

INTEGRATED CARE FOR COMPLEX CHRONIC PATIENTS

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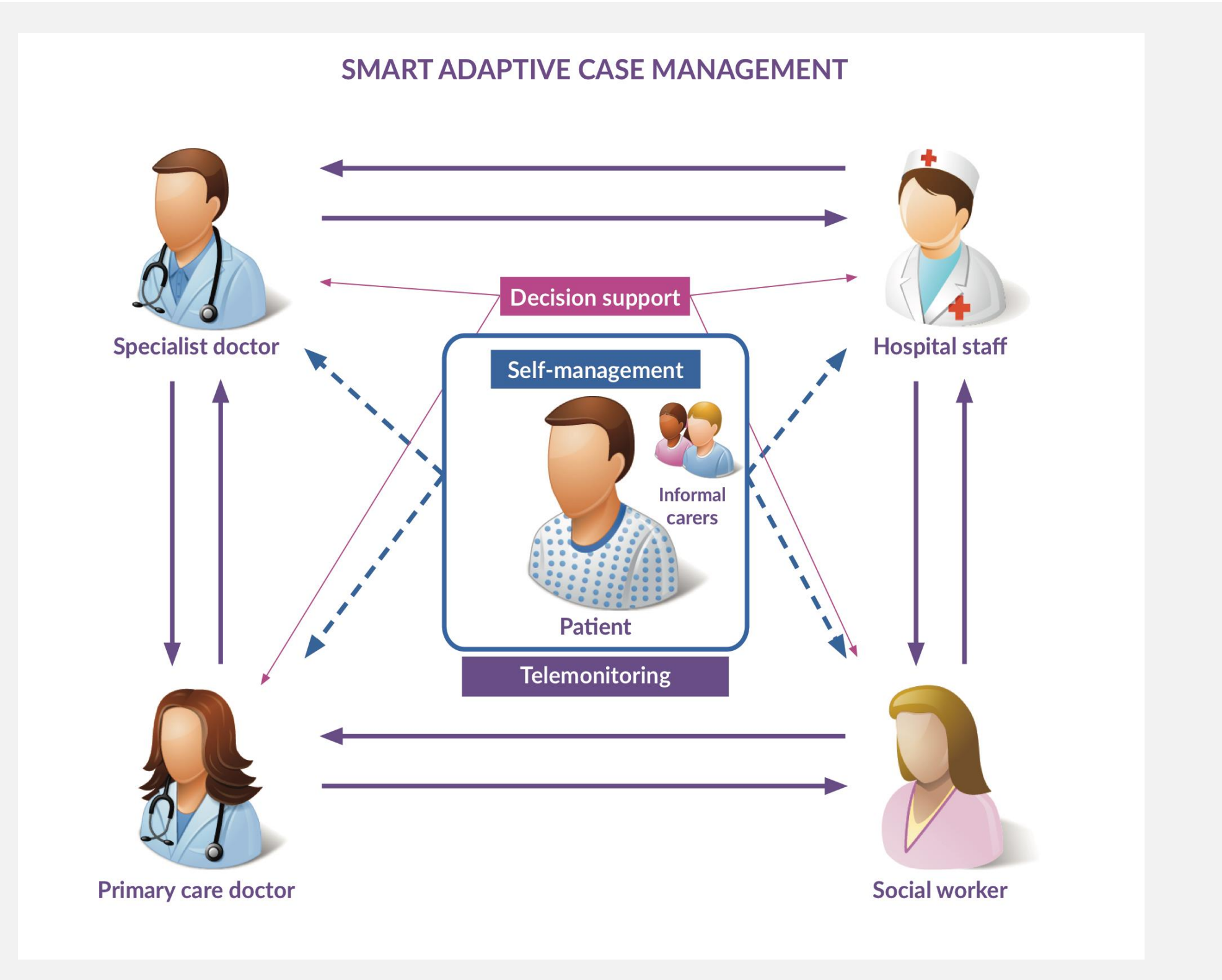
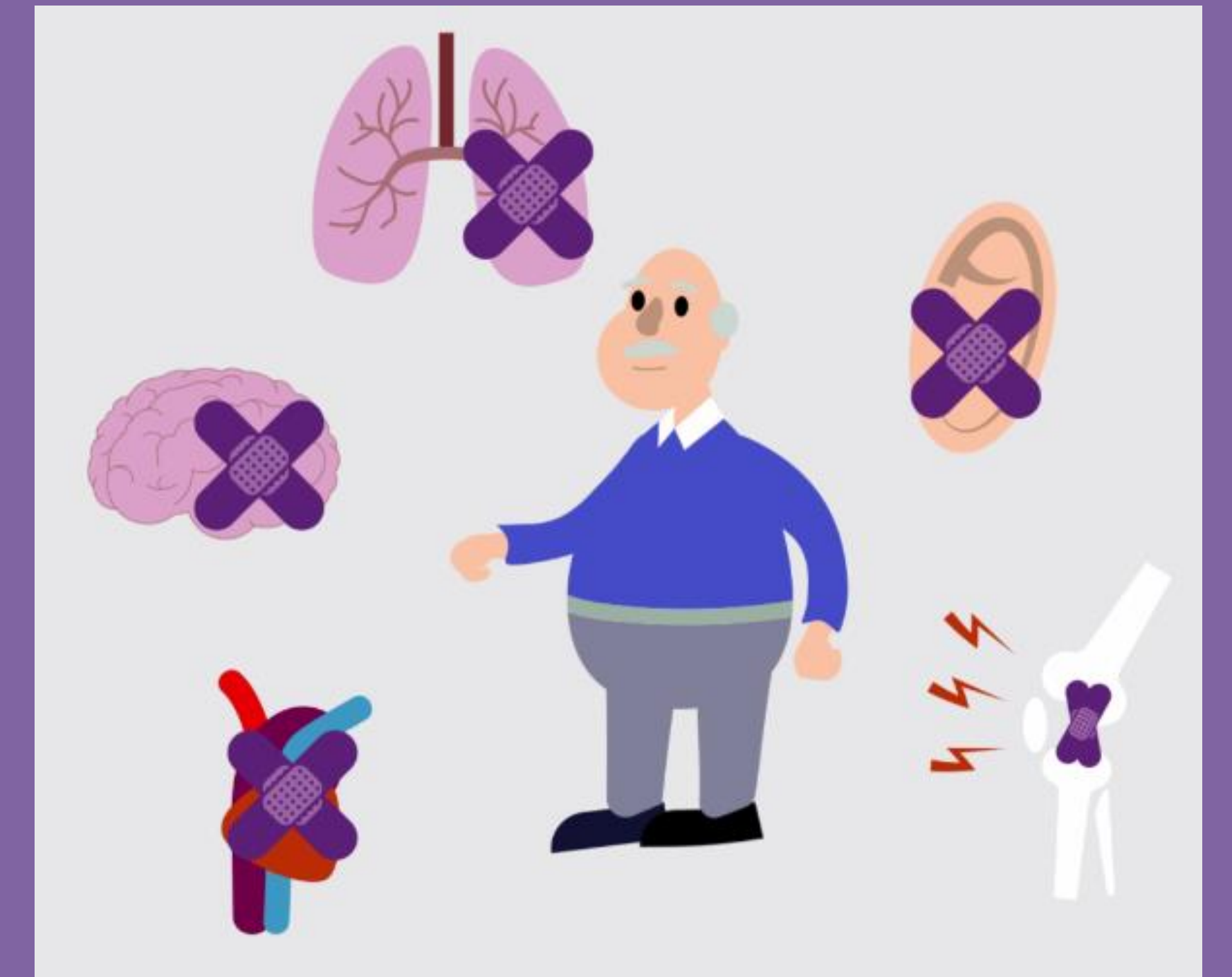


BACKGROUND

It is widely accepted that the increasing number of the population aged > 65 years may suffer frequent unexpected hospital admissions or emergency room visits because of clinical or social circumstances triggering adverse outcomes.

The **Complex Chronic Patient (CCP)** is defined as a patient with two or more chronic diseases, comorbidities, frail (due to social, economic and/or clinical factors), usually elderly, and who consumes a very high level of health resources.

Although CCPs comprise about 5% of the general population, their health care needs consume an estimated 40% plus of all hospital admissions.



METHODS

CONNECARE aims to develop and evaluate a new organizational model to enable integrated care of CCPs, supported by technological solutions following an adaptive case management approach.

The **CONNECARE integrated care organizational model** will facilitate collaboration and communication among healthcare professionals, patients and their carers through integrated technological solutions.

CONNECARE will also support and empower patients for **self-management**, by providing them recommendations and suggestions according to continuous monitoring of their activities.

RESULTS

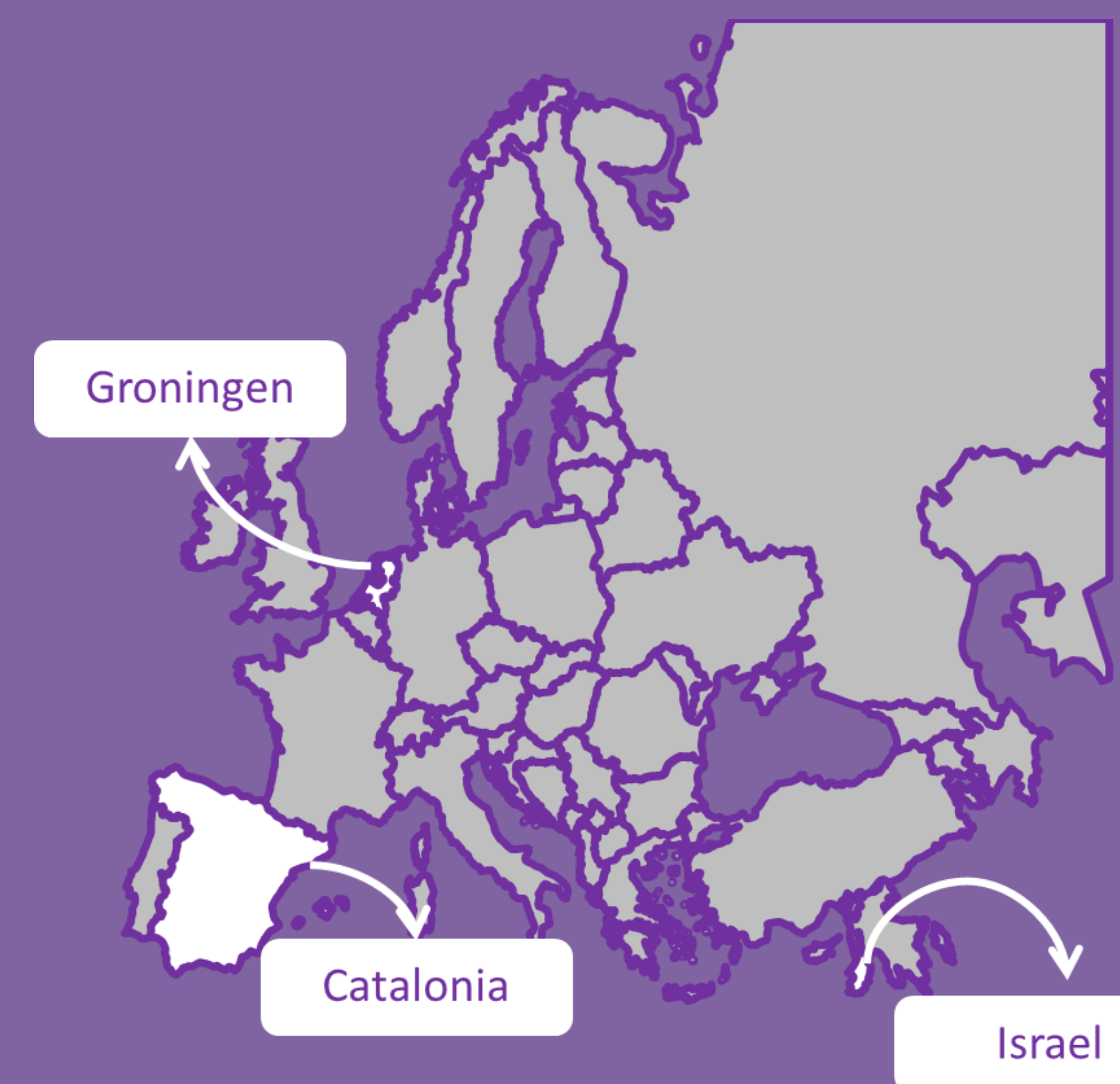
The CONNECARE integrated care solution is built upon the experience of on-going large-scale deployment programs in each of the participating sites and the inclusion of the main stakeholders in the process. A **co-design methodology** has been established to capture the feedback of all actors in the integrated care process.

CONNECARE will be deployed in **three regions**: Catalonia (Spain), Israel, and Groningen (the Netherlands).

Two clinical studies have been defined for field-testing the CONNECARE solution that will then be performed and evaluated (October 2016 to March 2019) in the three regions: community-based management of CCP and integrated management of patients undergoing surgical procedures, with a specific use case for pre-habilitation of high risk candidates for complex abdominal surgical procedures—which will only be performed and evaluated in Barcelona.

The purposes of the clinical studies are:

- I. assessing health value generation of the CONNECARE solution;
- II. enabling its refinement and fine tuning during the last six-month period
- III. generating guidelines for transferability of CONNECARE achievements to other sites.



CONCLUSION

The ambition of CONNECARE is to co-design, develop, deploy, and evaluate a **novel integrated care services model** supported by a smart and adaptive case management system for better care coordination and self-management of CCPs.

Pragmatic clinical trials will be held in the three sites to assess the health value generation of the CONNECARE solution.

Guidelines for the transferability of CONNECARE achievements to other sites will be developed. This will save European healthcare organizations huge sums whilst improving patient outcomes.



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