

An integrated care approach to prevent dependency in the elderly

Interview with

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La Santé en action: Why does the ICOPE approach target people over 60?

Fati Nourhashemi: An individual's frailty stage falls on a spectrum between robustness and dependence. ICOPE is applicable to all people over the age of 60, whether they are robust or frail, but it is clear that prevention schemes and care plans are all the more effective for individuals in the early stages of their progress along the spectrum. ICOPE is above all a prevention scheme whose objective and philosophy are to refocus people and make them aware of how to maintain or improve their intrinsic capacities, finally breaking out of the disease and clinical management paradigm.

S. A.: What scientific evidence is ICOPE based on?

F. N.: A World Health Organization (WHO) working group brought together international experts on the subject in order to establish recommendations based on robust data from the scientific literature [1]. These recommendations particularly aim to guide primary care professionals in the prevention and management of the components that contribute to a decline in intrinsic capacity. This working group identified six functions that define intrinsic capacity¹ (mobility, nutritional status, cognition, vision, hearing, mood), so likely to play a major role in healthy ageing, and it was shown that maintaining these functions was essential to prevent

dependence. ICOPE's proposals (see figure *ICOPE approach in previous article*) are drawn mainly from this work and are included in an implementation guide [2]. A longitudinal study in the general population, based on an English cohort of more than 2,500 people aged 60 and over, has also validated the predictive value of intrinsic capacities on the future level of dependence [3].

S. A.: What makes this system innovative?

F. N.: The G rontop le, a gerontology care hub in Toulouse, has been testing ICOPE for about two years. It is an integrated care scheme: it takes into account the six functions that define intrinsic capacity as well as their interactions with associated pathologies and the social and environmental context. The first step is screening. This should be performed every six months, although every year may be appropriate for the youngest subjects with no abnormality at the initial screening. The subject can do a self-assessment or be assessed by a trained person who knows them, such as a pharmacist, nursing assistant, GP, family member, etc., using a digital application: the ICOPE Monitor. Each function is assessed through a series of simple questions and the entire assessment takes approximately ten minutes. An alert is triggered if an anomaly is detected, then checked by a nurse from the Toulouse G rontop le who is trained in the system. The objective at this stage is to confirm whether the alert is appropriate. The subject is offered an in-depth assessment when there is a decline in one or more functions; this assessment can be carried out by the individual's usual medical contacts. It can also be scheduled at the request

KEY POINTS

■ **Presented in 2017 by the World Health Organization, *integrated care for older people (ICOPE)* is an approach that aims to reduce the number of dependent elderly people around the world.**

of a medical contact (e.g., the general practitioner) or, when there is no professional contact, by a nurse from the G rontop le. Depending on the case, the nurse may pay a home visit, schedule a consultation at the hospital, or maybe hand over the assessment to a local team. This is possible through agreements we have in place with certain municipalities who provide facilities to carry out assessments on a regular basis. After the assessment and if necessary, a prevention and care plan is drawn up; this care plan is centred on the person and takes into account their goals and wishes (e.g., maintaining mobility to be able to continue to care for their grandchildren, to travel, etc.). ICOPE is therefore based on the network of primary care providers, and the care plan relies on the local systems offered by the community, meaning that local health, social and medico-social sectors are involved. This system is innovative in three ways. It makes individuals actively participate in their own health by trusting them, if possible, to monitor their functions themselves; it uses new technologies for the assessment and monitoring of functions; it changes habits by offering care based on functional status rather than organ pathology.

ICOPE in Toulouse

An integrated care approach to prevent dependence

S. A.: What is the plan for rolling out the system more widely?

F. N.: The Toulouse Gérontopôle, with the support of the region and above all of the Occitanie regional health agency, was the first centre to bring the ICOPE approach into clinical practice, with the help of primary care providers and the university's department of general medicine. Through our work, we have adapted the ICOPE application, created by the World Health Organization, to the French context. The first step in the national roll-out of ICOPE testing was a call for expressions of interest² launched by the Ministry of Solidarity and Health in 2019. Subsequently, several selected regions – such as Corsica, Auvergne-Rhône-Alpes, Provence-Alpes-Côte d'Azur, Pays-de-la-Loire, Occitanie – began testing and rolling out the system in their area from the first quarter of 2022. Other teams can set up this scheme within their usual professional networks, but they will not benefit from the funding offered in the testing context of the call for expressions of interest.

S. A.: What conclusions can you draw from these first two years of testing?

F. N.: The results of the experiment are very encouraging and show good adherence from all those involved: more than 2,800 health professionals were trained in the first stage (screening) and more than 700 nurses have been trained for performing the in-depth assessment. Out of 18,100 seniors enrolled in the programme, 2,219 (average age 69) use ICOPE Monitor to self-assess and they feel comfortable with the digital tool, which is easy to use on a smartphone. Agreements have been signed with several local providers in Haute-Garonne to roll out ICOPE in these areas.

S. A.: What impact did the pandemic have on the system?

F. N.: The 2020 lockdown was a barrier to face-to-face assessments, so we developed a telephone assessment to monitor functions. We noted a beneficial effect for isolated elderly people, who were stressed by the health situation, because they saw these phone calls as an opportunity to strengthen their health and social connections. During the lockdown, certain in-depth assessments could not be carried out and the management of people showing anomalies in one or more functions was deferred. The most urgent situations were of course managed by the GP. Nevertheless, we have to acknowledge that a high number of care and prevention plans could not be delivered due to a lack of operational structures. Some substitute solutions were introduced, involving new technologies in physical activity programmes for seniors, for example.

S. A.: How does ICOPE fit into the government's new fall-prevention plan?

F. N.: The new national prevention plan aiming to reduce morbidity and mortality from falls among the elderly, made public on 21 February 2022, sets out a number of measures, including risk identification and alerts³. ICOPE

is one of the tracking tools selected for testing in two regions as part of Axis 1-Action 2 of the fall prevention plan. ■

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1. Intrinsic capacities and functional ability: according to the World Health Organization (WHO), intrinsic capacities are the combination of an individual's physical and mental (including psycho-social) capacities. Functional ability is the combination and interaction of intrinsic capacities with the environment in which a person lives.
2. <https://solidarites-sante.gouv.fr/systeme-de-sante-et-medico-social/parcours-des-patients-et-des-usagers/article-51-lfss-2018-innovations-organisationnelles-pour-la-transformation-du/article/appels-a-manifestation-d-interet>
3. <https://solidarites-sante.gouv.fr/affaires-sociales/autonomie/article/plan-antic chute-des-personnes-agees>

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- [2] World Health Organization. *ICOPE: Implementation framework. Guidance for systems and services*. Geneva: WHO, 2019: 41 p. Online: <https://apps.who.int/iris/handle/10665/325669?locale-attribute=fr&>
- [3] Beard J. R., Jotheeswaran A. T., Cesari M., Araujo de Carvalho I. The structure and predictive value of intrinsic capacity in a longitudinal study of ageing. *BMJ Open*, 2019, vol. 9, n° 11:e026119. Online: <https://bmjopen.bmj.com/content/9/11/e026119>