

Volume 15, 27 May 2015

Publisher: Uopen Journals

URL: <http://www.ijic.org>

Cite this as: Int J Integr Care 2015; Annual Conf Suppl; [URN:NBN:NL:UI:10-1-116992](https://nbn-resolving.org/urn:nbn:nl:ui:10-1-116992)

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Conference Abstract

Effects of an integrated care intervention on frail elderly's health and quality of life: a quasi- experimental study

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Abstract

Introduction: Current care delivery to frail elderly is fragmented; professionals cooperate insufficiently and separately address the complex and diverse needs of frail elderly in the areas of prevention, care, cure, residence and welfare. Integrated care has been promoted as a mean to solve these problems and aims at increasing the effectiveness of care for frail elderly. This study explores the value of an integrated care model for the community-dwelling frail elderly compared to usual care by evaluating the effects on health-related outcomes and quality of life.

Intervention: Frailty was preventively detected in elderly living at home with the Groningen Frailty Indicator and geriatric assessment was executed with the EASYcare instrument. Geriatric nurse practitioners and secondary care geriatric nursing specialists were assigned as case managers and coordinated the care agreed upon in a multidisciplinary meeting. The GP practice functions as a single entry point and the GP supervises the coordination of care. The intervention encompasses task reassignment between nurses and doctors and consultations between primary, secondary and tertiary care providers. The entire process was supported by multidisciplinary protocols and web-based patient files.

Methods: The design of this study was quasi-experimental. In this study, 184 frail elderly patients of three GP practices that implemented the Walcheren Integrated Care Model were compared with 193 frail elderly patients of five GP practices that provided care as usual. The outcomes were assessed using questionnaires. Baseline measures were compared with a twelve-month follow-up by chi-square tests, t-tests and regression analysis.

Results: The Walcheren Integrated Care Model had a positive effect on general quality of life and attachment. Attachment is a dimension of quality of life and refers the capability to obtain love and friendship. No significant differences were found on health-related outcomes such as experienced health, mental health, physical and social functioning.

Discussion: The Walcheren Integrated Care Model is effective for frail elderly in terms of quality of life and attachment. This is deemed positive since quality of life is the personal evaluation of both physical and psychosocial aspects of life made by the frail elderly themselves. However, the Walcheren Integrated Care Model did not affect the physical and psychosocial domain itself. The deterioration in these domains was limited within the time period of twelve months and was not decelerated. This could be explained by the preventive element of the intervention. All elderly from the GP practices were screened for frailty and the degree of frailty in our study was rather low. After our evaluation study, the GPs decided to adjust the cut-off score from 4 to 5. An implication for further research is to extend the current follow-up period of twelve months in order to explore the full potential of the Walcheren Integrated Care Model, and of preventive, integrated care interventions in general.

Lessons learned:

- Integrated care interventions such as the Walcheren Integrated Care Model are able to preserve quality of life of frail elderly within twelve months.
- When frailty is identified in an early stage, experienced health, mental health, physical and social functioning of frail elderly might not change considerably within twelve months.
- A follow-up period of twelve months is rather short to explore the full potential of integrated care interventions.

Keywords

integrated care; frail elderly; effectiveness; health; quality of life

PowerPoint presentation

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