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Conference Abstract

The cost-effectiveness of an integrated care model for frail elderly: the Walcheren Integrated Care Model

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Abstract

Purpose: An important aim of integrated care is to create more cost-effective health care systems. However, empirical research on cost-effectiveness of integrated care models is limited. This study reports on the cost-effectiveness of the Walcheren Integrated Care Model after twelve months from a societal perspective.

Intervention: Frailty was preventively detected in elderly living at home with the Groningen Frailty Indicator. Geriatric nurse practitioners and secondary care geriatric nursing specialists were assigned as case managers and coordinated the care agreed upon in a multidisciplinary meeting. The general practitioner (GP) practice functions as a single entry point and supervises the coordination of care. The intervention encompasses task reassignment between nurses and doctors and consultations between primary, secondary and tertiary care providers. The entire process was supported by multidisciplinary protocols and web-based patient files.

Methods: The design of this study was quasi-experimental. In this study, 184 frail elderly patients of three GP practices that implemented the Walcheren Integrated Care Model were compared with 193 frail elderly patients of five GP practices that provided care as usual. Effects were determined by health-related quality of life measured with the EQ-5D and QALY's were calculated. The costs were assessed by questionnaires, patient files, time registrations and the reports of multidisciplinary meetings. The average costs and effects were compared by t-tests. The incremental cost-effectiveness ratio (ICER) was calculated and bootstrap methods were used to determine a confidence interval for the ICER.

Results: The average effect of the Walcheren Integrated Care Model was 0,00; the average costs were 17.089 euros. No significant differences in effects and costs were found between the Walcheren Integrated Care Model and care as usual. The incremental effects were 0, whereas the incremental costs were 1.970 euros.

Conclusion: The Walcheren Integrated Care Model is not cost-effective and the costs per QALY are high. The costs of the integrated care intervention do not outweigh the limited effects on

health-related quality of life after twelve months. To explore the full potential of the Walcheren Integrated Care Model for frail elderly, a more longitudinal approach should be adopted.

Keywords

integrated care, cost-effectiveness, frail elderly