#### **Original article**



# Integrated Care for the Elderly in the Primary Health Care setting Oman: The Scope and Experience

Badria Al Rashidi<sup>1</sup>, Ahmed H. Al Wahaibi<sup>1</sup>, Salah Al Awaidy<sup>\*2</sup>

<sup>1</sup>Directorate of Primary Health Care, Ministry of Health, Oman <sup>2</sup>Health Affairs, Ministry of Health, Oman

\*Correspondence author: Salah Al Awaidy, MD; salah.awaidy@gmail.com

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#### Abstract

Many underlying physiological changes occur with age, and in elderly people, there is an increased risk of chronic disease and care dependence. Globally, the number of elderly people increases considerably in a relatively short period of time and the need for further support is also increasing exponentially. As the number of elderly people continues to grow along with their longevity, the need for long-term health care will increase significantly. Ultimately, the health care system faces a number of challenges, including long-term care, which includes activities related to the risk of age-related disabilities associated with chronic diseases.

We examine the status of the elderly program in Oman, the achievements, and gaps in achieving the Ministry of Health's vision in 2050.

The review eluded that the elderly program is headed in the right direction, however, the program still has unmet needs of physical fitnessrelated care, psychological health care, community support, and the leaving the environment. The findings of this review also underlined the importance of care models and support services specifically based on the needs of the elderly.

Keywords: Elderly individuals, Elderly Program, Primary Health Care, Oman

### Introduction

Over the past 50 years, the socio-economic development of most regions has gone through significant reductions in fertility and dramatic increases in life expectancy <sup>[1]</sup>. This has led to rapid population ageing in the world <sup>[1]</sup>. The fastest rate of change is observed in low-to middle-income countries <sup>[2]</sup>. It is estimated that the number of people aged 80 years and older will increase from 125 million in 2015 to 434 million in 2050 <sup>[3]</sup>.

As age and longevity increase, the risk of chronic disease also increases, including the risk of age-related disabilities from chronic illnesses such as lung disease and diabetes with age-related hearing and sight loss and movement, cognitive diseases such as dementia and physical and imbalance-related injuries.

The incidence rate of the elderly person's disability varies widely between countries depending on longevity and access to appropriate health and rehabilitation services. As the number of elderly people continues to grow along with their longevity, the need for long-term health care will increase significantly for people aged 80 and over, and especially for older women who live longer <sup>[4]</sup>.

The World Health Organization (WHO) Global Report (2015) on Aging and Health sets the goal of healthy aging as helping people in "developing and maintaining the functional ability that enables wellbeing" <sup>[4]</sup>. The WHO Public Health

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Framework on Healthy Aging aims to maintain intrinsic and functional capacity throughout life.

Moreover, for much of the nation's history, the care of the elderly was a family affair conducted largely by the home-based family. However, in the 21st century, care of the elderly worldwide is becoming increasingly complex.

Today, elderly care is a multi-sectoral area that brings together several key stakeholder groups, health care providers, non-governmental community service organizations, employers, governments, of the families, and elderly people themselves. They need to be better integrated and resourced to ensure that elderly people can age with dignity, that families can receive adequate support, and society has the ability to manage the costs associated with geriatric health care and the economic security of elderly persons. In this review, we examine the current status of the program for elderly persons in Oman, accomplishments and shortcomings in achieving the Ministry of Health's (MOH) vision for 2050<sup>[5]</sup>.

### **Elderly Demographic Situation in Oman**

The demographic situation in Oman shows an increase in annual population growth and life expectancy for Oman's citizens and elderly and their projections to 2050 [Figure 1]. In 2021, elderly accounted for 6.6% in 2020 of the total population and are expected to reach 11.80% by 2040.



Figure 1: Life expectancy for Omani population, by 2050 [7]

The aging population is increasing and the demand for health services is increasing. While this ageing population may be characterized as a successful health, service, and socio-economic development policy. However, it also challenges society to adapt to maximize health and the functional capacity of the elderly and its social participation and safety <sup>[8]</sup>.

Elders are a vulnerable segment of the population, they suffer from communicable and non-communicable diseases more than any other segment of the population, therefore, and its primary role is the provision and planning of cost-effective services.

## Philosophies of Aged Care in Oman

The philosophy of elderly and community health is based on the values of life and the worth of every human being from conception to death and respects the uniqueness of the individual. Elderly and community health provides care to individuals, families and the whole community in an evidence-based format, and functions competently in a diversity of roles, such as caregivers, managers, researchers, advocates, educators, communicators, and change agents. Partnership, participation, protection, promotion, and prevention are building blocks of this philosophy, so that services are developed that respond to the needs of the individuals, families, and communities that we serve.

Henceforth, improving the health and life quality of the elderly is the vital goal of the Oman Ministry of Health (MOH) in promoting healthy lifestyles and active aging within their families and community. The initiative is part of the human rights and social inclusion and modernization and stationery lifestyle. In addition, the initiative avoids duplicating services across the country. Integrated Primary Health Care (PHC) is considered the first to be implemented in this region of the Eastern Mediterranean (EM).

## Scope and Services Provided for the Elderly

The National Program for the Elderly, Care was launched by Directorate General of Primary Health Care, MOH. The Elderly Care Service is one of the essential services provided in primary health care facilities by all health professionals for all Omani citizens, 60 years of age and older.

These services begin early interventions with screening and full assessment of older adults at PHC. The assessment focuses on the clinical, psychological, and social needs of the elderly. These services have been incorporated into community health nursing services to improve service outcomes and optimize the use of government resources.

The program provides comprehensive assessment and screening of elderly persons in the community through a predesigned clinical protocol. It promotes optimal health for elderly by maximizing independence, identifying strengths of the elderly, and working in collaboration with the client to enhance or maintain these strengths. Geriatric health nurses facilitate a healthy environment as well as encourage mutual goal setting and decision making among the elderly, family, and nurse. They also encourage elderly people to exercise their rights and responsibilities. In addition, they work collaboratively with other sectors to establish and offer a continuum of services across the community by utilizing the available resources and by facilitating the elderly to access these resources.

The elderly program was integrated into PHC in order: 1) to maintain continuity of care from health care providers within the home setting and vice versa; 2) combining both programs will result in utmost usage of resources available for a program that is sustainable; 3) promoting health of the population rather than focusing on a group or individual; prevents diseases across life span; 4) attaining client satisfaction as it utilizes culturally relevant care in delivering services,

It is a comprehensive program, as it utilizes all the available services such as doctors, nurses, physiotherapists, dietitians, social workers, administrators, radiologists, pharmacists, and referral system [**Figure 2**]. In addition, the program is linked with the community nursing program to facilitate the smoothening of providing the survives at home. The nurses have undergone training on elderly health care in the community and are responsible for monitoring and coordinating the efforts of all health care professionals to ensure an appropriate flow of all activities.



Figure 2: Flow Chart of Elderly Health Services at PHC, Oman<sup>[7]</sup>

Training Requirements for Health Care Workers: Training National Elderly and the community Health course is 18 months at the Oman Nursing Institution. The program provides the knowledge and skills required to provide holistic care for elderly and bedridden candidates. The program takes a total of 270 graduate nurses with an Elderly and Community Care diploma. In addition, there are also continuing professional development courses offered to these nurses, such as advanced wound care and regular physiotherapy courses on thoracic physiotherapy and member engagement.

**Technological Innovations** 

Oman has launched the elderly care module into an electronic health system (Alshifa) at all PHCs. The statistical reporting of all events is implemented monthly and is also integrated into the Electronic Information System on Health Records as a unit at the PHCs. The electronic template has detailed, including personal, medical, and surgical histories as well as detailed physical, mental, and physiological assessment, level of dependency assessment, and socio-economic assessment [**Figure 3**]. The electronic template is linked with all supportive services and all clinics at the PHC. The electronic template provides statistics on the number of patients screened, their assessments and the intervention conducted. It also presents this information in tables as well as graphs and figures. The information is backed up for a very long period and will be interrupted if a death certificate is issued.

Elderly Care Management							
🚽 Save  🙀 Save & Close 🏠 C		Comprehensive Elderly Assessment					
Nature of First Visit	: (	Self Referral C From Cor	nmunity 📀 From I	Health Institute			
Category Score Questions		Answers					
Social Contacts and Support		How Is Your Living Situation ?	Living Alone for More than 1 Year	Living Alone for Less than 1 Year	Living With Family Members	Living with an energetic Partner	Living with a Partne who needs Suppor
Social Activities		Are there people including neighbours you can rely on and can help you at regularly ?	Care giver Present	No Care Giver Present			
Living Situation and Housing		How often Do You meet this People ?	Several Times a Day/every Day	Once or Several times a week	Rarely(Once/Twice a Month)	Almost never	
Economical Situation		How Do You Describe you relation with these People ?	Relationship Harmonious and	Relationship has Conflicts and tension	_		
Activities of Daily Living ADL		How have your Social Contacts developed Recently ?	Made Some New Aquaintances	No Changes	Lost some Contacts	Lost nearly all contacts (eg: Death ofpartner)	
Instrumental Activities of Daily Living IADL							
Geriatric Depression Scale							
Geriatric Depression Scale (Cont)							
Mini Nutritional Assessment(Screening)							
Modified Mini-Mental state Examination							
Modified Mini-Mental state Examination(Cont)							

Figure 3: Screening of Elderly within the Alshifa Electronic Health System at PHC, Oman<sup>[9]</sup>

# Competencies to be available through PHCs

Competencies were provided to nurses, including communication, management skills, basic knowledge in critical care management, wound care, diabetes foot, and rehabilitation services. In addition, knowledge of patient referral to a higher level of care, where appropriate, lifelong health promotion, to achieve the broader objective of client satisfaction by utilizing culturally appropriate care in service delivery.

# **Community Health Nursing Service**

Elderly, community nurses can provide out large-scale clinical interventions, including dressing, diabetic foot debridement, and intravenous cannulation and stabilizing fractures. Furthermore, the physiotherapist is skillful is engaged as a core member, to help the elderly on balance, walking, occupational therapy, and basic speech language pathology.

# Elderly Program Challenges and the Way Forward

The growing demand for elderly services is manageable as it is conducted by staff at PHCs, however, there is an increasing demand for community services compared with available means such as human resources, transportation and medical, define budget for the program and non-medical supplies. The lack of resources such as transportation and manpower is also am theong major challengoefor the program. Furthermore, there are neither geriatric specialty ward services in the secondary and tertiary hospitals nor national curriculum at the medical colleges neither para medical specialties. In addition, the program is lacking rehabilitation centers for the elderly for speech or swallowing therapy and wound care materials.

The following services must be in place for efficient service delivery, including: 1) Telehealth is intended for primary care first appointments; 2) Modern technology to be employed to provide the ability to customize health care to meet the needs of individual patients; 3) Elderly rehabilitation centers are required to be run by professional, occupational and speech therapist and to be equipped with all necessary tools to help elders resume their normal daily activity; 4) Specific research to be undertaken to assess the quality of services delivered; 5) Oman elderly law to be developed as it is to facilitate sustainability and regulation of services across the country.

## Conclusions

This brief review indicates that the elderly program is headed in the right direction, however, there are unmet health care needs related to physical fitness and psychological health, community life, and the environment in which they live and engage. The findings of this review also underline the importance of care models and support services specific to the needs of the elderly.

## **Data Availability**

The authors confirm that the data supporting the findings of this study are available within the article and/or its supplementary materials.

# **Conflicts of Interest**

The authors have no personal or financial conflicts of interest to disclose

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## Authors' contributions

BA, SA and AA designed the research; SA, BA and AA collected and analyzed the data; SA, BA and AA wrote the first draft; SA edited the paper. All authors read and approved the final manuscript

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