EMBRACE: Integrated Elderly Care

**Good Practice:**
EMBRACE, a new Dutch Integrated elderly care program.

**Reference Site**
Northern Netherlands Provinces Alliance

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**Short description of your good practice:**
Embrace - called SamenOud in the Dutch language - is a redesign of the care delivery system for people of 75 years and older living in the community. Embrace is a population based integrated care model based on the Chronic Care model and targeted on all elderly people living in the community.

Annual screening and triage provides risk profiles (Robust, Frail or Complex needs) for elderly people as an indication for a suitable care intensity level. Next, a multi-disciplinary Elderly Care Team (ECT) provides personalised, pro-active and preventive care delivery and support to match the desired care intensity level.

Expected outcomes of Embrace are improved patient outcomes and quality of care, and reduces service use and costs.

**Partners in the coalition:**
Please list here the partners that work together in a coalition and implement the good practice.

Embrace connects community organisations (welfare organizations and municipalities) with health care organisations (general practitioner practices home health care organisations, homes for the elderly, nursing homes and hospitals, and elderly associations.

The collaboration between these organisations is laid down in a formal cooperation agreement signed by all stakeholders.

**Start date:**
January 2012

**Project duration:**
Pilot phase from January 2012 to April 2013 and an extended intervention period until July 2014 and expected continuation afterwards (as a bridge towards structural financing of Embrace).

**How we did it**
Please describe here:
- how the Good Practice was initiated
  Embrace was initiated by the Department of Health sciences (University Medical Center Groningen, University of Groningen), health insurance company Menzis, and health care organization Meander.

- how political support (if any) was secured
  Local municipalities participate in the project and study.

- how financial support was secured, what were the sources of funding
  During the pilot phase Embrace was funded by governmental funds. For structural embedding the local health insurance company Menzis and participating municipalities intend to find financing for structural embedding of Embrace.

Please indicate the financial investment (in Euros) to set up and operate the good practice and the way of funding (eg. Public Private Partnership).

The financial investment for the pilot-phase (for development, implementation of Embrace, and for experimental research) was about €1.2 million and for the one year intervention period on 750 elderly €0.6 million. For the one year extension: €0.3 million for project and research and €1.2 million for the intervention (double number of participants, 2x750) was needed. The business case calculated that mean costs for Embrace are €649 per person and range...
from €68 (Robust profile, 64%) to €1,365 (Frail profile, 16%) and €1,937 (Complex needs profile, 20%)

- how the buy-in from the required stakeholders was achieved
Stakeholders were involved in the development, financing, implementation and evaluation of Embrace.

- how the technical solution was implemented and integrated in daily practice
The Embrace project team trained the professionals and guided the implementation.

- how change management was implemented (if applicable)
Embrace caused a cultural change that was guided by the project team

Our results
Please describe here the achieved outcomes and impact, in as much quantitative terms as possible. Make clear reference to figures and data you have measured. Please do this for as many of the following three categories, depending on your data:

Coverage:
Embrace is currently put into practice in fifteen general practitioner practices in Eastern part of the province Groningen. In total 1,474 elderly people (75+) living at home are participating.

As a result from our experimental study we expect improved patient outcomes, quality of care and reduced service use and costs for Embrace compared to care as usual. Results will become available during the next months.

- benefits related to the health status and quality of life of your local population
The qualitative study among elderly participants indicated that, due to the regular attention of Embrace the elderly people feel secure and safe and have the confidence to be able to continue to live at home independently for longer.

- efficiency/effectiveness on performance and sustainability of your care systems
Service use and costs
Embrace is targeted on effective and efficient service use and substitution of care and treatment to cheaper professionals and settings (at home instead of institutions). We developed an integrated business case for all care and support costs in our target population. Based on this business case we expect that Embrace reduces service use and health care costs.

For the development of this business case participating elderly people gave their consent to acquire financial data from their insurance company and the municipality. It showed that mean savings for the total population of elderly people living in the community were € 274,- during one year for each elderly person, ranging from € 599 (Complex needs profile, 64%) and € 285 (Frail profile, 16%) to € 169 (Robust profile, 64%). Included in these savings are the costs for Embrace.

Quality of care:
The qualitative study among case-managers indicate that, due to the structural and continuous contacts the case-manager knows what is important for the older person. Therefore she is better able to fit in with the needs of the older and able to take action so that, if necessary, escalations can be prevented.

Professional in the Elderly Care Teams report more satisfaction because of the patient-centred, proactive and preventive methods of working that are effective an efficient.

Managers experience a better targeted and more efficient use of their work force and efforts because of the triage results.

Healthcare insurers are happy with integrated and cheaper treatment of multimorbidity and polypharmacy in the general practitioner practices instead of fragmented treatment by medical specialists in hospitals.

- competitiveness, market growth, employment and job creation in your area
Embrace may offer (also) a solution for lack of quality care personnel in a rural area with a relatively high percentage of elderly people. About a few months a business plan for valorization will be finished.

Added value
Please indicate the main added value of this good practice

• Embrace is an integrated care project. The integration of the various policies, approaches and resources, present in the care for the elderly, is the essence of the project.

• The integrated character is also predominant at the practitioners level, with the multidisciplinary composed Elderly Care team (ECT), led by the general practitioner, further consisting of an elderly care physician, a district nurse and a social worker (both acting as case managers).

• Embrace is based on the Chronic Care Model and uses the Kaiser Permanente (KP)-triangle to provide a suitable level of care and support for all elderly people based
on 3 profiles: Robust (healthy, 64% of the population), Frail (vulnerable but healthy, 16%) and Complex needs (multimorbidity, 20% of the population).

Success factors
The factors and conditions that are needed to replicate and scale up the project elsewhere (adaptability; standardisation, interoperability; similarity of the system etc.)

A self-management- and support program for the robust elderly people and individual support of frail elderly and elderly people with complex care needs over 75 years old in the pilot area, by a multidisciplinary team, led by the general practitioner, with an elderly care physician, a district nurse and a social worker (both district nurse and social worker acting as case managers).

Annual screening and triage provides risk profiles (Robust, Frail or Complex needs) for participating elderly people as an indication for a suitable care intensity level.

Provision of personalised care and support organized by the Elderly care team to match the desired care intensity level.

Barriers to innovation
Listing the most persistent barriers and obstacles that either delay or make it more difficult to develop, implement the innovative element/solution and at which level of innovation chain/process; and how they were overcome
An important and rather fundamental barrier to the structural embedding of Embrace is the fragmented financing: integrated care needs integrated financing.

Transferable elements
The innovative elements of your Good Practice which may be transferable to other settings
As a result from the Embrace study all tools will be available as soon as possible so that Embrace can start in other regions, municipalities and general practitioner practices. These tools are the web-based electronic elderly dossier, the self-management support and prevention program, the training program for the elderly care teams, the decision support tools like the screening and triage instruments, and the anamneses based on the International Classification of Functioning, disability and health (ICF), the standardized (preventive) care plans for the most important health problems (falling, malnutrition, immobility, loneliness, etc.), Goal Attainment Scoring methods, communication and information materials, etc.

Currently, initiatives for valorisation of Embrace into larger regions are in preparation so that within a few years, at least 10% of the local target population will receive Embrace care and support from the elderly care teams.

Lesson learnt and recommendations for others
- what, in your experience, should be avoided, e.g. what was overlooked and caused delays in your implementation, what did not work well and made you search for an alternative approach, what could have been done better in the design or implementation phase etc.
- positive experience to be communicated to others in implementation process; what have worked very well...

Local policies recognize Embrace as a generic population health management model that can be transferred to other vulnerable groups in the community, like chronically ill and youth.

More information:

Key data: