
CONFERENCE ABSTRACT

Variables that Modulate Home Care Effectiveness in Patients with Chronic Cardiovascular Disease

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Introduction: The growing population of patients with chronic cardiovascular disease has many complex biomedical and psychosocial needs and requires an integrated teamwork approach. There is a need to develop a model for assessing the effectiveness of home care in patients with chronic cardiovascular disease, which would take the needs of informal caregivers into account.

The purpose of the study was to determine the variables affecting the level of effectiveness of home care, defined as the co-occurrence of high: quality of life (QoL), health behaviours and met needs.

Subjects and method: The study involved 193 patients under the care of district nurses and 161 informal caregivers. The study tools included: the Camberwell Modified Short Assessment, the Health Behavior Inventory (HBI) Questionnaire, WHOQOL-BREF (Quality of Life Questionnaire) and the HADS-M Questionnaire.

Results: It was found that patients with a potentially low efficiency of health care (LEHC) were older compared to people with a high efficiency of health care (HEHC) (Me 77.5 vs Me 70, $p=0.032$). They were characterized mostly by primary education (40.5% LEHC vs 22.4% HEHC) and professional education (26.2% LEHC vs 25.9% HEHC) $p=0.025$, a smaller number of people with a good financial situation (15.9% LEHC vs 34.6% HEHC, $p=0.004$). More people in this group received benefits from a social assistance center (21.4% LEHC vs 7.2% HEHC, $p=0.007$). There were statistically significant differences in good physical wellbeing (22.6% LEHC vs 52.9% HEHC, $p<0.001$) and mental wellbeing (24.1% LEHC vs 59.5% HEHC, $p<0.001$). Among patients with LEHC, more people suffered from disease-related ailments (61.3% LEHC vs 42.9% HEHC, $p=0.011$) and less systematically adopted prescribed drugs (64.3% LEHC vs 85.9% HEHC, $p=0.001$). Among the caregivers of patients with LEHC, divorced and widowed predominated (51.5% LEHC vs 77.5% HEHC) and unmarried persons (29.4% LEHC vs 12.5% HEHC) $p=0.006$. There were statistically significant differences regarding: satisfaction with the level of QoL among the group of caregivers (Me 2 LEHC vs 1 HEHC, $p<0.001$), QoL values in the physical (Me 12 LEHC vs 14.57 HEHC, $p<0.001$), psychological (Me 12 LEHC vs 14 HEHC, $p<0.001$), Social Relationships (Me 13.33 LEHC

vs 16 HEHC, $p < 0.001$) and Environmental domain (Me 11.5 LEHC vs Me 12.5 HEHC, $p < 0.001$), health behaviors (Me 73 LEHC vs Me 93.5 HEHC, $p < 0.001$), the level of met needs (Me 0.76 LEHC vs 0.89 HEHC, $p < 0.001$) and the assessment of the fulfillment of expectations towards the PHC doctor (39.1% LEHC vs 60% HEHC, $p = 0.014$).

Conclusions: There is a need to improve the efficiency of home care in patients older than 77 years, with a lower education, difficult financial situation and recipients from social assistance centers, as well as with worse self-esteem of physical and mental well-being. Analyzing the needs and expectations of informal carers in the somatic, mental, social and environmental domains, especially in the case of the coexistence of unmarried status, higher level of satisfaction with the QoL and lower expectations of the physician in terms of courtesy and understanding is necessary as part of effective care model in primary healthcare settings.

Keywords: home care; primary healthcare; chronic cardiovascular disease; care effectiveness
