

Review Article

COMPREHENSIVE GERIATRIC CARE: THE “TREATMENT TRIANGLE” MODEL

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ABSTRACT: As Vietnam’s population ages rapidly, the health system faces increasing demands for long-term, integrated, and person-centered care for older adults. To meet these challenges, the “Treatment Triangle” model has been proposed, comprising three interconnected pillars: (1) home and community-based care, (2) hospital-based specialized treatment, and (3) rehabilitative and nursing care at dedicated centers. Together, these pillars form a continuum of care that emphasizes prevention, early detection, comprehensive management of chronic diseases, and recovery of physical and psychological function. This paper describes the structure, roles, and interconnections of each component and discusses how this model could serve as a sustainable and humane framework for geriatric care in Vietnam.

Keywords: Thong Nhat Hospital

1. INTRODUCTION

Vietnam is entering an era of population aging at an unprecedented pace. In 2023, the country had over 7.3 million people aged 65 and older—accounting for 7.3% of the total population—and this figure is projected to double by 2040 [1]. Older adults are living longer but often with multiple chronic illnesses, functional decline, and psychosocial vulnerability. The current health system, largely designed to manage acute diseases, is ill-equipped to provide the comprehensive, long-term, and coordinated care that aging populations require [2],[3].

To bridge this gap, Thong Nhat Hospital has developed an integrated framework known as the “Treatment Triangle Model”, aiming to ensure continuity of care across all stages of aging—from home and community settings to hospitals and rehabilitation centers.

2. THE TREATMENT TRIANGLE MODEL

2.1. Home and Community-Based Care: Foundation for Prevention and Early Detection

At the base of the triangle lies home and community-based care, where most older adults live and maintain daily activities. This level focuses on proactive health management, early detection, and disease prevention.

Key elements include:

Strengthening primary and family medicine.

Telemonitoring and digital health.

Centralized health coordination center.

Integrated emergency services.

Health education and caregiver training.

2.2. Hospital-Based Specialized Treatment: Managing Complex and Acute Conditions

Hospitals serve as the central layer of the triangle—where older patients with acute or complex health issues receive specialized, multidisciplinary treatment.

Core components:

- Accurate diagnosis and modern technology.
- Comprehensive Geriatric Assessment (CGA).
- Interdisciplinary collaboration.
- Continuity planning.

2.3. Rehabilitation, Nursing, and Long-Term Care: Restoring Function and Dignity

The apex of the triangle represents specialized centers dedicated to rehabilitation, long-term care, and palliative support—focusing on restoring function, promoting independence, and enhancing quality of life.

Key activities:

- Comprehensive rehabilitation.
- Nutrition and metabolic support.
- Psychosocial and cognitive therapy.
- Palliative and end-of-life care.
- Caregiver assistance.

3. DISCUSSION

The Treatment Triangle Model represents a continuum that links prevention, intervention, and recovery within a single, person-centered framework. By integrating medical, rehabilitative, and social dimensions of care, the model addresses the complexity of aging beyond disease management alone.

Its success relies on four core enablers:

1. Intersectoral collaboration among health, social, and community organizations.
2. Technological integration to connect data and telehealth services across all care levels.
3. Human resource development through specialized geriatric training.
4. Policy support and sustainable financing to ensure scalability nationwide.

4. CONCLUSION

The Treatment Triangle Model provides a strategic and feasible pathway for developing a comprehensive geriatric care system in Vietnam. It ensures continuity of care from the community to hospital and rehabilitation settings, promotes aging in place, and respects the dignity and autonomy of older adults. With coordinated implementation and government support, this model could serve as a cornerstone for Vietnam's transition toward a humane, integrated, and age-friendly healthcare system.

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