



Letter to the Editor

Health Services for Older Persons with Multiple Complex Care Needs: Total Solutions Are Needed

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Dear Editor

Population aging is a global issue with a great variety of challenges, especially to the health care system.^{1,2} Taiwan, one of the most rapidly aging countries in the world, is facing challenges of all kinds related to this demographic transition.³⁻⁵ Taiwan's health care services are covered by the National Health Insurance that is famous of its efficiency and accessibility. On the other hand, the long-term care services are provided by the taxation-based programs with the emphasis on community and home-based care. However, high accessibility, low co-payment, lack of properly developed referral system, and the fee-for-service payment scheme result in care fragmentation, high health service utilization, polypharmacy and other conditions. Although health care systems differ greatly from country to country, effective solutions in Taiwan are also of great implications to the world. One of the challenges to the health care system in the rapidly aging society is the interaction and combined effects of multimorbidity and disability.⁶⁻⁸

On average, older persons in Taiwan attended outpatient services for nearly 30 times a year and the prevalence of polypharmacy and use of potentially inappropriate medications are high.⁹ Without effective interventions, the prevalence of polypharmacy, and use of potentially inappropriate medications gradually increased over time as people age.⁹ Care fragmentation also lead to poorer health care outcomes in older persons with dementia or those with hip fractures.^{10,11} Therefore, developing the integrated care services for older people with complex care needs would be the essential strategy to improve the quality of care. Health care services are different across countries, but the principles of holistic person-centered care would be the fundamental core.¹² Selecting outcome indicators to measure the clinical effectiveness of integrated care is also challenging. Functional performance, health care utilization, and quality of life are all outcome indicators of choice, and each outcome indicator suggested different dimensions of outcomes. Moreover, the ICHOM (International Consortium of Health Outcome Measurement) standard set for older persons is also the health outcomes of great potential because the standard set was defined according to the value-based health

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Received 19 April 2021
 Accepted 19 May 2021

Keywords

Health care system, integrated care, long-term care.

care.¹³

A pragmatic cluster-randomized trial in England and Scotland showed that patient-centered care model was of limited clinical benefits in improving quality of life,¹⁴ but the trial was designed to target at multimorbidity only without functional enablement. Therefore, more intensive intervention covering disease management and functional enablement may substantially improve the health outcomes because the measurements of quality of life consist of physical and mental domains. Physical, cognitive function, and mental well-being are the main determinants of quality of life, and previous studies have shown that disability was more important for quality of life and mortality than multimorbidity. A recent study has demonstrated that integrated primary health care covering multimorbidity management and functional enablement was the high-value health service.¹⁵ A person-centered approach should be holistic enough covering bio-psycho-social dimensions with special emphasis on functional enablement. General practitioners are generally lack of training in Geriatric Medicine and the practice settings are also short of sufficient resources for functional enablement.^{16,17} This may be the major cause of the failure to improve quality of life in the previous cluster-randomized trial in England and Scotland. Hence, we would like to call for more attentions in designing the integrated care system covering all necessary components with seamlessness.¹⁸ In particular, health care professionals need more education and training in integrated care and functional enabling programs instead of disease management only.¹⁹ Moreover, adding Geriatric Medicine in the undergraduate and postgraduate education becomes essential in the rapidly aging societies in the world.²⁰ The United Kingdom developed the program of community geriatricians to respond the unmet needs, but community geriatricians tended to treat frail older adults with acute or post-acute conditions. Frail older persons facing the threats of functional declines need more comprehensive approach and intervention that is universally lacking in the primary health care systems. To respond the health care needs for the super-aged society, more integration is needed in the health care services, healthcare professional education, and healthcare system reforms.

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