
CONFERENCE ABSTRACT

Does including informal caregivers into transitions of care provide better value care for patients with geriatric syndromes? A systematic review.

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Isabelle Meulenbroeks, Liz Schroeder, Joanne Epp

Macquarie University, Sydney, NSW, Australia

Background: The transition of care from hospital to home is frequently considered a weak point in the care of patients with geriatric syndrome, defined in this study as advanced age and disability, vulnerability to poor health outcomes and/or significant co-morbidity. Poorly managed transitions may cause hospital readmissions, poor patient experience and increased system costs. Including informal caregivers, people not paid to provide aid, into transitions of care may provide better value care for vulnerable older adults and support integration between health and community care. This review evaluated transitions of care using the quadruple aims of health care policy: improved population health outcomes, patient and healthcare professional experience and reduced costs of care.

Objectives: To determine whether including informal caregivers into transitions of care provides better value care, compared to a transitional care intervention with less or no caregiver engagement.

Methods: Systematic and hand searches were conducted in Medline, Proquest, EMBASE, Scopus, CINHALL and in grey literature. Studies were included if the population met the criteria for geriatric syndrome, had a transitional care intervention which routinely provided an opportunity for caregiver engagement, and had a comparator group. Exclusion was a two-stage process, initial abstract and full text screen. Study exclusion was guided by a protocol and form at each stage. Data was extracted using forms based on the Cochrane Handbook for Systematic Reviews. Bias was assessed using Cochrane tools for randomised and non-randomised control trials. To ensure reliability, bias assessment was completed by two reviewers.

Results: Studies identified 23 interventions that were included in the systematic review. The 113 outcomes extracted used 64 unique assessment tools. Caregiver outcomes were collected in seven studies. Population health was addressed by over 70% of the outcomes, commonly addressed through patient function, disability and readmissions. The patient and informal caregiver experience, frequently assessed through patient satisfaction was addressed in approximately a fifth of the outcomes. Where collected, cost of care was primarily captured through resource use and overlapped significantly with population health. The healthcare professional's experience was considered in less than 2% of collected outcomes.

Discussion: Diverse methods and ambiguous treatment fidelity regarding caregiver engagement complicates assessment of the treatment effect, given no consistent outcome measures were reported across the quadruple aims. When positive outcomes were reported, they were commonly presented as decreased readmissions, resulting in decreased costs. Informal caregiver engagement

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did not occur independently from other discharge interventions such as case management and early supported discharge. Healthcare professionals' experiences were rarely considered in these studies.

Conclusion: The literature provides insufficient evidence to estimate the effect of including informal caregivers into transitions of care for patients with geriatric syndromes, and is variable in methodological approach, in the outcomes measured and in quality.

Limitations: Non-published literature, such as local quality analysis projects, investigating informal caregiver engagement may have been missed.

Suggestions for further research: Additional evaluations of caregiver engagement specifically using a quadruple aim lens are needed to assess better value care interventions.

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