

Organizational and financial aspects affecting care transitions in long-term care systems

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IMPACT STATEMENT

Suboptimal care transitions of older adults in long-term care (LTC) systems are common and might threaten patient safety and result in compromised outcomes (Forster et al., 2003; Jasinarachchi et al., 2009; van Walraven et al., 2011; WHO, 2016). However, majority of suboptimal care transitions could be prevented (Kapoor et al., 2019). Organizational aspects such as poor provider communication and transfer of information are expected to potentially lead to poor care transitions of older adults (Hastings & Heflin, 2005; Jing, Young & Williams, 2014). Financial aspects are also assumed to play an important role in care transitions based on long-established economic theories such as the microeconomic theory (Arrow, 1963) and the theory of principal-agent behavior (Jensen & Mechling, 1976). Financial incentives for improving care coordination are suggested to be key factors in optimizing care transition (Busse & Mays, 2008; Glasziou et al., 2012; Stokes et al., 2018; Tsiachristas et al., 2013).

Nonetheless, these expectations and assumptions have not been systematically explored. In particular, little empirical evidence has been provided about the different organizational and financial aspects affecting care transitions. Available evidence has been rather sparse and inconclusive. In addition, none of the available studies has systematized the knowledge and provided an overview of organizational and financial aspects relevant to care transitions. Besides, there has been a paucity of research on what different stakeholders consider important barriers and facilitators to care transitions in LTC systems.

The need for new knowledge on how to improve care transitions is the primary motivation for the TRANS-SENIOR project and this dissertation. Specifically, this dissertation identifies which organizational and financial aspects influence care transitions. The dissertation also informs the improvement of care transitions by identifying good practices as well as challenges that need to be addressed. The dissertation has a European orientation as well as a specific focus on the LTC systems of Germany, the Netherlands and Poland.

The dissertation findings are relevant to future policy, practice and research in LTC. The impacts of the dissertation findings for different stakeholder groups are subsequently outlined.

Policy impact

The dissertation is a source of information for policymakers who aim to optimize care transitions of older adults. It underlines the areas in the LTC system that

need special attention and proposes solutions that could be applied in various European settings. Moreover, it provides an analysis of current organizational and financial challenges that affect care transitions in the German, Dutch and Polish LTC systems. Policymakers might use this information to develop new policies and thus, address gaps in their LTC systems. Addressing challenges in LTC systems is crucial if governments want to improve quality of care and life of older adults and their caregivers. Improving the lives of older people, their families and entire communities is in line with the UN Decade of Healthy Ageing (2021-2030). These goals will not be met without addressing the LTC provision in the countries. Furthermore, new policies might not only improve the quality of life, wellbeing and patient satisfaction but also reduce health care costs and improve fiscal sustainability. Besides, even though this dissertation has a European orientation, our findings provide important information to policymakers outside of Europe as they uncover that even seemingly well-financed and well-performing LTC systems struggle to provide optimal care transitions to older adults.

Impact for LTC management and provision

Findings presented in this dissertation might also increase awareness of LTC managers and providers about important aspects that affect care transitions. Knowledge on organizational and financial aspects might help managers to improve practices in their settings and, as a result, optimize care transitions of older adults. Improving care transitions in one setting might have a domino effect on care provided in another location or by another provider. Thus, it will ultimately have an impact not only on the experiences of the patients and their family caregivers but also on other professionals that are involved in the care process by reducing frustration associated with the functioning of the LTC system.

Scientific impact

This dissertation addresses a research gap in care transition by providing an overview of organizational and financial aspects affecting care transitions in LTC systems. Moreover, it presents barriers and facilitators that influence care transitions in selected European countries, namely Germany, the Netherlands and Poland. Thus, the dissertation is an important starting point for future qualitative and quantitative studies on the topic. In particular, the systematic literature review in this dissertation systematizes and classifies available literature. Qualitative in-depth interviews with providers and insurers/payers build further on these findings by studying in detail barriers and facilitators that influence care transitions in the German, Dutch and Polish LTC systems. The Transitional Care Assessment Tool in Long-Term Care presented in this dissertation is the first-ever tool for assessing the performance of LTC systems in relation to care transition. This tool provides

researchers with means to assess the performance of the LTC system they study and outline areas in LTC that require attention.

Societal impact

The findings in this dissertation are important for society as well. Understanding barriers and facilitators that affect care transitions is an essential step for developing tailored strategies for improving the LTC system. Well-developed and tailored strategies can help to cater care delivery to the needs of care users and support the optimization of care transitions. This is particularly of high relevance to the patients and their informal caregivers since optimal care transitions are essential for good patient outcomes, improved patient satisfaction and patient safety. Besides, the proposed assessment tool for assessing the performance of LTC systems in relation to care transition is an important step in promoting accountability of different stakeholders. This is particularly important for older adults that experience violations of human rights, exposure to abuse, neglect and disrespect in the LTC care system. Holding accountable the governments and organizations for the care they provide will benefit not only the patient but also the providers.