



Federaal Kenniscentrum voor de Gezondheidszorg
Centre Fédéral d'Expertise des Soins de Santé
Belgian Health Care Knowledge Centre

COMPREHENSIVE GERIATRIC CARE IN HOSPITALS: THE ROLE OF INPATIENT GERIATRIC CONSULTATION TEAMS

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Methods

Organisation of inpatient geriatric consultation teams

- Summary of Belgian studies, legal documents, policy papers
- Data provided by SPF/FOD & INAMI/RIZIV; TCT

SWOT

- 6 Focus groups: geriatricians (n=9); nurses (n=24); other HC professionals (n=4)

International best-practices

- Literature review
- Survey in France and the Netherlands; semi-structured interviews in US

Background

Ageing hospital population

- 43% hospitalisation days aged ≥ 75
- High proportion of older hospitalised patients have a geriatric profile

Comprehensive geriatric care

- A **multidimensional** interdisciplinary process focussing on a frail older person's medical, psychosocial and functional capabilities
- Case-finding / Assessment / Care planning / Implementation
- **Evidence** for: decreased hospital-mortality, improved cognitive functioning, higher proportion of patients returning home

Geriatric inpatient care models

- **Acute geriatric unit:**
- **Inpatient geriatric consultation teams:** no evidence for clinical effectiveness
- **Co-management models:** emerging model without robust evidence

Belgian context

Acute geriatric units

- 99 acute hospitals & 7 geriatric hospitals
- In 2013: Programmed beds (n=11 755) > Recognised beds (erkende bedden/lits agréés) (n=7 341)
- 'Justified beds (verantwoorde bedden/lits justifiés)' > 'Recognised beds'

Inpatient geriatric liaison teams

- External geriatric liaison function
- Geriatric ambulatory consultations
- Geriatric day hospitals

Geriatricians

- ±280 active geriatricians
- Estimated shortage of 143 FTE in 2010
- Imposed minimum quota (20/y) are not met

Belgian inpatient geriatric consultation teams

High **face-validity** but absence of evidence about effectiveness

- Multidisciplinary and holistic approach
- Geriatric culture
- Internationally not wide-spread

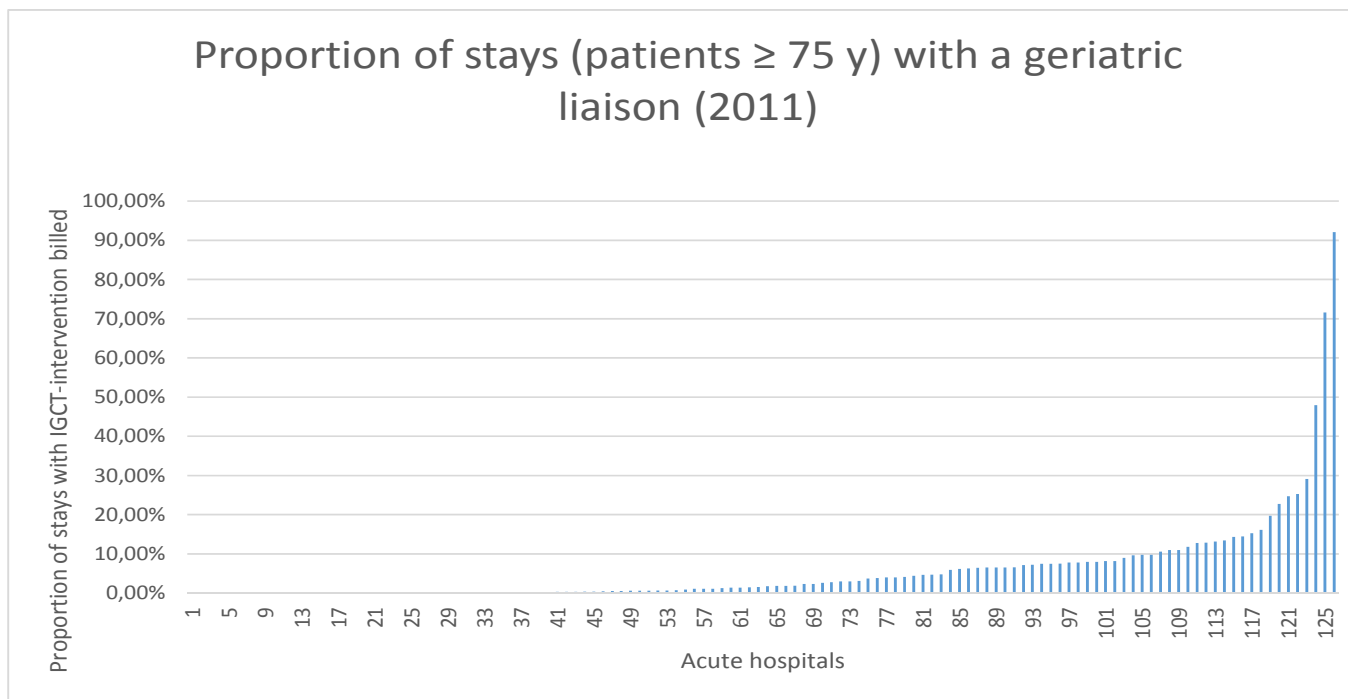
From pilot projects towards **strictly regulated teams**

- Shift to structural funding appreciated
- Legislator more ambitious about their role than payer is in allocating funds

Heterogenous implementation

- Case-finding method: Screening tools, thresholds, additional selection preceding screening
- Positive screening does not always result in a consultation
- Adherence: too low to have impact?

Consults geriatricians



| Minimum | 25th Pctl | 50th Pctl | 75th Pctl | Maximum | Mean |
|---------|-----------|-----------|-----------|---------|------|
| 0.0% | 0.0% | 1.7% | 7.5% | 92.1% | 5.9% |

Knowledge exchange

- Available during initial implementation
- Today a common knowledge sharing platform is lacking → **pockets of innovations** emerging from bottom-up fail to be evaluated/disseminated

Alternative models

- Consultation or shared decision making?
- Workforce innovations
- Models outside hospital boundaries



Recommendations

Acute geriatric units remain the **gold standard** organisational model for older inpatients with a geriatric profile. However, **investments in geriatric expertise outside the acute geriatric units are needed** to ensure that **all patients with a geriatric profile** receive care according to the 'comprehensive geriatric care (CGA)' **principles**.

Maintain geriatric liaison but with:

- **flexibility** to experiment with other care models,
- a strengthened governance structure and **knowledge exchange** platform,
- **evaluation**.

To the Minister of Social Affairs and Public Health

Long-term policy perspective

- Revise capacity geriatric units in the context of a larger reform of the Belgian hospital landscape
- Increase attractiveness geriatric specialisation for physicians (e.g. recalibration of the tariff catalogue)
- Study feasibility and conditions advanced practice nurses in geriatric care

Continue investments geriatric care programme

- Flexibility;
- Knowledge platform;
- Allow billing nomenclature codes regarding internal geriatric consultation teams not only for ≥ 75 but for all patients with a geriatric care profile

To the Federated entities

Integrate (or develop) **indicators** to evaluate QoC of (hospitalised) geriatric patients in collaboration with the College of physicians for geriatrics

Design **geriatric training** (courses & clinical placement) in **basic curricula** physicians, nurses & allied health professionals

Ensure **quality of geriatric care as a specific focus** in hospital-wide accreditation programmes



To hospitals

Adopt a **culture** where all health professionals are sensitive for 'geriatric care' (e.g. knowledge sharing, multidisciplinary meetings). This will require sustained efforts and **support from the hospital administrators**.

Colophon

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