
Executive summary

Health Council of the Netherlands. Health care for the elderly with multimorbidity. The Hague: Health Council of the Netherlands, 2008; publication no. 2008/01

The request for advice from the State Secretary

This report concerns multimorbidity amongst the elderly. Multimorbidity is the co-occurrence of diseases, irrespective of the nature of their relationship. Multimorbidity occurs in all ages, but mostly in the elderly. In the coming years the proportion of elderly people in our society will increase rapidly, and as a result the number of elderly people with multimorbidity will increase as well.

This led the State Secretary for Health, Welfare and Sports to request the Health Council of the Netherlands to advise her on multimorbidity in the elderly and on how to develop an effective geriatric service for elderly people with multimorbidity.

Multimorbidity is common among the elderly

Around two-thirds of all over-65s have two or more chronic diseases, and this percentage increases with age. Amongst people over 85 years of age, at least 85% have more than two chronic conditions.

For patients multimorbidity becomes a real problem mainly if it limits daily functioning and if it leads to a loss of vitality. In such cases, care providers not only have to ensure continuity and cohesion in the generally complex medical and nursing care, but they also have to prevent further loss of functioning and

social participation. In this respect the co-occurrence of medical and psychiatric illnesses need special attention.

Four areas need further development

The committee is of the opinion that the current healthcare provisions are not adequately set up to deal with elderly patients with multimorbidity. In order to bring about integrated care for the elderly, development is required in four areas which currently fall short:

- Timely identification of health risks related to multimorbidity
- The management of an integrated provision of care for home dwelling elderly with multimorbidity
- The provision of diagnostic and therapeutic advice to GP and home care nurses by medical specialists
- The application of scientific knowledge about complex multimorbidity within the clinical setting.

Care pathways for the elderly within a region should be developed

The committee is of the opinion that regional agreements about care pathways for elderly patients with complex multimorbidity, in which these four issues are implemented, are required. These regional agreements should involve all relevant professionals and organisations, as well as the insurers. To support such an initiative and to promote further development of the geriatric service, the committee has made the following four recommendations:

Improve the availability and accessibility of information

It is vitally important that the relevant care providers have easy access to accessible and up-to-date (electronic) patient records. The developments in this area are promising and should be strongly stimulated. Although developments in other areas are moving more slowly, regional care agreements should nevertheless include agreements relating to the content and implementation of the medical information exchange system. The committee believes that both the content-related and technical development of the electronic patient record (EPR) system should therefore be pursued even more vigorously.

Stimulate training on multimorbidity

To be able to set up an integrated and well-coordinated provision of care for elderly patients with multimorbidity, medical and nursing knowledge on the subject is required. This will require extra training and (ongoing medical) education. Cross-disciplinary training modules have been found to be very useful in promoting interdisciplinary cooperation. The committee therefore recommends offering extra training on multimorbidity in an interdisciplinary setting, which is not only open to medical professionals (general practitioners, nursing home doctors, clinical geriatricians, geriatric internists, geriatric psychiatrists, surgeons, neurologists), but also to nurses, nursing specialists, paramedics and psychologists. As well as the subject-specific areas (such as ways to maintain health and promote recovery in elderly people, and medical options for typical old-age conditions), there should also be a focus in this training on care pathway coordination, on the collaboration involved in such a pathway, and on how to support those in the patient's immediate environment (informal caregivers).

Stimulate scientific research

Research into the content and organisation of medical and nursing care for elderly patients with complex multimorbidity is particularly scarce. The committee therefore recommends developing a coordinated research effort which would fill the largest knowledge gaps. The committee endorses the recommendations made in the 2006 advice from the Advisory Council on Health Research (RGO) entitled "Research into medical care for the elderly".

- Stimulate the design of the 'regular' clinical research in a way that permits making inferences on interventions for the elderly.
- Concentrate the research on the following three areas:
 - the medical care of vulnerable elderly patients with multiple problems
 - guidelines for diseases in the elderly
 - healthcare organisation.
- Concentrate the research in cooperative associations between healthcare practitioners and research institutions.

Further to these recommendations and based on the research areas recommended by the RGO, the committee recommends giving extra attention to research into prevention, such as instruments/methods for timely identification of complex multimorbidity, and into ways of supporting informal caregivers. Priority should also be given to research into the efficacy of periodic medication monitoring and

the way in which patients are involved in the choices concerning their medication and other components of their treatment and care. Efforts to strengthen the collaboration between research and the practical setting, for example with the development of academic workplaces and the national programme for elderly care proposed by the Netherlands organisation for health research and development (ZonMw), should also be given full support. Financing for such initiatives should carry the explicit prerequisite that it will only be granted if the initiative is scientifically evaluated by cooperative associations of healthcare practitioners and research institutions.

Ensure that the boundary conditions for the planned geriatric service are met

Setting up the planned regional care pathways and establishing effective coordination will, particularly in the beginning, require extra time and resources. To be able to continue providing the planned geriatric service, additional resources will also be necessary in the longer term. The committee advises the government to stimulate the effort by ensuring that the necessary financial support is provided.

A number of conditions could be associated with this funding, such as the willingness to undertake systematic evaluations of the planned geriatric services.