Integrated Elderly Care and Medical Services: A Survey

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Abstract

Integrated elderly care and medical services embody a holistic framework that combines medical and supportive services tailored to the diverse needs of the aging population. This survey highlights the pivotal role of advanced technologies like IoT, Big Data, and Cloud Computing in transforming traditional healthcare into dynamic, personalized systems, enhancing both patient outcomes and operational efficiency. Despite technological strides, the evidence on integrated care's efficacy in reducing costs and improving service delivery remains mixed. The successful implementation of these models necessitates substantial healthcare reforms, including enhanced workforce training and strategic financial incentives to elevate primary healthcare quality. Effective collaboration among healthcare providers is crucial for optimizing resource distribution, as demonstrated by models like the restricted Erlang-R Queue. Additionally, integrating palliative care into general healthcare systems presents significant opportunities for improving care quality. Future research should focus on developing tools for enhanced data sensemaking and knowledge transfer, addressing data privacy, model interpretability, and exploring safer NSAID alternatives. By tackling these challenges, integrated elderly care can significantly improve the quality of life for the elderly, ensuring coordinated and effective care delivery. Ultimately, by refining existing models and exploring new methodologies, healthcare systems can adapt to evolving needs and technological advancements, ensuring sustainability and enhanced patient outcomes.

1 Introduction

1.1 Overview of Integrated Elderly Care

Integrated elderly care adopts a holistic approach that merges medical and supportive services to address the diverse needs of the aging population. This model prioritizes seamless coordination among healthcare providers and leverages technological advancements to enhance care delivery. With rising life expectancy and an increasing elderly demographic, there is a pressing demand for affordable and unobtrusive healthcare solutions [1]. Remote patient monitoring technologies, both with-contact and contactless, are pivotal in enabling continuous health surveillance, improving patient outcomes, and alleviating the burden on healthcare systems [2].

The integration of Industry 4.0 technologies, including the Internet of Things (IoT), Cloud Computing, and Big Data, is transforming traditional healthcare into Healthcare 4.0, facilitating dynamic and efficient health service management [3]. This transformation is essential in meeting the challenges of an aging population, as it harmonizes disparate health data in alignment with the Triple Aim in healthcare and P4 medicine [4].

Moreover, incorporating large language models (LLMs) into Human Activity Recognition (HAR) systems enhances operational efficiency and safety, particularly in high-stakes environments like elder care [5]. Given the complexity of medication regimens for the elderly, comprehensive knowledge

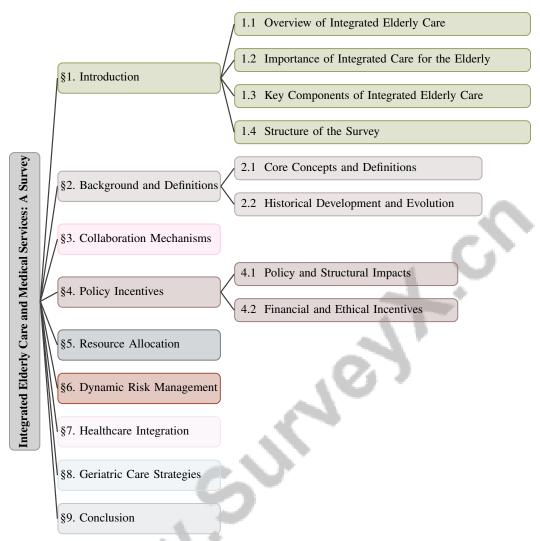


Figure 1: chapter structure

regarding non-steroidal anti-inflammatory drugs (NSAIDs) is crucial to mitigate adverse effects and interactions with other medications [6].

1.2 Importance of Integrated Care for the Elderly

Integrated care is vital for the elderly, significantly improving health outcomes and quality of life by addressing their multifaceted needs. Elderly individuals often contend with chronic health conditions, necessitating a comprehensive healthcare approach that combines medical and supportive services. The integration of telehealth, mobile health, and remote monitoring systems is instrumental in managing chronic illnesses, facilitating timely interventions, and reducing emergency situations [2]. These technologies enable continuous health monitoring, crucial for early detection and management of potential health issues, thereby enhancing patient outcomes and alleviating the burden on healthcare systems [1].

Furthermore, adopting Industry 4.0 technologies, such as IoT and Big Data, promotes seamless integration of healthcare services, enhancing service delivery and patient outcomes [3]. This technological advancement is particularly beneficial in elderly care, supporting efficient management of complex health data and promoting proactive healthcare interventions. The implementation of shared decision-making (SDM) interventions empowers older individuals to engage actively in their healthcare decisions, essential for managing multiple health and care needs [7].

Integrated care models have demonstrated improved service delivery outcomes, addressing knowledge gaps regarding their effectiveness [8]. By emphasizing a coordinated approach, these models ensure that elderly patients receive comprehensive care tailored to their specific needs. This approach is crucial in palliative care, where approximately 75% of individuals nearing the end of life can benefit from integrated care, thus enhancing their quality of life [9].

1.3 Key Components of Integrated Elderly Care

Integrated elderly care comprises several critical components aimed at addressing the complex healthcare needs of the aging population. Essential elements include collaboration mechanisms that facilitate shared decision-making among healthcare providers, policy incentives promoting integrated service delivery, effective resource allocation optimizing care efficiency, dynamic risk management strategies addressing patient complexities, seamless healthcare integration ensuring continuity of care, and targeted geriatric care strategies tailored to the unique challenges faced by older adults with multiple health conditions [10, 8, 7, 11, 12].

Collaboration mechanisms are vital for coordinated efforts among healthcare providers, enabling seamless communication and information sharing. This is particularly crucial in contexts where smart home technologies, such as environmental and wearable medical sensors, monitor the health of elderly patients [1]. These technologies facilitate continuous health surveillance and timely interventions, enhancing patient outcomes.

Policy incentives are instrumental in promoting the adoption of integrated care models, motivating healthcare providers to innovate and implement effective care strategies that enhance service delivery outcomes, including quality, efficiency, and patient satisfaction, as evidenced by systematic reviews across various healthcare systems [8, 3, 12]. Financial and ethical incentives can foster the use of advanced technologies and collaborative practices, ultimately improving care quality for elderly patients.

Resource allocation is fundamental to integrated elderly care, ensuring efficient distribution of healthcare resources, such as personnel and bed capacities, to meet the demands of the elderly population. Considering these factors allows for a more integrated approach to resource management, optimizing limited resources within healthcare systems [13].

Dynamic risk management involves proactively identifying and managing potential health risks, which is crucial for improving patient outcomes. By utilizing advanced data analytics and innovative technologies, healthcare providers can enhance their risk management strategies, facilitating timely and appropriate care for elderly patients. This includes implementing smart home technologies enabling continuous monitoring through wearable sensors and communication tools, allowing real-time health assessments and support from healthcare professionals. Additionally, remote patient monitoring (RPM) systems improve clinical decision-making and streamline workflows, addressing challenges posed by an aging population and increasing demand for efficient healthcare services [3, 14, 2, 1, 11].

Healthcare integration focuses on harmonizing medical and supportive services, providing elderly patients with a continuum of care that addresses their diverse needs. This integration is supported by Industry 4.0 technologies, such as IoT and Big Data, facilitating health data harmonization and promoting proactive healthcare interventions [3].

Finally, geriatric care strategies are specialized approaches addressing the unique needs of elderly populations. These strategies include careful monitoring of medication regimens, such as NSAIDs, to mitigate adverse effects and interactions with other medications [6]. By implementing personalized care approaches and preventive care strategies, healthcare providers can enhance the quality of life for elderly patients.

1.4 Structure of the Survey

The survey is meticulously structured to provide a comprehensive analysis of integrated elderly care and medical services. It begins with an **Introduction** that sets the stage for understanding the significance of a holistic approach to elderly care, highlighting the integration of medical and supportive services, and the necessity for collaboration among stakeholders. This section outlines the

key components of integrated care, including collaboration mechanisms, policy incentives, resource allocation, dynamic risk management, healthcare integration, and geriatric care strategies.

Following the introduction, the **Background and Definitions** section delves into core concepts and provides precise definitions of terms essential to understanding integrated elderly care and medical services. This section also traces the **Historical Development and Evolution** of these concepts, offering insights into how integrated care models have evolved over time.

The survey then explores **Collaboration Mechanisms**, examining the roles of healthcare providers, stakeholders, and technology in fostering effective collaboration. This report presents a comprehensive review of successful collaboration models and case studies illustrating how integrated approaches, such as shared decision-making and coordinated care, significantly enhance outcomes in elderly care, particularly for those with complex health and social needs [8, 10, 7].

In the **Policy Incentives** section, the survey analyzes the role of government policies and incentives in promoting integrated care models. It discusses the structural impacts of these policies and evaluates various financial and ethical incentives to identify best practices.

The importance of **Resource Allocation** is addressed next, focusing on strategies for optimizing resource distribution to ensure equitable access to care for the elderly. This section also discusses the impact of resource allocation on healthcare costs and access.

Dynamic Risk Management is evaluated through the lens of proactive risk identification and management, highlighting the critical role of data and technology—such as wearable sensors and large language models—in refining risk management strategies. This approach enhances the accuracy of risk assessments and improves resource allocation and emergency response effectiveness in high-stakes environments like healthcare and emergency services. By integrating diverse data sources, organizations can navigate uncertainties more effectively, leading to improved outcomes and more efficient workflows in dynamic settings [3, 11, 10, 5].

The concept of **Healthcare Integration** is explored, highlighting the integration of medical and supportive services to provide seamless care for the elderly. The discussion encompasses the benefits and challenges associated with healthcare integration, emphasizing evidence from a systematic review that identifies improved quality of care, increased patient satisfaction, and enhanced access to services as key advantages. Additionally, it examines various successful integration models and outlines factors influencing collaborative efforts in healthcare settings, drawing on findings from a literature review of 133 studies that pinpoint 19 critical elements for effective collaboration [8, 10].

The survey delves into **Geriatric Care Strategies**, highlighting innovative personalized care approaches and effective management techniques for chronic diseases prevalent in the elderly population. It emphasizes integrating smart home technologies and shared decision-making frameworks, facilitating continuous health monitoring and support for older adults, ultimately aiming to enhance their quality of life while addressing the complexities of their health and social care needs [1, 7]. It also highlights preventive care strategies and innovative interventions for improving geriatric care.

The **Conclusion** section provides a comprehensive summary of the key findings and insights derived from the survey on integrated elderly care and medical services. It emphasizes the significant implications these integrated models have for healthcare systems and policymakers, particularly in improving service delivery outcomes, enhancing patient satisfaction, and addressing the growing demand for palliative care as the population ages and the prevalence of chronic illnesses rises. The findings underscore the necessity for healthcare systems to adapt and evolve to meet the needs of an increasingly complex patient demographic [9, 8, 12, 7]. It also highlights areas for future research and potential developments in the field. The following sections are organized as shown in Figure 1.

2 Background and Definitions

2.1 Core Concepts and Definitions

Integrated elderly care is built upon several foundational concepts crucial for effective service delivery to the aging population. **Collaboration mechanisms** are vital, involving coordinated efforts among healthcare providers, patients, and stakeholders to ensure seamless communication and service delivery, especially in smart home healthcare contexts where device and system interoperability is essential [1].

Policy incentives are instrumental in fostering integrated care models by offering financial and ethical motivations for adopting innovative strategies. These incentives encourage the use of advanced technologies and collaborative practices, ultimately enhancing care quality for elderly patients and improving service delivery outcomes [8].

Resource allocation involves the strategic distribution of healthcare resources, such as personnel and medical equipment, to optimize service delivery for the elderly. This complex task requires addressing the challenge of allocating resources among multiple consumers, whose health is influenced by the resources they receive over time. The Provision-after-Wait problem exemplifies this complexity, requiring the allocation of medical treatments to a population choosing among hospitals with varying costs under a fixed budget, while considering waiting times as a primary cost [15, 16].

Dynamic risk management is essential for the proactive identification and management of potential health risks. Remote patient monitoring systems, both contact and contactless, are critical for collecting accurate health data, which is vital for effective risk management [2].

Healthcare integration involves the seamless merging of medical and supportive services to provide comprehensive care for the elderly. The adoption of Industry 4.0 technologies, such as IoT, Cloud Computing, and Big Data, is transforming traditional healthcare into a more dynamic system known as Healthcare 4.0, facilitating the incorporation of clinical information and multi-omic datasets into routine patient care [3, 4].

Geriatric care strategies are specialized approaches tailored to the unique needs of elderly populations, emphasizing the careful consideration of pharmacodynamics and pharmacokinetics, particularly regarding non-steroidal anti-inflammatory drugs (NSAIDs) to mitigate adverse effects and interactions with other medications [6]. Shared decision-making (SDM) is also highlighted as a complex process, especially for older adults with multiple health conditions [7].

Integrating core concepts such as shared decision-making, smart home technology, and coordinated healthcare services is essential for addressing the complex challenges faced by the elderly population. This approach enhances healthcare systems' ability to deliver comprehensive care, facilitates real-time monitoring and support, and ultimately improves patient satisfaction and access to necessary services. By fostering collaboration among healthcare providers, patients, and family caregivers, these integrated models can better meet the diverse needs of older adults, ensuring they receive the quality care necessary for maintaining their health and well-being [8, 1, 7].

2.2 Historical Development and Evolution

The evolution of integrated elderly care has been driven by the increasing complexity of healthcare needs among the aging population and the necessity for coordinated service delivery. Historically, healthcare systems operated in silos, with limited interaction among service providers, leading to inefficiencies and suboptimal outcomes for elderly patients who typically require comprehensive and continuous care. The challenges of coordinating multiple agents, each optimizing their individual states while sharing limited resources, became evident as healthcare systems expanded, resulting in a vast state and action space that made the computation of optimal policies infeasible [15].

Integrated care models emerged in response to these challenges, emphasizing a holistic approach that combines medical and supportive services. Economic theories, such as the Provision-after-Wait problem, have influenced the development of integrated care by highlighting waiting time as a rationing mechanism, illustrating how patients' preferences and budget constraints dictate the optimal allocation of healthcare services [16].

A significant milestone in the evolution of integrated care was the recognition of the high prevalence of NSAID prescriptions among the elderly and the associated risks of adverse effects. This awareness underscored the need for careful management of medication regimens as a core component of elderly care strategies [6]. Consequently, integrated care models began to incorporate strategies for monitoring and managing complex medication regimens to mitigate potential risks.

Despite challenges in measuring the impacts of integrated care and the variability in outcomes across different healthcare settings [8], integrated care continues to evolve, propelled by technological advancements and a growing understanding of the multifaceted needs of the elderly population. The incorporation of technologies such as IoT and Big Data has facilitated the seamless integration of healthcare services, transforming traditional models into more dynamic and efficient systems.

3 Collaboration Mechanisms

3.1 Role of Healthcare Providers and Technology

Healthcare providers, alongside advanced technologies like smart home systems equipped with environmental and wearable sensors, are essential in fostering collaboration in integrated elderly care. These technologies enable continuous remote health monitoring, promoting timely interventions while allowing elderly individuals to stay in familiar settings [1, 10]. Medical professionals, including nurses, use Remote Patient Monitoring (RPM) to enhance clinical workflows and ensure comprehensive patient surveillance, crucial for timely interventions.

As illustrated in Figure 2, the integration of technology in healthcare encompasses key areas such as smart home systems, Remote Patient Monitoring, and Human Activity Recognition. This figure also highlights the challenges in collaboration, including workforce education, fragmented health IT systems, and ineffective financial incentives, which remain significant barriers to effective care.

Technology is fundamental in facilitating collaboration among healthcare providers and stakeholders. The Scientific Knowledge Extraction from Data (SKED) architecture exemplifies how technology can minimize data integration challenges, yielding reproducible quantitative outcomes and supporting evidence-based decision-making [4]. This capability is further augmented by integrating large language models (LLMs) with Human Activity Recognition (HAR) systems, enhancing sensor data analysis and decision-making processes, thereby promoting effective collaboration [5].

Despite technological advancements, challenges persist in primary healthcare, such as insufficient workforce education, fragmented health IT systems, and ineffective financial incentives. These issues highlight the need for a coordinated approach that leverages technology to bridge educational and infrastructural gaps, thereby enhancing collaborative practices [12].

Shared decision-making (SDM) underscores the importance of negotiation and communication among healthcare practitioners, patients, and family caregivers. Effective communication is crucial for aligning stakeholder goals and ensuring care decisions reflect the preferences and needs of elderly patients [7].

Factors influencing collaboration are categorized into Environment, Membership, Process/Structure, Communication, Purpose, and Resources, providing a framework for understanding collaborative dynamics. This framework emphasizes technology's role in enhancing communication and resource management, promoting a more integrated approach to elderly care [10].

Healthcare providers and technology complement each other in fostering effective collaboration within integrated elderly care. By leveraging technological advancements and addressing systemic challenges, healthcare systems can enhance care coordination and optimize outcomes for the aging population [8].

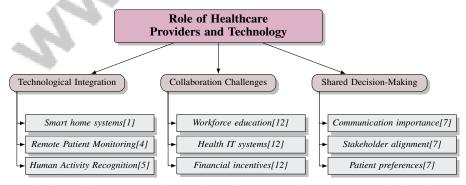


Figure 2: This figure illustrates the integration of technology in healthcare, highlighting key areas such as smart home systems, Remote Patient Monitoring, and Human Activity Recognition. It also addresses challenges in collaboration, including workforce education, health IT systems, and financial incentives. Additionally, it underscores the importance of shared decision-making, emphasizing communication, stakeholder alignment, and patient preferences.

3.2 Successful Models and Case Studies

Successful models and case studies in integrated elderly care demonstrate the significant impact of collaboration on improving care outcomes for the aging population. Remote Patient Monitoring (RPM) systems have notably enhanced patient outcomes through continuous health monitoring and timely interventions. Comparisons of various RPM implementations indicate that smaller programs benefit from direct communication among healthcare providers, fostering personalized patient care, while larger programs often rely on asynchronous collaboration and established protocols to manage the complexities of monitoring larger patient populations [11].

The integration of technology in elderly care settings further highlights the benefits of collaborative models. Industry 4.0 technologies, such as IoT and Big Data, facilitate the seamless integration of medical and supportive services, enhancing care coordination and patient outcomes. These technologies enable the collection and analysis of health data, supporting evidence-based decision-making and proactive healthcare interventions [3].

Case studies also emphasize the role of shared decision-making (SDM) in enhancing collaboration among healthcare providers, patients, and their families. Involving patients and their caregivers in the decision-making process ensures that care plans align with elderly patients' preferences and needs, ultimately improving their quality of life [7].

Moreover, successful models of integrated care often address systemic challenges, such as inadequate workforce education and fragmented health information systems, to enhance collaborative efforts. By leveraging technology to overcome these barriers, healthcare systems can improve care coordination and optimize outcomes for elderly patients [12].

4 Policy Incentives

The interaction between policy incentives and integrated care model adoption is pivotal in advancing healthcare systems. Understanding the influence of government policies on these models is essential as healthcare systems evolve. This section explores policy incentives' dimensions and their role in shaping the structural framework necessary for integrated care. We will discuss how these incentives address key healthcare challenges, facilitating a transition toward cohesive and effective care delivery. The following subsection will examine the specific impacts of these policies on the healthcare workforce and patient outcomes.

4.1 Policy and Structural Impacts

Government policies and structural incentives are crucial in promoting integrated care models, especially in elderly care. A significant challenge is the friction caused by existing technologies, complicating data management and nursing workflows, resulting in inefficiencies [11]. Policies supporting advanced technology development and integration can streamline workflows and enhance data interoperability.

As illustrated in Figure 3, the hierarchical structure of policy and structural impacts on integrated care models categorizes key areas such as technology integration, healthcare models, and future planning. This figure highlights the role of government policies in promoting advanced technologies, shared decision-making, financial incentives, and planning for future healthcare needs.

The integration of cross-disciplinary technologies, amid rapid technological advancements, necessitates robust security and privacy measures for successful implementation [3]. Policies that establish guidelines and incentives for maintaining high security and privacy standards can facilitate technology adoption by healthcare providers.

A coordinated approach supporting health professionals in behavior change is fundamental for effective shared decision-making (SDM), a key component of integrated care [7]. Policies incentivizing ongoing patient-professional relationships and providing training for healthcare providers can enhance SDM effectiveness and improve patient outcomes.

Financial incentives are critical in motivating healthcare providers to adopt integrated care models, with an urgent need for improved financial incentives to enhance primary healthcare quality, as seen

in countries like China [12]. By offering financial rewards for adopting integrated care practices, governments can encourage healthcare providers to invest in necessary infrastructure and training.

Ethical and responsible AI, particularly regarding Human Activity Recognition (HAR) technologies, is another area where government policies can significantly impact. By promoting ethical AI practices, policies can encourage the adoption of technologies that enhance patient care while ensuring privacy and security [5].

Furthermore, government policies can guide healthcare service planning by estimating future population needs, such as palliative care, illustrating how incentives can promote integrated care models [9]. Aligning policy goals with healthcare provider incentives fosters an environment conducive to widespread integrated care adoption, ultimately improving care quality and patient outcomes. Addressing primary challenges such as high healthcare costs, limited access to facilities, and privacy concerns regarding sensitive medical data can further facilitate the integration of smart home technologies [1]. Research highlights documented improvements in patient satisfaction and perceived care quality in integrated models, underscoring the positive impact of well-structured policies and incentives [8].

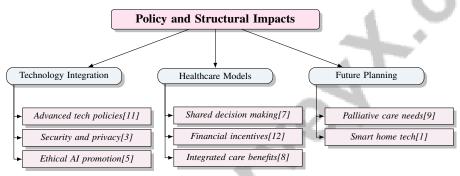


Figure 3: This figure illustrates the hierarchical structure of policy and structural impacts on integrated care models. It categorizes key areas such as technology integration, healthcare models, and future planning, highlighting the role of government policies in promoting advanced technologies, shared decision-making, financial incentives, and planning for future healthcare needs.

4.2 Financial and Ethical Incentives

Financial and ethical incentives are crucial in promoting integrated care models within healthcare systems. They motivate healthcare providers to implement comprehensive strategies addressing the elderly population's complex needs. Financial incentives, such as performance-based payments and subsidies for adopting new technologies, can significantly enhance care quality and efficiency. However, evidence regarding cost savings associated with integrated care models is inconsistent, complicating the direct linkage of specific integrated care elements to positive outcomes [8].

Despite these challenges, financial incentives remain powerful tools for encouraging healthcare providers to invest in the necessary infrastructure and training for integrated care. By aligning financial rewards with desired outcomes, policymakers can foster an environment that promotes innovation and collaboration among healthcare providers, enhancing patient outcomes, increasing satisfaction, and improving access to care. This approach significantly boosts healthcare system efficiency by leveraging integrated service delivery models and advanced health informatics technologies, addressing modern healthcare challenges [10, 8, 3, 12, 4].

Ethical incentives promote responsible, patient-centered care practices by encouraging healthcare providers to prioritize patient well-being and preferences, enhancing overall care quality. This aligns with the need for integrated care models emphasizing shared decision-making and collaboration among providers, particularly for the aging population and those with chronic conditions [11, 12, 10, 7]. These incentives ensure that ethical considerations are central to care delivery. The integration of ethical AI practices, especially concerning HAR technologies, exemplifies the importance of ethical incentives in implementing technological advancements responsibly while considering patient privacy and security.

Moreover, best practices in financial and ethical incentives involve a balanced approach that combines both aspects. This dual focus ensures healthcare providers are motivated by financial incentives and dedicated to delivering high-quality, patient-centered care, crucial for addressing the challenges of an aging population and the rising prevalence of chronic non-communicable diseases. By integrating evidence-based performance indicators and fostering a culture of continuous improvement, healthcare systems can enhance both provider motivation and patient outcomes, ultimately leading to a more efficient and effective healthcare delivery model [11, 3, 12, 4]. By promoting a culture of ethical responsibility and financial accountability, integrated care models can achieve sustainable improvements in care quality and patient outcomes.

In examining the complexities of resource allocation in integrated elderly care, it is essential to understand the various strategies employed and their subsequent effects on healthcare costs and access. Figure 4 illustrates the hierarchical structure of these resource allocation strategies, categorizing the optimization strategies, challenges, and fairness considerations that come into play. This figure not only highlights the methodologies influencing cost efficiency but also emphasizes their role in enhancing access to care for the elderly population. By integrating this visual representation, we can better appreciate the multifaceted nature of resource allocation in healthcare systems and its implications for both providers and recipients of care.

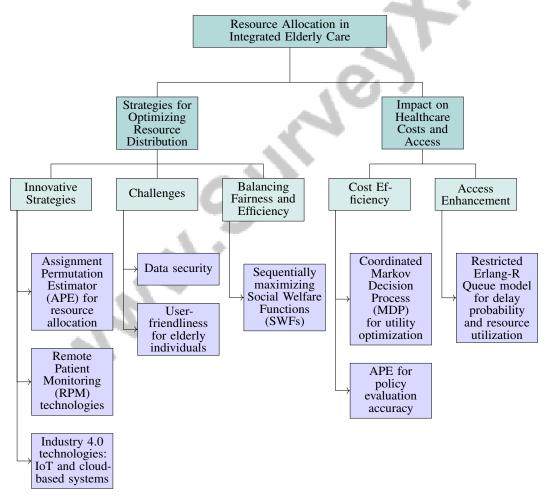


Figure 4: This figure illustrates the hierarchical structure of resource allocation strategies and their impact on healthcare costs and access in integrated elderly care. It categorizes the optimization strategies, challenges, and fairness considerations, as well as the methodologies influencing cost efficiency and access enhancement.

5 Resource Allocation

5.1 Strategies for Optimizing Resource Distribution

Optimizing resource distribution in integrated elderly care is essential for equitable healthcare access and improved patient outcomes. Addressing the NP-hard challenge of optimizing social welfare while adhering to budget constraints demands innovative strategies [16]. The Assignment Permutation Estimator (APE) is a notable method that identifies interchangeable subsets in resource allocation, enhancing outcome accuracy without compromising overall effectiveness [17]. This approach helps direct resources to those with the greatest need, thereby improving care quality.

Remote patient monitoring (RPM) technologies are pivotal in resource optimization, facilitating continuous health monitoring and timely interventions [2]. Incorporating RPM into elderly care allows dynamic resource allocation based on real-time data, enabling proactive patient management and optimal resource use. Additionally, Industry 4.0 technologies, including IoT and cloud-based systems, streamline resource management across healthcare domains [3]. However, challenges such as data security and user-friendliness for elderly individuals must be addressed [1].

Incorporating fairness and efficiency into resource allocation is crucial. By sequentially maximizing Social Welfare Functions (SWFs), healthcare systems can balance these aspects, ensuring equitable distribution that considers the diverse needs of the elderly and system constraints [18].

5.2 Impact on Healthcare Costs and Access

Resource allocation plays a critical role in influencing healthcare costs and access in integrated elderly care. Efficient allocation can significantly reduce costs while enhancing access to essential services. The complexity of maximizing utility and minimizing costs is addressed by advanced methodologies like the Coordinated Markov Decision Process (MDP), which optimizes utility values under time constraints in large-scale settings [15]. This enables strategic resource allocation, ensuring timely and cost-effective responses to patient needs.

The APE further enhances policy evaluation accuracy, reducing variance by up to 70

6 Dynamic Risk Management

6.1 Proactive Risk Identification and Management

In integrated elderly care, proactive risk identification and management are imperative for improving patient outcomes by predicting and mitigating health risks. The integration of data-intensive Remote Patient Monitoring (RPM) systems, despite their potential, can disrupt clinical workflows and increase cognitive load on healthcare providers, especially nurses [11]. To address these challenges, a multifaceted approach utilizing advanced methodologies and technologies is essential.

The Restricted Erlang-R Queue model with finite size plays a crucial role in optimizing personnel and bed allocation, ensuring efficient resource utilization while maintaining care quality [13]. This model allows healthcare systems to predict resource needs and manage risks associated with resource constraints, thereby enhancing patient outcomes.

Technological advancements have enabled real-time monitoring of vital signs and health conditions, promoting the independence of elderly individuals [1]. Such technologies enhance proactive risk identification by providing continuous health data, allowing healthcare providers to detect early signs of health deterioration and intervene promptly.

Collaboration among healthcare providers is critical for effective risk management. The survey identifies 19 factors influencing collaboration success, highlighting their importance in coordinated efforts [10]. Effective collaboration ensures timely information exchange and coordinated responses to emerging health risks.

6.2 Technological and Data Support for Integrated Care

The integration of technology and data analytics is crucial for advancing risk management strategies in integrated elderly care. Current technological tools, while essential, can increase cognitive load

and disrupt workflows, highlighting the need for improvements that support data sensemaking and asynchronous collaboration [11]. Enhancing data integration and streamlining healthcare providers' efficiency in managing patient care is vital.

The Technology Acceptance Model (TAM) underscores the significance of continuous improvement in predictive performance and the influence of contextual factors on technology acceptance in health services [14]. Addressing these factors can enhance the adoption and utilization of technological solutions, thereby optimizing risk management and patient outcomes.

Technological advancements offer significant benefits, yet challenges such as the lack of comprehensive studies on long-term effects and potential increased risks of falls and psychiatric events must be acknowledged [6]. A balanced approach is necessary, leveraging technology's strengths while mitigating potential risks through robust data analysis and evidence-based practices.

7 Healthcare Integration

7.1 Integration of Medical and Supportive Services

Integrating medical and supportive services is crucial for comprehensive elderly care, addressing diverse healthcare needs through a cohesive system of medical treatment, social support, and rehabilitation. Industry 4.0 technologies, including IoT, Cloud Computing, and Big Data, are instrumental in this integration, facilitating efficient health service management and harmonizing disparate health data [3]. These technologies transform traditional healthcare into dynamic Healthcare 4.0 models, enhancing patient outcomes and operational efficiency [4].

Remote patient monitoring (RPM) technologies are pivotal in coordinating medical and supportive services by enabling continuous health surveillance. This allows healthcare providers to monitor patients in real-time and make informed decisions, particularly beneficial for managing chronic conditions in the elderly, thus reducing emergencies [2]. Furthermore, integrating large language models (LLMs) into Human Activity Recognition (HAR) systems enhances service integration, deriving actionable insights from complex sensor data to improve operational efficiency and ensure elderly patient safety [5].

Effective collaboration among healthcare providers is essential for successful integration, fostering communication and coordination among stakeholders such as physicians, nurses, social workers, and family members. This ensures care plans align with patient preferences and needs. Shared decision-making (SDM) models empower patients and caregivers to actively participate in healthcare decisions, promoting patient-centered care [7].

7.2 Benefits of Healthcare Integration

Healthcare integration significantly benefits elderly care by promoting a comprehensive and coordinated approach to health services. It enhances patient outcomes through seamless coordination of medical and supportive services, ensuring continuous and holistic care. RPM technologies are vital in this process, enabling real-time health surveillance and timely interventions, improving patient outcomes and reducing healthcare system burdens [2].

Successful integration models leverage IoT, Cloud Computing, and Big Data to create responsive healthcare systems, efficiently managing and harmonizing health data. This evolution towards Healthcare 4.0 highlights the transformative impact of these technologies on the healthcare ecosystem, enhancing care delivery, quality, and patient satisfaction through efficient service provision and personalized treatment options [3, 14, 4].

Addressing privacy and security challenges, particularly in remote monitoring systems, is vital. Future research should focus on developing robust contactless monitoring systems that safeguard patient privacy and data security while integrating various remote monitoring technologies to enhance patient outcomes [2]. Ensuring patient trust and data integrity is essential.

Integrating healthcare services fosters collaboration among providers, enhancing communication and care coordination. SDM models are crucial in promoting patient-centered care, allowing patients and caregivers to engage actively in healthcare decisions. This collaborative approach ensures care plans

reflect the unique preferences and needs of older individuals with complex health and social care requirements, improving care quality and patient satisfaction [8, 11, 15, 7].

The benefits of healthcare integration include improved patient outcomes, enhanced operational efficiency, and increased patient satisfaction. By addressing privacy and security challenges and promoting collaborative practices, healthcare systems can implement integrated models utilizing advanced technologies, such as smart home systems and eHealth solutions, to meet the diverse needs of the elderly. These integrated approaches facilitate continuous and remote health monitoring and enhance shared decision-making among care providers, ensuring elderly individuals receive personalized and timely support in their homes, alleviating pressure on healthcare facilities and improving overall quality of life [1, 3, 7].

8 Geriatric Care Strategies

8.1 Personalized Care Approaches

Personalized care in geriatric settings is essential for addressing the distinct needs of the elderly. These approaches tailor healthcare services to individual preferences, health conditions, and lifestyle factors, enhancing patient satisfaction and outcomes. Central to this is shared decision-making (SDM), which empowers elderly patients and their families to actively participate in healthcare decisions, ensuring care plans are aligned with specific needs and fostering autonomy [7]. Interprofessional collaboration among healthcare providers—such as physicians, nurses, and social workers—is vital for effective SDM, enhancing communication and coordination to consider a patient's comprehensive health and well-being. Future research should explore family-centered SDM models, recognizing the critical role of family members in supporting elderly patients [7].

Training healthcare professionals is crucial for facilitating SDM and personalized care. Equipping providers with the necessary skills enhances their ability to engage patients in meaningful discussions about care preferences and goals. Evaluating the impact of such training on SDM effectiveness and personalized care delivery is a promising area for research, offering insights into best practices for patient-centered care [7]. Personalized care prioritizes individual needs, ensuring healthcare services enhance quality of life. By promoting interprofessional collaboration, developing family-centered care models, and providing targeted training, personalized care can be effectively integrated into geriatric strategies, facilitating SDM and addressing the complex health and social needs of older adults [1, 11, 7].

8.2 Chronic Disease Management

Managing chronic diseases among the elderly is a cornerstone of geriatric care, requiring comprehensive approaches that integrate personalized medicine, advanced technologies, and coordinated care. The SKED framework, facilitating scientific knowledge extraction from data, holds promise for enhancing chronic disease management through structured data integration and analysis. Refining this framework and exploring its applications in personalized medicine is a key research area [4]. Remote patient monitoring (RPM) technologies are pivotal, enabling continuous health monitoring through sensors and communication systems, allowing for early detection of disease progression and timely interventions [2, 3]. These systems empower elderly patients to maintain daily activities while ensuring real-time monitoring of vital signs.

Integrating large language models (LLMs) into Human Activity Recognition (HAR) systems enhances monitoring and analysis of patient behaviors and health status. This multidimensional learning approach translates complex sensor data into actionable insights, supporting better management of chronic conditions and improving healthcare interventions [2, 11, 4, 5]. Effective chronic disease management requires collaboration among healthcare providers, patients, and families. SDM models enhance patient care by involving patients in healthcare decisions, addressing the complexities of coordinating care among multiple providers. Understanding how to implement SDM effectively is essential for improving patient outcomes and satisfaction [11, 7]. Interprofessional collaboration enhances care coordination, ensuring comprehensive attention to all aspects of a patient's health.

8.3 Preventive Care Strategies

Preventive care strategies are vital in geriatric care, addressing potential health issues before they become severe. Implementing these strategies involves lifestyle modifications, regular health screenings, and advanced technologies for monitoring health. Developing standardized protocols that facilitate interoperability among healthcare systems and devices is crucial for effective preventive healthcare [1]. Enhancing artificial intelligence (AI) capabilities contributes significantly to predictive healthcare, allowing early detection of health risks and timely interventions. Future research should refine AI capabilities to improve accuracy and reliability in predicting health outcomes for the elderly [1].

Creating modular systems for easy integration of new technologies into healthcare infrastructures is essential for advancing preventive care. These systems enable continuous updates, ensuring the latest medical innovations are seamlessly incorporated into geriatric practices [1]. Besides technological advancements, preventive care must emphasize regular health screenings and lifestyle interventions. Encouraging physical activity, balanced diets, and adherence to medication regimens can reduce chronic disease risks and improve health outcomes. Healthcare providers should partner with patients and families to create tailored preventive care plans reflecting individual goals and complexities, particularly for those with multiple health and social needs. This approach enhances SDM, acknowledging diverse factors influencing successful collaboration, ultimately leading to improved patient outcomes [12, 11, 10, 7].

9 Conclusion

The exploration of integrated elderly care and medical services underscores the critical need for a holistic approach to address the multifaceted healthcare requirements of the aging population. The deployment of technologies such as IoT, Big Data, and Cloud Computing is pivotal in delivering personalized and scalable healthcare solutions, which are essential for improving patient outcomes and enhancing operational efficiency. Despite these advancements, the impact of integrated care on cost reduction and service delivery remains ambiguous, with studies indicating varied results.

Implementing integrated care models necessitates substantial reforms in healthcare systems, including the enhancement of workforce training and the provision of financial incentives to elevate the quality of primary healthcare. Collaborative efforts among healthcare providers are crucial for the optimal distribution of resources, as exemplified by models that synchronize resource allocation with considerations for returning patients. Furthermore, integrating palliative care within general healthcare systems presents significant potential to improve care quality and outcomes, highlighting an area ripe for further exploration.

Future research should prioritize the development of tools that enhance data interpretation and knowledge sharing among clinicians, particularly in environments that require asynchronous collaboration. Additionally, the examination of data privacy, model interpretability, and sustainable practices in the application of large language models is essential for advancing integrated elderly care. Lastly, the pursuit of safer alternatives to NSAIDs and a deeper understanding of their long-term implications are imperative to minimize risks and optimize benefits for the elderly.

References

- [1] Sumit Majumder, Emad Aghayi, Moein Noferesti, Hamidreza Memarzadeh-Tehran, Tapas Mondal, Zhibo Pang, and M Jamal Deen. Smart homes for elderly healthcare—recent advances and research challenges. *Sensors*, 17(11):2496, 2017.
- [2] Lakmini P Malasinghe, Naeem Ramzan, and Keshav Dahal. Remote patient monitoring: a comprehensive study. *Journal of Ambient Intelligence and Humanized Computing*, 10:57–76, 2019.
- [3] Giuseppe Aceto, Valerio Persico, and Antonio Pescapé. Industry 4.0 and health: Internet of things, big data, and cloud computing for healthcare 4.0. *Journal of Industrial Information Integration*, 18:100129, 2020.
- [4] Elizabeth D. Trippe, Jacob B. Aguilar, Yi H. Yan, Mustafa V. Nural, Jessica A. Brady, Mehdi Assefi, Saeid Safaei, Mehdi Allahyari, Seyedamin Pouriyeh, Mary R. Galinski, Jessica C. Kissinger, and Juan B. Gutierrez. A vision for health informatics: Introducing the sked framework.an extensible architecture for scientific knowledge extraction from data, 2017.
- [5] Syed Mhamudul Hasan. Multidimensional human activity recognition with large language model: A conceptual framework, 2024.
- [6] A comprehensive review of non-st.
- [7] Frances Bunn, Claire Goodman, Bridget Russell, Patricia Wilson, Jill Manthorpe, Greta Rait, Isabel Hodkinson, and Marie-Anne Durand. Supporting shared decision making for older people with multiple health and social care needs: a realist synthesis. *BMC geriatrics*, 18:1–16, 2018.
- [8] Susan Baxter, Maxine Johnson, Duncan Chambers, Anthea Sutton, Elizabeth Goyder, and Andrew Booth. The effects of integrated care: a systematic review of uk and international evidence. *BMC health services research*, 18:1–13, 2018.
- [9] Simon Noa Etkind, Anna E Bone, Barbara Gomes, Natasha Lovell, Christopher J Evans, Irene J Higginson, and FEM Murtagh. How many people will need palliative care in 2040? past trends, future projections and implications for services. *BMC medicine*, 15:1–10, 2017.
- [10] Paul W Mattessich and Kirsten M Johnson. Collaboration: What makes it work. 2018.
- [11] Mihnea Calota, Janet Yi-Ching Huang, Lin-Lin Chen, and Mathias Funk. Assembling the puzzle: Exploring collaboration and data sensemaking in nursing practices for remote patient monitoring, 2024.
- [12] Xi Li, Jiapeng Lu, Shuang Hu, KK Cheng, Jan De Maeseneer, Qingyue Meng, Elias Mossialos, Dong Roman Xu, Winnie Yip, Hongzhao Zhang, et al. The primary health-care system in china. *The Lancet*, 390(10112):2584–2594, 2017.
- [13] Johan S. H. van Leeuwaarden, Britt W. J. Mathijsen, Fiona Sloothaak, and Galit B. Yom-Tov. The restricted erlang-r queue: Finite-size effects in service systems with returning customers, 2016.
- [14] Bahlol Rahimi, Hamed Nadri, Hadi Lotfnezhad Afshar, and Toomas Timpka. A systematic review of the technology acceptance model in health informatics. *Applied clinical informatics*, 9(03):604–634, 2018.
- [15] Hadi Hosseini, Jesse Hoey, and Robin Cohen. A coordinated mdp approach to multi-agent planning for resource allocation, with applications to healthcare, 2014.
- [16] Mark Braverman, Jing Chen, and Sampath Kannan. Optimal provision-after-wait in healthcare, 2013.
- [17] Aditya Mate, Bryan Wilder, Aparna Taneja, and Milind Tambe. Improved policy evaluation for randomized trials of algorithmic resource allocation, 2023.
- [18] Violet Xinying Chen and J. N. Hooker. Balancing fairness and efficiency in an optimization model, 2020.

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