Do We Really Need Elderly-Friendly Integrated Care Portals?
Mind Blocks to Their Adoption and Implementation

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ABSTRACT

Elderly-friendly integrated care portals are a relatively new phenomenon that could be a helpful addition to physical primary care, for example, by lowering costs and increasing access to healthcare. However, such platforms are primarily used by younger generations currently, resulting in a "digital divide" between younger and older generations. The objective of this research study is twofold - to identify and analyse: i) the perceived primary barriers that prevent the elderly from adopting and using these technologies, and ii) what can the providers do to support increasing adoption and implementation by the elderly population. It was observed that a lack of serious commitment across relevant sectors, inadequate resources, low managed information technology and financial coordination and care routes, opposing goals and objectives, and conflict within teams are all obstacles to successful adoption and subsequent implementation of integrated care portals.

KEYWORDS

Healthcare, Integrated Care Portals, Patient Experience, Social Care, Technology

INTRODUCTION

Why is it critical to consider an elderly person's top priorities?

Senior citizens require additional attention and comfort to live a healthy, stress-free life. (Hickey et al., 1981) through their research advocated that due to a lack of knowledge about their changing behavioural patterns at home, the elderly are frequently abused by their family members. Many health institutions and budding developers see Elderly-Friendly Integrated care technology portals as a viable solution for meeting the rising need for enhanced elderly patient experience and positive clinical outcomes among multimorbid older individuals who require long-term care. Over the last decade, a variety of integrated care models and methods have been widely implemented and researched in a variety of settings, resulting in a multiplicity of interpretations and constructs. With a rapidly ageing population and an increasing burden of senior patients with chronic illnesses, India needs effective health systems with integrated care portals. Although there are some serious endeavours in India to integrate primary and hospital care, overall care delivery remains diversified and scattered,

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for example, considering the medical electronic record sharing and availability, primary health care providers' empowerment and elderly patient registries to handle chronic illnesses. More thorough and practical initiatives targeting specific disorders, majorly chronic ailments like hypertension, diabetes, depression, and dementia, are needed in primary care. This can be accomplished through elderly-friendly integrated care portals, which is a collaborative health-care strategy. This research suggests that key stakeholders involved must have a solid, experiential understanding of the high-risk elderly patient group to successfully implement an integrated care programme through technology portals.

Integrating healthcare for the elderly workforce in local community groups and hospitals is a process of comprehensive collaboration including providers, users, and caregivers (Lutze et al., 2015). It entails altering the methodology using which health and social care is planned and provided, with the end goal of improving patient experience, outcomes, and quality of care being provided. There is a compelling case for modifying the health and social care delivery paradigm to keep up with changing population demographics, requirements and models, which reflects the rise in multimorbidity and the complexity of care requirements (Ahmed et al., 2013).

Through active collaboration with nurses, physicians, chemists, specialized doctors and administrative managers across the system, the Elderly-Friendly Integrated Care Portals now strive to expand on this essential effort. (Hendrich et al., 2014) devised a framework that aims to bring together the greatest qualities of local health systems and to assist clinicians and management in expanding on the delivery of design models that have been built using an integrated framework. (Changizi & Kaveh 2017) agreed that actively listening to the voices of the elderly in local regions will also be an important building block in developing models of best practise that respond to those requirements in particular.

LITERATURE REVIEW

According to the reports published by WHO, over 400 million people around the world do not have appropriate access to basic health care. When this is coupled with an increased prevalence of chronic diseases and a higher life expectancy, ongoing, long-term comprehensive care and early interventions are necessary. (World Health Organization Framework on integrated, people-centred health services: report by the Secretariat 2016). A community health approach has long been acknowledged as the best way to maximise benefits and improve health-care system performance (Sakaguchi-Tang et al., 2017). According to some estimates, 80 percent of the world's elderly will live in low- and middle-income countries by 2050. (Coughlin et al., 2018). In India, this trend is considerably more pronounced. In 2016, 12.4 percent of the population in this area was over 60 years old. By 2050, it is expected that the percentage would have risen to nearly 25%. (Around 1.3 billion people). (Salimi et al., 2014) advocated the fact that as average life expectancy rises because of improved health care and technological breakthroughs, the proportion and absolute number of the elderly (those over the age of 80) also increases, putting additional strain on the present, already existing health-care system. By 2050, it is expected that the percentage will have risen to 5% (258 million people). This increase will have major consequences for both the provision of suitable and long-term health care (Wildenbos et al., 2017). These significant changes in India's population demographics should prompt policymakers to take early action to fulfil the unfulfilled requirements for suitable and long-term, continuous health-care for the elderly population.

Yue et al. (2022) conducted recent research and suggested that when a primary health care specialist or a medical professional is unable to meet a patient's needs, integrated care is necessary, which requires integrated and coordinated support from several providers, including both informal and professional care. Reavley et al. (2022) stated that current organisation and policies would need to be redefined and overhauled, with significant ramifications for current funding and legislative regulations, specialist credentials, and administration, including governance. This is a significant obstacle which

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