

Integrated care for older people (ICOPE)
implementation pilot programme:

findings from the 'ready' phase



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Organization**

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EXECUTIVE SUMMARY

Integrated care for older people (ICOPE) reflects a continuum of care that helps to reorient health and social services towards a more person-centred and coordinated model of care that helps optimise older people's intrinsic capacity (physical and mental capacities) and functional ability. Successful implementation of WHO's ICOPE approach requires coordination between multiple parts of the health and social care systems, through a multidisciplinary team that includes older people and their families, health and care workers, communities and civil society organizations.

In order to support Member States to implement ICOPE, WHO is conducting a three-phase research project, the 'ICOPE implementation pilot programme', comprising ready, set and go phases. The objective of the ready phase is to evaluate readiness and feasibility to implement ICOPE at the service and systems levels. Three sub-studies have been undertaken, two addressing the clinical (micro) and service (meso) levels, and a third focused on service and system (macro) levels. At the clinical and service levels, the studies focused primarily on the views and experiences of health and care workers through an online micro survey, and four country case studies (Canillo in Andorra, Chaoyang in Beijing, China, Occitanie in France and Rajasthan in India). At the service and system levels, the study utilised the ICOPE implementation framework through an online implementation scorecard survey to assess capacity to

This report summarizes the findings of the ready phase from the implementation experiences across nominated Member States, including enablers, barriers and strengths for the implementation of the ICOPE approach, and learning on the preparation and adaptation needed to implement ICOPE. The findings will inform the further scale up of the approach.

The majority of respondents of the micro survey expressed positive attitudes towards the ICOPE approach, agreeing that integrated care is important to promoting the maintenance of, and preventing declines in, intrinsic capacity and functional ability. Most also stated the need to change current practice to the provision of person-centred integrated care. Health and care workers consistently identified the proactive engagement of older people as a key enabler across all steps of the ICOPE care pathway.

Respondents identified that integrated care was more time-consuming, complex and challenging than the current practice and highlighted human resource capacity as a barrier. The need to increase local workforces and for training was identified, particularly for screening and assessment of declines in intrinsic capacity. In lower-middle-income

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