



ESCAPE trial results presented at ISQua Dublin Conference

Landmark European study demonstrates significant benefits for psychological wellbeing, treatment adherence, heart failure-related quality of life, loneliness and patient satisfaction through integrated care model

Dublin, Ireland, 28th September 2026 – The final results of the European ESCAPE trial were unveiled today at the International Society for Quality in Health Care (ISQua) Conference in Dublin, providing important new evidence on the value of integrated care for older adults living with heart failure and multiple chronic health conditions. Funded by the European Union's Horizon 2020 research and innovation programme, the ESCAPE study was the first to evaluate a patient-centred, multidisciplinary model of integrated care designed specifically for older patients with heart failure, multimorbidity, and psychological distress, across five European countries.

Many older patients simultaneously manage several chronic physical illnesses while also experiencing symptoms of anxiety, depression, or emotional distress. Traditional healthcare systems often treat these conditions separately, requiring patients to navigate multiple services and professionals with limited coordination between them. ESCAPE was developed to address this fragmentation, through an integrated model of care, called Blended Collaborative Care (BCC). The intervention used dedicated, trained Care Managers, to co-ordinate personalised care management, multidisciplinary case review and structured self-management support, supported by digital health technology. Care Managers worked alongside general practitioners, cardiologists, pharmacists, mental health specialists, patients and carers to develop and implement coordinated care plans tailored to each individual's goals and preferences.

Improvements in outcomes that matter to patients

The intervention achieved improvements across several clinically meaningful secondary outcomes, highlighting the benefits of a coordinated, holistic approach to care for this highly vulnerable population. Participants receiving the ESCAPE intervention experienced improvements in:

- **Heart failure-specific quality of life**, all included patients had heart failure.
- **Psychological distress**, including anxiety, indicating better emotional wellbeing and mental health.
- **Treatment adherence**, suggesting greater engagement with medications and treatment recommendations.
- **Loneliness**, a major concern among older adults living with multiple chronic conditions.
- **Treatment satisfaction**, reflecting a more positive patient experience and greater confidence in care delivery.

The randomised trial of 321 patients did not demonstrate a statistically significant improvement in its primary outcome of overall (generic) health-related quality of life, which the authors attribute to several challenging factors, such as not having an appropriate outcome measure for different types of multimorbidity or different patient goals.

"These findings tell an important story about the realities of caring for distressed older adults with multiple health conditions," said Professor Christoph Herrmann-Lingen, Principal Investigator of the clinical trial. "While we did not observe a significant difference in the primary outcome, the intervention delivered measurable improvements in psychological wellbeing, adherence, heart failure-related quality of life, loneliness and satisfaction with care. These are outcomes that patients consistently tell us matter greatly in their daily lives. Patients really appreciated the intervention."

Implications for healthcare quality and patient-centred care

Presented at one of the world's leading healthcare quality conferences, the ESCAPE findings contribute to growing international efforts to redesign care around the needs of patients with multimorbidity rather than individual diseases.

The significant improvements in treatment satisfaction and adherence suggest that integrated, coordinated care may strengthen patients' ability and willingness to actively manage their conditions and experience meaningful benefits in areas directly related to living with heart failure.

Looking Ahead

The ESCAPE investigators believe the results provide strong support for further development and implementation of integrated care models for multimorbid populations. Future analyses will explore which patient groups benefited most from the intervention and how the ESCAPE model can be adapted for wider implementation across diverse healthcare systems.

"The message from ESCAPE is not simply whether an intervention succeeds or fails on a single endpoint," said Professor Herrmann-Lingen. "The message is that coordinated, person-centred care can improve several aspects of health, wellbeing and patient satisfaction that are critically important to older adults living with complex conditions. As healthcare systems continue to adapt to ageing populations, those lessons are increasingly relevant."

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