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A "PATTERN" OF INTEGRATED SERVICES FOR THE ELDERLY AT COMMUNITY LEVEL

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Introduction (1)

- In an aging society, quality and continuity of health and social care are equally important.

- The issue of elderly population in Romania, has complex and interdisciplinary implications, bringing together the social, medical and economic fields.

- In Romania the elderly population is growing, now standing at 16.14% of all population and 55.2% of them lives in rural areas.

Introduction (2)

Three types of continuity (Haggerty J. L. & all):

- ***Relational continuity* -** the therapeutic relationship between a patient and one or more clinicians that bridges episodes of care;

- ***Informational continuity* -** ensures connectedness and coherence by the uptake of information on past events;

- ***Management continuity* -** refers to consistent and coherent management by different clinicians through coordinated and timely delivery of complementary services.

Aim:
continuity assessment of integrated medical and social services offered to the elderly population in rural areas

Objectives

1. Analysis of the needs of the medical and social services for the elderly in rural area

2. Develop a "pattern" of integrated services for the elderly at Community level

Methods (1)

Type: pilot study, observational and descriptive with a transversal approach

Study population:
Lot for each village: 30 elderly persons and 3 key-persons.

1. *First level* – selection of 3 County:

The criteria:

- Small number of population
- Proportion of elderly resident in rural aria
- Economic status, include Gross national income/capita

2. Second level – selection of 8 village

The criteria:

- Number of elderly population
- Degree of isolation (distance to the family doctor and to hospital, means of transport, type of road)
- Availability of community key persons to participate in the study

Methods (2)

Time period: June 2014 – August 2015

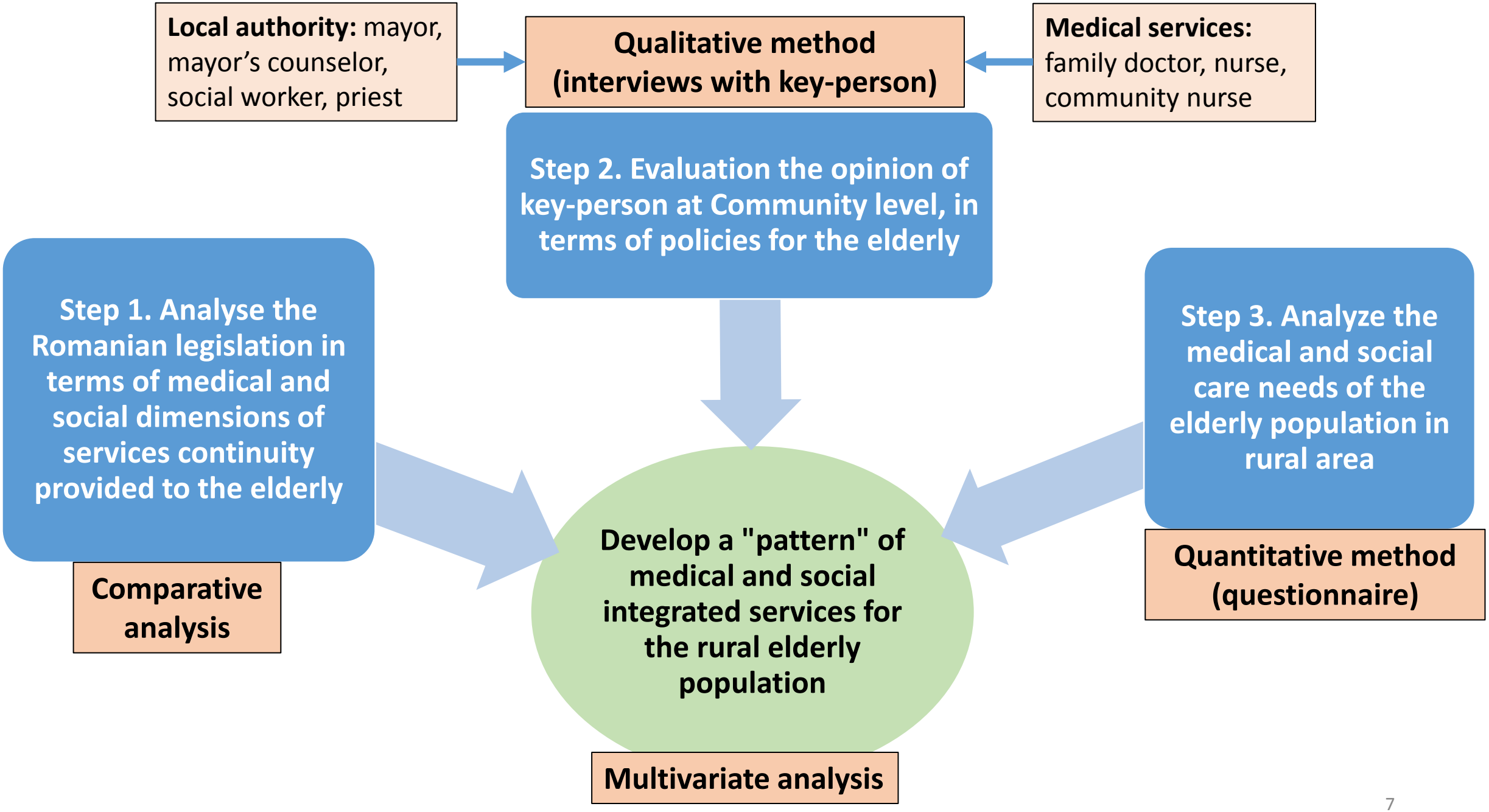
Tools:

- For key person - **semi-structured interview** with questions related to the three dimensions of continuity of health and social services

- For population - **questionnaire** regarding to the types of pathology, medical and social services they need.

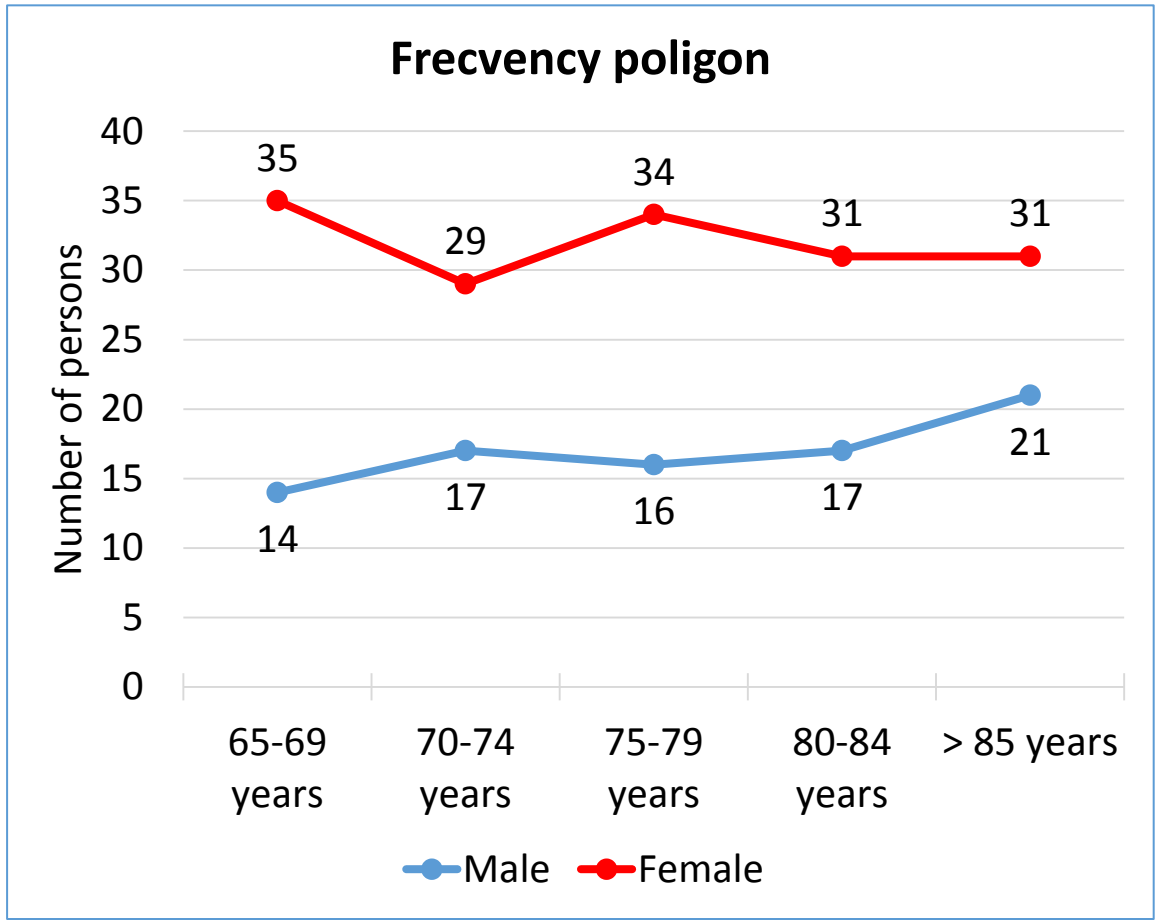
Processing and data analysis:

1. Descriptive approach – **independent analysis** of factors,
2. Generating "pattern" - **multivariate analysis** of factors:
   a) Factor analysis
   b) Principal components analysis (*Direct Oblimin* rotation method for demonstrating the correlation between factors).


Local authority: mayor, mayor's counselor, social worker, priest
Qualitative method (interviews with key-person)
Medical services: family doctor, nurse, community nurse
Step 2. Evaluation the opinion of key-person at Community level, in terms of policies for the elderly
Step 1. Analyse the Romanian legislation in terms of medical and social dimensions of services continuity provided to the elderly
Step 3. Analyze the medical and social care needs of the elderly population in rural area
Comparative analysis
Develop a "pattern" of medical and social integrated services for the rural elderly population
Quantitative method (questionnaire)
Multivariate analysis

R E S U L T S

Characteristic of the elderly population



- 65.3% female gender
- 37.6% living with husband / wife or living alone 37.1%
- 55.1% have a low income, consisting of pension for farmers
- are insured and registered to the family doctor,
- are evaluated for health and social risks.

Step 1. Analyse the Romanian legislation in terms of medical and social dimensions of services continuity provided to the elderly

Central level

In the **medical field**, continuity is regulated only for the providers who are under contract with the Health Insurance House

Ministry of Health

Ministry of Labor, Family and Social Protection

(*Public policies and regulations are made separately*)

Local level

In **social services**, continuity is not expressly regulated; there are provisions for the quality conditions that must be fulfil by the home care providers and by the residential centres

Medical services - private providers (family doctors) who are in contract with Health Insurance House

Social services - public and private providers that contract with the local administration authorities

Step 2. Evaluation the opinion of key-person at Community level, in terms of policies for the elderly

Relational continuity

- **Medical field:** direct family doctor-patient communication; community services available, partial cooperation and partnership between public and private health care units
- **Social field:** relationship between beneficiaries and care services providers; facilitate the development of relations between the beneficiaries and community members

Informational continuity

- **Medical field:** recording information in written documents, the existence of electronic documents, use of practice guidelines and protocols
- **Social field:** mandatory existence of the service contract, recording and archiving the data beneficiaries, existence of procedures and quality standards for care services

Continuity Management

- **Medical field:** small number of permanent centers at the level of family medicine; partially existence of lack of dentist doctor and pharmacist, lack of psychological counseling services
- **Social field:** supports access to all types of medical and social services, ensuring functional autonomy recovery program from beneficiaries

Step 3. Analyze the medical, social and financial needs of the elderly population in rural area

Medical needs

1. Family doctor - 78% month treatment
2. Specialized medical services:
   -cardiology 66%,
   -rheumatology 44%,
   -internal medicine 22%,
   -ophthalmology 18%,
   -diabetes 18%,
   -neurology 16%
3. Hospital services - 35%
4. Home healthcare services – 19%
5. Recovery treatments – 9%

Social needs

1. Help in housework - required 65%
2. Household help - requested 27%

In both cases, 63% prefer free help, with a frequency of 1-4 times / week (31%) or daily (25%).

Financial needs

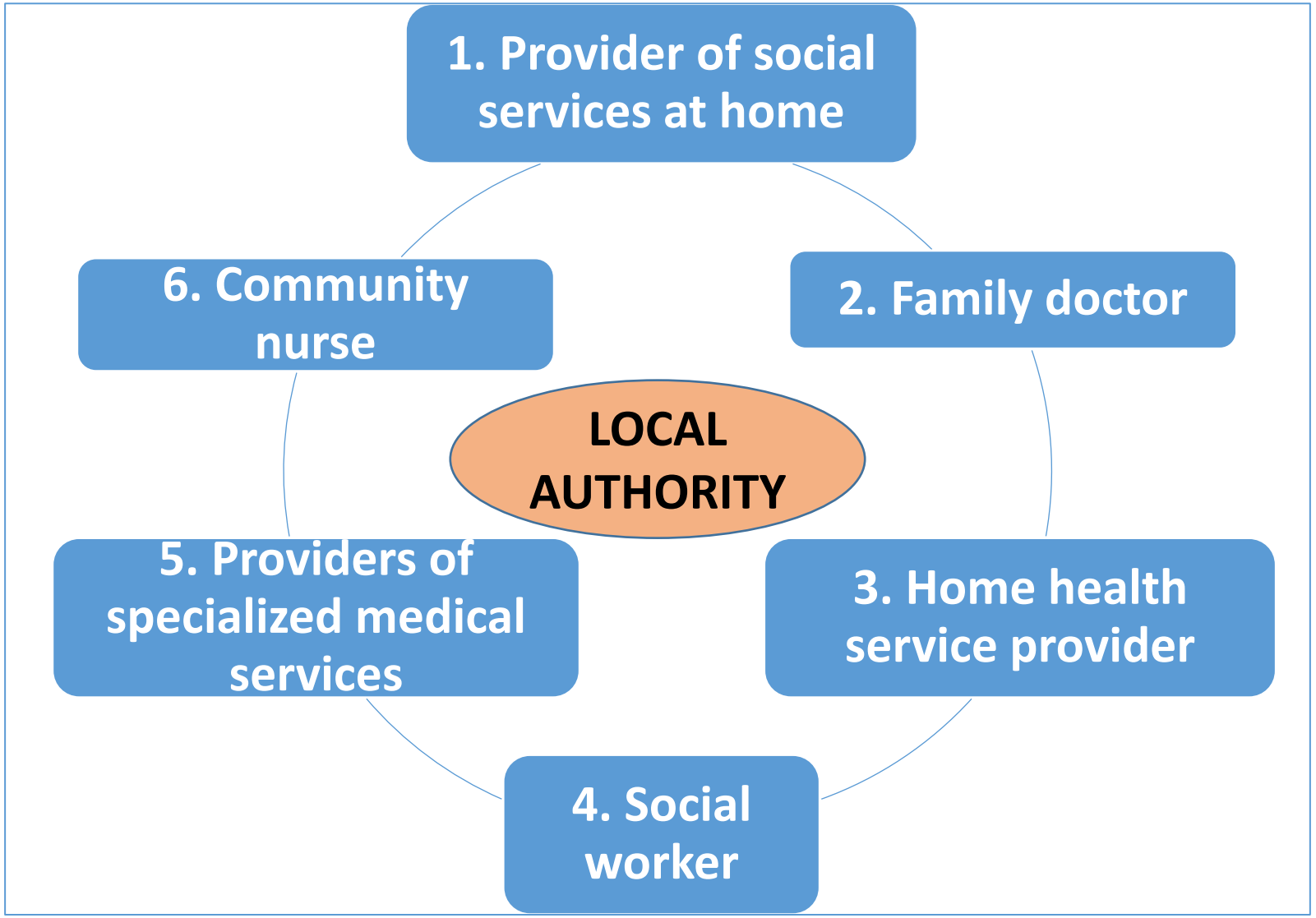
A monthly income supplement – 55%

The "pattern" of medical and social integrated services for the rural elderly population

The **“Daily community center for integrated services”** will provide the elements that characterize the dimensions of continuity:

- informational continuity (medical and social documents),
- relational continuity (relationship between the different medical and social providers)
- management continuity (ensuring the continuity of care by developing services that are missing).

“Daily community center for integrated services”



CONCLUSIONS

In Romania, local authorities are responsible to develop medical and social integrated services at the community level, ensuring the sustainability and continuity of these services.

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THANK YOU FOR YOUR ATTENTION !

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