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POSTER ABSTRACT

Integrated care models for older adults with depression and physical multimorbidity: a scoping review

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Objective: Multimorbidity, the coexistence of multiple chronic conditions occurring in one person at the same time, where one is not a known complication of the other, is a growing challenge in the care for older people with mental illness. In order to address both physical and mental illnesses in older people, integrated care management is required. The purpose of this scoping review was to provide a comprehensive overview of integrated care models for older adults (60+) with depression and physical multimorbidity. We identified the core components of the examined integrated care models and mapped the reported outcomes and implementation strategies.

Methods and analysis: We followed the methodology of Arksey and O'Malley's. MEDLINE, EMBASE, CINAHL and Cochrane Library were searched independently by two reviewers from inception to May 2022. Studies composed in English or Dutch concerning integrated care interventions for older adults with major depression and physical multimorbidity were included. We used the micro-level SELFIE framework to map the core concepts of integrated care models. Outcomes were divided in person-centered and service themes.

Results: After title and abstract and subsequent full-text screening, 38 studies were included describing 13 different care models. The majority (n=21) were randomized controlled trials, followed by observational studies (n=6), study protocols (n=5), qualitative studies (n=4), and feasibility studies (n=2). Studies were conducted in the North-America (n=28), Europe (n=6), Asia (n=3) and Australia (n=1). In all care models, a multidisciplinary team with a care coordinator was involved. Also treatment interaction, continuity of care, individualized care planning, tailored holistic assessment and self-management support were elements of all care models. Informal care giver involvement and shared decision making were less often described as core elements. Discrepancy was detected in the information systems and technology that different care models used. Only seven care models reported on financial aspects of the intervention, e.g. the reimbursement on participation or the provision of financial incentives.

A total of 32 different outcomes were evaluated in the primary studies. Patient outcomes, e.g. functional status and depression symptoms, are well described by all care models. In contrast,

little attention is paid to service outcomes such as emergency department visits or therapy attendance. Only two studies briefly described the implementation strategies used in the study.

Conclusion: The core elements that comprise integrated care models are diverse. Future studies should focus more on implementation aspects of the intervention and describe financial parts, e.g. the cost of the intervention for the healthcare user, more transparently.

Key words: Collaborative care, integrated care, psychosomatic medicine, geriatric psychiatry, care models