

Policy Brief

Integrated care for the 'new old': Maximising the potential of community- based multidisciplinary teams

Christina Hayes¹, Christine Fitzgerald¹, Molly Manning^{1,2}, Katie Robinson¹, Rose Galvin¹

¹ School of Allied Health, Faculty of Education and Health Sciences, Ageing Research Centre, Health Research Institute, University of Limerick, Castletroy, Limerick, Ireland.

²Public and Patient Involvement (PPI) Research Unit, University of Limerick, Castletroy, Limerick, Ireland



Ageing
Research
Centre



SPHeRE
Structured Population and
Health-services Research Education



Health
Research
Institute



The need to address the challenges posed to health systems by an ageing population persists in policy and public health. Multidisciplinary team (MDT) care for older adults in the community is at the core of this health system reform. An absence of national data on older adults receiving integrated care in Ireland exists. We found that MDT care with General Practitioner involvement improves older adults' health outcomes. We also found that domiciliary-based MDT care is the preferred setting for healthcare delivery to older adults living with frailty and it improves older adults' health outcomes.

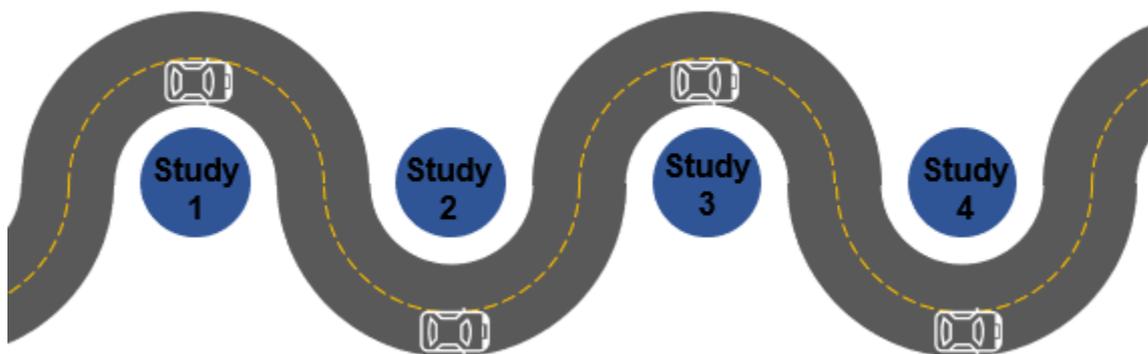
Introduction

Integrated care strategies are being rolled out internationally to adapt health and social care delivery models to keep pace with the ageing population. Integrated care at the community level is acknowledged by the World Health Organisation (WHO) as a key facilitator to deliver high quality, efficient and safe healthcare services (1, 2). A shift away from the traditional fragmented healthcare model is required in order to tackle the challenges posed to the health system by the complexity of care for this

demographic. Integrated care has been shown to improve quality of care delivered and patient satisfaction, thus improving the performance of health systems (3, 4, 5). A policy response supporting a comprehensive and coordinated integrated care approach delivery at community level is needed (6).

Comprehensive Geriatric Assessment (CGA), an interdisciplinary multifactorial operational model of integrated care, has clearly demonstrated improved health outcomes for older adults across settings (7). However, the evidence examining the effectiveness of multidisciplinary team (MDT) models of care for older adults in the community has given mixed results. The Integrated Care Programme for Older People (ICPOP) in Ireland have led out on the delivery of an integrated model of care through implementation of Community Specialist Team for Older People (CST OP) within hubs in the community (8). This research is the first nationally to characterise health outcomes for older people attending these hubs.

What did we do?



- ✓ **Study 1:** Effectiveness of community-based multidisciplinary integrated care for older adults with General Practitioner involvement: A systematic review and meta-analysis.
- ✓ **Study 2:** Integrated care with General Practitioner (GP) participation for older persons in the Community Specialist Team (CST) Hub: a prospective cohort study of clinical and process outcomes.
- ✓ **Study 3:** Exploring stakeholders' experiences of comprehensive geriatric assessment in the community and out-patient settings: a qualitative evidence synthesis
- ✓ **Study 4:** Domiciliary-based comprehensive geriatric assessment for community-dwelling, high-risk, frail older adults: A systematic review and meta-analysis.

What did we find?

Study 1	Community-based MDT integrated care with GP participation improves functional status (standardised mean difference (SMD): 0.21; 95% confidence interval (CI): 0.05–0.37), reduces hospitalisations (risk ratio (RR): 0.77; 95% CI: 0.63–0.95) and increases patient satisfaction (SMD: 0.46; 95% CI: 0.15–0.76) among community-dwelling older adults in the long term (9).
Study 2	The presence of frailty (as measured by the Clinical Frailty Scale) is a significant predictor of adverse outcomes, functional status was maintained at 30-days post index visit to the hub (mean: 17.64, (Standard Deviation (SD) 2.68), but declined at 180-days (mean 17.1, SD 3.5), there was a significant improvement in health related quality of life (HRQoL) between index visit and 30-days (mean 0.7, SD 0.31) and between index and 180-days (mean 0.68, SD 0.32) and high levels of satisfaction with care among older adults (mean 75.47, SD 12.10) who were referred to the CST hub by their GP (Hayes et al, in press).
Study 3	Domiciliary-based CGA allows for a holistic and integrated approach to care for community-dwelling older adults while increasing patient satisfaction and accessibility of healthcare (11).
Study 4	Domiciliary-based CGA is poorly described across trials but results in a significant improvement in functional status (SMD 0.17, 95% CI 0.09–0.25), an increased HRQoL (SMD 0.08, 95% CI 0.00–0.15), a reduction in mortality (RR 0.95, 95% CI 0.81-1.10), a reduction in hospitalisations (RR 0.89, 95% CI 0.81-0.98) and improved patient satisfaction with care (SMD 0.65, 95% CI 0.41–0.88) across various timepoints (Hayes et al, in press).

Conclusions

- Community-based MDT interventions with GP involvement improves older adult health outcomes.
- The presence of frailty (as measured by the Clinical Frailty Scale) is a significant predictor of adverse outcomes for older adults referred by their GP to the CST OP.

- Older adults referred by their GP to the CST OP hub maintain function status in the short-term but experience functional decline at 6-months post index visit. HRQoL significantly improves within the long and short-term with high levels of satisfaction.
- Domiciliary-based CGA remains poorly described within the literature but has been shown to improve older adult health outcomes. Future randomised controlled trials clearly describing the design and delivery of domiciliary-based CGA is required.

Recommendations

Future randomised controlled trials clearly describing the design and delivery of domiciliary-based CGA are required.

Contact information

Email: christina.hayes@ul.ie

Find out more about our research here:



Reference List

1. World Health Organization. Integrated care for older people: realigning primary health care to respond to population ageing. World Health Organization; 2018.
2. World Health Organization. Integrated care for older people: guidelines on community-level interventions to manage declines in intrinsic capacity. 2017.
3. Ouwens M, Wollersheim H, Hermens R, Hulscher M, Grol R. Integrated care programmes for chronically ill patients: a review of systematic reviews. *International journal for quality in health care*. 2005;17(2):141-6.
4. Garcia-Aymerich J, Hernandez C, Alonso A, Casas A, Rodriguez-Roisin R, Anto JM, Roca J. Effects of an integrated care intervention on risk factors of COPD readmission. *Respiratory medicine*. 2007;101(7):1462-9.
5. Casas A, Troosters T, Garcia-Aymerich J, Roca J, Hernández C, Alonso A, del Pozo F, de Toledo P, Antó JM, Rodríguez-Roisin R, Decramer M. Integrated care prevents hospitalisations for exacerbations in COPD patients. *European Respiratory Journal*. 2006;28(1):123-30.
6. Goodwin N. Understanding integrated care. *International journal of integrated care*. 2016 Oct;16(4).
7. Ellis G, Gardner M, Tsiachristas A, Langhorne P, Burke O, Harwood RH, Conroy SP, Kircher T, Somme D, Saltvedt I, Wald H, O'Neill D, Robinson D, Shepperd S. Comprehensive geriatric assessment for older adults admitted to hospital. *Cochrane database of systematic reviews*. 2017(9).
8. ICPOP Steering Group. Making a start in integrated care for older persons a practical guide to the local implementation of integrated care programmes for older persons. 2017.
9. Christina Hayes MM, Christine Fitzgerald, Brian Condon, Anne Griffin, Margaret O'Connor, Liam Glynn, Katie Robinson, Rose Galvin (2024). Effectiveness of Community-Based Multidisciplinary Integrated Care for Older Adults with General Practitioner Involvement: A Systematic Review and Meta-Analysis. *Health & Social Care in the Community*. 2024.
10. Christina Hayes MM, Christine Fitzgerald, Brian Condon, Anne Griffin, Margaret O'Connor, Liam Glynn, Katie Robinson, Rose Galvin. (2024) Integrated care for older persons referred by their General Practitioner in the Community Specialist Hub: a prospective cohort study, unpublished.
11. Hayes C, Fitzgerald C, O'Shaughnessy Í, Condon B, Leahy A, O'Connor M, Manning M, Griffin A, Glynn L, Robinson K, Galvin R. Exploring stakeholders' experiences of comprehensive geriatric assessment in the community and out-patient settings: a qualitative evidence synthesis. *BMC Primary Care*. 2023 Dec 13;24(1):274.
12. Christina Hayes MM, Christine Fitzgerald, Brian Condon, Anne Griffin, Margaret O'Connor, Liam Glynn, Katie Robinson, Rose Galvin. (2024) Domiciliary-based comprehensive geriatric assessment for community-dwelling, high-risk, frail older adults: A systematic review and meta-analysis, unpublished.