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CONFERENCE ABSTRACT

Multi-Criteria Decision Analyses of integrated care for multi-morbidity: results of four case studies from the SELFIE project

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Introduction: The prevalence of multi-morbidity is rising and the provision of person-centred integrated health and social care is seen as an appropriate response to the needs of people with multi-morbidity. To contribute to a better evidence-base of integrated care for multi-morbidity, the Horizon2020-funded project SELFIE (Sustainable intEgrated care modeLs for multi-morbidity: delivery, FInancing and performance) adopted an innovative evaluation approach: Multi-Criteria Decision Analysis (MCDA). MCDA includes a more comprehensive set of outcomes compared to conventional health technology assessment while still summarising these outcomes in a single value. This workshop presents results of the MCDAs of 4 of the 17 integrated care programmes that were evaluated in SELFIE: the Croatian National Strategy for Palliative Care, the Care Chain for Frail Elderly in the Netherlands, the Catalan Population Health Management approach in Barcelona-Esquerra, and the Better Together in Amsterdam North programme for people facing problems in multiple life domains like health, employment, and housing.

Methods: All case studies used a common MCDA methodology in which the performance of the programmes, in comparison to usual care, was measured longitudinally on a core set of 8 outcomes and some programme-specific outcomes. The core set includes Physical Functioning, Psychological Well-being, Social Relationships and Participation, Enjoyment of Life, Resilience, Person-centeredness, Continuity of Care, and Costs. The choice of outcomes was largely driven by focus groups with people with multi-morbidity. The outcomes were weighted by their importance and summed into an overall value score. The weights were obtained in a Discrete Choice Experiment among different stakeholders: 1) patients with multi-morbidity, 2) partners and informal caregivers, 3) professionals, 4) payers, and 5) policy makers (n=150 per group per country). Swing Weighting was used also.

Results: Preliminary results showed that the overall value score for integrated care was (slightly) higher than for usual care, in all programmes. For the Croatian palliative care

strategy this was mainly due to higher partial value scores for Psychological Wellbeing and Person-centeredness, resulting from the combination of improvements in these outcomes and their relatively high weights. The higher value score for the Dutch frail elderly programme was driven by Enjoyment of Life and Person-centeredness, the first of which had the highest weight of all outcomes. The higher value score of the Spanish population health management programme resulted from an improvement in Physical Functioning and a reduction in costs of acute, potentially avoidable, hospitalizations, despite the relatively low weight of the latter. The improvement due to the programme for people with multiple problems was driven by improvements in Enjoyment of Life, and Psychological Wellbeing. Results were consistent across stakeholder groups. Sensitivity analysis with Swing Weights showed similar results. Probabilistic sensitivity analyses indicated that in the vast majority of repetitions the value score was highest for integrated care.

Discussion: These results were obtained in quasi-experimental studies, using propensity score matching to improve the comparability between groups.

Conclusion: MCDA, which combines the effects on and weights of Triple Aim outcomes, suggests that integrated care is preferred to usual care by all stakeholders, although some differences were small.

Keywords: evaluation; positive health; multi-criteria decision analysis; integrated care; multi-morbidity