
CONFERENCE ABSTRACT

Evaluation of ICT supported integrated healthcare for frail patients with comorbidities: Baseline assessment of the CareWell Project

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Introduction: One of the distinctive characteristics of frail elder patients with comorbidities is the complexity of the health and social needs they present as well as their vulnerability and high risk to develop dependence and high services consumption.

The provision of healthcare to these individuals should be able to respond to their complex needs in order to improve their health status and to prevent avoidable resource consumption and suffering. Integrated care may be an adequate strategy to achieve this goal.

The CareWell Project, co-funded by the European Commission, is aimed to assess the impact of new organisational models to provide ICT supported integrated healthcare (IHC) to frail elderly patients with comorbidities.

The overall aim of the evaluation carried out in CareWell is to assess the impact of the implementation of ICT supported integrated healthcare. Evaluation will be conducted using the MAST multi-dimensional evaluation methodology adapted to the needs of CareWell project, focusing on integrated healthcare. MAST includes assessment of the outcomes divided into the following seven domains: 1) Health problem and characteristics of the application; 2) Safety; 3) Clinical effectiveness; 4) Patient perspectives; 5) Economic aspects; 6) Organisational aspects; and 7) Socio-cultural, ethical and legal aspects .

This communication will be focused on the baseline assessment of the recruited subjects.

Methods: CareWell is a quasi-experimental study with a control group, targeting community-dwelling frail subjects suffering from one of the following disease: chronic obstructive pulmonary disease (COPD), diabetes mellitus (DM) (both insulin-dependent and noninsulin-dependent) or chronic heart failure (CHF) as well as one other comorbidity.

Subjects in the intervention group have received the IHC and the control group, the usual care provided by their health system.

The project is being developed in six pilot sites through Europe.

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All pilot sites have conducted a baseline assessment of the study population prior to the deployment of the new organisational model, which will serve as the basis for comparison (usual care), and again at the end of the follow-up, one year after the deployment (new care). Descriptive analysis have been performed for each variable included in this study using mean and standard deviation for quantitative variables, and frequencies and percentages for categorical variables.

Variables collected in the basal assessment include socio-demographic variables (age, sex, education level, occupation, income); health related habits (alcohol and tobacco consumption, physical activity); health status (comorbidities, functionality status using Barthel Index, mental health status using Geriatric Depression Scale); and self-perceived experience with care provision measured by PIRU Questionnaire.

Results: Overall, 859 care recipients have been recruited for the Carewell project. Of these, 477 have been assigned to the intervention group. Patients were equally distributed regarding gender (50.5% of men), with a mean age of 77.6, 95% CI (77.1, 78.1).

The most frequent disease in the project population was DM (66.4%) followed by CHF (61.8%) and COPD (54.1%). The care recipients have a high degree of independence with a Barthel index median of 100, IQR (80,100).

Conclusions: Evaluation of integrated healthcare service delivery processes will improve the current scientifically based knowledge on barriers and facilitators towards integrated healthcare delivery.

Keywords: integrated care, assesment; frail patients; deployment
