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# Concept, Education and Information System for Integrated Holistic Care for the Elderly

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## Editorial

Integrated holistic care presents a comprehensive model of translational medicine which aims to treat an individual patient as a whole [1]. By effectively harmonizing the care of all providersprimary care physicians, specialists, social workers, nutritionists and physical therapists in primary care settings, hospitals, long-term care facilities or in a community as well as resources available, they together works with each aged client to develop an individual plan of total care to optimize health at a lower cost [1,2], specifically, to maximize quality of life in the presence of the many chronic illness and diseases faced by our aging populations. When holistic care is applied to the elderly as a whole, it turns into geriatric medicine.

Integrated holistic care has been widely practiced in the United States such as accountable care organizations (ACOs) [2-4] and Patient-Centered Medical Home (PCMH) and Europe such as integrated care organizations in UK [5,6], especially for the elderly who are more likely to have multiple chronic diseases, geriatric syndrome and psychosocial problems. Holistic care system deals with total patient-centred care that considers the physical, emotional, social and spiritual needs of the person, his/her response to illness, and the effects of the illness on the ability to meet patient's self-care needs. The condition of the whole person is taken into account by health care investigators and providers during the learning, research, assessment, diagnosis, planning, intervention and evaluation of the results in all healthcare settings as well as stages of education and personal life. The concept as well as training and practice of holistic care in clinical setting are represented by the framework scheme in Figure 1.

To nurture the knowledge, attitude and ability for holistic care providers, education and training should start from early years of undergraduate education through PBL [7,8] or TBL (Team Based) and basic-clinical integrated modules and hidden curriculum to clinical years in internship and postgraduate years by Evidence-Based Medicine (EBM), narrative medicine, role modeling, case-presentation (including Case-based learning: CBL, Case based discussion: CBD) [7,8], Inter-Professional Learning (IPL) [9] and other forms of blended learning in clinical setting, such as integrated care clinics for selected outpatients and integrated holistic meeting inpatients [8,10,11]. A high quality and efficiency of clinical practice as well as long-term care will certainly facilitate holistic care for busy care providers. This requires establishment of an efficient information system coupled with an effective management for health services network [11], center for faculty development to nurture holistic health care trainers and utilization of healthcare matrix [12], including holistic care checklist.

Information system is the key for success for integrated holistic care for the elderly [11,13,14]. Taking Taiwan as a good example, all hospital and clinics use the same Health Information System (HIS) developed by the National Health Insurance Program to not only share every patient's medications, laboratory data and images, so that repeated medications and examinations could be avoided, but also to proceed mutual referrals of patients among hospitals and clinics. In addition, Personal Health Record (PHR) prototype in an integrated community health care information system was developed as a part of the community medical group and accountable family doctors

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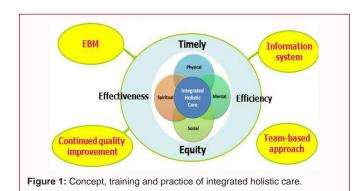
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system, and has moved forward to be integrated into Taiwan's national health information network with the PHR as core contents for cloud computing and big health data [13,14]. All personal health records of the public sector can be retrieved during clinical visit and downloaded from the health bank for personal health management to realize the slogan of returning health information to the people. In this accelerated aging society in the 21st century, how to integrate health care and long term care services in Taiwan has become the most important issue for the current health and welfare policy in response to the increase in medical costs and the lack of care manpower. In 2016, a multi-dimensional PHR information system including four aspects of preventive medicine's 4 stages and 7 levels, health care continuity, holistic health care, and assisted living integrated with healthcare and long term care was implemented in the Puli Christian Hospital and some of public hospitals with a mobile Application (App) for personal health management in the community [13,14]. For future prospect, in 2018, the Ministry of Health and Welfare started new regulation for diagnosis and treatment via telecommunication and greatly loosened the telemedicine and telehealth services for community primary health care, long-term care for the elderly and continuous care of family doctors, which will help build a seamless community holistic health care system to protect the health of all the people in Taiwan.

Mini-Clinical Evaluation Exercise (Mini-CEX) [15] covering all aspects of holistic care coupled with Objectively Structured Clinical Evaluation (OSCE) is recommended for assessment of the level and progress on learner-centered knowledge, attitudes and skills on geriatric care.

### **References**

- 1. Strandberg E, Ingvar O, Borgquist L, Wilhelmsson S. The perceived meaning of a (w) holistic view among general practitioners and district nurses in Swedish primary care: A qualitative study. BMC Fam Pract. 2007; 8:8.
- John Snow, Inc. : Integrated Care, JSI Research & Training Institute, Inc., 2018/8/9.
- 3. Wagner EH. Care for chronic disease.BMJ. 2002;325(7370):913-4.
- Coleman K, Austin BT, Brach C, Wagner EH. Evidence on the Chronic Care Model in the new millennium. Health Aff. 2009;28(1):75-85.
- 5. Lewis R, Rosen R, Goodwin N, Dixon J. Where next for integrated care organizations in the English NHS? London: The King's Fund. 2010.
- WHO Regional Office for Europe: Integrated Care Models: an Overview, WHO Regional Office for Europe: UN City, Denmark. 2016.
- 7. Kwan CY. Problem-based learning (PBL) in medical education in Taiwan: Observations and commentary. J Med Health. 2017;6:1-10.
- Kwan CY, Lee MC. From problem-based learning in classrooms to holistic health care in workplaces with special emphasis in Chinese societies. J Med Health. 2018;7:1-15.
- Achike FI, Lee MC, Lin HW, Chou FC, Hsin HC, Kwan CY. Promoting Inter-professional Education (IPE) with PBL through the Biennial Asia-Pacific Joint Conference on PBL (APJC-PBL). J Med Educ 2015; 19(4): 153-62.
- Lee MC. Education on Holistic Medical Care. In. JCT: Proceedings of 2017 Hospital Accreditation Surveyors CME Course. New Taipei City: The Joint Commission of Taiwan. 2017;55-74.
- 11. Hsiao YH, Tsai HC, Chen HC, Dai JT, Wang YF, Hsu YN, et al. Concept, model and pilot project of the integration of health and welfare. J Med Health. 2017;6:1-16.
- Bingham JW, Quinn DC, Richardson MG, Miles PV, Gabbe SG. Using a healthcare matrix to assess patient care in terms of aims for improvement and core competencies. Jt Comm J Qual Patient Saf. 2005;31(2):98-105.
- Chen HS, Liao CC, Hou HP, Chaou WT. Information System Integrated with Healthcare and Long Term Care. Formosan J Med. 2018;22(3):283-96.
- Dai YT, Lai FP, Chen HS. Preventive care: Telehealth care for chronic diseases. Formosan J Med. 2011;15:142-50.
- 15. Norcini JJ, Blank LL, Duffy FD, Fortna GS. The mini-CEX: a method for assessing clinical skills. Ann Intern Med. 2003;138(6):476-81.