The effects of a new care model for people aged 75 years and older.

Gepubliceerd: 24-08-2011 Laatst bijgewerkt: 18-08-2022

We expect that, compared to the usual care, the complexity of care needs and the level of frailty of the elderly will diminish, wellbeing will increase, overall health care costs will decrease or at least remain equal and that quality of care will...

Ethische beoordeling Positief advies

Status Werving nog niet gestart

Type aandoening -

Onderzoekstype Interventie onderzoek

Samenvatting

ID

NL-OMON22872

Bron

NTR

Verkorte titel

Integrated Elderly Care Program (IECP)

Aandoening

English:

Care model

Integrated care

Elderly (people)

Dutch:

Zorgmodel

Samenhangende zorg

Ouderen

Ondersteuning

Primaire sponsor: University Medical Center Groningen

Overige ondersteuning: Dutch Organization for Health Research and Development

(ZonMW) and Dutch Healthcare Authority (Nederlandse Zorg Autoriteit (NZA))

Onderzoeksproduct en/of interventie

Uitkomstmaten

Primaire uitkomstmaten

Elderly:

Complexity of care needs (INTERMED), 12 months.

<

Caregivers:

Caregiver burden (Caregiver Strain Index (CSI)), 12 months.

<

Quality of care:

Complexity of care needs (INTERMED), 12 months.

<

Health care use and costs:

Health care plans, Quality Adjusted Life Year (QALY), 12 months.

Toelichting onderzoek

Achtergrond van het onderzoek

Background:

The current Dutch care system was designed to solve acute and short-term problems in an effective and efficient way. However, this model has considerable shortcomings concerning the provision of appropriate and coherent care for elderly. In particular the care for elderly with increasing numbers of long-term health problems and problems with (social) functioning is inadequate. Redesigning the care model is therefore essential and a new care program was developed, the Integrated Elderly Care Program (IECP). This program is based on the four basic elements of the Chronic Care Model in combination with the Kaiser Permanente Triangle.

Methods/design:

The IECP is an intervention program in which patients aged 75 years and older registered with general practitioners will receive care and counseling by an Elderly Care Team. This team, under supervision of a general practitioner, consists of a specialist elderly care, a casemanager (district nurse or nurse practitioner) and a social worker. The intensity and duration of the counseling of the patients, estimated with a triage instrument, depends on the complexity of the care needs and their frailty.

Elderly with complex care needs will receive intensive care and counseling by a casemanager. Elderly without complex care needs will be offered self management support by a social worker. In this group, people with increased frailty will receive individual support.

Elderly with complex care needs and elderly with increased frailty will be subjected to an anamnesis, with the focus on living, well-being and health care. An individual health care plan will be formulated by the elderly and the Elderly Care Team. This health care plan will be realized in cooperation with an extensive network of health care workers, social workers, caregivers, volunteers, municipalities and other relevant parties concerned.

Effects on complexity of care needs (INTERMED), frailty (GFI), well-being (well-being questionnaire) and self-management ability (General Self-efficacy Scale and PIH scale) of elderly, caregiver burden (Caregiver Strain Index), quality of care (ACIC and PACIC), service use and (healthcare) costs will be studied in a randomized controlled trial.

Doel van het onderzoek

We expect that, compared to the usual care, the complexity of care needs and the level of frailty of the elderly will diminish, wellbeing will increase, overall health care costs will decrease or at least remain equal and that quality of care will increase.

Onderzoeksopzet

0-12 months.

Onderzoeksproduct en/of interventie

The Integrated Elderly Care Program is an intervention program in which patients aged 75 years and older who are registered with a general practitioner, and who are assigned to the intervention group, will receive care and counseling by an Elderly Care Team. This team, under supervision of a general practitioner, further consists of a specialist elderly care, a casemanager (district nurse or nurse practitioner) and a social worker. The intensity and duration of the counseling of the patient depends on the annually estimated complexity of the care needs and frailty.

Elderly with complex care needs will receive intensive care and counseling by a casemanager. Elderly without complex care needs will be offered self management support performed by a social worker. In this latter group, people with increased frailty will receive individual support. The remaining elderly, i.e. elderly without complex care needs and without increased frailty, will be offered group support.

Elderly with complex care needs and elderly with increased frailty will be subjected to an anamnesis, with the focus on living, well-being and health care. Next, an individual health care plan will be formulated by the elderly and the Elderly Care Team. This health care plan will be realized in cooperation with an extensive network of health care workers, social workers, caregivers, volunteers, municipalities and other relevant parties concerned. If an informal caregiver is present, he or she will be invited to participate in the study as well.

Support will be given to the caregiver in order to diminish the caregiver burden.

The control group will receive care as usual, offered by their general practitioner, medical specialist(s), home care services, etc. involved.

Contactpersonen

Publiek

UMCG

Afdeling Gezondheidswetenschappen

De Brug, 6e verdieping, huispostcode FA10

Antwoordnummer 280

Sophie Spoorenberg

Groningen 9700 VB

The Netherlands

+31 (0)50 3632006

Wetenschappelijk

UMCG

Afdeling Gezondheidswetenschappen

De Brug, 6e verdieping, huispostcode FA10

Antwoordnummer 280

Sophie Spoorenberg

Groningen 9700 VB

The Netherlands

+31 (0)50 3632006

Deelname eisen

Belangrijkste voorwaarden om deel te mogen nemen (Inclusiecriteria)

- 1. People aged 75 years and older;
- 2. Living at home or in a retirement home;

3. Registered with one of the 15 participating general practitioners.

Belangrijkste redenen om niet deel te kunnen nemen (Exclusiecriteria)

- 1. Long term stay in a home for the elderly, in a nursing home or in another long-term care facility;
- 2. Receiving other types of integrated care;
- 3. Participating in another study.

Onderzoeksopzet

Opzet

Type: Interventie onderzoek

Onderzoeksmodel: Parallel

Toewijzing: Gerandomiseerd

Blindering: Open / niet geblindeerd

Controle: Geneesmiddel

Deelname

Nederland

Status: Werving nog niet gestart

(Verwachte) startdatum: 01-01-2012

Aantal proefpersonen: 2400

Type: Verwachte startdatum

Ethische beoordeling

Positief advies

Datum: 24-08-2011

Soort: Eerste indiening

Registraties

Opgevolgd door onderstaande (mogelijk meer actuele) registratie

Geen registraties gevonden.

Andere (mogelijk minder actuele) registraties in dit register

Geen registraties gevonden.

In overige registers

Register ID

NTR-new NL2893 NTR-old NTR3039

Ander register ZonMw : 60-61900-98-382

ISRCTN wordt niet meer aangevraagd.

Resultaten

Samenvatting resultaten

N/A