Joint Action addressing chronic diseases and promoting healthy ageing across the life cycle

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Chronic diseases – A Joint Action

This action addresses the challenge of the increased burden that chronic conditions and diseases place on the health systems and individuals in Europe, with a specific focus on multi-morbidity

Work Package 3

Development of common guidance and methodologies for care pathways for multi-morbid patients

Objectives:

This work package will initially focus on the design of innovative, cost-efficient and patient-centred approaches for multi-morbid patients and the exchange of good practices and evidence data in this respect.

… including adherence to treatment and medicine regimens addressing polypharmacy

Methods and means:

1) Review existing care (pathway) approaches for multi-morbid patients in different Member States in order to identify gaps, barriers and inefficiencies.

2) Assess and select good practices on management of multi-morbid patients and identify conditions for scaling-up/replicability of such innovative interventions, in different settings across Europe

3) Develop innovative and cost-efficient interventions for management of multimorbid patients, with a focus on issues of secondary prevention, early diagnosis and better adherence to treatment

4) Develop multimorbidity case management training programmes for care personnel, in particular addressing complex medication regimens

Expected outcome:

This work package should provide:

- a comprehensive review of existing work on care pathway interventions addressing multimorbid patients and should help to generate a repository of good practices and clinical data on the effectiveness of care interventions with relevance for chronic multimorbidity conditions, including polypharmacy.

- should contribute to the dissemination and transfer of good practices across Europe and their adoption in local/regional settings,thus contributing to optimised care delivery and to improving resource allochthon and setting for better (multi)chronic diseases Management.

WP 3 - Development of common guidance and methodologies for care pathways for multi-morbid patients

Tasks:

1. Analysis of existing databases to
   a. Identify target patients and risk stratification
   b. Provide a picture of quality of care in terms of QI, adherence, polypharmacy, etc..

WP 3 - Development of common guidance and methodologies for care pathways for multi-morbid patients

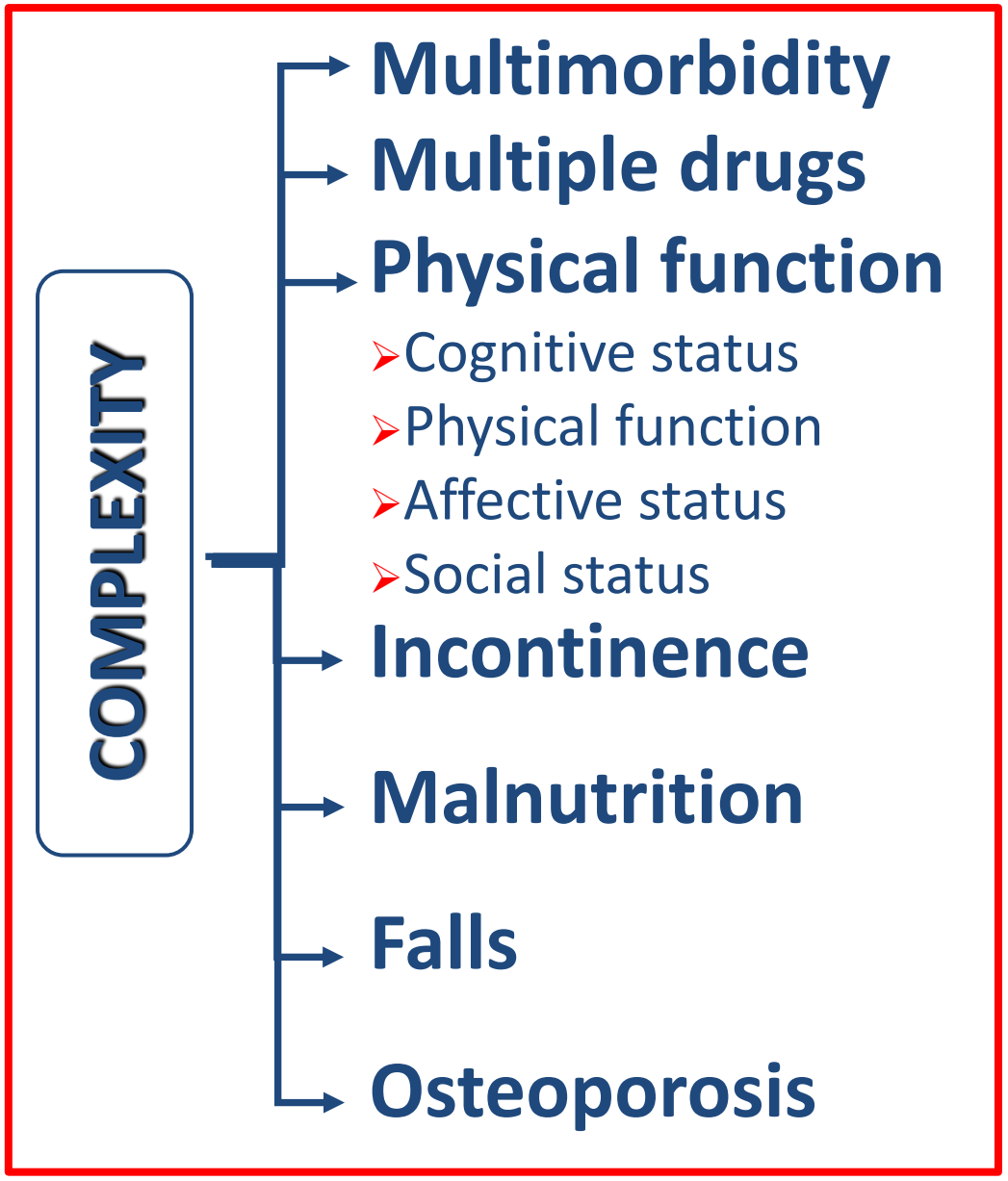
Tasks:

1. Analysis of existing databases
2. Review of medical literature
3. Identification of best practice
    a. CGA
    b. Softwares
    c. Case management programs

WP 3 - Development of common guidance and methodologies for care pathways for multi-morbid patients

Tasks:

1. Analysis of existing databases
2. Review of medical literature
3. Identification of best practice
4. Development of a combined intervention to address multimorbidity
5. Adaptation to local/regional needs
6. Implementation



Disease-oriented approach

Comprehensive Geriatric Assessment (CGA)

+ health outcomes
- costs
+ prescr. quality

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Multidimensional Geriatric Assessment: Back to the Future

Second and Third Generation Assessment Instruments: The Birth of Standardization in Geriatric Care

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Standardized CGA instruments are available (InterRAI)

Not currently implemented in different countries (validation? translation?)

Services and Health for Elderly in Long TERm care (SHELTER)

Objective: To validate the use of *InterRAI LTCF* as a methodology to assess provision of care in NH in Europe

Funding: FP7

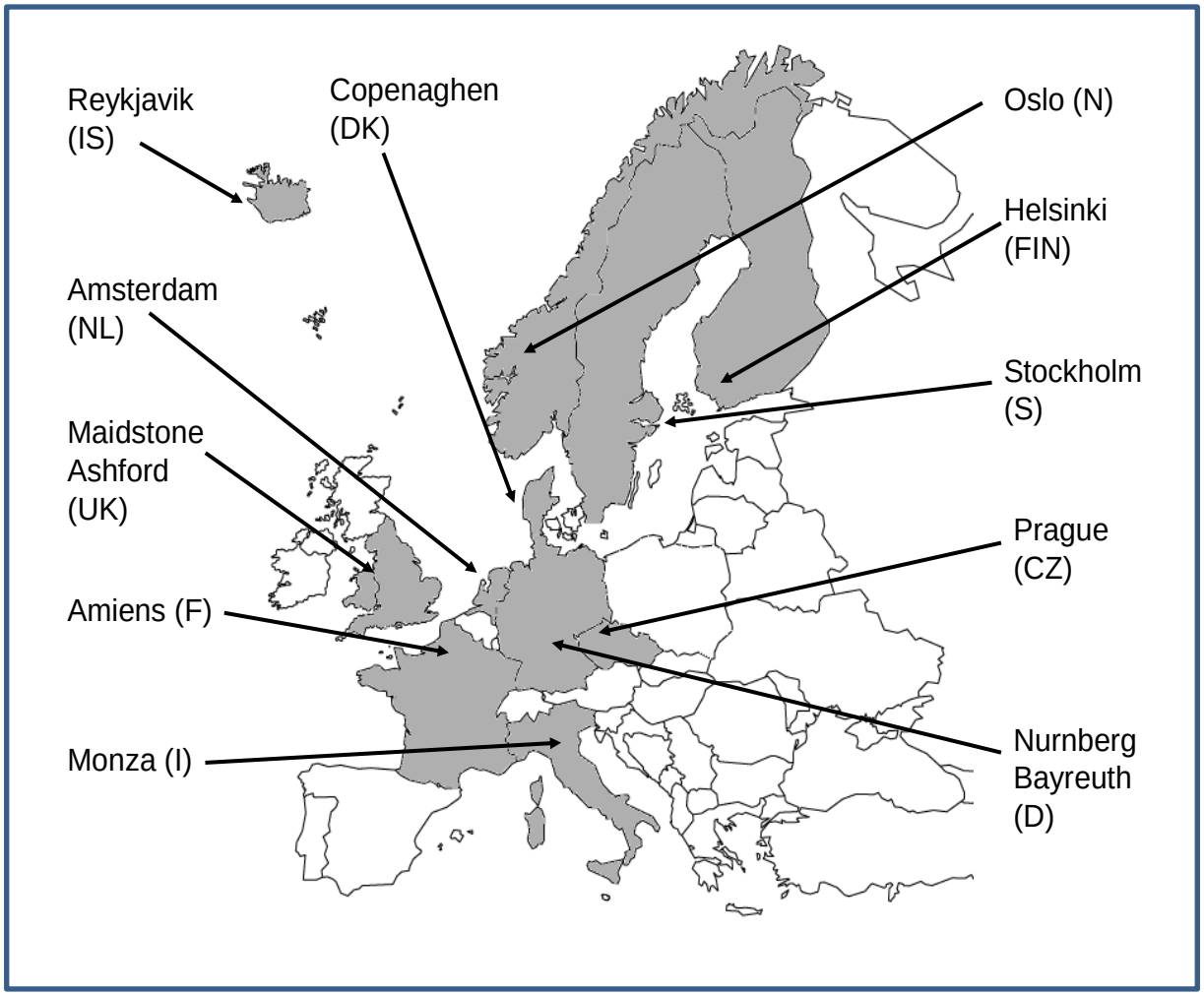
Years: 2009-2011

AgeD in the HOme Care (ADHOC)

Objective: To assess characterstics on Home Care residents in Europe by the use of *InterRAI HC*

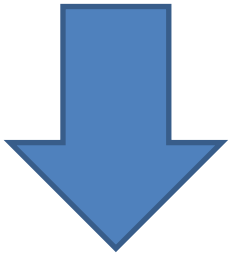
Funding: FP5

Years: 2000-2002



Workpackage 3

Development of common guidance and methodologies for care pathways for multi-morbid patients

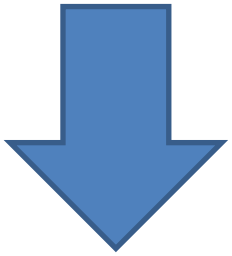


Objective 1: Implement available standardized CGA instruments for assessment of European patients in different settings (NH?)

Added value: Promotion of best practice

Workpackage 3

… in particular addressing complex medication regimens (polypharmacy)



Objective 2: Implement standardized and validated CGA instruments in combination with tools aimed at improve quality of prescribing (i.e. Clinical Decisions Support Systems and Computerized Prescription Support System).
Added value: Promotion of best practice