ICOPE

INTEGRATED CARE FOR OLDER PEOPLE

Implementing care for healthy ageing

WHO / Blink media - Uma Bista

Contents

Introduction to the Guide

This Facilitator Guide is part of the material developed to support training programmes on the WHO's Integrated Care for Older People (ICOPE) approach. This guide serves as a roadmap for trainers and facilitators, helping them navigate through the session on the implementation of care for healthy ageing, while ensuring that key topics are covered and participants are engaged. It includes tips, potential challenges and suggested ways to handle different situations that may arise during the session.

Session structure

This Facilitator Guide is organized around four core facilitation actions that you will use throughout the session. These actions are represented by icons and indicate how you should guide participants through the content.

You will see these actions repeated across all slides and modules, providing a consistent structure for facilitation.

Show: The slides

This indicates the slide you should present from the slide deck. When you see the Show, display the corresponding slide to participants.

Say: What you explain

This provides a suggested narrative outline for you to explain the slide content. The text is intended as guidance rather than a fixed script. You may adapt the wording to suit your facilitation style, experience and the needs of your participants, while keeping the key messages intact.

Ask: Questions to prompt dialogue

This prompts you to ask questions and encourage dialogue with and among participants.

The discussion associated with these questions should generally take 2 to 5 minutes. However, you should use your best judgment to decide how much time to dedicate to such interactions, considering factors such as participant engagement, availability of time, and/or relevance of the topic.

Do: Actions to facilitate learning

This prompts you to carry out an action, such as guiding an activity, managing group interaction or providing instructions to participants.

Keep in mind that this Facilitator Guide is only a roadmap. You are expected to apply your voice and experience to make this tool work for you. As explained, the 'Say' sections are simply indications; you can use them as a script when you feel the need to, but you can and

should adapt them to suit your natural training style. Add your personal touch and personality to every training, while being careful to stick to the session objectives.

A key component of successful face-to-face training is establishing trust and rapport with your learners. Use your good judgement to assess the attitude and cultural sensitivities of the people in your workshop. Adapt your training techniques and approach accordingly.

You are going to be great at conducting this training.

Implementing care for healthy ageing

Do:

- *Formal welcome*

  Introduction of the facilitator

Show: Slide 1

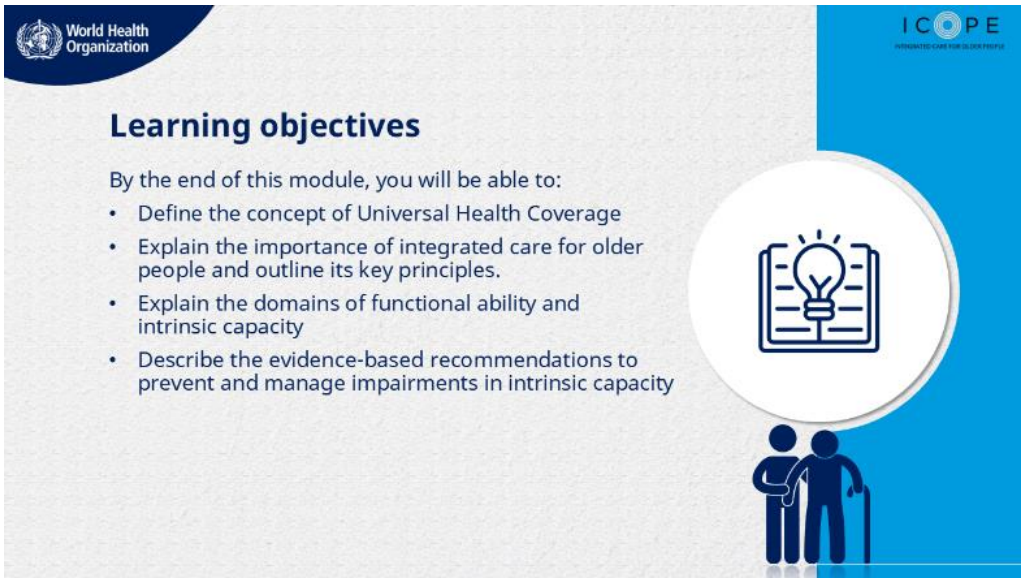
Say:

Welcome to this module entitled “Implementing Care for Healthy Ageing”. In this session, we will gain a comprehensive understanding of what implementing care for healthy ageing means.

This session will take about 20 minutes. Let us get started.

Learning objectives

Show: Slide 2



Say:

Now, let us look at the learning objectives for this module. By the end of the module, you will be able to:

Define the concept of Universal Health Coverage:
Understanding this concept is essential for ensuring equitable access to health services for all people, including older people.

Explain the importance of integrated care for older people and outline its key principles:
This includes examining the key principles that underpin integrated care and how they support coordinated and person-centred approaches to care.

Explain the domains of functional ability and intrinsic capacity:
We will explain these domains and highlight their importance in promoting healthy ageing and guiding integrated care for older people.

Describe strategies to prevent and manage impairments in intrinsic capacity:
These strategies support the maintenance of health, function, and well-being among older people.

Through our exploration of these learning objectives, we aim to strengthen your understanding of the key concepts that underpin integrated care and support effective care for older people.

Primary Health Care for achieving Universal Health Coverage and Sustainable Development Goals

Show: Slide 3

Say:

Primary Health Care (PHC) is critical to achieve Universal Health Coverage (UHC) and Sustainable Development Goals (SDGs).

UHC ensures everyone can access quality health services without financial hardship. By offering a wide range of essential services from prevention to palliative care, PHC represents a vital component of it.

Please note that PHC is defined as *a whole-of-society approach to health*, built on three core components:

1. Primary care and essential public health function as the core of integrated health services.
2. Multisectoral policy and action for health
3. Empowered people and communities

Primary care is at the heart of the services composing PHC, supporting first-contact, accessible, continuous, comprehensive and coordinated care, often provided in primary care facilities, homes, community health centres, health posts, mobile clinics and through outreach services.

Together, these elements work towards the achievement of SDGs, in particular SDG3, which is focused on good health and well-being.

Ask:

Why is integrated care needed?

Why is integrated care needed?

Show: Slide 4

Say:

Here are four main reasons why integrated care is crucial for older people:

1. **Fragmented care:** Older people often receive care from various health and care workers across different settings and services. The lack of adequate coordination and communication among them frequently results in fragmentation of care delivery. Furthermore, problems exist in bridging health and social care into a unique, person-centred intervention.
2. **Lack of interventions:** There is a shortage of interventions aimed at optimizing Intrinsic Capacity and Functional Ability for older people. The usual focus on "disease" prevents the prioritization of more meaningful and comprehensive care and support, fostering capacities and abilities.
3. **Accessibility issues:** Many older people face challenges accessing care due to geographical distance or lack of/or cost of transportation to health care facilities. At the same time, please consider that access to care may be particularly challenging for persons with physical, cognitive, and/or social issues.
4. **Ageist attitudes:** Negative attitudes toward ageing from health and care workers can hinder older people's access to quality care. Integration of care implies a multidisciplinary and multisectoral approach, promoting a more inclusive approach to the priorities of the older person.

Integrated care plays a vital role in addressing these challenges by ensuring that older people receive comprehensive and coordinated care aimed at maximizing their Intrinsic Capacity and Functional Ability within the community.

Principles of integrated care for older people

Show: Slide 5

Say:

The principles of integrated care for older people are presented in this slide:

1. **Maximize intrinsic capacity and functional ability:** The aim is not, as frequently occurring, the treatment of "the disease" per se, but the optimization of intrinsic capacity and functional ability.
2. **Person-centred assessment and personalized care plans:** It is essential to involve the older person in decision making and goal setting, prioritizing goals based on their values, needs and preferences. Only through such a comprehensive approach will it be possible to develop and implement a person-centred care plan.
3. **Community-level and home-based interventions:** Opportunities to engage communities in supporting care must be explored to guarantee acceptability, adherence, and sustainability. Multicomponent interventions should be designed to deliver care at home and in the community as much as possible to meet the person's preferences and values.
4. **Involve multidisciplinary care team:** Assessment and management should involve a multidisciplinary team of health and social care workers. This implies the development of a professional environment supporting teamwork and collaboration.
5. **Support for self-care and self-management:** Support for self-care and self-management includes providing older people with information, skills and tools, respecting their autonomy and abilities to direct their own care.
6. **Support carers:** It is important to provide essential information about the older person's health conditions, training to develop practical skills, and exploring opportunities across sectors in support of carers (also involving communities and neighbourhoods).

7. **Ensure referral and follow-up:** Strong referral pathways to specialized care, such as geriatric care, acute care in case of unforeseen events, and palliative care, are crucial. Furthermore, regular follow-up is essential for early detection of changes in functional status.

These principles guide us in providing holistic and person-centred care to older people, ensuring their well-being and quality of life.

Framework to implement integrated care

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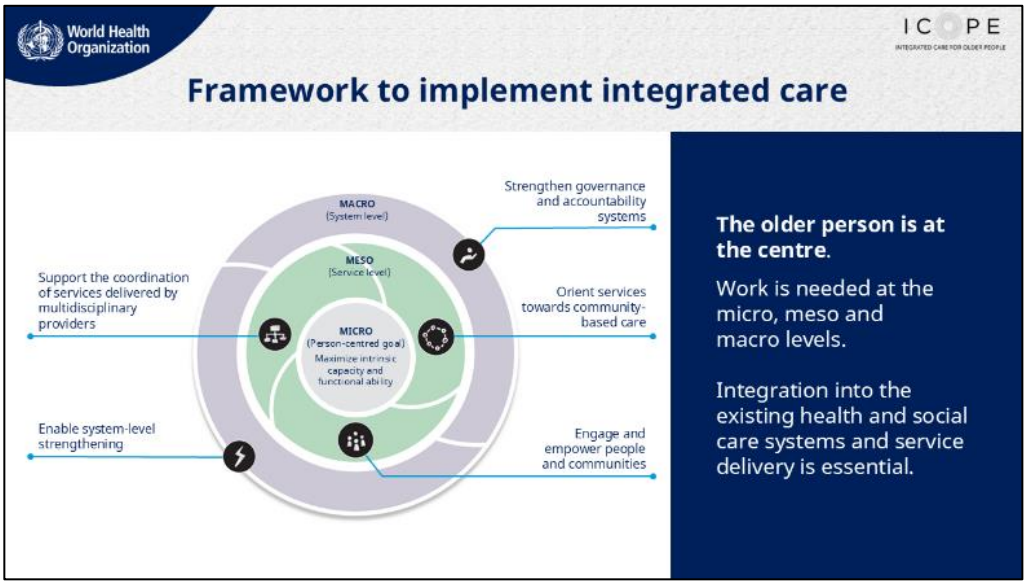


Say:

As we explore how to implement integrated care for older people, it becomes evident that placing the older person at the centre is paramount. We must work across all levels of the framework, micro, meso and macro, to effectively integrate care, bridging health and social care systems.

At the macro level, our focus is on system-level strengthening and governance to enable seamless coordination.

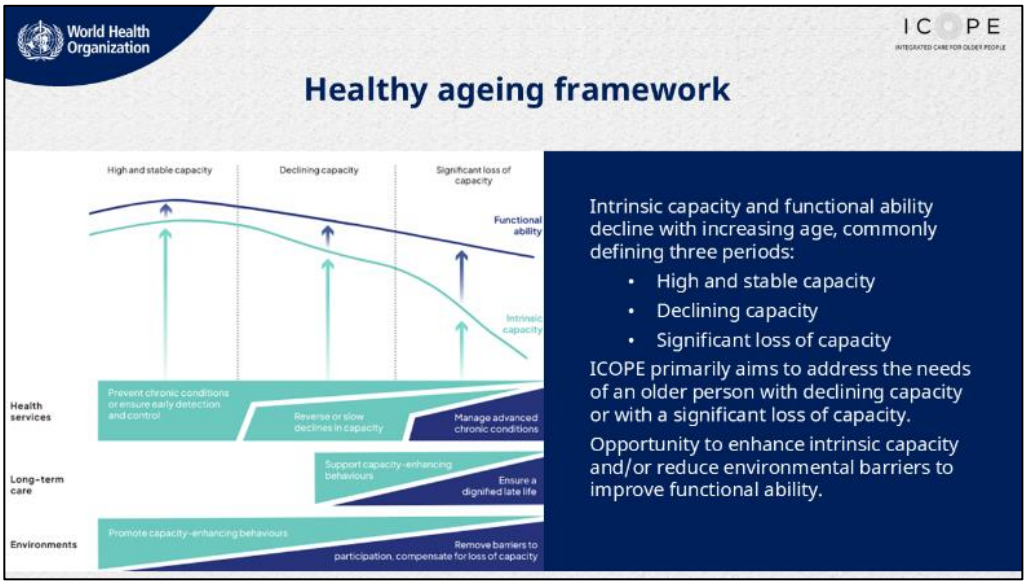
Moving to the meso level, we aim to support multidisciplinary coordination, orient services towards community-based care and empower both individuals and communities.

Finally, at the micro level, our person-centred goal is to maximize the individual's intrinsic capacity and functional ability.

By simultaneously working across these levels and harmonizing efforts, we can ensure holistic and effective care delivery for older people.

Healthy ageing framework

Show: Slide 7



Say:

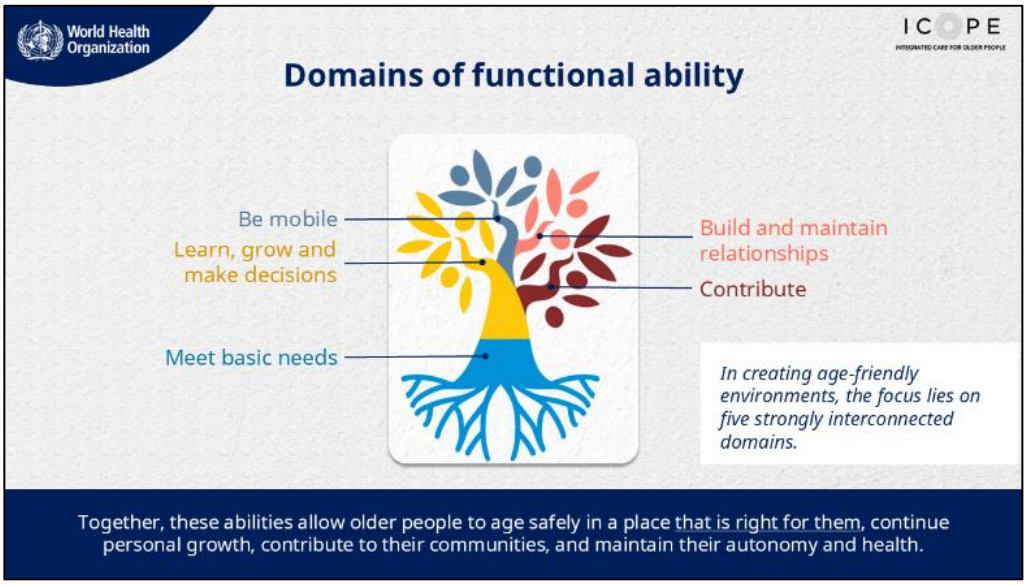
This slide presents the healthy ageing framework developed by the World Health Organization. The graph on the slide depicts two curves, one for intrinsic capacity and one for functional ability, showing their trajectories over time.

Intrinsic capacity can assume different trajectories at older age, describing 1) a high and stable pattern, 2) a declining trend, and 3) a significant loss of capacity. Differently, functional ability, an overarching objective in life, tends to remain relatively stable. The gap between the two curves represents the environment; the larger the gap, the more burdensome the environment will be on the full expression of intrinsic capacity into functional ability.

The ICOPE approach is designed to support older people in primary care and community settings, offering opportunities to enhance intrinsic capacity and reduce environmental barriers, thereby promoting the achievement of functional ability. To do so, the ICOPE approach relies on actions at the level of health services, long-term care, and environment to create opportunities for enhancing intrinsic capacity optimising functional ability.

Domains of functional ability

Show: Slide 8



Say:

Let us explore the essential domains constituting the construct of functional ability, which results from intrinsic capacity, environment and the interactions between the two. Five key domains of functional ability have been described, deeply intertwined among them:

Meeting basic needs: This includes essentials like housing, financial and personal security.

Learning, growth and decision-making: Encouraging continuous personal development and decision-making abilities.

Mobility: Ensuring older people can move freely and independently within their environment.

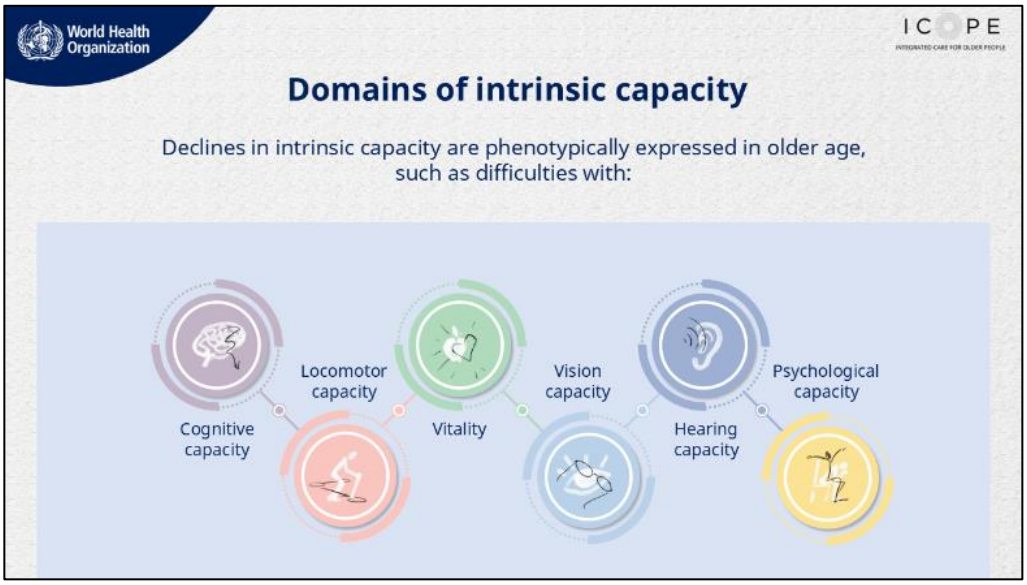
Building and maintaining relationships: Facilitating social connections and nurturing meaningful relationships.

Contribution: Empowering older people to contribute to their communities actively.

Together, these abilities enable older people to age safely in a place that is right for them, to continue personal development, to contribute to their communities and to retain their autonomy and health.

Domains of intrinsic capacity

Show: Slide 9



Say:

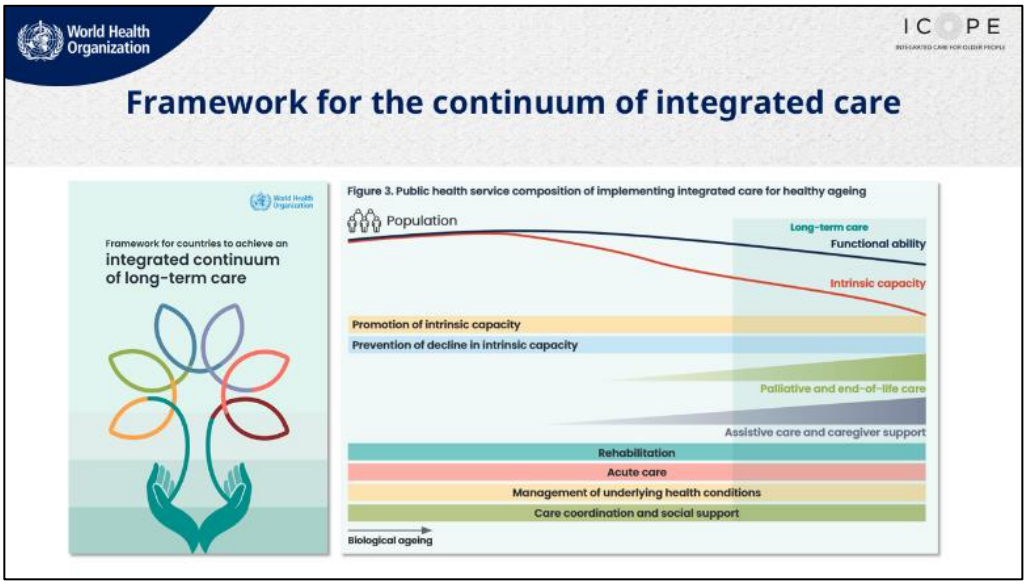
Intrinsic capacity (i.e., the composite of the individual's physical and mental capacities) is composed of six domains: cognition, locomotor, vitality (i.e., metabolic capacity), vision, hearing, and psychological capacity.

These are critical for the individual's healthy ageing, as their impairments represent critical risk factors for care dependency. At the same time, these aspects of the older person are often overlooked during the clinical evaluation and/or their impairments are frequently dismissed as part of "normal ageing" by health and care workers. Early signs of decline, such as slower gait or muscle weakness, often go unnoticed and untreated, losing clear opportunities to intervene when the problem is still at its early stages and potentially more reversible.

Moreover, this lack of recognition and management (sometimes caused by ageist attitudes among health and care workers) can lead to older people disengaging from services and caregivers feeling unsupported.

Framework for the continuum of integrated care

Show: Slide 10



Say:

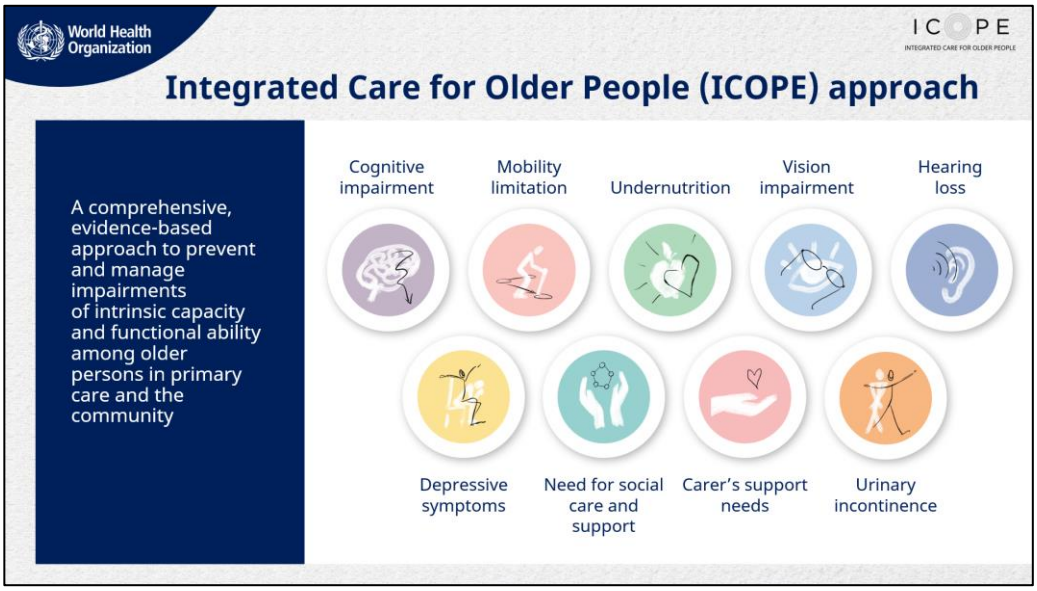
This figure, coming from the WHO document entitled "Framework for countries to achieve an integrated continuum of long-term care", develops and details the healthy ageing framework presented a few slides ago. We have here the blue and red lines representing functional ability and intrinsic capacity, respectively. Again, functional ability tends to remain relatively stable over time, whereas intrinsic capacity is not so stable as it is affected by changes due to the physiological ageing process and incident health-related events. The gap between the blue and red lines represents the environment. If the environment is supportive, the gap between the two lines will be minimal, and the person can fully express functional ability for their healthy ageing. Differently, a poorly supported environment will prevent the red line from reaching the functional ability.

Many care services and activities (at the bottom of the slide) may be considered according to the diverse and evolving needs of the older person. Different care opportunities can be activated over time to address the emerging issues, as ad hoc temporary solutions (e.g., hospitalization, rehabilitation) or continuously (e.g., assistive care and caregiver support, palliative care), according to the evolving health status of the individual.

By ensuring a continuum of integrated care, it will be possible to allow the individual to fully express functional ability by providing solutions that are responsive to the specific needs and priorities, ensuring longitudinal monitoring and adaptation of interventions according to the trajectories of intrinsic capacity and functional ability. This will improve the individual's health and well-being and benefit society, as the person will be able to contribute and participate adequately.

Integrated Care for Older People (ICOPE) approach

Show: Slide 11



Say:

ICOPE (an acronym for Integrated Care for Older People) is a comprehensive, evidence-based approach to prevent and manage impairments in intrinsic capacity and functional ability among older adults in primary care and the community. The ICOPE approach covers nine domains, providing a structured way to assess and manage impairments and common clinical conditions in older people.

As you can see, the ICOPE approach includes the six domains constituting intrinsic capacity:

1. Locomotor capacity, to assess and manage mobility limitation
2. Vitality, to assess and manage undernutrition
3. Vision capacity, to assess and manage vision impairment
4. Hearing capacity, to assess and manage hearing loss
5. Cognitive capacity, to assess and manage cognitive impairment
6. Psychological capacity, to assess and manage depressive symptoms

In addition to intrinsic capacity, the ICOPE approach also addresses three important areas:

- Urinary continence, to assess and manage urinary incontinence
- Carer's support, to assess and respond to carers' support needs
- Social care and support, to assess and manage social care needs

Evaluating all these nine domains is essential for setting priorities and developing consistent, person-centred interventions for older people in primary care and community settings.

Please note that ICOPE is not a synonym of integrated care. ICOPE is an approach used to promote the identification of older person's needs and priorities to facilitate the development of a personalised care plan within an integrated care model.

The ICOPE evidence-based interventions

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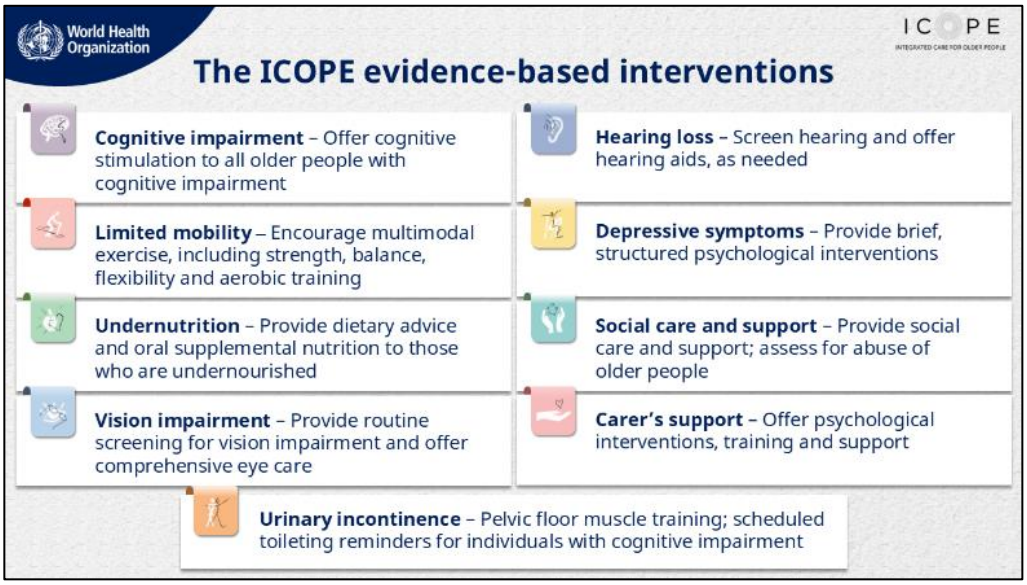


Say:

The domains represented in the ICOPE approach are based on and directly refer to evidence-based interventions. As detailed in the document *"Integrated care for older people: guidelines on community-level interventions to manage declines in intrinsic capacity"*, we have immediate opportunities to act when impairment for each domain is identified in primary care and community settings. For example, in the case of:

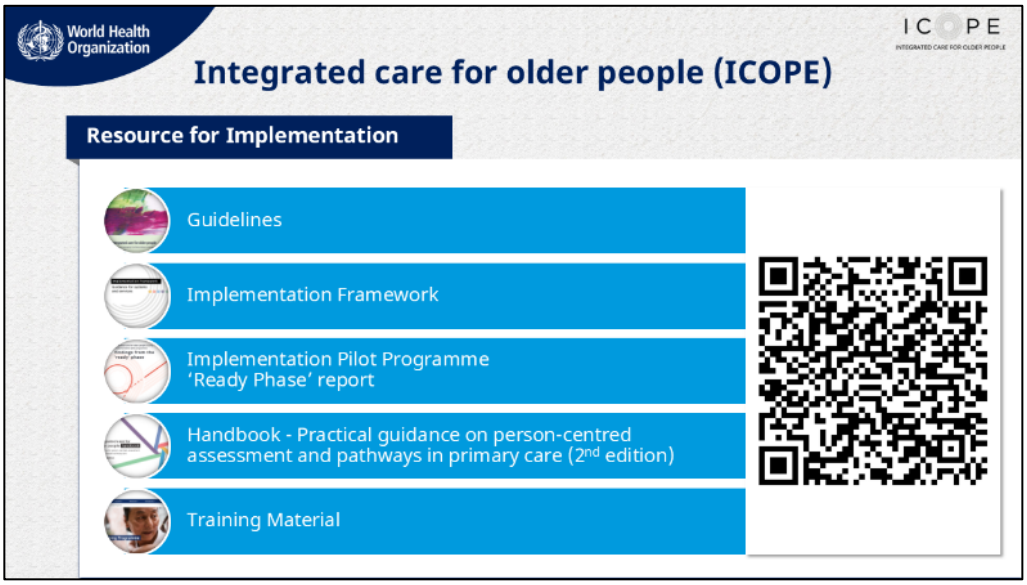
- **Cognitive impairment:** We can offer cognitive stimulation.
- **Limited mobility:** Multimodal exercise, incorporating strength, balance, flexibility and aerobic training can be encouraged.
- **Undernutrition:** Dietary advice and oral supplemental nutrition for older people who are undernourished can be provided.
- **Vision impairment:** Routine screening for vision impairment and offering comprehensive eye care can be conducted.
- **Hearing loss:** It is important to screen for hearing loss and provide hearing aids as necessary.
- **Depressive symptoms:** Brief, structured psychological interventions based on the WHO mhGAP guide can then be provided.
- **Carer's support:** Psychological interventions, training and support to family members and informal caregivers of care-dependent older people can be offered.
- **Social care and support:** Social care and support, and assessment for abuse of older people can be provided.

- **Urinary incontinence:** Older people with cognitive impairment can be reminded to urinate at specified times, and pelvic floor muscle training can be encouraged for older women experiencing this condition.

Again, all these interventions are grounded in evidence and aim to effectively manage declines in intrinsic capacity and promote overall well-being among older people and their carers.

Resource for Implementation of ICOPE

Show: Slide 13



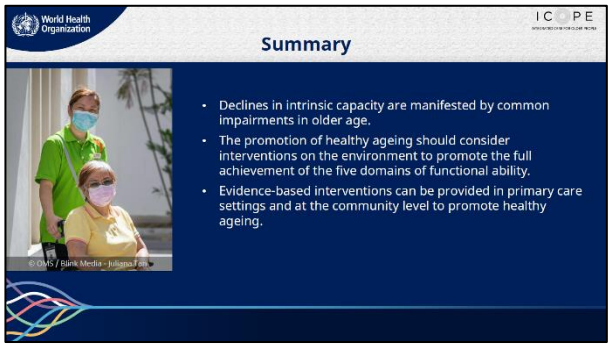
Say:

The World Health Organization has published many resources to facilitate the implementation of integrated care for older people. In the website reachable through the present QR code, you can find:

1. **Guidelines:** The guidelines, which are included in the WHO UHC compendium, offer a comprehensive set of evidence-based interventions that can be provided in primary care to improve intrinsic capacity in community-dwelling older persons.
2. **Implementation framework:** This framework provides guidance for systems and services in the assessment of the implementation readiness to integrate care. The document includes Scorecards to make the evaluation objective and structured.
3. **Implementation pilot programme ready phase report:** This document reports and discusses the experiences of pilot studies conducted on ICOPE in different countries and regions.
4. **ICOPE Handbook:** A practical guide on person-centred assessment and pathways in primary care (today in its second edition), offering valuable insights to health and care workers on how to screen, assess, and manage the intrinsic capacity impairments of the older person and develop a person-centred care plan.
5. **ICOPE Training material:** The present material composed by a specific guidance, PowerPoint slides and Facilitator Guides to support the in-person training of health and care workers on the ICOPE approach is available.

Summary

Show: Slides 14 and 15



Do:

Go through the slides and recap the points discussed during the session.

Say:

To summarize this module, we began by reinforcing that Universal Health Coverage means ensuring that everyone can access the full range of quality health services they need, at the right time and in the right place, without experiencing financial hardship.

We then explored integrated care for older people, which involves a continuous and coordinated approach that reorients health and social services towards person-centred care. This approach is essential for supporting the optimization of intrinsic capacity and functional ability in older people.

We highlighted that implementing integrated care requires action at the micro, meso, and macro levels, bridging health and social care systems to ensure services work together effectively.

We also discussed how declines in intrinsic capacity are reflected through common impairments in older age, and why promoting healthy ageing must include interventions within the environment to support the full achievement of the five domains of functional ability.

Finally, we emphasized that evidence-based interventions, at the basis of the ICOPE approach and delivered at primary care and community-level settings, play a critical role in promoting healthy ageing and supporting older people to maintain their health, function, and well-being.

References

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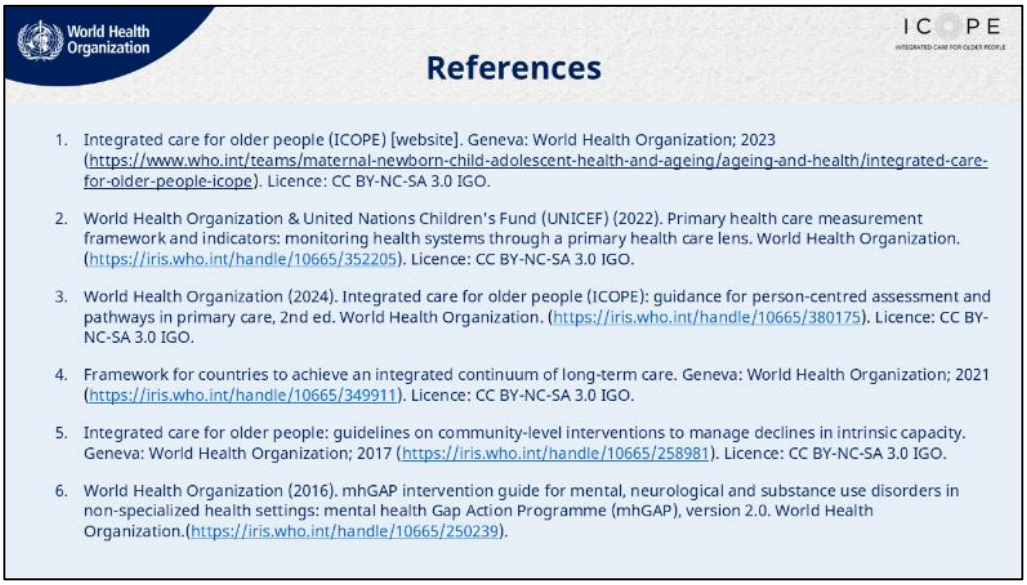

Say:

Here are some useful links and citations for your reference. Thank you for your time and participation.