CONFERENCE ABSTRACT

SELFIE, a novel Horizon2020 project on integrated care for multi-morbidity

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Introduction: SELFIE is a new EU-Horizon2020 funded project, which started on September 1st 2015 and is entitled “Sustainable integrated care models for multi-morbidity: delivery, Financing and performance”. SELFIE stands out from other EU-funded projects on integrated care by adopting a broad health economic approach. SELFIE will perform empirical research of promising integrated care models which specifically target individuals with multi-morbidity. It will conduct policy evaluations of financing/payments schemes with different incentives to support integration of care within and across the healthcare, long-term care and social care sectors. It will develop methods for price-setting, tools for performance monitoring, and strategies for implementation of integrated care in different healthcare systems and contexts including Central and Eastern European Countries. But the first stream of research in SELFIE consists of the development of a conceptual framework on integrated care for multi-morbidity, the identification of specific programs in developed countries, and qualitative research on these programs.

Methods: To inform the conceptual framework, scientific literature was searched in online databases (i.e. Pubmed, Embase, Scopus, Web of Science, Cochrane, PsycInfo, and sociological & Social Services Abstracts via ProQuest) and combined with grey literature from OECD, WHO and EU. Studies and reports concerning frameworks/models, integrated care, and multimorbidity were selected. These sources were also used to identify implemented integrated care programs in the EU. In later phases of SELFIE, these programs will be scored and rank-ordered on a number of criteria in order to select the most promising ones. The latter will be included in the qualitative and quantitative empirical evaluation using Multi-Criteria Decision Analyses (MCDA). MCDA assesses the performance of different integrated care programs on a number of criteria related to the Triple Aim of integrated care (i.e. patient experience,
health/wellbeing and costs) and combines them with relative weights that Patients, their Partners, the Professionals, the Payers and the Policy makers (5 Ps) assign to the importance of the criteria. Weights will be obtained o.a. via Discrete Choice Experiments. As little is known about the dynamics, success factors and obstacles for ICC programs dealing with multi-morbidity, a research approach from the qualitative paradigm, the thick description, is used to gain more insight in their social fabric.

**Results**: The literature search resulted in x unique studies of which y were included in our selection. At the time this abstract was written, information from the studies was being retrieved and the identification of implemented integrated care programs for multi-morbidity was in progress. At the conference we will present the first results, including the conceptual framework, the approach for the qualitative in-depth study of specific programs and the methods developed for the MCDA. The focus of the results will be on elements of integrated care particularly relevant for individuals with multi-morbidity. Examples of such elements are a holistic assessment of an individual’s needs, preferences, skills, life-style and illness-perceptions across the entire spectrum of diseases that the individual has, and person-centred care that accounts for overlap and interaction between clinical guidelines/protocols for different diseases and avoids polypharmacy.

**Discussion and conclusion**: The ICIC-16 will be an ideal conference to present the SELFIE study for the first time to a large and broad audience and the results will be interesting to many attendees. The discussion will include the need to develop integrated care approaches for multi-morbidity, the elements that constitute integrated care suitable for people with multi-morbidity and the potential of using MCDA to facilitate a broad evaluation of integrated care.

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**Keywords**: multi-morbidity; integrated care; framework; multi-criteria decision analysis