

EDITORIAL

INTEGRATED CARE FOR OLDER PEOPLE (ICOPE): FROM GUIDELINES TO DEMONSTRATING FEASIBILITY

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The World Health Organization (WHO) Global strategy and action plan on ageing and health (1) provides a policy framework to align health systems to the diverse needs of older populations. It promotes person-centred care that strengthen older peoples' intrinsic capacity (physical and mental capacity) and ability to function where they live, a shift away from specialized medical treatment for each disease or condition. With its endorsement in 2016, WHO Member States recognized a pressing need to develop integrated, community-based approaches to prevent declines in intrinsic capacity. To operationalize 'intrinsic capacity (IC)', domains closely associated with care dependency were proposed: mobility, cognition, psychological capacity (depressive symptoms), vitality (malnutrition), and sensory capacity (hearing and vision) (2).

In 2017, WHO published "Integrated care for older people: Guidelines on community-level interventions to manage declines in intrinsic capacity" (3) with 13 evidence-based recommendations for health care workers to help develop and carry out person-centred integrated care for older people (ICOPE). In 2019, tools to support policy makers and programme managers and health and social care workers to implement ICOPE (4) were released. For example, the ICOPE handbook: guidance for person-centred assessment and pathways in primary care (5) outlines the 5 key steps referred to in the article: screening for loss in domains of IC (Step 1) and assessing health and social care needs (Step 2), developing a personalised care plan (Step 3), referral and monitoring of care plan (Step 4), and engaging communities and supporting caregivers (Step 5). Many countries have requested technical support to implement these and initial experiences from China, France, and India were shared with the WHO Clinical Consortium on Healthy Ageing (6) in 2019.

As described by Tavassoli et al., we welcome the INSPIRE ICOPE-CARE program in Occitania, France. Led by Gérontopôle - Toulouse University Hospital, the WHO Collaborating Center for Frailty, Clinical Research and Geriatric Training (7), the program demonstrates proof of concept, i.e. feasibility of Step 1 and acceptability of ICOPE care pathways. For example, ICOPE screening identified 699 (92.6%) of 755 older people (age 80.9 ± 7.3 years), who

had declines in at least one domain of intrinsic capacity and were assessed to prevent further declines. We congratulate the approach to overcome fragmented services, common in traditional medical care provision. The program engages multiple stakeholders including professional associations, hospitals and community outreach services, regional health authorities, and pension and insurance funds; it also fosters collaboration across health and finance sectors to enable integrated and sustainable provision of services, relevant for enabling ICOPE to be part of universal health coverage benefit packages (8).

Additionally, systems issues align to support provision of quality care addressing the complex needs of older people: these include a multidisciplinary team (nurses, general physicians, geriatricians, specialist physicians, physiotherapists, nutritionists, pharmacists, and social care workers), financial incentives to conduct ICOPE screening, and engagement of community volunteers and postal workers. Furthermore, digital health innovations automatize alerts and monitoring tools, tele-health consultations, and introduce BOTFRAIL, a conversational robot. These put in practice WHO policies to promoting strategic and innovative use of digital and ICTs towards ensuring 1 billion more people at all ages benefit from universal health coverage (9). The INSPIRE ICOPE-CARE program is an innovative project to showcase the ICOPE implementation; it is therefore very important to evaluate the entire process (5 steps) of care pathways and validate the ICOPE tools. This includes documenting how an older person who screens positive, gets further assessment, the effectiveness of interventions, and impact on intrinsic capacity, among other details including optimal time interval of screening.

WHO is planning to pilot the ICOPE approach with a standardized protocol to validate the effectiveness of ICOPE interventions in multiple countries. The INSPIRE ICOPE-CARE program experience will inform us about the usability of the ICOPE handbook (Micro level) and the core elements at service and system (Meso and Macro)level for implementation. Further learning is expected, given INSPIRE ICOPE-CARE program's ambitious goal of involving 200,000 older people in Occitania region over the next five years, within the context of the national project "Ma Santé 2020" and the French

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Presidential Plan “Grand Age” towards scaling up of the ICOPE implementation across France. This represents an important learning opportunity during the proposed Decade of Health Ageing (2020-2030) (10) that brings together governments, civil society, international agencies, professionals, academia, the media, and the private sector for ten years of concerted, catalytic and collaborative action to improve the lives of older people, their families, and the communities in which they live.

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