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Urban Health Centres Europe (UHCE) Integrated social and health care to promote quality of life and independent living

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Integration of health and social care
• Attention for: involvement informal caregiver, shared-decision making, loneliness

Population-oriented, anticipatory, integrated care pathways
• Assessment and prevention action regarding: frailty, polypharmacy and falls
Objectives UHCE

• Develop a generic template for innovative UHCs

• Adopt generic template to local UHCs (tailored to local conditions)

• Implement and evaluate in 5 EU cities: Manchester, Pallini, Rijeka, Rotterdam, Valencia.

• Transferable model of UHCE for EU

• Disseminate outcomes and protocols

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Results 2014:

Development evaluation protocol (implemented in 2015):
• Pre-post controlled design: 250 older citizens (75+ years) included in an intervention & control group in each site. Measurement at baseline and after 12 months.

Measures:
• General wellbeing: HRQoL (SF-12) & (i)ADL independence
• Risk assessment: frailty, fall risk, medication use, loneliness
• Proces & care use (cost) evaluation

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Results 2014:

• Development generic template UHCE
  – Literature reviews (frailty, polypharmacy, falls)
  – Involvement stakeholders: (focusgroups with older citizens, informal and formal caregivers and interviews with policymakers)

• Adaptation generic template to local pilot sites
  – Inventory local context and resources

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1. ASSESSMENT

2. SHARED DECISION MAKING

3. PATHWAYS
   - 3.0. Pathway medical:
     - Judgment physician
     - Usual care
   - 3.1. Pathway fall:
     - Risk analyses of falling, including home safety assessment
     - Multifactorial intervention programme, including exercise programme, home safety adjustments and aids
   - 3.2. Pathway polypharmacy:
     - Compliance analyses
     - Self-management programme including devices, like simplified dosing regimens
   - 3.3. Pathway loneliness:
     - Loneliness analyses (on the basis of e.g. loneliness scale)
     - Social activity within a group, like picture book reading to children, discussion counselling, targeting specific groups, such as women, widowed.
     - Elderly are active participants and minimal duration of intervention of at least 5 months

4. LOCAL INTERVENTIONS EACH CITY
   - 4.1. Local pathway fall:
   - 4.2. Local pathway polypharmacy:
   - 4.3. Local pathway loneliness:
Assessment & case management

• Nurse can relieve burden general practitioner

• Effective ingredients from the literature:
  ➢ Include multidimensional geriatric assessment in initial visit (medical, functional, psychosocial, environmental domains)
  ➢ Active role of the nurse in health assessment and follow-up (case-management)
  ➢ Nurse trained/experienced in geriatrics

• Examples Local adaptations UHCE pilot sites:
  ➢ Rotterdam, NL: Geriatric practice nurse & GP, home based screening
  ➢ Pallini, GR: Assessment at health center

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Assessment

Frailty Indicator (TFI)

Frailty
Physical components
1. Do you feel physically healthy? 0 yes 0 no
2. Have you lost a lot of weight recently without wishing to do so? 0 yes 0 no
3. Do you experience problems in your daily life due to:
   3. difficulty in walking? 0 yes 0 no
   4. difficulty maintaining your balance? 0 yes 0 no
   5. poor hearing? 0 yes 0 no
   6. poor vision? 0 yes 0 no
   7. lack of strength in your hands? 0 yes 0 no
   8. physical tiredness? 0 yes 0 no

Psychological components
9. Do you have problems with your memory? 0 yes sometimes 0 no
10. Have you felt down during the last month? 0 yes sometimes 0 no
11. Have you felt nervous or anxious during the last month? 0 yes sometimes 0 no
12. Are you able to cope with problems well? 0 yes 0 no

Social components
13. Do you live alone? 0 yes 0 no
14. Do you sometimes miss having people around you? 0 yes sometimes 0 no
15. Do you receive enough support from other people? 0 yes 0 no

Falling
16. Did you fall in the past 12 months? 0 yes 0 no
17. Are you afraid of falling? 0 yes 0 no
18. Do you have a poor gait or balance? 0 yes 0 no

Polypharmacy
19. Do you currently take five or more different medicines? 0 yes 0 no

Additional assessments & Shared Decision making.

Fall risk

Medication risk

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Examples identified care pathways

**Falls**

- Valencia: walking groups and physical exercise programmes run by physiotherapists and/or nurses
- Pallini: multi-factorial; walking programme & home safety adjustment intervention

**Polypharmacy**

- Pallini: e-health solution for monitoring of compliance coordinated by the GP with caregiver
- Rotterdam: GP in collaboration with pharmacist (=reimbursed by health insurance)

**Loneliness**

- Rotterdam: nurse practitioner signals key community worker who links elderly to community activities / support/safety net.
- Valencia: set up social support office that links activities from municipality to elderly with support of social worker
How model results can be used:

European cities:

- **Toolbox**: practical experiences- personalized pathways-
  preventive care cost effectiveness: nurses practitioners, physician assistants

- **Format** for collaboration health social care

- **Advisory Board**: improvement of the outcomes of the model

  **members**: Sweden: Vasteras and Eskilstuna municipalities, Antwerp,
  Ministry of Health of Slovakia, the Erasmus University Medical
  Center of Rotterdam, Laurens, large home care provider in
  Rotterdam,

Internationally: Fudan University of Shanghai

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How model results can be used:

- Exchanges with innovative projects: i.e. *AIDA Advancing Integration for a Dignified Ageing*. National guidelines www.projectaida.eu
- Contributing at regional level to the improvements of Active Ageing Index.
- Renewed Europe 2020 strategy -EIP AHA- Quality healthcare in CSRs

**Messages:**

*Merging health and social services is crucial to build widespread and integrated responses*

*Effective health care goes together with social cohesion*

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UHCE consortium: Erasmus MC, City of Rotterdam, University of Applied Science Rotterdam, Universitat de València, AGE Platform Europe, European Local Inclusion and Social Action Network (ELISAN), VIDAVO A.E., Municipality of Pallini, University of Manchester, Croatian Society for Pharmacoeconomics and Health Economics, Zorg Op Noord, University of Rijeka, Faculty of Medicine

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