

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



## Benchmarking European Community Care Delivery on Costs and Quality of Care, a Novel Approach

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# iBenC

EUGMS  
Nice, France  
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# Conflict of interest disclosure

I have no potential conflict of interest to report





# The consortium



UNIVERSITÀ  
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## Project information

**Programme:** FP7-HEALTH-2012-INNOVATION-1

**Start Date:** January 1, 2013

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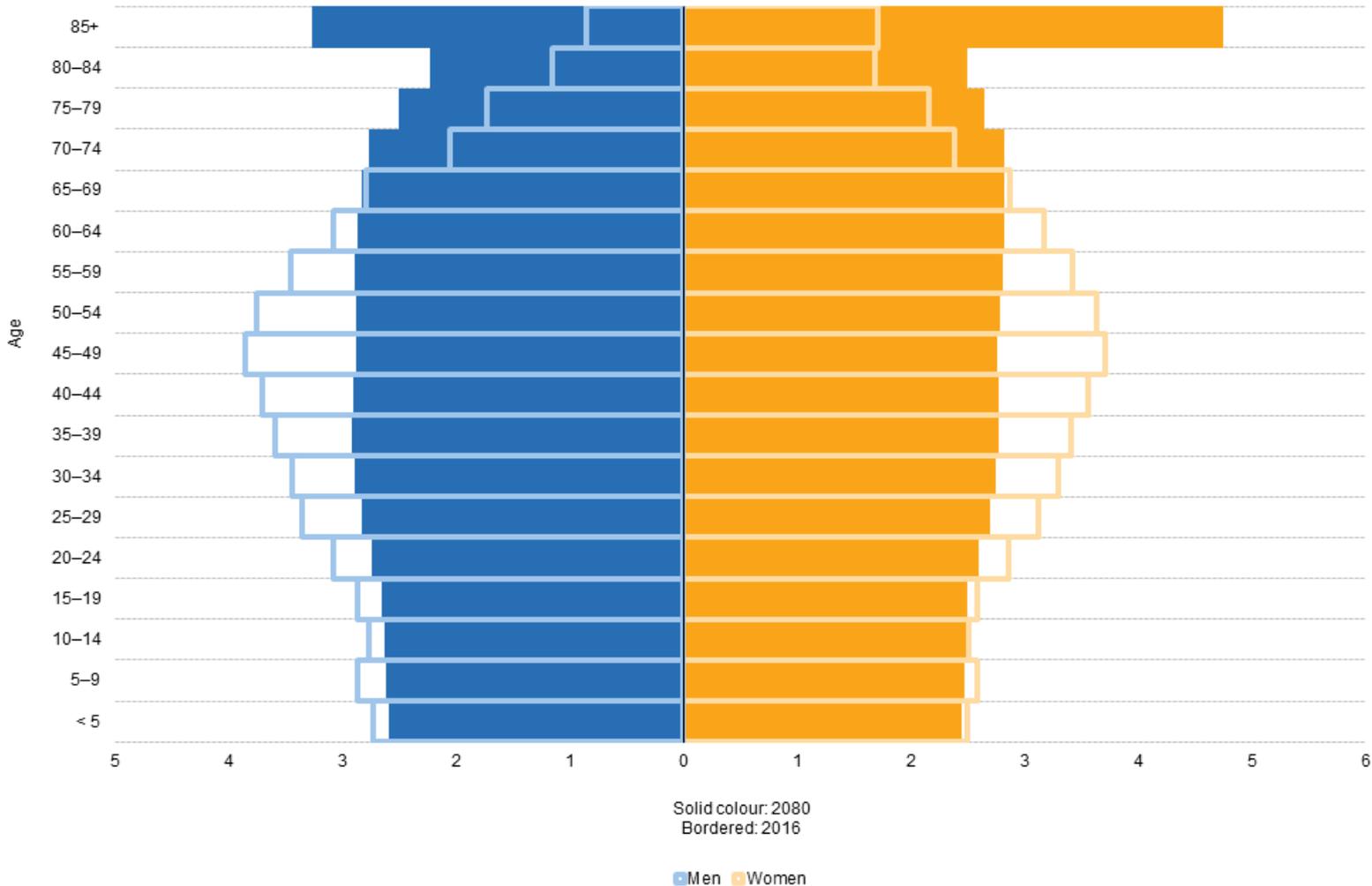
**Coordinator:** VU University Medical Center

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**EU Contribution:** € 2,999,198.00

**Project Coordinator:** VU University Medical Center

# Ageing in Europe



# Best practices

Efficient care systems are key

Driven by best practices, delivering

- good quality care
- against reasonable costs



Identification only through appropriate benchmark open to multiple organisations

- Currently focus mainly on quality
- Costs often neglected

Insight creates learning potential

# Aim

IBenC projects' aim: To identify best practices of community care delivery for care dependent community dwelling elderly

→ **Develop a benchmark methodology based on quality and costs of care utilisation**

→ Characterise best practices



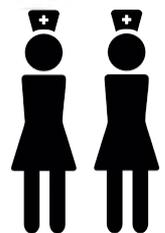
# IBenC study sample



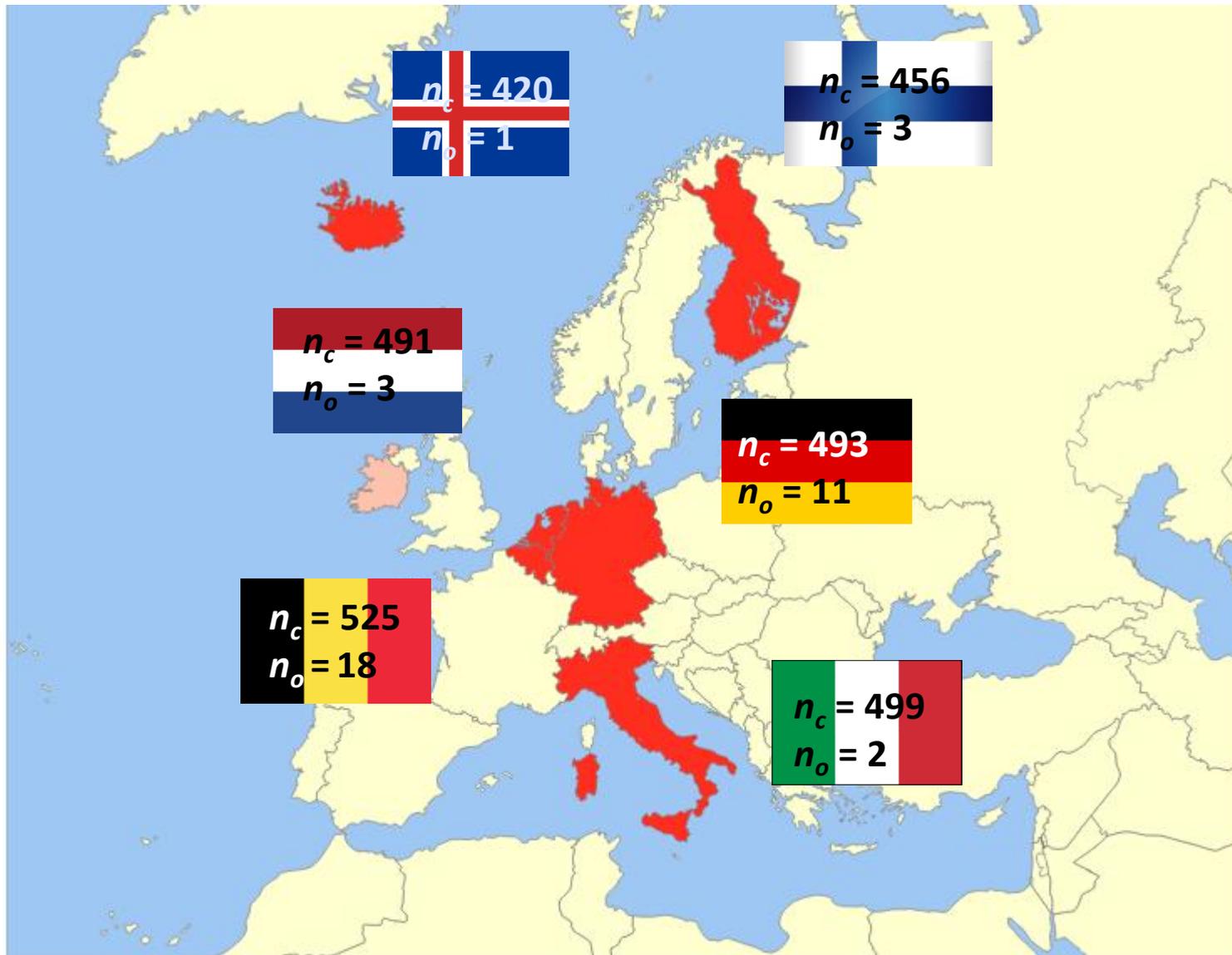
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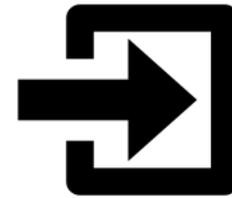
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# Single instrument approach



## Comprehensive geriatric assessment instrument **interRAI Home Care**

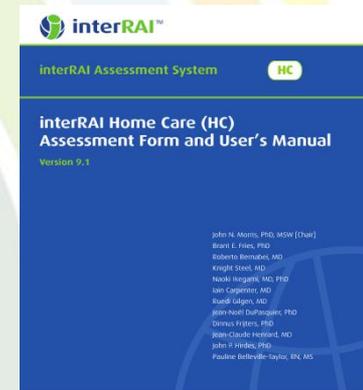
→ Quality of care

*23 validated quality indicators  
two summary quality scales*

→ Care utilisation

*- health care  
- social care  
- informal care*

Assessments at baseline and 6 month  
follow-up



# Two components



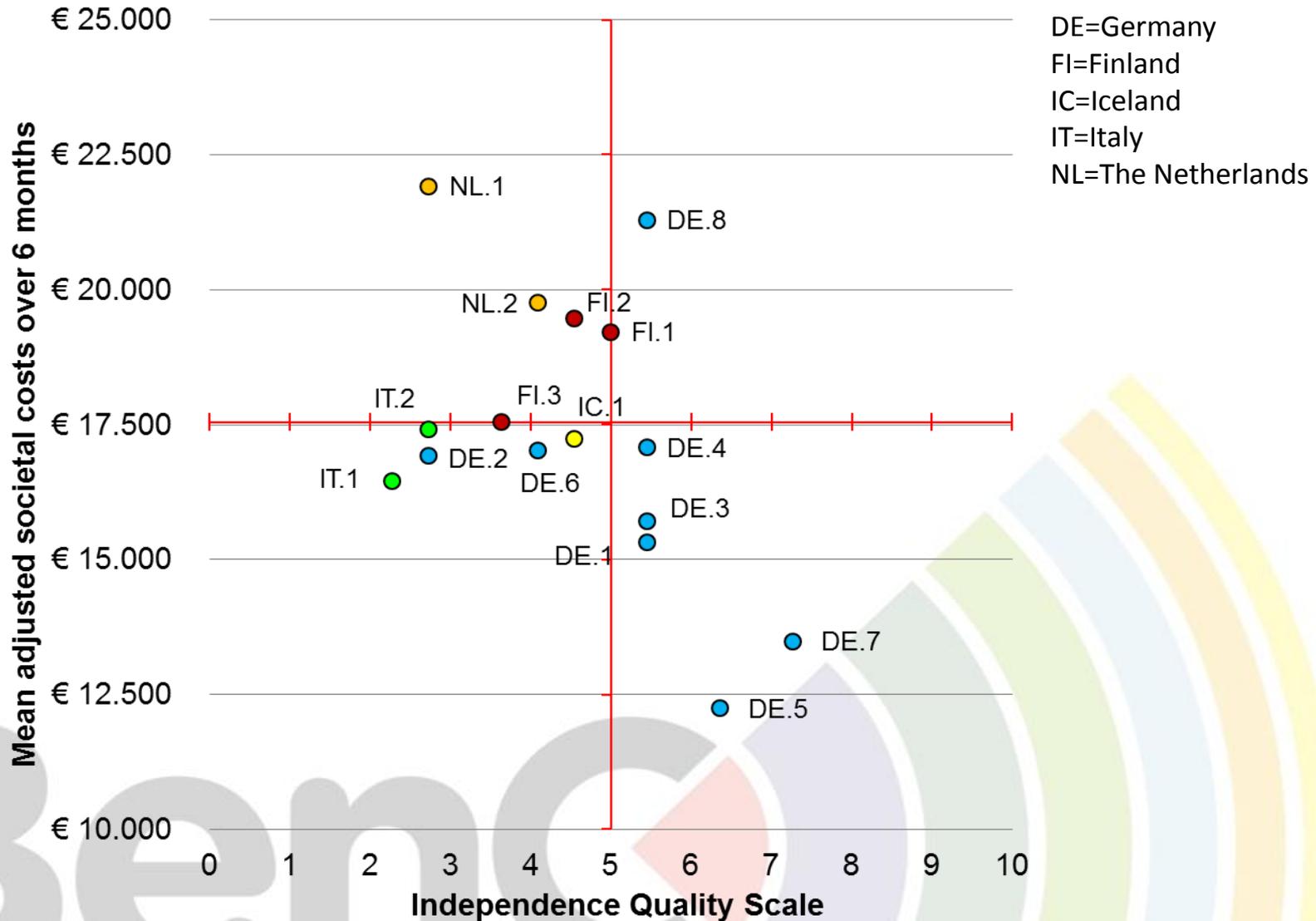
interRAI-HC Independence Quality Scale (IQS) (0 - 10)	Resource utilisation
ADL decline	Home care
IADL decline	Welfare
Cognitive decline	Physician visits
Communication decline	Acute care
Used to go out	Institutional care
Falls	Other health care services
Injuries	Informal care
Hospital, ED, or emergent care use	
Mood decline	
Bladder declined	
Pain not controlled	

Maintenance and prevention of functional decline

Cost of care estimates over 6 months

Quality: Morris et al, 2013; Foebel et al, 2015  
 Costs: Van Lier et al, 2016

# Plotting performance (IQS) and societal costs



# Efficiency index

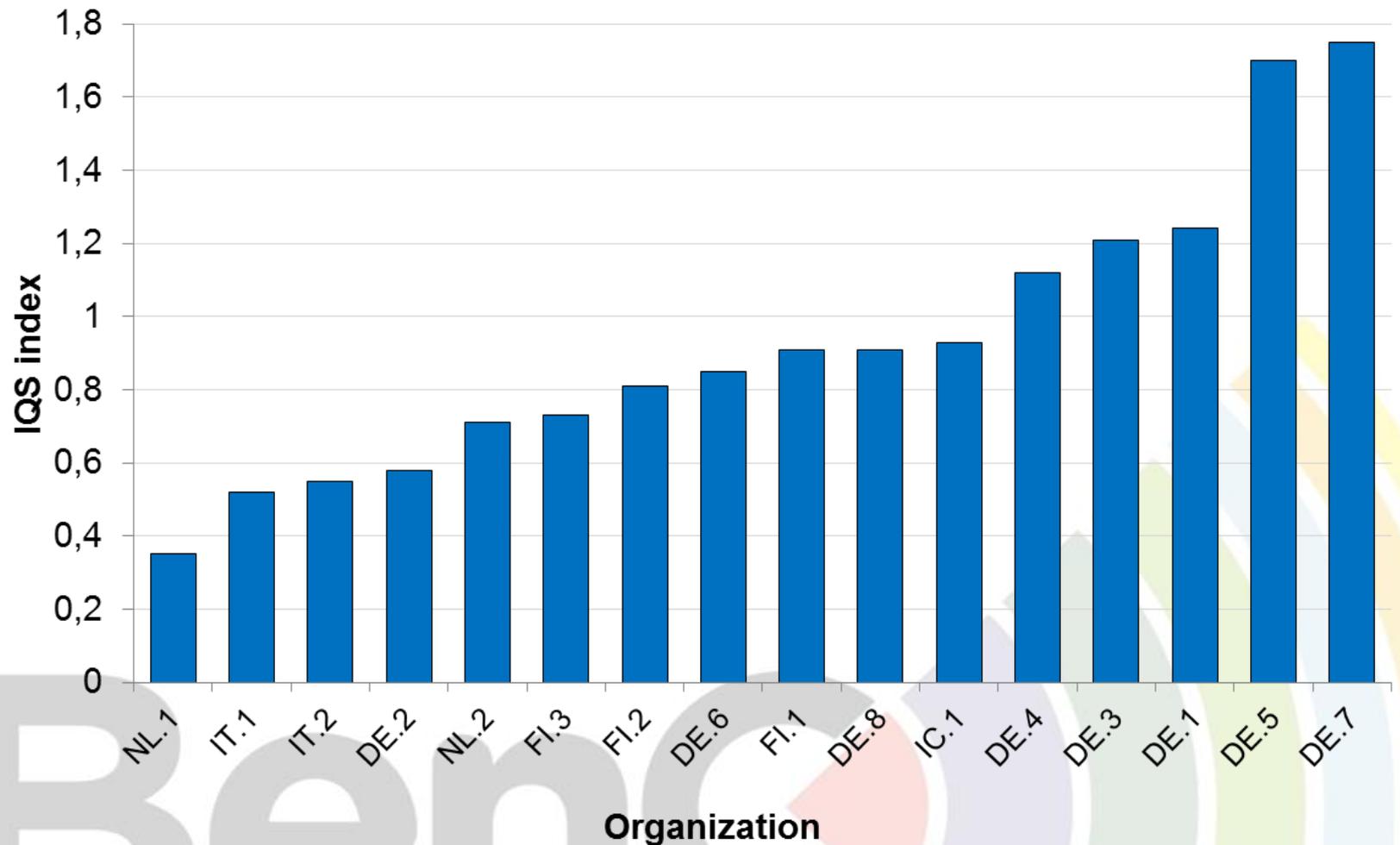


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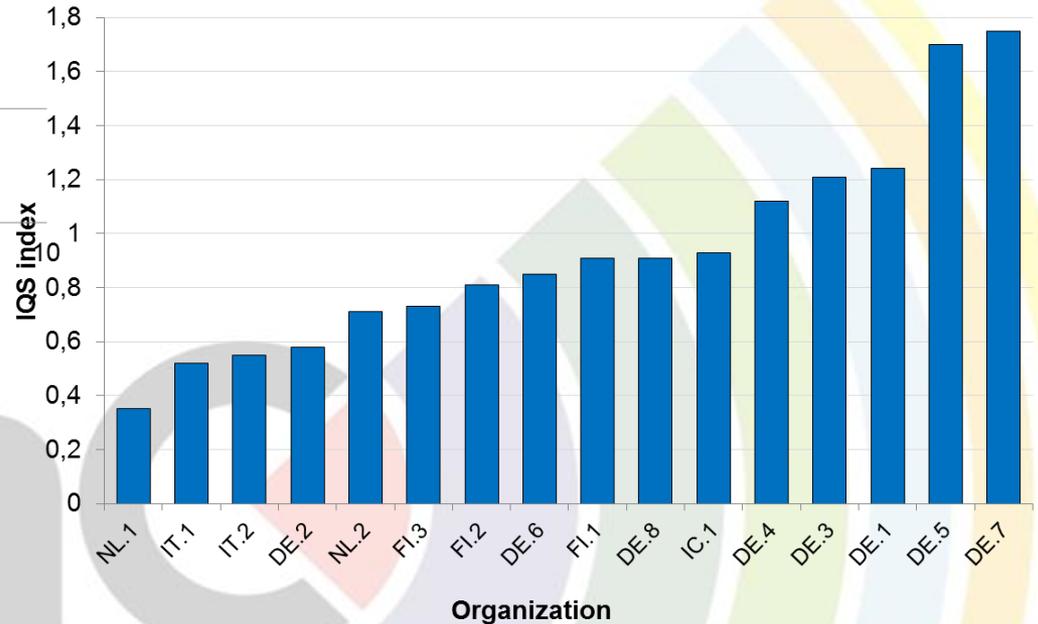
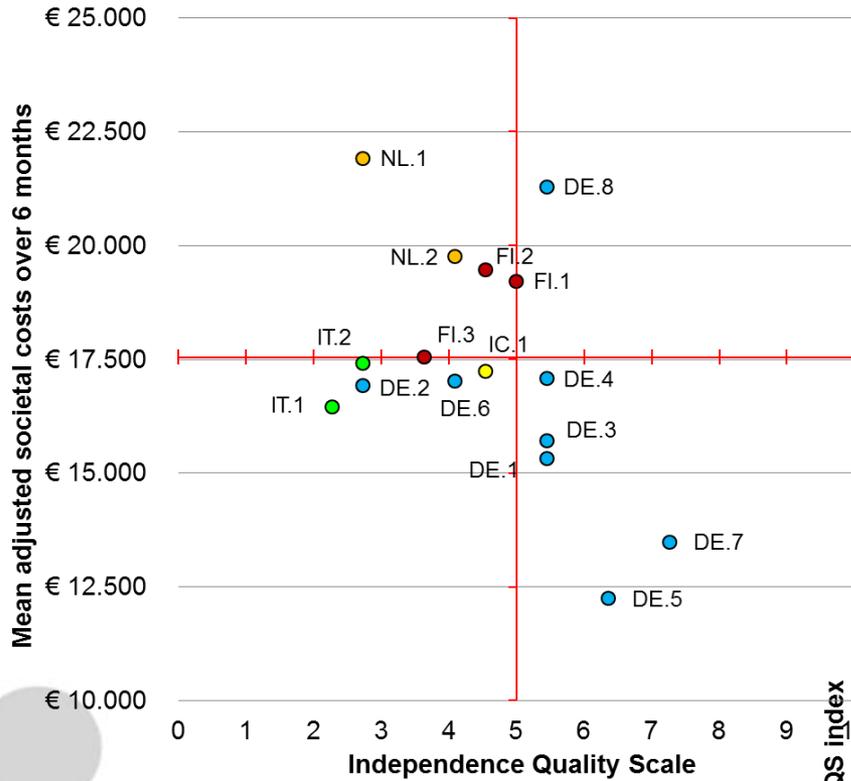


- Reflects the trade-off between costs and performance
  - Takes into account (un)preferable conditions
  - Based on references (good/poor quality; low/high costs)
  - Enables easy interpretation of benchmark
  - Continuous measure
  - High index values reflect good value for money
- ↓ 1 = not efficient**      **↑ 1 = efficient**

# Results IQS efficiency index



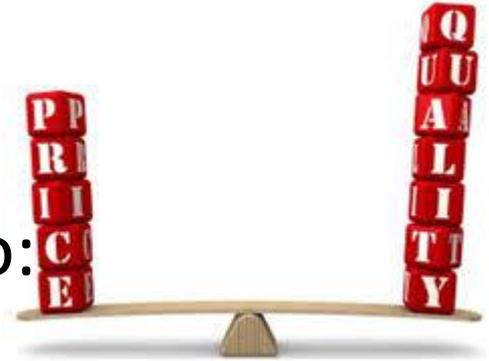
# Face validity IQS-index



# Conclusions

IBenC benchmarking method feasible to:

- compare organisations on efficiency
- feasible for large benchmarks
- new perspective in analysing relationship between quality and costs of care
- look into organisation's black box



Continuous benchmarking of care delivery on costs and quality is necessary to gain insight for future sustainable health care systems for care dependent elderly