

POSTER ABSTRACT

Effectiveness of a health and social care integration programme for home-dwelling frail older persons in Argentina

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Introduction

The evidence of effectiveness of integrated care initiatives for home-dwelling frail older persons is still inconclusive. There is a need for more studies, especially in developing countries. Our objective was to assess the effectiveness of a health and social care integration programme versus the best standard of care to date in this population.

Theory/Methods

Quasi-experimental study performed in patients' homes in Buenos Aires, Argentina. The intervention arm had a health and social care counsellor that systematically reviewed the social and biological situation following a structured process, evaluating: functionality, nutrition, mobility, pain, cognition, medication reconciliation and adherence, need for care, quality of care, and environmental safety. The control group received the best standard of care to date, with access to the same health or social care services, but without the counsellor and related processes. The main outcome was the adjusted hazard ratio for hospitalizations after one year using a Cox-proportional hazards model.

Results

We recruited 121 persons in each group. The crude hazard ratio for hospital admissions, comparing the intervention to the control group was 0.622 (95% CI 0.427 to 0.904; p 0.013). The adjusted hazard ratio (aHR) was 0.503 (95%CI 0.340 to 0.746; p 0.001). The aHR for death was 0.993 (95%CI 0.492 - 2.002; p 0.984). The absolute difference in the quality of life was 16.59 points (95%CI 12.03 to 21.14; p<0.001).

Discussion

There are many integrated care initiatives that focus mainly on medical issues and not in both health and social care integration. It is not known why some studies showed positive results while others failed to show any. We focused, among other things, on building or reinforcing each patient's social network, identifying appropriate caregivers and training and supporting them. Given our scarce resources, only one health care professional -the health and social care counsellor- oversaw all the intervention activities. This may have contributed to a trusting relationship and improving quality of life.

Conclusions

Frail older adults who received the health and social care integration programme intervention had about half the risk of hospital admissions than those who received the best standard of care to date. They also had better quality of life and a non-statistically significant trend towards lower hospital deaths.

Lessons learned

A health and social care integration programme is feasible in Latin America. In addition to good clinical results, savings can help scale-up the programme and improve accessibility according to need.

Limitations

This was not a randomized controlled trial. This design could not be used because of an institutional decision to change the care processes in the whole care network, as well as because of doubts regarding the clinical equipoise. In any case, we ascertained outcomes by a blinded independent researcher that assessed the objective records of hospital admissions. In addition, another researcher blinded to the treatment allocation analysed data. We also adjusted for possible confounders.

Suggestions for future research

Design of a multicenter randomized controlled trial with a larger sample size to confirm the difference in favour of the intervention group, including mortality.