

HOW CAN WE IMPROVE CARE FOR PATIENTS WITH MULTIMORBIDITY IN THE EU?

JA-CHRODIS is a European collaboration that brings together over 70 partners from national and regional departments of health and research institutions, from 25 European countries. These partners work together to identify, validate, exchange and disseminate good practices on chronic diseases across Europe and to facilitate their uptake across local, regional and national borders.

This factsheet highlights findings relevant from the patient perspective regarding the model developed by the Joint Action to improve care for patients with multimorbidity – an issue that patients face across diseases.

What is multimorbidity?

Multimorbidity means the presence of two or more chronic or long lasting conditions in a patient. As the EU population is ageing, multimorbidity is becoming a crucial challenge for healthcare systems.

50 million

people in Europe live with multimorbidity

65%



65 % of people over the age of 65 are affected by multimorbidity



It can also affect younger adults

Why do patients with multimorbidity need a different care model?

Patients with multimorbidity have more complex health needs. Current models of care – based on a single disease approach – respond only in a fragmented way to the challenges they face. This can lead to inappropriate prescribing and ineffective clinical intervention.

Patients with multimorbidity need tailored support because they are more likely to:



1.

Die prematurely



2.

Have more frequent hospital admissions



3.

Receive several treatments



4.

Have poorer quality of life

The JA-CHRODIS multimorbidity care model: improving care for patients in the EU

1. Changes in delivery of care and in system design

- ✓ A comprehensive multidisciplinary assessment for each patient with multimorbidity, taking into account their medical conditions, treatments and patient's preferences.
- ✓ An individualised care plan to be shared with the care team, patients and caregivers.
- ✓ A case manager to be the first contact point of patients with complex health needs and to coordinate their care.

2. Decision support for the healthcare team

- ✓ Trainings on specific competencies to care for people with multimorbidity and to work as a team in a coordinated way.
- ✓ Mechanisms for consultation of professional experts when needed.

5. Involvement of community resources

- ✓ Social services, home help and psychosocial support for patients needing additional assistance.
- ✓ The care team should identify needs and facilitate patients' access to such resources.

3. Support for patients and family carers

- ✓ Support for self-management of chronic conditions through education, training and other interventions to improve their health literacy.
- ✓ Support from the healthcare team to participate in shared decision making.

4. Information systems and health technologies

- ✓ Designed to enable the healthcare team to consult and exchange information about the patient's care plan, health and treatment.
- ✓ Available for patients to send information to their providers.

How can different players ensure that this care model becomes a reality?

Patients and their organisations by promoting it in their Member State and/or in their patient community.

Policy-makers at EU level by ensuring that it is appropriately piloted and evaluated within the European Union.

Decision makers at national level by adapting it to their specific health and social systems.

Healthcare professionals by implementing it and ensuring it is adapted within their healthcare settings.

For more information about JA-CHRODIS visit the website: <http://www.chrodis.eu/>



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