
CONFERENCE ABSTRACT

Network-based primary care decreases the number of crisis admissions of persons with dementia

21st International Conference on Integrated Care, Virtual Conference – May 2021

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Introduction

Crisis admissions of persons with dementia are more prevalent due to the rising number of people with dementia living longer at home. Better collaboration between primary care professionals could prevent crisis situations. Therefore, the DementiaNet program focuses on a transition towards integrated care by supporting interdisciplinary networks of primary care professionals from the medical, care and social services to improve their collaboration. This study aims to determine the effect of the DementiaNet program on the number of crisis admissions.

Theory/Methods

DementiaNet networks started from 2015 onwards. This 2-year program is based on the Rainbow Model of Integrated Care and consists of coaching and support to help the networks go from ad hoc collaboration to a structured collaboration. Collaboration, network leadership, interdisciplinary education and quality improvement cycles are key elements to help networks improve their quality of care for the persons with dementia and their caregivers. Yearly, networks collect patient data on five quality of care indicators, and on admission to a hospital or nursing home due to a crisis. The data collection took place between 2015 and 2020. We compared the number of crisis admissions of advanced networks (>2 years active) with the number of crisis admissions of starting networks (<2 years active) by using an independent T-test. Logistic regression was used to determine the relation between quality of care and the number of crisis admissions.

Result

34 networks with on average 9 professions (frequently: general practitioner, practice nurse, community nurse and case manager) were included. The networks collected data of 1689 patient years of which 479 patient years had a crisis. Preliminary results show that advanced networks had less crisis admissions than starting networks, 0.25 versus 0.30 respectively ($p=0.038$, $CI=0.003 - 0.091$). The quality of care was not associated with the number of crisis situations.

Discussions

In advanced networks, less crisis admissions took place; Surprisingly, this effect was not mediated by quality of care. A possible explanation is that better collaboration leads to less crisis admissions due to earlier intervention by professionals.

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Conclusions

The Dementia program was able to facilitate a transition towards better interdisciplinary collaboration within networks of primary dementia care professionals. In advanced networks less crisis admissions occurred than in starting networks. The quality of care was not associated with the number of crisis admissions.

Lessons learned

A complex intervention, such as DementiaNet, is able to realize a transition towards network-based care and enhance interdisciplinary collaboration to reduce the number of crisis admissions.

Limitations

The dataset consists of patient years rather than patients, data was collected yearly and we were not able to adjust for the same persons present in the dataset several years in a row. Ideally, we would like to include patient trajectories in further research.

Suggestions for future research

Further research in a larger database could contribute to unravelling the complex relations between network maturity, quality of care and crisis admissions in primary dementia care.