multimorbidity and this number is expected to further increase

### • A challenge for health and social care systems

 health systems in Europe are mostly organised around organ systems, which may result in fragmented care for people with multiple or complex needs



### Multimorbidity: various and multiple needs ...



Final Symposium, Brussels, 22 March 2016

# Innovating care for people with multiple chronic conditions in Europe (ICARE4EU; 2013 – 2016)

- Co-funded by EU 2nd Health programme (2008 2013)
- Support to the European Partnership on Active and Healthy Ageing

Coordinator: NIVEL, The Netherlands

**Associated Partners:** 

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

**Collaborating Partners:** 

- AGE Platform Europe
- Eurocarers

Supportive institute:

 European Observatory on Health Systems and Policies



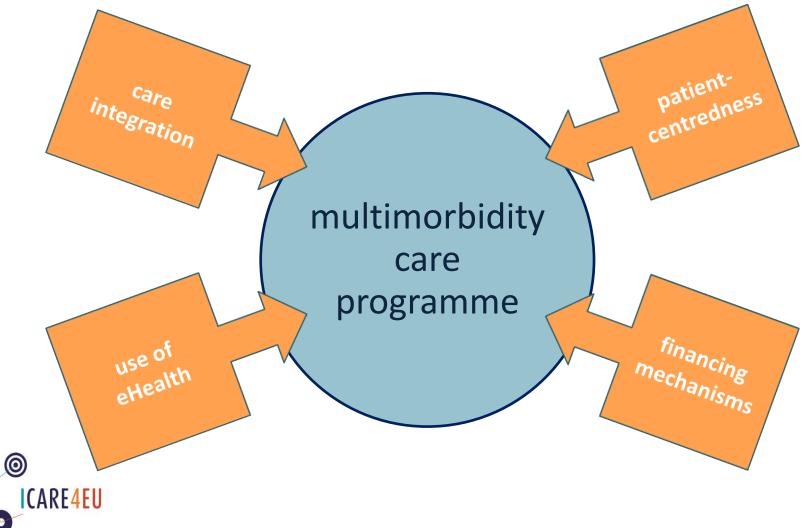


To contribute to the innovation of care for European citizens with multiple chronic conditions

by increasing and disseminating knowledge about potentially effective and efficient patient-centered, multi-disciplinary care approaches, that are developed and implemented in European countries or regions



### Perspectives



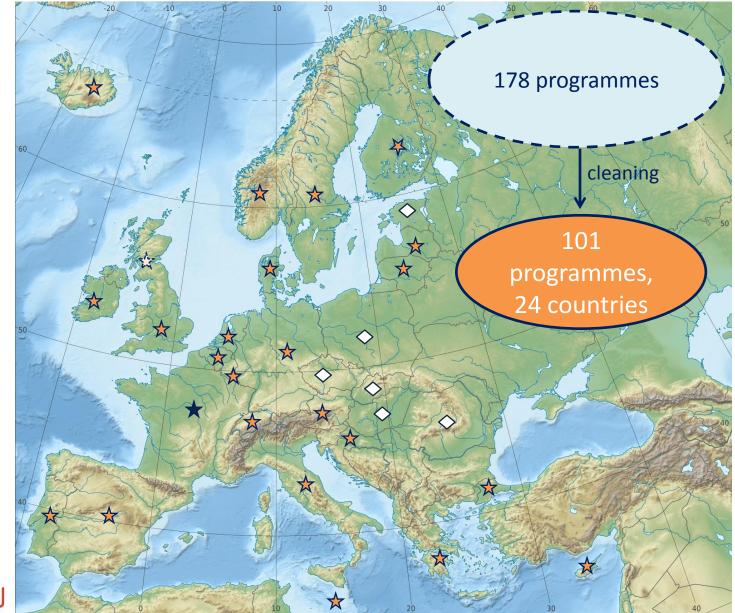
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### Approach

- Identify integrated care practices ('programmes') that focus on multimorbidity in 31 European countries with help from:
  - expert organization in each country
    - ✓ provide data on (national) policies and strategies by 'country level' survey
    - ✓ identify relevant programmes and contact programme managers
    - ✓ coordinate data collection at 'programme level'
  - programme managers
    - provide data on programme characteristics and outcomes by 'programme level' survey
- <u>Select 'high potential' programmes</u>

ightarrow site visits (interviews with stakeholders) and document analysis







### **Eight programmes selected for further study**

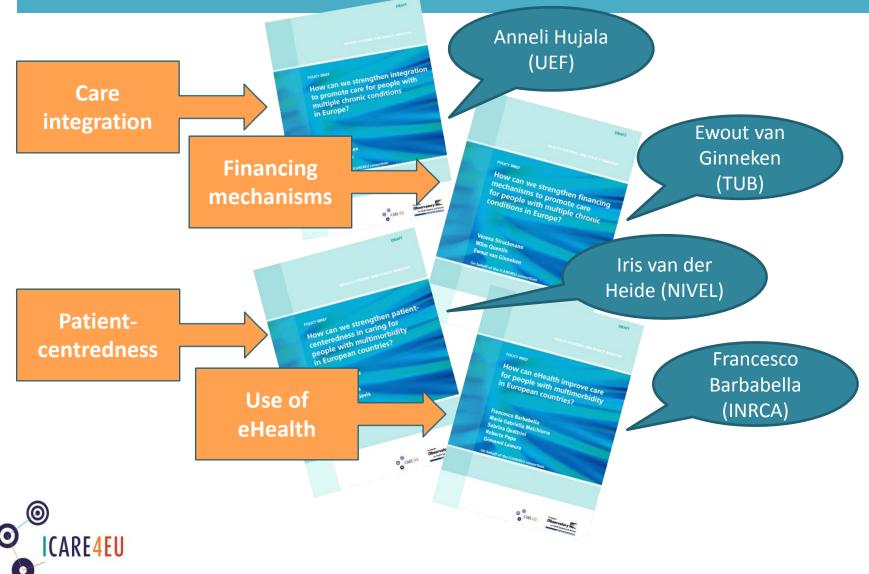
#### Based on:

- quantitative and qualitative criteria developed and applied by ICARE4EU team
- innovative / interesting programme characteristics from perspective of:
  - care integration
  - financing mechanisms
  - patient-centredness
  - use of eHealth
- 1. Subprojects of Protocol 3 programme, 5. POTKU project, Finland **Belgium**
- **Regional NPO Diabetes care, Bulgaria** 2.
- TeleRehabilitation programme, 3. Cyprus
- Clinic for Multimorbidity and 4. Polypharmacy, Denmark

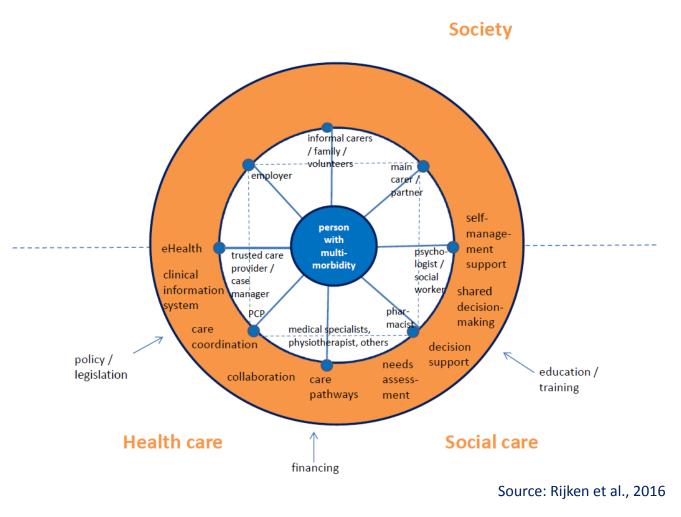
- - 6. Gesundes Kinzigtal, Germany
  - 7. INCA model, The Netherlands
  - 8. Strategy for Chronic Care Valencia **Region**, Spain



### **Policy briefs and presentations**



### Framework



O ICARE<mark>4EU</mark>

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### Insights and observations

#### Micro level: individual patients and care providers

- 1. Multimorbidity care should be patient-centred.
- 2. Care providers need decision support, and communication skills to encourage patients to participate in decision-making.
- 3. Multimorbidity patients need self-management support that is not disease-specific.
- 4. EHealth could be more often applied to support care providers and patients.

#### Barriers at micro level, a.o.:

- care providers and patients lack knowledge and skills
- lack of time of care providers
- inadequate financing of supportive interventions
- specific barriers hinder structural implementation of eHealth

Related Policy Briefs: Barbabella et al., 2016 van der Heide et al., 2016



### **Insights and observations**

#### Meso level: local or regional service providers

- 1. Multimorbidity care needs to be coordinated.
- 2. Multiprofessional collaboration is essential, but not yet a matter of course.
- 3. The development of care pathways could be useful, and challenging.
- 4. Sharing electronic health records could support collaboration.

#### Barriers at meso level, a.o.:

- lack of shared vision among managers and care providers
- unequal power relationships
- inflexible delivery systems
- incompatible information systems and lack of ICT tools

Related Policy Briefs: Barbabella et al., 2016 Hujala et al., 2016



### Insights and observations

#### Macro level: health and social care systems

- 1. Education and basic training of care professionals may need adaptation.
- 2. Policy and legislation could support the development of a multiprofessional workforce.
- 3. To enable exchange of patient information, adapting privacy and data protection legislation may be needed.
- 4. Financing mechanisms may foster or hinder care integration.

#### Barriers at macro level, a.o.:

- traditional norms, values, work processes
- bureaucracy
- Iimited evidence for interventions



Related Policy Briefs: Barbabella et al., 2016 Hujala et al., 2016 Struckmann et al., 2016

## **Policy options**

At the level of service providers	At the level of health systems
Vision development	Vision development
Training for current care providers	Adaptation of curricula for future care providers
Access to decision support	Decision support
Individualised care planning	Adaptation of quality and financing systems
Redesign of the care delivery process	Innovation and research



#### DRAFT

HEALTH SYSTEMS AND POLICY ANALYSIS

#### POLICY BRIEF

#### How to improve care for people with multiple chronic conditions in Europe?

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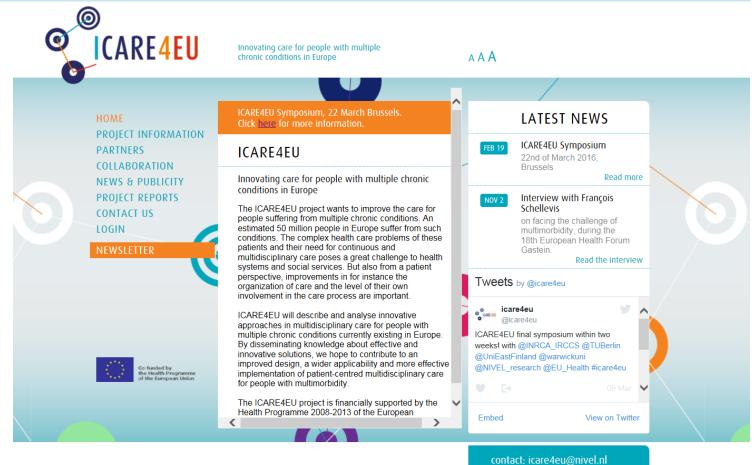




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### **Project information**

#### WWW.ICARE4EU.ORG





### Take home message

Innovative care for people with #multimorbidity does exist in European countries,

but further implementation needs #reforms at system level.



# Thank you!



This presentation arises from the project Innovating care for people with multiple chronic conditions in Europe (ICARE4EU), which has received funding from the European Union, in the framework of the Health programme. The content of this presentation represents the views of the authors and it is their sole responsibility; it can in no way be taken to reflect the views of the European Commission and/or the Consumers, Health, Agriculture and Food Executive Agency or any other body of the European Union. The European Commission and/or the Executive Agency do(es) not accept responsibility for any use that may be made of the information it contains.

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