

## **WONCA Europe Conference 2010 – Malaga/Spain**

### **Oral Presentation**

#### **Care management for elderly patients – How can we identify eligible patients?**

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#### **Purpose:**

An aging society implies that primary care is challenged by an increasing number of elderly patients with complex care needs. Tailored care management (CM) interventions that rely on professionalized practice teams are seen as an effective approach to face these needs. Current research results suggest that patients who are at high risk of future health care utilization but still “care sensitive” may benefit most from CM interventions. Statistical models that predict future health care utilization based on diagnostic codes from insurance claims data have been used to identify these patients. However, to date this approach has not been directly compared to case finding by general practitioners (GPs). As part of a pilot study on primary care-based CM we aimed to compare patients identified via predictive modeling with those who were identified by the patients` GPs.

#### **Design & Method:**

Based on insurance claims data from 6,026 beneficiaries of the general regional health fund (AOK) in South-Western Germany we selected patients for a CM intervention by using the case finding software CSSG 0.6 (DxCG, Munich, Germany). The GPs of these patients were asked to propose patients for a CM intervention separately. We used insurance claims data analysis and a patient survey to compare both populations with descriptive statistical methods.

#### **Results:**

32 of 504 patients (6%) were selected concordantly by both, software and GPs. First results show that patients selected by the software were older (74 vs. 66 years in mean) and showed more hospital admissions (mean 2.7 vs. 0.5 in 2007 and 2008) compared to patients selected by GPs. Further analysis of insurance claims data and a patient survey will provide detailed insight into the characteristics of selected patients.

#### **Conclusions:**

Predictive models and patients` GPs may complement each other in the process of identifying appropriate patients for CM interventions.