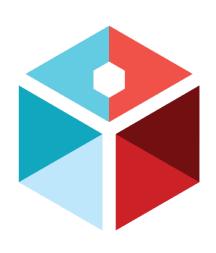
Faculty of Health and Medical Sciences







A cluster randomised, parallel-group, 5year trial of coordinated, co-produced care to reduce the excess mortality of patients with severe mental illness by improving the treatment of their comorbid physical conditions

Center for Research and Education in General Practice











Niels de Fine Olivarius









Structured personal care

Structure and follow-up

- 3-monthly examinations
- Yearly examinations

Patient involvement

- Personal treatment goals
- Patient folders

Written material for GPs

- Clinical guidelines
- Folders

Seminars and feed-back

- Yearly ½-day seminars for GPs
- Yearly reports on course of treatment for individual patients



Effect for patients with and without severe mental illness (SMI)

Relative risk reduction for intervention, %

...during 19 years after diabetes diagnosis

	SMI	No SMI
Any diabetes-related outcome	53	17
Diabetes-related death	43	-1
All-cause mortality	37	4
Myocardial infarction	52	16
Stroke	37	7



Conclusion: SMI

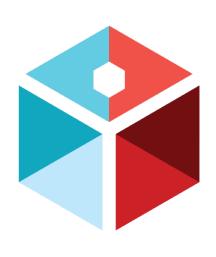
The results suggest that patients with SMI are more - not less - susceptible to intervention than patients without SMI...

...because of their a priori high risk of getting an outcome!

It is "logik for høns" = plain as a pikestaff,that this risk is easier to reduce than for low risk patients Faculty of Health and Medical Sciences







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Our ambition

The Phy-Psy Trial will reduce the all-cause mortality of people with severe mental illness by 33%



The why and how – in brief

Present situation

The Phy-Psy Trial

Patients

- Patients with severe mental illnesses
- Unselected sample of serious cases

Health care services / **Caregivers**

- psychiatry and municipalities with insufficient coordination
- General practice, hospital
 Coordinated care plan with individualized goals involving all existing caregivers

Treatment

- Physical disease: Under- Improved detection and diagnosis/undertreatment
- Psychiatric disease: Polypharmacy
- pharmacological treatment

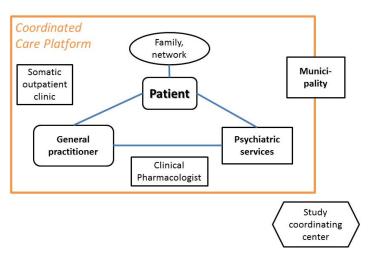
Outcome

Overmortality

Reduced overmortality

The coordinated care platform

Coordination - Continuity - Commitment



- Commitment of all stakeholders through efficient communication (also with ICT) and well-defined roles for all stakeholders
- A pivotal role for general practice: continuity, coordination, detection, treatment
- Patient-centred treatment, individualised goal-setting (also with PHT)
- A structured treatment course

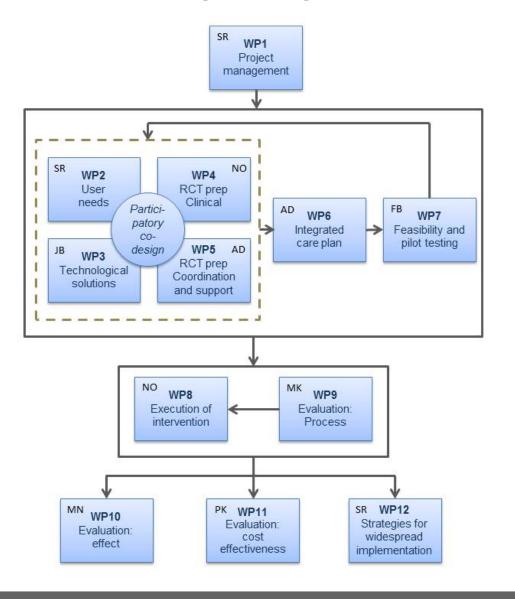


Quantitative and qualitative research methods are integrated

- Cluster randomised, parallel-group, 5-year adaptive trial
- Aim: to demonstrate the real-world effectiveness of a complex intervention in an unselected sample of patients with SMI
- Combining clinical, social, and technological science, theory and qualitative and quantitative research methods in a co-design process



Workflow



Preparation 2 y.

Execution 5 y.

Evaluation 2 y.



10

The intervention

- Improving the detection and pharmacological treatment of physical diseases alongside viable lifestyle changes
- Individual care plans to follow patients in efficient cross-sectorial collaboration
- Structured patient care with individualised goal-setting to ensure patient involvement
- Recognised methods and tools selected in the co-design process
- Harmful effects of psychoactive drugs and drug interactions minimised

The coordinated care plan General practice Municipality · A personal social adviser to support Overall responsibility for coordination and development of the coordinated care plan social changes and coordinate with other Initial health talk, physical health check municipal actors Review of medication jointly with · In severe cases social workers and psychiatrist and clinical pharmacologist personal assistants ('bostøtter') will Ad hoc follow up and annual health talk, support adherence to the care plan physical health check and medication review · Easy access to personal social adviser for Easy access to GP or practice nurse for all all stakeholders Stake-· Coordination with GP and psychiatry stakeholders holders Patient in a coherent. collaborating healthcare system Psychiatric services Family and network · Coordination of treatment with general · Involvement in creating individual care practice and municipalities plan with consent from the patient · Easy access to psychiatrist for all · Personal contact and technological stakeholders support Technological solutions Communicational and organisational solutions · A continuum of workshops/forums with discussion, Integrated care platform for professional care coor-Supporting dination and communication with overview of education and feedback frameworks patient's plans, consultations, and treatment · Organizational agreements on structure, · Personal health technology for patient engagement coordination and communication



The intervention

- Improving the detection and pharmacological treatment of physical diseases alongside viable lifestyle changes
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Technological solutions

- Integrated care platform for <u>professional</u> <u>care coordination and communication</u> with overview of patient's plans, consultations, and treatment
- Personal health technology for patient engagement

Supporting frameworks

Stak

Technological solutions

- Integrated care platfor dination and commun patient's plans, con
- Personal health technique

fessional care coorvith overview of s, and treatment

for patient engagement

Communicational and organisational solutions

- A continuum of workshops/forums with discussion, education and feedback
- Organizational agreements on structure, coordination and communication



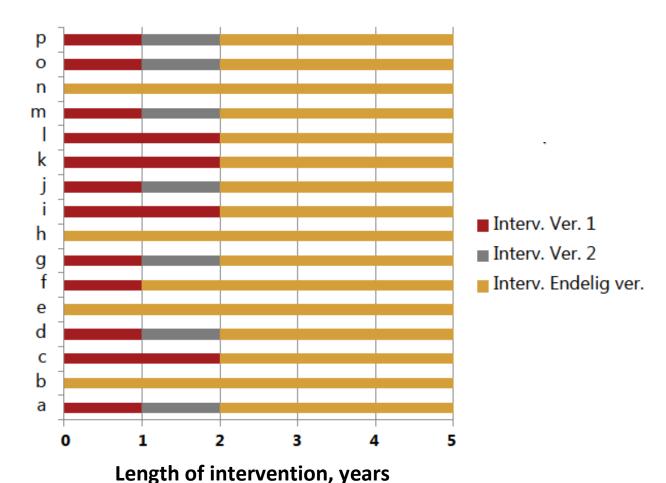
Designing an adaptive trial

- The intervention is subject to change during the intervention period
- The adaptations will rest on accrued data from the process evaluation and experiences from external trials
- Valid statistical approaches will be developed according to accepted standards



Adaptions in real life=?

The single elements of the intervention





Evaluation

...to be qualified in the preparation phase

- Effectiveness
 - 5-year over-all mortality
 - QoL, physical function, labour market inclusion, hospital admissions, pharmacological treatment, treatment burden, treatment involvement and satisfaction,...
- Process
 - Intervention delivery and adoption, change mechanisms, user experiences, organisational prerequisites for implementation,...

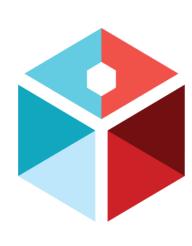


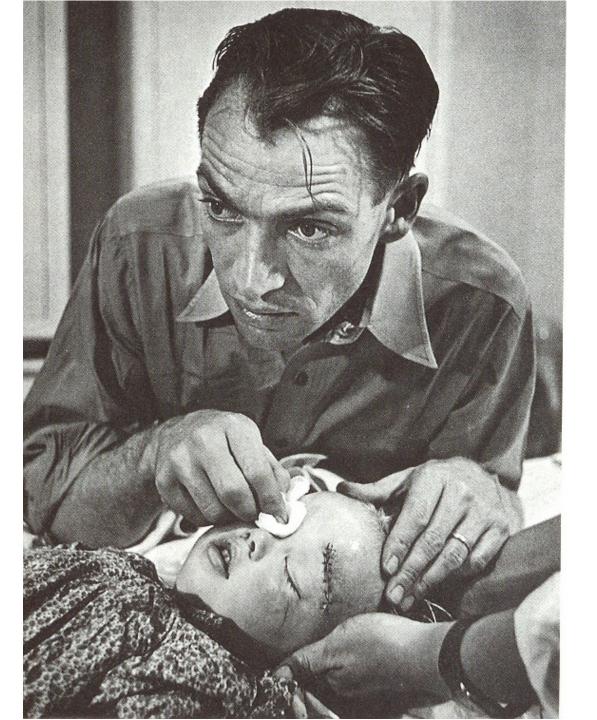
Cost effectiveness

Broader perspectives

The Phy-Psy Trial will contribute to the development of:

- a treatment model for complex patients with several chronic diseases
- the "near" health care services that are closest to citizens and patients
- methods for designing multifaceted, pragmatic/ adaptive RCTs by creatively combining quantitative and qualitative methods





W. Eugene Smith "Country Doctor" 1948





Giulietta Masina som Gelsomina i *La Strada* 1954

