



RESEARCH BRIEF

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The World Health Organization (WHO) Integrated Care for Older People (ICOPE) framework for healthy ageing: How has it been adopted across the world and what can we learn?

Research article: The World Health Organization (WHO) Integrated Care for Older People (ICOPE) framework: A narrative review on its adoption worldwide and lessons learnt. *Published in IJERPH MDPI in Dec 2022.* Click [here](#) to view the published article online.

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KEY FINDINGS

1. Across the 29 selected records in the review, there were 18 study teams that have adopted the ICOPE framework across the world. The study teams were primarily in Europe and China.
2. Majority of the study teams were in the stages of developing and testing the feasibility of the framework. A smaller number were in the early stages of implementation.
3. The authors proposed making five decisions before adopting the ICOPE framework. These included (i) whether the ICOPE programme should target older people in the general population or only those who come into contact with primary care, (ii) whether to apply it partially or all steps of the framework, (iii) whether to modify the proposed tools in the framework to assess intrinsic capacity, (iv) whether to use mobile health technology, (v) whether and how to conduct feasibility testing, prior to implementation of the framework.

IMPLICATIONS AND SIGNIFICANCE OF FINDINGS

1. Future adopters that have health systems with existing care processes (e.g., comprehensive geriatric assessment (CGA)) and elements of integrated care that are similar to Steps 2 to 5 of the framework could adopt Step 1 only. Importantly, the ICOPE framework will still be useful in informing how aspects of the care pathway can be improved in their existing health systems.
2. For future adopters with health systems that lack both assessment of intrinsic capacity and integrated care, they could adopt all five steps or at least Steps 1 to 3 of the framework.
3. The screening tools on intrinsic capacity proposed by the WHO may need to be modified according to available resources and local contexts. For instance, older adults need to self-report how well they can see and hear, if they are unable to do the visual and hearing tests described in the ICOPE framework.

4. Using mobile health technology enables the detection and long-term monitoring of intrinsic capacity of older adults in large-scale ICOPE programmes. However, it may limit the ability of older adults who do not have mobile devices or are less educated to be part of the programmes.
5. More research is needed on the factors that enable and hinder the implementation of the ICOPE framework.

BACKGROUND

The WHO introduced the concept of intrinsic capacity in 2015, which is a combination of a person's physical and mental abilities. Specifically, the components of intrinsic capacity include cognitive function, mobility, psychological well-being, vitality, sight and hearing. The WHO ICOPE framework aims to prevent and manage the decrease in intrinsic capacity in older people by optimising how healthcare and social services are provided to them. The framework consists of five steps: assessing intrinsic capacity (Step 1), comprehensive assessment in primary care (Step 2), development of personalised plans for care (Step 3), referral to specialised care (Step 4), and supporting older persons and their caregivers within their communities (Step 5). As the ICOPE framework was recently introduced in 2017, it was timely to synthesise the literature on its application by early adopters globally and suggest lessons learnt for potential adopters.

FOCUS OF PROJECT

The narrative review aimed to synthesise evidence on how the study teams plan to apply or have applied the framework across the world, and provide guidance for future adopters of and research on the ICOPE framework. While WHO reports have been useful in the dissemination of guidance on applying the framework and documentation of WHO meetings on ICOPE, this narrative review contributes to the academic literature and proposes recommendations for practice, policy and research based on the synthesis of published records.

DATA

The authors systematically searched electronic medical and social sciences databases and grey literature published between 31 October 2017 and 31 March 2022. Of the 317 unique records, 26 met inclusion criteria. Three additional records were included from screening bibliographies.

STUDY DESIGN

This was a narrative presentation of findings from a systematic review of the literature on the adoption of the ICOPE framework across the world.

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