

Community Based Service for Elderly

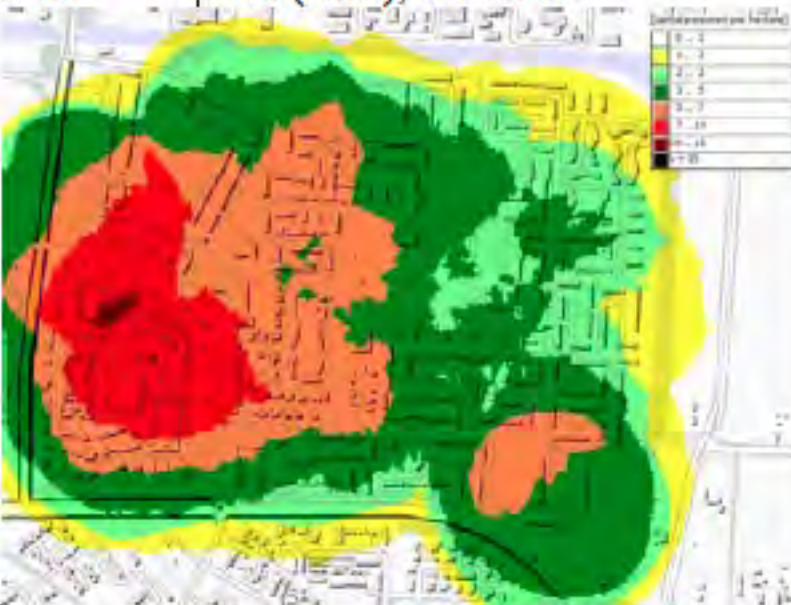
CVZ mei 2013

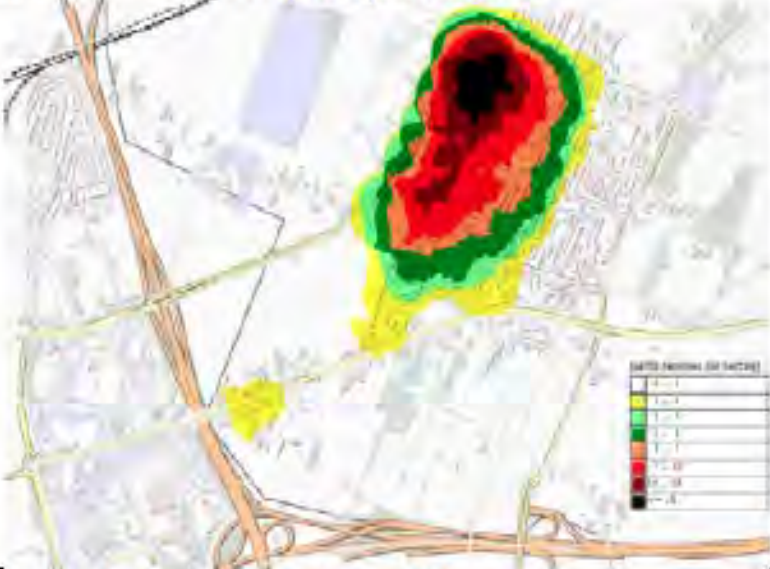
Prof. dr. Joris Slaets

University Medical Center Groningen



Who is living there?

<i>Basiskenmerken Krakeel</i>	
Provincie	Drenthe
Verstedelijking	Stad: kleinstedelijk
Inwoners	Ca. 5.000
Aantal 70+	470 (2011), dichtheid:
	
Type gebied	STAGG-model
Looptijd	1999-heden

<i>Basiskenmerken De Bilt-West</i>	
Provincie	Utrecht
Verstedelijking	Platteland: centrum dorps
Inwoners	Ca. 6.000
Aantal 70+	865 (2011), dichtheid:
	
Type gebied	Netwerk model
Looptijd	2006-heden



Strenght



Capabilities



Needs



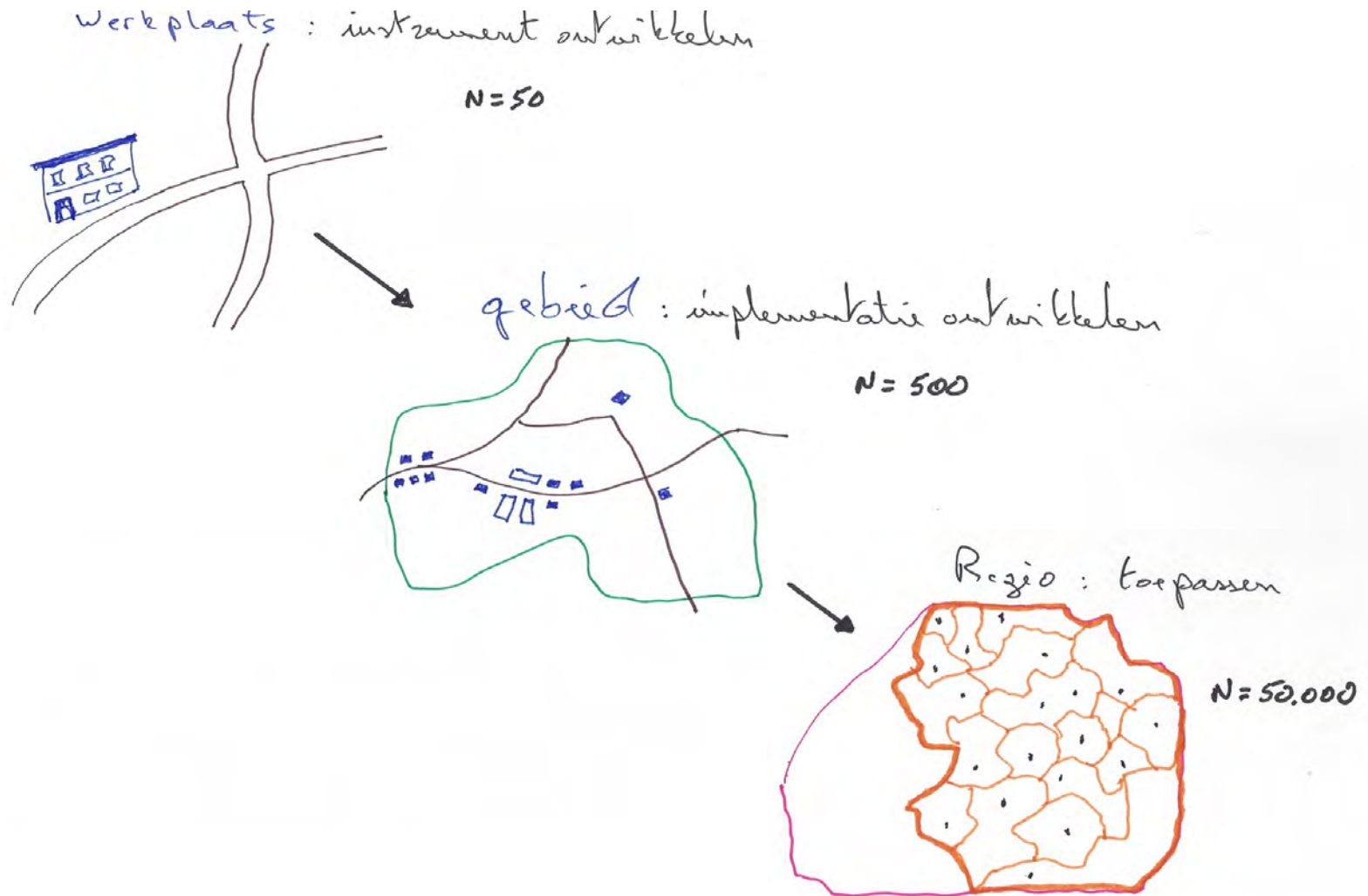
“one fits all” ?

Sustainable care in relation to trajectories of people

How can we make a useful segmentation of elderly
in the community to organise care?



Schaal



What would we like to know?

- Strength and vulnerability
- Needs and complexity
- Well-being



Basic principles

- Do not start with disease oriented models
- Public Health perspective



First an axis for Frailty



Why Frailty?

Chronological age is a poor reflection of the ageing process in elderly



Frailty



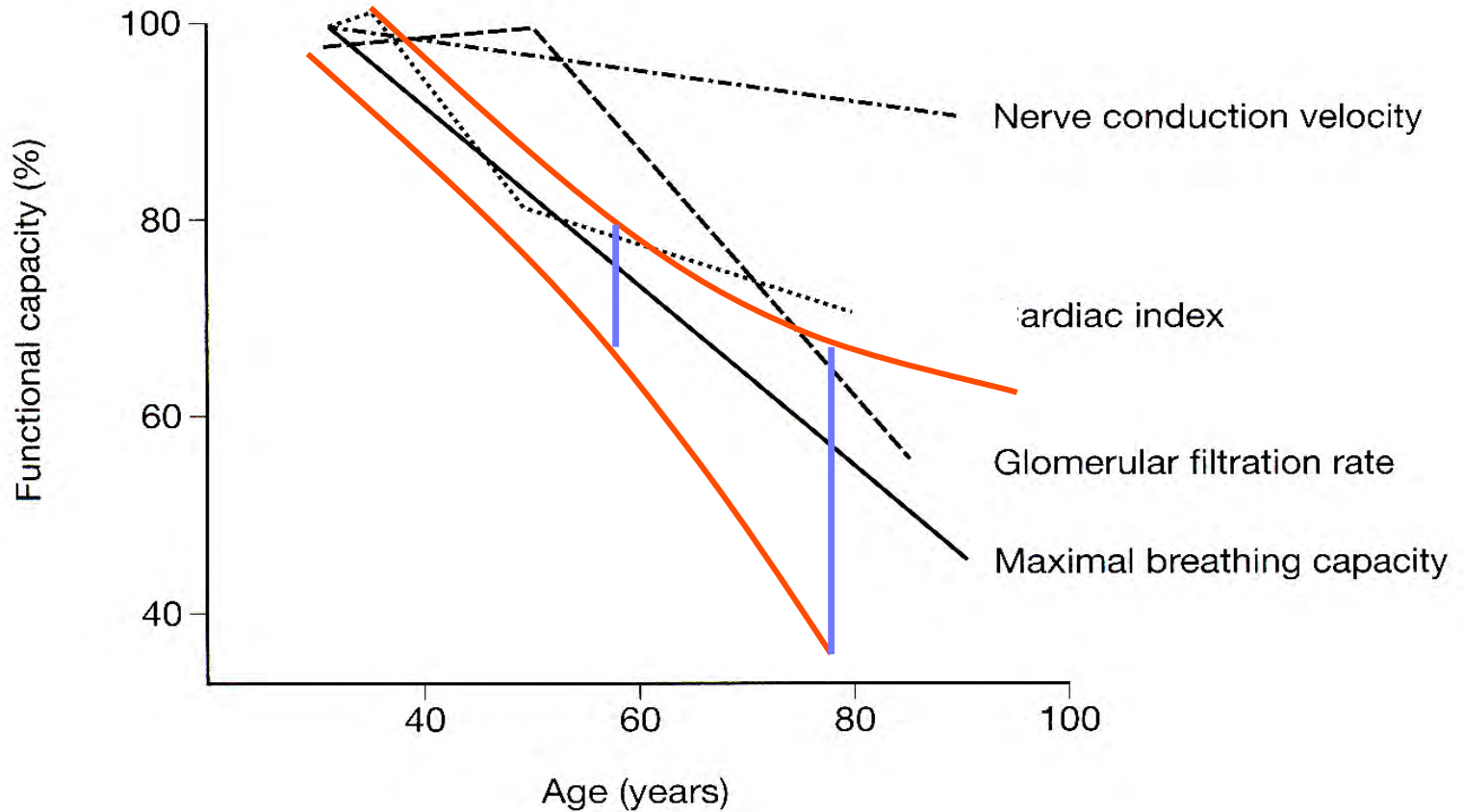
Mortality risk high
Growt to become strong
Genetic driven protection



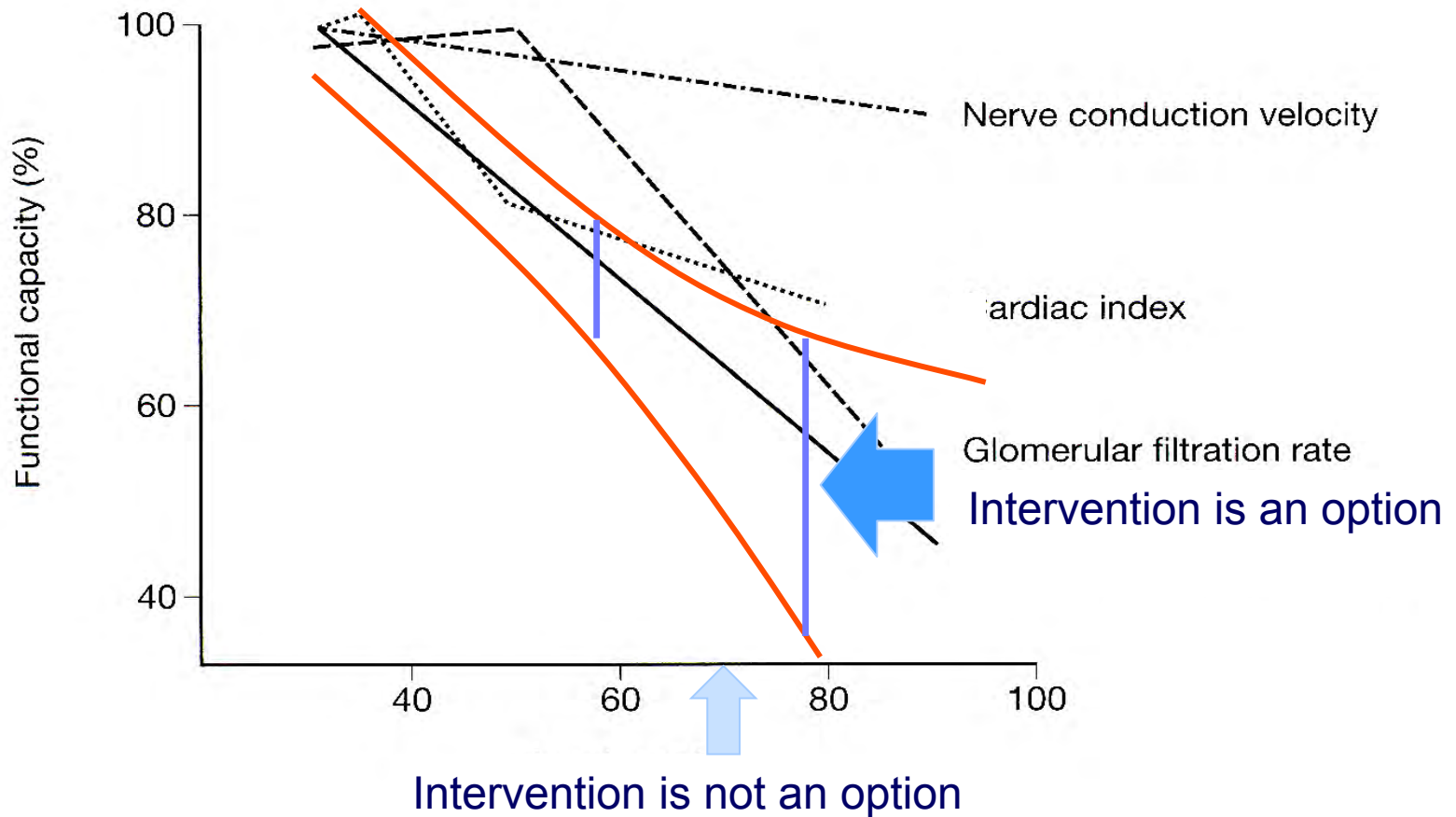
Mortality risk high
Accumulated damage
Cultural driven protection



Ageing



Ageing



Some questions to grasp the picture.



© Corbis

76 year

90 year



An axis for care complexity: needs



Some questions to cover the needs

	history	current	prognoses
biological	CHRONICITY COMPLEXITY	SEVERITY COMPLEXITY	
psychological	COPING FUNCTIONING	COMPLIANCE SYMPTOMS	
social	INTEGRATION FUNCTIONING	INSTABILITY NETWORK	
health care	INTENSITY EXPERIENCES	ORGANISATION REFERRAL	



How much care do I need for my physical impairments?



I need more care



I have sufficient care



My living situation



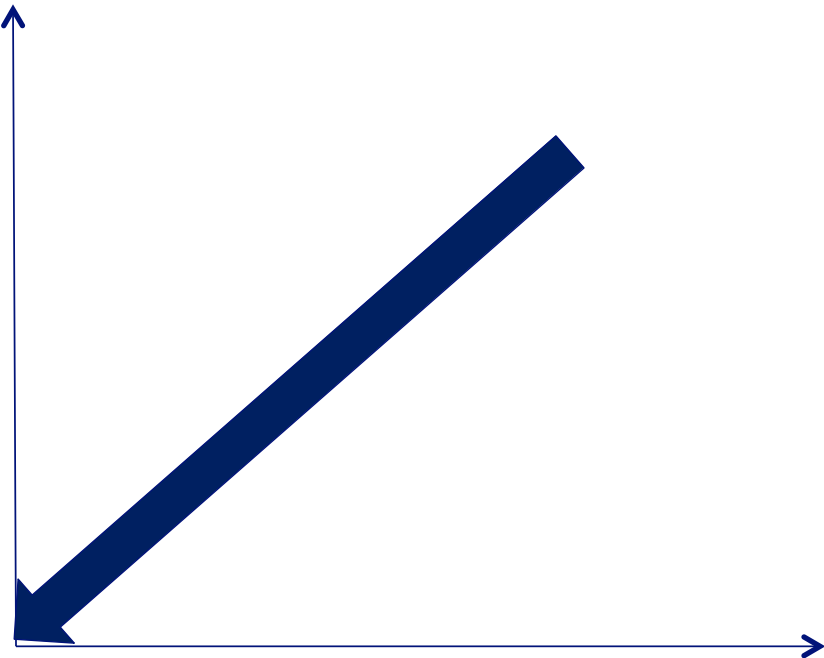
I need an other place to live



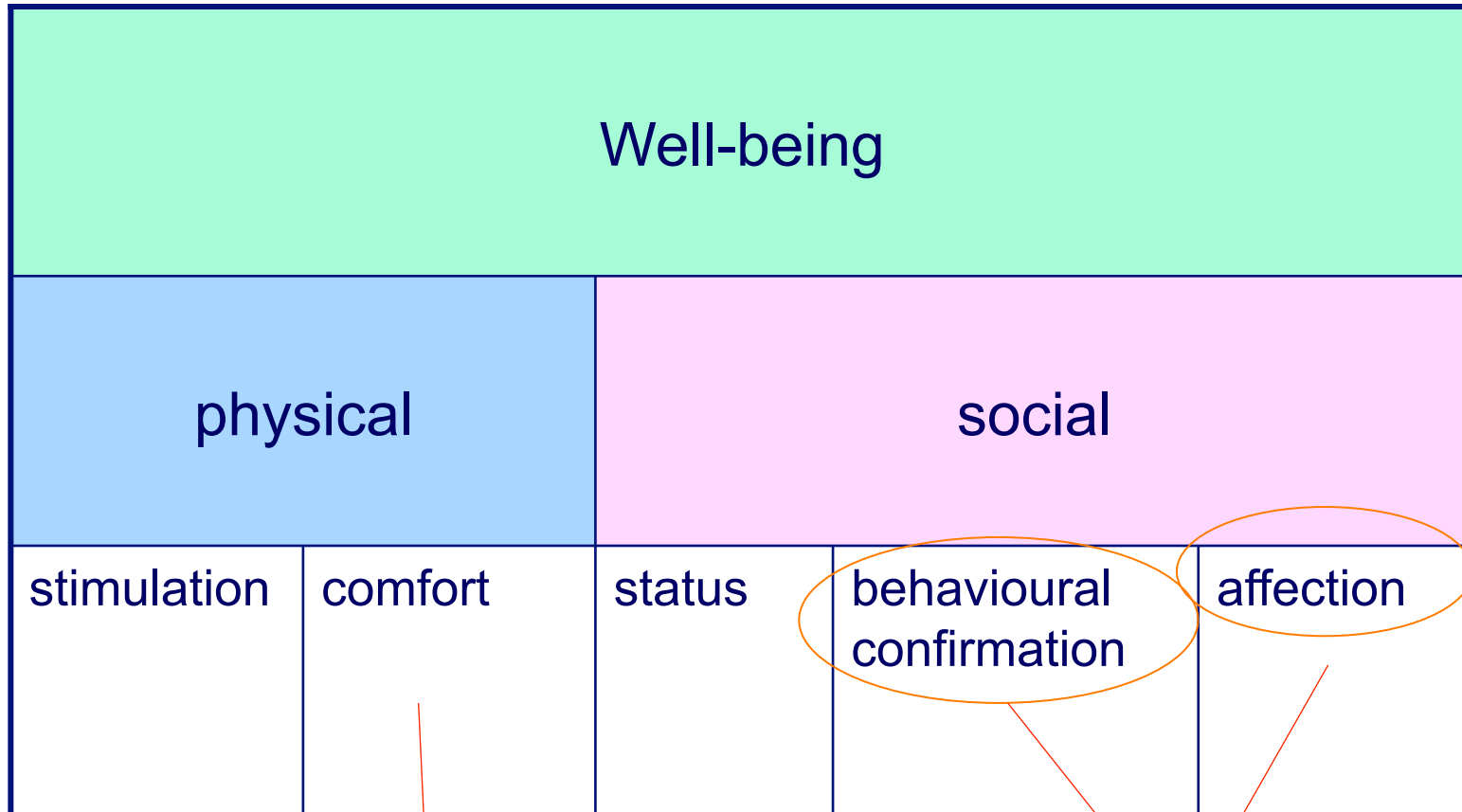
I am fine in my present situation



An axis for individual well being



personal goals for well-being



distress


positive well-being



stimulatie	comfort
Sport Sex Bewegen Aangeraakt worden Eten / drinken Muziek Lezen Film kijken	Omgeving prettig en veilig Afwezigheid van functieverlies Afwezigheid pijn Afwezigheid fysiologische behoeften

Negatief welbevinden



status	gedragsbevestiging	affectie
<p>Macht</p> <p>Kennis</p> <p>Functie</p> <p>Vaardigheid</p> <p>Geld</p>	<p>Waardering ervaren (en geven) voor wat je doet, wie je bent</p> <p>Zingeving</p> <p>Iets betekenen voor iemand</p>	<p>Ontvangen (en geven) van</p> <p>liefde</p> <p>vriendschap</p> <p>tederheid</p> <p>steun</p> <p>aandacht</p> <p>Partner, kinderen</p> <p>Sociaal netwerk</p> 

Groningen Well-being Indicator

- What is important to you (8 areas)
- Are you satisfied (yes – no)
- What difficulties do you experience



Domains of well-being

Enjoy food and drinks

Enjoy sleep and relax

Enjoy good relations

Enjoy to be active

Take care of yourself

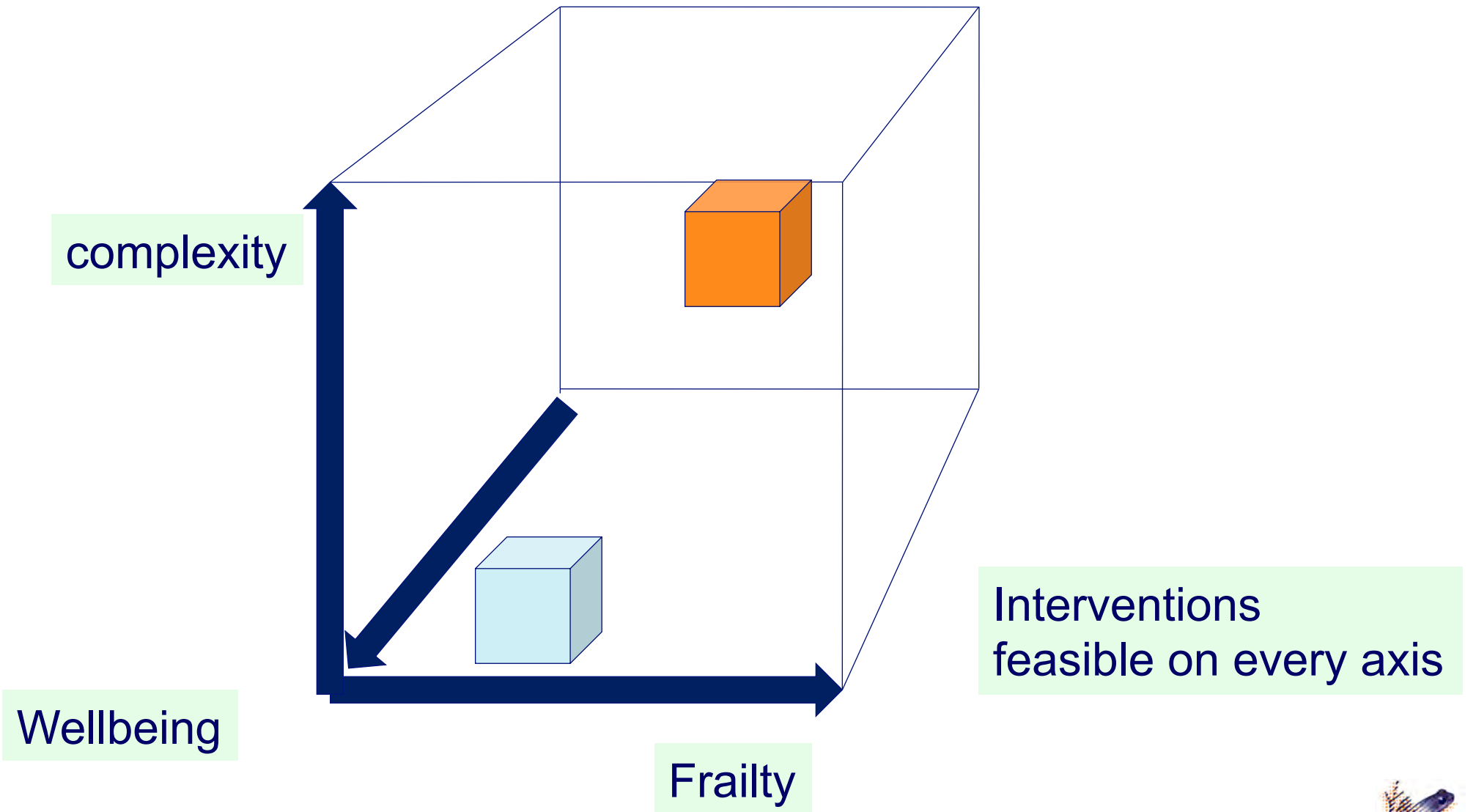
Be yourself

Perceived health

A comfortable house



There is more we can do than provide medical care



Profiles to organise housing, welfare and healthcare

18 questions

Complexity →

Vitaal (56%)
Begin chronische aandoeningen, maar verder geen beperkingen.

Omgaan met chronische aandoeningen (24%)
Chronische aandoeningen, maar redden zich prima. Wel eens psychosociale klachten en last van geheugen.

Lichamelijke en mobiliteits problemen (16%)
Chronische aandoeningen en kunnen zich niet meer zelfstandig redden.

Multidomein problematiek (4%)
Klachten in lichamelijk, psychisch, mobiliteit en cognitie. Ervaren soms te weinig aandacht.

Extreem kwetsbaar (0,1%)
Ervaren ernstige klachten in verschillende domeinen,

Frailty →



Profiles to organise housing, welfare and healthcare

18 questions



Complexity →

Frailty →

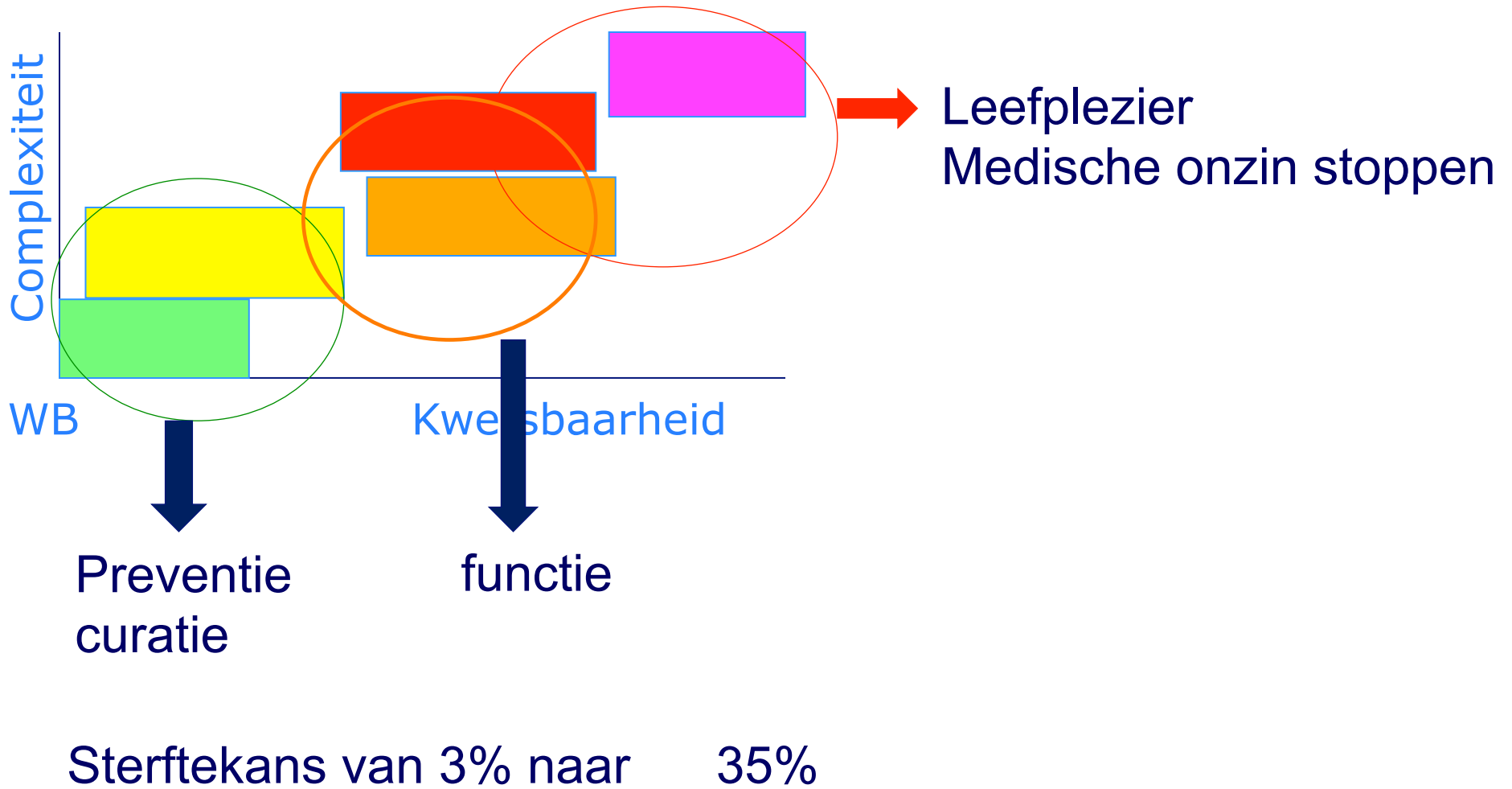


Segmentatie

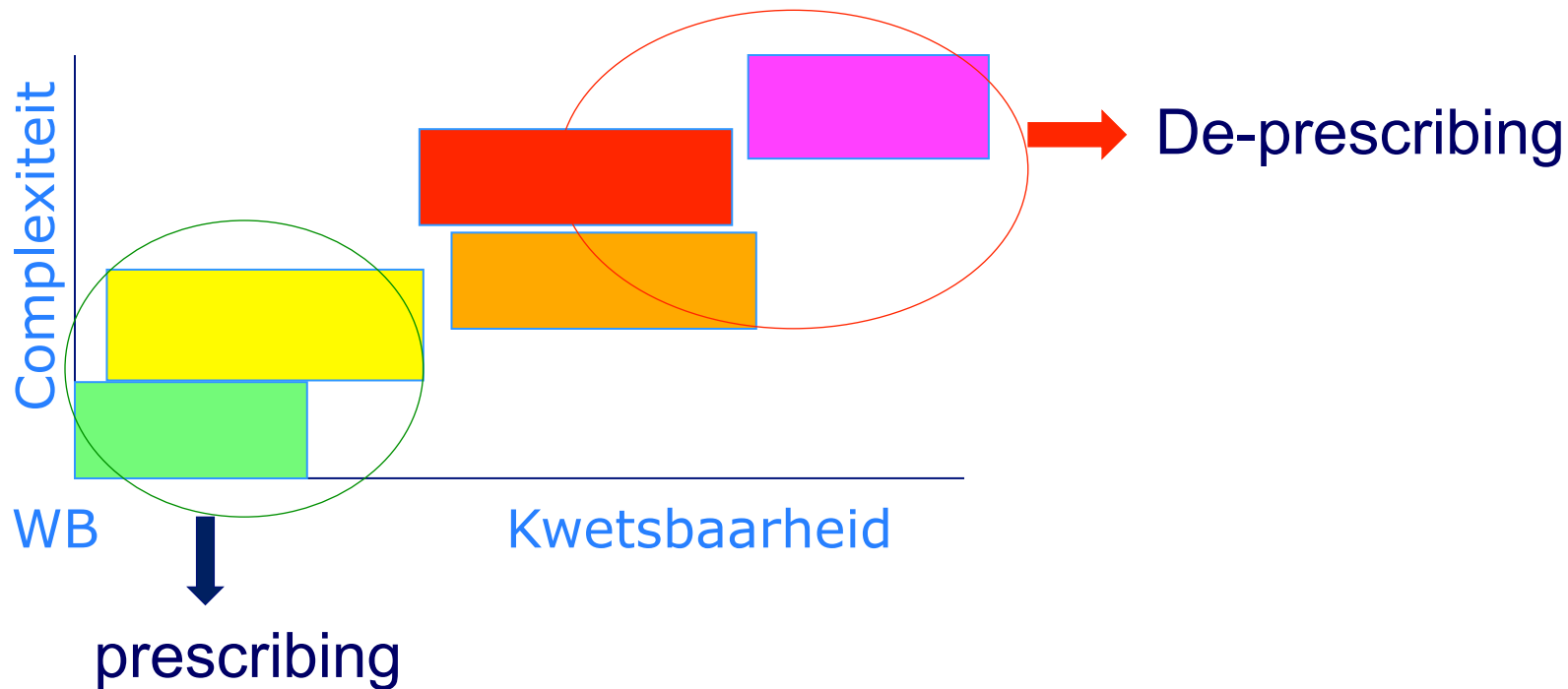
	Segmentation				
	Vital	Coping difficulty	Physical dependency	Complex	Frail
	mean	mean	mean	mean	mean
Frailty	2,00	5,00	6,00	9,00	11,00
Complexity	7,00	15,00	14,00	23,00	32,00
Well-being ratio	0,92	0,78	0,79	0,65	0,73



Doelen verschillen



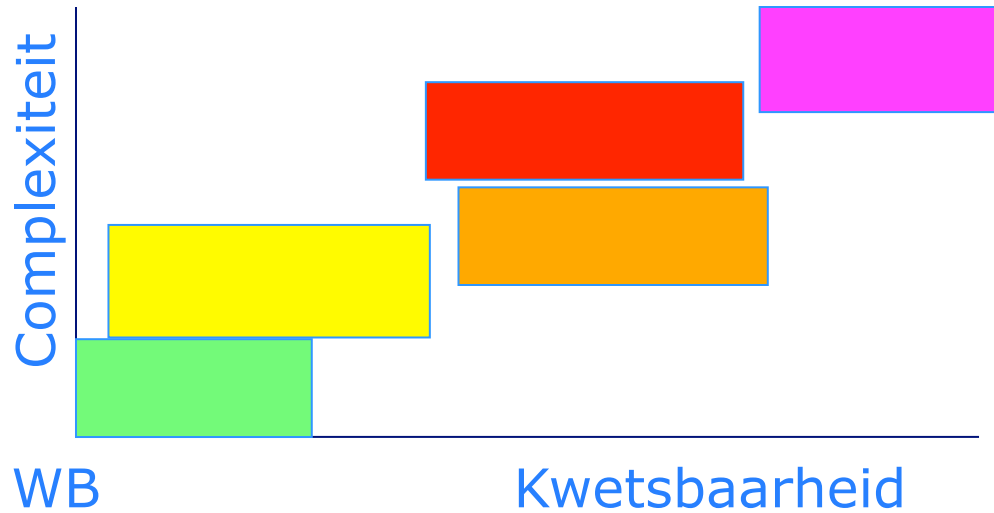
Do's and don't's: disease management



- Cardio-vascular risk reduction
- Diabetes
- Lifestyle



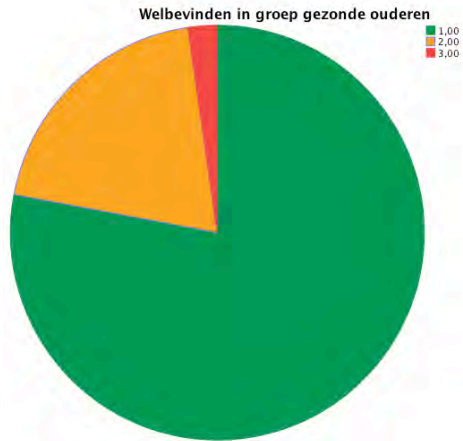
Do's and don't's: Disease management



- From single disease management to person centred care
- From hospital to primary care

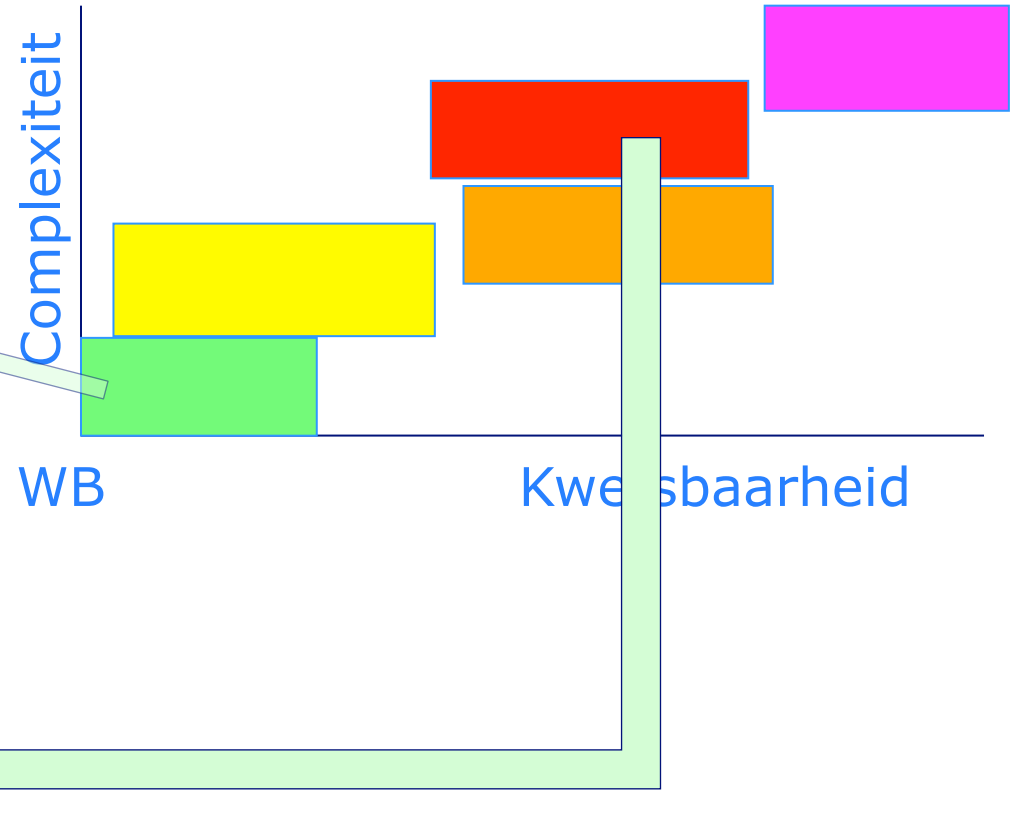
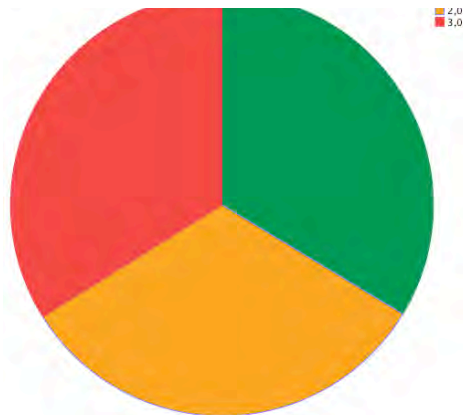


Welbevinden is profiel afhankelijk

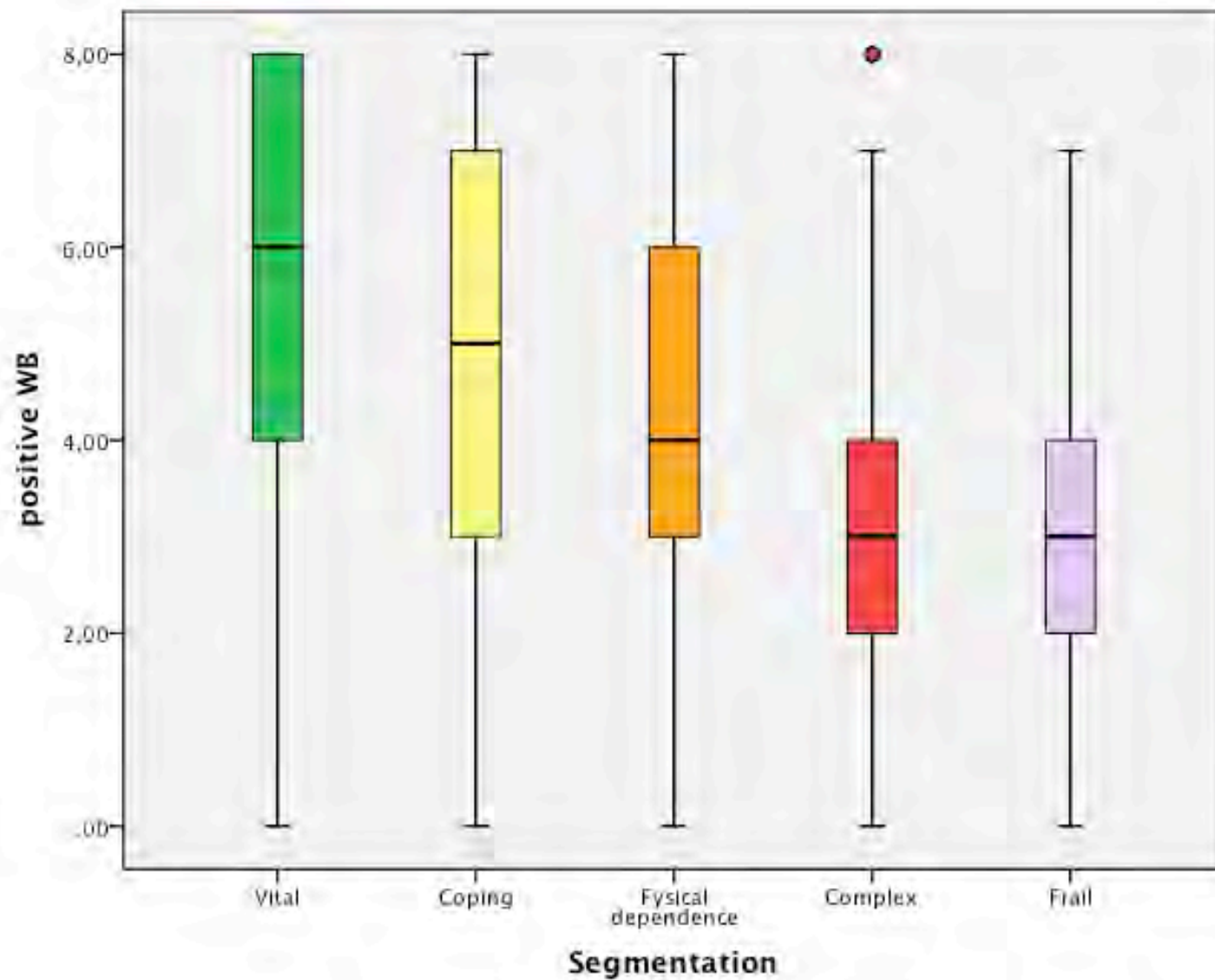


Onwelbevinden in de complexe groep:

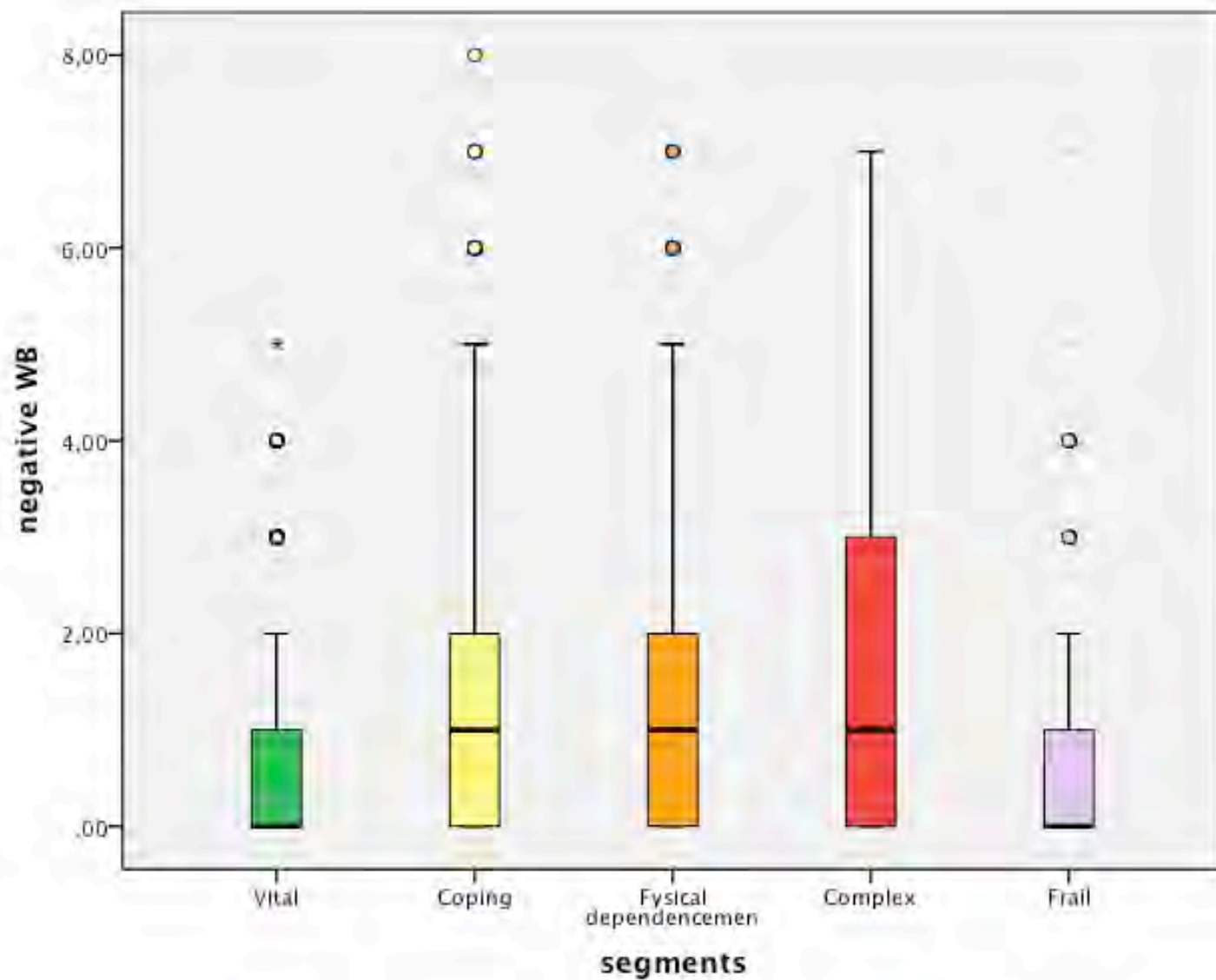
- 25% een woonprobleem
- 35% een sociaal probleem



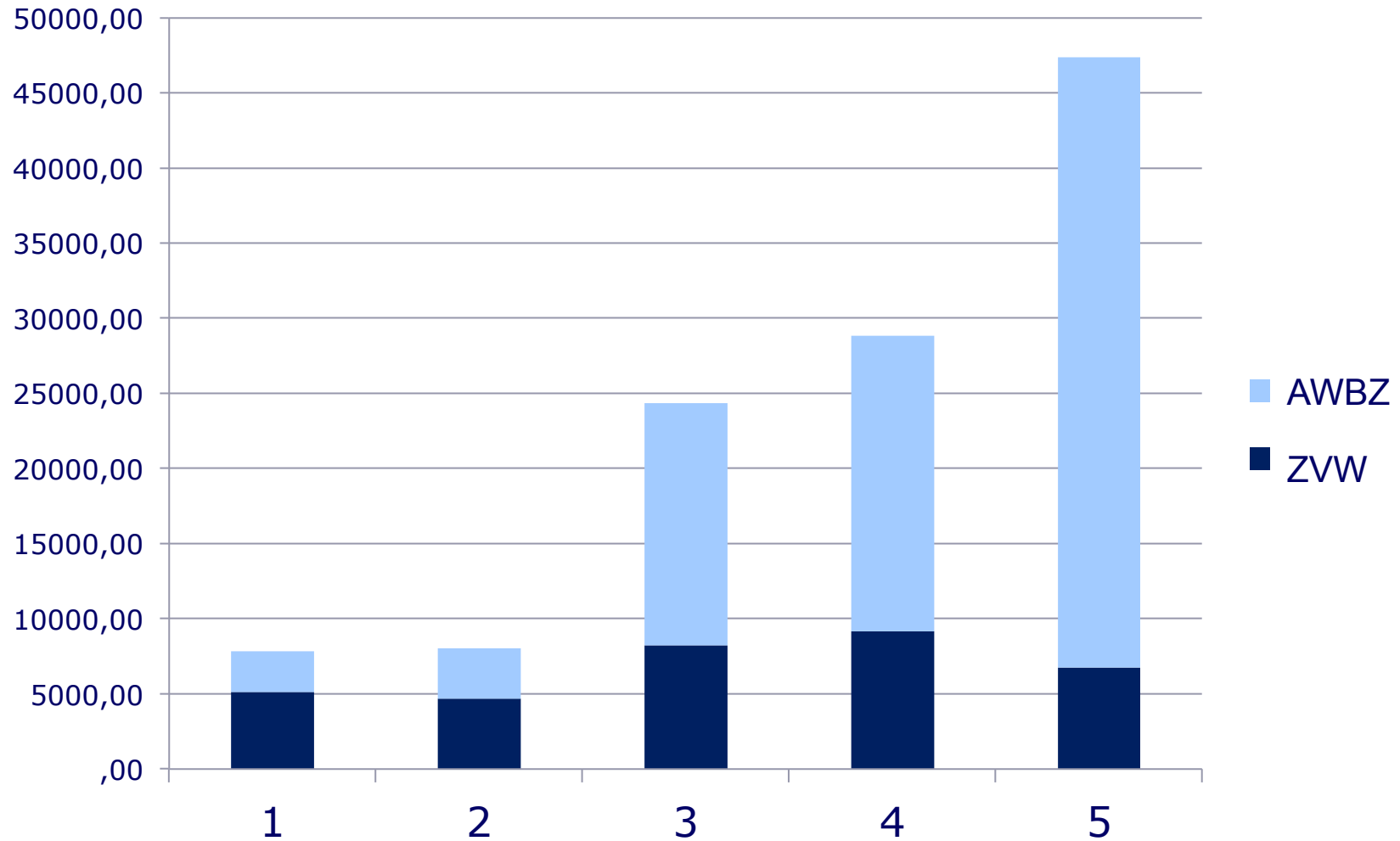
Positive well-being



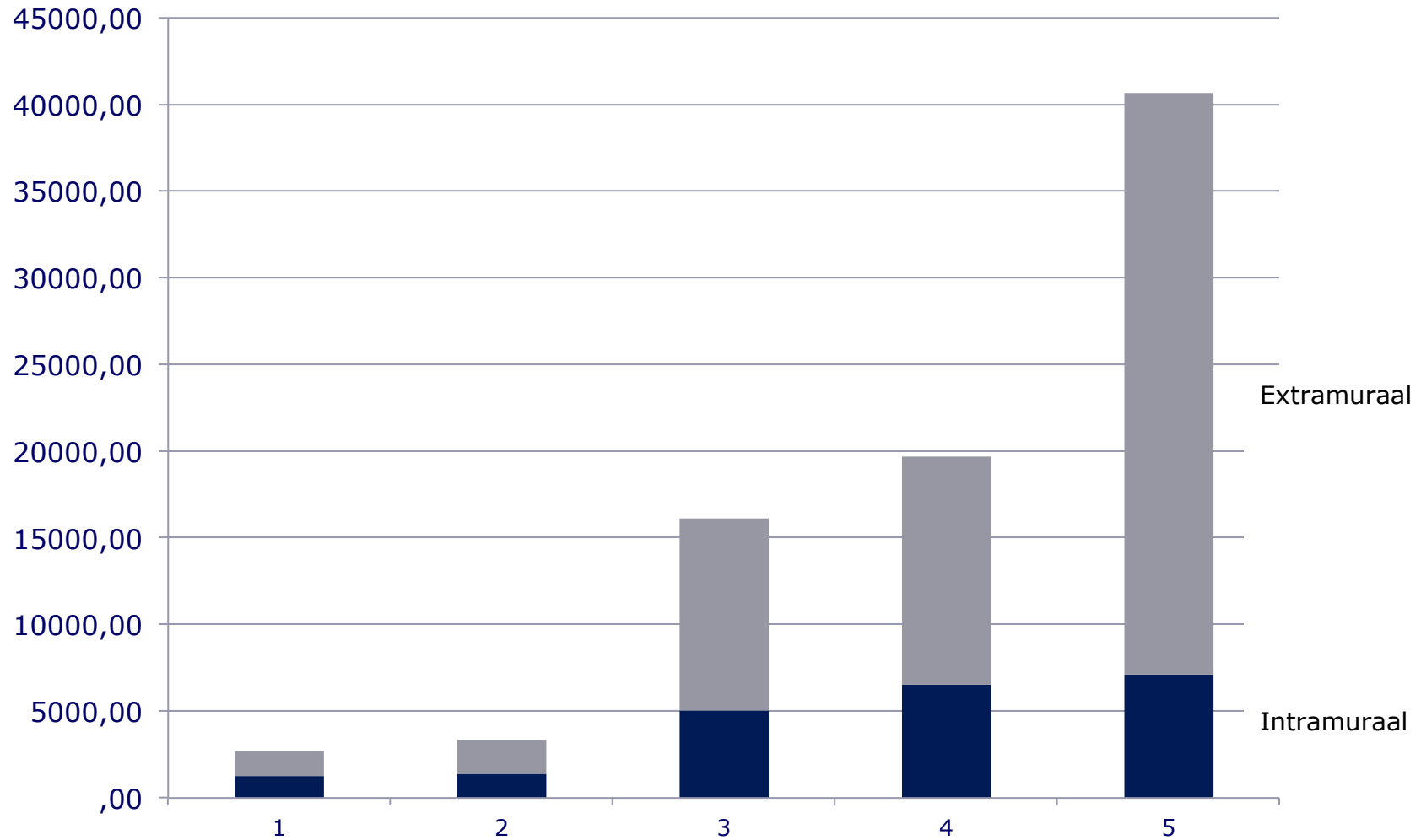
Negative Well-being



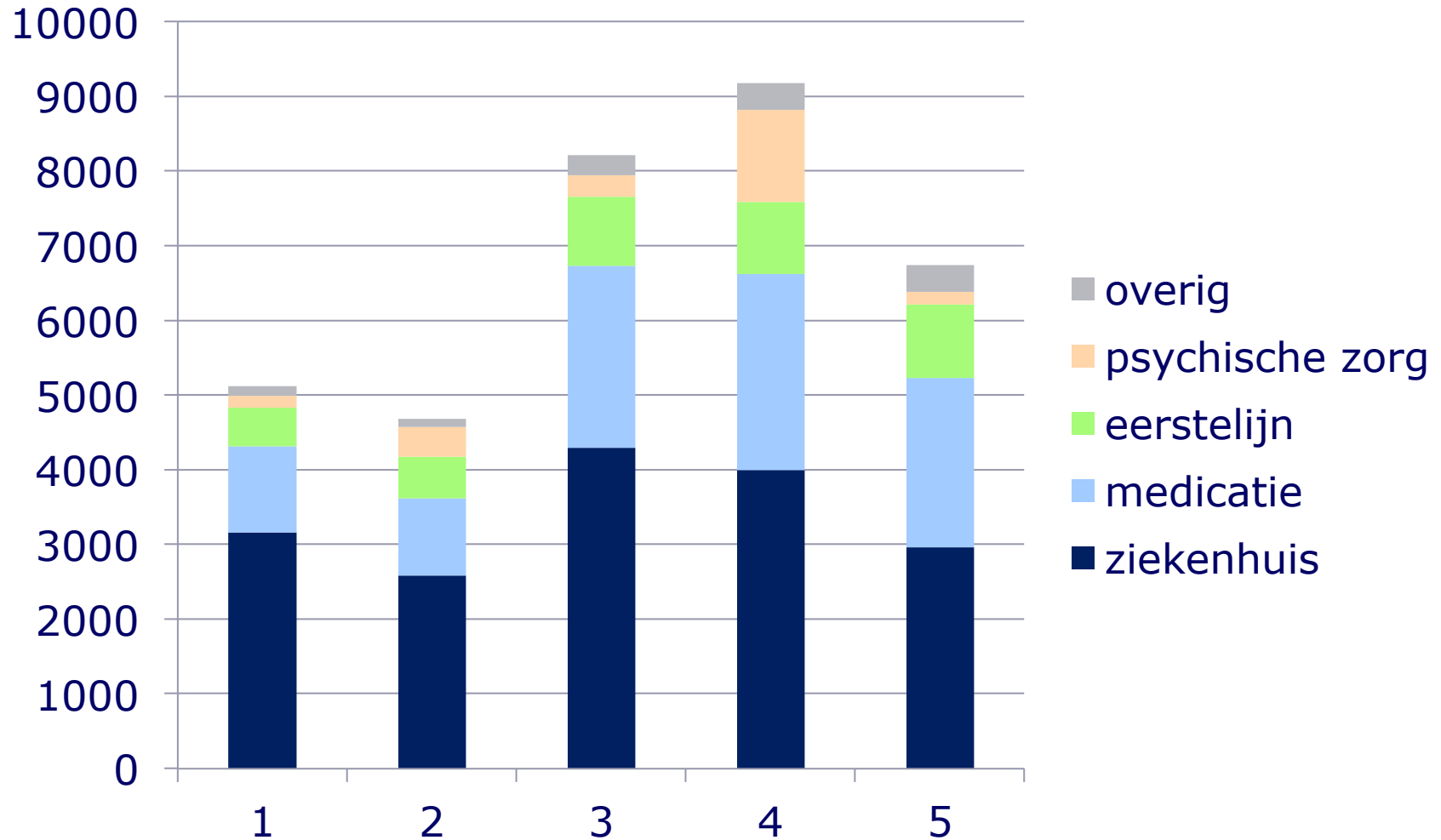
Kosten per persoon per profiel



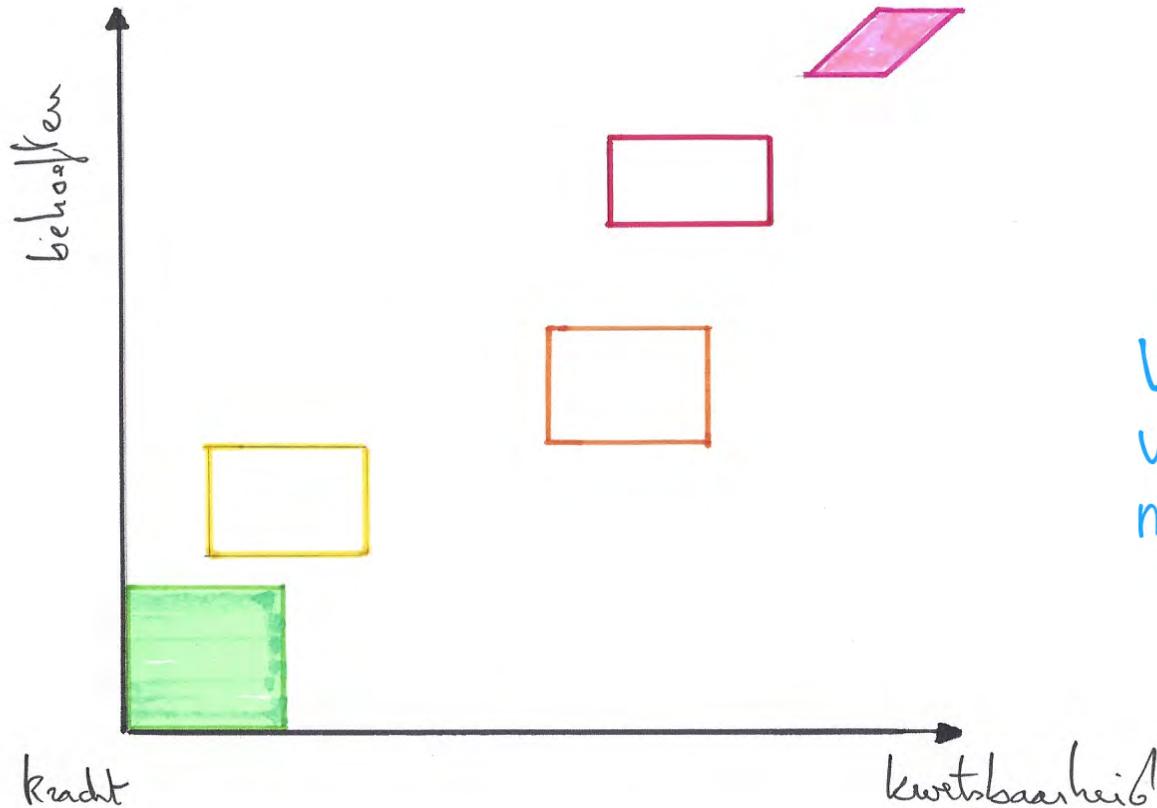
AWBZ per persoon per profiel



Kosten binnen ZVW per persoon per profiel



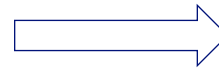
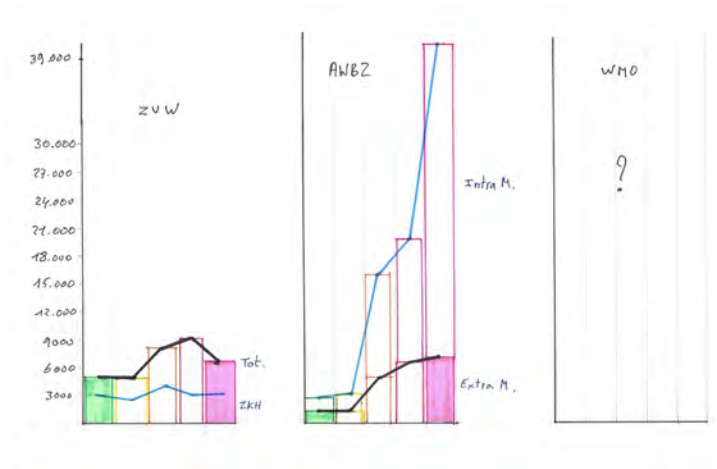
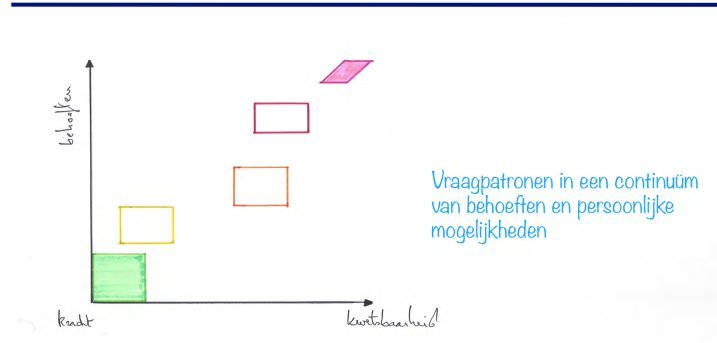
Primaire segmentatie



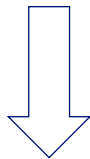
Vraagpatronen in een continuüm van behoeften en persoonlijke mogelijkheden



Monitor van beleid



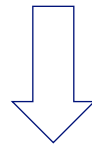
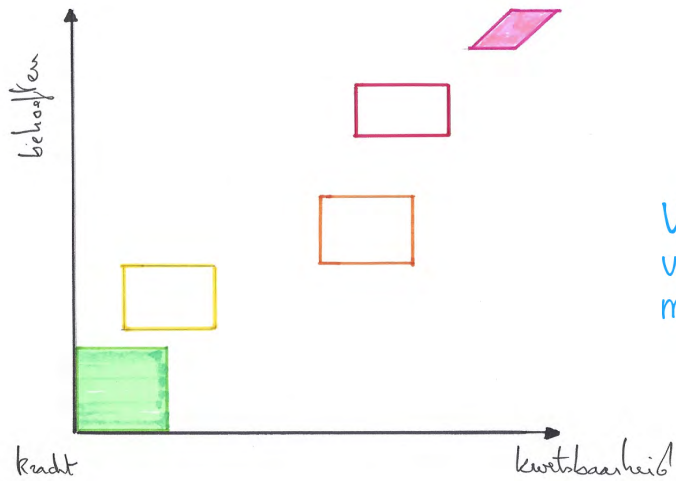
Praktijkvariatie



Het verloop in de tijd



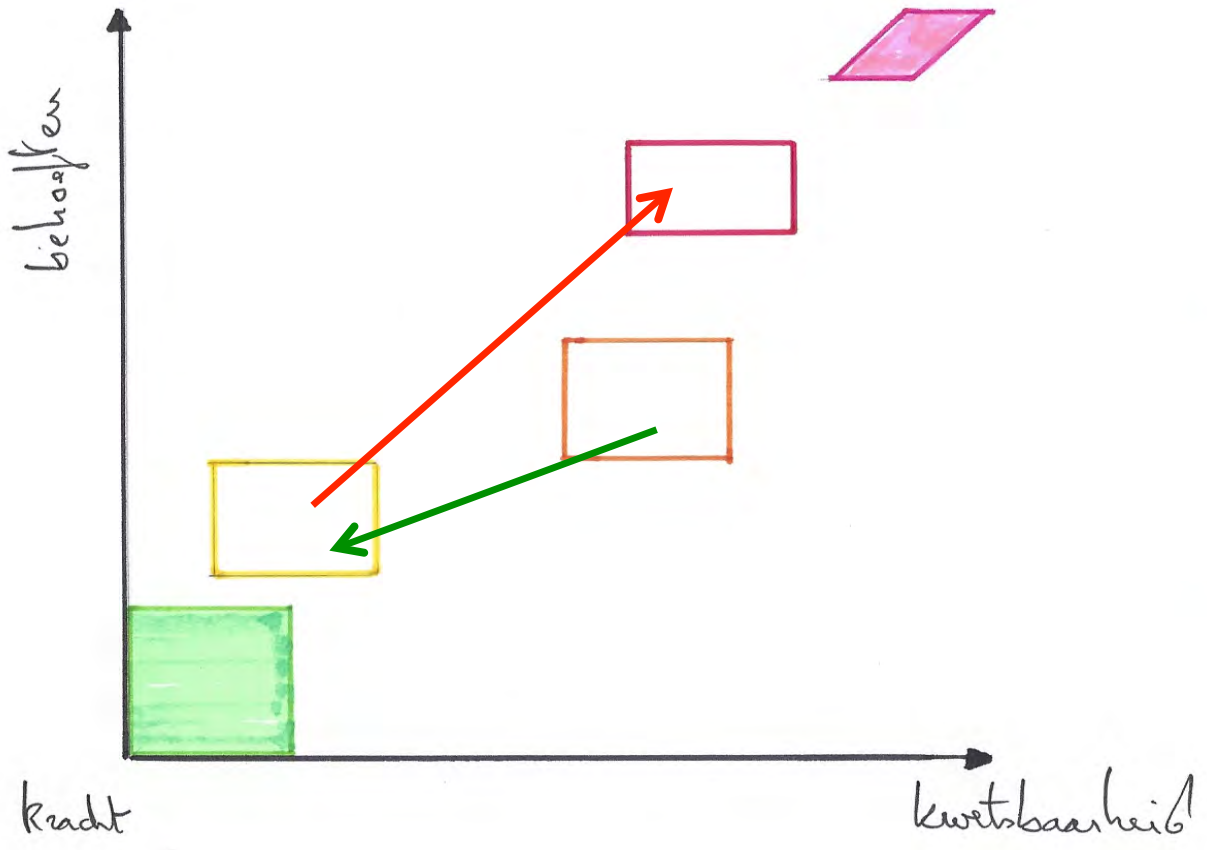
Passend aanbod



Continuüm van wonen, welzijn en informele hulp, regionale voorziening en formele zorg



Transities in vraagpatronen in de tijd



Regionale verschillen?



The Take Home Message

- Segmentation of the elderly in an area based on frailty and complexity is useful to plan and organise services in order to shift efforts from hospital care to primary care and to the community.

