POSTER ABSTRACT

Frailty, a new challenge to be tackled in order to improve integrated care in older people. The Advantage Joint Action recommendations.

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Introduction: Addressing the increasing demands for social and health care from the burden of chronic diseases and disability is a central priority for the European Union (EU) and its Member States (MS). Frailty is at the centre of these two challenges. Since frailty is not an inevitable consequence of ageing, it can be prevented to foster a longer and healthier life. ADVANTAGE is the Joint Action (JA) that the EU has envisaged to prevent and manage frailty. It involves 22 MS and over 33 organizations and it is co-funded by the EU and the MS.

Aims and Objectives: ADVANTAGE will build an understanding on frailty for MS on which to base a common management approach for older people who are frail or at risk for developing frailty in the EU. Implementation Phase 1 (2017) concluded with the publication of a series of State of the Art Reports (SoAR) which synthesise the evidence on frailty. Phase 2 (2018) involved a MS Survey of their status on frailty. The SoAR and Survey analysis will inform the development of a draft European Frailty Prevention Approach (FPA) to support MS make progress on the prevention and management of frailty.

Policy context and objective: In taking the FPA forward ADVANTAGE JA is keen to promote an integrated health service delivery approach and to position this as a key element of transforming health services to meet the challenges of the 21st century. To this end a numer of examples of good practice models of care from participating MS can be a source of inspiration for policy makers and wider stakeholders.

Targeted population: policymakers, funders, commissioners, providers and health professionals.

Highlights: In 2018, ADVANTAGE JA collected information from participating MS and regions about their current approaches to address frailty. This complements the SoAR literature review and was designed to identify experience yet to be published. The Consortium has analysed, discussed and used this information to build consensus for a common FPA in Europe. Furthermore, an economic burden report will guide policy makers, funders, commissioners, providers and professionals to design and deliver cost effective models of integrated care.
Comments on transferability: Examples of good practice models of care that can be a source of inspiration for policy makers and wider stakeholders have been identified by partners. These models of care may be scaled as part of a comprehensive and integrated system to prevent and manage frailty.

Conclusions:
- ADVANTAGE JA has identified shared examples of good practice on models of person-centred care and support in different settings in order to prevent or delay progression of frailty and enable people to live well with frailty in a number of MS.
- Models of care should take into account the need to approach older people not just in terms of their diseases but also in terms of physical, cognitive and psychosocial care and support to prevent functional decline, frailty and disability. For these purposes, a coordinated system able to provide the most effective care in the different settings needs to be provided.
- Empowering collaborative leadership and partnership working, rather than top-down direction, will promote adoption of change and sustain implementation.
- When investing in an integrated model of care for frailty, robust financial and spread plans have to be in place.

Keywords: frailty; Models of Care; cost effective; good practices