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Conference abstract

Workshop: health technology assessment of integrated home care for frail elder somatic patients

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Abstract

Background: The fragmented delivery of healthcare and social services as advanced by WHO 2002.

Objectives: This project of international collaboration assesses integrated home care (IHC) for frail elder somatic patients as compared to usual hospital care.

Methods: The HTA follows the special application for Tele-medicine (MAST). An introductory literature review identified stroke, heart failure (HF) and COPD as prototypes of IHC. Pre-existing evidence has been complemented by additional trials and surveys.

Results:

1. Definition/organization of IHC:

- (1) Is carried out by a multidisciplinary team visiting the home
- (2) Considers effectiveness, quality, access and user satisfaction in an economic way and uses Tele-facilities as far as they serve these goals
- (3) Has finance across organizational settings.

2. Clinical effectiveness of IHC for moderately disabled patients by 6–12 months follow-up:

Stroke: In 14 randomized trials (n=2139) intervention patients were by meta-analysis significantly less likely (p=0.001) to be dead or dependent compared with conventional care.

HF: 2 RCT (n=386) demonstrate each a significant reduction of all-cause readmissions (p=0.003 and p=0.001).

COPD: 5 studies (2 RCT, 2 cohorts and 1 CT) (n=1249) demonstrate each a significant reduction in readmissions/total admission days (p<0.05).

3. Health economic evaluation:

For each selected condition the first year benefit surmounts the costs of intervention using the Dutch Standardization by Oostenbrink as a common price catalogue across resources/trials/countries.

4. Patient satisfaction:

Focus group interviews confirm literature findings of very good satisfaction by IHC both among patients/carers and health professionals.

Discussion: Calculated net savings of 1450€ per patient in IHC are not supposed to materialize in 'cool' - cash but enables local negotiation of adapted solutions with a minimum of national legislation/finance (Meso-strategy of dissemination).

Implications: IHC is an approach to clinical continuity for a majority of frail elder somatic patients.

Keywords

health technology assessment, patient satisfaction, effectiveness, quality, access, economy

Powerpoint presentation available at <http://www.integratedcare.org> at congresses – San Marino – programme.