

## OP11.1

### **A primary care practice network-based, IT-supported care management intervention and its impact on health-related quality of life**

*Martina Kamradt(1), J Krisam(2), W Besier(3), C Jacke(4), R Brandner(5), J Szecsenyi(1), D Ose(1)*

*(1) Department General Practice, University Hospital Heidelberg, Germany*

*(2) Department of Medical Biometry, University Hospital Heidelberg, Germany*

*(3) Genossenschaft Gesundheitsprojekt Mannheim e.G., Germany*

*(4) Health Services Research Group, Central Institute Mental Health, Mannheim, Germany*

*(5) InterComponentWare AG, Walldorf, Germany*

*Corresponding author: PhD Fellow Martina Kamradt, University Hospital Heidelberg, General Practice And Health Services Research, Heidelberg, Germany. E-mail: [martina.kamradt@med.uni-heidelberg.de](mailto:martina.kamradt@med.uni-heidelberg.de)*

**Background and Aim:** The increasing prevalence of patients with multiple, co-occurring chronic conditions requires a patient-centered and individual healthcare. A primary care practice network (PCPnet)-based, IT-supported care management could be a possibility to deliver the needed patient-tailored care. In contrast to regular care management programs the trained health care assistants, who deliver the intervention, work for a PCPnet. This enables even smaller PCPs to offer their patients a patient-centered, individual care as add-on to usual care. Thus, the aim of this work was to examine the impact of a PCPnet-based, IT-supported care management intervention (GEDIMApplus) on health-related quality of life (HRQoL) of multimorbid patients with type 2 diabetes.

**Method:** A prospective, individual-level randomized parallel-group superiority trial (RCT) with 32 PCP-teams in Mannheim, Germany, and 495 multimorbid patients with type 2 diabetes was conducted. The change in patient-reported HRQoL was captured by the EuroQol instrument EQ-5D as the difference between baseline-score and the score 9 months from baseline. Prior to the final analysis, important patient characteristics were examined regarding their associations with HRQoL in a baseline data analysis. The effect of the GEDIMApplus intervention on HRQoL was then assessed using a multi-level approach including factors with predictive value as covariates in the final multi-level model.

**Results:** The baseline data analysis highlighted several predictive factors of HRQoL in multimorbid patients with type 2 diabetes. Further preliminary results uncovered a positive effect of the GEDIMApplus intervention on patient-reported HRQoL after 9 months in the study sample.

**Conclusion:** Overall, the GEDIMApplus intervention seems to have a positive impact on patient-reported HRQoL of multimorbid patients with type 2 diabetes. Therefore, the findings of this study might help to cope with needs of chronically ill, multimorbid patients as well as with upcoming challenges for healthcare systems.