

CONFERENCE ABSTRACT

Results of a multiple case study to evaluate the merits of a network-based primary care innovation for community-dwelling dementia patients

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Introduction: Rearrangements are needed in primary care because of aging populations, the increased prevalence of dementia and increasing costs of health care. With DementiaNet, we aim to enhance primary care via integrated network-based care. We focus on structural collaboration from healthcare professionals from medical, care and social domains, and increased dementia expertise. Here, we describe our evaluation study on the DementiaNet innovation to provide insight in the merits and drawbacks of the DementiaNet innovation.

Methods: The evaluation study is a longitudinal, mixed methods, multiple case study. The study population consists of two levels: (i) local DementiaNet networks of primary care professionals, and (ii) dyads of dementia patients and their informal caregivers who receive care from DementiaNet networks. At the start of participation and after 12 and 24 months, quantitative data is collected in each network on the maturity of the network, quality of care indicators, and outcomes reported by informal caregivers. Additionally, qualitative data is collected via in-depth interviews with professionals in the networks and dyads of patients and informal caregivers which provide insight in experiences and opinions regarding effects of the DementiaNet approach and the mechanism through which changes in quantitative outcomes are effectuated.

Results: This study is currently ongoing with 17 networks included. Preliminary results of the first five networks show stable or improved quality of care and mostly positive experience with the DementiaNet approach. Analysis of quantitative data at 12 months (n=12) and at 24 months (n=5) will show time trends of these networks regarding their quality of care scores and association with informal caregiver-reported outcomes. Additionally, qualitative results from the interviews will be available.

Discussion: This study will show whether the DementiaNet innovation leads to improved quality of dementia care and if this is associated with informal caregiver-reported outcomes, through an innovative study design that is designed to capture the complexity. Furthermore, it will provide insight in how this approach is perceived by primary care professionals. This evaluation study adds to the evidence-base of integrated health care, taken from a complex systems perspective.

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Conclusion: To conclude, this evaluation study will provide insight in the merits and drawbacks, facilitators and barriers, and improvement opportunities of the DementiaNet approach for integrated dementia care.

Lessons learned: Evaluation of a complex program requires innovative design and flexibility.

Limitations: Some data will be self-reported by network members. A proportion of networks will be followed for the first year only, because of time restrictions for the evaluation study.

Suggestions for future research: We suggest the evaluation of this generic approach in primary care for other chronic conditions. Furthermore, we suggest application of the current design for future research into complex programs in primary health care.

Keywords: dementia; networks; evaluation; integrated care
