

# MOOC 17 Strategies and Actions for Optimizing Intrinsic Capacity

## Chapter 1 Implementation of Integrated Care for Older People (ICOPE) Approach

Before starting this course, let's take a look at Granny Lee's story.

Granny Lee's story is a very typical case in Hong Kong. This story highlights the importance of adopting the ICOPE framework to shift focus from solely treating medical conditions to addressing functional decline in older adults. Early identification, coordinated care, and connection to community resources can help older adults age safely and comfortably at home, reducing reliance on elderly homes.

In response to rapid population ageing, the World Health Organization (WHO) introduced below key publications on health ageing:

**2015: World Report on Ageing and Health**

Defined "*Healthy Ageing*" as maintaining functional ability for well-being in older age.

(You may refer to [MOOC 14: Demand on your CARE: Presentation of illness symptoms in older adults](#) for more details.)

**2017: ICOPE: Guidelines on Community-Level Interventions to Manage Declines in Intrinsic Capacity**

(It will be discussed in Chapter 2.)


**2019: ICOPE: Guidance on Person-Centred Assessment and Pathways in Primary Care**

(You may refer to [MOOC 16 Demand on your CARE: Exploring Intrinsic Capacity](#) for more details.)

**ICOPE Implementation Framework: Guidance for Systems and Services**

Provided insight into implementing ICOPE effectively at the systems and service levels.

(It will be discussed in this Chapter.)

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# ICOPE Implementation Framework

The ICOPE implementation framework (*Figure 1*) has two parts: **service managers** and **system managers**. It may be used to:

1. Identify older people in the community in need of health and social care.
2. Assess the capacity of services or systems to deliver integrated care at the community level using the ICOPE approach.
3. Initiate an ICOPE implementation plan according to capacity.

**Figure 1: The ICOPE implementation framework**

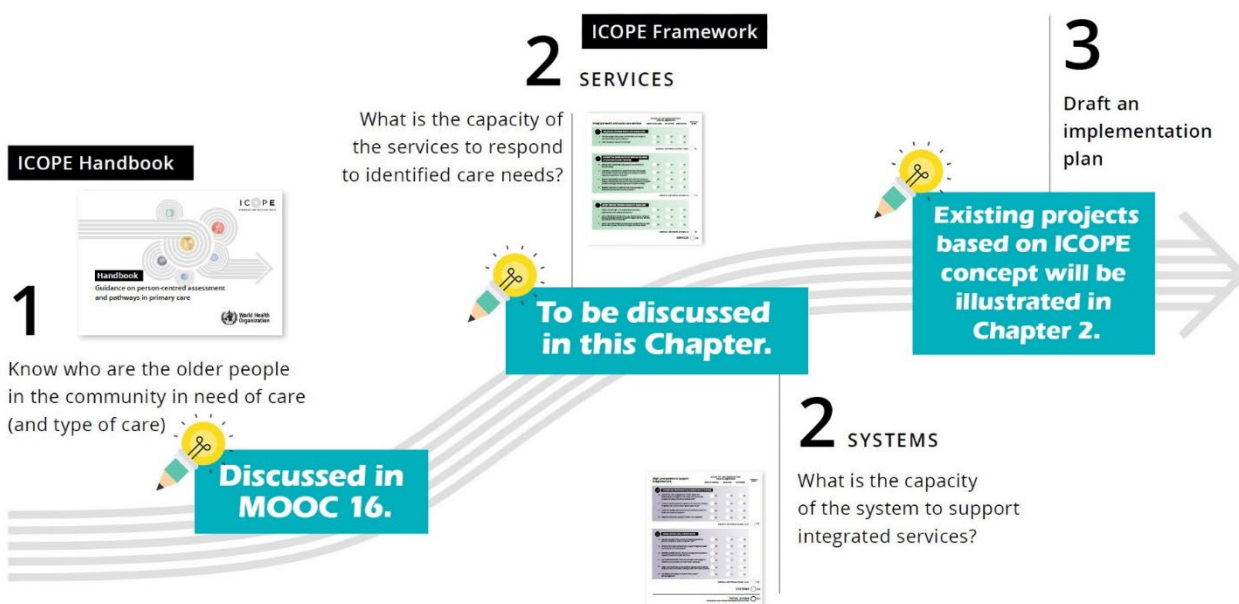


Image source from ICOPE Implementation Framework: Guidance for Systems and Services.

The table below provides a comparison between **Services (meso level)** and **Systems (macro level)** actions under the ICOPE approach.

Level	Service Actions (Figure 2)	Focus	Target Audience
<b>Services (Meso Level)</b>	<b>1-9*</b>	<ul style="list-style-type: none"> <li>• Support the implementation of the ICOPE approach in health and social care services.</li> <li>• Provides personalized, community-based care to enable older adults to remain independent at home.</li> <li>• Focus on integrating health and social care services, e.g. elderly centers, transportation, meal deliveries, visiting nurses, and day care.</li> </ul>	Service and programme managers (e.g. district health coordinators)
<b>Systems (Macro Level)</b>	<b>10-19*</b>	<ul style="list-style-type: none"> <li>• Support the implementation of the ICOPE approach in health and long-term care systems.</li> <li>• Strengthen collaboration across sectors to ensure sustainable care.</li> <li>• Develop policies and frameworks for sustainable, large-scale healthy ageing interventions.</li> <li>• Focus on actions such as financing mechanisms, workforce training, and policy alignment.</li> </ul>	System managers (e.g., policymakers, national-level health system managers)

\*The name of each *service action* (1-19) will be shown in the **ICOPE implementation scorecard** in the next section.

Figure 2. ICOPE implementation framework

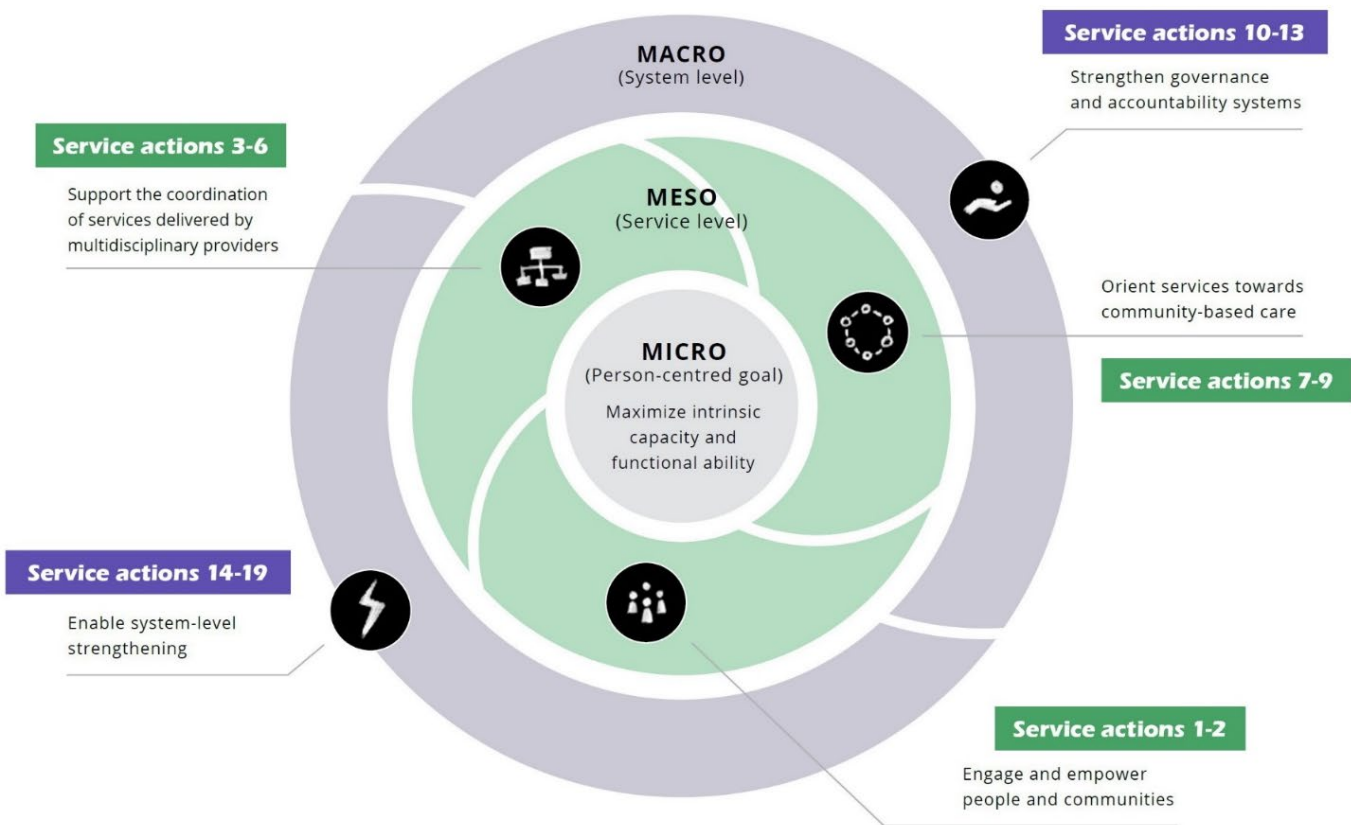


Image source from ICOPE Implementation Framework: Guidance for Systems and Services.

ICOPE implementation Scorecard

This scorecard summarizes the level of implementation achieved in ICOPE across services and systems. Follow the ICOPE implementation framework for a full description and guidance on each action needed, and to see the levels of implementation that attract each weighted score. Completed scorecards can be used not only to gauge the present capacity to implement ICOPE, but also to monitor ongoing delivery as scores improve.

Activity:

Now, would you try to complete a ICOPE scorecard for Hong Kong to identify the key strengths and gaps?

Details of each service action and the instruction of scoring can be found in [ICOPE Implementation framework: Guidance for systems and services.](#)

**STAGE OF IMPLEMENTATION**  
(check one, weighted score)

**Integrate health and social care services**

SUBTOTAL SCORE

NONE TO MINIMAL    INITIATING    SUSTAINING

ENGAGE AND EMPOWER PEOPLE AND COMMUNITIES

1 Actively engage older people, their families and caregivers and civil society in service delivery\*

☐ (0)
 ☐ (2)
 ☐ (3)

2 Offer caregivers support and training\*

☐ (0)
 ☐ (2)
 ☐ (3)

SUBTOTAL FOR SERVICE ACTIONS 1 AND 2 0 /6

SUPPORT THE COORDINATION OF SERVICES DELIVERED BY MULTIDISCIPLINARY PROVIDERS

3 Actively seek and identify older people in need of care in the community

☐ (0)
 ☐ (1)
 ☐ (2)

4 Undertake comprehensive assessments when older people enter health or social care services and a decline in intrinsic capacity is suspected or observed\*

☐ (0)
 ☐ (2)
 ☐ (3)

5 Support appropriately trained health and social care workers to develop comprehensive care plans for older people that are feasible, practical and target intrinsic capacity and functional ability\*

☐ (0)
 ☐ (2)
 ☐ (3)

6 Establish networks of health and social care providers to enable timely referral and service provision\*

☐ (0)
 ☐ (2)
 ☐ (3)

SUBTOTAL FOR SERVICE ACTIONS 3-6 0 /11

ORIENT SERVICES TOWARDS COMMUNITY-BASED CARE

7 Deliver care through a community-based workforce, supported by community-based services\*

☐ (0)
 ☐ (2)
 ☐ (3)

8 Make available the infrastructure (e.g. physical space, transport, telecommunications) that is needed to support safe and effective care delivery in the community\*

☐ (0)
 ☐ (2)
 ☐ (3)

9 Deliver care (with assistive products when needed) that is acceptable to older people, effective and targets functional ability\*

☐ (0)
 ☐ (2)
 ☐ (3)

SUBTOTAL FOR SERVICE ACTIONS 7-9 0 /9

\*Essential

**SERVICES** 0 /26



## Align care systems to support integrated care

### STAGE OF IMPLEMENTATION (check one, weighted score)

NONE TO MINIMAL      INITIATING      SUSTAINING

SUBTOTAL  
SCORE



#### STRENGTHEN GOVERNANCE AND ACCOUNTABILITY SYSTEMS

- |    |  |                           |                           |                           |
|----|--|---------------------------|---------------------------|---------------------------|
| 10 | Support the active engagement of older people and their families or caregivers, civil society and local service providers in policy and service development* | <input type="radio"/> (0) | <input type="radio"/> (2) | <input type="radio"/> (3) |
| 11 | Create or update policy and regulatory frameworks to support integrated care and to protect against elder abuse*   | <input type="radio"/> (0) | <input type="radio"/> (2) | <input type="radio"/> (3) |
| 12 | Implement quality assurance and improvement processes for health and social care services*   | <input type="radio"/> (0) | <input type="radio"/> (2) | <input type="radio"/> (3) |
| 13 | Regularly review the capacity to deliver care equitably*   | <input type="radio"/> (0) | <input type="radio"/> (2) | <input type="radio"/> (3) |

SUBTOTAL FOR SYSTEM ACTIONS 10-13

☐ /12



#### ENABLE SYSTEM-LEVEL STRENGTHENING

- |    |   |                           |                           |                           |
|----|---|---------------------------|---------------------------|---------------------------|
| 14 | Develop capacity in the current and emerging workforce (paid and unpaid) to deliver integrated care*                                | <input type="radio"/> (0) | <input type="radio"/> (2) | <input type="radio"/> (3) |
| 15 | Structure financing mechanisms to support integrated health and social care for older people*                                       | <input type="radio"/> (0) | <input type="radio"/> (2) | <input type="radio"/> (3) |
| 16 | Establish equitable human resource management processes to support the paid and unpaid workforce                                    | <input type="radio"/> (0) | <input type="radio"/> (1) | <input type="radio"/> (2) |
| 17 | Use health information and communication technologies to facilitate communication and information exchange                          | <input type="radio"/> (0) | <input type="radio"/> (1) | <input type="radio"/> (2) |
| 18 | Collect and report data on the intrinsic capacity and functional ability of older adults within existing health information systems | <input type="radio"/> (0) | <input type="radio"/> (1) | <input type="radio"/> (2) |
| 19 | Use digital technologies to support older people's self-management  | <input type="radio"/> (0) | <input type="radio"/> (1) | <input type="radio"/> (2) |

SUBTOTAL FOR SYSTEM ACTIONS 14-19

☐ /14

SYSTEMS ☐ /26

TOTAL SCORE ☐ /52

FOR SERVICES AND SYSTEMS IMPLEMENTATION OF ICOPE

Image source from ICOPE Implementation Framework: Guidance for Systems and Services.

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## Discussion:

Is Hong Kong ready for implementing the ICOPE approach?

What do you think is the biggest challenge in implementing ICOPE in Hong Kong?

### Potential Challenges:

- **Lack of resources:** Are there sufficient funding, workforce, and infrastructure to support integrated care?
- **Limited awareness:** Do policymakers, care providers, and the public understand the importance and benefits of ICOPE?
- **Coordination between sectors:** Can health, social, and community services collaborate effectively to deliver seamless care?
- **Others:** Are there additional barriers unique to Hong Kong's context?

Now, let's explore insights from local policymakers, managers, and care providers in the study below to see how they perceive Hong Kong's readiness and challenges in adopting ICOPE.

## Local Study on ICOPE Implementation (Yu et al., 2023)


A local study evaluated the capacity of *social care providers* in delivering integrated care based on the WHO ICOPE implementation framework. It examined their perceived roles and responsibilities in promoting healthy ageing and identified barriers and facilitators to ICOPE implementation from the perspectives of *policymakers, managers, and care providers* across health and social service sectors. The study used the *implementation scorecard* and conducted *focus group interviews*. Key findings and implications for policy and practice are as follows:

### Capacity of Social Care Providers in Delivering Integrated Care

The scorecard survey revealed that implementation readiness is "*initiating*", with higher readiness at the service level than at the system level.

#### Services (meso level):

- Some service actions, like *engaging the community and identifying older people in need of care*, are already underway in some community centers.
- However, actions related to *community-based care infrastructure* are still in the early stages.

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## Systems (macro level):

- Service actions on ***policy frameworks, elder abuse protection, and financing mechanisms*** are the least implemented, highlighting gaps and the need for investment in infrastructure and strategy.

## Perceived Roles and Responsibilities of Social Care Providers in Delivering Integrated Care

Social care providers envision their role as integral to the primary care system, moving beyond traditional social care to align with the ICOPE framework. Through focus group interviews, they identified three primary responsibilities:

- Provision of appropriate health education and promotion activities.
- Provision of health services for preventive health intervention.
- Acting as a bridge between different sectors to enable the seamless care services.

## Barriers and Facilitators to ICOPE Implementation

Qualitative findings reveal that various contextual factors influence ICOPE implementation.

### Barriers:

- **Limited health promotion competencies:** Social care providers were unprepared for needs assessments, and to plan the appropriate health promotion interventions due to limited knowledge of older people's care and skills for health promotion practice.
- **Lack of coordinated services:** Difficulties in making appropriate referrals between health and social care services hinder seamless care for older people.
- **Financial constraints:** Insufficient financial incentives limit organizations' ability to organize effective health promotion activities.

### Facilitators:

- **Workforce capacity-building:** Capacity-building programmes under the [Jockey Club Community eHealth Care Project](#) enabled them to perform needs assessment for older people (*it will be further illustrated in Chapter 2*).
- **Coordinated care and partnerships:** Establishing a referral system within and between health and social care providers would improve care sustainability and older people's experience.
- **Financing mechanisms:** A structured financing and flexible funding mechanism for resource allocation may help redirect funding for health promotion.




## Implications for Policy and Practice

To meet the needs of older people, integrated health and social care systems are essential. However, current systems often operate separately, creating barriers to ICOPE implementation. Challenges include siloed operations, differing financial incentives, and unaligned performance metrics.

### A multipronged approach is recommended:

1. **Align Perspectives:** Foster shared understanding among providers about healthy ageing and the ICOPE approach.
2. **Workforce Training:** Strengthen competencies for health promotion, screening, and age-friendly digital tool use (*it will be further illustrated in Chapter 2*), while encouraging collaboration between health and social care sectors, shifting landscape of eldercare.
3. **Streamline Referrals:** Develop referral pathways using tools like the WHO ICOPE screening tool (*Details of the screening tools can be found in MOOC 16*) to identify needs early and connect care services. Identify priority conditions associated with the decline in intrinsic capacity among older people in advance, and provide follow-up health services, including in-depth assessments, personalized care planning, and referrals in the health sector (e.g., District Health Centres).
4. **Facilitate Collaboration:** Establish multidisciplinary teams and regulatory frameworks to coordinate roles and interactions between health and social care providers.
5. **Share Resources:** Promote shared use of infrastructure, such as community spaces and telecommunication tools, to enable the implementation of various health activities. Telecommunication tools (e.g. [Electronic Health Record Sharing System 醫健通](#)) are essential to enabling authorized and trained care providers to access and share older people's records on health and social needs for care purposes.
6. **Integrated Financing:** Introduce pooled budgets across health and social sectors to encourage interagency collaboration and support coordinated care.


Now that you have an understanding of the potential challenges in implementing ICOPE in Hong Kong, let's move on to Chapter 2, where we will explore successful projects that have supported healthy ageing in the community.

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– End of Chapter 1 –

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