

Optimising care for people with chronic conditions

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Impact paragraph

This chapter will explain the social relevance of our research. It also describes the stakeholders for whom our results might be relevant and how we will inform and involve them.

Social relevance of the ABCC-tool

The Dutch healthcare system is found to be one of the best of the world. Access to good healthcare seems self-evident, but unfortunately, our healthcare system is under pressure. The demand for healthcare is increasing due to the growing number of people with chronic conditions and the ageing population (1). Chronic conditions have a major impact on society due to the high healthcare costs and increased workload in healthcare (2). In 2021, 10.3 million people in the Netherlands had one or more chronic condition(s); this is 59% of the Dutch population. More than half of these people had more than one chronic condition (3). A chronic condition can have a major impact on the life of a person (2). For example, people may experience symptoms, may be limited in social activities, or may have concerns about the progression of the disease and about complications. This could lead to a loss of quality of life. To tackle these challenges, the Ministry of Health, Welfare and Sport announced a disease management program ('programmatische aanpak van chronische ziekten') to cope with the increasing number of people with chronic conditions in 2008 (4). In the recent decade, a lot of work has been done to improve care for chronic conditions (5). For example, care standards have been developed, integrated care has been implemented, and focus has been paid to self-management and shared decision making. During a conference organised by InEen in 2019, the continuation of the development of the disease management program was discussed, with the conclusion that it is time to work on (5):

- 1) The switch from standardised to person-centred care, which is more in line with the wishes and preferences of individual patients
- 2) The integration of disease management programs, in which the existing disease management programs are merged for patients with multimorbidity and that allow to combine this with care for other chronic conditions

We believe that the ABCC-tool fits well within the need for a tool that supports person-centred care and integrates disease management programs for multiple chronic conditions. The tool has several advantages that connect well to the earlier mentioned developments: 1) it focusses on the person rather than the disease by including social, emotional, and physical aspects; 2) it provides adequate support for shared decision making and self-management by means of the balloons, which might increase someone's ability to adapt and self-management the disease; 3) it is possible to combine multiple chronic conditions within one tool, which ensures that patients receive one individual care plan with attention for multiple chronic conditions and which avoids overlap (for example on lifestyle interventions). The ABCC-tool is, as far as we know, unique in its kind.

In this dissertation, we have developed and evaluated the ABCC-tool. We concluded that the ABCC-tool is valid and reliable. Our results showed significant treatments effects on perceived quality of care after 6, 12 and 18 months and on patients' activation after 18 months. However, no significant treatment effects were found for quality of life or capability well-being. We found scientific proof of the ABCC-tool's effectiveness, despite our low sample size and limited use of the ABCC-tool due to COVID-19. As the ABCC-tool fits well within the societal developments regarding care for people with chronic conditions, we believe implementation of the ABCC-tool might be justified. In the section below, we will describe how we will inform and involve stakeholders to facilitate future uptake of the ABCC-tool.

Stakeholders of the ABCC-tool

Patients and patient associations

The ABCC-tool is relevant for patients, as it might help them to take the lead in their own care process. By using the ABCC-scale, patients might more easily indicate aspects that are important to them. It also offers them the possibility to discuss treatment options with the healthcare provider. This allows patients to play an active role in decisions concerning their health. Because goals to self-manage the chronic condition are formulated together, it is easier to receive adequate support from healthcare providers. To inform patients about the ABCC-tool, it is important to communicate the value and use of the ABCC-tool in an easy manner. Therefore, we aim to develop videos, flyers, and a user-friendly website. A website has already been developed (www.ziektelastmeter.nl) and will be updated in the coming year. To inform and involve patients, we are in contact with patient organizations, including the Lung Foundation and the Dutch Diabetes Association.

Healthcare providers and their network organisations

The ABCC-tool is relevant for healthcare providers, as it might help them to identify aspects that are important to a patient. Because the patient is better prepared for the consultation and knows where he or she wants to talk about, time might be saved during the consultation. The ABCC-tool can also be used to discuss issues that would normally not be easily discussed, such as sexuality or emotions. The ABCC-tool can help healthcare providers in shared decision making and in supporting self-management. To inform healthcare providers about the ABCC-tool and to create support, we are already in contact with several network organisations, including the COPD and Asthma General Practice Advisory Group, the Diabetes General Practice Advisory Group, and the Cardiovascular Diseases General Practice Advisory Group. Besides, we aim to work together with the Dutch Association for General Practice Nurses and V&VN General practice nurses and nurse practitioners to share information about the ABCC-tool. A short article about the ABCC-tool has been published in TvPO, the magazine for general

practice nurses and nurse practitioners. Furthermore, the ABCC-tool will be disseminated during conferences or via scientific articles. Important other stakeholders are care organisations ('zorggroepen'), who are contracted by health insurers to coordinate and implement chronic care in a specific region. As there are more than 130 care organisations in the Netherlands, it will be important to have a central contact person to answer questions from care organisations and to guide them in the implementation of the ABCC-tool. To teach healthcare providers how the ABCC-tool can be used in daily practice, we aim to develop an accredited training. The ABCC-tool was developed with input from medical specialists, but the effectiveness of the ABCC-tool was not assessed in a hospital setting. Therefore, we cannot make conclusive statements about the usefulness of the ABCC-tool in hospital care.

Guideline- and care standard developers

Our results might be of interest to guideline- and care standard developers, as they need to assess whether the ABCC-tool should be incorporated in guidelines and care standards. Therefore, discussion should be held with the Dutch College of General Practitioners and with federated organizations, including the Lung Alliance Netherlands and the Dutch Diabetes Federation.

Healthcare insurers

The ABCC-tool can play a central role in the transition from separate integrated care programs (e.g. for the diseases COPD and diabetes separately) towards an integrated care program for multiple chronic conditions – a trend that is currently getting more attention in the Netherlands. To stimulate healthcare insurers to consider use of the ABCC-tool during discussion concerning healthcare procurement, we aim to present our results to several healthcare insurers.

Suppliers of information systems and patient portals

Our results might be of interest to providers of information systems and patient platforms in the Netherlands, as integration of the ABCC-tool might improve the quality of their product. We are currently working on a document that includes all required IT-specifications, which makes it easier for suppliers to integrate the ABCC-tool in their product. The ABCC-tool can be used free of charge, on the condition of correct acknowledgement and no modifications. The ABCC-tool has already been implemented in NHGDoc and Sananet. To stimulate use of the ABCC-tool, we will contact several suppliers of information systems in the Netherlands. To answer questions and to guide the implementation of the ABCC-tool, there will be one central contact person. Currently, the ABCC-tool is intended to be used during consultations. For patient portals, it might be interesting to assess whether the tool could be transformed into a tool that can be used by the patient at home. The treatment advice should be adapted for this.

Headroom analysis

There is pressure on the healthcare system: we urgently need to decide how we can best spend our available money. Hundreds of new healthcare technologies are being developed every year, but only few make it to the market. Thus, it is relevant to assess in a very early stage if the development of a health technology has the potential to be cost-effective. The headroom analysis can be used for this. It is a relatively new concept and a comprehensive overview on how it has been applied over the last years was not yet available. We assessed the application of the headroom analysis and, based on our results, provided recommendation for appropriate use and clear reporting. The results from our systematic review on headroom analyses might be of interest to researchers and companies that are developing health technologies, and to the funders of this work. Firstly, headroom analyses might be used by companies to avoid wasteful spending or to convince potential investors of the room for improvement in current practice. Our results and recommendations can help companies to appropriately use the headroom analysis, to improve reporting, and to appropriate use and report expert judgement. Secondly, headroom analyses can be used by public funders to avoid the allocation of grants to the development of health technologies that do not seem to have the potential to be cost-effective. Thirdly, headroom analyses can be used by researchers to assess whether there is a proof-of-problem and to understand uncertainties. In line with companies, our results can guide researchers in how to conduct an appropriate headroom analysis and how to improve reporting.

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