

Daring to step down

The vision is to integrate the whole spectrum of health-care providers, from hospital to home care, and provide a network of services for the elderly



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IT TOOK all of 20 minutes for Prime Minister Lee Hsien Loong to talk about health care for Singapore's ageing population in his National Day Rally speech last Sunday.

But the brevity belies the seriousness with which the Government has been tackling the problem. Judging from recent announcements, the Ministry of Health (MOH) has spent countless hours thinking of how to beef up the health-care system to prepare for a greying population.

Throwing money at the problem alone is not enough. A radical mindset change is needed to get the different health-care providers – from hospitals and general practitioners (GPs) to nursing homes and charity groups – to work together to provide a continuum of care.

Community hospitals care too

NEVER has there been so much attention paid to community hospitals or groups providing home-nursing care.

They are on the radar now because of several factors.

One is the Government's push in recent years to make elderly issues a central plank in its policy making, as it recognises statistics such as the trebling of the number of people over 65 years old to 900,000 by 2030.

Another is the push coming from the ground, as hospitals like Tan Tock Seng (TTSH) see a changing profile of patients that they are not configured to handle.

Instead of younger patients who recover in a few days and go home, they are seeing more older patients who are being admitted more frequently, have multiple problems, require several weeks to recuperate before they can go home and are on long-term medication.

MOH's permanent secretary Yong Ying-I tells Insight: "If you look at the illnesses of the elderly population, we really need a health-care system that looks slightly different."

For example, an elderly person admitted to TTSH need not stay there for a month or so, even if he is not well enough to go home.

Generally, it is more expensive to stay in a hospital like TTSH, compared to community hospitals such as Ren Ci Hospital. Take, for example, a 68-year-old man who was admitted to TTSH for six days. It cost him \$1,236 for his stay at a Class B2 ward, or \$206 a day.

After his discharge, he was referred to Ren Ci to recuperate. There, his 28-day stay cost him \$3,780, or \$135 a day.

Besides the lower fees, sending patients to community hospitals will free up beds in hospitals for other patients who need it more.

And when he is discharged, his GP may monitor his condition or he may get physiotherapy at a nearby day rehabilitation centre.

What does it take to integrate this whole spectrum of services – from hospital to home care – and make sure that each segment is up to mark?

Several cogs in the wheel need to turn at the same time for progress to be made. Take the community hospital sector.

A government paper on community hospitals in April projects that the national demand for community hospital beds will increase by 92 per cent, from 673 last year to 1,290 in 2018.

So the Government is building the infrastructure to match this demand.

But patients and their families also need persuading that they will get quality care there, as some perceive community hospitals as being inferior cousins of major hospitals.

To change public perception, chief executive officer of Changi General Hospital (CGH) T.K. Udairam thinks a better term than "step-down care" – which PM Lee used in his speech – needs to be coined.

"When you say step-down care, there's sort of a reaction from the public that it's lower quality. We don't want to have that connotation," notes Mr Udairam, adding that in medical parlance, it's called intermediate and long-term care.

While public perception is part of the problem, community hospitals admit they have difficulty competing for and retaining health-care expertise.

Their nurse managers, for instance, are mostly in their 50s and 60s, presenting a problem for succession planning.

Charities, which run community hospitals – and depend on government funding and the highly contested charity dollar – say they don't have the financial strength to match salaries at public and private hospitals.

Ren Ci Hospital and Medicare Centre's chief executive, Mr James Toi, says community hospitals typically pay about 20 per cent to 30 per cent less.

The perceived lack of career progression, training and research opportunities in community hospitals is another reason medical professionals see the public and private hospitals as more attractive employers.

Hence, the Government plans to do more to support the manpower needs of community hospitals, Ms Yong tells Insight, such as by seconding its medical staff there.

Dr Toi himself was seconded from the National Heart Centre to Ren Ci – without a change in pay scale.

Will the Government go further and follow Hong Kong's lead by taking over the running of the community hospitals from the charity sector?

Ms Yong says: "We have not reached that decision yet, but we have talked about partnerships with charities where we work much more closely together. We may provide some part of the service."

It could look like this: More government medical professionals are sent to community hospitals, while charities continue to provide pastoral care and mobilise volunteers who will organise activities for the elderly patients.

"Institutionally, I don't think we are very good at organising karaoke sessions. A charity is able to do that with much



Patients doing exercises at the Ren Ci Community Hospital, which will work closely with TTSH to provide step-down care. ST FILE PHOTO

WHY TRUST IS IMPORTANT

"When trust is low, the protective fences that come up extract a cost... Once these are broken down, you make the system more cost-effective."

Associate Professor Chin Jing Jih, TTSH's divisional chairman for integrative and community care

TAKING A SYSTEM-WIDE VIEW

"Today, we hardly talk to each other. We just send a patient by referral. We don't really care what happens to that patient until he comes back to A&E. If we now take a system-wide view, it doesn't matter where that patient is, he's still our patient."

TTSH's director of operations, Ms Joycelyn Ling, on working with nursing homes

more passion and meet the patients' psychological needs," she says.

The plan is to "twin" the major hospitals with community hospitals, which are in turn supported by a network of services for the elderly.

For now, two community hospitals have tie-ups with hospitals to tap their expertise.

The key lesson from the tie-ups between Ren Ci and TTSH, as well as St Andrew's Community Hospital and CGH, is the importance of getting their people to work together, their administrators say.

Ren Ci and TTSH have a joint committee which meets monthly to iron out operational and clinical issues. CGH's Mr Udairam sits on the management committee of St Andrew's.

These arrangements help to build trust and foster cooperation, they say.

"When trust is low, the protective fences that come up extract a cost," says Associate Professor Chin Jing Jih, TTSH's divisional chairman for integrative and community care.

about health-care facilities for the elderly there, said the trip reinforces the importance of getting various players in the system to work together.

She adds: "Just to get them to work together is a lot of work." And all these efforts also hinge on the public cooperating with the doctors, and not insisting on getting specialist care for minor ailments, or remaining in hospital for the whole period of recuperation.

Says CGH's Mr Udairam of the hospital's efforts to get GPs to follow up with heart-failure patients: "When it comes to the heart, the patients cling to their specialist for dear life. The GPs can ask about your diet and other issues, whereas in an acute hospital there are just too many patients for specialists to spend that amount of time."

CGH has also been working in the last few months with GPs to monitor the condition of several hundred patients with diabetes and heart failure.

As these step-down care providers give proper care to the patients, the hope is that the number of admissions to the hospitals will be reduced.

Key to the integration of services is the need for all parties to understand each other's processes and constraints.

Says TTSH's director of operations, Ms Joycelyn Ling, on working with nursing homes: "Today, we hardly talk to each other. We just send a patient by referral. We don't really care what happens to that patient until he comes back to A&E."

"If we now take a system-wide view, it doesn't matter where that patient is, he's still our patient."

The people factor is key again: Hospital doctors themselves must be willing to go into the community. GPs also have to work with hospitals.

Says Prof Chin: "There are doctors in the community who think they have to send the patient to the emergency department if he is sick. We need to let them know all the options."

Ms Yong, who headed an MOH study trip to Sydney in June to find out more

about health-care facilities for the elderly there, said the trip reinforces the importance of getting various players in the system to work together.

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Life beyond the hospital

TO HELP patients navigate the array of help services after they are discharged from hospital, MOH set up the Agency for Integrated Care last year.

The agency has created teams of staff in hospitals to refer patients, before they are discharged, to the services in the community that they may need – for example, nursing or home-care services.

Dr Jennifer Lee, the agency's chairman, says: "There's much we can do to improve the coordination of care services, and we intend to address the gaps as we beef up the agency."

How well the Government pieces together the current fragmented health-care system into a smoothly working whole has political consequences.

Health-care costs are always a hot-button issue in general elections. Health care for the elderly is no different.

After all, almost everyone will have an aged parent to care for, or will have health problems himself.

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PEOPLE: THE KEY TO SUCCESSFUL INTEGRATION



VOLUNTEERS: Many nursing homes and hospices run by charities and community groups have help from volunteers. ST FILE PHOTO



DOCTORS: For the system to work, hospital doctors must be willing to go into the community, and GPs will have to work with hospitals. ST FILE PHOTO



NURSES: Besides caring for patients in hospitals, they also play an important role in home care. ST PHOTO: ALPHONSUS CHERN