Healthcare for the frail and elderly:

Transitioning towards patient centered care in Cyprus

An effective and efficient healthcare system puts the patient and their respective needs at the heart of the conversation.

The majority of healthcare providers tend to focus on what is the matter with the patient and not what matters to the patient. There is a need to shift the attention towards patient-centered care, which relies on effective communication to understand the values and preferences of elderly patients resulting in shared decision-making and respect for patient autonomy. Such an approach ensures that elderly care is coordinated and comprehensive, taking into account the physical, mental, and social needs often associated with the complex health conditions and comorbidities they may be faced with. Finally, patient-centered care has a significant impact on patient satisfaction, engagement, and adherence to complex treatment plans as it helps to build trust between the patients and the healthcare providers, an essential factor in ensuring that patients feel supported and valued.

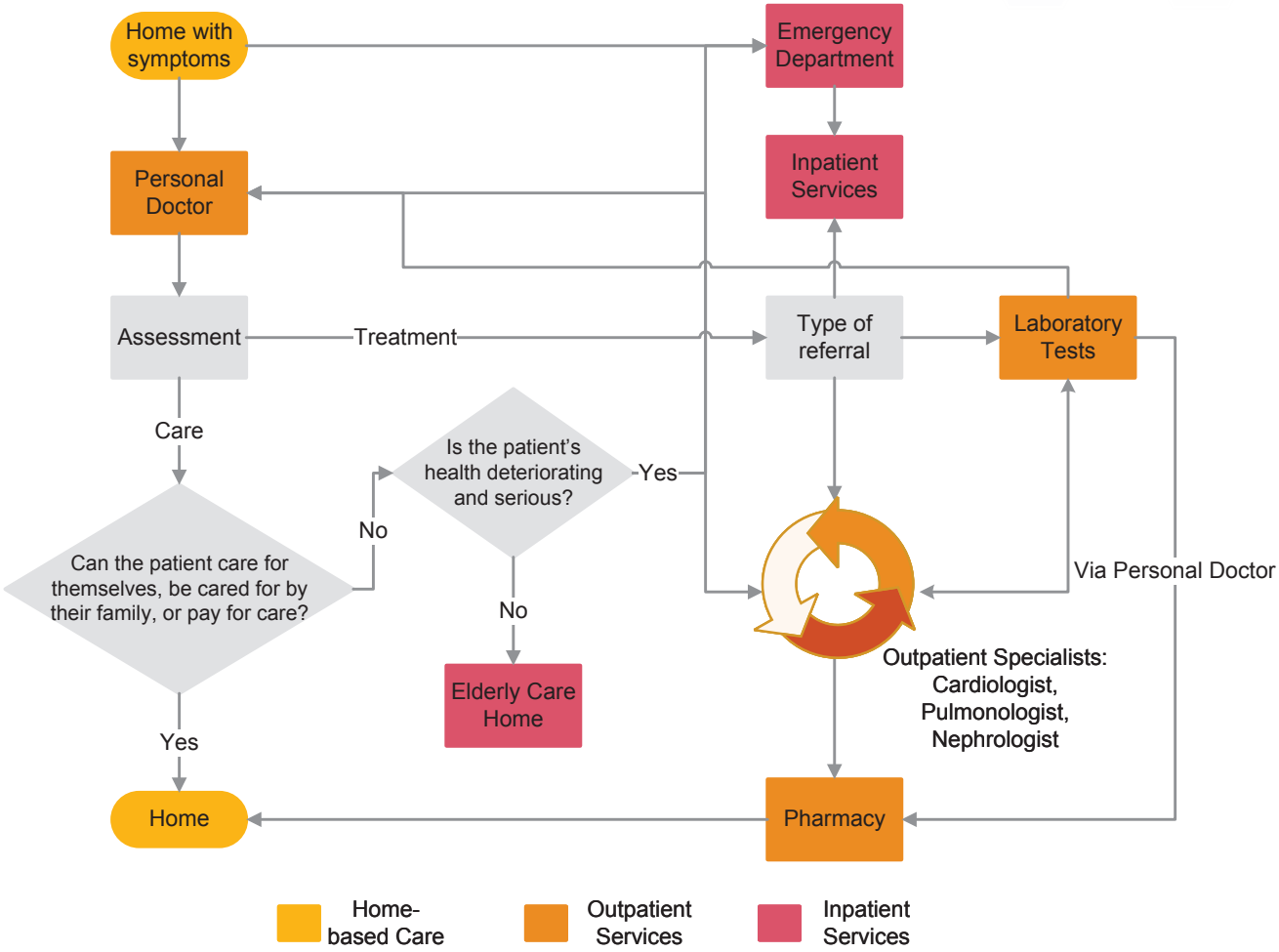
With the percentage of the population aged over 65 years in Cyprus projected to increase from 16.3% in 2021 to 25% by 2050, and with this demographic group currently accounting for approximately 36% of the total per capita healthcare expenditure, the time to act is now. Providing patient-centered care ensures that such patients live healthier for longer and softens the overall burden on the healthcare system.

Healthcare journey of elderly patients in Cyprus

Within the General Health System (GHS) in Cyprus, elderly patients have to navigate a complex healthcare system in order to receive the care they need. Let's take the example of Maria, a 75 year old patient who lives alone, has reduced mobility and a history of hypertension and high cholesterol. She has been taking medication for a number of years for her chronic health conditions, a statin for her cholesterol and a combination of hypertensives and a beta blocker for her hypertension. Maria becomes aware of some symptoms including swelling in her hands and feet, fatigue, weakness, and shortness of breath. These could be symptoms of kidney disease often associated with hypertension causing damage to the blood vessels in the kidneys, or of heart disease given her history of hypertension causing stress to the heart. In the figure below we highlight the complex pathway that Maria has to navigate in order to receive the care she needs for her current symptoms.

1. Lamnisos, D., Giannakou, K. and Jakovljevic, M., 2021. Demographic forecasting of population aging in Greece and Cyprus: one big challenge for the Mediterranean health and social system long-term sustainability. Health Research Policy and Systems, 19, pp.1-8.

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Healthcare Setting

Emergency Department

As a result of long waiting times to see the PD/outpatient specialists, the acuteness of the illness and the increased stress levels of the patients, a number of patients like Maria chose to visit the Emergency Department. This overloads the Emergency Department making it difficult for the staff to cope with the volume of patients sometimes at the expense of the more critical cases. The primary purpose of the Emergency Department should be to treat life-threatening conditions.

Inpatient services

- Hospital admissions often have unnecessarily long lengths of stay resulting in increased costs and a negative impact on the overall health of elderly patients due to an increased risk of contracting hospital-associated infections, falls, sleep deprivation, reduced mobility, reduced independence, and increased psychological stress.
- There are no geriatric wards for the elderly and hospital staff are not specifically trained to cater for the complex needs of elderly patients within the GHS.
- The reimbursement system used within secondary care settings, where healthcare providers are reimbursed for the services they provide, does not favor the provision of services to patients with complex health conditions often associated with multiple comorbidities. A complication for an existing condition does not necessarily generate another diagnosis-related group reimbursement, the reimbursement mechanism of inpatient services. This impacts the quality of care they receive, with elderly patients often receiving insufficient care which has a negative effect on their health outcomes.

Healthcare Setting



Outpatient Specialists

Mary will likely be referred to a number of outpatient specialists following the results of the tests and/or physical examination, and is likely to require more than one visit to each specialist. This process will lead to multiple visits and can often take over a month.



Pharmacy

Patients have to physically visit the pharmacy to collect their prescribed medication. Additionally, when developing a treatment plan, existing prescriptions are often not taken into consideration by the various specialists raising the issue of polypharmacy (the use of multiple medications by a patient at the same time which can increase the risk of adverse drug reactions as well as the risk of drug interactions leading to reduced medication effectiveness, increased side effects, and even toxicity).



Home

Changes in family structure where families are often smaller and more geographically dispersed, increased work demands and less free time, means that it is far more challenging for family members to provide home-based care for the elderly, as was often the case in the past. This is further exacerbated by the increased demands on caregivers associated with the complexity of medical care needed and the overall decrease in the number of caregivers. Home care services that are covered by the GHS include home visits made by personal doctors to permanently bedridden patients (6 visits per year per permanently bedridden patient) and by nurses. The provision of such services is rare due to the time commitment required from personal doctors (limiting the number of patients they can see per day) and due to the overall lack of nursing staff across the GHS. Home care services can also be provided by the Social Welfare System, through which trained caregivers visit the elderly patient's home on a regular basis and provide assistance with activities of daily living and with basic healthcare needs. However, such services are often not provided to a sufficient level due to an overall lack of qualified carers. The current legislation does not simplify the matter as the employment of care providers from outside the EU is not permitted. As a result, instead of seeking help from qualified carers, most families informally turn to their domestic helpers for assistance, which have no expertise in the provision of healthcare services and therefore cannot address the healthcare needs of the elderly.

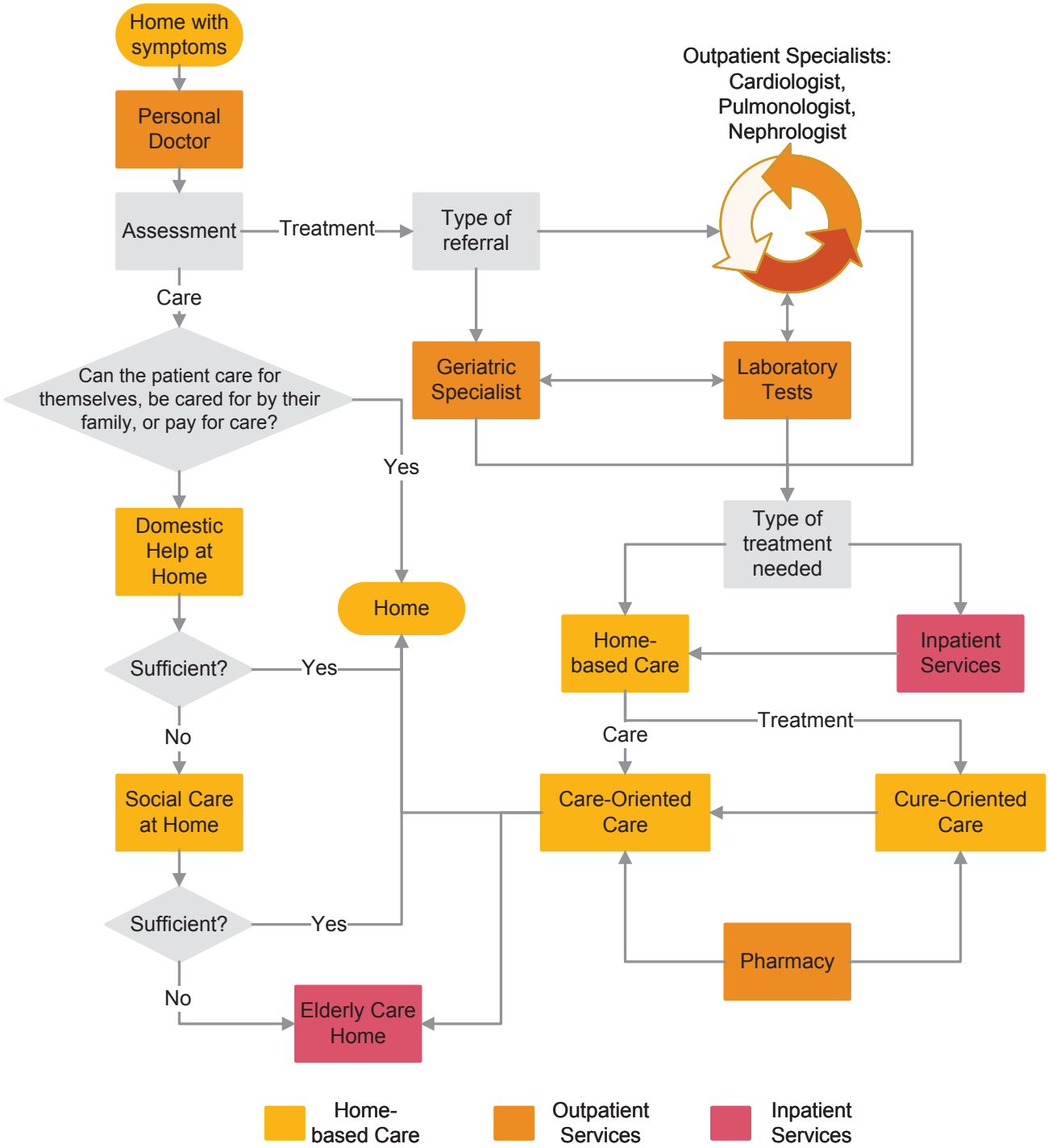
All in all, Maria has to navigate a complex system and overcome a number of challenges and barriers to receive the healthcare she both deserves and needs. Most elderly patients such as Maria require ease of access to healthcare services and providers in order to stay longer at home and prevent institutionalization. The GHS could achieve this by focusing on two key areas:

1. **Developing a home-based care pathway that can be coordinated by the Personal Doctor ensuring that elderly patients remain healthy at home.** Such a pathway is currently absent within the GHS resulting in additional visits to the healthcare providers (e.g. outpatient specialists, emergency department), adding to the inconvenience of the patient and to higher costs from a system perspective.
2. **Simplifying the treatment pathway to deliver timely and coordinated patient-centered care in the least restrictive setting possible.**

There are lessons to be learned from other European countries which have transformed the provision of care for elderly patients to be both efficient and effective. One such example is the Netherlands, described in the following section.

Healthcare journey of elderly patients in the Netherlands

The healthcare journey for elderly patients such as Maria in the Netherlands emphasizes a patient-centered approach with a focus on providing high-quality and coordinated care across different healthcare settings. The primary aim of the healthcare system in the Netherlands - when it comes to elderly care - is the provision of healthcare services for elderly patients within their own home or as close to home as possible. Healthcare providers work closely with patients and their families to develop care plans that are tailored to their individual needs and preferences, and ensure they receive the care and support they need to maintain their independence and quality of life. In the figure below we highlight the pathway that Maria has to navigate in order to receive the care she needs for her current symptoms within the Dutch healthcare system.



Healthcare Setting



Domestic Help at Home

Domestic help is funded by the various municipalities and aims to help the elderly with domestic chores such as cleaning and washing.



Social Care at Home

Social care is aimed at helping elderly patients to maintain their independence and improve their quality of life by providing support with activities of daily living (e.g. bathing, dressing, eating, and mobility). Such care services are provided by home care workers, which are often former nurses, and are funded by health insurance companies and care offices. This is a new initiative in the Netherlands which aims to reduce the burden on the healthcare workforce and reduce the proportion of the healthcare bill consumed by this demographic group.



Geriatric Specialist

Geriatric specialists have the expertise in the management of complex medical conditions and in the coordination of care for patients with multiple comorbidities. Once a comprehensive geriatric assessment is carried out which includes the evaluation of physical, cognitive, and emotional health, as well as assessments of social and functional needs, the provision of healthcare becomes more efficient. Such an approach has multiple benefits. It reduces the number of referrals to multiple specialists, unless absolutely necessary, and allows for the development of a comprehensive treatment plan taking into consideration the various prescribed medications, and thus avoiding issues of polypharmacy.



Home-Based Care

Home based care is categorized into cure-orientated care or care-oriented care, both of which are funded by the government[2]. Cure-oriented care is focused on treating illnesses and medical conditions and is provided by doctors, nurses, and other healthcare professionals. Care-oriented care is aimed at providing comfort and support to elderly patients who have a serious illness and focuses on symptom management and long-term care; improving the quality of life rather than curing the underlying condition. Such care is provided at home, by healthcare providers working in elderly care homes or hospices.



Inpatient Services

In the case of admission to inpatient services, the patient will be admitted to a specialized geriatric ward with staff who are specifically trained to provide care for elderly patients and who understand their complex healthcare needs. Upon discharge from inpatient services, the patient will likely be referred back to the geriatric specialist, the outpatient specialist that treated them, or her personal doctor for follow up and then provided with home based care.



Pharmacy

Patients are provided with their various prescriptions at home as part of home-based care. In the case of admission to inpatient services, the patient will be admitted to a specialized geriatric ward with staff who are specifically trained to provide care for elderly patients and who understand their complex healthcare needs. Upon discharge from inpatient services, the patient will likely be referred back to the geriatric specialist, the outpatient specialist that treated them, or her personal doctor for follow up and then provided with home based care.

As evident from the patient journey in the Netherlands described above, there is a strong focus on the provision of coordinated care across different healthcare settings in the least restrictive setting possible, the patients home. This approach has been shown to improve patient outcomes and overall satisfaction with healthcare services and providers.

Concluding remarks and recommendations

The patient journey in Cyprus and the Netherlands is very distinct. The GHS, the Ministry of Health, and the Social Welfare Services in Cyprus can learn from how healthcare services are provided to elderly patients from both the Dutch experience and from other countries. The various stakeholders can then consider implementing similar policies and practices to support the health and well-being of the growing elderly population. Only once these points have been addressed can elderly patients receive the care they desperately need and deserve.

1. Specialized workforce - growing demand for geriatricians and specialist nursing staff that better understand the complex healthcare needs of elderly patients.[3]

2. Tailored care plans - patient specific care plan overseen by a doctor and executed by a multidisciplinary team.

3. Preventing institutionalization - delivery of healthcare services at home, in the community or primary care settings o cut across traditional pathways seen in the GHS. The GHS in Cyprus can learn from the Netherlands where there is a collaboration of various service providers for the provision of care within the patients home or as close to home as possible. This ensures that patients are guaranteed access to care and healthcare professionals when they are needed the most in a patient-centered approach and relies on a number of key stakeholders coming together such as the GHS with the Social Welfare System.

4. Quality standards for elderly care - incentives provided to healthcare providers to improve their performance and deliver tailored care plans with a multidisciplinary team as seen in the Netherlands (National Quality Framework for Elderly Care).

5. Financial incentives - monetary incentives to encourage healthcare providers to improve the quality of care provided. This includes incentives to healthcare providers to perform more comprehensive recording keeping and improve the overall quality of their notes. Incentivizing health care providers to take into account the patient's age profile and number of comorbidities could help overcome the issue of discrimination towards elderly patients.

6. Electronic health records - comprehensive joined-up electronic health records integrating information from public and private care settings in Cyprus and abroad. Records should be accessible by all healthcare providers including allied health professionals. Patients should also have full control and ownership of their electronic health records.

2. In the Netherlands, healthcare services paid for by the government are funded through a system of mandatory health insurance either through a private insurer or a government-run scheme. Premiums for both private and government insurance are income-dependent and paid monthly by the insured person.

3 Lamnisos, D., Giannakou, K. and Jakovljevic, M., 2021. Demographic forecasting of population aging in Greece and Cyprus: one big challenge for the Mediterranean health and social system long-term sustainability. Health Research Policy and Systems, 19, pp.1-8.

4 This is currently being considered in the work carried out by the HIO with the support of PwC to provide recommendations for the transition towards a value-based healthcare model.

7. Urgent Treatment Centres (UTCs) - decongestion of the Emergency Department by expanding the working hours of UTCs to operate for at least 12 hours a day, 365 days a year. UTCs should be staffed by a range of healthcare providers providing a range of treatments and services, including x-rays, blood tests, and minor surgical procedures, while also providing advice and information on managing chronic health conditions.

8. Telephone helpline - use of a 24/7 telephone service attended by non-clinical call handlers who are trained to use a computer decision support system to triage cases (as seen in the NHS) could help relieve the pressure on hospital Emergency Departments.

9. Establishing group practices - a model of healthcare delivery in which several healthcare providers work together in a shared facility to provide patient-centered care in a more coordinated manner. Incentivizing healthcare providers to work together in group practices can have numerous benefits. Firstly, group practices offer comprehensive care to patients with access to a range of healthcare professionals such as doctors, nurses, allied health professionals, and other specialists providing a more holistic approach to patient care. Secondly, group practices provide improved access to healthcare services from a range of healthcare providers which is particularly beneficial for elderly patients who have difficulty accessing care due to mobility issues. Thirdly, healthcare providers within group practices work together to develop and implement a coordinated care plan for patients often resulting in enhanced quality of care. Finally, group practices are less costly as they often share facilities and resources. By working together in a shared facility, healthcare providers can provide elderly patients with the right care at the right time, leading to better health outcomes and a higher level of patient satisfaction.

10. Leveraging technology - technology is a means of providing healthcare services at home. The Digital First Primary Care Programme is a national program developed by the NHS that aims to help GPs provide online and virtual consultations to their patients. The program provides funding and support for GPs who are using digital tools and technologies to deliver primary care services. The NHS also has a specific app that allows patients to book appointments, order prescriptions, access their medical records, and also includes a feature that enables patients to conduct virtual consultations with their GP. Developing similar initiatives and technologies in Cyprus and incentivizing doctors to carry out virtual consultations will be a step towards the development of patient-centered care.

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