



limits and potential of the Public Health Programme

SUCCESS STORIES OF THE HEALTH PROGRAMME

SUNFRAIL

Emilia-Romagna Region
Mirca Barbolini & Team

at the European Parliament, Brussels, 22nd November 2017



Reference Sites Network for Prevention and
Care of Frailty and Chronic Conditions in
community dwelling persons of EU Countries



Co-funded by
the Health Programme
of the European Union

The SUNFRAIL Project has
received funding from the
European Union's Health
Programme 2014-2020

project ID



EIP on AHA context

the network of the **Italian Reference Sites**

3rd EU Health Programme - WP 2014

To improve the **identification, prevention and management of frailty** and care of **multimorbidity in community dwelling persons (over 65)** of EU countries

Italian context

Ministry of Health, **Progetto Mattone Internazionale**



the partnership



partner	organisation	acronym
RS LP1	Regione Emilia-Romagna – Agenzia Sanitaria e Sociale Regionale – I	RER-ASSR
	Aster - Società Consortile Per Azioni – I	ASTER
RS PP2	Regione Piemonte – I	RHAP
RS PP3	Regione Liguria – I	LIGURIA
	Galliera Hospital	Affiliated
RS PP4	Azienda Ospedaliera Universitaria Federico II, R. Campania – I	
RS PP5	Centre Hospitalier Universitaire De Toulouse – F	GERONTOPOLE
RS PP6	Centre Hospitalier Universitaire Montpellier – F	CHRU
RS PP7	Universytet Medyczny W Lodzi – PL	LODZ
RS PP8	Universidad De La Iglesia De Deusto – SP	DEUSTO
RS PP9	Regional Health & Social Care Board of Northern Ireland – UK	HSCB
PP10	European Regional and Local Health Authorities Asbl – BE	EUREGHA
RS PP11	CARSAT Languedoc Roussillon – F	CARSAT

collaborations & synergies

74 EIP on AHA Reference Sites - 22 countries
12 Italian Reference Sites

EIP-AHA
A3 & B3

advantAGE
MANAGING FRAILITY

CHRODIS
ADDRESSING CHRONIC DISEASES AND
HEALTHY AGEING ACROSS THE LIFE CYCLE

SPRINTT
Sarcopenia & Physical frailty IN older people:
multi-component Treatment strategies

consenso



**EU Geriatric
Medicine Society-
EUGMS**

**Italian Geriatric Society-
SIGG**

specific objectives



To design an **innovative, integrated model** for the **prevention and management of frailty and care of multimorbidity**

To **validate the model**: assess **RS systems and services** targeting frailty and multimorbidity – address citizen's/**patient's perceptions and needs**

To assess the **potential for the adoption, replication and sustainability of the model (good practices & tools)** in different organizational contexts

To **promote the dissemination** of the results:
Regional, National, EU



definition of frailty

BIOMEDICAL VS. BIO-PSYCHOSOCIAL MODEL

Biomedical

Biological - age, sex

Health-diseases

Life styles - physical activity, nutrition...

Risk factors - smoke, alcohol...

Psyco-social

Well being (physical, psychological)

Independent living

Socialization

Resources - health care, social interaction, sport, leisure



Early identification (Risk factors)

Prevention of disability

REVERSIBILITY

beneficiaries perception of frailty and barriers to care



BRIDGING THE GAP

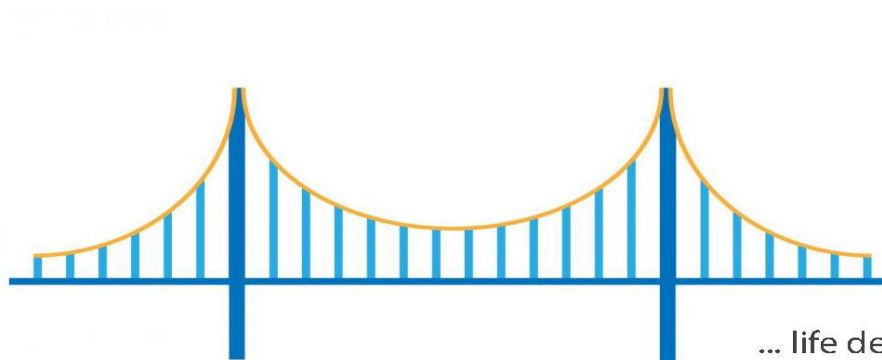
Need for independence

FRAILITY?

State of...



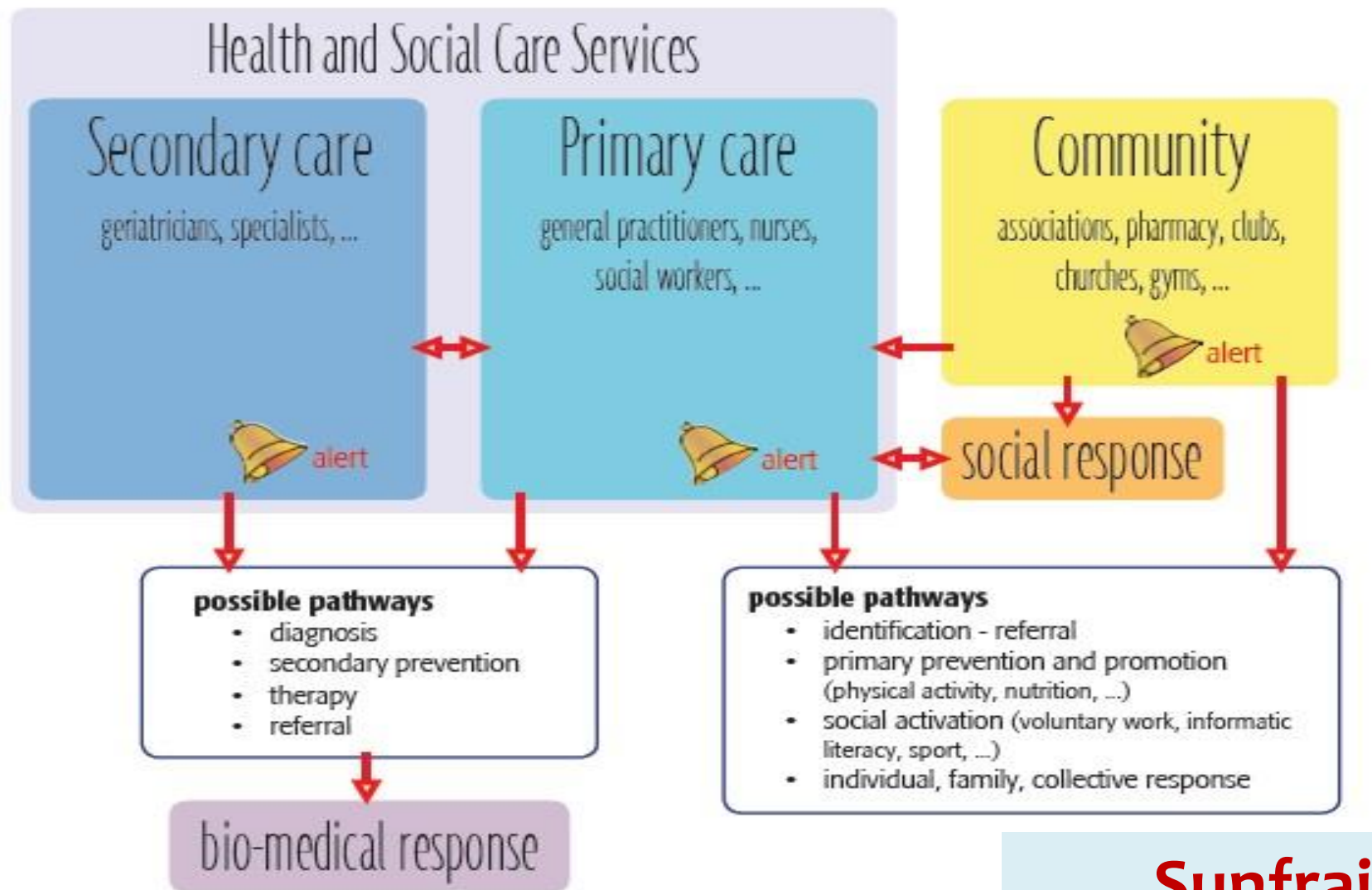
- * playing with grandsons
- * driving * dancing * walking



... life decline and extreme vulnerability characterized by weakness and decreased physiologic reserve contributing to increased risk for falls, institutionalization, disability, death.

- ✓ Risk factors
- ✓ Prevention
- ✓ Cultural, organizational barriers to services
- ✓ Multidisciplinary approach

Sunfrail Model of care on frailty & multimorbidity



Sunfrail Tool

QUESTIONNAIRE NUMBER		ID
Date and place		
PROFESSIONALS		
Professional	<input type="checkbox"/> Nurse <input type="checkbox"/> GPs <input type="checkbox"/> Other Professionals	
	<input type="checkbox"/> Social Worker <input type="checkbox"/> Community Actor <input type="checkbox"/> Caregiver	
BENEFICIARIES		
Gender	Age	Level of education
<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> 65-74 <input type="checkbox"/> 75-85	<input type="checkbox"/> Low (Without studies, Primary School) <input type="checkbox"/> Medium (Secondary school, or vocational degree) <input type="checkbox"/> High (University, Master or PhD degree)
Questions		
1. Do you regularly take 5 or more medications per day?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Have you recently lost weight such that your clothing has become looser?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Your physical state made you walking less during the last year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Have you been evaluated by your GP during the last year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Have you fallen 1 or more times during the last year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Have you experienced memory decline during the last year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Do you feel lonely most of the time?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. In case of need, can you count on someone close to you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Have you had any financial difficulties in facing dental care and health care costs during the last year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No



Sunfrail Tool main findings

The higher proportion of frailty alerts applies to **Polypharmacy, Functional and Cognitive Decline** items in **different settings**

In **Community - Primary Care Settings** the tool creates an alert on frailty in population **without** evident **signs of disability**/unknown by services

A higher prevalence of frailty is found in beneficiaries with **age group 75-85**

Citizens with a **lower education level** have a higher prevalence of frailty and greater **financial difficulties** of access (**Equity**)

Women have a **higher prevalence** of frailty than **men**

The positivity to **Sunfrail tool items** (Q1, Q3 and Q6) **is confirmed** by **specialist's tests**



elements of success



Sunfrail Tool

Understandable by professionals and beneficiaries

Easy to use by professionals and community actors

Empowering final **beneficiaries** (awareness - access)

Intersectoral Collaboration (health - social services) (**resources saving**)

Multidisciplinary approach to Frailty for HR development (**HR Tool**)

Applicability - Replicability - Sustainability

Applied in other **EU projects** - **Local Health Services** - **GPs**

A pilot study on the Sunfrail Tool in the Netherlands (**R. Gobbens**)

Requests for adoption: EU and IT Regions

Collaboration with **EU Joint Actions** (**Advantage - Chrodis**)

Sunfrail Model

Integration with RS Models of Care and Good Practices

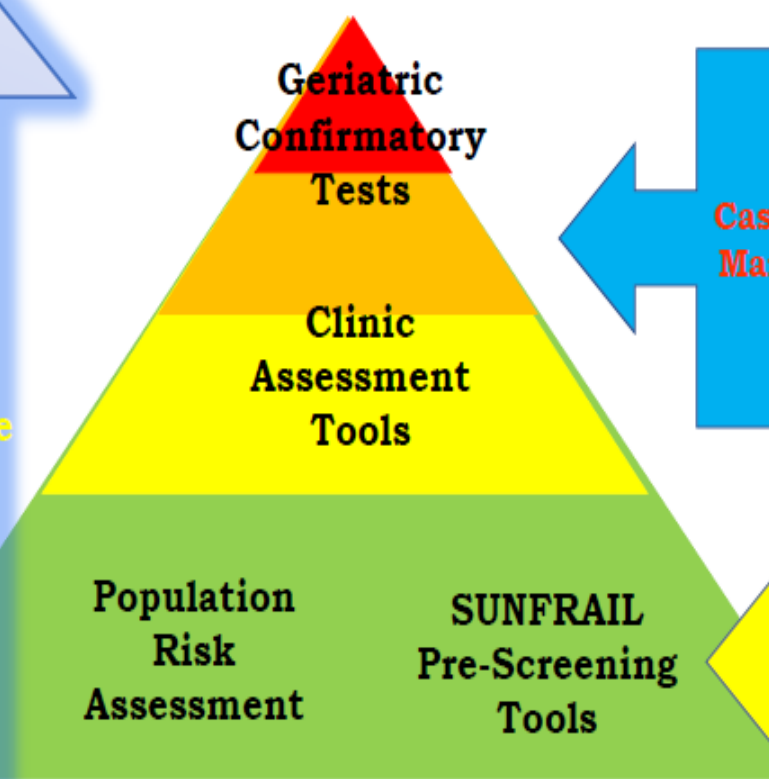


Sunfrail Model main Outcomes



Assessment and Tools

Settings, Interventions and Professionals



potential for future applications



Further integration with **existent pathways** on frailty and multimorbidity (health and social services, community)

Deployment or adaption of **ICT tools** for the wider use of the Sunfrail tool

Link with **Population Risk Stratification** strategies and tools

Continue to work on the **multidisciplinary approach** to frailty and multimorbidity for human resources



Welcome!



sunfrail 
final conference

Bologna (Italy), February 7 | 7 febbraio 2018





Thank you for your attention!

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