REVIEW ARTICLE

CONTENTS

Review of some organizational forms and models of care for the elderly people in the world

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ABSTRACT

Aim: Studying the peculiarities of organizational forms and models of care to elderly people in different countries of the world.

Materials and Methods: Research was based on methodology of systematic approach. First of all, we used bibliosemantic method for data collection, after methods of synthesis, induction and deduction were used for information analysis and conclusions formation. Scientific publications related to various organizational forms and models of providing care to the elderly in the world were analyzed in scientometric databases, in particular PubMed and Google Scholar. For scientific search we used key words: "care for elderly", "population aging", "healthcare for elderly organization", "healthcare system in the world", "healthcare for the elderly challenges". Publications in English published since 2018 were taken into account.

Conclusions: The results of scientific publications analysis of organizational forms and care providing models to the elderly people in different countries of the world show none of the described models is perfect. The development of long-term comprehensive care for the elderly, high-quality and affordable, is a priority of public health care all over the world. The results of our analysis will be useful for the development and improvement of organizational forms and models of care to elderly people in Ukraine.

KEY WORDS: public health, population aging, care for elderly, healthcare for elderly organization, healthcare system in the world

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INTRODUCTION

According to WHO's newsroom about 'Aging and Health' 1 in 6 people in the world will be aged 60 years or over by 2030, and the world's population of people aged 60 years and older will double by 2050. WHO defines the type of health care that is necessary for an aging population as "integrated health care for older people"[1]. In addition, many scientists point out that in order to build an effective form of care, a new vision of the elderly is needed. It is important to see older people as individuals with unique experiences, needs and preferences and to work with them in the context of their everyday lives, as part of a family and community [2].

There are various forms and models of care for the elderly population, which solve both acute and chronic health problems, including rehabilitation in the world nowadays. The ambulatory form of medical services providing for the elderly is the most typical (innovative models of care at home, primary medical care, emergency medicine), but there are also long-term inpatient facilities for frail people who need it [3].

Old age is a specific and sensitive part of life not just for a person but also for the family members. Aging can bring different needs and challenges related to health care, social isolation and care provision. In this regard, the development of effective support systems for the elderly becomes an important task for many countries [4]. There are various forms and models of care for the elderly in the world, which differ from country to country depending on socio-cultural, economic and political conditions. Also, there is growing need of medical care to elderly people due to the world's population aging. The health and well-being of this vulnerable population is becoming a major concern for many countries, as they face a number of unique challenges related to changes in physiology, chronic disease, and reduced quality of life [5-6]. This article offers an overview of different models and forms of care for the elderly in various countries of the world, as well as a comparative analysis of their effectiveness and impact on the quality of life of the elderly. Understanding these diverse approaches can help improve existing support systems and provide a better standard of living for older citizens worldwide. The material presented in this article is only an abstract description of scientific publications studied by its authors.

AIM

Studying the peculiarities of organizational forms and models of care to elderly people in different countries of the world. The results of such analysis will be useful for the development and improvement of organizational forms and models of care to elderly people in Ukraine.

MATERIALS AND METHODS

Research was based on methodology of systematic approach. First of all, we used bibliosemantic method for data collection, after methods of synthesis, induction and deduction were used for information analysis and conclusions formation. Scientific publications related to various organizational forms and models of providing care to the elderly in the world were analyzed in scientometric databases, in particular PubMed and Google Scholar. For scientific search we used key words: "care for elderly", "population aging", "healthcare for elderly organization", "healthcare system in the world", "healthcare for the elderly challenges". Publications in English published since 2018 were taken into account.

REVIEW AND DISCUSSIOAN

Emergency geriatric medicine has experienced rapid development over the past two decades [7]. The geriatric emergency department has a unique opportunity to improve the care of the elderly, as it provides the opportunity for interdisciplinary care, ensuring the implementation of comprehensive care plans for patients with high morbidity, and also has a large positive economic effect, potentially reducing the number of repeated visits to the department or hospitalization. Acute Care for Elders departments are more orientated on evidence-based geriatrics process in acute care for the elderly. These departments also ensure patients functional status improvement at the moment of discharge from the hospital, significantly reducing length of stay and costs [8-9].

One of the oldest models of geriatric care is day hospital. It is organized in a hospital with a special geriatric multidisciplinary team providing comprehensive care to patients after or instead of hospital stay. However, more and more authors point on the inconvenience and high cost of transporting services, reinforcing the benefits of providing services at home [4, 10]. Hospital at home is more attractive form of care for the elderly. There are evidence that patients are more satisfied with such services, and it is also cost-effective, due to reducing the length of hospital stay [4, 11].

Population aging has become a real challenge for health care systems around the world, which have faced a complex of problems in providing long-term care for the elderly. Briggs et al. (2012) claims that about 4% of people over 65 in many European countries (e.g., France, Finland, UK) and the USA live in various types of nursing homes [12]. At the same time, according to other researchers, in some countries there is a 70 percent chance of requiring certain long-term care services during the remaining years of one's life [4, 12].

Long-term care provides a variety of services designed to meet the needs of older person and help them live as independently and safely as possible in case when they can no longer perform daily activities themselves [13]. Such care can be implemented at home, providing «aging in place», because most people prefer to remain in their own homes as long as possible. «Aging in place» includes home health care, homemaker services, benevolent visitor/companion services and emergency response systems [14-15].

Long-term care for the elderly can also be provided on the basis of various facilities, such as: old people's home, old folks' home or old age home, care home, nursing home, residential home, etc. In most countries, nursing homes or residential homes are used to refer long-term care, however, depending on the country, they may also offer rehabilitation, hospital care or hospice care, and provide varying levels of medical, nursing and support services. So, there are facilities modelled around hospital-type care (with using of regulated institutional practices and clinically functional equipment and furniture) and those where the facility is, for the most part, a residential home (where older people can have their own furniture, pets and routine). Health care models for long-term care facilities differ depending on the facility type and the characteristics of their residents [16-17].

Different countries solve the problem of servicing the elderly in their own way. So, in the USA, there are a lot of different models of providing medical services to the elderly. In particular, the Program of All-inclusive Care for the Elderly is a comprehensive model of care and provides a full range of medical, social and rehabilitation services using an interdisciplinary team to manage treatment and integrate primary and specialized care [18]. Innovative care programs for frail elderly people in American society also include the Case-Finding for Complex Chronic Conditions in Seniors 75+ Program, which has an active approach to identifying frail older adults at highest risk of poor outcomes, targeting multidisciplinary interventions to support health and well-being [19]; Geriatric Patient-Aligned Care Teams, providing high-quality coordinated care in homes for the elderly [20]; Clinical video telehealth, which is also used to improve access to health care for rural elderly residents, as well as for consultation services and caregiver support [21].

Several special programs have also been developed in the Netherlands. First of all, it should be noted the National Elderly Care Program of the Netherlands operates in the country, which began to develop and implement from 2008 to 2016 with a budget of 88 million euros. Key factors of the program's success were consideration of elderly people needs at the centre of the program and ensuring their active participation. Creation of eight geriatric networks around medical universities with 650 organizations and completion of 218 projects were the main program results [22]. The Walcheren Integrated Care Model is part of this program and is a comprehensive, integrated model for identifying and assessing the needs of patients aged 75 years with disabilities who live independently. This is a program of multidisciplinary care developing by family doctor, case manager and experts in various fields of medicine and social support [23]. The Dutch Geriatric Intervention Program also uses a multidisciplinary team (geriatric nurse, general practitioner and geriatrician) to provide services to the patient at home. For geriatric screening, an appropriate EASYCare tool has been developed that allows you to assess a person's activities in everyday life, cognitive functions, mood. This program includes preventive visits and comprehensive geriatric examination at home. In the Netherlands there are programs where the key figure in providing care is a family doctor – the CareWell-primary care program for the elderly, Prevention of Care, Embrace model [24-25], etc.

Several models of care providing to the elderly are successfully operating also in Canada. For example, The British Columbia Continuing Care system includes all main components of long-term care and home care services for frail elderly people. In this model, a wider range of different services is provided, such as home care by nurses, rehabilitation, implementation of home or community services [26]. In another Canadian province, Alberta, continuity care services cover a wide range of care, including home health care, community services (such as adult day programs), and inpatient care. Long-term care and most home services are funded by the state and provided free of charge for service corresponding users [26]. System of Integrated Care for the Frail Elderly which includes providing a full range of medical and social services by interdisciplinary team has been operating in Canada since 1995 [27]. The Program of Research to Integrate the Services for the Maintenance of Autonomy (PRISMA) Model is a system of providing services to the elderly and people with disabilities of coordination type in Canada. Cooperation between institutions is a basis of PRISMA. In this model, the case manager is responsible for conducting a thorough assessment of patient needs, assessing them using available tools, and working with a multidisciplinary team to personalize a treatment or other care plan. In addition to hospitals and rehabilitation services providing services to the elderly, this model also includes long-term care centres, volunteer organizations, home care and nursing homes [28].

The Silver Network project has been successfully operating in Italy since the 90s of the last century. This model unites all services of medical institutions or municipalities, has a group of patient's condition geriatric care, which plays a key role in the process of determining the elderly needs in long-term care. Case manager coordinates provision of medical and social services to infirm elderly people [29].

Model of coordination of professional care for the elderly (fr. Coordination des soins professionnels pour les personnes agées (COPA) was implemented in France in 2006, focuses on a specific group of high-risk individuals (very frail elderly people living in a certain area of service) and coordinates treatment at two levels: within primary care and between primary and specialized levels. Primary care physician's role is determining in this care model. Their collaboration with a multidisciplinary team provides integrated medical care (with the mandatory participation of geriatricians). Another French program MAIA (fr. Maisons Autonomie Intégration Alzheimer) was developed to provide care for elderly patients with Alzheimer's disease [30].

The policies of care providing for the elderly population differ in the Asian continent countries. There are models based on the treatment of diseases inherent to old age or models based on the principles of holistic approach and comprehensive geriatric assessment. Care models based on the treatment of diseases inherent in old age are more common in the People's Republic of China. Holistic care models that incorporate care according to the principles of comprehensive geriatric assessment are more commonly used in Hong Kong, Singapore, Taiwan, and Japan. Except for Hong Kong, care for the elderly is provided by governments based on some form of insurance rather than fully funded by taxes. Social care is mostly provided by governments, although some private services are developing. In Japan and Korea, social and nursing care for the elderly is provided and supported by long-term care insurance, with needs assessed at the start of service. A feature of Asian countries is the powerful role of non-governmental organizations and religious groups, charitable foundations of wealthy families or institutions in the organization of care to the elderly. These organizations have greater flexibility in services design to meet the changing needs of older people and deliver them in hospitals, nursing homes, communities and at home

[31]. Alex Jingwei He and Vivien F.Y. Tang in 2021 analysed the organization of care for the elderly in Hong Kong, Singapore, Malaysia and Indonesia in a scientific review commissioned by the Asia-Pacific Observatory on Health Systems and Policies. Scientists also noted the significant fragmentation of medical services in these countries, poses a serious problem for providing of comprehensive, coordinated, and continuous care to older age group persons. For example, in Singapore, there is a large disparity in public funding between acute and long-term care, which encourages the elderly to prefer hospital treatment due to the large subsidies provided to inpatients. In Hong Kong, there is a lack of effective coordination between providers of 'treatment' and 'care' services for older people, even though there is a strategic framework for older people. Malaysia and Indonesia face particular challenges in integrating care for the elderly. As both countries have significant regional differences due to large territories, and geographical barriers appear to be very significant. Geriatric services in Malaysia are located in big cities mostly, making them much less accessible to large numbers of people living in other cities, especially for older people in rural areas. In addition, researchers point to a shortage of primary medical care services, because its scope includes not only the provision of medical needs of the elderly, but also an active role in preventive and stimulating care [32].

A lot of researches about the Arab region countries state that the main provider of care for the elderly realise the family. This dependence on relatives is a cultural norm where the long-term care needs associated with old age are seen as a familial rather than a societal obligation [33-34].

However, the elderly population rapid increase, tendency to the children quantity in the family reducing, urbanization processes, emigration of young family members, and so on, determines gradually and slowly change the vector of care for older age groups people.

However, Abdulrazak Abyad (2021) notes that «… in the Arab countries there is no national plan for universal and equal access that directly includes the elderly. Even in countries where health services are nominally universal and free (such as the GCC countries, Jordan, Iraq, Libya, Tunisia, Algeria, and Syria), it is not known whether they are provided specifically for the elderly» [36]. According to the scientific publications, the largest number of homes and day care centres for the elderly are in Palestine, Lebanon, Bahrain, Qatar, Jordan, and Egypt, and accordingly, the number of medical service providers has also increased, and the scope of services has expanded. However, the quality and availability of such services remains a problem [35].

In Africa, the family also bears the main responsibility for the care and support of the elderly. However, family care is usually a consequence of poverty, also it is somewhat dubious quality, and quite costly, and the interdependence of family caregivers and the elderly sometimes creates an economic, psychological, social, and physical burden. In view of this, many researchers and policy makers from African countries consider it necessary to introduce organized and paid long-term care services for the elderly. So far, as F. Akosua Agyemang (2021) notes, «… national efforts to develop long-term care systems exist only in three middle-income countries in the region: Mauritius, Seychelles, and the Republic of South Africa. These countries have established residential facilities for infirm elderly people and provide some financial support to this population. In other African countries, there are partial efforts to provide support for community, but these often target specific groups and do not serve all older people» [36].

Central and South America is another region of the world that is experiencing a rapidly population aging along with a growing demand for long-term care [37]. According to the Demographic Centre of Latin America and the Caribbean, United Nations Population Division (2022), 16 countries in the region have long-term care policies, and another 18 countries have legislative mechanisms to protect the elderly from discrimination. Some countries have elevated the health care of older people to the status of a national policy, such as Bolivia (Five-Year Action Plan on Active and Healthy Aging), Brazil (National Health Policy for Older People), Chile (National Comprehensive health care plan for the elderly) and Cuba (National program of comprehensive care for the elderly). Others have sought to improve older people's access to health care and have implemented programs to promote healthy aging (Argentina, Chile, and Panama) and programs shared by health and social care institutions (Mexico). There is progress in creating a healthcare infrastructure designed specifically for the elderly population.

Thus, there are three geriatric clinics in Bolivia, their work includes a gerontological aspect, and services for the elderly are also included in the services of social security polyclinics; in Uruguay, an infrastructure of 23 polyclinics has been created to provide primary medical care, including elderly people and day care centers. The forms and models of providing care to the elderly population differ significantly depending on the country [38].

All over the world different forms of care for the elderly exist [2, 6, 15, 22]. Mostly they are based on social, economic and cultural peculiarities of society [22, 27, 30, 32]. All care for elderly systems has their strong and week sides [3, 8, 30]. One of the main goals of the public health system, in every single country, is to develop the

elderly health care system that will be accessible and acceptable to the population of the country [10, 13, 19], will satisfy the needs of the population as much as possible, according to the government's capabilities. During last two years researchers in neighbor countries (mostly Poland) pay much attention to medical problems of Ukrainian migrants especially old-aged-persons [39]. Ukrainian scientists also determine increase the burden of disease, low medical activity and social isolation of elderly people [40]. These factors can't be ignored in modern Ukrainian situation. We should work out new system of elderly people care based on the practice of other countries [6, 14, 25], but correspondent to Ukrainian possibilities and the modernity challenges [40]. The network of health care facilities had been destroyed during last two years and a lot of elderly people doesn't have accesses at all, or it's strongly limited, to medical, but especially social care. Therefore, government, medical professional association and non-governmental organisations should work-out united approach to reorganization of Ukrainian care for elderly model. Our review of some organizational forms and models of care for the elderly people in the world can be useful for this purpose.

CONCLUSIONS

The results of scientific publications analysis of organizational forms and care providing models to the elderly people in different countries of the world show none of the described models is perfect.

The development of long-term comprehensive care for the elderly, high-quality and affordable, is a priority of public health care all over the world.

The results of our analysis will be useful for the development and improvement of organizational forms and models of care to elderly people in Ukraine.

CONNECTION OF WORK WITH SCIENTIFIC PROGRAMS, PLANS, TOPICS

The work was carried out in accordance with the plan of scientific topics of the Public Health Department of the Ivano-Frankivsk National Medical University and is a fragment of a complex scientific research work: «Medical and social justification of the improvement of the organization of prevention, medical and rehabilitation assistance to the population» (implementation dates 2024-2028, state registration number 0124U001983), in which the authors are co-executors.

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CONFLICT OF INTEREST
The Authors declare no conflict of interest

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