



Addressing the needs of complex patients – Bridging medical, social and psychosocial care through better coordination:

*Impact of clinical complexity and social factors on patients health*

Rosa Burgos  
SENPE General Secretary



*ESPEN-ENHA-MNI Joint Session: Optimal Nutritional Care for All – Innovative and Patient-Centric Care*

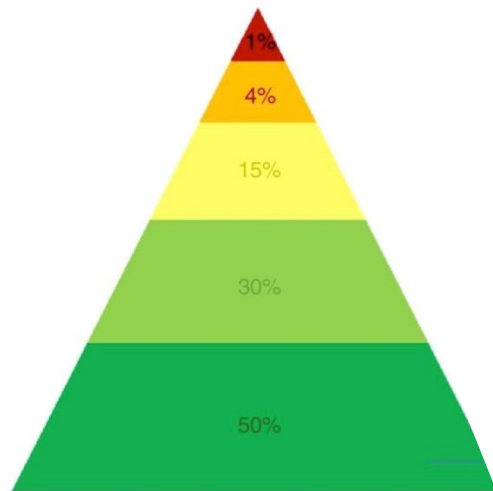
# The challenge in the future of the health systems



The NEW ENGLAND JOURNAL of MEDICINE  
 Perspective  
 SEPTEMBER 8, 2016

## Caring for High-Need, High-Cost Patients — An Urgent Priority

David Blumenthal, M.D., M.P.P., Bruce Chernof, M.D., Terry Fulmer, Ph.D., R.N., John Lumpkin, M.D., M.P.H., and Jeffrey Selberg, M.H.A.



Urgent admission	GP visits	Pharmacy cost
31.9%	31.0 %	47.4 %
14.6 %	20.1 %	32.0 %
5.7 %	12.4 %	15.4 %
2.9 %	6.8 %	4.1 %
1.2 %	2.1 %	0.8 %

Catalan Health Service, 2016.

# Complex patients are 5% of population and use health services in an huge intensive way

- ❑ Primary care x 4
- ❑ Social work x 15
- ❑ Hospital avoidable admissions x 6
- ❑ Emergency room x 3
- ❑ High drug consumption x 5
- ❑ Health cost x 8
- ❑ Mortality x 30

Data from Catalan Health Service, 2016.



## Health problems



Liver cirrhosis  
COPD  
Malnourished

## Social problems

- Widower, no family support.
- Intellectually disabled son living with him.
- Apartment with architectural barriers.
- Low economical intake (retired young due to illness, previous unqualified employment)

We need to move to the Community  
We need an Integrated Care Model

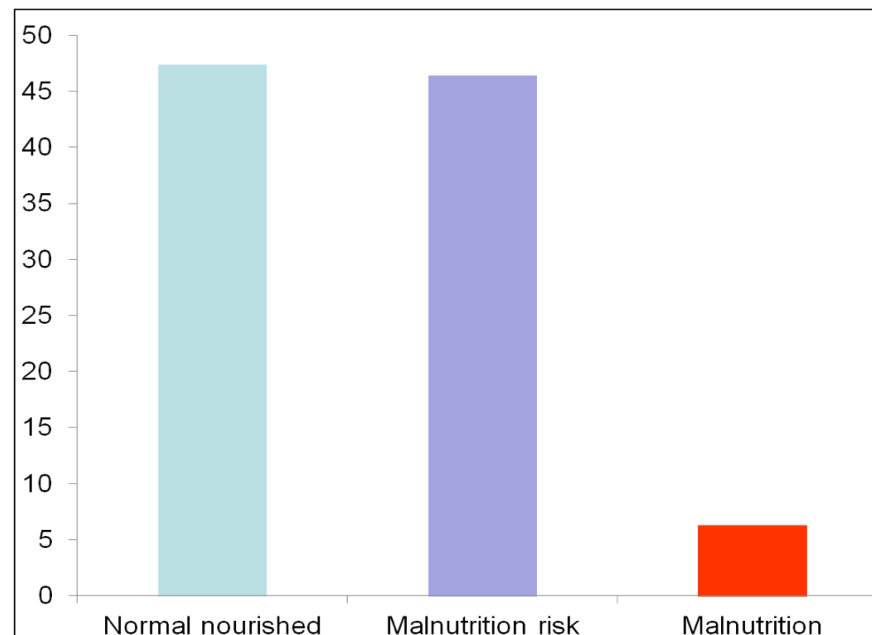
# Complexity is a health and social issue:

## What have we learn about them from a study cohort in Spain?

- 400 randomized selected Complex Chronic Patients
- Older age:  $79 \pm 13$  y (60 % women)
- Multimorbidity in 95 % .
- 37% are under home care programmes.
- Only 54 % living independently, 10 % severely handicapped and 34 % never leave home.
- 40% cognitive impairment (dementia or depression)
- 61% need a caregiver (50 % parentive, 10 % caregiving another person)
- Only 30 % have devices for remote warning/alert.
- 60 % handicapped in basic daily activities (Barthel test)
- 85% problems in instrumental autonomy (Lawton-Brody test)

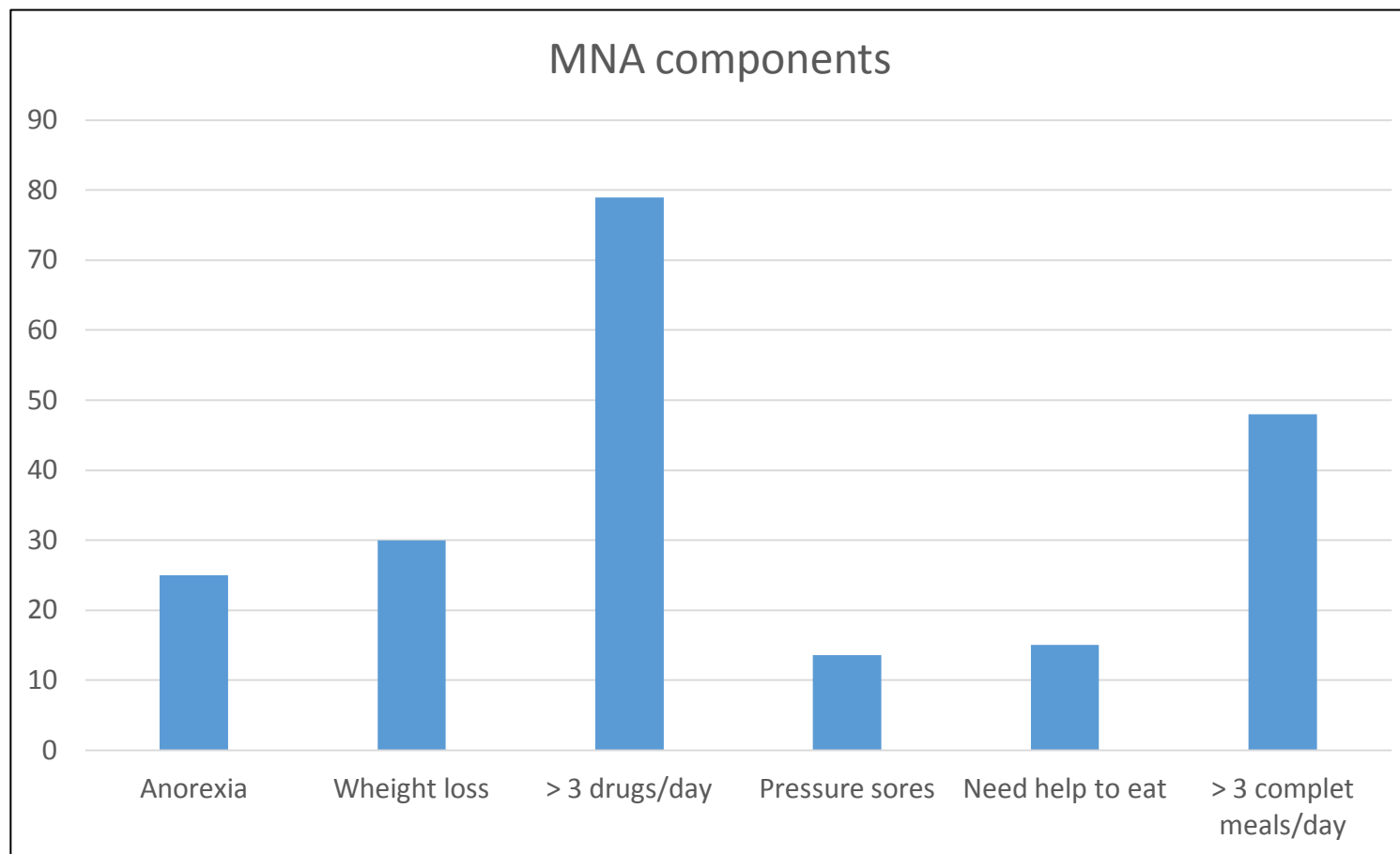


# Malnutrition in clinical complexity: a high prevalence topic

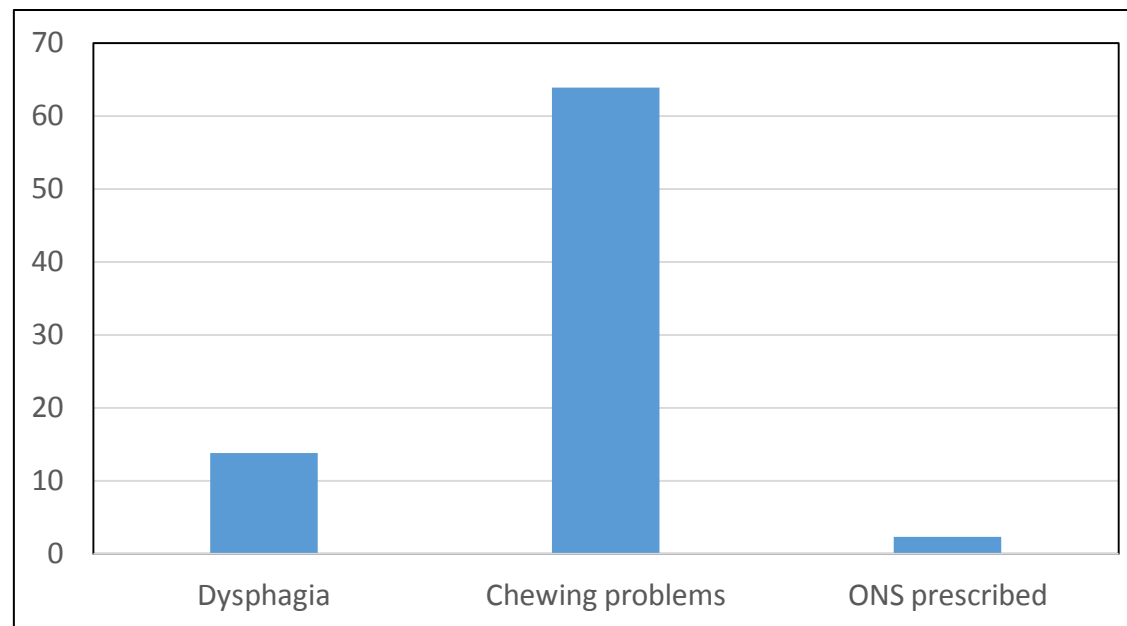


**Results of nutritional assessment (full-MNA)**

# Malnutrition in clinical complexity: a high prevalence topic



# Malnutrition in clinical complexity: a high prevalence topic





# Malnutrition in clinical complex conditions: health, functional and social dimensions influencing malnutrition

- Social risk detected in 26 % of patients (TIRS Questionnaire).
- Social and health determinants that influence malnutrition:
  - Living alone ( $p < 0,0001$ )
  - Polypharmacy ( $p = 0,010$ )
  - Dysphagia ( $p = 0,001$ )
  - Social risk ( $p < 0.001$ )
  - Difficulties for instrumental abilities ( $p < 0.001$ )
- Multivariate analysis:
  - social risk (TIRS +): RR 2,18 (CI 95 % 1,3-3,6);  $p = 0,003$
  - Difficulties for instrumental abilities:
    - Total dependence: RR 12,8 (CI 95 % , 6-29);  $p < 0,0001$
    - Severe dependence: RR 3,6 (CI 95 % 1,7-7,6);  $p = 0,001$

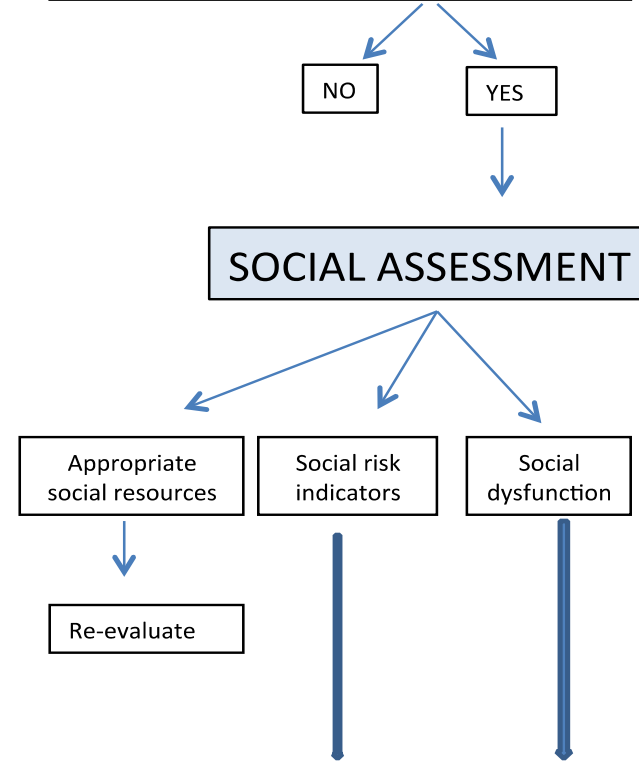
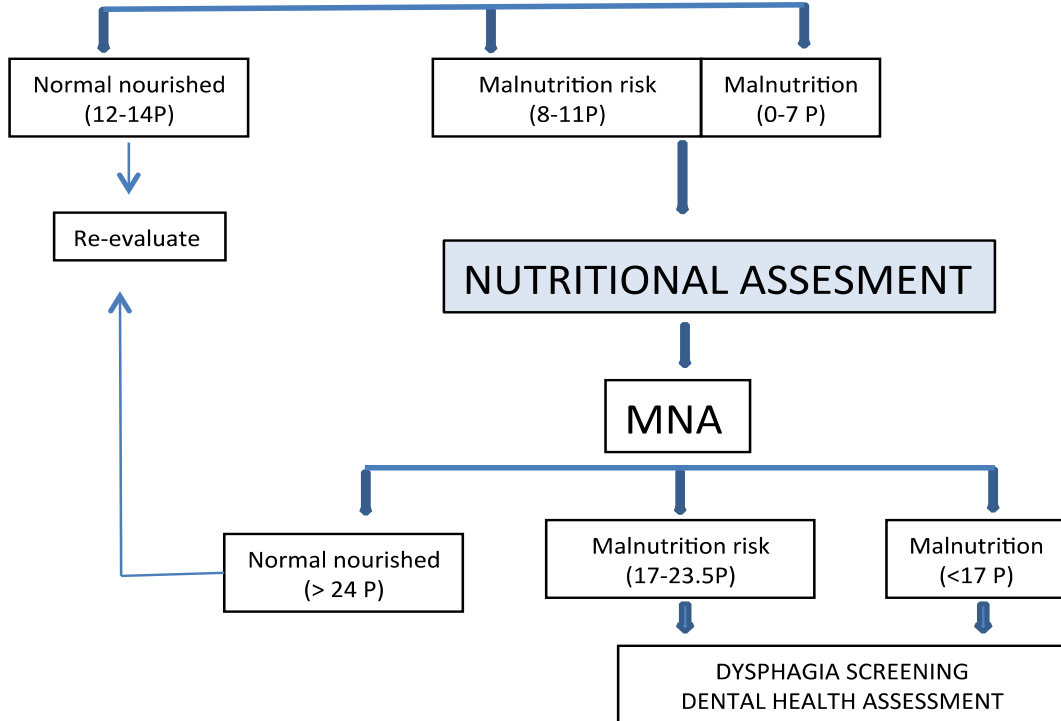
**CPCHN PATIENTS**

**NUTRITIONAL ASSESSMENT**

**SOCIAL RISK ASSESSMENT**

**NUTRITIONAL RISK SCREENING: MNA-SF**

**SOCIAL RISK SCREENING: TIRS**



**NUTRITIONAL INTERVENTION PLAN**

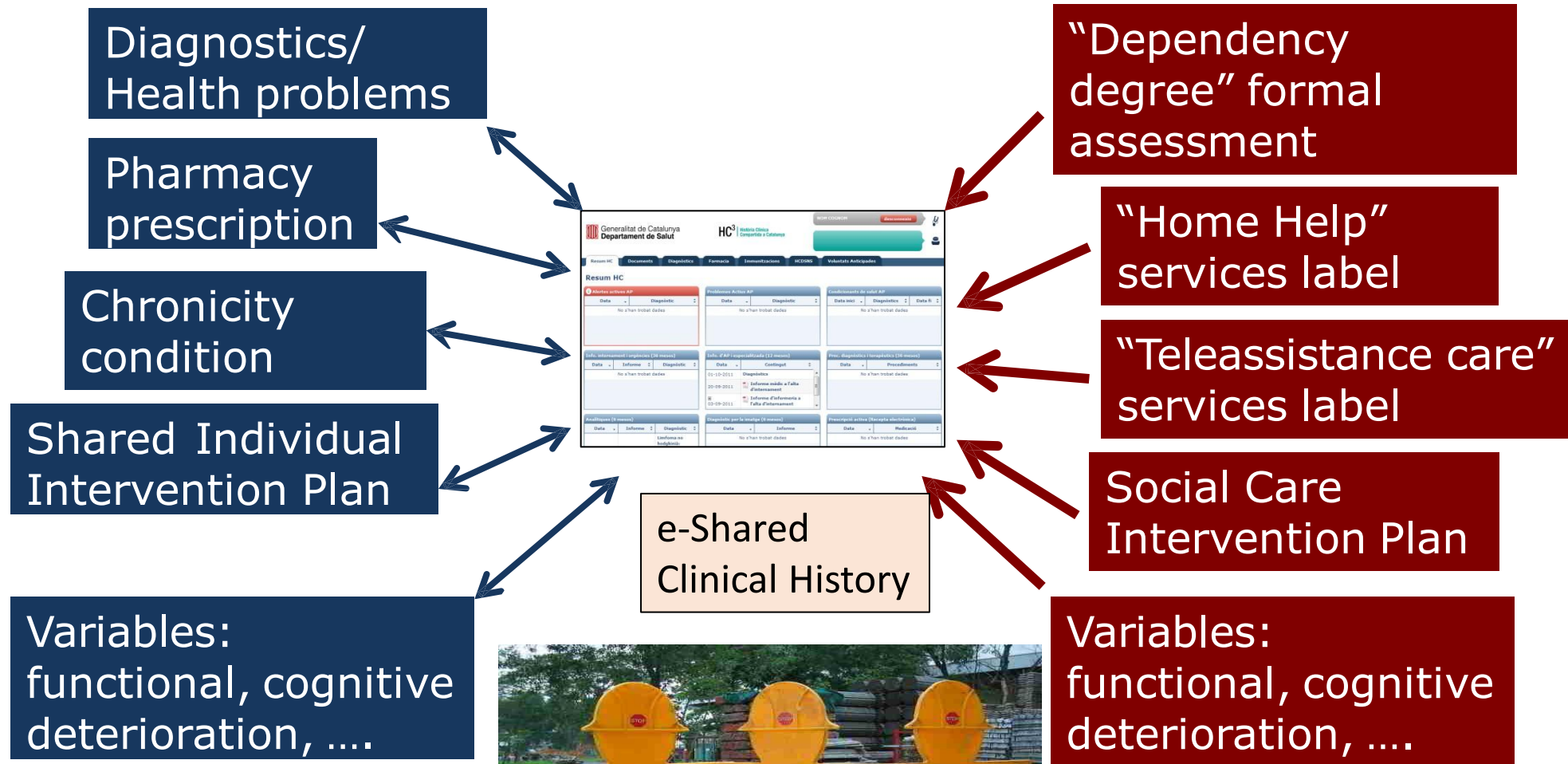
**SOCIAL INTERVENTION PLAN**

CASE-CONFERENCE

**MONITORING**

**MONITORING**

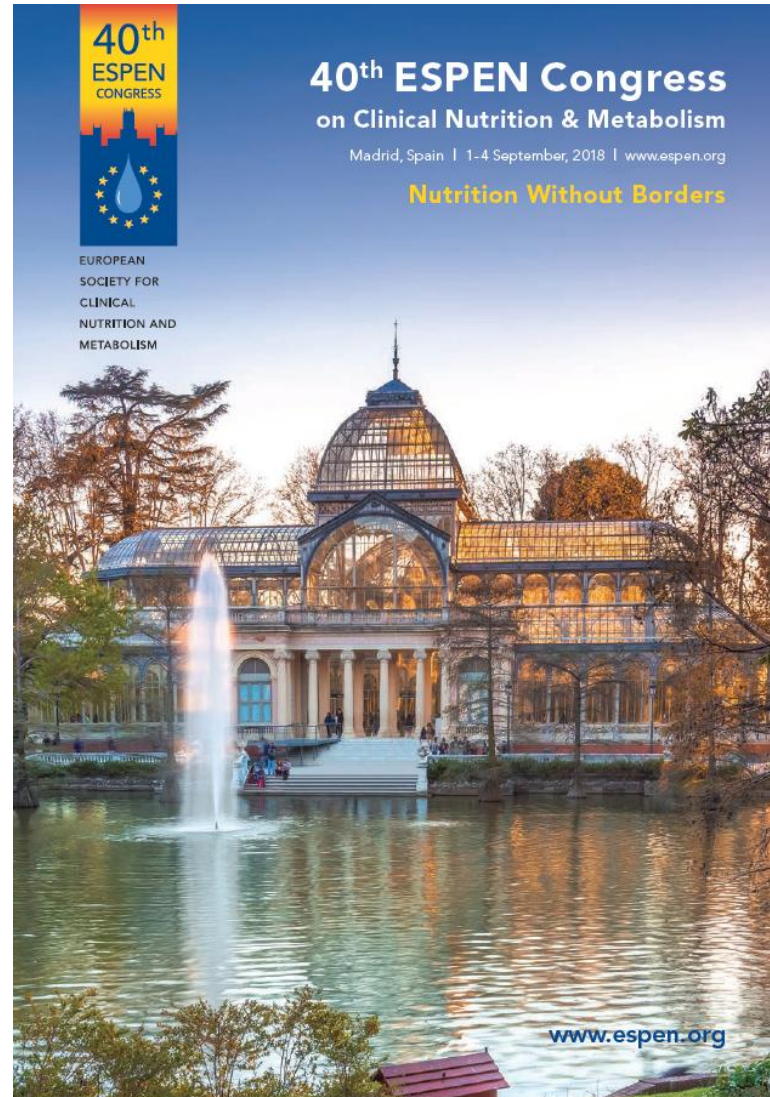
# "Health and Social" Integrated eCare



**Health Care**



**Social Care**



***We look forward to welcoming you  
in Madrid for the ESPEN congress in 2018***