

Towards proactive care for potentially frail older people in general practice : Development, feasibility, and effectiveness of the [G]OLD preventive home visitation programme

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Valorisation

Besides the scientific value of the studies as addressed in the individual chapters of this dissertation, the results also have societal value. This valorisation section therefore addresses how this scientific knowledge can be transferred to and utilised in practice. The societal value will be reflected on from five different perspectives: (1) relevance of the scientific findings for practice; (2) non-scientific target groups to whom the findings are relevant; (3) translation of the findings in concrete activities and products; (4) innovativeness of these activities and products; and (5) planning of the valorisation trajectory.

RELEVANCE FOR PRACTICE

The scientific findings as presented in this dissertation have great practical relevance. Our population is ageing and global projections reveal that this will continue throughout the 21st century and even at an accelerating pace in the coming decades.¹ This has major consequences for the organisation of care for older people. The Dutch healthcare system is under pressure to meet the growing demand for healthcare and well-being services of older people. It is assumed that sustainable, efficient, and consumer-directed delivery of long-term care can only be guaranteed by reforming the current Dutch system of long-term care funding.² Inherent to this reform is the accompanying strive to maintain independent living among older people for as long as possi-

ble. The [G]OLD home visitation programme, as introduced in this dissertation, aimed to target two antecedents of independent living, namely health-related quality of life and disability. Nevertheless, it did not show convincing effects on these outcomes measures for various reasons as discussed in the General Discussion. The current findings will however assist in the ongoing search for the implementation of effective interventions that facilitate older people's possibility to live independently in their own home for as long as possible.

TARGET GROUPS

The work presented in this dissertation adds to current knowledge on the effectiveness and implementation of preventive home visits for community-dwelling older people. Apart from the academic community, the findings are of interest to several non-scientific target groups as well.

First of all, general practices directly benefit from the findings of this dissertation. The home visitation programme or elements of it, such as the [G]OLD comprehensive geriatric assessment, may also be relevant for other general practices outside those participating in the current studies as well. Moreover, all general practitioners (GPs) nationwide are confronted with older patients who sooner or later suffer from multiple and/or complex care problems. They warrant special attention of GPs³ and therefore GPs may continue to seek for ways to structurally identify (potentially) frail older people and to organise care for their expanding older patient population. Although the effectiveness of the [G]OLD home visitation programme is limited based on studies conducted in the south of the Netherlands, the intervention protocol or parts of it may prove effective in a different context. However, the various studies in this dissertation describe not only the effectiveness of home visits by practice nurses (PNs), but also provide detailed insight into the implementation in general practices. For example, according to GPs the systematic approach of the [G]OLD home visitation programme allowed them to obtain a comprehensive and complete picture of older people's functioning and their social network. General practices who are involved in or intent to introduce preventive home visits for their (potentially) frail older patients are advised to pay attention to advantages and drawbacks related to the implementation of the [G]OLD home visitation programme to increase the likelihood of obtaining successful outcomes in older patients.

Second, the results are relevant to other professionals who are involved in the care and/or cure network surrounding a community-dwelling older person, such as home care nurses/district nurses, physiotherapists, occupational therapists, and geriatricians. These different professionals need to align care in order to efficiently collabo-

rate in offering the best possible care for the older person. In some instances, different professionals may already collaborate in multidisciplinary meetings. The current findings can help to understand the roles of the GP and the PN in preventive home visits and draw attention to the factors that facilitate successful collaboration between professionals.

Third, health insurers may benefit from the results of this dissertation. Health insurance companies are increasingly confronted with a transition from the current fee-for-service payments to a bundled payment system (i.e., health insurers pay a single fee to a multidisciplinary care group to cover different elements of care, for example for patients with chronic diseases).⁴ This also applies to care for older people. The findings may inform health insurers which elements of care provision and implementation strategies may qualify for these bundled payment contracts.

Fourth, the findings will be of interest to municipalities. As of January 2015, most of the long-term care services currently covered by the Exceptional Medical Expenses Act (abbreviated as 'AWBZ') are transferred to the new national Health Insurance Act for curative health services (abbreviated as 'ZVW') and the remaining services (related to social support and participation) into the new Social Support Act (abbreviated as 'WMO').² Under the latter Act, responsibilities for assigning the remaining services are delegated to municipalities. Consequently, they strive to prevent long-term care and to facilitate independent living among older people. The present dissertation provides detailed information and lessons learned from a preventive home visitation programme that could be used for this purpose. Municipalities may use the current knowledge in seeking possibilities for public health, in terms of home and community care, and primary care to combine forces in more effectively organising care for all older citizens within a municipality.

Fifth, on a national level, the results are of interest to the government. Together with other studies funded by the Netherlands Organisation for Health Research and Development ('ZonMw'), as part of The National Care for the Elderly Programme, the findings assist in deciding which care models are effective and/or worth to disseminate on a larger scale. Furthermore, the studies in this dissertation draw attention to the gaps in current knowledge with respect to preventive home visits. This can be used by the government and funding agencies as background information upon which to decide about the implementation and funding of similar or alternative preventive interventions for older people in the Netherlands.

Last but not least, the findings are relevant to older people as they are the main target group of the work presented in this dissertation. Our findings showed that older people greatly appreciated the home visit. Older people wish to live independently in their own home for as long as possible.⁵ Based on the findings of the studies in this dissertation, they may learn what to expect from preventive home visits and thereby

form a deliberate opinion on whether this type of preventive care is in line with their needs and preferences.

ACTIVITIES AND PRODUCTS

The concrete product resulting from the current work is the [G]OLD home visitation programme, consisting of a comprehensive geriatric assessment, a tailored care and treatment plan, multidisciplinary care management, and targeted intervention and follow-up. It offers general practices a stepwise approach for detecting and addressing health and/or well-being problems and needs among potentially frail older people (≥ 75 years) at an early stage. All elements of the [G]OLD home visitation programme, as well as a general description of the development process and philosophy behind the [G]OLD home visitation programme, are described on the website of the primary healthcare organisation 'ZIO'.⁶

Process-related and implementation issues derived from the studies in this dissertation were fed back to the primary healthcare organisations who were co-responsible for the development and deploy of the [G]OLD-home visitation programme. This led for example to adaptations in the selection procedure of older people eligible to receive a home visit, adaptations to the comprehensive geriatric assessment instrument, and regular group meetings with PNs to discuss their experiences with performing the home visits and their needs for supplementary information or training. Most importantly, the primary healthcare organisation 'ZIO' in the south of the Netherlands initiated negotiations with health insurers to achieve structural funding based on a bundled payment system. This was done despite the absence of convincing positive effects of the [G]OLD home visitation programme on the outcome measures health-related quality of life and disability, since the process evaluation did show certain promising results. This, combined with the positive reactions of GPs, PNs and older people on the [G]OLD home visitation programme, was sufficient reason for ZIO to consider it a promising approach for general practices. Also, the lack of effects on the outcomes measures may largely be attributed to implementation failure or methodological shortcomings instead of intervention failure.

INNOVATIVENESS

The [G]OLD comprehensive geriatric assessment for community-dwelling older people is unique in that it is developed by an expert panel to encompass all components of interest to a GP to obtain a complete overview of the older person's health and well-

being. It not only concentrates on physical functioning, but also on psychological and social functioning. Furthermore, innovative is the full integration of the [G]OLD home visitation programme in primary care and the key role of the GP, supported by a PN, in coordinating care and well-being activities.

In addition, innovative is that the primary healthcare organisation 'ZIO' was successful in negotiating with health insurers for a bundled payment system to structurally fund proactive care based on the [G]OLD home visitation programme for older people living in the most southern part of the Netherlands.

PLANNING

The products and activities described earlier have already been realised to a large extent. The question remains whether the [G]OLD home visitation programme is effective for community-dwelling older people, as we found no convincing evidence based on our effect evaluation. Still necessary to enhance the potential effectiveness of the [G]OLD home visitation programme on the patient level is an improvement of the system of care surrounding older people as discussed in the General Discussion. Different care and well-being services need to collaborate more extensively and more efficiently in organising the best possible care in order to maintain independent living among older people. As of January 2015, this will be stimulated by the decentralisation of long-term care for ill people and older people to municipalities. This may have consequences for the role of the general practice in performing the home visits of the [G]OLD home visitation programme. By working together with local health services and social care services at neighbourhood level, new alliances between public health and primary care may arise. Monitoring is needed to find out how the [G]OLD home visitation programme can be adapted to fit to these developments without discarding its active ingredients.

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