Building the foundations of tomorrow's healthcare

The growing number of people suffering from more than one chronic disease is set to put a heavy burden on European health- and social care systems over the coming years, leading to an urgent need for new integrated care models. **Professor Maureen Rutten-van Mölken** tells us about the Horizon2020 EU-funded SELFIE project's work in generating evidence on the effectiveness of Integrated Chronic Care models

The question of how to provide care to people suffering from chronic diseases is a prominent issue in many European countries as healthcare challenges continue to evolve, putting established models under strain. Growing numbers of people have multiple morbidities, leading to an urgent need for new Integrated Chronic Care (ICC) models that start with the holistic understanding of the person with multi-morbidity in his own environment, followed by person-centered, pro-active, and tailored care provision. Especially relevant in the case of multi-morbidity is that continuity is ensured, which includes smooth and monitored transitions between professionals and organisations and attention to potential treatment interactions. This is an issue central to the SELFIE project. "We want national authorities to learn from the promising practices being used in other countries," says Professor Maureen Rutten-van Mölken, the project's Principal Investigator. This starts with agreeing on a conceptual framework that can be used to systematically describe, develop, implement and evaluate promising practices. "We have developed such a framework which can be found on the SELFIE website (www.selfie2020.eu) and is published in a special issue of Health Policy on multi-morbidity (https://doi.org/10.1016/j.healthpol.2017.06.002)," outlines Professor Rutten-van Mölken.

"We have used the framework to write comprehensive descriptions of 17 promising integrated care programmes in the 8 countries that participate in SELFIE. These so called 'thick' descriptions try to go beyond a description of the facts and explain what lies beneath the surface. What makes that things work or don't work. The thick description reports can be found on the SELFIE website. We have grouped the 17 promising programmes into 4 categories: 1) population health management programmes (n=6), frail elderly programmes (n=5), 3) programmes for problems in multiple life domains, like health, housing, and financial problems (n=3), and 4) programmes for palliative and oncology patients (n=3).

There is a lot of variety among the 17 integrated care programmes, yet there are also some marked similarities, like the focus on collaboration between the health and social care sector. In many programmes we also see the emergence of new specialist roles, like nurses who take on the role of case managers or counsellors for vulnerable people. They are the central contact point for these people, creating individualised care plans, and helping them to navigate through the health- and social care systems. One major challenge is integrating these new roles with the current system, and ensuring that they collaborate effectively with existing providers. "In the Netherlands for example, there is a growing role for elderly care physicians in primary care. This is a trained physician, who previously mainly worked in a nursing home – they specialise in providing care to frail, elderly people," says Professor Rutten-van Mölken. "They commonly participate in the multi-disciplinary team meetings that are organised across many of the programmes, in which the involved professionals discuss the particular cases," continues Professor Rutten-van Mölken.

"It is interesting to see that in one of the Dutch frail elderly programmes, the older person, plus his informal caregiver, are both participating in the multi-disciplinary team meetings at the GP practice, to achieve a process of shared decision-making between formal providers, informal caregivers, and the frail elderly" she outlines. However, the role of the informal caregiver varies widely across the programmes. "In Eastern Europe, it's less common to involve the informal caregiver in a structured way in the decision-making about the care plan."

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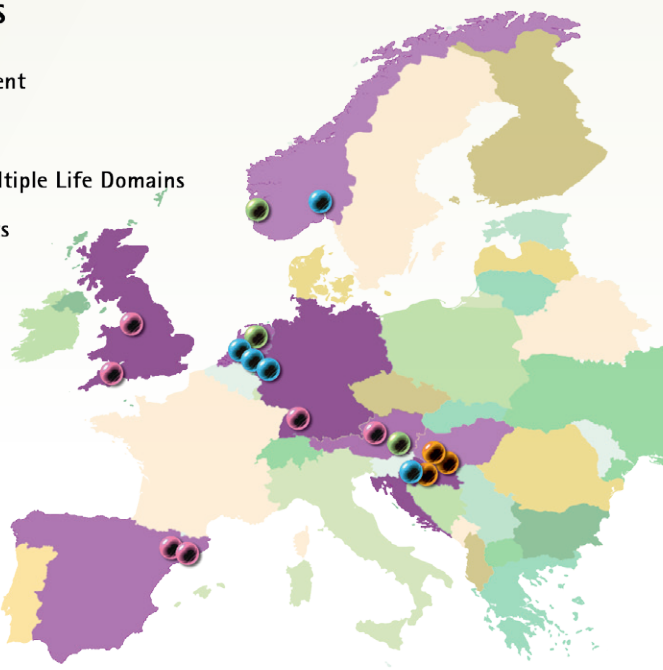
Selected programmes

- Population Health Management
- Frail Elderly
- Persons with Problems in Multiple Life Domains
- Palliative & Oncology Patients



Integrated care

Evaluating these programmes is not easy, as integrated care often involves multi-faceted interventions that target patients, providers, and organisations. The programmes are continuously adapted and improved. Their effectiveness is impacted by the behaviour of those receiving and providing the interventions and by many contextual factors. Moreover, the programmes intend to improve a variety of different outcomes. Standard evaluation methods are not sufficient for evaluating these complex interventions, so Professor Rutten-van Mölken and her colleagues aim to broaden and improve them. "We work with multi-criteria decision analysis (MCDA). With MCDA, we try to move beyond the quality-adjusted life year as an outcome measure, and to measure output in terms of the Triple Aim. That is, improving patients' health and wellbeing, improving patients' experience with care, and reducing the costs or the cost-increase," she explains.

A core set of outcomes have been agreed on, relating to areas like physical functioning, psychological wellbeing, social relationships and participation, resilience, and enjoyment of life (covering aim 1), person-centeredness and continuity of care (aim 2) and total health and social care costs (aim 3), which will be used to evaluate these 17 programmes. In addition, other outcomes have been identified for each of the four categories of programmes.

"For example, with programmes for frail, elderly people, we added outcomes like autonomy, the burden of medication they experienced, the burden of informal caregiving, the proportion of long-term institutional admissions, and fall-incidents" outlines Professor Rutten-van Mölken. This broad set of outcomes reflects the complexity of providing care for these people. "It's not always about improving the patient's health. Sometimes, maintaining independence, having meaningful social interactions and ensuring that the patient has a good quality of life are more important, as the diseases themselves cannot be cured anymore," says Professor Rutten-van Mölken.

The importance attached to these outcomes varies across different stakeholders and countries. The SELFIE researchers are measuring the importance attached to each of the outcomes, taking a range of views into account. "We obtain these weights from what we call the five P's, the five groups of stakeholders – Patients with multi-morbidity, Partners (informal caregivers), Payers, Providers and Policy-makers," outlines Professor Rutten-van Mölken. "We then combine them with the effectiveness of the programmes on the above mentioned outcomes." This will provide the basis to evaluate the effectiveness of different programmes, information which will be highly important to decision-makers, for example health insurers and municipal authorities. "By using MCDA, we can give stakeholders very informed, transparent, and well-founded information on the effectiveness of the programmes, taking into account the importance of the various outcomes for the different stakeholders," says Professor Rutten-van Mölken.

For payers and public authorities, reducing costs or the cost-increase is of course a major concern, particularly given forecasts that healthcare spending is set to rise to 20 percent of GDP in future. Using primary care more effectively, and limiting secondary care only for those who really need it, could help reduce costs, yet this depends on effective collaboration. "Good examples are the population health management programmes, for example in Catalonia, where they strongly invest in prevention, patient-engagement, better coordination between specialised and primary care (vertical integration), as well as community-based coordination among all actors involved in both health and social services (horizontal integration). "Among the unique features of the Catalan system is the ability to monitor a wide range of outcomes using the Catalan Health Surveillance system that includes the entire population of that region," says Professor Rutten-van Mölken.

"Currently the evaluation studies are ongoing. Simultaneously, we are conducting the weight-elicitation studies to assess the relative importance of the different outcomes. In the last phase of the project we will bring all this together in the MCDA and try to draw conclusions about the effectiveness of the programmes," outlines Professor Rutten-van Mölken. This will be followed by developing implementation strategies.

At a glance

Full Project Title

Sustainable intEgrated care modeLs for multi-morbidity: delivery, FInancing and performancE (SELFIE)

Project Objectives

The aim of the SELFIE project is to improve care for persons with multi-morbidity by proposing evidence-based, economically sustainable, integrated care models that stimulate cooperation across health and social care sectors. The project also aims to propose appropriate financing/payment schemes that support the implementation of these models.

Project Partners

The Netherlands (coordinator): Institute of Health Policy & Management, Erasmus University Rotterdam • Germany: Department of Health Care Management, Technical University of Berlin • Norway: Department of Economics, University of Bergen • Austria: Department of Economics and Finance, Institute for Advanced Studies • Croatia: Department for Development, Research and HTA, Agency for Quality and Accreditation in Health Care and Social Welfare • Hungary: Syreon Research Institute • Spain: Consorci Institut D'Investigacions Biomediques August Pi i Sunyer, Hospital Clinic de Barcelona • The United Kingdom: Manchester Centre for Health Economics, University of Manchester

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She has almost 30 years of experience working in Health Technology Assessment, with a special interest in economic evaluations of complex interventions like integrated care.