



Hua Mei Centre
for Successful Ageing

A Tsao Foundation Initiative

“FORM FOLLOWS FUNCTION”

AGE-FRIENDLY COMMUNITY HEALTH CARE SERVICES BY DESIGN

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LONGEVITY IN SINGAPORE

One of the fastest ageing countries in the world -

- In 2011:
 - 340,000 or 10% of residents were aged 65 and above
- By 2030:
 - 900,000 or 24% of residents will be aged 65 and above
- We will more than double our older population from 10% to 24% in 19 years

Source: Singapore Department of Statistics

- The number of elders aged 80 and above will increase from 70,000 in 2011 to 210,000 in 2030, a 300% increase
- The number of elders living on their own had increased from 6000 in 1990 to 29,000 in 2011 and is projected to reach 92,000 by 2030
- Shifting demographics and family care arrangements



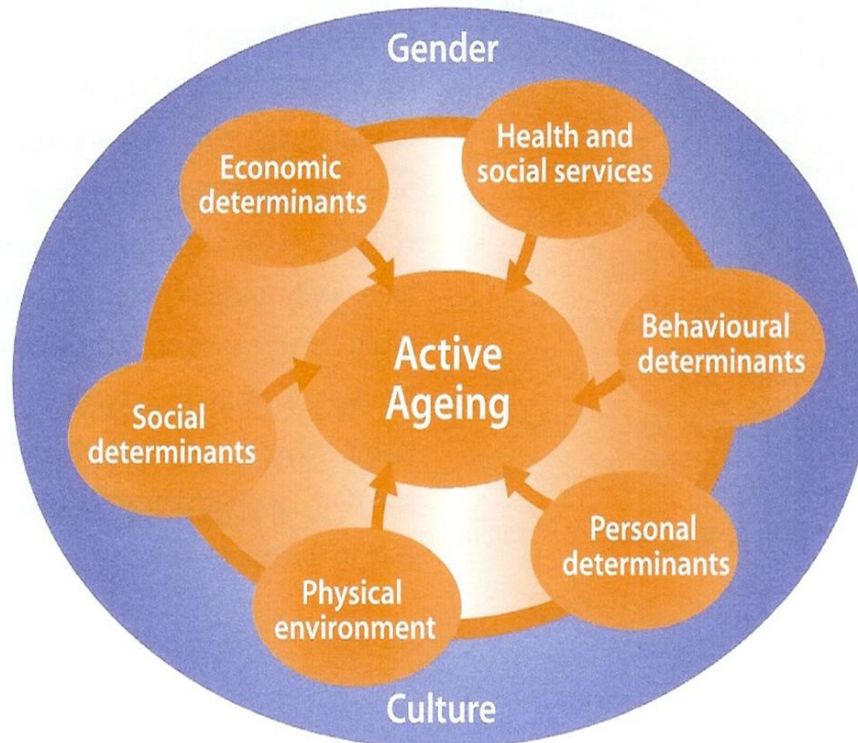
Increased Demand for Healthcare Services and Community and Home Based Caregiving Support

Source: Singapore Department of Statistics

WHO Active Ageing Policy Framework

- NOT JUST LIMITED TO THE HEALTHY, AMBULANT OLDER PEOPLE
- A LIFE COURSE APPROACH IN ACTIVE AGEING
- REQUIRES MULTI-PRONGED STRATEGIES AT NATIONAL POLICY, COMMUNITY ACTION AND INDIVIDUAL BEHAVIORAL LEVELS

Figure 8. The determinants of Active Ageing



4 Pillars:

- **Income Security**
- **Health and Access to Care**
- **Life-long Learning**
- **Participation**

CASE STUDY I:

MR H CH 75/CH

- Retired as a duck seller in 1990 and went off to Southern Thailand for his dream retirement.
- Never saved for old age and neglected his diabetes until he developed PTB and has to return to Singapore for treatment.
- Has DM, CCF, CRF, Agitated Depression. Defaulted his follow-up appointment because of postural hypotension, depression, gait instability due peripheral neuropathy and recurrent falls.
- Single. On Public Assistance.
 1. What are the barriers to care?
 2. What are his needs?

What would you do and how would you do it? IF...

1. If you were a doctor working in a polyclinic who has only seen him once 2 months ago? (you don't remember him and you have on average 60 patients a day to see. Most of them seniors like him.)
2. If you were his retired brother who struggles with his own livelihood and worry sick over him.
3. If you were a health planner responsible for population health but answerable to the 'taxpayers'?
4. If you were Mr H himself?

What do Older Persons want?

- Same as younger persons. *Everyone is different.*
- It is not enough to just ask “What do you want?”
- Framework:
 - Maslow’s Hierarchy
 - Eden Alternative
 - Kitwood’s 5 Universal Emotional Needs
- Ultimately, we might as well ask ourselves what do we want in our old age.

NEEDS OF OLDER PERSONS

INTERGENERATIONAL LONGEVITY CENTRE SINGAPORE'S FOCUS GROUP DISCUSSION RESULTS

- Most baby boomers still expect their children to take care of them. Most prefer to live at home but 25% does not mind living in a retirement village. 14% does not mind living in a nursing home. (MSF “State of the Elderly in Singapore 2008/2009” Release 3 Pg 33)
- While older people would like to be able to age-in-place, the preference changes after 75. Starts to express the wish to be institutionalized because they fear they will not receive support from their children. (ILC Singapore FGD “State of Ageing in Singapore”. Yet to be published)

“ I think about receiving care in the future. I would prefer outsiders to provide me with care and not my own family. I only see my three children once a year at Chinese New Year. So I’m clearly not expecting them to care for me in old age.”

UNDERSTANDING OUR ELDERS

- Life of an Aging Person in the Present Cohort:
 1. Increasing prevalence of Multiple Chronic Diseases on one person
 2. Increasing prevalence of frailty and disabilities with increasing age: Complex interaction of factors through a biopsychosocial web. *Caregiver is crucial in the equation.*
 3. *Increasing cost-sensitivity: retired, may not have a constant stream of income, may be surviving on savings, or financially dependent on children, especially present cohort of older women.*
 4. *Psychosocial stigma from self and others: Negative generalization about old age and view of disability. And being a burden*
 5. A Period of Managing losses, requiring tremendous inner resources and resilience.
 6. Concerns about existential issues and end of life affairs.



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(SOME)

PRINCIPLES IN DESIGN

*“It is the pervading law of all things organic and inorganic,
Of all things physical and metaphysical,
Of all things human and all things superhuman,
Of all true manifestations of the head,
Of the heart, of the soul,
That the life is recognizable in its expression,
That form ever follows function. This is the law.”*

Louis Sullivan (1856 – 1924), 1896

“The only important thing about design is how it relates to people.”

Victor Papanek (1927 – 1988), 1971

“Critical Design uses speculative design proposals to challenge narrow assumptions, preconceptions and givens about the role products play in everyday life.”

Dunne & Raby, 2000's

What is the Function of Health Care?

How can Health Care be more personable?

What are the 'narrow assumptions, preconceptions and givens' about the role of Health Care that needs to be challenged?

What is the purpose of Care?

WHAT IS 'CARE'?

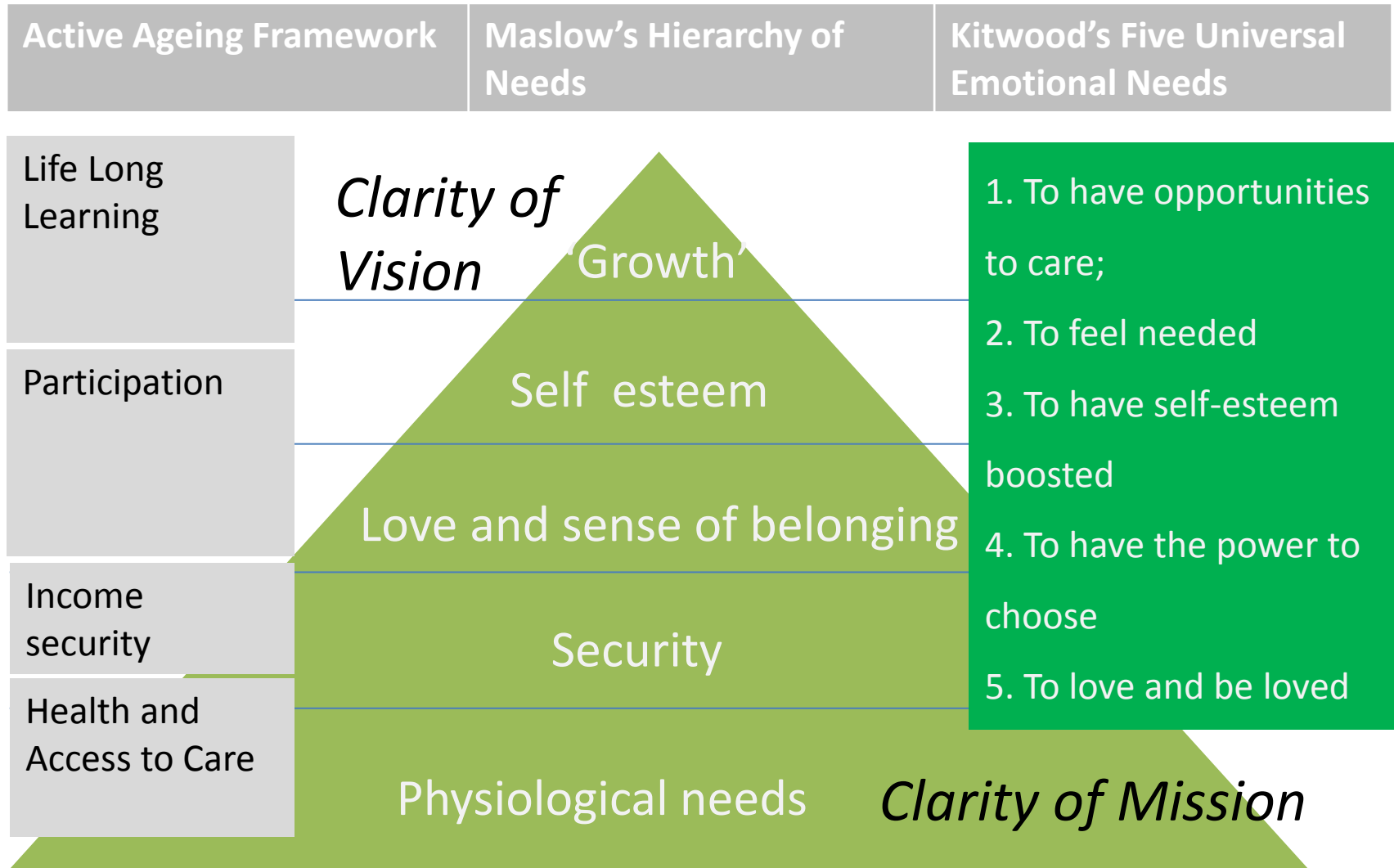
“To care is to help another person grow.”

*– Dr William Thomas, Founder, Eden
Alternative*

- *Both ‘care-providers’ and ‘care-recipients’ are Care Partners because we help each other grow.*

Do older persons need to grow?

WHAT DOES IT TAKE TO 'GROW'?





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DESIGNING COMMUNITY HEALTH CARE SERVICES

PRINCIPLES AND PRACTICE

DESIGNING AN AGE-FRIENDLY COMMUNITY HEALTH CARE SERVICES

PRINCIPLES¹

1. Person-centred
2. Accessible
3. Cost-effective and Sustainable
4. Quality
5. Equitable

1. Modified from Ontario's Seniors Strategy Report "Living Longer, Living Well"

PRACTICE

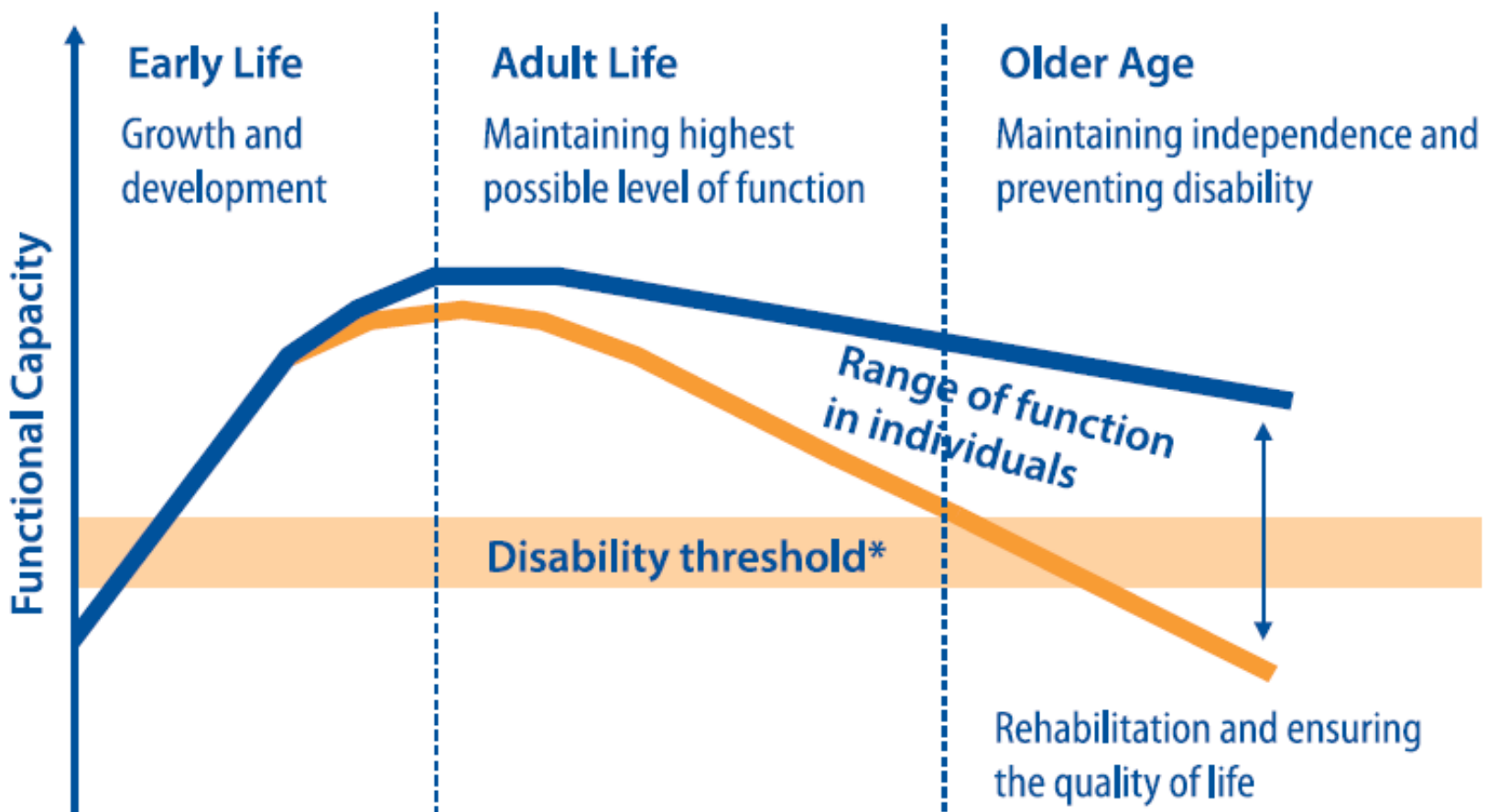
1. The Life Course Approach in Population Health
2. Promote Self-care and supporting informal care partners
3. ('The Good-old New Age') Primary Care, with a capability for frail care
4. Person-centred Care Methodology and Operations
5. Care Management and Care management System
 - Standardized needs assessment and a risk stratification framework
 - Community network of formal and informal providers
 - Working in teams within and across settings
6. Systemic support

THE LIFE COURSE APPROACH

An interdisciplinary conceptual framework to guide research and policies in relation to health, human development and ageing

–A. Kalache 2012

Figure Maintaining income Security, Life-long learning, participation...



Aging is a 'Life Course'. How we age depends on how we live in our youth: managing 'health', 'wealth', 'relationships' and other 'departments' of life.

WHAT MAKES CARE “GOOD AND AFFORDABLE”?

- **Invest in Primary Care and Care Management**

E.g. Patient-centered Medical Home^{2,3} has the potential to reduce unnecessary hospitalizations and premature institutionalization and so may reduce overall health care cost

- Agency for Healthcare Research and Quality: PCMH Resource Center

http://pcmh.ahrq.gov/portal/server.pt/community/pcmh_home/1483/what_is_pcmh

Community Care is not cheap¹. Would be better perceived not as a consumption, but an investment.

1. Anecdotal, based on HMCN estimation 12 years ago
2. Maeng et al “Reducing long-term cost by transforming primary care: evidence from Geisinger's medical home model” Am J Man Care 2012 Mar; 18(3): 149-55
3. The Commonwealth Fund Commission on a High Performance Health System “Confronting Costs – Stabilising the U.S. Health Spending while moving toward a High Performance Health Care System” Jan 13

THE 5 FEATURES OF PCMH

1. Comprehensive – team, not just acute med and CDM.
2. Patient-centred – trusting relationship built on timely communication
3. Coordinated Care – Integration through open communication within teams
4. Accessible Services – geographical and temporal. Including home-based care
5. Quality and Safety – CQI and sufficient training
6. *Care and Counseling – focusing on the spirit
7. *Cost effective – ‘the-most-appropriately-trained-least-cost personnel functioning at the top of their license’
8. *Caregivers
9. *Continual

PERSON-CENTRED CARE

“Person centred care is founded on the ethic that all human beings are of absolute value and worthy of respect, no matter their disability, and on a conviction that people with dementia can live fulfilling lives.”

Tom Kitwood

PERSON-CENTRED CARE WORKS BEST

- Health Care works if we put the person at the centre
 - It is the mental suffering behind the physical suffering that drives a person to seek health care.
 - When people see a doctor, some of them expect 'cure', but all of them expect 'care'.
 - Time must be invested in Reflection and Communication
- Person-centred care is based on a good therapeutic rapport

SPECIAL ATTENTION TO TRANSITIONAL AND END OF LIFE CARE

Managed hospital utilization

- *Don't just send patients to A&E!*
- Keep abreast of what's going on in the hospital, inpatient and outpatient
- Participate in hospital care and discharge planning (especially for new referrals)
- Post-hospitalization review

End of Life Care

- Have a prognostication approach
- Be expert communicator: ACP is high priority
- Symptom management

DEVELOPING SERVICES AS A 'CARE MANAGEMENT SYSTEM'

- Elders with different sets of needs can be managed by case managers/ case manager teams of different levels of expertise
- Needs assessment can be rationalize using valid and consistent assessment tools
- Elders can move along the care continuum based on levels of needs



Tsao Foundation
Longevity is Opportunity

A Care Management System Hua Mei Community for Successful Aging

ComSA

A community where people of all ages thrive!



“A PERSON-CENTRED AGED-CARE HUB WITHIN AN AGE-FRIENDLY COMMUNITY IN AND BUILT ENVIRONMENT”

Age-friendly Built Environment

Housing & Infrastructure

- Long-term care facilities in ‘stealth’
- Person-centred universal design
- Age-friendly Food, shopping and recreation outlets
- TeleHealth and Robotics
- Transport – buggies, ‘driverless’ vehicles

Age-friendly community

Community Development

- Community stakeholders network
- Well elders engagement

Aged-care Hub

Care Management System

Age-friendly Primary Care

Centre-based Frail Care

Home-based Care

- Risk-stratified Care Management Process
- Service network
- Volunteer management
- Active Aging OPAs

Person-centred spiritual support

"COMSA"

"SKILLED NURSING"



A SYSTEMS APPROACH IN A COMMUNITY TO SUPPORT SUCCESSFUL AGING ACROSS THE LIFE-COURSE, THROUGH...

1. A culture of mutual care and support
2. An integrated network of age-friendly health and social services
3. Housing that facilitates aging in place
4. Infrastructure and neighbourhood environment that eliminates loneliness, helplessness and boredom

“Good design is a renaissance attitude that combines technology, cognitive science, human need, and beauty to produce something that the world didn’t know it was missing.”

Paola Antonelli 2001

CONCLUSION

- Form follows function – scoping is crucial
- Alignment of care philosophies and calibration of care processes are important. Particularly:
 - Person-centred care
 - Care management approach
 - The 9 C's of Primary Care
 - Interdisciplinary Team and Team processes
 - Focused on the vulnerable phases
 - Community-based geri and gero training
 - CQI
- For our elders' sake, be a catalyst for change!



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THANK YOU FOR
LISTENING!

