SELFIE is a Horizon2020 EU project that will contribute to the current state of knowledge on **integrated chronic care** for persons with **multi-morbidity**.

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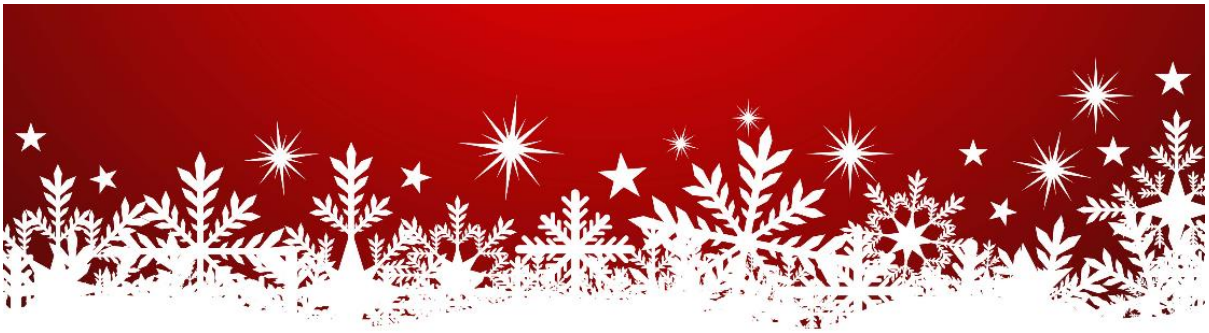

Newsletter Winter 2017

2017 has been an exciting year for the SELFIE project!

Our work has attracted a lot of attention, as indicated by the interest in our first publications on the SELFIE model for integrated care in multi-morbidity, our qualitative 'thick' descriptions of the programmes, and our methodological approach towards the evaluation of complex interventions, i.e. the Multi-Criteria Decision Analysis (MCDA).

This newsletter will give you a flavour of what we've accomplished in 2017, and of what's going to happen in 2018: (i) Developing an online tool to share with you the importance-weights of the outcomes elicited from the 5P stakeholders (Patients, Partners, Professionals, Payers and Policy Makers); (ii) Doing the first MCDAs on the data of the empirical evaluations; and (iii) Sourcing data from several countries to do more panel data analysis on the effects of different financing and payment schemes that aim to stimulate integration. And last, but not least, there will be our second round of national workshops with representatives of the 5P's in each of the SELFIE countries. If you are interested in hearing us present, please keep an eye on the programmes of ICIC and EuHEA 2018.

I hope you enjoy reading our newsletter, and on behalf of the entire SELFIE team I wish you happy holidays and all the best for the next year,

Prof.dr. Maureen Rutten-van Mölken

Coordinator of SELFIE at Erasmus University Rotterdam

What we've accomplished thus far

In the past 6 months we've been working hard on work package 3: Financing and payment schemes. The data collection for the empirical evaluations and the data collection for the weight elicitation are also in full swing.

Work package 3: The impact of financing/payment schemes and price-setting of integrated care for persons with multi-morbidity

We have begun to build a new typology for classifying payments in terms of their potential effects on integration of care. Panel data analyses were done to assess the impact of pooling budgets and bundling payments on healthcare expenditures and health outcomes.

Work package 4: MCDA and weight elicitation

Almost 4000 respondents have currently completed our weight-elicitation questionnaire to determine the relative importance of our core set of outcome measures: physical functioning, psychological well-being, social relationships and participation, enjoyment of life, resilience, person-centeredness, continuity of care, and total health- and social care costs.

Work package 5: Empirical evaluation of integrated care programmes

Thanks to the enthusiastic collaboration of the integrated care programmes, we

have made a flying start with the empirical evaluation studies of 17 different promising programmes across 8 European countries. We are proud that all of them have a control group.

7th SELFIE Steering Committee meeting in Bergen, Norway

The SELFIE consortium meets twice a year. In November all SELFIE partners traveled to Norway to reflect on the previous work packages, and to discuss future work.

Read more about our results

Update! Weight elicitation questionnaire

For the MCDA analysis of our 17 promising case studies, the outcomes are weighted by our 5 P stakeholder groups: Patients, Partners, Professionals, Payers and Policymakers. The relative importance of the outcomes are measured using a Discrete Choice Experiment and Swing Weighting. The Discrete Choice Experiment was used to weigh our core set Triple Aim outcomes: physical functioning, psychological wellbeing, social relationships and participation, enjoyment of life, resilience, person-centeredness, continuity of care and total health- and social care costs. Swing weighting was used to weigh the programme-type specific outcomes.

First results!

The data collection by the online questionnaire is completed by now for some Ps: we reached 150 respondents in most countries for the patients and partners (= informal caregivers). All countries worked hard to analyse the data of the patients and patients so we were able to discuss the first cross-country results during the Bergen meeting. We are happy to share these results with you!

Enjoyment of life has the highest relative weight in almost all countries for both patients and partners. The Hungarian patients and partners were the only exception; they think continuity of care is most important. Resilience, the ability to recover, adjust and restore balance, was deemed as important as more traditional outcomes such as physical functioning and psychological well-being. And for partners in all countries, resilience and psychological well-being were more important than the physical functioning of patients.

With regards to the experience of care outcomes, the relative weight of continuity of care was remarkably higher than person-centeredness in all

countries and for both patients and partners. Total health- and social care costs were considered least important by both patients and partners. The Swing Weighting revealed that autonomy was an important programme-type specific outcome in the programmes for frail elderly and pain and other symptoms in the palliative and oncology care programmes.

Are you a policy maker, payer or professional working in integrated care? We are looking for you!

We would like to invite you to help us develop this broad MCDA evaluation framework. In order to come to these weights, we are looking for respondents for our online questionnaire. We are inviting you to complete this from your perspective as a…

…**Professional**. We define professionals in this study as persons that regularly provide care for persons with multi-morbidity.

…**Payer**. We define payers in this study as persons involved, either directly or indirectly, in the financing and payments of integrated care and/or care for persons with multi-morbidity

…**Policy makers**. We define policy makers in this study as persons involved, either directly or indirectly, in policy-making or decision-making in health- and/or social care.

We would greatly appreciate your participation! Filling in the questionnaire takes about 15 minutes. Your perspective is important in the development of our evaluation framework!

Take me to the questionnaire!

Blog: The impact of financing/payments schemes and price-setting of integrated chronic care for multi-morbidity

By: Jonathan Stokes from The University of Manchester

It is commonly observed that current payment systems may not create appropriate incentives for providing integrated care for patients with multiple chronic conditions. In particular, common modes of health care payment such as fee-for-service and payments based on the diagnosis related groups (DRG) system reimburse single activities of care, reflecting the traditional focus of the health care system of dealing with discrete onsets of acute illness. It has been argued, that chronic illness, as opposed to acute illness, requires a long-term perspective with on-going, preventative disease management which is not incentivised by these current payment systems. In addition, the common way of paying providers across different sectors separately does not incentivise care coordination, and may even be perceived as a barrier to the integration of care.

As in the SELFIE project as a whole, we are particularly interested in how interventions might affect multi-morbid patients differently, and we concentrate

on this through all of the work we have been involved in, described in this blog...

Read more

Case study in the spotlight...

U-PROFIT is a Dutch proactive primary care approach for community-dwelling frail elderly aged 60 years and older. We present the 10 reasons why U-PROFIT is one of our 17 promising integrated care interventions:

1) U-PROFIT uses a **two-step frailty screening** combining available data from the GP and self-reports of older people. The first screening is based on information in the electronic medical records of the GP. People of 60 years and older were screened with U-PRIM software on polypharmacy, multi-morbidity and consultation gap (not having contacted the GP for at least three years, excluding the annual flu vaccines). For the second step of the screening the elderly care nurse sends out the Groningen Frailty Indicator, a questionnaire with a broad approach to frailty, including the physical, psychological, social and cognitive domain of functioning.

2) The elderly care nurses function as case managers and visit the frail elderly at home to conduct a **holistic assessment** with a Comprehensive Geriatric Assessment. The information obtained in the assessment is translated into a tailor-made care plan. This plan does not only focus on the somatic domain but also on the psychological, social, and functioning domains.

3) In the tailor-made care plan **the priorities of the frail elderly** themselves are carefully considered. This is perceived really important for the people to live independently in their own house (rather than being admitted to a nursing home). As the programme manager of U-PROFIT stated: *"That's what the government really wants,*

but most older people too. And that only works if you link up with what someone finds important."

4) **Concrete examples** of what the elderly care nurse does for the frail elderly are: helping to arrange domestic-care, helping to make an appointment at the dentist or with a dietician, support finding daytime activities, and arranging a medication-review.

5) **Multidisciplinary meetings** are arranged to formalize coordination with at least GP, district nurse, the elderly care physician, and the informal caregiver(s). Depending on the specific needs of the frail elderly, other disciplines are invited as well, such as pharmacists, geriatricians, mental health services, well-being workers, and informal caregiver coordinators.

6) A **toolkit** is developed with 13 (!) evidence-based pathways on common geriatric problems such as nutrition, loneliness, cognition, sleep and caregiver burden. Nurses were specifically trained to use these pathways.

7) **Collaborations** are set up within and beyond health care such as home-care organisations, nursing homes, social district teams, the municipality and the Elderly Care Network Organisation Utrecht.

8) The current implementation is being **financed via three sources**: an implementation grant from the Netherlands Organisation for Health Research Development (Dutch: ZonMw), two modules provided for by the health insurer Zilveren Kruis Achmea for case management of frail elderly and collaboration in primary frail elderly care, and by internal investments of the primary care centres themselves.

9) Previous **research** on U-PROFIT showed a positive effect on the primary outcome - Activities of Daily Living - and also the cost-effectiveness evaluation had positive results.

10) U-PROFIT has already moved beyond the borders of Utrecht and is also **implemented in 42 GP practices** in another region of the Netherlands.

Read more about U-PROFIT

What we're working on now...

In the new year, we look forward to continue to work on analyses for the empirical evaluations, the weight elicitation questionnaires, and to continue the work for the price setting for integrated care for multi-morbidity.

Some of the highlights that we'll be working on in 2018 are:

(i) Developing an online tool to share with you the importance-weights of the outcomes elicited from the 5P stakeholders (Patients, Partners, Professionals, Payers and Policy Makers);

(ii) Doing the first MCDAs on the data of the empirical evaluations;

(iii) Sourcing data from several countries to do more panel data analysis on the effects of different financing and payment schemes that aim to stimulate integration.

(iv) And last, but not least, there will be our second round of national workshops with representatives of the 5P's in each of the SELFIE countries.

Overview of the work packages

Get in touch!

Do you have interesting news for this newsletter? Feel free to contact us, we are looking forward to hearing from you! If you're interested in learning more about SELFIE, or have suggestions or ideas for collaboration, please feel free to contact us!

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We are also on LinkedIn. Follow us!

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