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Poster Abstract

Preliminary outcomes of the development of an Active Ageing with Type 2 Diabetes Chronic Care Management Model in Europe.

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Abstract

Introduction: A growing number of EU citizens suffer from diabetes, posing an increasing health, social and economic burden. This burden is mostly driven by type 2 diabetes (T2DM), which is leading to a rapidly growing group of 'older people' (65+) with diabetes. An increase in the average life expectancy adds to this accrued number of elderly living with T2DM, experiencing a number of associated comorbidities. Management of this large group poses unique challenges, and outcomes remain far from optimal.

Theory/Methods: Proposed in the mid-1990s, Chronic Care Model (CCM) identified essential elements of a health care system that encourage high-quality chronic disease care. These elements are the _community, health system, self-management support, delivery system design, decision support and clinical information systems._ The objective of the MANAGE-CARE project is to adapt and refine the CCM to ensure active ageing with T2DM, by optimizing opportunities for health, participation and security in order to enhance quality of life as people age.

Based on a literature review, which assesses the state-of-the-art knowledge and evidence on existing disease management models and unmet needs and priorities of patients with T2DM, an innovative, a patient-centered chronic care management model is currently developed. After conducting a desk research, an international web-based survey has been performed. Furthermore guideline-based interviews with patients suffering from T2DM and other stakeholder groups in

diabetes care have been done. The results of the survey, the interviews and the assessment of unmet needs and priorities of Elderly will serve as a basis for the development of a European Practice Compendium, built by a Delphi study design methodology. In accordance to this new model and to ensure a patient-centered approach, training programs for both health professionals and patients are now under construction. To validate the education program proposed by the MANAGE-CARE model, a pilot study is planned in 2015, using focus groups and validated structured questionnaires for interviewing volunteer older patients with T2DM and their caregivers. Finally, a toolkit for implementation of the new model and transfer of the model to other chronic diseases will be constructed.

Results: The preliminary outcomes of the survey identified the following major needs to be addressed by the CCM for active ageing with T2DM per dimension of the CCM.

- patient and family: Need to improve patient's knowledge, skills and confidence to manage demanding co-morbidities and need for more practical help with caregiving
- health care team: Need for a team and "1-Stop" approach to providing comprehensive care.
- self management support: Need to include strategies to solve problems and barriers in the self-management education and need for power balance between patient and health care provider
- delivery system design: Need for appropriate support programs to treat depression and dementia symptoms of the elderly, as well as develop problem solving and coping skills.
- decision support: Need for policy/procedures for follow-up of referrals of patients who screened positive
- clinical information system: Need for training of Diabetes and on data analysis reporting, and utilization and large scale development of tele-health services
- health system: Need to develop and implement policy and procedures for the provision of CCM services, via legislative and funding actions.

Discussion: MANAGE-CARE concept and preliminary findings are in line with current European policies aiming to shift from disease management to chronic care management, through change in care delivery and through partnering for change, addressing in particular older patients with multiple chronic conditions and using innovative business modeling. Diabetes can be used as a 'test-case' for developing this innovative model. Prevention of costly complications, hospitalization and frailty in elderly with chronic diseases is directly in line with the Implementation plan of the European Innovation Partnership on Active and Healthy Ageing, aiming at an increase in healthy life years and promoting healthy ageing.

Conclusions: A comprehensive approach addressing the various needs of the aspects of chronic disease management of diabetes is required in order to provide an integrated service model for active ageing.

Lessons learned (from the point of view or research development): European health systems' heterogeneity is an important challenge for the development of a care model. Therefore, a strong partnership reflecting all key stakeholder groups and relevant expertise, as well as a broad range of partners from different European countries, is required.

Limitations: The outcomes of the survey need to be validated via the pilot studies planned involving elderly patients with T2DM, their caregivers and health professionals.

Further Research suggestions: CCM could be more specific to address active ageing in the major chronic diseases.

Keywords

chronic care model; active and healthy ageing

PowerPoint presentation

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