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Quality standard for Person-centred and Integrated Care for Older adults

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CONFERENCE ABSTRACT**Quality standard for Person-centred and Integrated Care for Older adults**18th International Conference on Integrated Care, Utrecht, 23-25 May 2018Klaske Wynia^{1,2}, Sophie L.W. Spoorenberg¹, Hubertus P.H. Kremer², Sijmen A. Reijneveld¹

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Background: Current healthcare systems are challenged to cope with changing demands of the growing population of older adults, while maintaining quality of care at lower costs. Between 2008 and 2016, the Dutch National Care for the Elderly Program was organized by the 'Netherlands Organization for Health Research and Development' ZonMw and financially supported by the Dutch ministry of Health. Aim of the program was to contribute to a solution to these challenges.

One of the projects was Embrace1, a person-centered and integrated care service for community-living older adults. Aims of this service are to improve quality of care by reducing the fragmentation in health services, to improve patient outcomes, and to increase sustainability of the healthcare system. Embrace combines two globally recognized models, the Chronic Care Model and a population health management model. Both models were translated to the Dutch situation and specified for older adults. Embrace has been implemented in the Netherlands since 2012. Short- and long-term evaluations, using mixed methods, showed positive results regarding patient outcomes, quality of care, and costs.

Before final closing of the national programme, the program committee, with support from the Dutch Care institute and the Dutch ministry of Health, decided to develop a 'Quality standard Person-centred and Integrated Care for older adults' based on the characteristics and positive results of Embrace. Aim of this quality standard is to support the transformation in the Dutch health system towards person-centred and integrated care by reaching consensus on values and standards of care for older adults, creating clarity for older adults and professionals, and providing tools for administrative accountability.

This network discussion is part of the preparation phase before the actual development of the quality standard. Aim of this phase is to explore the support, scope, and potential bottlenecks for the new standard with future owners of this standard. These owners may include older adults' representatives, professional organizations and funders for care and welfare.

Aims and Objectives: Aim of this network discussion is to use the available expertise among participants of this conference to further explore the support, scope, and potential

bottlenecks for the new standard. We have the intention to invite Dutch participants and share the results of the explorations until then, and ask for feedback.

Format: The meeting is planned at the end of the six months preparation phase starting January 2018. The preliminary results will be shared with participants, and their reflections and advises will be collected and discussed.

Target audience: Dutch experts on person-centred and integrated care.

Take away: Results will be included in the final report for the committee of the Dutch National Care for the Elderly Program.

Reference:

1- Spoorenberg SLW, Uittenbroek RJ, Middel B, Kremer HPH, Reijneveld SA, Wynia K. Embrace, a model for integrated elderly care: study protocol of a randomized controlled trial on the effectiveness regarding patient outcomes, service use, costs, and quality of care. *BMC Geriatr.* 2013;13:62.

Keywords: quality standard; person-centered; integrated care; population health management; older adults
