

Integrated Care in Europe: New Models of Management of Chronic Patients



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INTRODUCTION

The demographic change entails an increase in the number of people with chronic conditions who have higher requirements on health and social services (Garcés et al., 2005). In this context, and to promote stratification, integrated care services and active and healthy ageing programmes have become a priority for the European Commission, who has launched strategies as EIP-AHA (European Innovation Partnership on Active and Healthy Ageing). In this process, the information and communications technologies (ICTs) and e-Health approaches can improve organizational and management aspects in the healthcare system on chronic patients that require long-term care (LTC). In this regard the European Innovation Partnership on Healthy and Active Ageing (EIP-AHA) through the Digital Agenda for Europe highlights the need to empower and socially include informal and formal caregivers through ICTs.

The objective of the current chapter is to present an approach to a transferable and easily implementable model for the future primary health care centres in urban contexts, which should move towards proactive, anticipatory and integrated care services. The chapter will focus on the proposal of integrative health and social services for elderly people in order to promote active and healthy ageing in the framework of the European project UHCE. Important benefits for end-users, service providers and other stakeholders can be achieved by implementing these innovative solutions, mainly consisting of early detection of frailty, management of polypharmacy, prevention of falls using ICT and integrated health and social care pathways. The target group for this model is independent elderly people living at home in urban environments. The expected benefits of the implementation of this model are the improvement of quality of life, the reduction in the use of health services and the decrease in costs.

BACKGROUND

Europe is currently facing a scene characterized by the necessity to cope several kinds of social challenges (Garcés & Monsonis-Payá, 2013); firstly, the well-known socio-demographic change, which prognosticates a notable increase of elders as a share of the global population. Thus, according to *The*

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2012 Ageing Report (European Commission, 2012) the population aged 65 and above from the European Union will almost double, rising from 87.5 million in 2010 to around 160 million in 2060. Also, the number of older people aged 80 years and above is projected to increase by even more, almost tripling from 23.7 million in 2010 to over 65 million in 2060.

Elderly people often suffer chronic diseases or comorbidity – as diabetes, cardiovascular diseases, chronic respiratory diseases or stroke –, which entail the need of provision of LTC, with high health needs and costs (Geneau et al., 2010). According to the World Health Organization chronic conditions are by far the main cause of mortality in the world, representing 60% of all deaths (WHO, 2005); and, for example in Spain their care accounts for 70% of the healthcare expenditure (García-Goñi et al., 2012). This complex situation is worsening – in some countries more notably than in others around Europe – by the current context of austerity and fiscal policies triggered by the economic crisis (Ifanti et al., 2013). Governments and entities are searching measures aimed to assure the efficiency and sustainability of public systems, without having a negative impact on the quality of the care provision to patients.

In this sense, nowadays the care of elderly people is a major challenge for public administrations in almost all countries around Europe. The management of patients, especially of those with chronic diseases and morbidity, is usually carried out from primary settings for treatment, monitoring and prevention (Smith et al., 2012). So, the coordination of both health and social community-based services within primary care settings represents a good opportunity to explore the threefold benefits of integrated care in the quality of life of patients, in the quality of care provided by multidisciplinary professionals and, at the end, in the cost-benefit impact to the sustainability of the system (Garcés et al., 2013). The authors have already worked in this research line in the framework of European networks as CORAL – Community of Regions for Assisted Living (over 20 regions working together to promote independent living along Europe), ENSA – European Network of Social Authorities (network of cities and European regions that has the aim of promoting international cooperation in social welfare), ISCH COST Action IS1102 Social Services, Welfare State and Places (the restructuring of social services in Europe and its impacts on social and territorial cohesion and governance) and the European Innovation Partnership on Active and Healthy Ageing promoted by the European Commission. Furthermore, the authors were actively involved in European projects regarding this topic as INTERLINKS or HOST. The aim of INTERLINKS project, funded by 7th Framework Programme, was to help people in Europe who work with elderly in need of LTC by means of a framework for Long Term Care containing a set of tools and practice examples to guide the future development of long-term care systems in Europe. The approach of INTERLINKS is very interesting since it places users needing integrated long-term care at the interfaces between social and health care, and formal and informal care (Liechsenring et al., 2013). The project HOST ‘Smart technologies for self-service to seniors in social housing’ (<http://www.host-aal.eu/>) was funded by the Ambient Assisted Living (AAL) Joint Programme. This project aims to develop a digital infrastructure of the social housing with access to a package of services to improve the elders’ quality of life and independence. Social housing has been trying to provide a comfortable and friendly context to enable the integration of elders - especially for frail people- into the self-serve society, founded on the awareness of ICT (easy-to-use technologies). The HOST project highlights the need to integrate care and services with the support of ICT by experimenting a European model of “flats connected” for older people.

The integration of new technologies in the provision of LTC is an urgent challenge and necessity to support the care of older people and/or people with disabilities since sustainable and cost-effective approach. In this field we find the CARICT project – co-financed by DG CNECT and JRC-IPTS of the European Commission – which is aimed to study the impact of ICTs on LTC provided by informal and formal caregivers to older people living in the community. Its results suggest (Carretero et al., 2012)

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