Collaborative primary care for dementia (older adult population)

Adult Mental Health

Literature review updated February 2018.

As part of WSIPP's research approach to identifying evidence-based programs and policies, WSIPP determines "what works" (and what does not work) to improve outcomes using an approach called meta-analysis. For detail on our methods, see our Technical Documentation. At this time, WSIPP has not yet calculated benefits and costs for this topic.

Program Description: Collaborative primary care for older adults with dementia integrates primary care with specialist and community services to treat patients with diagnosed or probable dementia, including Alzheimer's disease. A multidisciplinary team that includes at least a care manager and primary care physician—but may integrate other specialists or community providers—conducts an initial assessment and administers an individualized, measurement-based treatment plan. Care managers may be health care professionals (e.g., nurse practitioners) or non-medical staff (e.g., social workers). Treatment may take place in the home, in primary care or specialist clinics, virtually, or in a combination of such settings. Interventions may include components for caregivers, but primary outcomes concern older adults with dementia. Interventions are typically 12 to 18 months in duration.

Meta-Analysis of Program Effects

Outcomes measured	No. of effect sizes	Treatment N	Adjusted effect size and standard error			Unadjusted effect size (random effects model)	
			ES	SE	Age	ES	p-value
Death	1	84	-0.028	0.223	80	-0.028	0.901
Hospitalization	1	170	-0.152	0.202	80	-0.152	0.452
Health care costs*	1	202	0.053	0.360	80	0.053	0.882
Cognitive functioning	1	84	-0.029	0.168	80	-0.029	0.864

*The effect size for this outcome indicates percentage change, not a standardized mean difference effect size.

Meta-analysis is a statistical method to combine the results from separate studies on a program, policy, or topic in order to estimate its effect on an outcome. WSIPP systematically evaluates all credible evaluations we can locate on each topic. The outcomes measured are the types of program impacts that were measured in the research literature (for example, crime or educational attainment). Treatment N represents the total number of individuals or units in the treatment group across the included studies.

An effect size (ES) is a standard metric that summarizes the degree to which a program or policy affects a measured outcome. If the effect size is positive, the outcome increases. If the effect size is negative, the outcome decreases.

Adjusted effect sizes are used to calculate the benefits from our benefit cost model. WSIPP may adjust effect sizes based on methodological characteristics of the study. For example, we may adjust effect sizes when a study has a weak research design or when the program developer is involved in the research. The magnitude of these adjustments varies depending on the topic area.

WSIPP may also adjust the second ES measurement. Research shows the magnitude of some effect sizes decrease over time. For those effect sizes, we estimate outcome-based adjustments which we apply between the first time ES is estimated and the second time ES is estimated. We also report the unadjusted effect size to show the effect sizes before any adjustments have been made. More details about these adjustments can be found in our Technical Documentation.

Citations Used in the Meta-Analysis

Callahan, C.M., Boustani, M.A., Unverzagt, F.W., Austrom, M.G., Damush, T.M., Perkins, A.J., . . . Hendrie, H.C. (2006). Effectiveness of collaborative care for older adults with Alzheimer Disease in primary care: A randomized controlled trial. *Jama: The Journal of the American Medical Association, 295*(18), 2148-2157.

Duru, O.K., Ettner, S.L., Vassar, S.D., Chodosh, J., & Vickrey, B.G. (2009). Cost evaluation of a coordinated care management intervention for dementia. *American Journal of Managed Care, 15*(8), 521-528.

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