

## Promoting Integrated Care Services for Older Populations in ASEAN Countries

A brief for the ASEAN-Japan Health Ministers Meeting on Universal Health Coverage and Ageing Populations, Tokyo, Japan, 14-15 July 2017, and the subsequent Technical Consultation "Leading Health Reforms in the 21<sup>st</sup> Century Universal Health Coverage, Ageing and Health Systems in ASEAN countries"

### WHAT ARE THE CHARACTERISTICS OF INTEGRATED PEOPLE-CENTRED CARE FOR OLDER PERSONS?

- ▶ Every unique person, their family and community are at the heart of the health and social systems.
- ▶ Older persons and their families should be fully informed and empowered to take an active part in health care decision-making.
- ▶ The health system is one aspect of the total system of support that an older person will need as they face functional decline.
- ▶ Linkages with social and community services are important in promoting well-being among older people – including housing, urban design as well as social networks.
- ▶ Information and coordination is needed - across health care providers and with essential social services – to support real time decision-making and outcomes that promote quality of life.



Integrated community-based care for older people in a village in Cambodia  
WHO\_P Ong/Help AgeInternational

### WHAT ARE THE CHALLENGES?

- ▶ People at older ages tend to have multiple chronic conditions at the same time ranging from physical, mental and cognitive functioning.
- ▶ Health needs in older age are often interlinked with social needs. Thus, people aim to maintain functional ability and improved quality of life, while managing health problems by oneself.
- ▶ Older persons and their families may have insufficient information to participate in health decision-making that affects their quality of life.
- ▶ Social change and intergenerational relations are occurring in many ASEAN countries affecting expectations for public health services and the role of families in care provision for older persons.
- ▶ Given other demands in ageing ASEAN countries, including communicable diseases, healthy ageing is not yet prominent in terms of priority setting for Universal Health Coverage (UHC).
- ▶ Health systems tend to focus on hospitals at the center of care, rather than patients and communities – requiring a major shift in how services are organized.
- ▶ Integrated care requires strong coordination across many stakeholders – families, health service providers, community services, local and national governments.

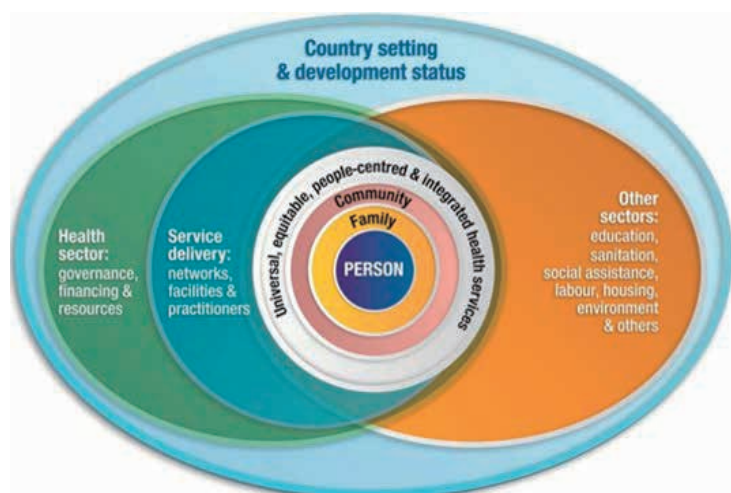


Figure 1: WHO Framework for Integrated People-Centred Health Services (WHO, 2015)

### WHAT DO WE MEAN BY INTEGRATION?

- **Stimulating organizational integration** includes strengthening the network of health care providers, alongside building and coordinating long-term care systems.
- **Enabling functional integration** implies improving non-clinical functions, for example, using technology to establish shared data platforms to share information about older people's needs.
- **Facilitating service integration** includes, for example, using multi-disciplinary teams to ensure quality and access for people with multiple chronic conditions.
- **Ensuring clinical integration** Implies instituting good practices such as comprehensive geriatric assessments to create care plans, shared guidelines and protocols shared across all service providers.

## INTERESTING EXAMPLES OF INTEGRATED PEOPLE-CENTRED CARE MODELS IN ASEAN COUNTRIES

**Singapore:** The country has made significant progress at the national level to improve care for older people. Singapore has improved Long-term Care (LTC) financing, and has emphasized the principles of co-payment and targeting of state support to the low-income population through means-tested government subsidies. It has also instituted ElderShield, a national severe disability insurance scheme.

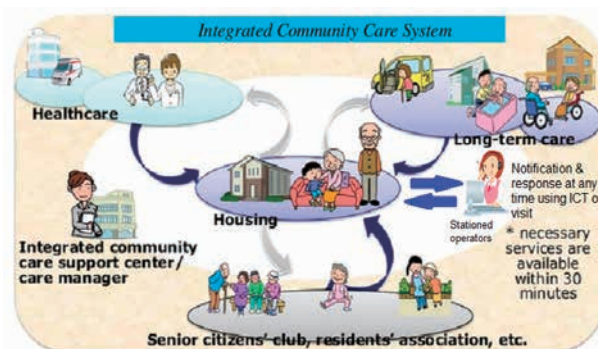
**Thailand:** “Friends help friends project”. Long-term care lead has been provided by the Ministry of Health. There is now a system of support for informal carers providing long-term care. Informal carers and community volunteers are formally engaged in the system and provide home visits and assessment of function. This system has health professional links with nearby health centres, that provide supervision and logistics support.

**Viet Nam:** “Intergenerational Self-Help Clubs” (ISHC). The ISHC model is a holistic intervention which looks after not only the health needs of older people but also some of the social determinants that may impact on health, such as isolation or poverty and is national policy as of 2016. The ISHC model promotes healthy ageing through promoting regular exercise, providing instruction about and monitoring of self-care practices (on a range of diseases common to older people, including, diabetes and hypertension), regular health screenings, along with arranging periodic visits with local health professionals.

## GOOD PRACTICES

- ▶ **Strategic planning.** Given the rapid population ageing in Asia, policy makers must think about the health systems of the future that promote healthy ageing and develop the appropriate supporting policy frameworks.
- ▶ **Integration must be well planned** to manage the wide-ranging implications for implementation – in terms of organizational change, functional administrative support, coordination across health care providers, and appropriate clinical care matched to patient needs.
- ▶ **Investments in communities and older people** empower self-management and self-care.
- ▶ **Planning human resource requirements**, in advance the human resource requirements - with a care coordinator, referral systems for access to specialists, and roles for allied health professionals for monitoring care in communities.
- ▶ **Investments in information systems and communications** are essential for ensuring quality care and services.
- ▶ **Mechanisms of coordination** between health and social services at community level must be established to ensure access to all needed services.
- ▶ **Impact should be measured** using not only on improved biomedical health outcomes, but also mental health, social inclusion in the community, and community support.
- ▶ **Innovations and technologies** can empower older persons and their families to manage their own health – this may include wearable technologies to monitor vital signs, detect falls, and medication adherence. Tools such as decision aids may empower people faced with multiple treatment options.

## PILOT IMPLEMENTATION OF JAPAN'S NATIONAL COMMUNITY-BASED INTEGRATED CARE MODEL IN KAKOGAWA CITY, HYOGO PREFECTURE, JAPAN



### Key aspects of the Kakogawa City pilot model:

- ▶ Care centres include social workers, care managers as well as nurses, in a multi-disciplinary team.
- ▶ Funded from taxation and the Long-Term Care Insurance system to create a centre in every district, providing: prevention, counselling with outreach for older people through community networks, and, continuous care management including off-hour home care services.
- ▶ Needs-based and time-sensitive services available within 30 minutes, and routine home-visits.
- ▶ Shifting of responsibilities to the care manager, using trained nurses with capability and authority to develop care plans, give advice, and access services from a wide range of providers.
- ▶ ICT technology is tightly integrated into the system of case management.

This system has attracted more investments in community-based integrated care from provider groups, thereby stimulating the health care market options for older people through catalyzing new forms of home and nursing services available in the community.

## RESOURCES

- World Health Organization, 2017. Integrated, People-Centred Health Care, <http://www.who.int/servicedeliverysafety/areas/people-centred-care/en/>
- World Health Organization, Regional Office for Europe. 2016. Integrated Care Models: An Overview. Copenhagen: Regional Office for Europe [http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0005/322475/Integrated-care-models-overview.pdf?ua=1](http://www.euro.who.int/__data/assets/pdf_file/0005/322475/Integrated-care-models-overview.pdf?ua=1)
- World Health Organization, 2016. The Global Strategy and Action Plan on Ageing and Health 2016–2020: Towards a World in which Everyone can Live a Long and Healthy Life. Geneva: World Health Organization [http://apps.who.int/gb/ebwha/pdf\\_files/WHA69/A69\\_R3-en.pdf](http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_R3-en.pdf)
- Government of Japan, Ministry of Health, Labour and Welfare. 2016. Long-Term Care Insurance System of Japan. [http://www.mhlw.go.jp/english/policy/care-welfare/care-welfare-elderly/dl/lcisl\\_e.pdf](http://www.mhlw.go.jp/english/policy/care-welfare/care-welfare-elderly/dl/lcisl_e.pdf)
- de Carvalho IA, Epping-Jordan J, Pot AM, Toro N, Thiyagarajan JA, Beard JR. 2017. Organizing health-care services to meet older people's needs. Forthcoming in the Bulletin of the World Health Organization. Online version: [http://www.who.int/bulletin/online\\_first/BLT.16.187617.pdf](http://www.who.int/bulletin/online_first/BLT.16.187617.pdf)