Beschreibung und bewertung der fachärztlichen versorgung von pflegeheimbewohnern in Deutschland [Medical specialist attendance in nursing homes]
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Authors' objectives
This report sets out to clarify which are the high priority health problems of nursing home residents, how they are cared for, and does this care match recommendations of evidence-based consensus guidelines. Furthermore, economic, legal and ethical aspects of medical specialist attendance to nursing home residents are of interest. Finally, pilot and research projects targeting the improvement of specialist medical care to nursing home residents will be described, including a special form: the Dutch model of the Elderly Care Physician.

Authors' conclusions
The available database does not allow the deduction of unambiguous evidence-based recommendations for permanent modifications of the system of medical (specialist) care for nursing home residents in Germany. In order to improve the degree of insight achievable by pilot projects, it is suggested to make reporting of planning, conduct and results mandatory for publicly funded projects (including coherent, comprehensive and sufficiently detailed project descriptions), to demand methodologically robust evaluation plans for each project, and to establish a comprehensive cross-sponsor and cross-project documentation platform (e.g. web-based database). While it is not possible to transfer the entire concept of the Dutch Elderly Care Physician to the German health care and medical training system, some elements may be feasible to be adapted. There is a clear need for conclusive evidence enabling sound recommendations for designing and organising medical (specialist) care for nursing home residents in Germany. Therefore evaluation studies are required which need to be well planned and conducted and to be reported according to international standards. The development and planning of structural and procedural changes of medical specialist care furthermore requires meaningful health care utilization studies. Especially the influence of factors related to institutional characteristics or details of medical care on process and outcome indicators need to be investigated more thoroughly. Methodologically, adequate measures to minimise selection and information biases and adjust for confounding factors are essential in these epidemiological studies.

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