

CONFERENCE ABSTRACT

Intensive multidisciplinary home rehabilitation for older people with severe conditions.

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Introduction: Older people often demonstrate multiple physical and functional problems simultaneously. For this reason, geriatric rehabilitation (GR) is often organized as integrated care with a multidisciplinary team providing a structured care plan to alleviate or reduce the consequences of the patients' conditions. However, some of those in need of GR have difficulties to adapt to the hospital settings and therefore do not profit from the intense multidisciplinary care provision in such a setting as would be desirable. These patients are often finishing their rehabilitation without being able to walk independently, or manage their daily life.

Practice change implemented: Since 2007, the German health care system offers a home-based GR for geriatric patients, called Mobile Rehabilitation (MR), within the same framework as the standard GR in a hospital setting, providing an intensive and multidisciplinary rehabilitation program over 6 to 8 weeks.

Aim and theory: There is good evidence on the effectiveness of rehabilitation and home care concepts in general. However, several risk factors such as the presence of cognitive or psychological disorders, or seeing and hearing impairments, among others, lead to unsatisfactory result of a rehabilitation program. that can be attributed to problems of a geriatric patient to adapt to the requirements of a rehabilitation program. Possible reasons are the presence of cognitive or psychological disorders, or seeing and hearing impairments, among others. Such patients can, in theory, largely profit from MR in their accustomed environment.

Intervention program and timeline: The MR program consists of, on average, 40 sessions of physiotherapy, occupational therapy, speech therapy or nursing care with 6 sessions each week. Regular multidisciplinary team meetings are under the leadership of a geriatrician.

Highlights: First publications on this program demonstrate its general effectiveness. Additionally, results from the project MORECARE, a German-based, national research project aiming at identifying and overcoming organizational and managerial barriers in providing home-based GR in Germany will be presented.

Comments on sustainability and transferability: In 2016, the concept of MR has been broadened and includes now several additional conditions associated with a decreased adaptability to conventional rehabilitation settings. This decision was based on the first evidence on its effectiveness. This presentation will enable stakeholders who provide integrated care for older people to reflect on the additional value of MR as an alternative to conventional GR as well as managerial prerequisites in implementing such concepts in their respective health care system.

Conclusions: The MR program presented here is able to improve outcomes in a subgroup of geriatric patients who do not profit from conventional rehabilitation programs.

Discussions: While the current literature demonstrates the potential benefits of MR, the evidence is still limited. Additionally, the implementation of such a program lead to some organizational problems, which have to be discussed.

Lessons learned: The audience of this presentation will learn on the potential of the MR program as an alternative to conventional rehabilitation, its multidisciplinary building blocks and the identified barriers and problems in implementing and continuing this program.

Keywords: home-based rehabilitation; geriatric care; multidisciplinary team
