International Journal of Lintegrated Care

Volume 13, 23 October 2013 Publisher: Igitur publishing URL: <u>http://www.ijic.org</u> Cite this as: Int J Integr Care 2013; Annual Conf Suppl; <u>URN:NBN:NL:UI:10-1-114705</u> Copyright: COTT

Poster Abstract

Situation Review of Care Deficits and Care Management Programs for Alzheimer's Disease in Germany

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Abstract:

Background: Care for the chronically ill in the German health care system has been characterized as deficient. Legislation from the past 20 years introduced new forms of integrated care management gradually for statutory health insurance (SHI) in order to improve care, especially for the chronically ill. Considering the demographic change, a substantial increase in the number of those suffering from dementia is predicted. By 2050, the number of dementia patients in Germany is expected to have increased from 1.1 million to 2.6 million. Alzheimer's disease is considered to be the most common form of dementia illness. The intention of this study is to analyze deficits in the care of Alzheimer's patients and persons providing services for them. The identification of care deficits is the foundation for developing efficient health care structures. Furthermore, the study examines whether care management programs exist that address the identified care deficits.

Methods: In the initial phase of the study, a systematic literature review within the medical databases Embase and Scopus was conducted to identify care deficits and care management programs for Alzheimer's disease. The literature review was complemented with further internet research. Currently, expert interviews about care deficits are conducted with representatives from e.g. SHI, medical specialist societies and patient organizations. In addition, a standardized questionnaire has been sent to the 40 largest SHI to identify the existence of care management programs and to analyze their contents. The empirical analysis is being carried out anonymously.

13th international Conference on Integrated Care, Berlin, Germany, April 11-12, 2013

International Journal of Integrated Care – Volume 13, 23 October – URN:NBN:NL:UI:10-1-114705– http://www.ijic.org/

Results: Currently, the results of the systematic literature review and internet research have been compiled. Among other deficits, the deficits in the care of Alzheimer's disease have been identified as being of structural nature. In this context, shortcomings, regarding e.g. too few institutions for diagnosis and therapy (e.g. memory clinics) have been found. In many cases another problem is the delayed diagnosis. As a consequence of general practitioners' insufficient knowledge regarding geriatric and geronto-psychiatric topics, many potential patients suffering from dementia are overseen. In the therapeutic area, an insufficient use of dementia-specific medication has been identified on the one hand, while on the other, a large volume of medication prescription without any evidence-based effect has been observed. Furthermore, psychiatric and neurological comorbidities have often been inappropriately treated. In addition, nursing homes, where many dementia patients reside, are inadequately equipped. Currently, the empirical data collection is being conducted. Responses to the questionnaires are expected by the end of January 2013. The expert interviews are expected to be completed by the end of February 2013.

Discussion and Conclusion: Many deficits in the care of Alzheimer's disease, which are of structural nature and also regarding diagnosis and therapy, have been identified in literature. The expert interviews serve as validation regarding whether these deficits can be confirmed by those involved in the care of dementia. In addition, the interviews should identify whether any further care deficits exist. The survey of the health insurances regarding the existence and content of health management programs should give an overview whether SHI have already addressed these problems.

Keywords

alzheimer's disease, dementia, chronically ill, integrated care management, care deficits, care management programs, health supply structures, contract management

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