



Tsao Foundation

Longevity is Opportunity

COMMUNITY-BASED LONG TERM CARE IN SINGAPORE

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SCOPE

- Ageing challenge
- Community-based long term care
- Care Integrators
- Long term care financing
- Governance and Quality Assurance
- Manpower development
- Vulnerabilities



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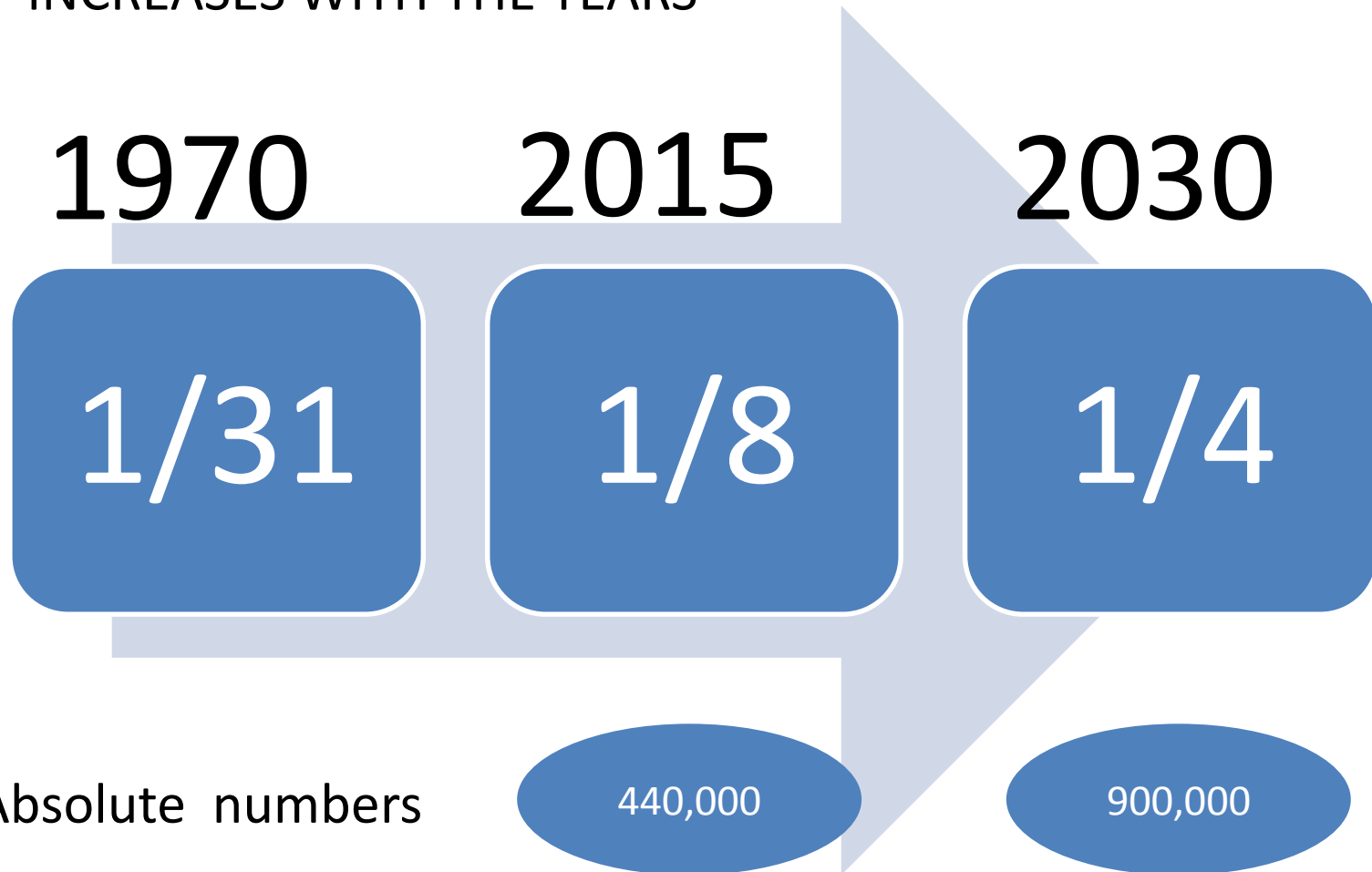
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THE CHALLENGE



SINGAPORE IS AN AGEING SOCIETY

PROPORTION OF SINGAPOREANS AGED 65 AND ABOVE
INCREASES WITH THE YEARS



Source: MOH & Report on Ageing Population 2016

OF THE 900000 SENIORS ABOVE AGE 65...



87% Healthy and Independent



8% need walking aid



3% need assistive device

1% mobile with assistance



1% bedridden

SHIFTING FAMILY STRUCTURE AND HOUSEHOLD SIZE

- Increased proportion of households with fewer or no children*
- Proportion of households with children dropped from 59% in 2005 to 54.3% in 2015.
- Increase number of single-elder households and households of older couples with no children living with them.**
- 1 in 5 older adult above age 65 live alone.***

*Population Trend 2016 Singapore Department of Statistics MTI 2016

**Families and Households in Singapore 2000-2014: MSF 2015

*** Hock et al National Survey of Senior Citizens 2011 MSF 2013

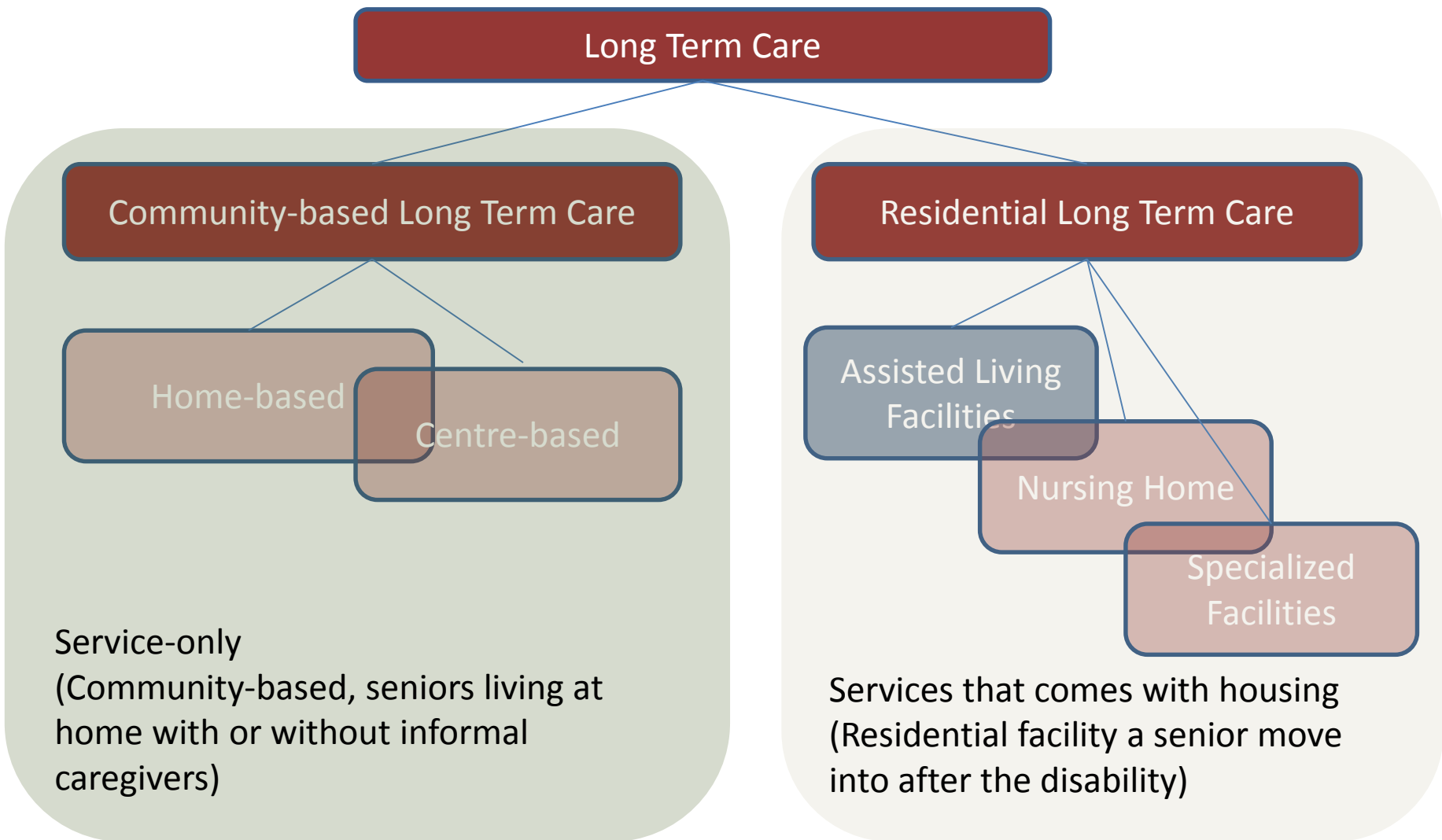


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COMMUNITY-BASED LONG TERM CARE SERVICES IN SINGAPORE



TYPES OF LONG TERM CARE AVAILABLE IN SINGAPORE



HOME-BASED CARE

- Started in the 70's with the Home Nursing Foundation
- Services delivered to the doorstep and into the home
- Can be transitional or enduring
- Can be health or social care and services

Capacity to be increased by 2020:

Home Care places from 6900 (2015) to 10000 .

Palliative home care from 5150 (2015) to 6000.



TYPES OF HOME-BASED SERVICES FOR SENIORS IN SINGAPORE

Episodic / transitional -----> Continual/ enduring Psychos

Psychosocial

- Home-modification
- Equipment and consumables supplies and delivery
- Counseling
- Handy-man
- Pest-control
- Time-limited Live-in Helper
- Disability assessment
- 'Maid-on-wheel'
- Tingkat service
- Escort and Transport
- Social Work Care Management*

- Respite attendance
- Checking
- Activities and engagement
- Befriending/ pastoral support
- Medication reminder
- Hygiene support – showers, diaper change
- Meals-on-wheels
- House chores
- Activities and engagement
- Respite for caregivers
- Live-in Helper
- Call Centre Service
- Pastoral care

Healthcare

- Doctors providing House-call
- Nursing procedures by visiting nurses
- Visiting pharmacist service, dietetics
- Medication delivery
- Health care equipment supplies
- Post-discharge Transitional Health Care Team
- Caregiver training
- Home-based restorative rehabilitation
- Rostered stay-in nurse
- Health-based Care Management*

- Call Centre Service
- Telehealth support
- Home-based medical care (family medicine; geriatrics; palliative medicine; psychiatry; intensive medicine)
- Medication delivery
- Home-based nursing care (gerontology)
- Home-based maintenance rehabilitation
- Health-based Care Management*

THEMES IN INTEGRATED HOME-BASED CARE

Involves multi-disciplinary care team and **care management**, designed based on available competencies

- Elder Abuse management
- Post-discharge Transitional Health Care
- Dementia
- Psychiatric conditions
- Home Ventilation
- End of Life Care
- Chronic Disease Management
- ****Team-managed Home-based Primary Care***

HUA MEI MOBILE CLINIC:
TEAM-MANAGED HOME-BASED PRIMARY CARE
PCMH AT HOME

The key components:

- **Interdisciplinary Health Team and Intra-team Communication Process:**
- Focus on the **Spirit**
- **Comprehensive Needs Assessment and Care management**
- **Primary care** approach
- Community-oriented **Geriatric and Gerontology training**
- Special attention to **Transitional and End-of-Life Care**
- **24/7** access
- **Continual Quality Improvement**

CENTRE-BASED CARE AND SERVICES

...”functions follow forms” at times

- Seniors Activity Centres
- Day Care Centre
 - Social DCC
 - Hospice DCC
 - Dementia DCC
 - Psychiatric DCC
- Day Rehabilitation Centre
- Senior Care Centre
- **Integrated Home and Day Care – trial of capitation in funding based on Eligibility Assessment*

Capacity to be increased by 2020:

- SAC from 18000 (2011) to 48000 (2020), to include those not living in rental blocks
- The rest Centre-based Services, to increase from 3500 (2015) to 6200.

Hua Mei EPICC

Created 2011

'Sick Bay'
Facilities

Home-based
health and
social care
provision

Meals

Social
Engagement

Counse-
ling

Health
Monitoring

Day
Health
Centre

FRAIL ELDER
AND FAMILY
CARE PARTNER

Care
Manage-
ment

Resource
mobili-
sation

Medication
Management

House
chores

Managing
Health
Care-
setting
Transition

Primary
Care

Rehab

ADL
Support

Recreation
and
Learning

Escort and
Transport

Support for
Caregivers

Emergency
Housing

EPICC Model



‘CARE INTEGRATORS’



CARE MANAGEMENT SERVICE

CREATING ACCESS; CUSTOMIZING SERVICE-PACKAGE; BROKERING BEST DEAL; ADVOCACY AND COACH

Started in 1998

Available island-wide operated by NGO mostly

Care management be regarded as the 'lead-integrator' in care integration

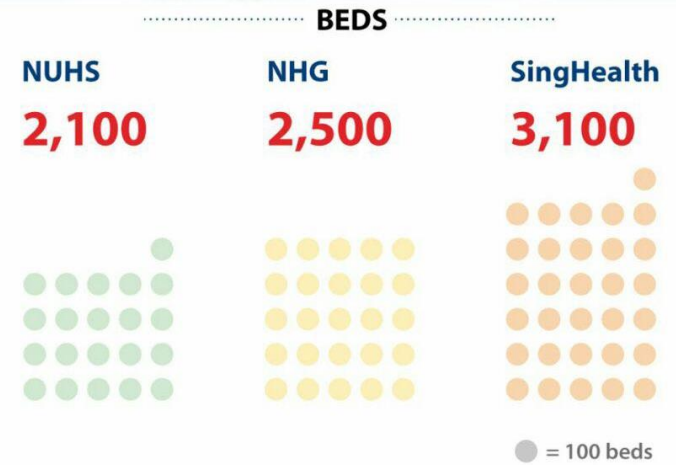
- Comprehensive needs assessment
- Customizing care to meet needs
- Coordinating services
- Overcoming barriers to access
- Brokering the best deal
- Advocating for positive change
- Coaching growth and development



POPULATION HEALTH CONSIDERATIONS

REGIONAL HEALTH SYSTEMS AND PRIMARY HEALTH CARE

SINGAPORE'S HEALTHCARE CLUSTERS

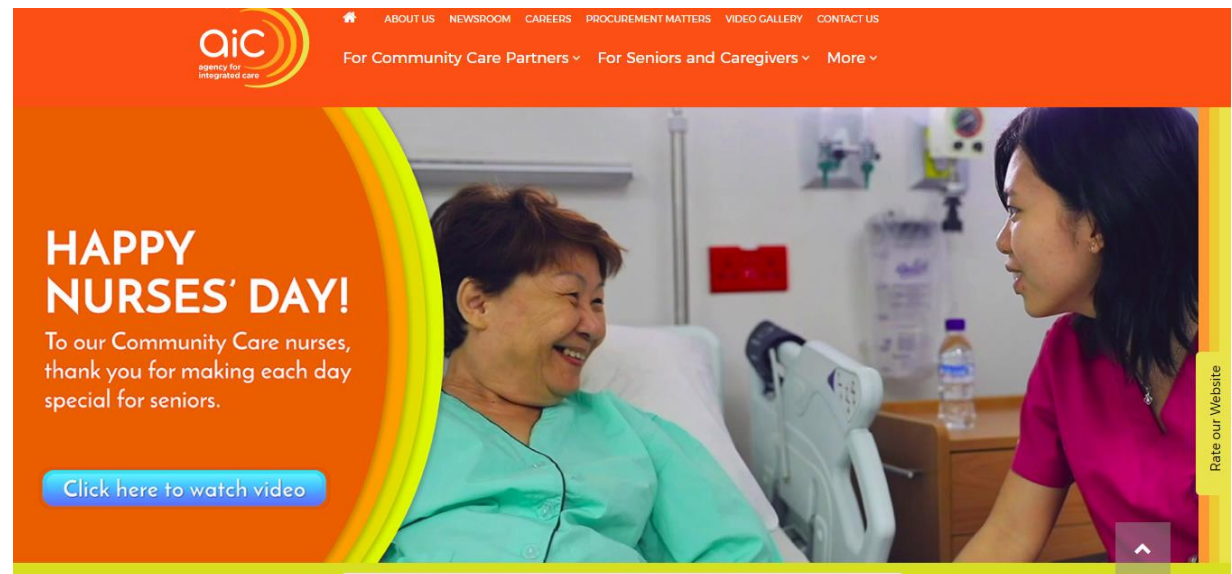


There are about 1,500 GP clinics which meet about 80% of the total primary care demand. These range from solo practices to medium and large corporate groups.

- MOH website

AGENCY FOR INTEGRATED CARE

- 1992 Started as **Care Liaison Office** in MOH for processing admission to nursing homes
- 2001 Became **Integrated Care Services** for discharge planning and care transition
- 2008 Renamed **Agency for Integrated Care** as lead National Care Integrator



The screenshot shows the Agency for Integrated Care (aic) website. The header is orange with the aic logo and navigation links: ABOUT US, NEWSROOM, CAREERS, PROCUREMENT MATTERS, VIDEO GALLERY, CONTACT US. Below the header, there are three dropdown menus: For Community Care Partners, For Seniors and Caregivers, and More. The main content area features a large banner with a photograph of a smiling elderly woman in a hospital bed being attended to by a nurse in a pink uniform. The banner text reads: **HAPPY NURSES' DAY!** To our Community Care nurses, thank you for making each day special for seniors. Below the text is a blue button that says 'Click here to watch video'. On the right side of the banner, there is a vertical yellow bar with the text 'Rate our Website' and an upward-pointing arrow.

ROLES AND RESPONSIBILITIES

'Gap fillers'

- Information and Referral Support
- Care transition Support
- Care Assessment Framework and Care Assessment
- Administer financial schemes to support LTC clients and manpower
- Sector Development: capacity building, R&D, implement policies

FINANCING COMMUNITY- BASED LONG TERM CARE



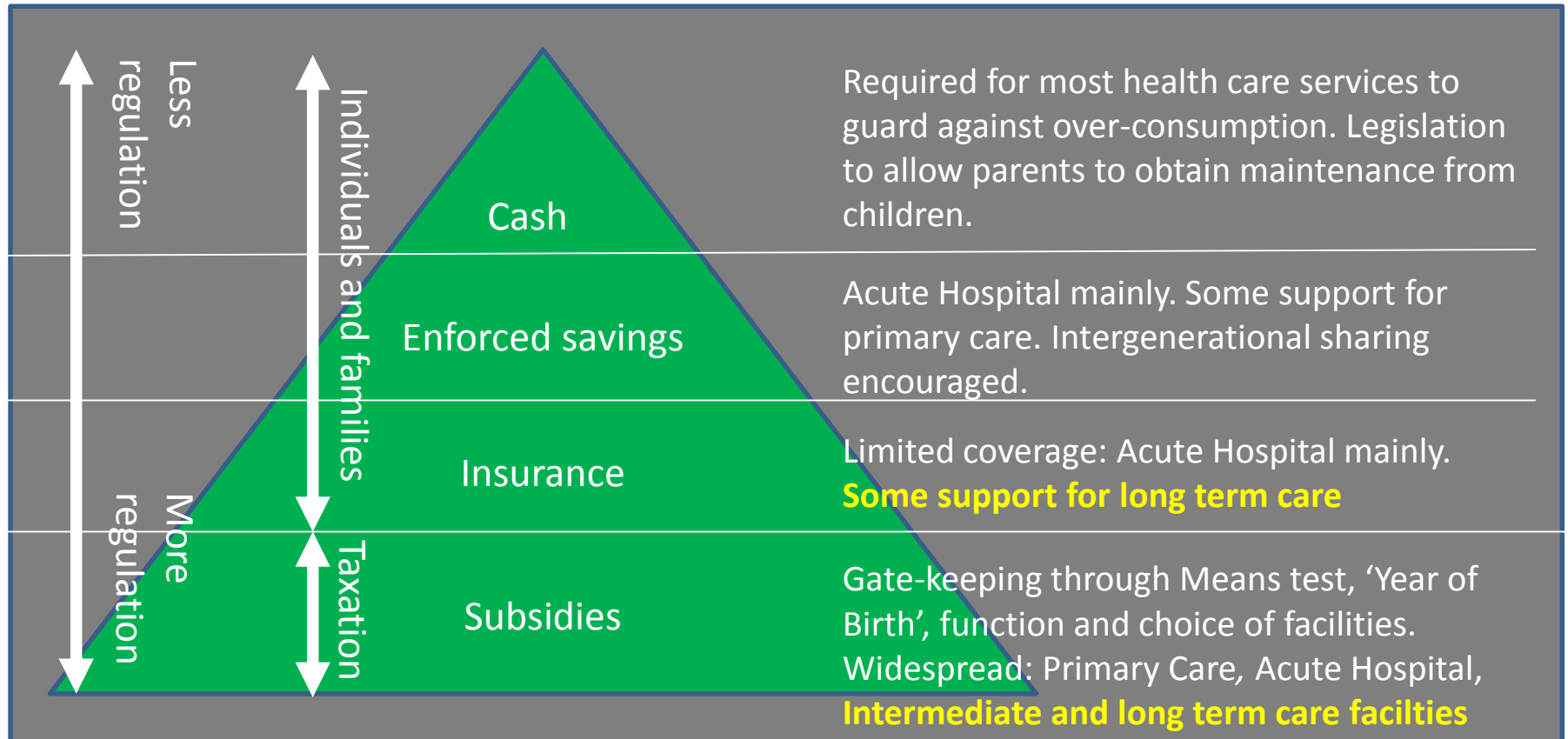
BASIC POLICY PRINCIPLES

“Individual - Family – Community – Society”

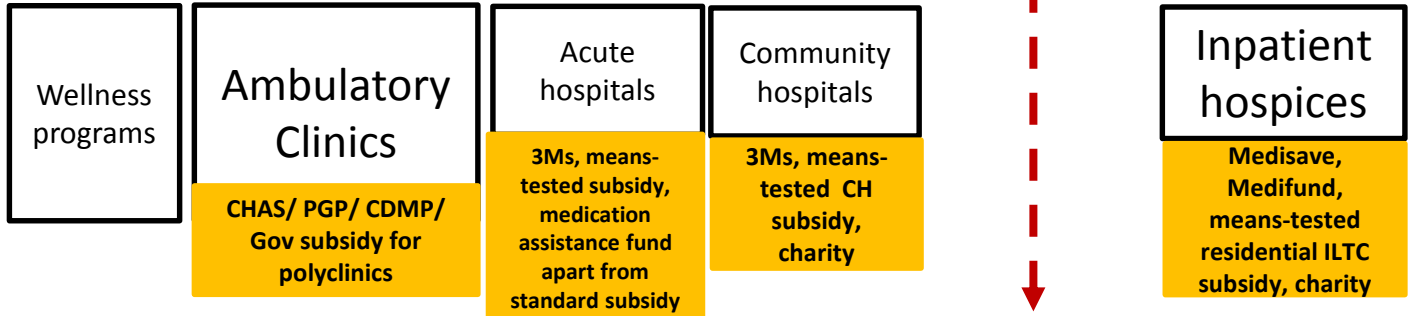
- Promotes self-reliance
- Family as first line of support
- ‘Many Helping Hands approach’
- Gate Keeping through Means Test, Disability and more recently, ‘Pioneer Generation’
- Co-payment to safeguard against over-consumption

SOURCES OF FUNDING

Funding for community-based long term care is under-developed



Primary care is required throughout a life course



- Non-residential means-tested ILTC subsidies***
- Senior Mobility and Enabling Fund (SMF)
 - FDW Levy Concession
 - Enhancement for active seniors (EASE)
 - IDAPE
 - PG DAS
 - Caregivers Training Grant
 - Eldershield
 - Medisave (for hospice)
 - FDW Grant
 - Medifund
 - Assistive Technology Fund
 - Charity

Home-based healthcare
Transitional: post-discharge transitional care, medication delivery, home-based rehab, caregiver training, etc.
Continual: home medical, home nursing, home palliative, telehealth, etc

Home-based social care
Transitional: home modification, devices and consumables, counselling, etc
Continual: meals-on-wheels, respite for caregivers, befriending service, etc

The biggest bulk of caregiving is shouldered by informal caregivers at home

Centre-based care: rehabilitation, SPICE, dementia day care, day hospices

Source: Lim and Ng, 2016

3Ms: Medisave, Medishield, Medifund; *per capita monthly household income ≤ \$2600



MDM M



Aged 83, was admitted to us in May 2007. Her poor health began in 1999 and her function gradually declined from being wheelchair-bound to being bedbound.

1. Multiple chronic medical conditions:
 - Parkinson’s Disease
 - Vascular dementia with BPSD
 - Rheumatoid arthritis
 - Anaemia associated with general poor condition and malnutrition
 - Cataracts in both eyes
 - Pressure ulcer of lower back
 - Protein calorie malnutrition.
2. Physical Dependence
 - Bed-bound and requires total care including tube feeding
3. Caregiver Stress
4. Financial Strain

COST OF LTC FOR MDM M (EXCLUDE 'ROOM AND BOARD')

	Set up cost	Per month (with maid)	Per month (without maid)
Hospital bed	\$2000		
Ripple mattress	\$200		
Diapers		\$100	\$100
Milk feeds		\$300	\$300
Medications		\$80	\$80
NG Tube		\$16	\$16
Medical consult		\$120	\$120
Medical escort and transport		\$20	\$20
Nurse reviews		\$100	\$100
Care Management		\$140*	\$140*
24/7 caregiving		\$1200	\$4700**
Total	\$2200	\$1986	\$5576

*initial 6 months **indirect cost of caregiving leaving workforce

MDM L

97/Ch/F

Used to be a labourer in a rubber factory for 30 yrs.

R hip fracture x 1.5 yrs after a fall in the market. Not operated.

Cervical cancer; urine incontinence; recurrent urine infection

ADL independent on wheelchair, homebound as it's too tiring to wheel herself out. Not able to use motorized wheelchair.

Family poor and not able to support.



COST OF LTC FOR MDM L (EXCLUDE 'ROOM AND BOARD')

	Set up cost	IHDC	Per month (with maid)	Per month (without maid)	
Wheelchair	\$150				
Home modification	\$150				
Consumables		\$100	\$100	\$100	
Medications		\$80	\$80	\$80	
Medical consult		\$30	\$120	\$120	
Medical escort and transport		\$20	\$20	\$20	
Rehabilitation		\$1500	\$400	\$400	
Nurse reviews			\$100	\$100	
Care Management			\$140*	\$140*	
Activities and recreation			\$10 (TV)	\$10 (TV)	
Meals delivery				\$300	
House chores				\$150	
Emergency monitoring				NA	
24/7 caregiving				NA	
Total	\$300		\$1780	\$2160	\$1420

GOVERNANCE, AND QUALITY ASSURANCE LEGISLATIONS

1. Acts that regulate Health Care Professionals
 - Doctors, nurses, pharmacists, optometrists, TCM physicians and Dentists
2. Acts that regulate health care institutions and clinics, including Nursing Home
 - Private Hospitals and Medical Clinics Act with licensing terms and conditions and Guidelines
3. Others:
 - Maintenance of Parents Act
 - Mental Capacity Act
 - Advanced Medical Directive Act
 - Women's Charter
 - Vulnerable Adults Act Proposal

GOVERNMENT

- Interministerial Committees on Ageing since 1980's
 - **MOH, MSF, MND, MOM**
- Minister for Ageing = Minister for Health since 2011
- Ageing Planning Office is the Secretariat
 - **Set policies, and regulate providers**
- Implementation of policy on ILTC through AIC, and the Regional Health Systems

[HTTPS://WWW.MOH.GOV.SG/CONTENT/MOH_WEB/HOME/PUBLICATIONS/GUIDELINES/INTERMEDIATE-AND-LONG-TERM-CARE-GUIDELINES.HTML](https://www.moh.gov.sg/content/moh_web/home/publications/guidelines/intermediate-and-long-term-care-guidelines.html)

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 MINISTRY OF HEALTH SINGAPORE

 Our Healthcare System

 Policies and Issues

 Costs and Financing

 Diseases and Conditions

 Medical Directory

Publications

Ministry of Health > Publications > Guidelines > Intermediate and Long Term Care Guidelines

Intermediate and Long Term Care Guidelines

 [Enhanced Nursing Home Standards \(2014\)](#)

 [Licensing Terms And Conditions on Enhanced Nursing Home Standards \(2015\)](#)

 [Guidelines for Centre-Based Care \(2015\)](#)

 [Guidelines for Home Care \(2015\)](#)

CATEGORIES

- Epidemiological News Bulletin
- Guidelines**
- Information Papers
- Reports
- Educational Resources
- Health Scope

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GUIDELINES FOR HOME CARE

<p>Domain 1: Holistic Care</p>	<ul style="list-style-type: none">1.1 Access to Care1.2 Approach to care1.3 Care Assessment, Planning and Review1.4 Home Medical and Nursing1.5 Home Social Care1.6 Home Rehabilitation1.7 Home Environment Review1.8 Home Palliative1.9 Psychosocial and Dementia Support1.10 Caregiver Training and Support1.11 Discharge and Transfer1.12 Care Coordination
<p>Domain 2: Quality of Care</p>	<ul style="list-style-type: none">2.1 Continenence Care2.2 Pain management2.3 Pressure Ulcers2.4 Handling of Medication2.5 Nasogastric Tube Feeding2.6 Infection Control2.7 Fall Prevention2.8 Care Documentation2.9 Staffing Requirement2.10 Staff Qualification and Training2.11 Volunteer management
<p>Domain 3: Informed and Enabling Care</p>	<ul style="list-style-type: none">3.1 Information and Education3.2 Dignity, Privacy and Confidentiality3.3 Feedback and Complaints3.4 Incident Management and reporting
<p>Domain 4: Sustainable Care</p>	<ul style="list-style-type: none">4.1 Corporate Governance4.2 Financial management4.3 Continuous Improvement4.4 Risk Management4.5 Staff Rights

MANPOWER DEVELOPMENT

- Professional training
 - Graduate Diploma in Geriatric Medicine (for GPs and non-geriatricians)
 - Specialist Dip in Community Gerontological Nursing
 - SD Gero-Counseling
 - Short courses:
 - Advance Primary Care for Homebound Elders
 - Others
 - Work Skills Qualifications Framework (for seniors services sector)
- Caregiver Training – many providers

VULNERABILITIES

1. Over-reliance on family care
2. Inadequate trained manpower in health and social care, as well as policy formulations.
3. Lack of standard care assessment framework
 - ICAF is a good first step, but ILTC using different instrument prevent research on real cost-of-care, cost-effectiveness and impact
4. Integration with primary care
 - Primary care for frail elders insufficiently funded
 - Training of primary care providers needed
5. Community-based End of Life Care in LTC setting not adequate



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THANK YOU

