

Optimising personal continuity for older patients in general practice

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The constructed toolkit will be an acceptable and feasible tool to improve personal continuity for older patients in general practice.

Ethische beoordeling	Positief advies
Status	Werving nog niet gestart
Type aandoening	-
Onderzoekstype	Interventie onderzoek

Samenvatting

ID

NL-OMON24244

Bron

Nationaal Trial Register

Verkorte titel

TOOL (opTimising persOnal cOntinuity for oLder patients)

Aandoening

Personal continuity - continuity of care - general practice - primary care - older patients - complex intervention.

Ondersteuning

Primaire sponsor: Amsterdam UMC, locatie VUmc.

Overige ondersteuning: The Netherlands Organisation for Health Research and Development (ZonMw) and the SBOH.

Onderzoeksproduct en/of interventie

Uitkomstmaten

Primaire uitkomstmaten

Process-evaluation according to Saunders et al [Health Promot Pract, 2005]:

Fidelity (quality), dose delivered (completeness), dose received (exposure), dose received (satisfaction), reach (participation rate), recruitment, and context.

Toelichting onderzoek

Achtergrond van het onderzoek

BACKGROUND

Continuity of care denotes the connected and coherent care that is consistent with the health needs and personal circumstances of a patient. It is a widely accepted core principle of general practice. Continuity of care is a multidimensional concept, including personal continuity, team continuity, and cross-boundary continuity. This research project aims to optimise personal continuity for older patients in general practice.

The benefits of personal continuity have been studied extensively and include a better patient-provider relationship, increased patient and doctor satisfaction, improved uptake of preventive care, higher medication adherence, less overuse of medical procedures, higher quality of patients' life, fewer hospital admissions, and less healthcare costs. Several studies also found personal continuity to be associated with lower mortality.

But society and healthcare have changed. Patients and doctors are increasingly mobile and solo practice is becoming rare. The number of patients with chronic diseases rises, and patients increasingly receive care from multiple professionals employed by different organisations. Most general practitioners work part-time and reorganize themselves into large group practices. Other healthcare workers such as the practice nurse have entered general practice.

All these changes potentially fragment care and reduce personal continuity. Especially older patients suffer the consequences of fragmentation and discontinuity of care, as they are likely to have multiple chronic conditions and benefit the most from personal continuity. Therefore, strategies to improve continuity of care in older patients are highly warranted, especially because global demographic trends suggest that the number of older persons will double in the next 35 years. If proven effective, such strategies will lead to higher patient-doctor satisfaction, higher quality of patients' life, less overuse of medical procedures, reduced hospitalisation, less healthcare costs, and – on the longer term – lower mortality.

MAIN OBJECTIVE

The overall aim of this project is to develop and evaluate a multi-component intervention ('toolkit') designed to optimise personal continuity for older patients in Dutch general practice.

METHODS

For this research project, we adopted the UK Medical Research Council Complex Interventions framework. This framework provides an iterative phased approach to the development and evaluation of complex interventions, suggesting five phases:

During phase 0 (preclinical phase), we will perform a literature study to create the theoretical basis for development and implementation of the intervention.

During phase 1 (defining components of the intervention), we will perform surveys and focus groups to investigate patients' and care providers' views on personal continuity, and to define the components of the intervention. The intervention will consist of a toolkit to optimise personal continuity for older patients in general practice.

During phase 2 (defining trial and intervention design), we will perform a pilot study and test the acceptability and feasibility of the constructed toolkit. The results will be used to construct the final version of the toolkit.

During phase 3 (main trial), we will investigate the acceptability and feasibility of the constructed toolkit in a stepped wedge cluster randomised trial (N=30 general practices).

During phase 4 (implementation), we will use database registrations, practice observations, surveys, and semi-structured interviews to investigate the level of implementation.

Doel van het onderzoek

The constructed toolkit will be an acceptable and feasible tool to improve personal continuity for older patients in general practice.

Onderzoeksopzet

Year 1: development of the intervention (month 1-12);

Year 2: inclusion of patients, follow-up (month 13-24);

Year 3: follow-up, initial data analysis (month 25-36);

Year 4: data analysis, publication study results (month 37-48);

Year 5: data analysis, publication study results (month 49-60);

Year 6: publication study results, PhD thesis (month 61-72).

Onderzoeksproduct en/of interventie

Tailored complex intervention, consisting of components to improve personal continuity.

Contactpersonen

Publiek

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Wetenschappelijk

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Deelname eisen

Belangrijkste voorwaarden om deel te mogen nemen (Inclusiecriteria)

Dutch general practices with three or more general practitioners.

Belangrijkste redenen om niet deel te kunnen nemen (Exclusiecriteria)

Solo of duo practices.

Onderzoeksopzet

Opzet

Type:	Interventie onderzoek
Onderzoeksmodel:	Parallel
Toewijzing:	Gerandomiseerd
Blinding:	Open / niet geblindeerd
Controle:	Geneesmiddel

Deelname

Nederland	
Status:	Werving nog niet gestart
(Verwachte) startdatum:	04-03-2019
Aantal proefpersonen:	30
Type:	Verwachte startdatum

Voornemen beschikbaar stellen Individuele Patiënten Data (IPD)

Wordt de data na het onderzoek gedeeld: Nog niet bepaald

Ethische beoordeling

Positief advies

Datum: 02-11-2019

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	NL8132
Ander register	METc Amsterdam UMC, location VUmc : 2019.492

Resultaten