
CONFERENCE ABSTRACT

Adaptations of a community-based integrated care model for frail home-dwelling older adults using the results of a feasibility evaluation

23rd International Conference on Integrated Care, Antwerp, Flanders, 22-24 May 2023

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Introduction: The WHO recommends implementing integrated care models to overcome fragmented care for frail older adults. However, their effectiveness remains inconclusive, due to limited assessment of implementation processes and outcomes. As population ages, the Swiss Canton Basel-Landschaft adopted a legal framework requiring creation of Information and Advice Centers (IAC) for home-dwelling older adults. INSPIRE and the Canton are collaborating to develop, implement, and evaluate an integrated care model for the IACs. INSPIRE is a multiphase implementation science project: Phase 1 included participatory development of the INSPIRE care model by involving cantonal and local stakeholders. Stakeholder involvement is still maintained, through bi-yearly meetings. Phase 2, the present study, aimed to evaluate its feasibility and implementation and describe the adaptations needed

Methods: Design: Using a mixed-methods design, we evaluated the feasibility and implementation of the INSPIRE care model and the IAC by: a) measuring fidelity to the implementation strategies to promote the IAC; b) describing IAC visitors; and c) assessing implementation outcomes of the care model.

Sample: All IAC visitors; 18 older adults 65+; a nested sample of 8 frail older adults 75+; 8 informal caregivers; IAC nurse and social worker.

Data sources: qualitative data from interviews (older adults/informal caregivers) and meetings (IAC staff); quantitative data from the IAC administrative information and health records

Results:

- Aim a & b: IAC promotion: 63 out of 83 planned promotional activities were delivered by the IAC leadership (e.g., letters to older adults 75+) but not delivered to all target stakeholders. IAC visitors: Between Jan-Sept 2022, 113 older adults aged 65-74 and 362 aged 75+ visited the IAC. From the 65-74 group, 12 individuals were identified as pre-frail/frail and from those, 2 received the INSPIRE care model. From the 75+ group, 162 individuals were considered pre-frail/frail and 47 of them received the care model. The care model reached 4.8% of the target population. Referral source: 92 (aged 65-74) and 174 (aged 75+) self-referred to the IAC; few referrals by community care providers. Services requested: The main requested service in the 65-74-year-old group was social services (32/113) while for those 75+ it was a needs assessment (141/362).
- Aim c: Qualitative information: the nurse showed higher acceptability of the model compared to the social worker. High acceptability and feasibility of the model were perceived by older adults and their caregivers. Quantitative information: fidelity to the model core components mean score: 33/48; lowest scores for care coordination and follow-up.

Implications: The high acceptability of the INSPIRE care model by older adults who acceded to the intervention and their caregivers shows that integrated care approaches may have potential to enhance quality of care although adaptations might be needed to increase its fit. In parallel, in order to increase reach, more efforts and supportive leadership are needed to promote the IAC, enhance community care providers engagement in the referral process.

Next steps: Adaptation of the care model and implementation strategies to increase referrals to the IAC, thus improving reach of the intervention, and contributing to better recruitment for the effectiveness evaluation.