Poster abstract

Monitoring integrated care with a clinical logic model

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Abstract

Introduction: The Dutch Healthcare Inspectorate is in search for a better insight into how to measure the quality of integrated care. The central purpose of this study was to identify indicators that provide insight into the performance of the chain as a whole, by means of a clinical logic model.

Theory and methods: Chain care makes high demands on communication and transfer of information between caregivers. The extent to which such requirements are met constitutes an indicator of the quality of care delivered. In order to be able to identify suitable indicators, chain care is charted in the form of a schematic model, a so-called 'clinical logic'.

A clinical logic captures the elements of the disease process and the care chain to which it gives rise. The components of the model and the factors that determine the quality of care are described in an analytical manner, based on scientific evidence. Measures are selected that capture the following questions: 'What are the key elements of care at each step in the process?', 'How does the patient flow through the care system?', 'Where are the major decision points in treatment related to the goal?'

Results and conclusions: Clinical logics were applied on three patient groups: dementia, heart failure and depression. On the basis of the clinical logic for heart failure patients 15 indicators were proposed, for dementia 9 indicators and for depression 12 indicators.

Clinical logics have proven to be a sound method to chart chain/integrated care, but it is mainly focused on the process of care. It is more concrete than the chronic care model. Next, the identified indicators will be tested into practice.

Keywords

clinical logic, indicators, monitoring