WHO Integrated Care for Older People (ICOPE) implementation pilot programme
Findings from the ‘ready’ phase

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Continuum of care that will help to reorient health and social services towards a more person-centred and coordinated model of care that supports optimising intrinsic capacity and functional ability for older people.
Phases of ICOPE Implementation Pilot Program

**READY**
2020-2021

*Usability check*
*Readiness mapping*

What is the usability of the ICOPE care pathways in clinical and community setting? What is the readiness of systems and services to deliver the approach?

- Test usability of the ICOPE handbook through country case studies
- Explore readiness through:
  - MICRO survey of health and social care workers
  - Meso and macro survey using ICOPE implementation scorecard

**SET**
2022-2023

*Global field study*

Prospective study in selected Member States across the income brackets of low, middle and high, to:

- Test feasibility
- Identify barriers and enablers
- Refine outcome indicators
- Test clinical effectiveness

**GO**
2023-2025

*Randomized validation*

Multinational randomized study of the ICOPE approach (clarified through the ready and set phases for readiness, feasibility and acceptability) to validate:

- Clinical efficacy and cost-effectiveness of ICOPE approach in primary care and community settings

Adoption and implementation of ICOPE: translation, training, capacity-building, toolkit tailoring, system and service transformation

https://www.who.int/publications/i/item/9789240048355
Country case studies

**OCCITANIE (FRANCE)**
- Ongoing since January 2020 (date to November 2021)
- 1,711 health and care workers, 410 nurses
- Large urban site
  - Primarily in Toulouse city
  - 30% of 6 million population aged 60 years and over (17)
- 10,983 participants
  - Mean age 76 (18-108 years) with 96% aged 60 or more
  - 61% female

**RAJASTHAN (INDIA)**
- January to May 2021
- Fifteen public health students were trained to implement the screening step of IOPPE
- Rural site
  - Two villages in the Jodhpur district of Rajasthan
  - 8% of 0.7 million population aged 60 years and over (19)
- 451 participants
  - Mean age 69 (60-99 years)
  - 46% female

**CANILLO (ANDORRA)**
- July to September 2020
- The study team comprised two geriatricians and a genetic nurse. It also engaged primary care doctors to ensure follow-up care
- Small urban site
  - Small town in mountainous area
  - 18% of 4,422 population aged 60 years and over (18)
  - 798 over 60 years: 18%
  - 538 over 65 years: 12%
- 72 participants
  - Mean age 78 (66-92 years)
  - 61% female

**CHAOYANG (CHINA)**
- June 2020 to August 2021
- Over 22,000 health workers, including primary care physicians, nurses, rehabilitation therapists and social workers, and over 200 partner organisations and facilities
- Large urban site
  - Largest district in Beijing city
  - 21% of 5.65 million population aged 60 years and over (18)
- 874 participants
  - Mean age 82 (70-100 years)
  - 61% female
Country case study: Screening (step1): cases of potential decline in intrinsic capacity

<table>
<thead>
<tr>
<th>Condition associated with decline in capacity</th>
<th>Rate of positive cases (%)</th>
<th>CANILLO (N=72)</th>
<th>CHAOYANG (N=874)</th>
<th>OCCITANIE (N=10 903)</th>
<th>RAJASTHAN (N=451)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cognitive decline</td>
<td>56</td>
<td>14</td>
<td>60</td>
<td>32</td>
<td></td>
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<tr>
<td>Loss of mobility</td>
<td>24</td>
<td>31</td>
<td>35</td>
<td>52</td>
<td></td>
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<tr>
<td>Visual impairment</td>
<td>82</td>
<td>45</td>
<td>68</td>
<td>49</td>
<td></td>
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<tr>
<td>Hearing loss</td>
<td>Not included</td>
<td>20</td>
<td>51</td>
<td>68</td>
<td></td>
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<tr>
<td>Malnutrition</td>
<td>17</td>
<td>16</td>
<td>19</td>
<td>34</td>
<td></td>
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<tr>
<td>Depressive mood</td>
<td>39</td>
<td>26</td>
<td>38</td>
<td>19</td>
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</tbody>
</table>

Mean age (years) 73 (65-92) 83 (70-100) 76 (60-108) 68 (65-98)

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ICOPE implementation readiness at service and clinical levels:
Survey results of 29 Member States with 260 respondents

Strong engagement with the ICOPE approach from health and care workers

Enablers:
- Engagement of older people and their caregivers is key thorough all steps of the ICOPE care pathway;
- Establishment of local networks of multidisciplinary stakeholders;
- Training on intrinsic capacity assessment by local and national authorities.

Barriers:
- Lack of workforce capacity (available staff, time, skills);
- Insufficient support to implement care pathways from screening to the develop and monitor care plan, and support caregivers;
- Fragmented infrastructure and system on health and social care
ICOPE implementation readiness at service and system levels:
Survey results of 35 Member States with 259 respondents

The median scores with the first and third quartile are presented as a box with bars (minimum and maximum scores)
HIC: High income, UMIC: Upper middle income, LMIC: Low middle income, LIC: Low income

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Learning gained in the ICOPE pilot ready phase

Opportunities

1. **Positive attitudes from health and care workers** towards the principles of integrated care and **high levels of commitment** to adoption and implementation of ICOPE;

2. **Proactive engagement of older people and their communities is crucial** across all steps of the pathway;

3. ICOPE is **feasible to implement in different contexts**. The value of **local co-design and adaptation** to suit local context and to optimize local workforce engagement and training.
Learning gained in the ICOPE pilot ready phase

Issues for further consideration

• **Human resources** identified as the main barrier to ICOPE implementation: shortages of health and care workers, lack of time, lack of skills and training;

• **Financing**: health economics assessment needed to support development of sustainable financial model, including reimbursement for staff time;

• **Use of digital technologies** provides potential opportunities and barriers. Issues of access, interoperability, integrity, data governance and usability need to be addressed;

• **Lack of coordination and collaboration within and between health and social care systems** could provide a barrier to ICOPE implementation. But ICOPE could also provide opportunities to strengthen how systems and services work together
Next steps

• Next phase (SET) of pilot study in a few countries, to develop programme indicators, test the clinical effectiveness and economic analysis

• Country case studies: subsequent phases to reach significantly higher numbers of older people

• Further commitments by policy makers:
  Support from Government of *France* for scale up of ICOPE approach in five regions;
  *Andorran* Health Care Service to establish population wide prevention strategy for older people
  Development of a system of integrated care for older people by Government of *China*
  Initiation of ICOPE pilot by Government of *Chile*
  Integration of ICOPE data into national electric health database by Government of *Qatar*
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**Reviewers:** WHO Clinical Consortium on Healthy Ageing

Tribute to Islene Araujo de Carvalho

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