

The Singapore Disease Management and
Primary Care Forum

**ILTC and the Critical Role of Primary Care –
The Hua Mei Clinics Experience**

Dr. Mary Ann Tsao
President,
Tsao Foundation



ILTC User Profile

□ An example –

- 79 year old Madam Wong with hypertension and diabetes with irregular primary care and poor control
- Carer for daughter's young children and household so working class couple can work
- Suffers stroke with decreased mobility now no longer able to care for daughter's family and needs care herself
- Lives in old building in flat with no lift landing on floor



ILTC User Needs

- Medical
- Functional
- Social
- Psycho-emotional
- Care giving issues
- Care integration and coordination across sectors, especially the acute care/community interface

Current System

- ❑ Focuses on acute care
 - ❑ Insufficient community services
 - ❑ No clear role for primary care and lack of provider in the community who assumes responsibility for the patient's complex needs and care
 - ❑ Leads to less than optimal outcome and high cost -
 - excessive and unnecessary use of A&E and acute care as default provider for every kind of medical and social needs
 - frequent but avoidable hospitalizations from inadequate medical management, social and care giving support
 - Complications arising from hospitalization such as de-conditioning and decreased mobility/functional ability
 - excessive and premature use of institutional long term care due to lack of community options
 - Poor medical outcome and quality of life
 - Undue care giver stress
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Critical Role of Primary Care in ILTC and Positive Ageing in Place

- Primary care service as *medical home*, an age old concept now taking on momentum in the US and endorsed by numerous medical associations
- Model has following features:
 - Ongoing relationship between patient and provider
 - Primary care physician as central provider
 - Comprehensive approach to care
 - Care coordination through medical providers and community services
 - Around the clock access to medical consultation
 - Respect for patient's cultural and religious beliefs
 - Assumes responsibility for the patient's full range of needs
- Includes advance care planning and support for end of life at home and dying at home if appropriate

Role of Primary Care/Medical Home

The 8 C's

1. First Contact
2. Continuity
3. Comprehensive
4. Care management
5. Care coordination
6. Communication
7. Care giving support
8. Counseling and Care

Hua Mei Primary Care Services for Seniors with ILTC Needs

- ❑ Hua Mei Mobile Clinic for Homebound elderly
- ❑ Hua Mei Seniors Clinic – a WHO Age Friendly Primary Care Center Pilot
- ❑ Model –
 - 8 C's primary care
 - multi-disciplinary
 - ❑ Primary care physician experienced in geriatrics
 - ❑ Community geriatrics primary care nurse
 - ❑ Social work/care management service – either as integral part of team or as closely linked referral agency
 - ❑ Network with all relevant service providers, including acute care and community hospitals
 - care management approach

Hua Mei Primary Care Services for Seniors with ILTC Needs

- Objective for both services is to help homebound or high risk/high need older people to:
 - age in place with quality of life
 - prevent avoidable –
 - A&E visits
 - acute hospitalizations
 - premature nursing home placement
 - Enrollment in specialist outpatient clinics for problems that can be effectively managed by primary care team
 - support a good death - at home if desired by the older person and family

Hua Mei Mobile Clinic - Homecare

- Three typical profiles:
 - Bed bound with tube(s) long term objective is comfort care
 - Disabled senior with complex medical and social needs with poor social support; frequently in crisis with hospitals being used as default provider
 - Seniors with cognitive impairment
- Goal primarily is to stabilize medical, social and care giving situations on an ongoing basis
- Multidisciplinary care team provides comprehensive assessment and care planning with patient and family
- Social worker on team provides internal team coordination as well as care management and coordination of outside service providers, including community service providers, transportation, specialist visits, etc.

Hua Mei Seniors Clinic

- As WHO Age Friendly Primary Care provider, addresses issues in the three main domains of:
 - Accessible, age-friendly physical and built environment features
 - Administrative and management system conducive for needs for older people (such as appointment system, providing seating, facilitate transportation, etc.)
 - Staff training and education in attitude and competencies

Hua Mei Seniors Clinic

- Patients from 40+; emphasizes the range of care of patients at any one time, including:
 - Health promotion
 - Primary prevention through immunization program
 - Secondary prevention and health maintenance through regular check ups
 - Acute care
 - Transitional care post acute care
 - Chronic disease management
 - Long term care management in community
 - Advance care planning
 - End of life care
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Hua Mei Seniors Clinic

- ILTC patients must be able to access center
 - For ILTC patients, objectives are similar to homecare team, but compliance is greater issue
 - Team has no social worker as part of service, but
 - Clinic administration provides simple service coordination such as transportation to and from clinic and specialist clinics
 - patient with high social needs are referred to *care management service*, which provides comprehensive social, nursing and home assessment, interventions and regular communications with primary care team
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Hua Mei Clinics - Acute care/community interface

- Close coordination with hospital critical
- Currently ILTC system still lacks integration processes
- Hua Mei approach -
 - For planned admissions, aim to avoid A&E and strive for direct through coordination and communication with hospital physician contact; to date, still limited application
 - For emergency admissions, still need to use A&E but patients are instructed to bring along fact sheet with current problem and medication lists
 - For discharge, team tracks hospital progress and facilitates discharge by pre-planning for safe transition
 - For A&E visits without admission – patients will inform team, who will follow up appropriately

Challenges to Effective Acute/Community Interface

□ Challenges

- Direct admissions limited to wards with personal contact with physician in charge
- Emergency visits and admissions cannot be enhanced as there are no contact points for communication of patient status and relevant information
- Discharge planning and transition not optimal as some times patients are discharged earlier than plan with insufficient notice
- Often difficult to access medical record in a timely manner
- 24/7 coverage difficult due to shortage of manpower

- AIC – a Ministry of Health, newly established Agency for Integrated Care; role is to develop smooth interface and build community resources
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