George S et al, 2026, Evaluation of Healthy Ageing Interventions delivered in Primary care. International Journal of Integrated Care 26(S2):426 DOI: doi.org/10.5334/ijic.ICIC26426

POSTER ABSTRACT

Evaluation of Healthy Ageing Interventions delivered in Primary care

International Conference on Integrated Care (ICIC26), Birmingham, 13-15 April 2026

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Background: Over the past 3 years the Australian government has been commissioning initiatives in primary care to support healthy ageing. One of these initiatives is the Early Intervention program, aimed at implementing best practice identification and management for people with one or more chronic conditions, aged 40-70 years in Adelaide, South Australia, which is not routinely provided.

Approach: Mixed-methods evaluation was completed, guided by Reach Effectiveness Adoption Implementation (RE-AIM) framework (1) for implementation outcomes, and Consolidated Framework for Implementation Research (CFIR) (2), to understand implementation factors. Early Intervention initiative involved 12-week Quality Improvement (QI) sprints with N=10 General

Practices to: 1. Use data to identify gaps, 2. Develop QI plans, 3. Connect with neighbouring multidisciplinary professionals, 4. Adopt care planning/social prescribing for patients guided by best practice resources (Healthy Ageing QI toolkit). Data collected included: a) Once of Quality of Life (QOL) data, using EQ 5D-5L (3), and QOL-ACC (4) (N=224); b) Baseline, 1 and 3 month QOL and loneliness scores, using UCLA 225 (5) (N = 50); c) Pre/post uptake of billing items by General Practices; d) Semi-structured interviews with patients (N=20); e) Interviews (N=4) and Focus groups (N=6) with primary care professionals (N=21);

Results: QOL was low for this population, compared to the Australian population. No significant changes in QOL and loneliness across the timepoints. Statistically significant increase in uptake of chronic condition management items ($p<0.05$). Themes identified from patients included: (1) Primary care consultations enable management planning-gaps in age-related support; (2) Management plans promote early problem identification, reinforce self-management, foster positive care relationships; (3) Addressing gaps in management plans requires better access, affordability, and integrated support. Themes from health professionals included: Barriers (1) Billing items are insufficient; (2) Burden of primary care workforce; (3) Challenges in expanding networks; (4) Limited motivation of patients; Enablers included (1) Access to proactive and preventative primary care; (2) Evolving multidisciplinary teams in primary care.

Implications: Findings emphasise the need to identify QOL at the onset of chronic disease in primary care, to tailor interventions across physical and social domains. Early intervention initiatives in South Australia promoted proactive, preventative care that enabled access, communication and integrated care across health and social care providers. This approach demonstrates wider applicability, emphasising the utility of implementation frameworks to interpret outcomes, uncover barriers and enablers, and inform the design of tailored strategies that enhance the adoption of integrated healthy ageing initiatives.

References

1.Glasgow RE et al. RE-AIM planning and evaluation framework: adapting to new science and practice with a 20-year review. Frontiers in public health. 2019 Mar 29;7:64.
2.Damschroder LJ et al. The updated Consolidated Framework for Implementation Research based on user feedback. Implementation science. 2022;29;17(1):75.
3.EuroQol Research Foundation. EQ-5D-5L User Guide 2019 Accessed date 30 Sep 2025.
4.Cleland J et al. Developing dimensions for a new preference-based quality of life instrument for older people receiving aged care services in the community. Qual Life Res. 2021;30(2):555-65.
5.Russell DW. UCLA Loneliness Scale (Version 3): Reliability, validity, and factor structure. Journal of personality assessment. 1996;66(1):20-40.