ICOPE

INTEGRATED CARE FOR OLDER PEOPLE

GENERIC CARE PATHWAYS AND SCREENING

Facilitator Guide: Module 07

World Health Organization

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Introduction to the Guide

Welcome to the Facilitator Guide for the WHO Integrated Care for Older People (ICOPE). This guide serves as a roadmap for the facilitators, helping them navigate through the session while ensuring that key topics are covered and participants are engaged. It may also include tips, potential challenges and suggested ways to handle different situations that may arise during the session.

Iconography

The following icons are used in the Facilitator Guide to indicate the type of content being presented.

Icon	Action	Description
	Session Title	Indicates the name of the session being conducted.
	Session Objectives	Lists the learning objectives to be achieved.
	Timing	Indicates the duration of the session or activity.
	Show	Indicates the slide to be presented.
	Say	What to say or explain while facilitating. It will contain the recommended script/ answers to be discussed.
	Ask	Ask the participants a question and encourage them to respond.
	Do	What to do to facilitate an activity or provide guidance to learners.
	Play	Indicates a video clip to be presented.

Session Structure

This facilitator guide is organised according to the way you will present the material on each slide:

- **Show** – The slides
- **Say** – This is a scripted narrative outline for you.
- **Ask** – Questions to prompt dialogue with and among the participants
    - The dialogue associated with the questions should take between 5 to 10 minutes. However, you will need to use your best judgement about the time to dedicate to the question-and-answer sessions. Some sessions may last longer.
- **Do** – Prompts you to do an action

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. 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 it to suit your natural training style. Add your own 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 own good judgment 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.

Module 7: Generic Care Pathways and Screening

	Session Title:	**Generic Care Pathways and Screening**
	Timing:	15 min
	Session Objectives:	• Know the principles of ICOPE person-centred care. • Describe the five steps of the ICOPE approach. • List the evidence-based interventions that can be used to manage declines in intrinsic capacity. • Describe how to screen, assess and manage the different domains of intrinsic capacity in older persons at the primary health care level and in the community.

Generic Care Pathways and Screening

Time: 15 min

Do:

- *Formal welcome*
- *Introduction of facilitator*

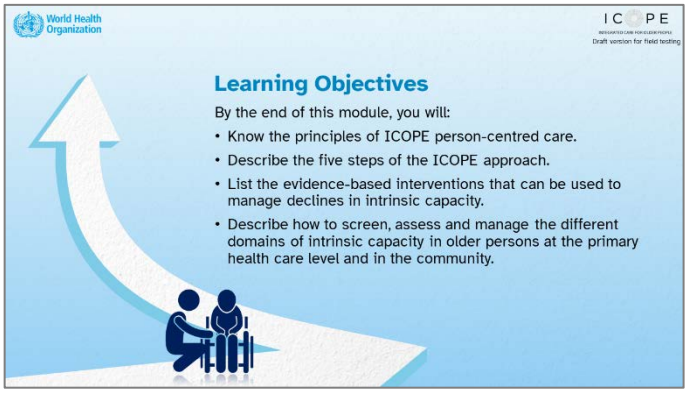
Show: Slide 1

Say:

Welcome to the module on Generic Care Pathways and Screening. We'll now delve into the principles of person-centred care, focusing on the unique needs and preferences of older people. We'll explore the ICOPE approach, its five steps and how it guides us in screening, assessing and managing declines in intrinsic capacity. Then, we'll explore the ICOPE screening tool, the first step in identifying declines in intrinsic capacity. By the end of this module, you'll grasp ICOPE principles, understand its five-step approach, learn evidence-based interventions and gain insights into the detection of signs and symptoms suggesting a potential impairment of intrinsic capacity in older people. Let's begin!

Learning Objectives

Show: Slide 2



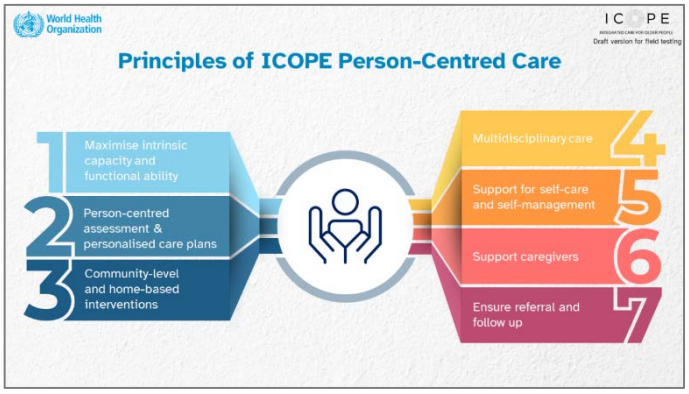
Say:

Let's take a look at the learning objectives for this module:

1. List the principles of ICOPE person-centred care.
2. Describe the five steps of the ICOPE approach.
3. Identify evidence-based interventions for managing declines in intrinsic capacity.
4. Explain how to effectively screen, assess and manage the various domains of intrinsic capacity in older persons, both at the primary health care level and within the community.

Principles of ICOPE Person-Centred Care

Show: Slide 3



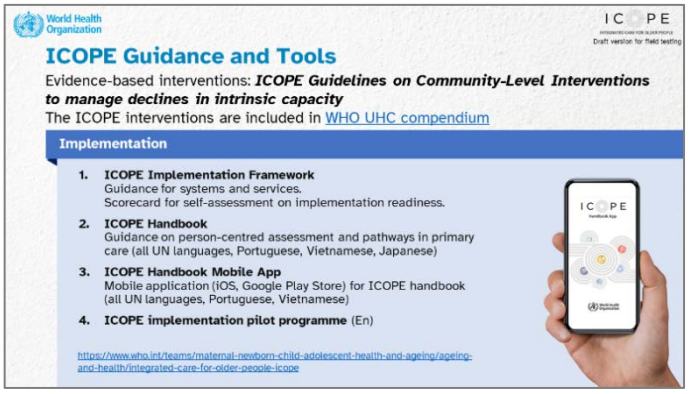
Say:

Let's discuss the principles of ICOPE person-centred care. What do we want to achieve through the adoption and implementation of the ICOPE approach? Which are the main objectives of the ICOPE approach? The ICOPE approach is aimed at:

1. Maximising intrinsic capacity and functional ability.
2. Involving the older person in the decision-making process to personalise care plans based on their values, needs and preferences.
3. Exploring community-level and home-based interventions, including exercises, nutrition, fall prevention and cognitive stimulation.
4. Promoting multidisciplinary care, taking advantage of all the competencies and experiences for the promotion of healthy ageing in older people.
5. Supporting self-care and self-management of older persons in respect of their autonomy and abilities.
6. Supporting caregivers, providing health information, practical training and community involvement in the management of older person's needs and priorities.
7. Defining strong referral pathways to specialised care, like geriatrics, acute care for emergencies or palliative care, when needed.

ICOPE Guidance and Tools

Show: Slide 4



Say:

The ICOPE approach is based on a set of evidence-based recommendations that is included in the WHO publication entitled '*ICOPE Guidelines on Community-Level Interventions to manage declines in intrinsic capacity.*'

The proposed interventions are part of the WHO UHC compendium, accessible online.

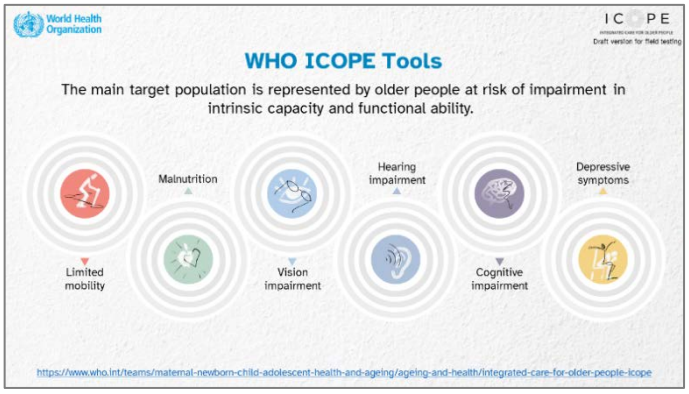
Among the tools guiding the implementation of ICOPE, a specific ICOPE Implementation Framework was also published to guide systems and services managers into the integration of care. This document also includes a tool to self-assess the readiness of services and systems in the implementation process, guiding towards possible actions to take.

You can find further guidance in the ICOPE Handbook, available in multiple languages, and its mobile app, accessible on iOS and Google Play Store.

Additionally, there's an ICOPE implementation pilot programme in English, which reports the preliminary demonstration studies showing the feasibility of the ICOPE implementation in different regions and contexts.

WHO ICOPE Tools

Show: Slide 5

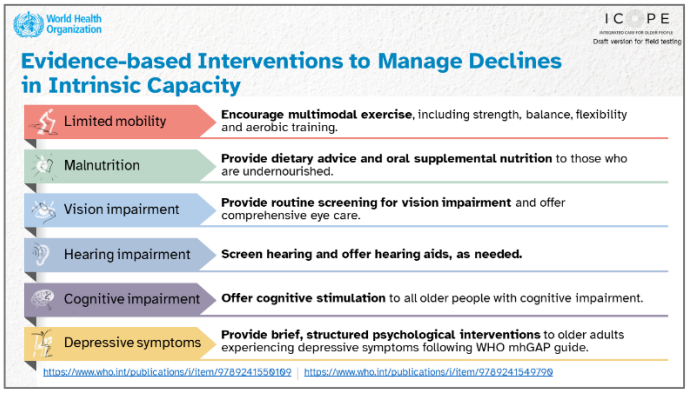


Say:

The WHO ICOPE approach is closely related to the concept of intrinsic capacity, that is the composite of all the physical and mental capacities of an individual. The ICOPE approach is thus designed for older people at risk of impairment in intrinsic capacity, and subsequently functional ability, by tackling its different domains. In this slide, you can see how the six domains of intrinsic capacity translate into very common clinical manifestations of older persons: limited mobility (for the locomotor domain), malnutrition (for the vitality domain), vision and hearing impairments (for the vision and hearing domains), cognitive decline (for the cognitive domain) and depressive symptoms (for the psychological domain). It is noteworthy how often these clinical issues go unnoticed or are dismissed as 'normal' part of the ageing. Instead, the early identification of these impairments may promote the implementation of preventive strategies when problems might still be reversible.

Evidence-based Interventions to Manage Declines in Intrinsic Capacity

Show: Slide 6



Say:

Let's discuss evidence-based interventions for managing declines in intrinsic capacity. As mentioned, the ICOPE approach is based on evidence-based recommendations and, for each impairment of an intrinsic capacity domain, there is a specific intervention that should be proposed to reduce and/or reverse the decline.

For limited mobility, guidelines indicate the importance of encouraging multimodal exercise covering strength, balance, flexibility and aerobic training.

For malnutrition, dietary advice and oral supplemental nutrition should be provided to those undernourished.

Routine screening for vision impairment and comprehensive eye care are recommended for vision impairment.

Screening for hearing impairment and providing hearing aids as needed are essential.

For cognitive impairment, cognitive stimulation should be offered to older people.

Lastly, brief, structured psychological interventions should be provided to older adults experiencing depressive symptoms, as described in the WHO mhGAP guide.

Additional Recommendations to Improve Intrinsic Capacity and Prevent its Decline

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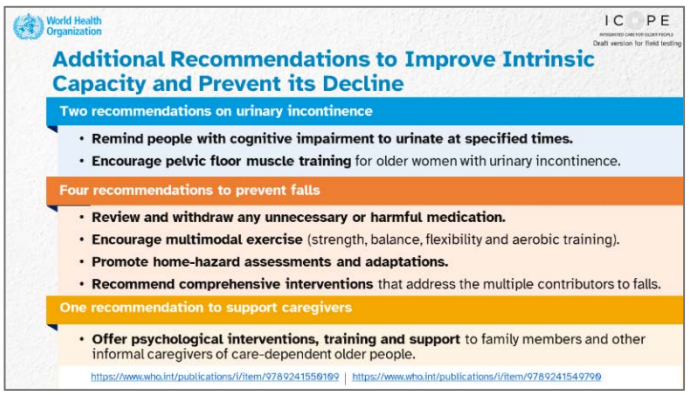

Say:

The ICOPE guidelines also include additional recommendations to promote the healthy ageing of older persons. In particular:

For urinary incontinence, it is critical to:

1. Remind people with cognitive impairment to urinate at specified times, and
2. Encourage pelvic floor muscle training for older women with urinary incontinence.

To prevent falls, it is important to:

1. Review and withdraw unnecessary or harmful medications.
2. Encourage multimodal exercise such as strength, balance, flexibility and aerobic training
3. Promote home-hazard assessments and adaptations.
4. Recommend comprehensive interventions addressing multiple contributors to falls.

Support to caregivers also represents another specific recommendation. It is critical to offer psychological interventions, training, and support to family members and informal caregivers of care-dependent older people.

Person-centred Care Pathway

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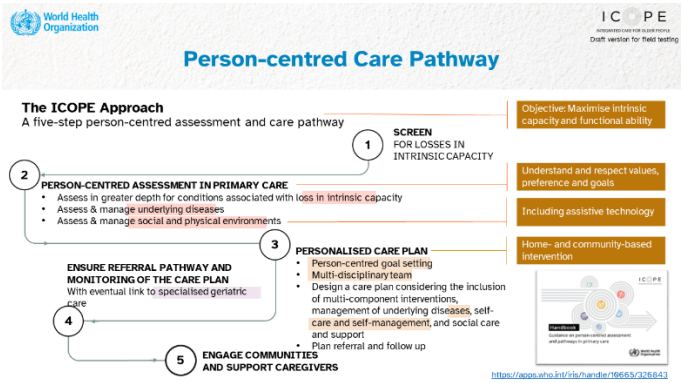


Say:

Let's explore the ICOPE approach, a five-step person-centred assessment and care pathway. This approach aims to maximise intrinsic capacity and functional ability. It is organised into 5 sequential steps:

Step 1. Screen for losses in intrinsic capacity

Trained health and care workers identify potential impairments of intrinsic capacity domains using the ICOPE screening tool, which is composed of simple questions and tests. Community outreach strategies like home visits and self-assessments aid in case of identification, guiding people to subsequent full assessments by healthcare professionals for personalised care plans.

Step 2. Person-centred assessment in primary care

It's crucial to confirm and measure the impairment of intrinsic capacity after a positive screening. It is then important to understand the older person's life, needs, and preferences, assess conditions associated with loss in intrinsic capacity, manage the underlying diseases, and evaluate social and physical environments for necessary support services. All this information is critical before proceeding to step 3.

Step 3. Personalised care plan

The comprehensive evaluation conducted in step 2 provides the relevant information to prioritise interventions and develop a personalised care plan. This work involves the older person to set care goals, prioritising their preferences and needs, also with the involvement of caregivers. It is subsequently possible to design a personalised care plan integrating interventions addressing various domains of intrinsic capacity, underlying diseases, self-care, social support and environmental adaptations for optimal well-being.

Step 4. Ensure referral pathway and monitoring of the care plan

Regular follow-up and integration of care services are vital for early detection of complications, monitoring progress and arranging additional support. Strong referral pathways ensure timely access to acute care, palliative care and specialised geriatric services, improving quality of care and reducing costs.

Step 5. Engage communities and support caregivers

Caregivers need support, including training and information about resources, while communities should be involved in caregiving through volunteering and community-based activities. The ICOPE approach emphasises accessibility at the community level while ensuring links to specialised care when needed.

The 5-step ICOPE approach ensures comprehensive care and support for older people while involving their communities and caregivers.

The Voice of Older People

Show: Slide 9

Say:

Before proceeding, let's hear directly from older people involved in the ICOPE programme. They'll share their inspiring stories, experiences and perspectives on how ICOPE has impacted their lives. Let's listen in.

Play:

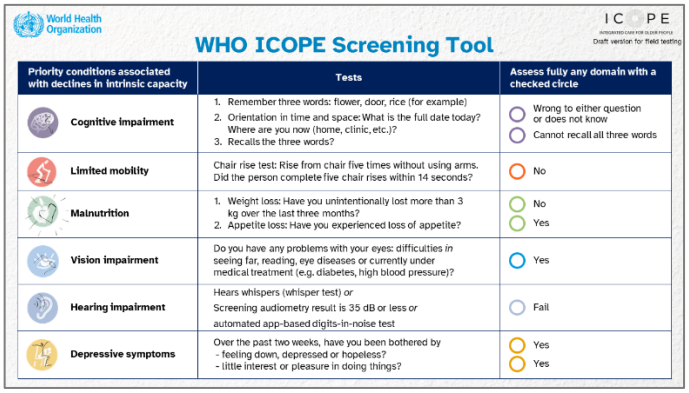
Video: The Voice of Older People

Say:

After watching the video, we've had a glimpse into the lives of older people participating in the ICOPE programme. Their testimonials highlight the positive impact ICOPE has had on their health and well-being, emphasising the importance of holistic care and support. Let's reflect on their experiences and insights as we continue our discussions.

WHO ICOPE Screening Tool

Show: Slide 10



World Health Organization

WHO ICOPE Screening Tool

ICOPE
Draft version for field testing

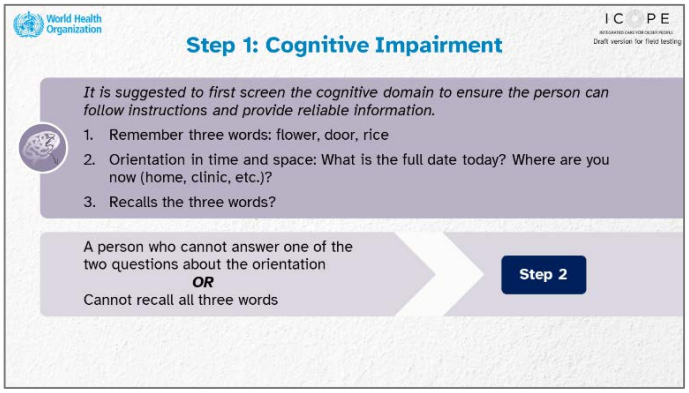
Priority conditions associated with declines in intrinsic capacity	Tests	Assess fully any domain with a checked circle
Cognitive impairment	1. Remember three words: flower, door, rice (for example) 2. Orientation in time and space: What is the full date today? Where are you now (home, clinic, etc.)? 3. Recalls the three words?	○ Wrong to either question or does not know ○ Cannot recall all three words
Limited mobility	Chair rise test: Rise from chair five times without using arms. Did the person complete five chair rises within 14 seconds?	○ No
Malnutrition	1. Weight loss: Have you unintentionally lost more than 3 kg over the last three months? 2. Appetite loss: Have you experienced loss of appetite?	○ No ○ Yes
Vision impairment	Do you have any problems with your eyes: difficulties in seeing far, reading, eye diseases or currently under medical treatment (e.g. diabetes, high blood pressure)?	○ Yes
Hearing impairment	Hears whispers (whisper test) *or* Screening audiometry result is 35 dB or less *or* automated app-based digits-in-noise test	○ Fail
Depressive symptoms	Over the past two weeks, have you been bothered by - feeling down, depressed or hopeless? - little interest or pleasure in doing things?	○ Yes ○ Yes

Say:

Let's take a look at the WHO ICOPE Screening Tool. This instrument helps identify signs or symptoms potentially indicating an underlying impairment of intrinsic capacity and its domains (i.e., cognitive impairment, limited mobility, malnutrition, vision impairment, hearing impairment and depressive symptoms). The tool is based on simple tests and questions targeting the different domains of intrinsic capacity and related clinical manifestations. The instrument allows a comprehensive screening of older people' health and well-being. Next, let's look at the specific tests and questions to screen possible impairments of intrinsic capacity domains.

Step 1: Cognitive Impairment

Show: Slide 11



Say:

Now, let us focus on ICOPE Screening for Cognitive Impairment. We start with a simple memory and orientation test:

1. Remembering three words: Ask the person to recall three simple words (e.g., flower, door, rice). Be sure to clearly say the three words without rushing through them.
2. Orientation in time and space: Ask the person to tell the current date ("what is the full date today?") and location ("Where are you now?").
3. Recalling three words: Ask the person to repeat the three words you said before.

If the person struggles with time or space orientation, or is unable to recall the three words, further assessment for cognitive impairment is needed.

Step 1: Limited Mobility

Show: Slide 12

Say:

In Step 1 of the ICOPE Screening, we screen for Limited Mobility using the Chair Rise Test. Let's see how the chair rise test is carried out.

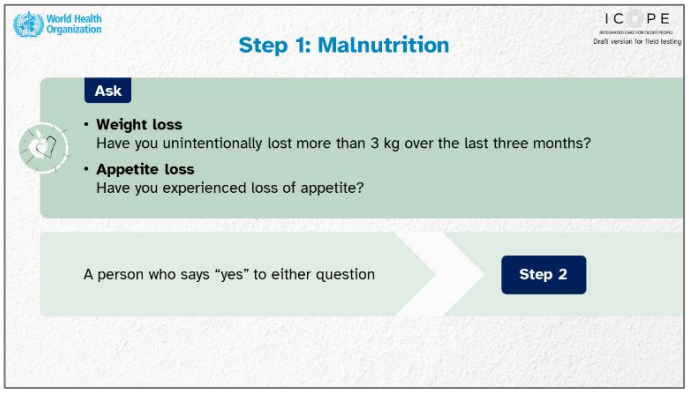
Instructions: First, ask if the person feels safe standing up from a chair five times without using their arms. If yes, they should sit in the middle of the chair, cross their arms over their chest and stand up fully then sit down again, repeating five times as quickly as possible without stopping. The test is timed, measuring from the "Go!" of the administrator until the person sits for the last time.

If the person can't complete the five stands within 14 seconds, further assessment for limited mobility is needed.

Please be aware that an older person may "heavily" sit on the chair with the consequent risk of accidents. For this reason, be sure that the chair is sufficiently solid.

Step 1: Malnutrition

Show: Slide 13



Say:

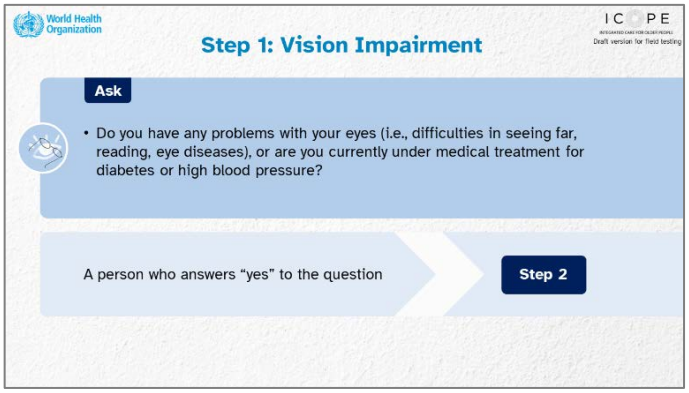
In Step 1 of ICOPE Screening for Malnutrition, we ask two simple questions:

1. **Weight loss:** Have you unintentionally lost more than 3 kg over the last three months?
2. **Appetite loss:** Have you experienced loss of appetite?

If the person answers 'yes' to either question, further assessment for nutritional status is necessary.

Step 1: Vision Impairment

Show: Slide 14



Say:

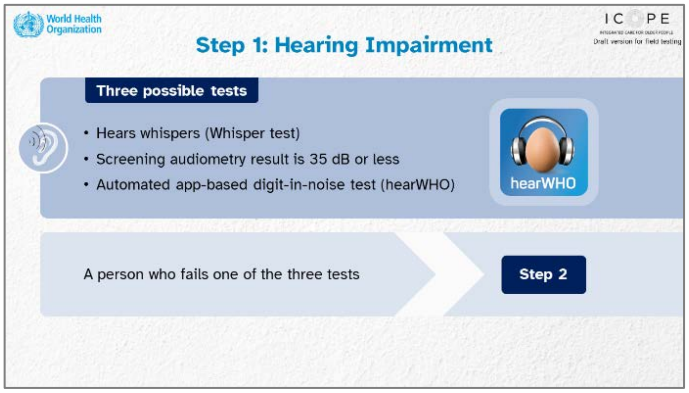
In Step 1 of ICOPE Screening for Vision Impairment, we ask:

"Do you have any problems with your eyes, like difficulties in seeing far, reading or any eye diseases? Are you currently under medical treatment for diabetes or high blood pressure?"

If the person presents any of this issues, further assessment for vision impairment is necessary.

Step 1: Hearing Impairment

Show: Slide 15



Say:

In Step 1, we screen for Hearing Impairment using one of three possible tests:

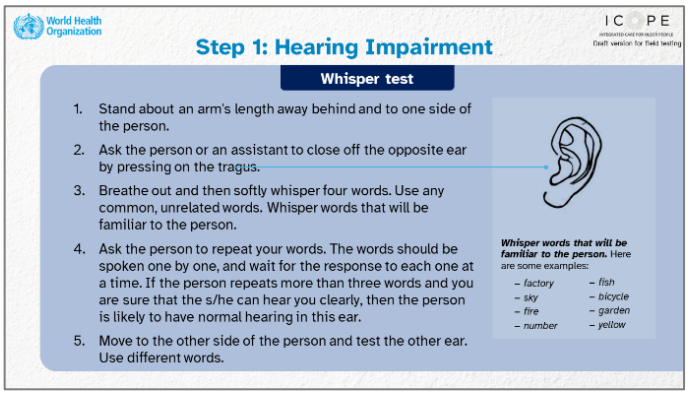
Whisper Voice Test: It is a commonly used screening tests. We will see how it works in the next slide.

Screening Audiometry: The audiometry equipment can also be used to screen for hearing impairment.

Automated App-Based Digits-in-Noise Test: A further alternative to screen hearing impairment is offered by an app developed by WHO, hearWHO.

The three tests represent alternatives to conduct the screening for hearing impairment and discriminating between normal hearing vs. the need for diagnostic audiometry. If the person fails the administered test, further assessment for hearing impairment is required.

Show: Slide 16



Say:

Now let us look in detail at the Voice Whisper Test.

For the Whisper Voice Test:

- Stand about an arm's length away from the person.
- Ask them or an assistant to close off the opposite ear by pressing on the tragus.
- Whisper four common, unrelated words such as "factory," "sky," "fire," and "number."
- Have the person repeat the words one by one.
- If they repeat more than three words clearly, their hearing is likely normal in that ear.
- Repeat the test on the other ear using different words.

Step 1: Depressive Symptoms

Show: Slide 17

Say:

In the ICOPE approach, the Screening for Depressive Symptoms is based on two questions.

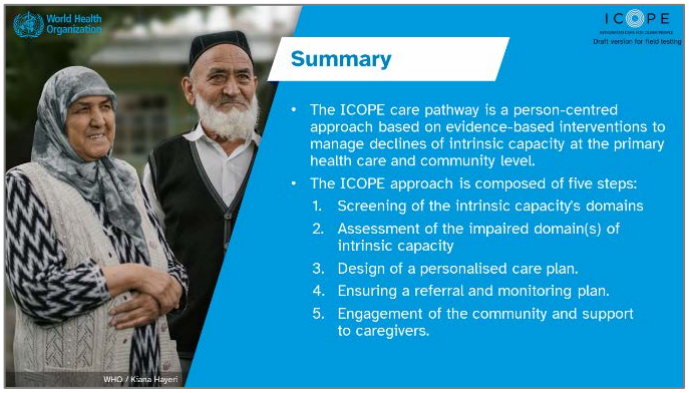
We ask:

- Over the past two weeks, have you been bothered by feeling down, depressed or hopeless?
- Have you experienced little interest or pleasure in doing things?

If the person answers "yes" to either question, further assessment for depressive symptoms is needed.

Summary

Show: Slide 18



Do:

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