PHC-EG | Policy Brief – 2020

Multimorbidity and ageing in the countries of the Northern Dimension area

Disclaimers

The views reflected in this paper are those of the members of the NDPHS Expert Group on Primary Health Care who have developed it and should not, therefore, be interpreted otherwise.

If specific country data are not available in this report, this is because the authors were either unable to obtain it or did not receive permission to publish this data.

Northern Dimension
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Executive summary

Life expectancy has been increasing in all countries of the Northern Dimension area since the 1990s. It has a positive impact on the life satisfaction of the people and creates numerous opportunities for the society and economy. However, the ageing of the population, combined with the fact that 95% of those who are 65 or older suffer from two or more chronic conditions, put a big burden on the healthcare systems. They struggle to ensure the coordinated and integrated prevention, diagnosis and treatment of the patients with multimorbidities. The COVID-19 pandemic is stretching the capacities of the healthcare systems beyond their limits, leaving little resources to work with other categories of patients, even though those older and with underlying conditions are at the highest risk of death from the coronavirus.

This Policy Brief presents the facts on the ageing and multimorbidity in the Northern Dimension area, explores the problems, challenges and opportunities, and provides a set of actionable recommendations for the different groups of stakeholders, from the policy makers to the general public. This document is the result of the cross-border collaboration within the Northern Dimension Partnership in Public Health and Social Well-being (NDPHS).

Multimorbidity is defined as the co-occurrence of two or more chronic conditions and has been estimated to affect up to 95% of the primary care population aged 65 years and older[1].

1 Navikas R., Petric V-K., Feigl A.B., Seychell M., *Multimorbidity: What do we know? What should we do?,* J Comorb. 2016; 6(1): 4–11. Published online 2016 Feb 17. doi: 10.15256/joc.2016.6.72

Introduction

A longer and healthy life represents an important opportunity, not only for older people and their families but also for the societies as a whole[2]. Additional years provide the chance to pursue new activities such as further education or a long neglected passion, while continuing to make valuable contributions to family and community. Despite the fact that the "ageing population" is often presented as one of the negative megatrends and as a pressing demographic, economic and social problem, ***the life expectancy that has been increasing since 1990s in all countries of the Northern Dimension is a positive consequence of better living standards of people, public health improvements, healthier lifestyles throughout life-course, and innovations and accessibility of health care***. People die less often prematurely and from the causes that can be prevented and this confirms that the improvements in healthcare and lifestyle bring tangible results. Out of ten oldest societies in the world, four are in the Northern Dimension area.[3]

The natural downside of this development is that the number of people living with two or more chronic diseases (i.e. with multimorbidity) increases as well. It is associated with numerous negative outcomes such as disability or poor physical functioning, mental health problems, reduced quality of life, high healthcare costs and premature death[4]. It is estimated that multimorbidity is so prevalent that it affects 95% of the primary care population aged 65 years and older.[5]

For all those reasons, on 23 September 2020, the Northern Dimension Partnership in Public Health and Social Well-being (NDPHS) Expert Group on Primary Healthcare (PHC-EG) organised an online conference to discuss the multimorbidity and ageing in the Northern Dimension area with the experts from various fields and other Expert Groups to identify the causes, consequences and solutions. This Policy Brief is based on the discussions combining knowledge and experience from the Region: Estonia, Finland, Germany, Latvia, Lithuania, Sweden, and Russia. It is aimed at the policy and decision makers on the regional and national levels, health professionals, academic community and general public as a whole. We want to raise awareness about this important demographic, health, social and economic issue and advocate for actions to secure a more prosperous and sustainable future of ageing population.

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2 E.g. Cylus J., Figueras J., Normand C., *The Economics of Healthy and Active Ageing Will Population Ageing Spell the End of the Welfare State? A review of evidence and policy options*, European Observatory on Health Systems and Policies, 2019

3 Germany, Sweden, Finland and Latvia

4 Onder, Graziano, et al. "Time to face the challenge of multimorbidity. A European perspective from the joint action on chronic diseases and promoting healthy ageing across the life cycle (JA-CHRODIS)." *European journal of internal medicine* 26.3 (2015): 157-159.

5 NNavikas R., Petric V-K., Feigl A.B., Seychell M., *Multimorbidity: What do we know? What should we do?,* J Comorb. 2016; 6(1): 4–11. Published online 2016 Feb 17. doi: 10.15256/joc.2016.6.72

Background

The studies on multimorbidity show that ageing itself is the key causal factor of multimorbidity. However, lower socio-economic background, obesity, use of tobacco and alcohol, inactive lifestyle and poorer accessibility of healthcare determine the outcome of multimorbidity greatly, the same way as they determine the general health outcome at any age. Given the fact that the consequences of multimorbidity are wide-ranging and severe and include e.g. decreased wellbeing and quality of life of the patients but also high burden on the health systems and increased costly hospital admissions[6], ***the multimorbidity of older people should be an interest of the decision makers, health practitioners, academics and general population as a whole***. We need an integrated and cross-sectoral action to approach this challenge in a holistic way. This is because the issue is multi-layered and the fragmented solutions introduced so far are working only partially.

The proportion of older people in the society is rising. In Europe, in 2010, people 65+ years old constituted 16% of the population. It is prognosed that by 2060 this proportion will almost double to 29%. Already, in 2020, several countries in the Northern Dimension area are close to this number. The ageing itself is not a problem. It can bring new stimuli to the so-called “Silver Economy”, generate positive economic and societal contributions, like paid or unpaid work after retirement, transgenerational connections and help avoid losing precious human capital. At the same time, an increased number of long-term non-communicable diseases in the Northern Dimension area cannot be ignored. This, combined with the ageing population means that the number of people with multiple health conditions is rising. Different diagnoses require their specific medication from different specialists. Age-related physiological changes complicate drug therapy in elderly people. The number of drugs used and high age of patients are important risk factors for adverse drug effects, if nobody is coordinating their simultaneous use.

The prevalence of multimorbidity in the older population is not an isolated problem. Older people are not a homogenous group but generally speaking they are poorer, their wellbeing is worse, and they are less physically and socially active. Those socio-economic factors have a huge impact on the health status and the conditions for recovery, especially when accompanied with multiple problems on the level of healthcare, mainly its fragmentation, underinvestment and lack of cooperation between health and social services.

The consequences are immense and include: extended waiting times to the specialists, disease-oriented approach to the patient, lack of coordination of diagnosis, treatment and care, “chaotic activism”, when the different currently trending approaches are introduced without proper planning and integration.

For the patient it often means:

6 Salisbury C. Multimorbidity: redesigning health care for people who use it. Lancet . 2012;380(9836):7–9.

- contradictory advice received from different specialists,
- overuse of medicine, because of the problem to manage the multiple medications prescribed,
- harmful interaction of medicines, if prescribed by different health professionals without the coordination or previous knowledge on the medicines already prescribed.

As a consequence, the adherence of the patient to treatment is low, the quality of life and life satisfaction of the older person is further decreasing and the mental problems increase. For the governments it means increased healthcare costs, increased burden on health and social services and even poorer health outcomes on population level.

The problems, their causes and consequences are universal, regardless of the health and social system of the country.

Regrettably, the COVID-19 pandemic has added yet another layer to this complex issue, highlighting the gaps in the cooperation between primary, secondary and tertiary healthcare and their governance and professionals, escalating costs, complicating coordination, and making the lack of clinical practice guidelines for older people with multimorbidity more obvious than ever.

The effects of COVID-19 will be long-lasting and will include:

- The “treatment debt”: The usual processes of diagnosis and onset of treatment of non-acute diseases was disturbed and this put a pressure on health care to handle an extra work load for a coming period. When combined with shortages in overall access and availability, the situation will probably lead into even longer waiting times to treatment. This might risk an increased disease-related mortality from causes, which previously had been under control.
- Deteriorating mental health: Older people have experienced the anxiety due to epidemic, trauma and stress reactions. The isolation has increased, so did the loneliness. As a result, the contacts to mental health services increased in some countries but the effects of isolation can be expected to last beyond 2020.

Despite all challenges, the COVID-19 pandemic triggered the implementation of some long-awaited solutions, like e.g. remote consultations with specialists. The use of eHealth increased, both on the level of smartphone apps and access to the health records, even though many applications are still experimental and pilots. However, the coordinated governance strategy towards older patients with multimorbidity with the aim to empower them and primary health care providers is missing. Also, the awareness and knowledge on how to deal with multimorbid patients in e.g. elderly homes need to be improved.

Conclusions

Multimorbidity and ageing is a complex issue, which requires a coordinated cross-sectoral response on all levels of health and social system governance. ***With the growing population of older people and the increased number of diseases and conditions they live with, it is in everybody's interest not to delay the action***. The COVID-19 pandemic, which has claimed the lives particularly of the older people with one or more underlying conditions, has demonstrated how fragile and fragmented the current response is, uncovering the gaps and generating dangerous pitfalls.

We need more coordination and integration between primary health care and preventive public health services, as well as between health, social services and community organizations to support better treatment and care choice. We need clearer communication and patient-centred care as each patient is unique and should be treated so. The treatment must be complemented by effective prevention, i.e. the promotion of a healthy lifestyle during the lifecourse, which can then result in healthier ageing. The opportunities the eHealth is bringing should be explored. COVID-19 pandemic again points out the extreme importance of already existing vaccines and hopefully soon available Corona-virus vaccine for elderly people, whether multimorbid or presently still healthy.

In conclusion, ***we need a more proactive approach to multimorbidity and ageing, from the governments, health professionals, academic community, media, civil society and general population.***

Recommendations

A lot needs and can be done in the countries of the Northern Dimension area to deal with multimorbidity and ageing and support the older people to live better and healthier lives.

We strongly recommend an integrated, coordinated and holistic approach to the issue. This means integrating and coordinating the health and social services, which will approach the patient from the holistic perspective, not treating each of their diseases separately.

A number of recommendations was collected from the experts at the Multimorbidity and ageing conference on 23 September 2020. In particular, we recommend the following:

1. Reinvent primary healthcare:

- Ensure higher status of primary healthcare on the health-systems agenda and secure the financing for the services,
- Ensure the continuation of care (e.g. making sure that patient is treated by the same primary healthcare professional for longer periods of time),
- Improve health literacy, i.e. the skills of the older people to understand health information, as well as the skills of the health professionals to communicate with the patients in an effective and understandable way,
- Improve access to health care in rural and remote areas,
- Integrate the now fragmented approaches of e.g. behavioral insights, linking prevention and treatment, eHealth, patient-centred care etc.
- Ensure the quality of social care services.

2. Promote active and healthy ageing:

- Develop integrated policies for active and healthy ageing, complemented by the coherent action plan and secured financing,
- Develop age-friendly or healthy ageing supporting communities and civil organizations,
- Develop supportive environments for mental health.

3. Develop digital solutions that support health and wellbeing (eHealth):

- Ensure the interoperability of health data and secure access to health records by health professionals and patients themselves for better coordination of prevention and treatment,
- Invest in health apps but also in the digital education of older population and health professionals,
- Secure the access to devices and the internet that will allow people to benefit from the eHealth solutions.

The amount of recommended improvements is big.However, each of us can take action to contribute to the positive change. Small steps made by each of us can take are:

- If you are a **politician**, you may support the initiatives which aim at strengthening the health system (by e.g. promoting the integration of services and securing the financing and allowing and enhancing the operation of civil society organizations).

- If you are a **decision maker** in health administration, you may seek synergism and innovative collaboration opportunities between different levels of health systems.

- If you are a **health professional**, you may try to understand all health and social conditions of the patient to treat them in a holistic way. You may use a person centred approach, and communicate clearly and culturally sensitively and friendly.

- If you are a **researcher**, you may communicate your academic results widely and clearly to the politicians and decision makers, providing them with the evidence for the informed decisions.

- If you are a **patient with multimorbidity**, you may try to participate actively in decision-making and self-management of your health conditions.

- If you are a **member of the general public**, you may take care of your health by following the recommendations on the daily amount of physical activity and healthy diet, schedule regular checkups. Avoid tobacco and alcohol. Follow recommendations on how to avoid spread of COVID-19.

Editors

Karolina Mackiewicz, Support to NDPHS Strategy project
Dr Valery Chernyavskiy, Federal Research Institute for Health Organization and Informatics of Ministry of Health of the Russian Federation, NDPHS PHC-EG
Dr Mikko Vienonen, Finnish Consulting Group, NDPHS NCD-EG
Olga Andreeva, Federal Research Institute for Health Organization and Informatics of Ministry of Health of the Russian Federation, NDPHS PHC-EG

Contributors

Julia Mikhaylova, PHC-EG, Federal Research Institute for Health Organization and Informatics of the Ministry of Health of the Russian Federation
Ülla-Karin Nurm, Northern Dimension Partnership in Public Health and Social Well.-being
Carina Ferreira-Borges, WHO European Office for Prevention and Control of NCD
Signe Tomsone, Rīga Stradiņš University
Tiina Tambaum, Tallinn University, Estonian Institute for Population Studies
Lorena Dini, Charité Universtitätsmedizin Berlin
Ieva Melisus, Ministry of Health of the Republic of Latvia
Irene Nilsson Carlsson, The National Board of Health and Welfare
Liis Paas, Ministry of Social Affairs (Estonia)
Gitana Ratkiene, Ministry of Health of the Republic of Lithuania
Simmo Kokko, University of Eastern Finland
Irina Chuhrienko, Federal Research Institute for Health Organization and Informatics of the Ministry of Health of the Russian Federation
Irina Shikina, Federal Research Institute for Health Organization and Informatics of Ministry of Health of the Russian Federation
Alexander Mikhaylov, Federal Research Institute for Health Organization and Informatics of Ministry of Health of the Russian Federation
Michaela Prochazka, Coordinator for Elderly Issues, Socialstyrelsen

Contact information

Julia Mikhaylova, PHC-EG, Federal Research Institute for Health Organization and Informatics of the Ministry of Health of the Russian Federation, vch@mednet.ru, mikhaylova@mednet.ru