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On 27 April the CPME Board adopted the 'CPME Statement on the Management of Chronic Conditions' (CPME 2013/041 FINAL)

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## CPME STATEMENT ON THE MANAGEMENT OF CHRONIC CONDITIONS

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### Introduction. Background & Rationale

CPME supports the current EU policy on chronic diseases/conditions and its overall target, to tackle the burden of these conditions and consequently, to significantly (+ 2 years EU average Healthy Life Years at birth) increase the healthy life years of the European citizens by 2020 (1,2).

CPME has been advocating a "health in all policy" approach to address chronic diseases and risk factors - that extends from behavioural elements to socio-economic and environmental influences (1).

Accordingly, so far, CPME has taken a stand in many concrete areas related to the management of chronic conditions (promoting healthy diets, prophylaxis of vitamin D deficiency, regular physical exercise, respectively digitally supported health care, smoking and alcohol abuse prevention, combating stigma, social exclusion and disparities, reducing pollution etc.1), and continues to support these policy directions.

The current policy statement is designed to underline possible future directions of the CPME policy on chronic conditions management.

### What are chronic diseases?

A chronic disease is one lasting **3 months** or more, by the definition of the U.S. National Center for Health Statistics (3). According to other definitions, chronic conditions last more than (3-) **6 months** (4).

The **common consequences** of the various chronic conditions are:

- disability
- decreased quality of life (QOL)
- decreased time of work, medical retirement
- increased social and medical costs
- social and economic disparities



There is a socio-economic need to promote longer working careers for EU citizens and re-design employment strategies, not only for the ageing worker, but also for the worker dealing with chronic conditions. In this regard, the key strategy is trying to achieve, at every moment during the working life, a balance between workload and functional capacity of the working individuals with chronic conditions. Furthermore, there is also need to consider reintegrating - if the case - such workers into the workforce, for example through an accurate assessment of their capacity which has to be matched with the appropriate type of workload.

At the same time, the best approach/ "cure" for every illness - including chronic conditions - is to prevent it. Accordingly, CPME fully supports the development and continuous implementation of the EU's endeavours regarding a healthy/ proactive lifestyle, as afore mentioned (1). And, accordingly, at the EU level such "... activities are particularly relevant for primary prevention of chronic disease in areas such as aspects of action on tobacco, alcohol, nutrition and physical activity as well as addressing underlying socio-economic and environmental factors. EU policies such as cohesion, agriculture and rural development, research and innovation are also highly relevant" (1) (to be considered, in this respect, the I2FRESCO project, within the the EU's structured partnership frame: EIP-AHA). Consequently, CPME states and promotes the doctor's role in maintaining, restoring and improving functional capacity and the prevention of chronic conditions as much as possible, both on a physical level (expert knowledge and advice on functional capacity assessment and respectively, on: physical fitness, nutrition and chronic conditions management) and on the psychological level (expert knowledge and advice on psychological and social well-being - including a meaningful place in society) within an overall active and healthy lifestyle. A functional capacity evaluation (compound) tool - through which to establish including a match between a person's real capabilities and his/ her working environment at every moment during the active working life - would be a valuable assessment instrument that CPME recommends for the management of chronic conditions. Already existing, validated and widely accepted functional evaluation tools, such as the Functional Independence Measure (FIM) or the Functional Assessment Measure (FAM) - actually the **UK FIM + FAM** (latest) version (5) - and the Cumulative Illness Rating Scale (CIRS/mCIRS, CIRS-G) (6-11) within the International Classification of Functioning, Disability and Health (ICF-DH) (12-14) - the World Health Organization (WHO)'s new paradigm to characterize and assess human functioning - may be helpful for next steps.

Thereby, there needs to exist an agreement on the classification and possible hierarchy of chronic conditions, based on how they overall (see - farther - related endeavours of the Institute for Health Metrics and Evaluation at the University of Washington, WHO et al.) affect the lives - including work capacities - of such patients.

Accordingly, CPME recognizes the need to implement more uniform functional assessment protocols for chronic conditions, to provide valid/ reliable and useful information to the health care and social assistance systems.



## CPME EU - level Recommendations on Chronic Conditions Management (CCM)

1. A “health in all policy” approach at EU level. This means medical, social - including for **work (re)-integration** - and psychological support to patients with chronic diseases/ conditions as well as an effective prevention strategy in place.
2. A clear, EU accepted definition and a more uniform assessment and classification of chronic conditions. **This improved way of systematizing and evaluation is the first step, representing a prerequisite for choosing the optimal level of integrated assistance the respective patients need.** There is a need to establish guidelines for the management of chronic conditions by the appropriate professional bodies. The European Union institutions should allocate organisational and financial support for these endeavours. The new, uniform criteria defined to establish (including, possibly) a global hierarchy (“**Common values in assessing health outcomes from disease and injury: disability weights measurement study for the Global Burden of Disease Study 2010**” - 15) chronic conditions, should further be tested for validity (including on target populations: children adults, elderly).

Recommended functional capacity assessment tools at work:

- Functional capacity evaluation list (FML - 16)
- Work Ability Index (WAI - 17).

Outcome measurements related to work may include:

- work efficiency parameters
- number of sick-leave days/ year (and respectively)
- number of medical retirements/ year
- work accidents/ year

3. The achievement of an - as comprehensive and realistic as possible - list of chronic conditions and based on this, the establishment of such conditions’ stratification, in:
  - preventable/ non preventable
  - curable/ manageable, non curable/ non manageable (palliation only)
  - non-work interrupting/ work-interrupting



4. To continue improving the cooperation and collaboration between healthcare professionals, social workers, patients, citizens and other relevant stakeholders.

CPME welcomes also the use of more comprehensive (macro-)health state tools/ indicators that take into account the **overall global burden** of diseases/ conditions and/or the **impact of medical interventions**:

- Disability-Adjusted Life Year/s (DALY/s) (18,19)
- Quality-Adjusted Life-Year/s (QALY/s) index (20)
- Years Lived with Disability (YLD) (21)
- Healthy Life Years (HLYs) (22)

### Steps towards a more structured approach

In synthesis, for fulfilling a comprehensive, efficient role in the CCM, the CPME considers appropriate and necessary to quest for **innovative solutions at improving the cooperation and collaboration between the many stakeholders** involved in the management of chronic conditions, including as for the “active & healthy ageing” subject matter.

This goal may be achieved by:

1. Improving communication between the occupational, curative, rehabilitation and geriatrician health professionals, employers and employees. At present, all stakeholders address the same individuals, but they **may not communicate efficiently** - or face limitations in communicating due to (existing and/or sometimes missing) regulation issues - with each other.
2. Encouraging the development of EU multidisciplinary platforms sharing knowledge and best practices to advice policy makers in tackling the negative health and socio-economic issues related to chronic conditions.
3. Adopting socio-economic and work related outcome unitary indicators on CC processes.
4. There is a need to establish guidelines for the management of chronic conditions by the appropriate professional bodies. The European Union institutions should allocate organisational and financial support for these endeavours.
5. Promoting an effective and practical dissemination of the above mentioned measures.

## References:

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