

CONFERENCE ABSTRACT

Evaluating an integrated health and social care programme for vulnerable people: The case of 'Better Together in Amsterdam North'

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Introduction: 'Better Together in Amsterdam North' Dutch acronym: BSiN is a promising integrated care programme for multi-morbidity in the Netherlands. BSiN is made up of an alliance of more than ten health- and social care provider organisations. The population consists of people older than 18 with complex problems in multiple life domains e.g. financial problems alongside social isolation and with limited self-sufficiency. The core of the BSiN intervention is that each participant is assigned a case manager who provides holistic advice over a minimum of 6 months. BSiN was selected as one of the case studies for further evaluation using Multi-Criteria Decision Analysis in the Horizon2020 project SELFIE www.selfie2020.eu. This study represent a first evaluation of the BSiN programme.

Methods: The study design is quasi-experimental. Care providers and welfare workers in Amsterdam North recruit participants for the intervention. Participant had to score three or lower on at least three of the 11 domains of the Self Sufficiency Matrix. The control group participants were identified from respondents of two waves of the Amsterdam Health Monitor survey, who, given their answers on the health survey, were deemed to have low self-sufficiency.

Three face-to-face interviews are held with participants in both groups 0, 6, and 12 months to collect questionnaire data. The questionnaire evaluates the self-sufficiency, health, costs, and lifestyle of the participants. As of November 2017, the sample size at the first follow-up is 52 for the intervention group and 53 for the control group. Data collection is ongoing until the end of 2018. The outcomes are compared using mixed effects models.

Results: The control group scored better on all outcomes than the intervention group at baseline. For example, 50% of the intervention group had financial problems but this was only 19% of the control group. A total of 13 outcome measures were measured. The results show that BSiN had a positive and statistically significant effect on the outcomes of planning for the future increased 4%, whereas the control group was reduced by 14% and independence in planning the day +6% vs. -2%. For all other outcomes, BSiN has a positive effect but these were not significantly different from the control group. For example, in the control group

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self-reported general health decreased but it increased for BSiN respondents. The same was the case for energy, independent problem solving, employment, volunteer-work, contact with neighbors, and loneliness.

Discussion: BSiN appears to have a positive effect but the small sample size makes statistical evaluation challenging. In the first instance, future analysis will focus on including a larger sample and on using propensity score matching to improve the comparability of the intervention and control groups.

Keywords: social-care; multimorbidity; evaluating costs and outcomes
