
CONFERENCE ABSTRACT**Integrated and patient-centered care for people with multimorbidity: insights from European practices**16th International Conference on Integrated Care, Barcelona 23-25 May 2016

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Introduction: Integrated and patient-centered care is considered an effective response to the needs of people who suffer from multiple chronic conditions. People with multimorbidity often need care from multiple healthcare providers and various disciplines. A better coordination and integration of this care would improve its quality. Additionally, a patient-centered care approach would improve the quality of care for people with multimorbidity. Patient-centered care is respectful of and responsive to individual patient preferences, needs, and values, and ensuring that patient values guide all clinical decisions. In practice this means that the patients' personal health goals should be the starting point when deciding on care and treatment options. This is especially important for people who suffer from multiple chronic conditions, because outcomes of disease specific treatments might not always be feasible due to the many health problems. Besides patients' personal health goals, their preferences for treatment options and their resources should be taken into account when deciding on the type(s) of treatment or care. However, providing patient-centered care may not be easily realized in daily practice, as it requires specific skills of healthcare providers, and characteristics of the delivery system may be hindering. In the project Innovating care for people with multiple chronic conditions in Europe (ICARE4EU), we explored how patient-centeredness is currently given shape in innovative European integrated care initiatives for people with multimorbidity.

Methods: In 2014, the ICARE4EU project selected 101 innovative integrated care practices (referred to as programmes) in 31 European countries. These programmes were collected via country experts and the selection of programmes was based on pre-defined criteria. Via questionnaires, the programme managers provided details about the characteristics of the selected programmes, including characteristics related to patient-centeredness. Eight of the programmes were considered very innovative based on the questionnaire and were therefore visited by two ICARE4EU project partners.

Results: Almost all managers of the 101 integrated care programmes reported that the programme improved patient-centeredness (92%), but there was a wide variety in the tools that were used for this purpose. For instance, motivational interviewing by care providers was applied in 52 practices. Furthermore, case managers were appointed in 41 practices. In 70 practices individual care plans were introduced, but implementation of such plans was often

lower than intended. In almost half of the selected innovative care programmes, the involvement of informal carers was described as an objective. Informal carers are addressed by as co-client in 17 programmes and as co-care provider in 27 programmes. Reported barriers to provide more patient-centered care were e.g. inadequate knowledge of patients (61%), lack of time (56%), inadequate knowledge or skills of care providers (45%) and lack of a clear vision of managers (40%). To illustrate successful approaches as well as their barriers, specific programmes will be discussed in more detail, including the Finnish POTKU project.

Discussion: A positive attitude of healthcare providers is key, but not sufficient to provide care that is really patient-centered. Structural changes are needed in all domains, e.g. training, care delivery, information systems and financing. The involvement of informal carers as co-client and co-carer seems not generally applied yet in current European integrated care programmes. A limitation of our study is that not all of the selected integrated care programmes were visited. Therefore, practices could deviate from what was described in the questionnaire. Furthermore, we found that the effects of the selected innovative programmes were often not evaluated. A suggestion for future research is therefore to evaluate the effects of current innovative practices on for instance quality and efficiency of care.

Conclusion: Based on observations from the ICARE4EU project, it can be concluded that efforts are being undertaken in many European countries, directed at improving the quality of care for people with multimorbidity by incorporating elements of patient-centeredness. Certain elements of patient-centered care, such as the involvement of patients in shared-goal setting, the involvement of informal carers and the use of care plans are not generally applied yet.

Keywords: patient-centeredness; integrated care; multimorbidity care; European practices
