



The escape randomized trial and cohort study: an integrated care approach for multimorbid elderly patients

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Abstract

Introduction: Heart failure (HF) is a relevant cause of mortality, morbidity, hospitalizations and reduced Health Related Quality of Life (HRQoL) in European countries. The common association of HF with not only somatic, but also mental comorbidities, such as anxiety and depression, which can heavily affect prognosis and adherence to treatment, requires an integrated care. Yet, multimorbidity is often not treated adequately in healthcare systems, mainly for the presence of relevant treatment gaps and fragmented care delivered by different health providers. In literature, Blended Collaborative Care (BCC) studies conducted in the USA, focusing on a team-based approach addressing both somatic and mental comorbidities, have been shown to be effective in reducing the burden linked to these conditions. ESCAPE aims to enhance quality of care and HRQoL by testing in Europe a personalized BCC intervention, backed by advanced information and communication technology, and supported by a meta-algorithm for multi-morbidity to optimize patient-centred treatment plans. *Methods:* ESCAPE is conducting an observational cohort study across six European countries to recruit patients with heart failure, mental distress/disorder, and at least two medical co-morbidities. Within the cohort study, a randomized controlled assessor-blinded two-arm parallel group interventional clinical trial will be conducted on 300 patients. The patients in the experimental group will receive regular support from trained care managers (CMs) who will work with a clinical specialist team to remotely assist patients in implementing a personalized treatment plan that addresses their individual needs and preferences. An eHealth platform with an integrated patient registry will guide the intervention and empowers patients and their informal carers. *Results:* At the present time, no results are available yet. Future results will be focused on various elements: the primary outcome will be HRQoL measured using the EQ-5D-5L, while secondary outcomes will include medical and patient-reported outcomes, healthcare costs, cost-effectiveness, and informal carer burden. The assessments will be conducted at 9 and ≥ 18 months. *Conclusions:* The ESCAPE BCC has the potential to be part of routine care for elderly patients with HF and somatic and mental comorbidities.