

Identifying best practices for care-dependent elderly by Benchmarking Costs and outcomes of Community Care



Performance IV: Costs of Care across organisations and care models

Judith Bosmans
Lisanne van Lier
Hein van Hout
Henriëtte van der Roest



Healthcare costs in Europe

PROJECTED INCREASE IN PUBLIC EXPENDITURE ON HEALTH CARE 2013-2060



Shift towards community care

- Desired by policy makers
 - Postponement of institutionalization
 - Reduced costs
- Desired by older people
 - Living at home as long as possible



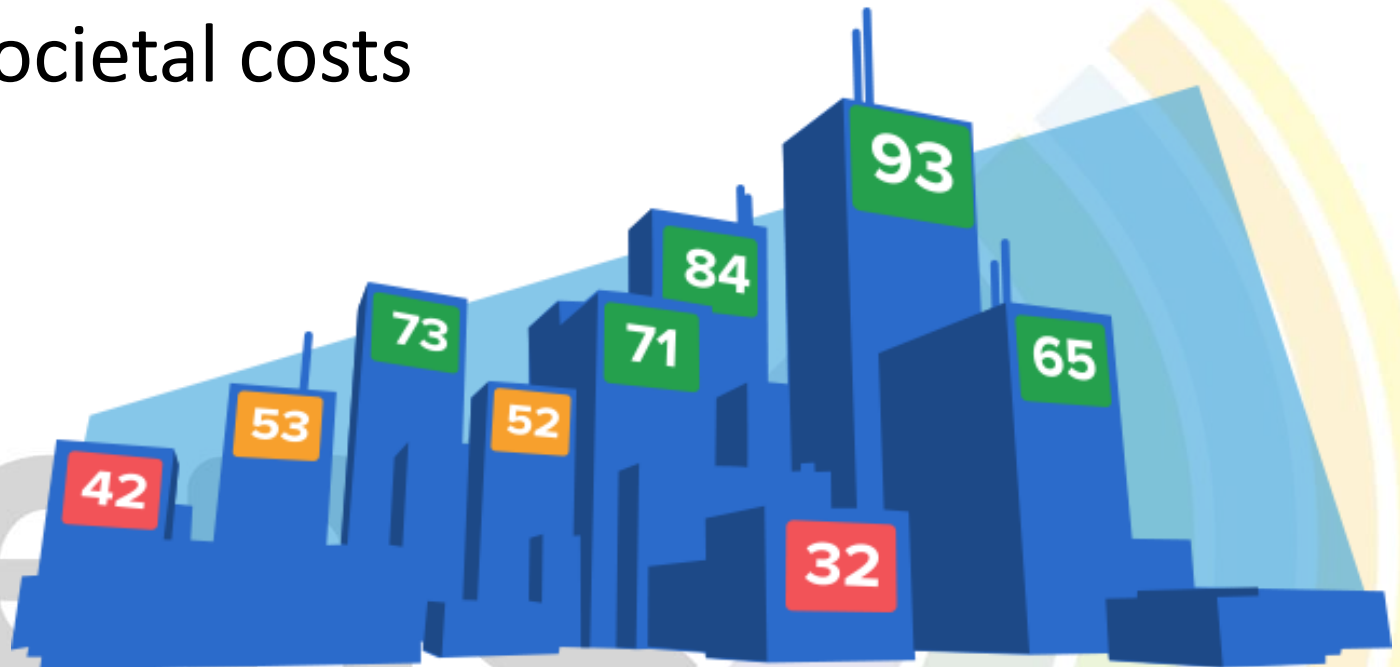
Community care models IBenC

Care model	Focus on patient centered care	Availability of specialized care professionals	Level of monitoring of care performance
Care model 1	strong	high	strong
Care model 2	strong	low	strong
Care model 3	strong	high	low
Care model 6	limited	low	strong



Research aim

- to **benchmark** costs of community care models for care-dependent community dwelling older adults and to **identify and describe** community care models with the lowest societal costs



Methods

- interRAI-HC: valid instrument to estimate costs (Van Lier et al, 2016)

- Home care
- Physician visits
- Other healthcare services
- Hospital admissions
- Supportive care services
- Institutional care

HEALTHCARE PERSPECTIVE

- Informal care

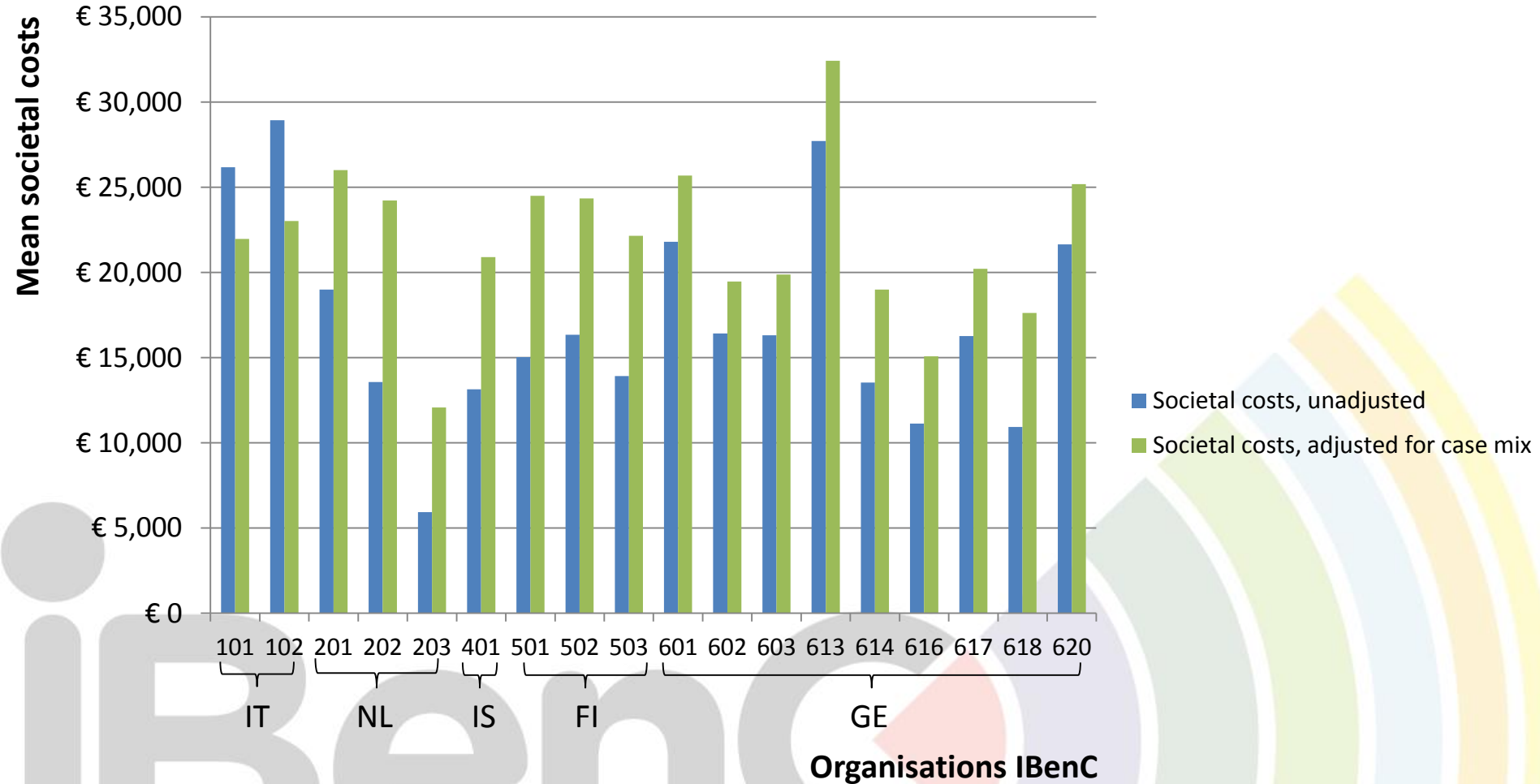
SOCIETAL PERSPECTIVE

Methods

- Benchmarking
 - Adjustment for case mix variables:
age, sex, living status, cognitive impairment,
depressive symptoms, ADLH, IADL, and CHES
 - Identification of care model with lowest costs
 - Comparison of costs between care models

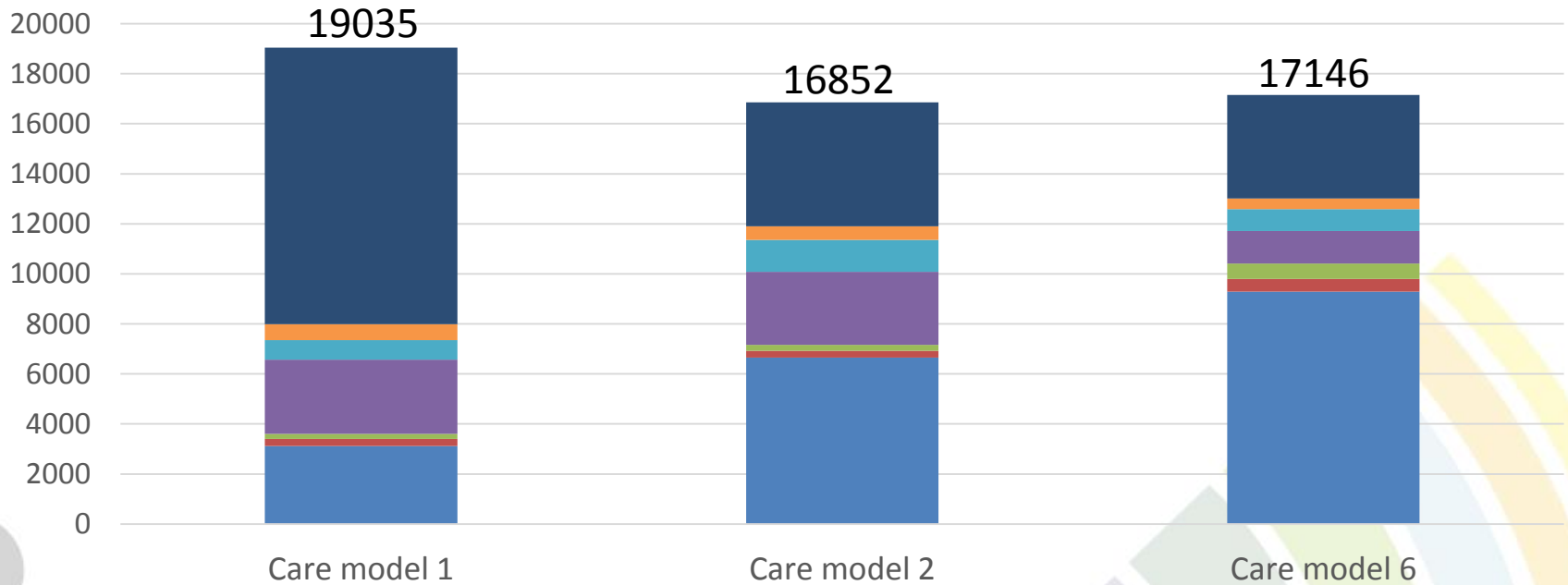


Results



Results

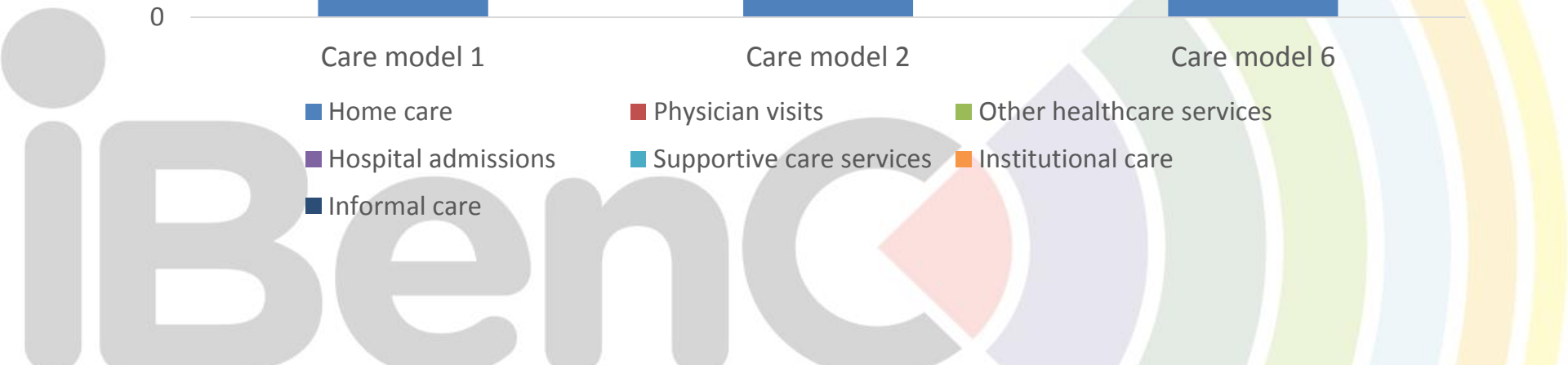
Costs from a societal perspective



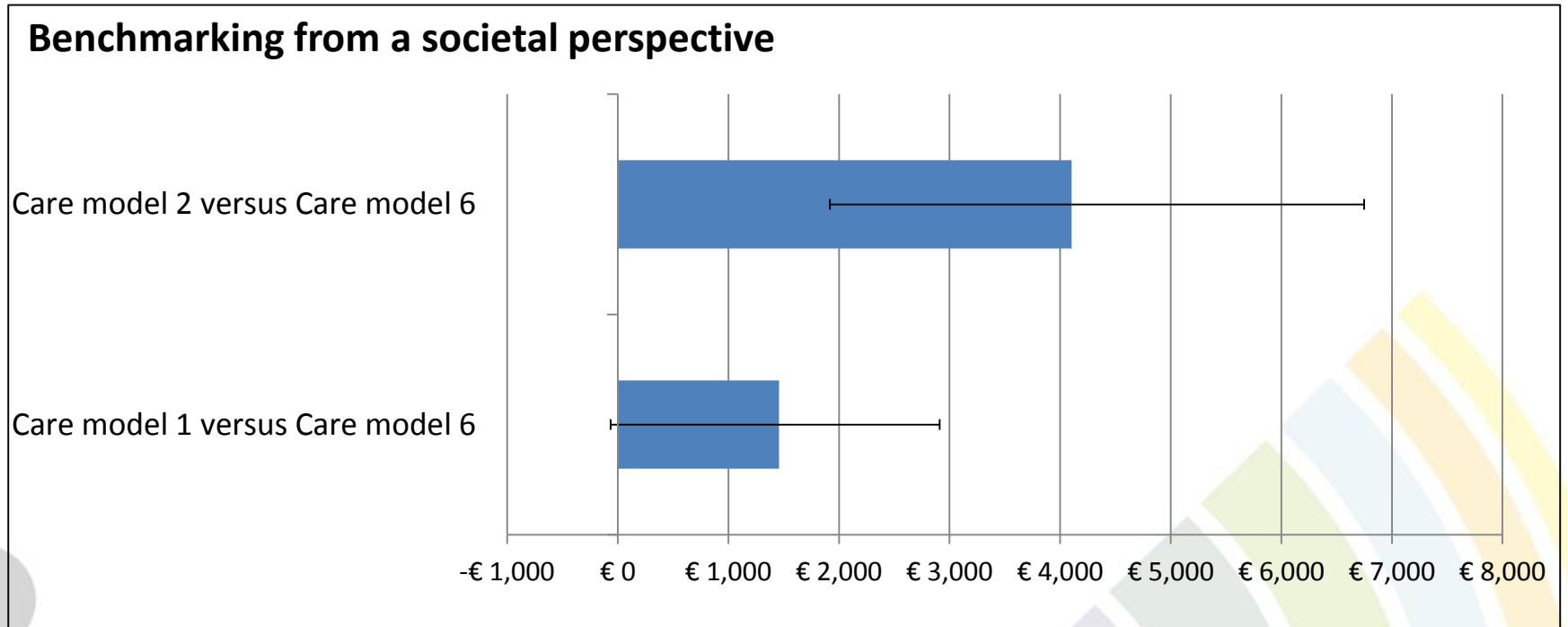
Home care
Hospital admissions
Informal care

Physician visits
Supportive care services

Other healthcare services
Institutional care

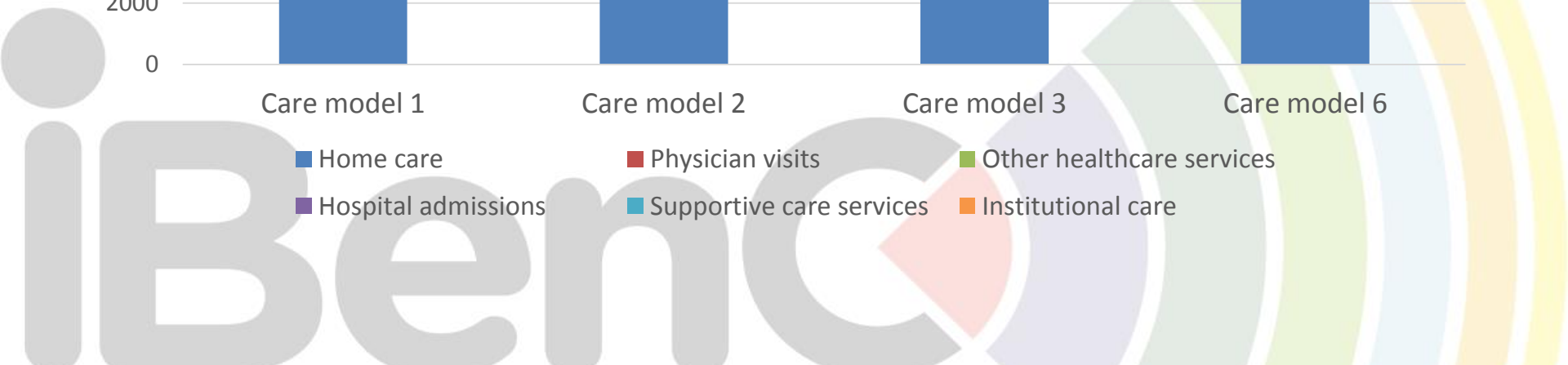
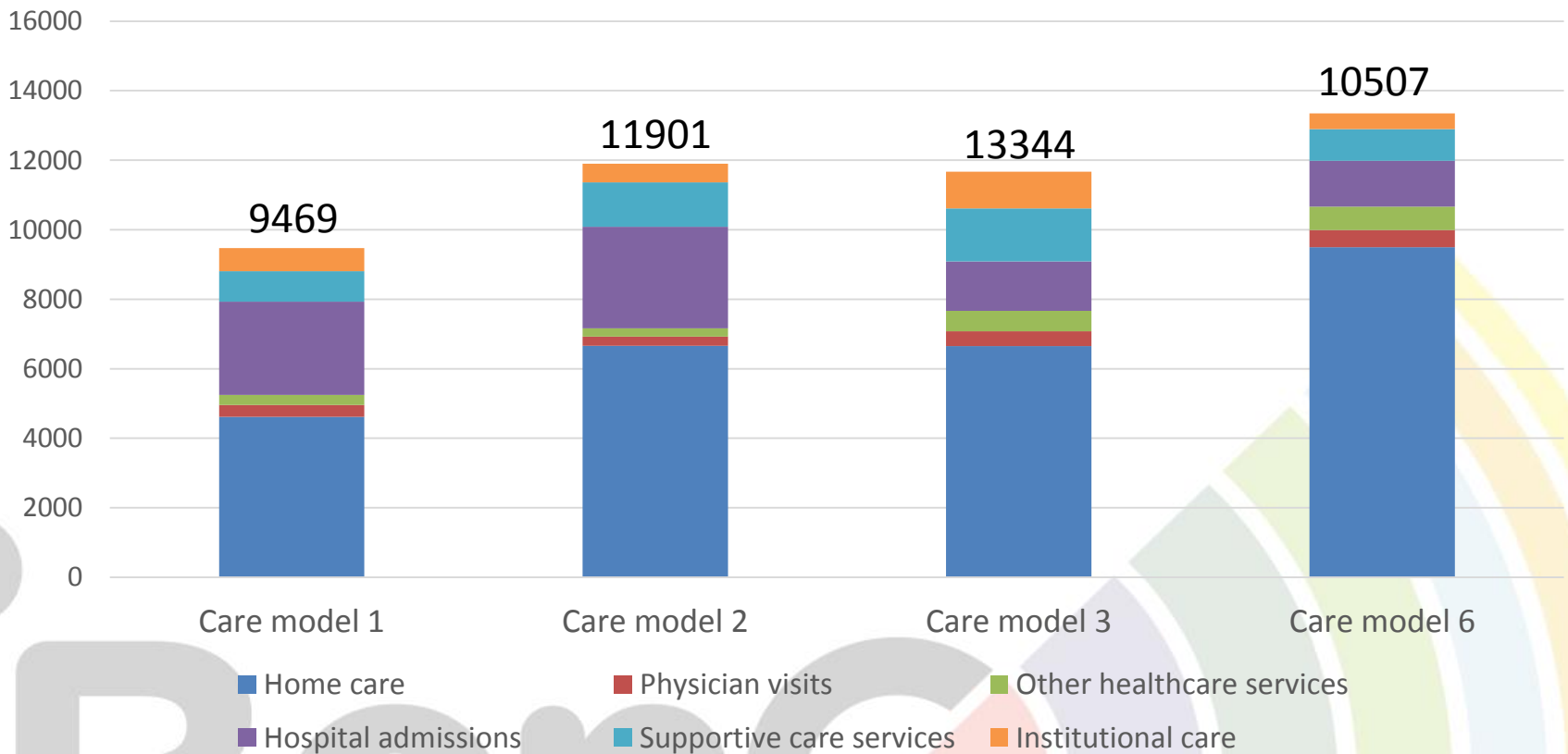


Results

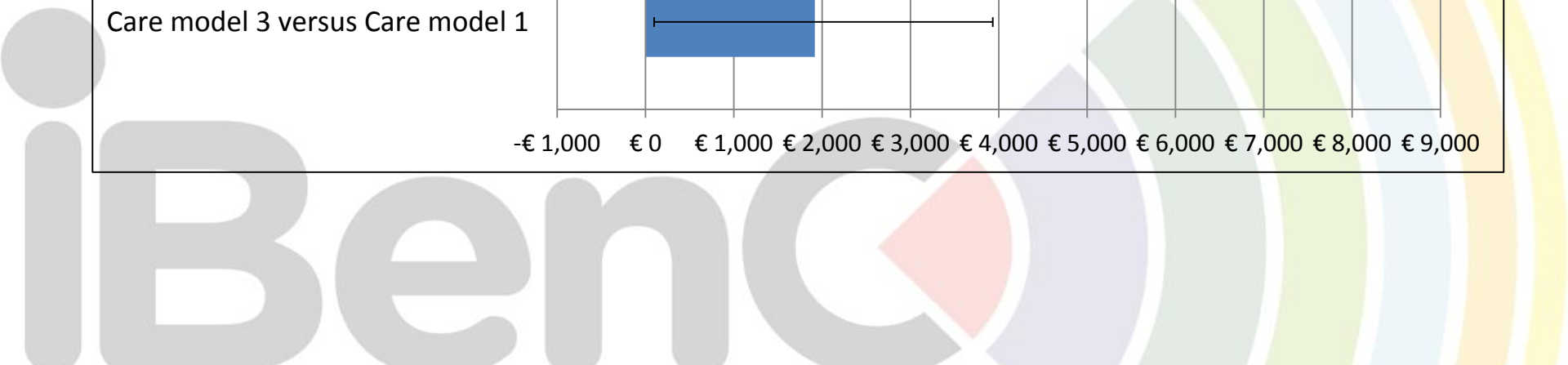
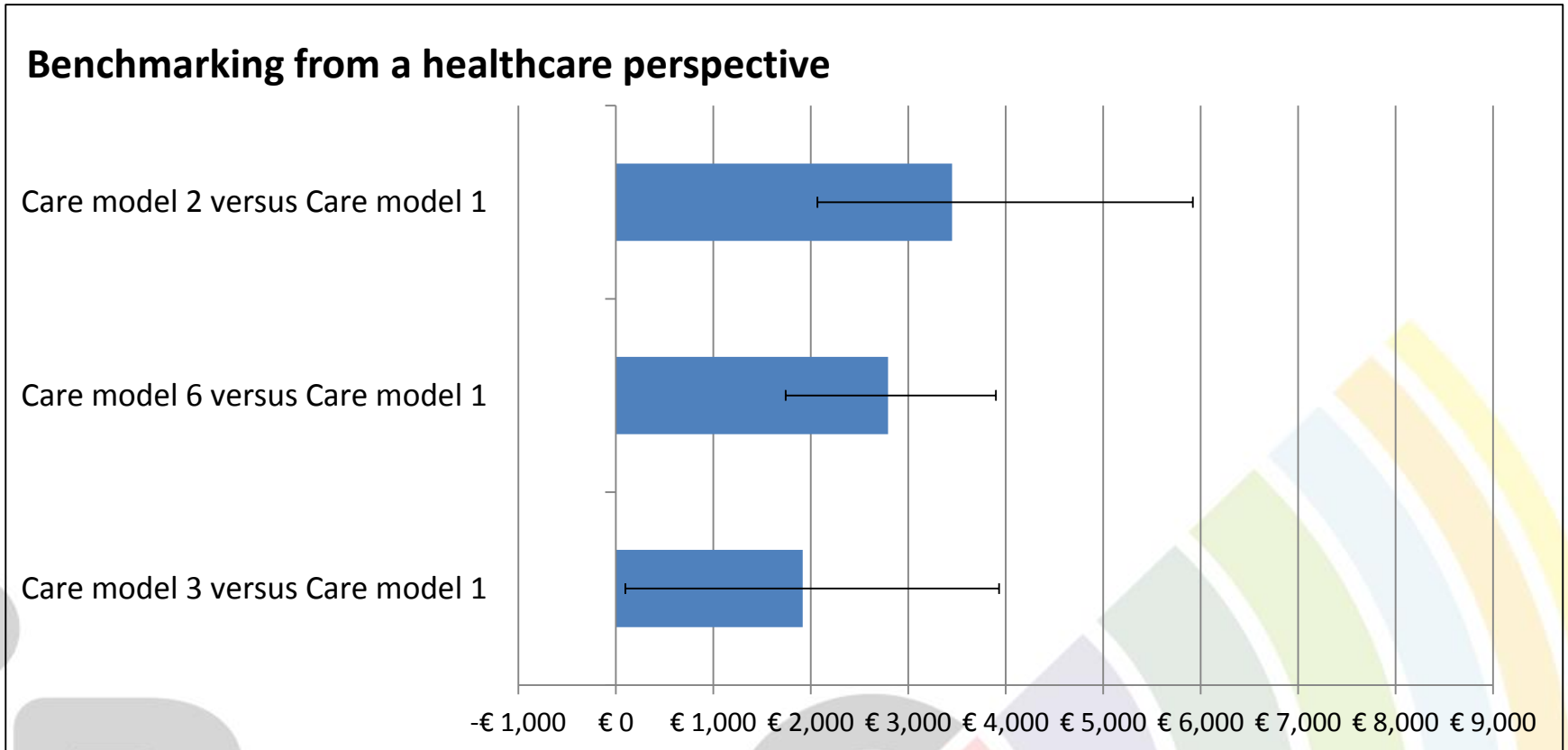


Results

Costs from a healthcare perspective



Results



Discussion

- Societal perspective

Care model	Focus on patient centered care	Availability of specialized care professionals	Level of monitoring of care performance
Care model 1	strong	high	strong
Care model 2	strong	low	strong
Care model 3	strong	high	low
Care model 6	limited	low	strong



Discussion

- Healthcare perspective

Lowest home care costs
Highest informal care costs

	ent	Availability of specialized care professionals	Level of monitoring of care performance
Care model 1	strong	high	strong
Care model 2	strong	low	strong
Care model 3	strong	high	low
Care model 6	limited	low	strong

Conclusion

- Strong focus on patient-centered care associated with higher societal costs
- Difficult to pinpoint organizational characteristics associated with costs
- What about quality of care?



Thank you!

Judith Bosmans

j.e.bosmans@vu.nl

