

Comparison of Integrated Care of the Elderly in Iran with Other Selected Countries, a Comparative Study

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ABSTRACT

Introduction: The current situation of the population of Iran is such that at present the population has changed from the explosive situation of the child population to the increase of the elderly population. The aim of this study was to compare the integrated care of the elderly in Iran with other selected countries.

Methods: The present study is a comparative study that was conducted in 2020. In this study, data from 6 selected countries based on the six regions of the World Health Organization plus Iran were collected in 7 components. Comparative tables were used to analyze the data.

Results: In general, the results showed that according to studies on models and variables affecting integrated care of the elderly, most of these models are based on structural, executive, human and financial resources and finally the type of services that can be provided. In the past, the focus was on the elderly only in some health services in health centers and there was less attention to insurance, welfare and quality of life in old age. Now in many developed countries the situation has completely changed.

Conclusion: According to the results of this study on integrated care for the elderly, the success of this care and provide better services to the elderly are based on modification of all structural factors, equipment procurement, executive management, human resources, service package, and financial resources.

Keywords: Integrated Care, Elderly, Iran, Selected Countries

INTRODUCTION

The current situation of the population of Iran is such that at present the population has changed from the explosive situation of the child population to the increase of the elderly population. Psychological problems caused by aging such as retirement, distance from children, fear of loneliness and loss of a spouse, loss of income source, changes in appearance and function due to aging, sleep changes, etc. that cause anxiety and depression and feelings of inefficiency and not being useful in old age [1, 2] and along with physical problems [3] in this period isolates the person and reduces his social relations and in general causes many changes in the lifestyle of this group [4]. Also, in most societies, the elderly are at the highest risk of diminishing physical, mental, and cognitive abilities and are more likely to rely on formal or informal support to maintain health, performance, and self-sufficiency [5, 6].

The increasing trend of the elderly population in the world and Iran and the nature of diseases in old age are not important per se, but the consequences that this increase has on various social and economic dimensions, especially the problems that will leave for the elderly themselves [7]. Although old age is not a disease, the burden of the disease is very significant due to the high frequency of diseases such as hypertension, cancer, respiratory diseases, cardiovascular disease, decreased visual and auditory power, etc. [8]. The prevalence of chronic disorders and diseases among the elderly is more than two-thirds of the non-elderly and they have at least one chronic disease [7].

The World Health Organization (WHO) in the European Region [9] gave an overview of integrated care models. The models studied included individual models, specific models for specific groups or patients, and

population-based models. In the model designed for the elderly, due to the specificity and sensitivity of care for these people and the special needs of this group, both health and social services are provided for them.

Accordingly, integrated care is increasingly perceived as a way to reorganize care for the elderly. Integrated care is defined as "a fully planned and organized set of care services and processes, targeting the multidimensional needs/problems of the client or a group of people with similar needs/problems" [10]. The focus of integrated care is the continuity of service delivery, and the set of services must be integrated [11]. In addition, integrated care aims to provide demand-based care focused on the needs of the individual client, even when those needs are multidimensional. Both continuous and demand-driven care should be provided when accessing care in different disciplines or departments [12].

Integrated care is expected to have high effects [13]. This leads to greater coherence in the care process, improved quality of care, and increased clinical outcomes, quality of life, system efficiency, and satisfaction of the elderly [14, 15]. To examine whether these high expectations can be met, studies have focused on the value of integrated care and have shown different results. Some studies have shown positive effects on the functional abilities [16, 17] and well-being [17] of the elderly. However, other studies showed no effect on functional abilities and showed an increase in the use of most types of care [18]. In a regular review, the results showed that the use of health care has decreased as a result of integrated care [19]. Some studies showed a reduction in hospitalization [20, 21], while others found no effect of integrated care in the use of health care [22, 23].

Sporenberg et al. [24] introduced a model called M brace to integrate geriatric care, which was used to measure effectiveness on patient outcomes, health care utilization, costs, and quality of care. The results of the study showed that service recipients and the elderly participating in the study had good welfare and daily activities. Welfare indicators include the enjoyment of diet, good rest and sleep, good social communication, being active, managing your daily routine, feeling well, healthy, and enjoying a good life.

Studies on the health needs and quality of life of the elderly have been conducted in the form of integrated models of the elderly in different countries of the world. In Iran, although research has been conducted in the field of health care for the elderly, the provision of appropriate models for improving the health indicators of the elderly has been neglected. Since the geriatric care program in the Ministry of Health and Medical Education does not respond to the problems created, so this study was conducted with the aim of a comparative study of integrated care of the elderly in selected countries of the six regions of the World Health Organization and Iran.

Analysis method: The present study is an applied and comparative study that was conducted in 1399 in a combined manner. The study was conducted in two phases: In the first phase, 6 leading countries in the field of aging and evaluation of the elderly care program (USA, Japan, Thailand, Egypt, United Kingdom, and South Africa) based on the six regions of the World Health Organization were selected for comparative study. In order to collect data in this section from the library studies section and from the databases and reports published in the World Health Organization, the Ministry of Health and academic and research centers and lectures presented in scientific conferences, journals, books, and printed articles was used in databases including Google Scholar, Medline, Pop Fashion, Elsevier, and other related sites. Data collection tools in this study in different stages included receipt, comparative table, and questionnaire. In the second stage, in order to identify the situation in Iran, the method of in-depth interviews with experts and the Delphi method was used. By extracting the information obtained in the first and second phases, 7 dimensions of financing, organizational structure, equipment procurement, service provision, procurement of financial resources, service packages, and executive management were extracted as indicators of this study (Figure 1).

Figure 1. Conceptual model of integrated care for the elderly in selected countries and providing a model for Iran

The data analysis method was obtained by comparing the indicators of the elderly program of different countries with a suitable model for the integrated care program of the elderly.

Findings: Among the countries studied, the United States with a population of 322 million had the largest population and South Africa with 56 million had the lowest population. The findings show that the percentage of the elderly in the total population in 2030 and 2050 for the United States is

26.1 and 27.9, Japan equal to 27.3 and 51.5, Thailand equal to 26.9 and 37.1, Egypt equal to 9.9 and 15.3, the United Kingdom equal to 27.8 and 30.7, South Africa is 10.5 and 15.4 and Iran is 14.4 and 31.2. Also, life expectancy at the age of 60 for men and women in selected countries and Iran is as follows: USA (68 men, 71 women), Japan (72 men, 78 women), Thailand (63 men, 69 women), Egypt (61 men, 63 women), England (69 men, 72 women), South Africa (53 men, 55 women) and Iran (63 men, 65 women).

Today, one of the key issues of society is to develop a suitable organizational structure for the elderly. There are several approaches to organizational structure that need to consider their advantages and disadvantages. Economic and social indicators, average life expectancy, elderly rights, documentation, use of information technology, and the situation of the elderly population should be considered in developing the organizational structure. Iran has the largest elderly population among the selected countries in 2050, and currently, the necessary structures for this situation are not foreseen. Also, in Iran, preparations for the elderly program have been established for a long time, and based on this, various institutions have undertaken the task of planning for this group. Among the organizations in charge of providing services and care to the elderly in the country are the Ministry of Health, the Ministry of Welfare and Social Affairs, universities of medical sciences and research centers, pension organizations, municipalities, non-governmental-charitable organizations, Emdad committees, etc. The cooperation of these organizations and formal organizations in order to support the elderly, as well as designing an appropriate organizational structure for aging programs can be considered to improve the quality of life of the elderly as a key element (Table 1).

One of the most important resources of any organization is human resources, which has a great impact on meeting the needs of the elderly, especially documentation, application of skills and training, integration of various activities, better and more effective budget control, customer satisfaction, improving efficiency after a short time, leads to simplification and standardization of methods and transfer of technical knowledge. Therefore, organizational resource planning is one of the key indicators of integrated geriatric care. The results of Table 2 showed that in Iran, unlike selected countries, there is a shortage of geriatricians. Accordingly, physicians and other human resources are reluctant to participate in this department, but observing other countries under study, it is concluded that they have established a regular plan for training their human resources (Table 2).

Studies have shown that the main problem in providing health services is its economic problem, and nursing centers are one of the most important and costly units in any country, and it seems logical that an important part of economic studies related to health services and focus on geriatric economics. In the health care system of developed countries, health insurance is always one of the main cases of social insurance and health insurance for the elderly is no exception to this rule. Health insurance is a wide range of insurance programs that cover the costs of a variety of services. In the field of financing in Egypt, unlike other selected countries and Iran, many elderly people are

in a bad economic situation and lack of medical expenses. Also, in most selected countries except the United States, Japan and the United Kingdom, justice is not provided equally in receiving and providing services to the elderly. It should be noted that in Iran, special insurance for the elderly has not yet been defined (Table 3).

The results of this study showed that 4 factors of elderly-friendly pharmacies, rehabilitation, and rehabilitation equipment for the elderly, smart clothing for the elderly, and emergency for the elderly are effective in the provision of equipment. In all countries studied, pharmacies and rehabilitation service centers played an important role in providing the best services to the elderly, but in Iran, pharmacies and these centers have not yet been specifically and purposefully acted. Table 4 also showed that, except for the United States, Japan, and the United Kingdom, no action was taken on smart clothing for the

elderly. Also, in Iran and South Africa, an elderly emergency room has not yet been established to provide better services to this age group.

The results of this study showed that empowerment and self-efficacy of the elderly, social support programs, collection of demographic data on the elderly, adaptation of the elderly home environment, telemedicine, city and pharmacy of the elderly, and coordination between related organizations in elderly health are among the activities that should be considered in executive management and well-considered in strategic and operational planning for the elderly. Also, according to the results, it can be seen that Iran has worked poorly in the executive management of integrated care services in the dimensions of an elderly-friendly city, coordination between organizations involved in elderly health, elderly empowerment, and social support programs (Table 5).

Table 1. Comparative comparison of organizational structure dimensions of selected countries with Iran

Use of information technology	Aging status until 2050	Average life expectancy	The organization responsible for establishing the rights of the elderly	Establish structural standards for aging	Documenting health information	Country
Based on cloud computing Also use Lifi	21% of the total population (over 65 years) 9.5% of the total population (over 75 years) 5.5% of the total population (over 80 years)	79/8	Government Office of Social Security for Social Security	Medicare and Medice were approved in 1965 and revised at regular intervals, the last major revision being in 2009. Also implementation of In USA + 65 plan	Electronically And the use of rfid chips But later than European countries	America
In Japan, information technology even fills the manpower gap.	%35.5 of the total population (over 65 years) %15 of the total population (over 75 years) 8% of the total population (over 80 years)	86/4	Municipalities and the private sector	In 1992, Japan faced the phenomenon of population aging and the need to establish structural standards.	With the launch of Smart Hospitals, all data is based on information technology and cloud computing	Japan
intermediate Mobile Health	27.1% of the total population (over 65 years) 14% of the total population (over 75 years) 9% of the total population (over 80 years)	74/9	Local administrative organizations and rural medical volunteers	Popular structural standards have not been designed in this country, but since 2000 it has studied American models and modeling.	Electronic health record	Thailand
New technologies were introduced in ancient Egypt and are used according to the needs of the elderly.	21% of the total population (over 65 years) 9.5% of the total population (over 75 years) 5.5% of the total population (over 80 years)	73/2	Ministry of Health and Population, Ministry of Social Security and some universities and academic institutions	There is a 40-year history of setting standards for aging in Egypt, but there has been a need for reform throughout the program, and it has faced shortcomings due to government and economic problems.	Electronic health record	Egypt
Based on cloud computing Also use lifi	28.6% of the total population (over 65 years) 15.7% of the total population (over 75 years) 10.2% of the total population (over 80 years)	81	The Ministry of Health and gradually the private sector became more prominent	The National Health System of the United Kingdom was established in 1948 and evolved until 1999. These services cover all sections of the country, including the elderly.	Electronically and using rfid chips	England
Internet use with Russian DNS related to BRICS countries	%5.3 of the total population (over 65 years) %1.8 of the total population (over 75 years) 0.9% of the total population (over 80 years)	61	Ministry of Health and Municipality	With the founding of the Bearded Foundation (for political purposes of course) in 2007, Nelson Mandela turned the attention of African society to aging and leveraging their experiences.	Not using mechanized information recording systems	South Africa
Lack of necessary infrastructure	30% of the total population (over 65 years) 6% of the total population (over 75 years) 4% of the total population (over 80 years)	73/5	The High Council of Aging consists of 7 ministries and 5 organizations	Global modeling and indigenous implementation	In paper form and not using electronic health records	Iran

Table 2. Comparative comparison of the dimensions of how to provide human resources in selected countries with Iran

Social worker	Nurse	General Practitioner	Elderly medicine specialist	Country
Voluntarily	Trained	Primary and preventive care is provided by a trained general practitioner.	Observe the referral hierarchy And performing medical measures for the elderly in line with this system	America
Voluntarily	Employing Indonesian nurses to care for the elderly in this country	Use of general practitioners in some cities using traditional medicine	There is a shortcoming in this field, but solving this shortcoming by using advanced technology	Japan
Specially trained to provide services to foreign elders				Thailand
All elderly care staff are trained, trained (short-term), and skilled in providing quality care for the elderly. It is also possible to provide geriatric services to Muslim seniors with a Muslim nurse. The general practitioner is responsible for referring to a specialist and is responsible for managing the healthy lifestyle of the elderly.				Egypt
Since 2002, nursing homes and care have been approved in the UK. In order to enter a nursing home, the elderly are assessed by the local council based on their needs and financial situation. Even the nurse and the elderly treatment team are evaluated by this council.				England
Trained	Especially trained in Alzheimer's, MS, palliative care and end-of-life services	Trained especially in the field of geriatric drugs, hospitalization and geriatric emergencies	Trained	South Africa
Lack of financial motivation to attend this section	Lack of nursing staff	Reluctance of the general practitioner to attend this section	Lack of geriatricians (10 people in the whole country)	Iran

Table 3. Comparative comparison of the dimensions of the method of financing in selected countries with Iran

Justice in receiving services	Common diseases among the elderly	Elderly insurance	Payment from the pockets of the elderly	Country
With Medicare Insurance, there is justice in receiving services in every age group	Smoking, malnutrition, lack of physical activity that causes heart disease, cancer, stroke and diabetes (80%)	Medicare	According to the social security system, payment at the time of employment and in proportion to the state of residence	America
With the use of public insurance law and the widespread use of technology, justice is served in receiving services for the elderly and the young.	Alzheimer's is more than 75% of the elderly, which leads to the formation of the orange pattern.	If the elderly person wants to receive nursing home care, he/she will be covered by nursing insurance.	From 30% to free	Japan
Lack of justice in receiving elderly services in some cities and rural areas	Diabetes and high blood pressure due to obesity, alcohol and smoking and secondarily ear, nose and throat problems	Social Security	Use of public insurance system	Thailand
Lack of justice in receiving services	Cancer, diabetes, cardiovascular disease and chronic respiratory diseases	More than half of the country's elderly are covered by insurance.	Many seniors are in poor financial condition and unable to pay for treatment.	Egypt
Using the integrated model of justice in receiving old age services has become possible	Myocardial infarction, hypertension and diabetes	Covered by National Health Services	Free for the elderly	England
Lack of full-service coverage for all seniors	Parkinson's, Alzheimer's, Inflammation, Stroke, Macular Degeneration, Multiple Sclerosis, Diabetes, Cardiovascular Disease, Emphysema	Ministry of Health	Health services in hospitals and government centers are free	South Africa
In urban areas more than in rural areas	Musculoskeletal diseases, cardiovascular, malnutrition, severe depression, cognitive impairment (20.8%)	-	Depends on the type of insurance and supplementary insurance for the elderly	Iran

According to the results of this study, first, the needs of the elderly should be identified and then based on the needs of various resources including human, economic, and physical. In addition, appropriate software including the structure and executive management should be considered and planned with the opinion of experts. In this case, it can be said that the service has been implemented in the best way. Interventions should be commensurate with the dignity of the elderly so as not to diminish their dignity and prestige, as well as provide mental, physical, and preventive services. In addition, donors in this field can provide valuable services that in this field can provide appropriate information for donors and bring them into this field of good that is the progress of all human beings. According to Table 6, it can be seen that the provision of services to the elderly in Iran is being provided in three sectors: public, charitable, and private, with medium to low

quality. The United States and Japan have also made plans for home care for the elderly, while Thailand and Egypt have focused on family care.

According to Table 7, it can be seen that Iran, unlike other selected countries in terms of prevention of chronic diseases of the elderly, improving the nutritional pattern of the elderly and lifestyle in accordance with old age, but in terms of physical activity programs has put sports equipment in city parks. Accordingly, needs assessments should be planned and service packages should be developed based on the needs of the elderly and made available to the elderly. The dignity and respect of the elderly should be taken into account during these processes and in such a way that the feeling of burnout, depression, and hopelessness in life disappears and the society has a happy and strong elderly.

Table 4. Comparative comparison of dimensions of equipment procurement in selected countries with Iran

Elderly Emergency	Smart clothing for the elderly	Rehabilitation and rehabilitation equipment for the elderly	Elderly friendly pharmacies	Countries
Elderly emergency centers have a separate entrance and pay special attention to common diseases and accidents in the elderly, such as cardiovascular disease and falls.	Carrying out the necessities and backgrounds in the production stage in this country by Iranian medical engineers (for the first time in the world)	Many American companies have introduced the latest geriatric technologies.	Observance of physical regulations appropriate for the elderly, considering their mental and emotional condition and using the elderly counselor in the pharmacy	America
Elderly emergency services are provided in government centers in Japan.	Use a robot instead of a smart suit as well as a smart cane	Use a variety of equipment in accordance with the latest technologies	In this country, all kinds of pharmaceutical services are provided exclusively to the elderly	Japan
Taken from the Native American model and considering common diseases and accidents of aging appropriate to this country (cardiovascular, fall and infectious diseases)	-	Use of rehabilitation and rehabilitation equipment in accordance with usable technologies	Elderly friendly pharmacies have been designed, used and evaluated. Mobile Health is one of the most important tools used in this country	Thailand
Along with other services, it is also offered to the elderly in other age groups	-	Providing physiotherapy services with equipment	There are no separate pharmacies for the elderly, but some pharmacies serve the elderly.	Egypt
TELECARE AND ALARMS FOR THE ELDERLY	Use warning equipment such as a necklace or wristband instead of smart clothing	Using a variety of equipment in accordance with the latest technologies and pharmaceutical solutions	Pharmacies for the elderly are set up and all prescriptions are written on NHS letterheads, then provided free of charge to the elderly and sent to the NHS office to verify prescriptions.	England
-	-	Providing physiotherapy services with equipment	Due to the attraction of tourists, suitable medical facilities have been provided for the elderly in this country in elderly-friendly pharmacies.	South Africa
-	Strange concept and lack of infrastructure	It is expensive for home use and is not available in nursing homes	Some pharmacies throughout Iran have elderly-based standards, but so far have not acted specifically and purposefully.	Iran

Table 5. Comparative comparison of the dimensions of executive management in selected countries with Iran

Social support programs	Elderly empowerment	Coordination between organizations involved in elderly health	Elderly friendly city	Country
Voluntary and public support services for the elderly	By holding educational classes (art, science)	High level coordination	Making environmental and physical changes, safety of footpaths, proper lighting, benches and other requirements for the elderly	America
In nursing homes, male and female volunteers who want to help the elderly are employed in a variety of tasks alongside educators.	Exercise, re-employment up to the age of 75, participation and respect for the elderly in social activities	High level coordination	The country has not only created the necessary components to design an elderly-friendly city, but also has provided comprehensive programs to provide public and social services to them, establish various insurances and raise the culture of respect for the elderly.	Japan
Family	Adoption of information and communication technology among the elderly	High level coordination	Has been very active and has even turned to senior tourism.	Thailand
It is done voluntarily by non-profit clubs.	Attending a nursing home, doing social activities such as taking part in leisure tours, concerts, shopping	High level coordination	-	Egypt
Provide travel insurance for the elderly, local planning to provide housing and transportation services	Training in extensive self-care programs to prevent disease or progression, as well as job opportunities, volunteer opportunities and leisure activities	High level coordination	Use of safe sidewalks, buildings suitable for the elderly, apartments equipped with elevators and proximity to shopping malls to reduce physical activity	England
The law of equality of the elderly without racial and gender discrimination and the creation of their culture and dignity in the elderly	Ability to participate in intergenerational programs and create and participate in older associations	Medium to high level coordination	The country has provided the necessary facilities to create an elderly-friendly city and has been especially important for the elderly due to its tourist attractions and infrastructure.	South Africa
-	-	Very poor coordination	To the extent of writing articles and non-implementation	Iran

Table 6. Comparative comparison of the dimensions of how services are provided in selected countries with Iran

Palliative care	Nursing homes	Home care	Country
Known as home and community-based care.	Social, educational and nutrition services are also provided for people who live alone and want to live in a nursing home.	Home care includes nursing and physiotherapy services and is provided completely separately from palliative care services.	America
Performed by caregivers of nursing homes.	It is transferred to the private sector and the elderly stay in them temporarily, daily or permanently after receiving approval from the municipality.	Monthly membership fee payment, from the age of 40 to 65 for nursing care at home Golden Plan and Angels Plan	Japan
The use of the services of these homes is not very attractive for Thai seniors and most of the elderly are supported by their families, but the country has made appropriate arrangements to attract the elderly to its nursing homes.		Elderly care in Thailand is based on the family, so that even family members will resign and take care of their elderly.	Thailand
Established in the country, however, family care is customary in the country and traditional values prevent the parent/parents from being placed in a nursing home. There are also non-profit clubs in the country to support the elderly.			Egypt
Comprehensive, practical, and multidisciplinary approaches to appropriate drug safety, implementation of interventions by national government, local authorities, and national health service commissions	Provide care with a realistic review approach and full implementation of nutritional guidelines	Proper access to health care and nurses affiliated with the National Health Service	England
Has experienced nurses	Get free services and create a Frailcare website To search for all geriatric homes by the elderly and access to hospitals and geriatric services	Especially for patients with Alzheimer's and Parkinson's	South Africa
-	It provides services in three sectors: public, charitable and private, with low to medium quality	The private sector, with the permission of the licensing office of each province, is active in this matter and has specific tariffs.	Iran

Table 7. Comparative comparison of service package dimensions in selected countries with Iran

Lifestyle in accordance with old age	Improving the nutritional pattern	Prevention/reduction of chronic diseases	mental health problems	physical activity	Country
Due to the increasing population of the elderly, many services and care costs have shifted to the elderly	Avoid social isolation Employing nutrition and health professionals together	According to Medicare law, the disease is treated	Depression followed by suicide	%15 of women and 30% of men are physically active	America
Lifestyle in a positive direction and return to nature is possible in this country.	Eliminate malnutrition	Reduced to a minimum	Conduct social participation and respect for the dignity of the elderly	One of the important clauses of nursing instructions for the elderly is the provision of sports activities by coaches and tailored to the needs of the elderly.	Japan
Elderly life in traditional and multi-generational families	Traditional nutritional pattern	Reduced to a minimum	Due to the special respect for the elderly, they have less mental illness.	Aerobic exercises, muscle strengthening and flexibility are performed for the elderly.	Thailand
The need for broad socio-economic changes due to the elderly facing the changes in family dynamics, increasing demand for health services, increasing economic stress and reducing functional independence	Provide an unplanned solution to reduce salt, sugar and fat consumption	Increasing prevalence of chronic diseases	Depression	Not regularly	Egypt
Educational guidelines for reducing nutritional and metabolic diseases, cardiovascular disease, viral diseases, respiratory diseases, musculoskeletal diseases, sexual dysfunction and obesity-related cancers	It is very important and even nursing homes are required to follow nutritional guidelines	Strong screening for both chronic illnesses and mental health problems	Having functional dependencies, cognitive impairment, multiple illnesses and behavioral symptoms	Implementing the Health and Social Care Guidelines for the Elderly recommends regular physical activity (PA) for the elderly 15 minutes a day	England
Lack of proper lifestyle, and very high smoking	Lack of proper nutrition pattern	Increasing prevalence of chronic diseases	Depression due to increased disability, chronic medical illness and stressful life events	Modeling of PA recipes	South Africa
-	-	-	Depression and the impact of socioeconomic problems on mental health	In the city parks, sports equipment is installed for the general public	Iran

DISCUSSION

In recent years, the aging of Iran's population has become an important political issue, largely driven by non-demographic experts, who generally discuss it as a consequence of declining fertility. While according to the available documents, the first phase of the increase in the elderly population is rooted in the increase in life expectancy over the past decades. The impact of an increase in the elderly population has been studied in several studies and one of the most important aspects to be considered in the health sector is the cost of care for the elderly, which can include the cost of outpatient treatment, hospitalization, medication, diagnostic tests, and maintenance care in a nursing home.

Changing the epidemiological pattern of diseases in middle age and old age and the tendency towards chronic diseases and increasing harmful factors and accidents, on one hand, encountering the elderly who are healthy but need health care, on the other hand, need serious intervention. In the past, the focus was only on some health services in health centers and less attention was paid to services, welfare, and home care services in old age, but now in many developed countries, this situation has completely changed.

Services have also been developed in Iran, but there are still many challenges in terms of specialized organizational structure and resources and how to provide services. Pourhadi [25] in his research entitled *Designing a model of care for the Iranian elderly living in the community* has presented 10 main components for integrated care for the elderly. These components are: disruptive structures of normal life routine, complete caregiver involvement in care, self-motivation, the main factor of care, belief in the elderly and old age, comprehensiveness and complexity of care, factors affecting care for the elderly to society, the need for diversity of care patterns, the meaning of care for the caregiver, confrontation and interaction of constraints and satisfaction with care, care recommendations.

In terms of manpower, the results showed that factors such as geriatrics, physicians, nurses, and social workers are involved. Rahimi [26] identified five main categories of experience-based services for the elderly. Five categories of market management, inadequate structure for care, insufficient resources of care and conflicting environment, maintenance instead of care, peaceful coexistence, and low expectations of the elderly have been achieved. Sam Aram [27] also stated in a study that population aging is not a new phenomenon in developed countries now, but developing countries, including Iran, should now find a solution for the welfare of their future elderly. In Iran, too, industrial development is still moving alongside traditional culture. New Japanese policies can be used in policymaking for the elderly in Iran. The existing economic and cultural contexts in society, family, and other social institutions can be used as resources, especially human resources, and comprehensive support programs can be provided to the majority of the elderly. An important principle of Swedish policy towards the elderly is to emphasize keeping the elderly at home as much as possible, even when they need extensive health care. The

ubiquity of social insurance and pensions for all people 10 years and older in the country, both men and women, can provide a good platform to support the elderly and a wide range of facilities.

In terms of how the financing was done, the results showed that factors such as out-of-pocket payments, aging insurance, justice in receiving services, and common diseases in old age are involved. In a review study, Shoa'i [28] stated that the most obvious finding in comparing the two aging systems in Iran and the United States is the existence of a strong and diverse social security system in the United States, which is referred to as "Medicare" and "Medicaid". The emphasis on long-term service, short-term service coverage, and diversity in the community care system is evident in the US system. Social Security is an important source of income for retirees and the elderly in the United States and other developed countries. Without this source of income, two-thirds of the elderly will be in poverty. In Iran, social security and insurance for the elderly should be strengthened with the cooperation and support of the government to increase the quality of life of the elderly, but also to compensate for the lack of financial resources. The results of this study are consistent with the present study.

In terms of equipment procurement, the results showed that 4 factors of elderly-friendly pharmacies, rehabilitation and rehabilitation equipment for the elderly, smart clothing for the elderly and emergency for the elderly are involved. Asefzadeh [29] stated that the most common reasons for seeing a doctor among the elderly were bone and joint diseases, cardiovascular diseases, gastrointestinal and endocrine diseases and the average number of prostheses used per person was 0.98 times. The average number of elderly visits to the doctor and pharmacy for a year was the number of hospitalizations, the length of stay in the hospital, the cost of purchasing medicine and medical equipment. The most common causes of hospitalization of the elderly were cardiovascular, surgical, infectious and internal diseases and eye diseases, respectively.

In terms of executive management, the results showed that factors such as coordination between organizations involved in elderly health, elderly-friendly city, elderly empowerment, and social support programs are involved. Sam Aram [27] stated in a study that the most important reason for presenting these policies in Iran is the limitations of facilities in supporting the elderly. If the policies related to the elderly want to follow the old policies of the Western world, the result is the provision of some theatrical services to a limited number of the elderly in the cities. While paying attention to using the experiences of developed countries such as Sweden and Japan can help Iranian researchers and planners to use their own objective indicators in countries with high rates of aging in their research on the elderly. Therefore, the necessary measures and executive management must be implemented properly. Immer [30] also stated that the effects of a special model called comprehensive assessment of the elderly on the improvement of postoperative conditions in the elderly are useful. The results showed that this model includes medical and diagnostic stages before surgery for the elderly and also

stages of recovery and psychological support after surgery. On the one hand, it improves the satisfaction of the elderly and on the other hand, it reduces the recovery time and hospitalization, and therefore reduction of treatment cost.

In terms of service delivery, the results showed that factors such as home care, nursing homes and palliative care were involved. Sporenberg [24] stated that in order to measure the effectiveness on patient outcomes, the use of health services, costs and quality of care are important and the results showed that service recipients and the elderly participating in the study had good welfare and daily activities. Participants also had a satisfactory status in terms of daily life activities that were assessed according to the Katz criteria. The results of this study are consistent with the present study.

In the service package dimension, the results showed that factors such as physical activity, mental health problems, aging lifestyle, nutritional pattern and prevention of chronic diseases play an important role. Veras [31] stated that geriatric services include prevention, treatment, rehabilitation, long-term care and palliative care, which were identified after comprehensive evaluations of the elderly, which is consistent with the present study.

CONCLUSION

The existence of various organizations providing elderly services in Iran has led to the formation of various and repetitive services, confusion of the elderly and non-compliance with all the needs of the elderly in this field. Selecting and establishing an appropriate model based on which comprehensive services can be obtained to ensure the provision of services needed by the elderly, is one of the issues that require attention. The purpose is to review the status quo to improve it. Therefore, any action to review the current status of geriatric services in Iran and compare it with the world, to improve service delivery and quality can be valuable.

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