

## Review

## Integrated models of care delivery for the frail elderly: international perspectives

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## ARTICLE INFO

## Article history:

Received 4 May 2011

Accepted 4 September 2011

Available online 15 November 2011

## Keywords:

Integrated care

Aged

Frail elderly

Continuity of care

Care coordination

## ABSTRACT

**Introduction:** Interest is growing in integrated systems of care for the frail elderly. Few such systems have been both documented and evaluated in a rigorous manner. The present article provides an international review of such systems.

**Methods:** The literature on integrated care covered the period from 1997 to 2010, inclusive. Some 2,496 citations were identified from Age Line, PsycINFO, CINAHAL and MedLine and were reviewed. To be included in this paper, articles had to provide a good description of the care delivery system and good quality evaluations. Only nine articles were retained. Most of the articles reviewed described some form of coordinated care without evaluation.

**Results:** There were essentially two types of models of integrated care delivery for the frail elderly. One was a smaller, community-based model that relied on cooperation across care providers, focused on home and community care, and played an active role in health and social care coordination. The second type of model was a large-scale model that could be applied at a national/provincial/state, or large regional health authority, level, had a single administrative authority and a single budget, and included both home/community and residential services.

**Discussion:** Integrated care delivery can be achieved in various ways. Irrespective of which model is adopted, some of the key factors to be considered are how care can be coordinated effectively across different types of services, and how all the care provider organizations can be coordinated to ensure continuity of care for frail elderly persons.

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## Modelos integrados de asistencia para ancianos frágiles: perspectiva internacional

## RESUMEN

**Introducción:** Los sistemas integrados de asistencia para los ancianos frágiles suscitan cada vez más interés. Hay pocos sistemas de este tipo que hayan sido documentados y evaluados de forma rigurosa. Este trabajo presenta un estudio internacional de estos sistemas.

**Métodos:** Correspondientes al periodo de 1997 a 2010, se identificaron y revisaron 2496 referencias bibliográficas de Age Line, PsycINFO, CINAHL y MedLine. Para ser incluidos en el estudio, los artículos debían ofrecer una buena descripción del sistema de asistencia sanitaria y unas buenas evaluaciones de calidad. Sólo se seleccionaron nueve artículos; la mayoría de ellos describían algún tipo de asistencia coordinada sin evaluación.

**Resultados:** Principalmente se han encontrado dos tipos de modelos de atención sanitaria integrada destinada a los ancianos frágiles. Uno era un modelo comunitario pequeño basado en la cooperación entre profesionales sanitarios, se centraba en la asistencia domiciliaria y comunitaria, y tenía un papel activo en la coordinación de la asistencia sanitaria y social. El segundo era un modelo a gran escala que podía ser aplicado por autoridades sanitarias nacionales/provinciales/estatales/regionales, que tenía una autoridad administrativa única, un solo presupuesto e incluía tanto servicios domiciliarios/comunitarios como residenciales.

**Discusión:** Hay varios modos de lograr una asistencia sanitaria integrada. Algunos de los factores clave a tener en cuenta, independientemente de cuál sea el modelo que se adopte, son cómo coordinar la asistencia entre los diferentes tipos de servicios de forma eficaz y cómo asegurarse de que todas las organizaciones asistenciales trabajan juntas para garantizar la continuidad de la asistencia para las personas mayores frágiles.

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## Palabras clave:

Asistencia integrada

Ancianos

Ancianos frágiles

Continuidad asistencial

Coordinación asistencial

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**Introduction**

Frail elderly persons require a wide range of health, social, and residential care services to respond to their health care needs. These services often function in isolation from each other from an administrative, policy and clinical perspective. A response to problems encountered in segmented, or splintered, approaches to delivering services to the frail elderly has been to develop integrated models of care delivery, which take a more holistic view of clients and their needs. These integrated approaches are designed to overcome administrative, policy, financial and clinical blockages in regard to patient-centered care delivery. The objective of more integrated models is to provide a continuum of care for frail elderly persons, within a system of care with a broad range of services matched to their needs.

Distinct jurisdictions use different approaches for developing integrated models of care delivery for the frail elderly. The approaches developed are congruent with their existing health care delivery contexts. Since the late 1990s, there has been growing interest in –and movement toward– more integrated systems of care delivery for the frail elderly. However, relatively few such systems have been both documented and evaluated in a rigorous manner.

The present article provides an international review of integrated systems of service delivery for the frail elderly. The focus is on ongoing, comprehensive, integrated systems of care delivery for the frail elderly and not on innovations in regard to particular types of services such as residential care, home care nursing, adult day care or preventive home care, or specialty, or time-limited interventions. This article is our contribution to a growing, but still limited, literature on integrated models of care delivery<sup>1–9</sup>. The integrated care models presented are for home and residential care services. These models are not primary care models *per se*, although physicians play an active part, nor are they broad-based health care systems. The systems discussed provide integrated care designed to address the set of health, social and functional needs of the frail elderly.

**Methods**

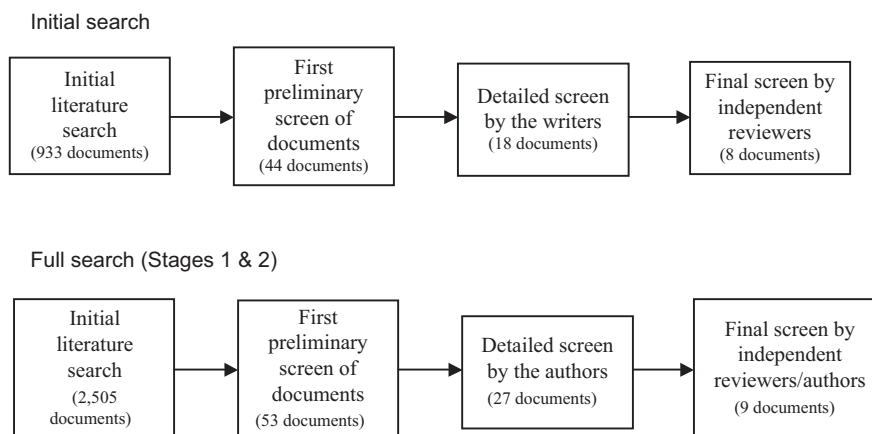
The literature on integrated care covered the period from 1997 to 2010, inclusive. The following electronic databases were accessed: Age Line, PsycINFO, CINAHL and MedLine. To be included in the search, the articles had to have elements on three topic areas: Frailty, Systems of Care, and Costs/Evaluation (table 1). Some 2,505 citations were reviewed. To be included in the present study, the articles had to provide a good description of the care delivery system and good quality evaluations.

**Table 1**  
Search strategy.

Component	Search terms	
	Medical Subject Headings (MeSH)	Key words
Frail Elderly	Frail elderly Aged	Frail elderly Aged Frail Frailty
Systems of Care	Delivery of health care, integrated (Long Term Care AND Home Care) Comprehensive health care Continuity of patient care Health services for the aged	Continuing care Integrated care Integrated health care Service delivery systems
Cost/Evaluation	Cost-benefit analysis Program evaluation Evaluation studies Cost savings	Evaluation Outcome Randomized trial
<b>Search strategy</b>		
To be included in the search, citations had to have at least one element from each of the three categories (i.e., Frail Elderly AND Systems of Care AND Cost/Evaluation). The search was restricted to the period 1997 to 2010, inclusive		
<b>Databases searched</b>		
AgeLine CINAHL MedLine PsychINFO		

The screening criteria are presented in table 2. The literature search was conducted in two stages. The first stage covered the period from 1997 to 2006. This was the initial search directed toward the preparation of a research report for the Canadian Initiative on Frailty and Aging<sup>10</sup>. To ensure complete coverage, a follow-up search was conducted that covered the period 2006 to 2010.

The results of the initial search and the full search are shown in figure 1. The full search identified 2,505 unique citations. All 2,505 citations and abstracts were reviewed by a team member using a very broad and inclusive approach to determining which citations could be included, based on the criteria in table 2. This review resulted in the selection of some 53 citations. The full texts of the 53 papers were obtained and were reviewed by both of the present authors using a more rigorous approach to the screening criteria. This second resulted in a final selection of 27 citations.



**Figure 1.** Stages in selecting the final documents for review.

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