

FACT SHEET: TTCM STUDY

Transmural Trauma Care Model for Trauma patients

BACKGROUND

At VUmc a Transmural Trauma Care Model (TTCM) was developed. The TTCM consists of four components:

- 1) **A multidisciplinary team** (trauma surgeon and hospital based trauma physical therapist) at the outpatient clinic.
- 2) Coordination of the rehabilitation process and **individual goal setting** for each patient by this team.
- 3) Primary care physical therapy by specialized physical therapists organized in a **network**.
- 4) **E-health support** for transmural communication & treatment according to protocols.

A PILOT STUDY

Based on a pilot study we conducted among 285 trauma patients -with at least one fracture- it seems that after 9 months the TTCM is significantly more effective in reducing pain (Mean Difference = -0,84; 95%CI: -1,38 to -0,31), patient specific complaints (MD = -20,68; 95%CI: -29,20 to -12,16) and physical functioning (MD = -7,96; 95%BI: -14,17 to -1,75). Patients were very satisfied with the communication between hospital and primary care. Finally, mainly due to less re-hospitalisation, the TTCM seems to be cost-effective.

AIM of the TTCM STUDY

Based on the results of the pilot study we aim to assess the effectiveness and cost-effectiveness of the TTCM in a multicentre RCT, including a full-scale economic evaluation.

PATIENTS

Patients will be recruited from the outpatient clinic for trauma patients if they have at least one fracture and rehabilitate in primary care (discharged home after hospital stay).

EVALUATION

Effectiveness will be evaluated in terms of health-related quality of life (HR-QOL), pain, functional status, patient satisfaction, and perceived recovery. Cost-effectiveness will be assessed from a societal perspective, meaning that all costs related to the TTCM will be taken into account including intervention, health care, absenteeism, presenteeism and unpaid productivity. Measurements will take place after the first outpatient clinical visit and after 3, 6 and 9 months.

WHAT WE ASK FROM PARTICIPATING CENTERS

Care

- a) Every trauma surgeon is accompanied by a clinical physical therapist at the outpatient clinic during 14 months.
- b) Time investment for the clinical physical therapist is 1,5 x actual patient contact time (for reporting, registration and communication with primary care).

Organization

- a) A coordinator during 20 months for 0,11 fte.
- b) An in-kind contribution (for example the time investment for the clinical physical therapist in the outpatient clinic, the hours spend on education of the network and time spend on internal staff meetings). This in-kind contribution is an obligation from ZonMw.

WHAT WILL PARTICIPATION IN THE TTCM STUDY BRING YOUR CENTER?

Substantially

- a) Implementation of a cost-effective transmural trauma care model (TTCM).
- b) Co - authorship in publications for the dept. of trauma surgery and the dept. of rehabilitation / physical therapy.

Financially

- a) E 10.000,- subsidy for deployment of the coordinator.
- b) Participation into new financial agreements with NZA and insurance companies (see attachment 1).
- c) Income education of the primary care physical therapist network (see attachment 2).
- d) Depending of the organization in your center, several costs are possible within the current trauma-DBC.

RESEARCH TEAM

Prof. Dr Raymond Ostelo (Professor Evidence Based Physiotherapy, VU/VUmc)	r.ostelo@vu.nl
Prof. Dr Vincent de Groot (Professor Rehabilitation Medicine, VUmc)	v.degroot@vumc.nl
Dr. Frank Bloemers (Head Dept. Trauma surgery, VUmc)	fw.bloemers@vumc.nl
Drs. Suzanne Wiertsema (PhD student, coordinator TTCM, VUmc)	s.wiertsema@vumc.nl
Drs. Edwin Geleijn (Innovation manager, coordinator TTCM, VUmc).	e.geleijn@vumc.nl
Dr. Hanneke van Dongen (Assistant Professor Health Technology Assessment, VU)	j.m.van.dongen@vu.nl