Supporting Healthier and Independent Living for Chronic Patients and Elderly

Objectives of the project

Validation of four ICT-enabled integrated care services (ICS) in large scale trials, targeting highly prevalent chronic conditions (mainly COPD, CHF and diabetes). The project aim is to ensure immediate successful deployment of this type of services supporting healthier and independent living in these individuals.

Targeting prevalent chronic conditions
The increasing prevalence of chronic disorders is expected to continue, leading to further dysfunctions of our current healthcare systems. It is widely accepted the importance of introducing substantial changes in the delivery of care and social support services for chronic patients, including changes in lifestyle, empowerment of patients and relatives and better collaboration among different levels of care. Obstacles lie in the current fragmentation of health providers and community services together with the challenge of managing co-morbidity.
Nexes aims at the extensive deployment and sustainability of validated integrated care services, by:

- Deploying four integrated care programs for chronic patients based on structured interventions addressing prevention, healthcare and social support.
- Innovate in services that: a) adopt an integrated approach that includes profound organizational changes, b) face the co-morbidity challenge, and, c) use of open ICT platforms as modular and scalable tools supporting interoperability among actors.
- Validate the deployed programmes in large scale studies.

CASE STUDY Laia is 55 yrs-old. She is an active professional with hypertensive cardiac failure, poor adherence to therapy, overweight and sedentary. Moreover, her mother, 85 yrs-old, suffers from mild dementia and taking care of her is an extra-burden at the end of Laia's regular working day. Laia and her mother are perfect candidates for an individually customized Wellness-rehab program including social support. Laia's targets are to improve disease prognosis through a structured intervention supported by mobile technology and access to a call centre. Her mother may benefit from a preventive program through interactive TV and social support. Enhanced accessibility will benefit both of them.

Project Description

NEXES addresses the transfer of complexity from hospital to primary care and patient-home using ICT support. To this end, the project has assessed deployment of four innovative Integrated Care Services (ICS) for chronic patients (respiratory, cardiac and type II diabetes mellitus) including well standardized patient-centred interventions, namely:

- Home-based wellness and exercise-training
- Enhanced care for frail patients
- Home hospitalization and early discharge
- Remote support to primary care for diagnosis and therapy

Particular attention has been paid to co-morbidities and to the impact of frailty and complexity in the stratification of patient care. The project (2008-2012) proposes specific strategies for deployment of ICS for chronic patients at EU level.

Results achieved

- Demonstration that ICS for chronic patients supported by ICT (ICS-ICT) enhance clinical effectiveness and generate cost containment
- Consolidation of an open source modular Health Information Sharing Platform supporting organizational interoperability among actors and clinical decision support systems
- Proposal of an innovative business case articulating all actors
- Formulation of strategies for scalability of the ICT services at regional level

Acronym of Project NEXES

Title of project: Supporting Healthier and Independent Living for Chronic Patients and Elderly (Nexes)

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NORWAY: St Olav's Hospital HF, Helse Midt-Norge RHF, Stiftelsen Sintef, TXT e-solutions SpA, Hospital, Trondheim Kommune

GREECE: Intracom SA Telecom Solutions, Institute of Social and Preventive Medicine, 1st YPE of Attica - Sotiria, Santair SA,

ITALY: TXT

Timetable: 49 months (05/2008-06/2012)

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Instrument: STREP

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KEYWORDS

Integrated Care, Chronic Patients, ICT, Ageing, Deployment