

## The Elderly Care Special Interest Group : Opinions and Future Plans

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### ABSTRACT

**Aim:** Studies on the needs of the steadily increasing aging population globally and in our country are in their beginnings in family practice. In this study the views of family physicians with special interest in elderly care, on the actual status of elderly care and the working and research areas, have been evaluated.

**Methods:** In October 2015, in the 20th WONCA Europe Conference in Istanbul, a study group about elderly care "Elderly Care Special Interest Group" was initiated. In November 2015, a questionnaire consisting of 14 questions with 6 open ended items was e-mailed as a link and answers of the group members were evaluated. Descriptive statistics were used.

**Results:** Group members consisted of 16 Family Medicine consultants who worked in different health institutions. They are expected to work in the primary care of the patients mostly (81.3%). In the newly initiated group, developing the concept of follow-up of elderly patients in family medicine (93.8%) and preventive measures for elderly needs (87.5%) were suggested mostly for study areas. Follow-up of elderly in primary care settings (81.3%), care of the frail elderly (75%) and management of chronic diseases (68.8%) were brought up mostly for research focus. Being able to conduct multi-centered studies was mentioned as the strong points of the group while absence of a pathway concerning studies was

mentioned as a weak point. Developing an approach to elderly care was seen as an opportunity, but funding resources for the projects and delays in coordination of the group were mentioned as possible threats.

**Conclusion:** Similar elderly care special interest groups will certainly emphasize the necessary issues relevant to elderly care. The group members are competent and enthusiastic to study on elderly care issues and this will empower the group. Although living in different regions of the country may seem like a handicap to meet, social media utilization will help to keep up the communication.

**Key words:** Questionnaire, Elderly Care, Family Medicine.

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## Introduction

The addition of a new agenda is expected to be added to the working agenda of family physicians in Turkey. Since as the world is aging, our country is aging rapidly, too. (1)

Family health centers are the first point of contact for many patients in our country. Especially in rural areas, patients do not want to go to other health institutions. On the other hand, patients in urban centers are frequently referred to hospitals. Structural changes such as elderly “low threshold” practices in hospitals are useful initiatives to remove some obstacles to elderly people’s health care services, but it is clear that efforts to address unmet health needs have yet to be made.(2)

In our country, studies on the needs of elderly individuals in the practice of family medicine are still in their infancy. In this context, “elderly health special interest group” aims to contribute to this issue.

In this study, it is aimed to examine the opinions of family physicians, who are concerned with elderly health in the areas of study and research related to the elderly health field.

## Method

The study covers the opinions of the members of the Elderly Health Special Interest Group of Family Physicians, who met during the 20th WONCA European Congress event held in Istanbul on 22-25.10.2015. In November 2015, they conducted a questionnaire consisting of 14 questions with 8 closed- and 6 open-ended questions. The questionnaire was filled out via the link sent via e-mail. The findings of the questionnaire were analyzed with descriptive statistics and the results were shared with the group members. It is believed that the results obtained will guide the group’s work.

## Results

Sixteen Family Medicine specialists participated in this study. Nine (56.3%) worked in the university, four (25%) in an Education and Research Hospital, two (12.5%) in a Family Health Center, and one (6.3%) in a Community Health Center.

Answers to the question on their role on elderly health issues revealed subject headings like primary prevention (n = 13; 81.3%), secondary protection (n = 9; 56.3%), tertiary protection (n = 5; 31.3%), rehabilitation (n = 5; 31.3%), and other tasks such as treatment and research (n = 2, 12.5%).

Questions on their abilities of institutional training and research opportunities revealed these results; (n = 5; 31.3%), elderly health research (n = 9; 56.3%), elderly health education (n = 4, 25%), inter-professional training and education (n = 5; 31.3%), and epidemiological studies (n = 5, 31.3%). Twelve (75%) participants had studies in the elderly health research field. They had published several articles.

The participants stated, that the SIG should focus on geriatric assessment (n = 11; 68.8%), evaluation of multi-centre data (n = 12; 75.0%), development of an elderly health monitoring concept

in family medicine (n =15; %93.8), development of an elderly out-patient concept (N = 9; 56.3%), development of a protective approach to aging (n = 14, 87.5%), management of frailty (n = 8; 50%), prevention of geriatric giants (n = 1; 6.3%), poly-pharmacy (n = 12; 75%), drug prescribing (n = 9; 56.3%), management of chronic disease (n = 13; 81.3%), nutrition of elderly patients (n = 10; 62.5%), palliative care and hospice (n = 4, 25%), caregiver problems (n = 8, 50%), comorbidity (n = 6; 37.5%), aging-friendly primary care (n = 11; 68.8%), acute geriatric care (n = 2, 12.5%), non-acute geriatric care (rehabilitation) (n = 6; 37.5%), the development of quality of life improving programs (home health care, home care, day care homes) (n = 9; 56.3%), health services organizations (n = 7, 43.8%), complexity (n = 2; 12.5%), counseling services (n = 13; 81.3%), ethical and cultural problems (n = 5; 31.3%), and social problems (n = 5; 31.3%).

The research priorities, that should be included in the elderly health field were mentioned as elderly health problems in family health centers (n = 10; 62.5%), elderly care monitoring in family health centers (n = 13; 81.3%), family health centers and hospital relations (n = 8, 50%), management of frailty (n = 12; 75%), %, the establishment of elderly health outpatient clinics in hospitals (n = 5; 31.3%), the first point of care issues (n=6; %37.5), inter-professional collaboration (n=6; %37.5), electronic records (n = 7, 43.8%), longitudinal care (n = 2; 12.5%), patient compliance (n = 2, 12.5%), communication skills (n = 3, 18.8%), chronic disease management (n = 11;68.8%), care of acute problems (n = 2; 12.5%), diagnostic approaches (n = 8; 50%), treatment approaches (n = 6; 37.8%), decision making (n = 3, 18.8%), multi-morbidity (n = 5;31.3%), health promotion (n = 9; 56.3%), palliation (n = 3; 18.8%), prevention (n = 6, 37.5%), integration (n = 1, 6.3%), biopsychosocial approach (n = 6, 37.5%), and cultural sensitivity (n = 1, 6.3%).

The participants reported the following opinions on the effect of capacity building and network formation on elderly health care and professional environment: reaching out to patients and their families at home health care, collaborating with universities and primary care, ensuring networking of family physicians and other branch specialists, participating in educational activities, and communicating via social media.

The strengths of the elderly health special interest group was as follows: the opportunity for participants to be able to work in different regions of Turkey and in strong multi-center studies, their willingness and enthusiasm, their participation from different health care institutions at different health care levels, the opportunity to develop different perspectives and different solutions, their competency, the support of academicians.

Weaknesses have been reported as follows: the roadmap for the studies, that can be done has not been established yet; the distances of cities, where they leave; obstacles to meet; existence of different groups, and problems of sustainability.

Opportunities were defined as the possibility of taking part in more extensive studies; the possibility of multi-centered studies that can determine geriatric patients’ problems and their distribution; the competence of the team; the lack of work in this area, and the opportunity to develop an elderly health care approach, that can be developed in our country.

Threats have been argued as communication problems, institutional barriers, interdisciplinary competition, difficulties in finding resources for projects, and the risk of disintegration due to poor coordination.

## Discussion

It is striking that participants have a balanced distribution of institutions. As Family Physicians, they report predominantly primary prevention and primordial protection and secondary protection. At the same time, this refers to the limits of the working area in family medicine. Accordingly, in the elderly it is necessary to develop health (sports, proper nutrition), vaccination, chemoprophylaxis and secondary protection in chronic diseases.(3,4)

It is also a fact that family doctors spend a lot of time in home health care due to the need in Turkey. Especially those working in education and research hospitals undertake this task. In this framework, it is possible to add health and palliative care services at home to the above preventive health services. The problems that arise in this area also need to be investigated and managed.

Family doctors who work in the university are contributing to the elderly health and care education, because of their educational duties as well as limited service to the elderly in a clinical sense.

The study group has proposed mainly the development of health monitoring concept, a preventative approach, a counseling service, a program for the management of chronic diseases, polyparmacy, standards, nutrition program, elderly evaluation, and aging- friendly practices. It is possible to collect these works under one heading. The “Age-friendly PHC Instrument Set”, which is an initiative initiated by the World Health Organization(5). Expanding this concept, would help to meet the anticipation of inclusion of the key areas proposed above. However, the development of the instrument alone will not suffice. Older “follow-up” (monitoring) or periodic health check-ups or the institutionalization of assessment needs should be continued. It would be unrealistic to expect these services to be provided by a single physician and family health worker. Some support schemes, such as aging-friendly coordination centers, should support this process.(6,7) Major conditions such as cognitive impairment, depression, urinary incontinence, instability, and immobility; which are called geriatric giants that impair life quality, are quite common among the elderly.(8) Aging-friendly coordination centers counseling may also be possible.

Information should be produced in order to better understand the duties related to elderly care, which are attributed to family physicians and the emerging health problems. Special interest groups have reported, that in the direction of their experience, the issues such as elderly follow-up, frailty management, management of chronic diseases, elderly health problems and health promotion should be examined. As understood from these statements, health monitoring of the elderly has high priority. There are some proposals on the periodic health examinations by the Public Health Institution of Turkey, which needs to be elaborated on and transformed into a monitoring program. Based on the best evidence available in this framework, it is

important to form a guide and assess the quality of this guide, and then take the views of the different stakeholders. The linguistic adaptation of the screening instruments to be recommended in the handbook also constitute an important field of study. In addition, the development of new diagnostic and management instruments specific to our country and culture should be targeted. Frailty is a new concept, that attracts the attention of the health care environment. The management of the frail individuals and more importantly its prevention has priority. Undoubtedly, family physicians will be the contributors to this issue. (9) The development of diagnostic tools for this and the planning of early interventions should be included in research topics. Another growing group of problems is dementia. This issue should be addressed, although it has not been addressed in this study.(10,11)

The Elderly Care Special Interest Group expresses the strengths of its members to be made up of diligent, interested, motivated, experienced, competent members, and with easy accessibility to faculty members. They say; that the lack of a roadmap, the lack of standards, and the fact that the members reside in different places are weaknesses. As an opportunity, it is stated that the group is very multi-centered and that the studies in this area are few in number. As a threat, it is stated that individuals participate at different levels of care, that they could face communication problems, support for projects is difficult, and the project may have the risk of poor coordination .

## Conclusion

Special interest groups, which are needed in our family medicine society, will undoubtedly contribute to important studies in this area. Participating researchers of this group are enthusiastic and competent, which will take the group further. The fact that the group members live in different cities seems like a handicap, but the presence of social media and the openness of communication channels will be helpful in overcoming this problem.

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