



SUNFRAIL TRANSNATIONAL WORKSHOP

Understanding and Caring
Frailty and Multimorbidity

Emilia Romagna Region
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Bologna, March 23, 2016



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

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Promoted by a **network of Italian Reference Sites** of the **European Innovation Partnership on Active and Healthy Ageing (EIP-AHA)**

3rd EU Health Programme - WP 2014

- To share experiences, good practices and tools to identify and manage **frailty** and **multimorbidity**
- **EIP-AHA Initiative (A1, A3, B3)**
- **Italian Ministry of Health - Mattone Internazionale**

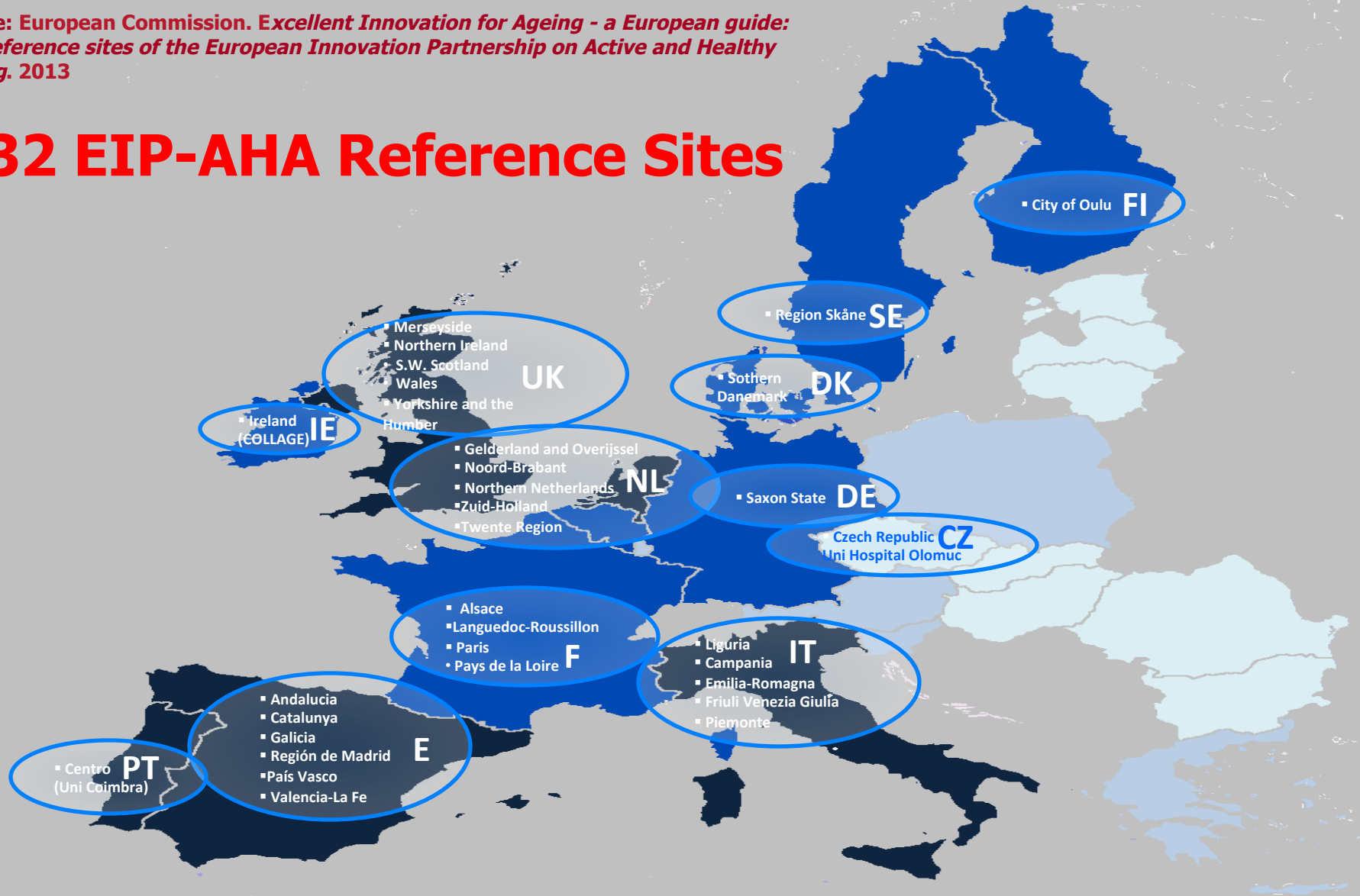
The Partnership

PARTNER	ORGANISATION	ACRONYM
LP1	Regione Emilia-Romagna - Agenzia Sanitaria E Sociale Regionale, Italy	(RER-ASSR)
	Aster - Societa Consortile Per Azioni, Italy	(ASTER)
PP2	Regione Piemonte, Italy	(RHAP)
PP3	Regione Liguria, Italy	(LIGURIA)
PP4	Azienda Ospedaliera Universitaria Federico II Campania, Italy	
PP5	Centre Hospitalier Universitaire De Toulouse, France	(GERONTOPOLE)
PP6	Centre Hospitalier Universitaire Montpellier, France	(CHRU)
PP7	Universytet Medyczny W Lodzi, Poland	(LODZ)
PP8	Universidad De La Iglesia De Deusto, Spain	(DEUSTO)
PP9	Regional Health & Social Care Board Of Northern Ireland, United Kingdom	(HSCB)
PP10	European Regional And Local Health Authorities Asbl, Belgium	(EUREGHA)

Synergies with the Ongoing EIP-AHA Initiatives

Source: European Commission. *Excellent Innovation for Ageing - a European guide: the Reference sites of the European Innovation Partnership on Active and Healthy Ageing*. 2013

32 EIP-AHA Reference Sites



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General Objectives

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

Specific Objectives

1. To design an **innovative, integrated model** for the **prevention and management of frailty and care of multimorbidity (outcomes of the EIP-AHA)**.
2. To **validate the model: assess** existing **systems and services** targeting frailty and multimorbidity – citizen's/**patient's** needs.
3. To assess the **potential for the adoption/replication** and **sustainability of the model (good practices)** in different organizational contexts.
4. To **promote the dissemination** of the results (decision makers - regional, national, EU level).

Reference Sites Systems Reflecting Frailty

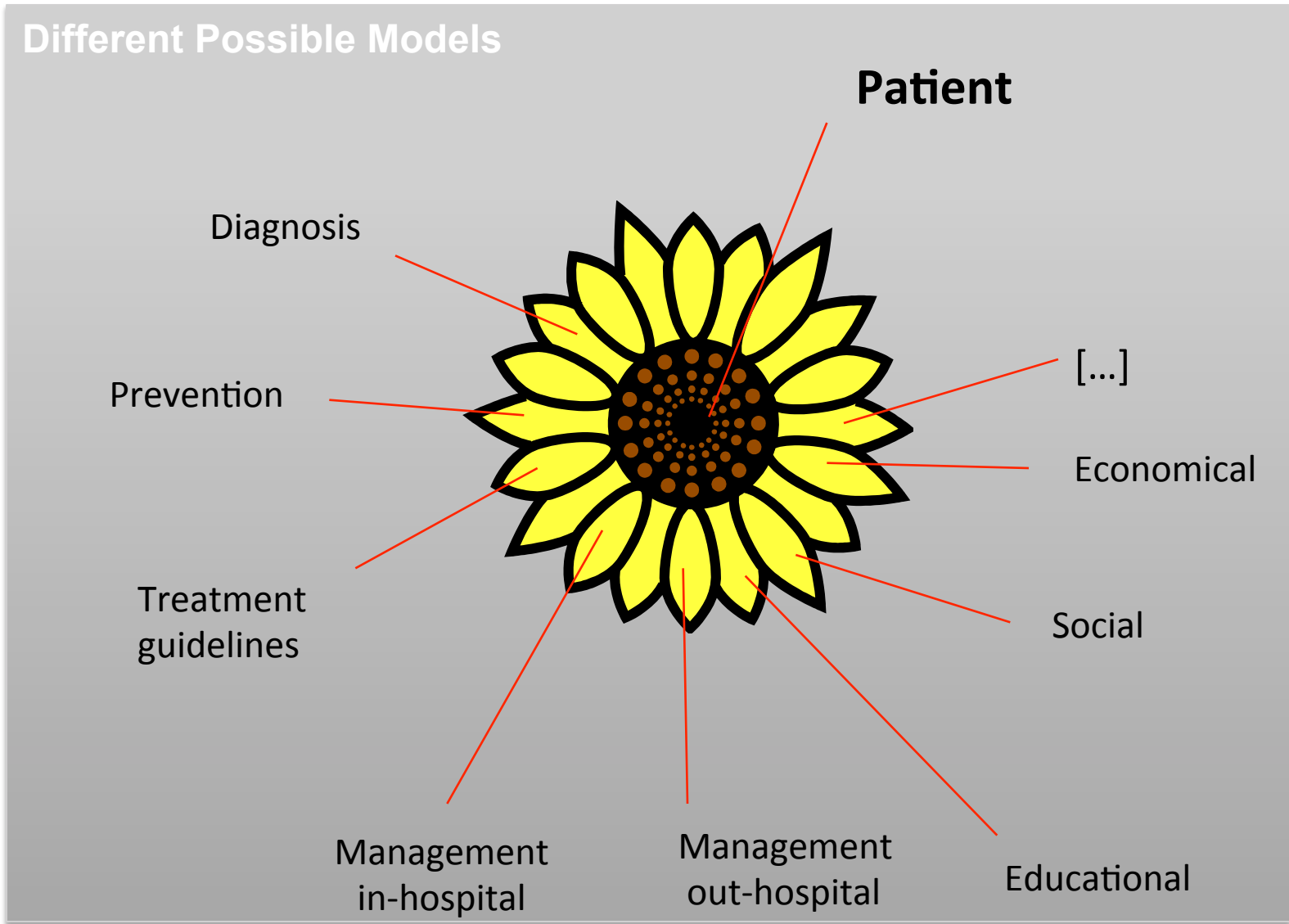
Region <i>Reference Site</i>	Frailty Dimensions					
	Chronic conditions	Multi morbidity	Adherence therapy	Falls Prevention	Social Economical	...
#1						
#2						
#3						
#4						
#..						

 Activities/Best practices

Frailty: Areas Challenging Health Care Services

Primary prevention/Early Detection	a) Screening the population for frailty using both quantitative or qualitative approaches
Diagnosis	a) Identification and evaluation of frail and pre-frail patients
Secondary prevention/Care	a) Management of frailty progression
Emergency/Hospitalization	a) Management of hospitalized frail patients
Building Capacity/ professionals/social network	a) Improving "Patient Centered Care"

Frailty Ecosystem for each Reference Site



Main Outcomes

- A **shared model-good practices** on frailty and multimorbidity
- A **tool kit** for the **prediction** of **frailty** and **multimorbidity**:

Primary care

- to assess the risks of frailty: **physical, cognitive, nutritional and psychosocial conditions**
- to support the adoption of **care pathways** (early detection, management).

Integrated care

- methods and instruments to predict **multimorbidity**

Other tools: instruments for professional's **capacity building** and **analysis** of **costs**

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Opportunities & Challenges

Definition of Frailty and Pre-Frailty

Biomedical vs. Bio-Psychosocial Model

Biomedical

- **Biological:** Age, sex
- **Health-diseases**
- **Life Styles:** physical activity, nutrition...
- **Risk Factors:** smoke, alcohol..

Psychosocial

- **Well being** (physical, psychological)
- **Independent living**
- **Education Level**
- **Socialization**
- **Resources:** health care, social interaction, sport, leisures



Perceived/
Expressed
Needs?

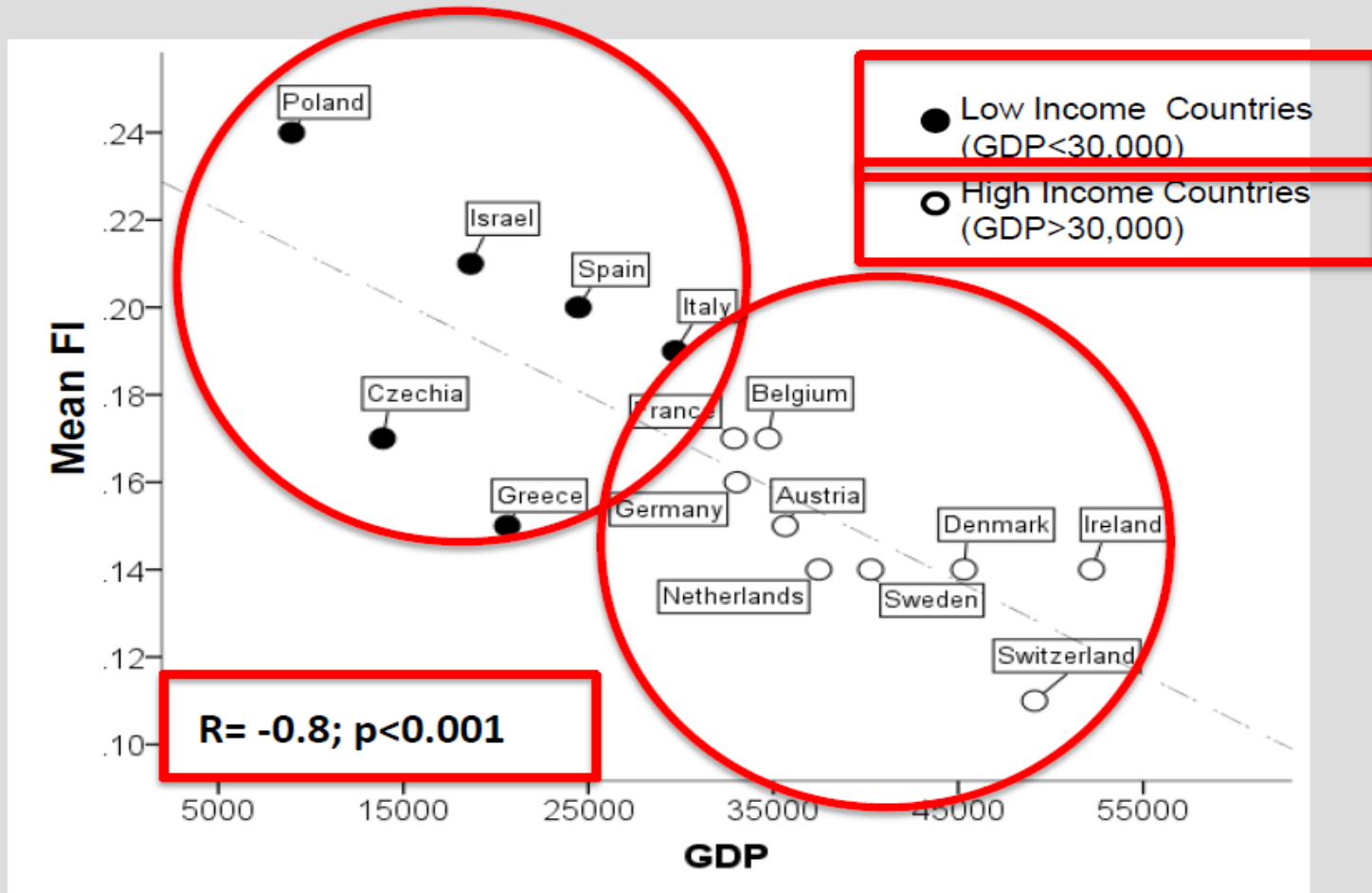
Criteria of
Inclusion?

Loss = Pre-Frailty??

Frailty or Pre-Frailty??

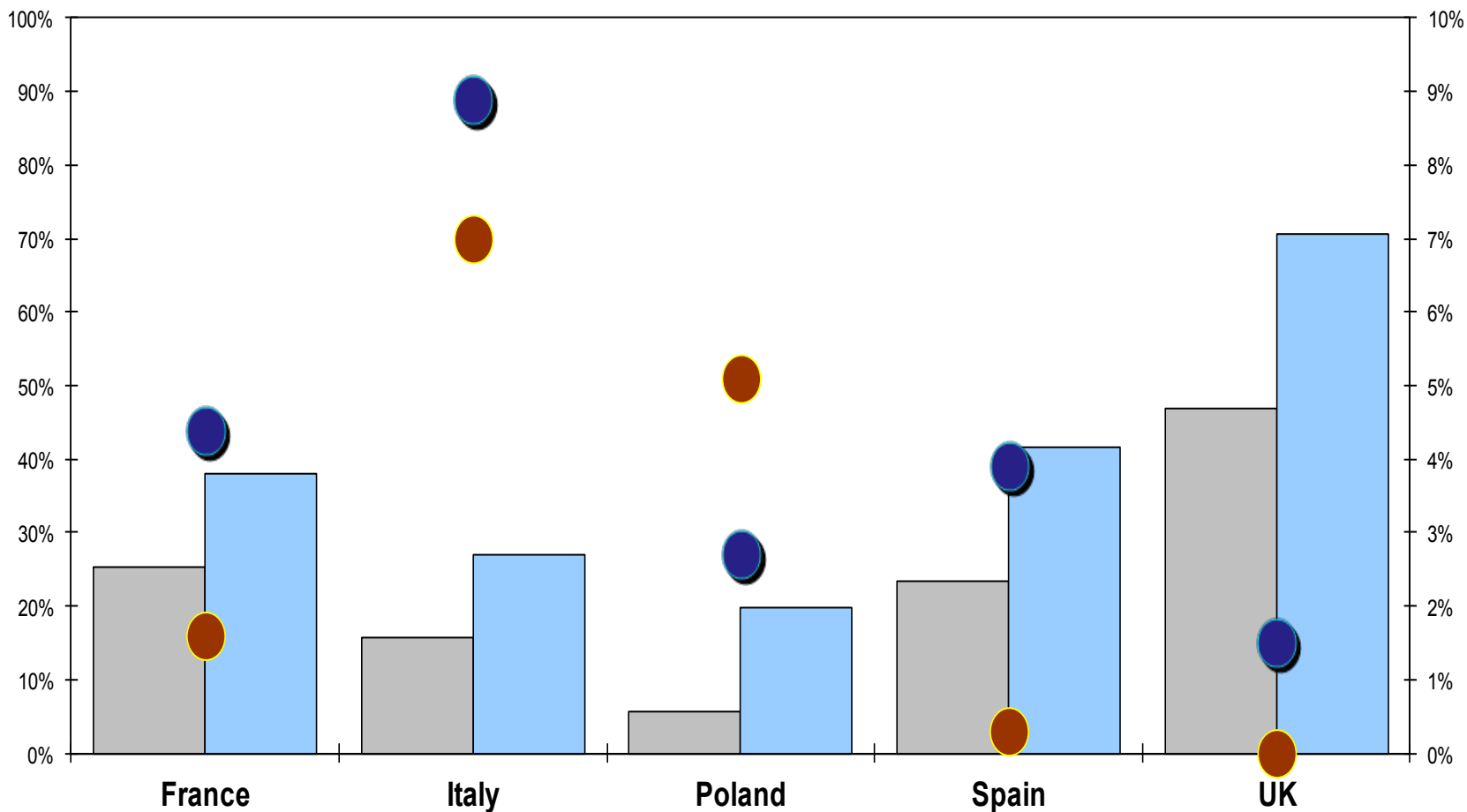
Frailty (FI) & GDP across EU

Mean FI and Gross Domestic Product (GDP)



Self-Referred Health & Unmet Medical Needs

% Self-Referred Health by Income



% Unmet Needs

- People over 75 who state their health is 'Very good and I income quintile (lower)
- People over 75 who state their health is 'Very good and good' V income quintile (higher)
- Self-reported unmet needs for medical examination: people over 75
- Self-reported unmet needs for dental examination because to expensive, to far to travel or due to waiting lists, people over 75

In which way can a **Multidisciplinary
Response to Frailty and
Multimorbidity be developed?**

An Operational Response to Frailty and Multimorbidity

Health and Social Care Services

**II°Level:
Specialist**

- Possible Pathways:**
- Diagnosis
 - II°Prevention
 - Therapy
 - Referral

I°Level:

Primary Health and Social Care
(GPs, Nurses, Social Workers, others)

•Living Environment:

Alert, Promotion, Referral
(Pharmacy, Circles, Church, Gyms....)

Social Response

Bio Medical Response

Possible Pathways:

- Identification - Referral
- I° Prevention-Promotion (Lifestyles)
- Social Activation (voluntary work, informatic literacy, sport, etc.)
- Individual, family, collective response

How to Identify Frailty and Multimorbidity in Primary Health and Social Care?

- **Scales - Items**
- **Professionals**
- **Settings & Contacts**

A Common Set of Items (language)?

How to Identify Frailty and Multimorbidity in Primary Health and Social Care A Common Set of Items?

- Physical activity**
- Weight loss**
- Dental status**
- Mood disorders**
- Memory problems**
- History of falls**
- Presence of 2 or more Chronic Conditions**
- Recurrent Hospitalization**
- Educational Level**
- Social Isolation**
- Economic Constraints**

Socio-Economical Vulnerability

How to Identify Frailty and Multimorbidity in Primary Health and Social Care A Common Set of Items?

- **To Provide a Differentiated – Integrated Response
by Levels and Settings of Care**
- **With a focus on Primary and Social Care**
- **Common Core: Domains of Frailty**

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Opportunities & Challenges

- **Definition** of Frailty and Pre-Frailty
- An **Operational Response** to Frailty and Multimorbidity in Primary Health and Social Care
- **Instruments** and **Items** to Identify Frailty and Multimorbidity
- How to identify **Good Practices** on Frailty and Multimorbidity
- **Synergies** Between EU Projects & Initiatives

Thank you for your attention!

www.sunfrail.eu



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