Living Lab Better Together in Amsterdam North

No registrations found.

Ethical review Positive opinion **Status** Recruiting

Health condition type -

Study type Observational non invasive

Summary

ID

NL-OMON25036

Source

NTR

Brief title

BSiN

Health condition

Participation, self-sufficiency, physical health, mental health, financial status, social network. In Dutch: Participatie, zelfredzaamheid, lichamelijke gezondheid, geestelijke gezondheid, financiële situatie, sociaal netwerk

Sponsors and support

Primary sponsor: Krijtmolenalliantie (KMA)

Source(s) of monetary or material Support: Amsterdam Agis Gezondheidsfonds (AAG),

in English: Amsterdam Agis health fund.

Intervention

Outcome measures

Primary outcome

Level of participation (the Dutch version of the self-sufficiency matrix (SSM-D) and the level of societal participation).

Secondary outcome

- 1. Health (perceived general health, chronic health limitations, mental health, vitality).
- 2. Health care costs (hospital, general practice, mental healthcare, allied health professionals, medication).
- 3. Lifestyle (BMI, behavior in eating/exercising/smoking/drinking, intention to improve health).
- 4. Self-efficacy
- 5. Satisfaction with health and social care providers
- 6. Items related to self-sufficiency (financial status, activities of daily life, housing, legal issues).

Study description

Background summary

In the northern district of Amsterdam a relatively large part of the population is of low social status. This group often has to deal with numerous health care professionals and social or municipal workers simultaneously. As a consequence, many clients receive too much and unnecessary health care and social support with insufficient or even counterproductive results. Therefore, the aim of the BSiN alliance (10 providers of health care, home care and welfare, Achmea Health, TNO) is to develop and evaluate an action program focused on the implementation of integrated care and services from the sectors cure, care and community. The program is developed for people with complex and/or multiple problems and limited self-sufficiency in the northern district of Amsterdam.

The main objective of this study is to evaluate the change in level of participation of the target population after the BSiN intervention, as compared to a control group, by means of improved self-sufficiency on eleven domains of life. Secondary objectives are to evaluate the change in health, in life style and in costs of health care.

The design is an observational study with three evaluation steps: 1) effect study, 2) cost-effectiveness study and 3) process evaluation.

Study objective

Applying triage and case management for people with multiple complex problems in the Northern district of Amsterdam will improve their level of participation, their self-sufficiency and their health, and result in reduction of health care costs.

Study design

Measurements (standardized questionnaire and SSM-D) at baseline (T0), 6 months (T1) and 12 months (T2).

Intervention

The BSiN intervention is an approach where health care and social services are integrated to provide the best quality care with one coordinating case manager. People that are referred to the BSiN intervention will be discussed in a triage team and assigned to 1 of the 4 quadrants of the Frieslab model (1 = self-support, 2 = client support, 3 = care coordination, 4 = case management). Only people with multiple and complex problems will be assigned to a case manager (quadrant 4). The case manager has two main tasks:

- Stimulate self-sufficiency (empowerment / self-management) (key words: shared decision making, life action plan, motivational interviewing, needs driven).
- Coordinate health and social care (key words: prioritize, contact with all care providers involved, 1 client = 1 coordinator = 1 plan).

The case manager can call in any regular health care provider and social service if needed, in line with the life action plan(which was developed in collaboration with the client).

Contacts

Public

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Eligibility criteria

Inclusion criteria

Inclusion criteria for all participants:

- Aged 18 years or older.
- Living in Amsterdam.
- Multiple complexity assessed by decreased self-sufficiency on at least three domains of the self-sufficiency matrix.
- Signed informed consent.

Additional inclusion criteria for the intervention group:

- Living in Amsterdam Banne Buiksloot or Amsterdam Volewijck.
- Assigned to a case manager in the BSiN-program after triage.

Exclusion criteria

Exclusion criteria for the intervention group:

- The case manager decides that the interview is too burdensome for a specific client or that it impedes on the relationship with or trust in formal care providers. This could be the case for clients with very low trust in all formal caregivers and authorities.
- Triage points out acute crisis or in need of acute help which will be provided (and therefore the client is not enrolled in the BSiN intervention).

Exclusion criterion for the control group:

- T0 interview shows no decreased self-sufficiency,
- Takes part in the BSiN intervention.

Study design

Design

Study type: Observational non invasive

Intervention model: Parallel

Allocation: Non-randomized controlled trial

Masking: Open (masking not used)

Control: Active

Recruitment

NL

Recruitment status: Recruiting
Start date (anticipated): 01-11-2013

Enrollment: 160

Type: Anticipated

Ethics review

Positive opinion

Date: 25-02-2015

Application type: First submission

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register ID

NTR-new NL4964

Register ID

NTR-old NTR5068
Other : 060.11058

Study results

Summary results

N/A