CASE STUDY

U-PROFIT

UMC Utrecht

Importance:

Improved primary outcomes (e.g. Activities of Daily Living) compared to control groups combined with improved cost-effectiveness.

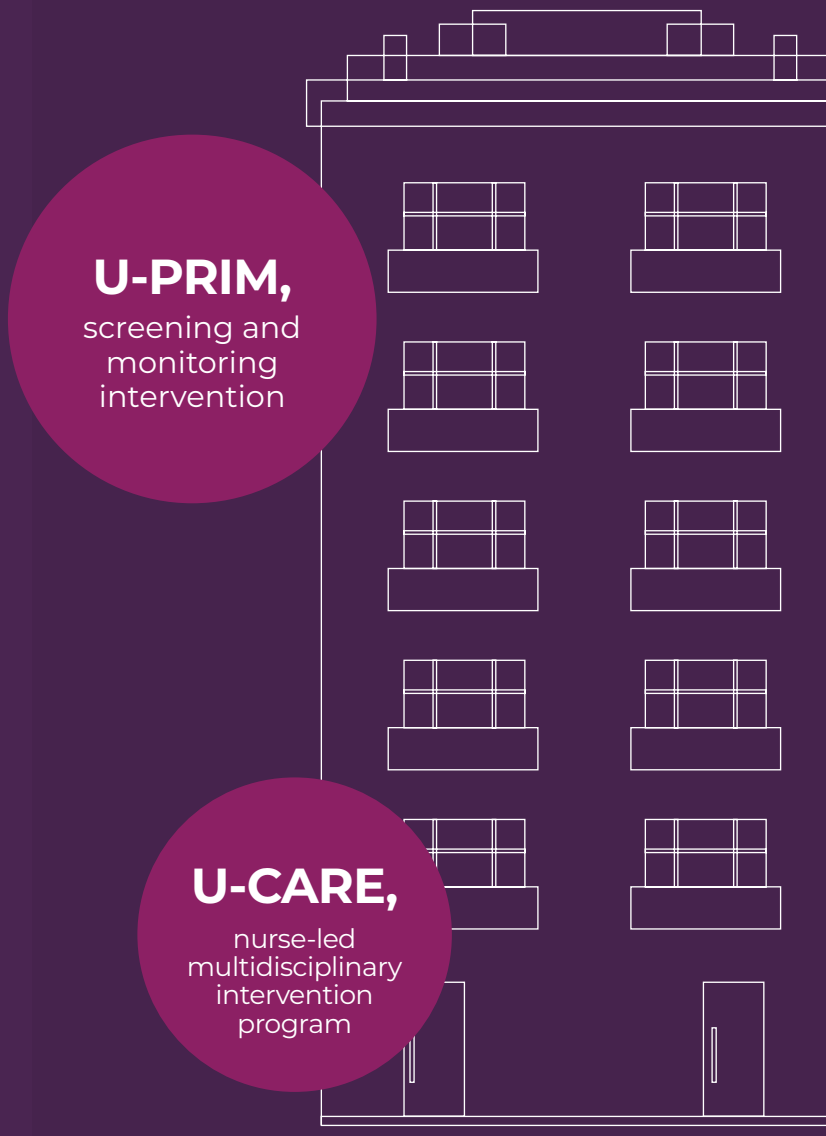
Innovation:

To transition from **reactive to proactive elderly care**, to preserve daily functioning, improve quality of care and health, and to reduce costs.

What is it:

It is made up of two programmes. A screening and monitoring intervention using routine healthcare data (U-PRIM) and a nurse-led multidisciplinary intervention program (U-CARE). Potential enrollees are identified by software applied to electronic medical records using an algorithm based on polypharmacy and a frailty assessment of diagnoses and functional deficits or can be referred by a clinician.

Registered elderly care nurses play a central role: They review data on individuals referred to the program, reach out to suitable participants to collect more detailed data and obtain their consent to enter the program, visit patients at home and complete a standardized comprehensive geriatric assessment, and work with general practitioners (GPs), patients, and their caregivers to define specific health and social care needs. A structured toolkit is used to create an individualized care plan, which the elderly care nurse helps to implement with relevant providers in a multidisciplinary team. This team can be composed of pharmacists, geriatricians, mental health providers, well-being workers, and informal caregiver coordinators. The nurse also works closely with the patient and caregiver on self-management and engagement.



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How it creates impact:

Provides individualised care plans that take into account both the patient's wishes as well as best practices from a care giver's perspective. Also introduces a patient advocate via elderly care nurse who helps to improve outcomes and provide integrated care leading to improved outcomes.

Admin Management:

Has been rolled out successfully throughout the Utrecht region. It involves coordination between several agencies. Primary care centres provide leadership and collaborate with home care organizations, nursing homes, and the municipality. Eight primary care centres have formed collaborations within and beyond health care. These collaborations take various forms - some use registered practice nurses as elderly care nurses while others use district nurses.

Costs:

Randomised control trials conducted between 2010-2012 and repeated in 2017 showed positive return on investment (ROI) for the programme though it does involve an initial investment of approximately 131 additional euros per patient than a control patient. In the randomised control trial, the U-PROFIT patients had an average cost between 6651 and 6825 euros versus the control patients' cost of 7601 euros (10-12.5% cost savings).[26]

Patient Benefit:

Frail elders have home access to an elder care nurse, who works closely with them and their caregivers. Patients and caregivers are included in multidisciplinary care team meetings. Fewer emergency attendances. Led to slower deterioration of health and independence than a control group in clinical studies.

Provider/Carer Benefit:

They deal with fewer emergency room visits, less decline among patients, increased support through specialised elderly care nurse roles.

10-12.5%
Cost savings

[26] Bleijenberg N, Drubbel I, Ten Dam VH, Numans ME, Schuurmans MJ, de Wit NJ. Proactive and integrated primary care for frail older people: design and methodological challenges of the Utrecht primary care PROactive frailty intervention trial (U-PROFIT). BMC Geriatr. 2012 Apr 25;12:16.