

ABSTRACT

Singapore, like any other countries in the world, is facing ageing population. Currently there are about 10% of population who aged 65 years old and above, but this proportion will increase tremendously to 20% by 2020. In fact, the Singapore government have a Healthcare 2020 masterplan to deal with this influx. However, 2 years have passed since the roll out of the masterplan, efforts have being concentrating to build more hospitals, community hospitals and nursing homes to increase the bed count significantly, but will that be good enough?

A study done by US home care service providers, Home Instead Senior Care (2010), showed that seniors and their adult children know little about their care options, are badly misguided about the costs of those options and inadequately informed about the financial resources needed to cover the costs. We would want to ask if Singapore is also facing the same problem.

In this thesis, we will focus at the public awareness of one type of the Eldercare services, called the Home Care Services. It is where patients can receive care and treatment in their home, such as consultation or physiotherapy. Home Care Services could be one of the solutions to ease the burden in the hospitals, while acknowledging the elders' interest to stay somewhere they are familiar with. The survey was held online and had total of forty subjects.

The survey will be asking for respondents' preferences between staying at homes and to nursing homes or hospice care. The survey will also be asking respondents if they are aware of Home Care Services in Singapore, which is then used to determine the public awareness of the survey. If the awareness shows that it is lacking, we would need to see how and why would that have happened, how could that be improved?

The outcome of the survey showed that respondents would generally preferred to stay at home as compared to nursing homes or hospice care, and there were very little public awareness in Home Care Services. In order to ascertain that the survey results are accurate, we had also done an interview with a Home Care Service Provider. He had shared with us on how Home Care Services works in Singapore, and some patients are also entitled to some form of subsidy by the government! He had also shared on the market landscape of the Home Care Services in Singapore, and the difficulties the providers faced.

Lastly, we will share some conclusions we drew from the survey and interview, providing some recommendations.

SECTION 1: INTRODUCTION

Singapore population is aging, and the government is building more hospitals and nursing homes to handle the Silver Tsunami, which is coming in 2030. Under the Healthcare 2020 introduced by Health Minister Mr Gan Kim Yong in 2012, hospitals and community hospitals will be expanded to increase their capacity, new hospitals and community hospitals will be built. That will increase the beds in acute hospital by more than 30%, or 1,900 more, and while the beds in community hospitals will triple from the current 800 (Ministry of Health 2012b). Ministry of Health (MOH) also aims to increase the current capacity of intermediate-long-term care services, such as nursing homes, home care, day care facilities to more than double in 2020.

Almost two years have passed; I would like to ask if we are receiving sufficient publicity with regard to Home Care Services in Singapore? This interests me to think if the general public are also aware about the existence of such service in Singapore, if they are not aware, what can be the reason for the lack of awareness, and how can we do about that. There can be other factors or limitations that hinder the service providers from reaching out to the public or providing the services, what are those and how can we do about that?

The thesis will be looking and exploring the public awareness in the Home-based Elder Care Services. This will be done in two ways. First, we will establish the level of public awareness of Home-based Elder Care Services in Singapore. This will be done through an online survey where respondents will answer ten questions to understand their understanding and perception of Home Care Services.

Second, we will interview some Home Care Service providers who can help us to understand from the providers' point of view: why are the public awareness of Home Care Services behave that way, difficulties they faced, the market landscape, and what would they want to see to reach out to the public or expanding their services.

SECTION 2: BACKGROUND

Section 2.1: Demographics of Singapore Eldercare Services

In Singapore, Ministry of Health (MOH) classifies Elder care services in Singapore into three broad categories: Residential Care Services which include nursing homes and community hospital, Centre-based Care Services such as day rehabilitation centres or day elder care centres and lastly Home-based Care Services such as home nursing or home medical services.

Number of Residential Care Service Providers	2006	2012
Community Hospitals	5	5
Chronic Sick Hospitals	4	3
Nursing Homes	62	65
Inpatient Hospice Care	4	4
Beds	10,248	10,692
Number of Centre-based Service Providers	2006	2012
Dementia Day Care	6	10
Day Rehabilitation Centres/Day Care Centres	28	38
Number of Home-based Care Service Providers	2006	2012
Home Nursing	13	11
Home Medical	11	8

Table 2.1: Number of Healthcare facilities in Singapore

Comparing the statistics from 2006 and 2012 (Table 2.1), there is only slight increase in the number of nursing homes, and almost 400 beds had been added. There were more Centre-based Service providers in 2012, 4 additional Dementia Day Care being built, and 10 Day Rehabilitation and Day Care Centres were built. However, there is a slight decrease in the number of Home-based Care Service providers from 24 in 2006 to only 19 in 2012. Number of facilities in 2013 was not released at the point of this thesis.

In this paper, we will use a 'broader' definition of "Home Care Services" to include all sort of various Home-base Care Services, including Home Nursing Care, Home Medical Care, Home Personal Care, as these service providers do not just provide services to elders, but are also seeing other intermediate-long term patients at homes too.

In 2012, Health Minister had introduced a set of strategies called Healthcare 2020, where its main objectives are to enhance accessibility, quality and affordability healthcare for the people. Its aim is to improve the healthcare system to achieve better outcomes and to face the Silver Tsunami. To enhance accessibility, new infrastructures are built and current

infrastructures are being expanded. These will increase the beds count to addition 1,900 in acute hospitals, and addition 1,600 for community hospitals (Ministry of Health 2012b). Ministry of Health (MOH) also increase the current capacity for intermediate-long-term care services, such as nursing homes, home care, day care facilities to more than double in 2020.

Section 2.2 Singapore Population and Silver Tsunami

According to Singapore Statistics (2014), there are currently around 404,000 people who are elders or aged 65 and above. This is about 10.52% of the 3.8 million Singapore Residents, which include citizens and permanent residents.

According to multiple sources (National Population and Talent Division 2013: Ministry of Health 2012c), the number of elders are expected to increase by 900,000 by 2030. This is due to the aging of the population who were born during the baby boomer period of 1947 to 1964, it is expected that about 1 million babies have being born then. Another reason that the population is aging is due to the increasing life expectancy and the declining fertility rates (National Population and Talent Division 2013). Silver Tsunami is the term that describes this phenomenon.

According to Ministry of Health (2014), older people are four times more likely than younger people to be admitted into hospital, they would usually required more intense care and would usually take longer time to recuperate. This in turn drives the healthcare demand, which increase the demand for hospitals and nursing homes. To tackle the Silver Tsunami that is happening from now to 2030, Singapore government had put in a lot of resources and planned ahead to tackle the possible issues, all these are covered under the master plan Healthcare 2020 (Khalik 2012).

There is an interesting survey done for Ministry of Community Development, Youth and Sports (n.d.) to understand the demographics of these baby boomers, people who are born between 1947 and 1964.

Table 2.2 show the results of the survey. Most of the respondents (92%) had received some formal education, with more than half (58%) to have completed at least secondary school. Education levels can be used to determine sociological perceptions and trends. Looking at Table 2.3, there are a lot more acceptances, to stay in a nursing home or a retirement village, in the more educated respondents as compared to respondents with lesser education (lower than secondary).

Education Level of Baby Boomers	Total (%)
No formal qualification	8
Completed primary school	19
Completed lower secondary education	15
Completed secondary school	26
Completed upper secondary education	8
Completed polytechnic/other diploma	13
Completed university or higher education	11
Total	100

Table2.2: Education Level of Baby Boomers

	Total (%)	No formal Study (%)	Primary (%)	Lower Secondary (%)	Secondary (%)	Upper Secondary (%)	Polytechnic diploma (%)	University (%)
I would not mind staying in a nursing home.	14	12	10	7	14	19	24	16
I would not mind staying in a retirement village.	25	17	19	18	26	33	35	29
I want to maintain my own household independently/ with my spouse.	77	67	73	75	82	77	72	96

Table 2.3: Different Levels of Education in Expectations of Living Arrangements in Retirement/Old Age Response Statements

There is an interesting fact to take note: 77% would want to stay in their own house, but are they aware about Home Care Services, and do they understand the various services available for them? If education is not done now, will they be able to understand these and make the appropriate decision when the times come? Another point to note is that 70% of respondents felt that Retirement or old age would mean that it is their time to pursue their interests and hobbies (Table 2.4).

General Perceptions of Retirement/Old Age means to them	Total (%)
Retirement/old age means increased isolation from society.	13
Retirement/old age means time to pursue my interests and hobbies.	70
*Retirement/old age means fewer responsibilities.	32
*Retirement/old age means boredom.	19
Retirement/old age means spending more time with my family.	77
Retirement/old age means I am no longer useful.	11
*Retirement means more time for socializing.	63
*Retirement/old age means increased concern and attention to health.	85

Table 2.4: General Perception of Retirement/Old Age

When we look at another survey done by Council for Third Age (n.d.), people of the same age group would want to be independent, as not being burden to their family. They would also want to be active as well, as 62% of respondents travel for leisure, with 46% travel at least once or twice a year.

Section 2.3: Purpose of Thesis

Although both surveys do not relate to one another, or to provide any linkage, they might at least shed some lights about how these group of baby boomers think and perceive. According to Table 2, most would prefer to stay in their house, while a small group of them are not rejecting the idea of staying in nursing homes or retirement villages. In Table 4, most have viewed Retirement as the time to pursue their own interests and hobbies. In the survey by Council for Third Age (n.d.), they want to be independent and not being burden to their family.

As such, should we be building more community hospitals or nursing homes for this group of Baby Boomers, despite the fact and survey results that showed they would prefer to stay independently and aged at their own home? On the other hand, should we then be focusing to develop Home Care Services, where service providers can care for them when they are at home?

Beside building new hospitals and expanding current facilities, hospitals have being initiated to manage the bed utilisation more effectively through some innovative measures such as leasing beds from private sectors, and shifting non-frontline staff offsite to commercial buildings to make space for beds and consultation room (Ministry of Health 2012b). Other projects also include Same Day Admission Surgery, where patients are discharged on the same day after some selected operations if there are no complications. All these aim to lower and manage bed utilisation in hospitals effectively.

Ministerial Committee on Ageing (MCA) was set up in 2007 to look at the population trends of Singapore and to prepare Singapore to deal with the Silver Tsunami. One of their key objectives is to explore “Ageing-in-place” (Ministry of Health 2012a). “Ageing-in-place” refers to growing old in the home, community and environment that one is familiar with, with minimal change or disruption to one’s lives and activities (Ministry of Social and Family Development, 2006). Some plans include incorporating “age-friendly” facilities into new building or flats, such as changing steps into ramps. Another plan is also to promote Active Ageing, where it promote health screening and post screening follow-up. A national Wellness Programme was rolled out to all constituencies(estates) in end 2012, where it actively reach out to elderly and encourage regular screening and to participate in physical and social activities (Gerontological Society of Singapore (n.d.): Ministry of Health 2012c : Ministry of Health 2012d : Ministry of Social and Family Development, 2009 : Ministry of Social and Family Development, 2006: Ministry of Health 2014).

Currently only 5,400 and 1,100 elders is using the home healthcare and personal care services respectively (Ministry of Health 2014), will that be a far target to achieve 10,000 home healthcare and 7,500 home personal care services in year 2020. Do we, at the same time, understood about Home Care Services, what it does, and how it can help our elders?

This motivate me to understand what have the public knows about Home Care Services, are they aware about their existence? If there are limited awareness, why is that so, what could be the reason and how can we do about that? On the other hand, there could also be other factors or limitation faced by the service providers, preventing them from reaching out to the public or limiting them from providing the services. Or could it be due to the lack of demands or providers in the market?

Section 2.4: Impact of Study

If public awareness for Home Care Services is low and Home Care Services are not fully ready by 2020, patients might be admitted into hospitals or nursing homes, which they can actually be discharged and make use of Home Care Services to recover fully. This will create unnecessary burden to the healthcare system such as unnecessary wastage to manpower and resources, and also patients will have to fork out a higher medical fees as compared to the cheaper alternatives in Home Care Services.

Another issue would be the market force that is acting on the Home Care Services. If public awareness for the service is low, it would not create enough market demand, which therefore restrict the number of providers in the market. That will also affect the qualities of services rendered as there are limited competitions among providers. In addition, if the demand for Home Care Services is low, the government might not act promptly to react, or to introduce plans that can help to support or fund the programme.

Knowing the current public awareness, may buy us some time to get ready for the influx of demand. We could create policies that favoured positive competition among providers to provide better quality services at cheaper rate. We could also train people for the role that is needed for Home Care Service as well.

SECTION 3: PUBLIC SURVEY AND OUTCOME

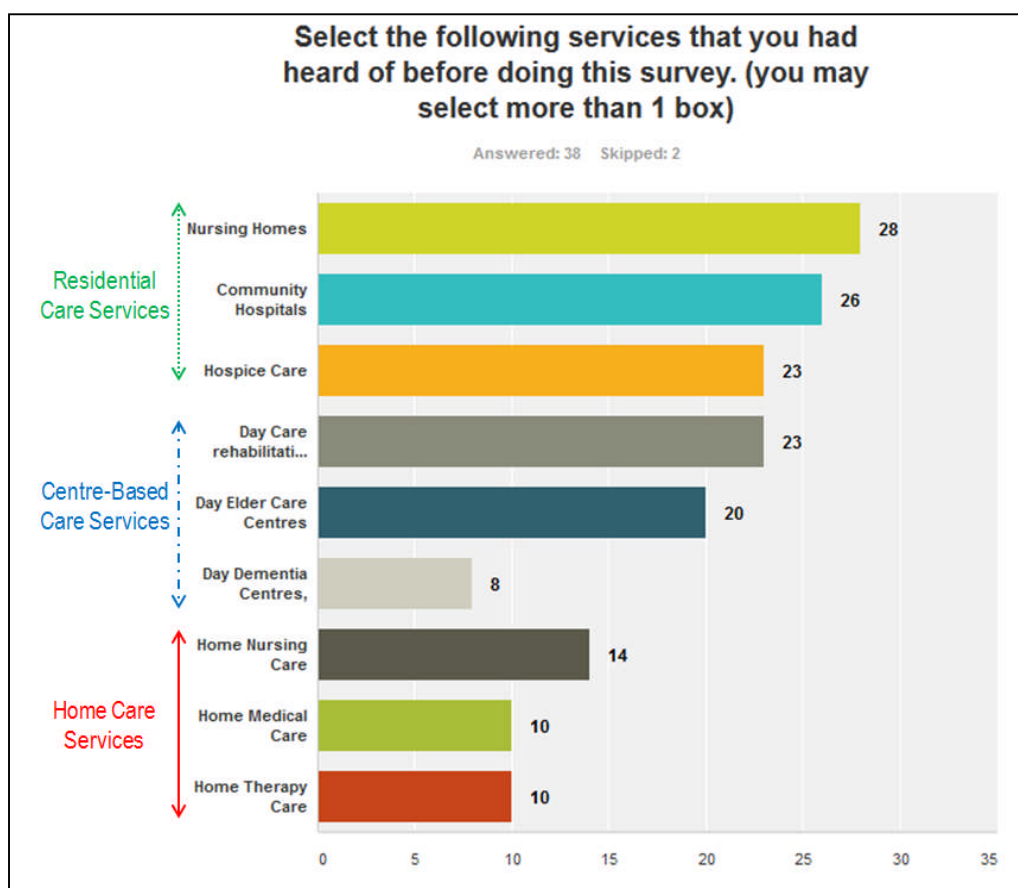
Section 3.1: Survey Results

To understand public awareness to Home Care Services, ten survey questions were asked (Refer to Appendix A). The survey was open to public through an online survey website “Survey Monkey”.

Initially, the surveys were limited to only participants who are 35 years and above, and were not working in the Health Care Industry. However, due of poor responses, the age restriction was lifted but the restriction of not working in Health Care Industry remains. The survey had gathered forty anonymous individuals to do the survey. These individuals were randomly picked to do the online survey. However, due to some flaws in the website, some questions were skipped unknowingly by the respondents, which make the total responses to some questions to be as low as thirty-five.

The questions were designed to ask about the respondents’ understanding and knowledge about the various healthcare facilities (such as nursing homes, day care centres, and home care services), their preferences of staying at their home as compared to nursing homes or hospice care, if they agree that there is limited awareness in Home Care Services.

The first question was to get the respondents to select the type of services that they had heard of prior to the survey. There was no restriction to the number of services they can select. There were 38 responses to this question. Only ten (26%) to fourteen (37%) of the 38 respondents had heard of Home Care Services (Home Nursing Care, Home Medical Care, and Home Therapy Care). At least half of the 38 respondents had heard of the other two services (Residential Care and Centre-based Care Services), with the exception of Day Dementia Centres who had only eight respondents (21%) who heard of the service. Concluding the results, we can say that Residential Care Services have the most awareness from the respondents, followed by Centre-based Care Services, and lastly Home Care Services.



	Answer Choices	Responses
Residential Care Services	Nursing Homes	73.68% 28
	Community Hospitals	68.42% 26
	Hospice Care	60.53% 23
Centre-Based Care Services	Day Care rehabilitation Centres	60.53% 23
	Day Elder Care Centres	52.63% 20
	Day Dementia Centres,	21.05% 8
Home Care Services	Home Nursing Care	36.84% 14
	Home Medical Care	26.32% 10
	Home Therapy Care	26.32% 10
Total Respondents: 38		

Figure 3.1: Results for Survey Question 1

The second question was to ask the respondents how well they perceived they could have understood for each service. That could also include what are the type of service each can provide. Using a scale of 1 to 10, with 1 being to have the least understanding about the service and what it can provide, to 10 being to have the most understanding about the service, and what it can provide. This question can also be used as a test for respondents to compare their understanding across the three services, where they could grade their most

familiar services the highest, while the least familiar service the lowest. They could also use the scale factor to score the same points for two or all services, if they felt that they are all equally familiar.

Referring to Figure 3.2, the average scale for Residential Care Services is 5.03 out of 10, Centre-based Services is 4.89 out of 10, while Home Care Services is 3.97 out of 10. Concluding the results, we can say that Residential Care Services would have the best understanding among all the services, while Home Care Services have the least understanding. Some point to take note would be that there might have some needs to hold education or campaign to educate the public for all the services. Although Residential Care Services scored the highest, but it was only 5.03 out of 10 points, which was barely passed, that could also be interpreted as most of the people have only half the understanding about that service.

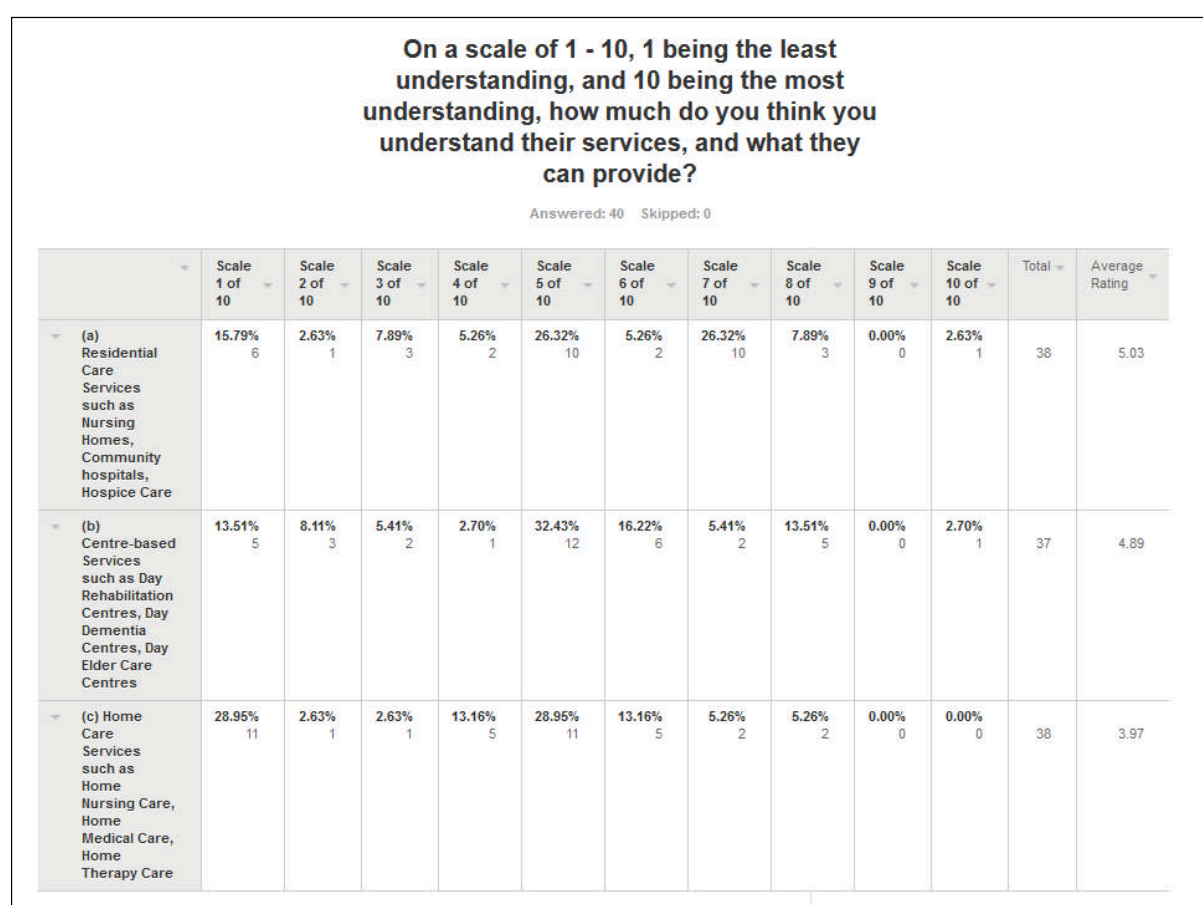


Figure 3.2: Results for Survey Question 2

Third question was asking respondents about the medium where they had heard for Home Care Services. This particular question was not asked properly, as there should have another two more options, "None of above / other sources" and "Never heard of it from anywhere". These two options will allow the respondents to select other sources if they heard from medium that are not listed, hence they might not have not put down any results if they cannot find the option they need. Respondents can select "Never heard of it from anywhere" if they are first time hearing the Home Care Service, that could prevent the

respondents from selecting any answer or to skip the question. As a result, this question does not really help us to understand which media is the most effective when it comes to publicize the service, or creating awareness

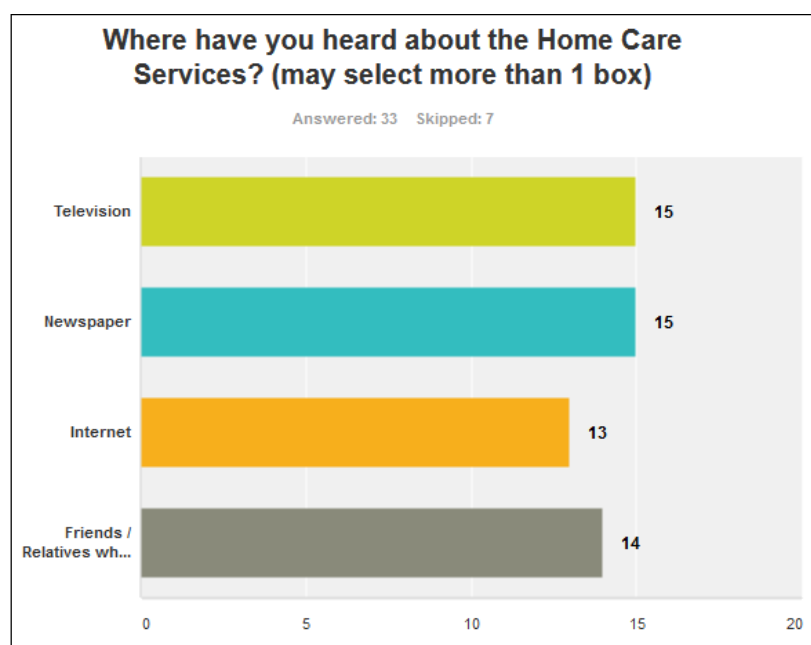


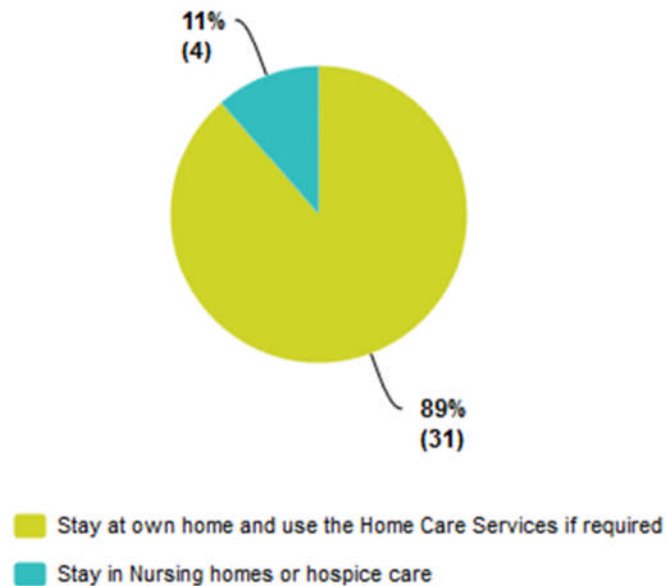
Figure 3.3: Results for Survey Question 3

Forth question was asking about the respondents' preferences of using the Home Care Services in their homes as compared to staying in nursing homes or community hospitals. There were thirty-one or 89% who select to stay at home and use the Home Care Services if required, the remaining four respondents or 11% prefer to stay in nursing homes or hospice care if there is a need to.

This question was to check for the respondents' preferences, if they were given a choice to choose and with no financial consideration, would they choose to stay in Residential Services such as nursing homes or hospice where there were professionals to take care of them, or would they prefer to stay at home and take care of themselves and use the Home Care Services, such as calling the doctors for follow-ups or therapists for physiotherapy, whenever required,. Although the sample size is only thirty-five, this huge differences between the two choices could maybe provide us with some insights of what is the general public could be selecting.

Question: Putting cost of the services aside, would you prefer to stay at home using the Home Care Services or prefer to go to a nursing homes or hospice care?

Answered: 35 Skipped: 5



Answer Choices	Responses	
Stay at own home and use the Home Care Services if required	89%	31
Stay in Nursing homes or hospice care	11%	4
Total	35	

Figure 3.4: Results for Survey Question 4

Question 5 and 6 were asking what the respondents thought for the price of each Home Therapy or Home Medical Session, where the professionals came to their home and provide the services. Ten out of thirty-five respondents or 28.57% had guessed the charge for one Home Therapy Session to be around \$51 to \$75, while nine out of thirty-five respondents or 25.71% had guessed the charge for one Home Medical Session to be at least \$201. Comparing these with the actual charges of around \$100 to \$150 for Home Therapy and \$130 to \$200 for per Home Medical, only eight out of thirty-five (23%) had got the correct price for Home Therapy session, while fifteen out of thirty-five (43%) had guess it correctly for Home Medical session.

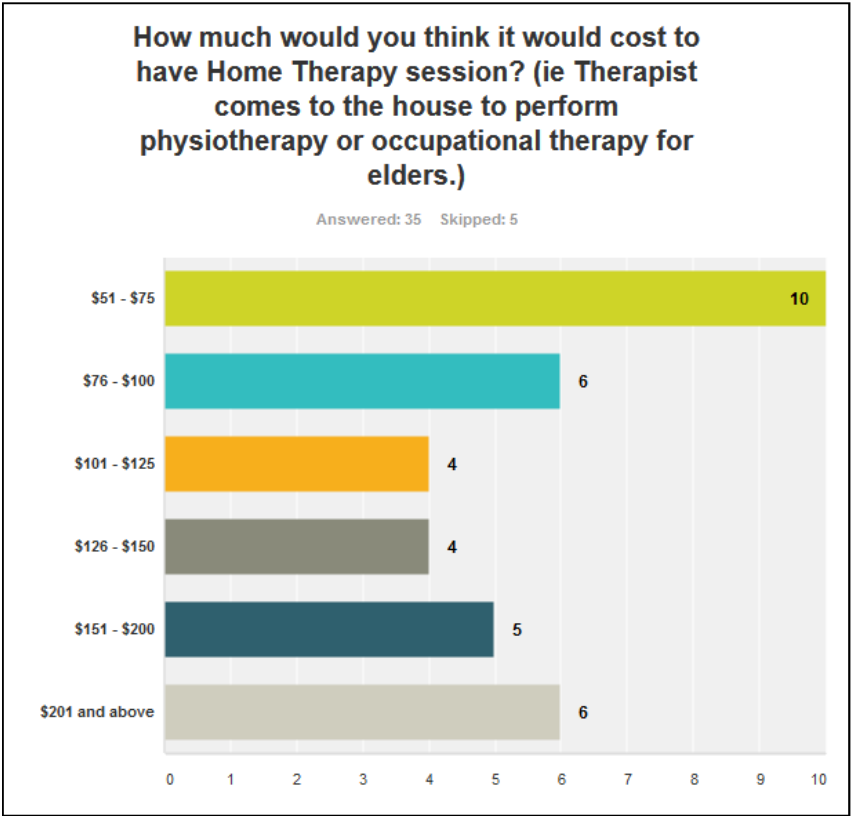


Figure 3.5: Results for Survey Question 5

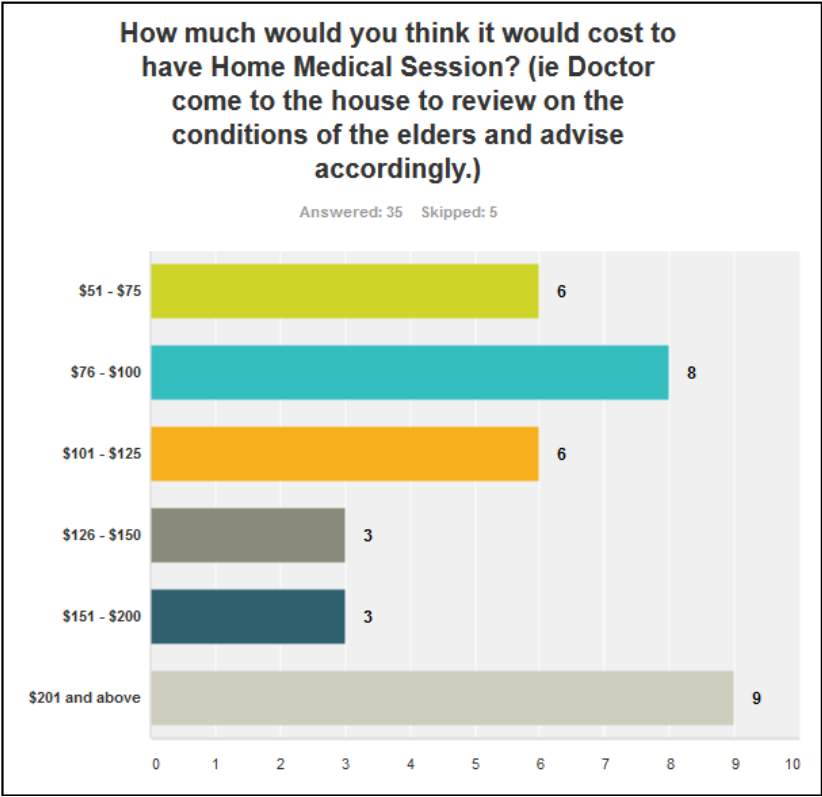


Figure 3.6: Results for Survey Question 6

Seventh question was to get respondents to choose the method of receiving follow-ups, these can be done either through the Home Care Services, where the doctors come to patient's house or the patient can be sent to hospital via ambulance to see the doctor and send back home. Referring to Figure 3.7, respondents were given the cost breakdown of the necessary charges such as consultation and therapy fee in hospitals, ambulance fees, Home Therapy and Home Medical Charges.

7. For Information:
The usual prices for Ambulance charges are \$60-\$90 per round trips and occupational therapy or physiotherapy in hospital costs around \$35 under subsidized rate, while specialist consultations costs around \$35 under subsidized rate.
Comparing to Home Care Services costs around \$100-\$150 per therapy session, \$130-200 per medical session.

Question:
After hearing the above information, would you prefer to use the Home Care Services rather than going to the hospitals for follow-up visits for chronic diseases, wound dressing or therapy sessions?

☐ Yes

☐ No

Figure 3.7: Survey Question 7

This was asked because we want to understand for those long-term chronic patients (excluding those staying in nursing homes or hospice care), what would be their decision when it comes to their regular check-ups, whether they prefer to go to hospital or prefer to stay at homes.

Twenty-two out of thirty-five respondents or 63% would prefer to use the Home Care Services as compared to thirteen out of thirty-five respondents or 37% who prefer to go to hospital via ambulance for their follow-ups (Figure 3.8).

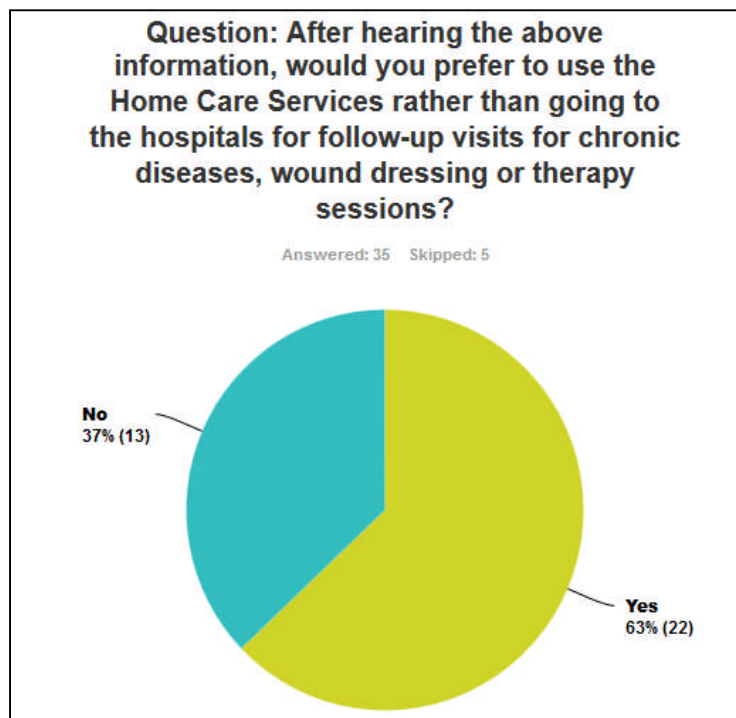


Figure 3.8: Results for Survey Question 7

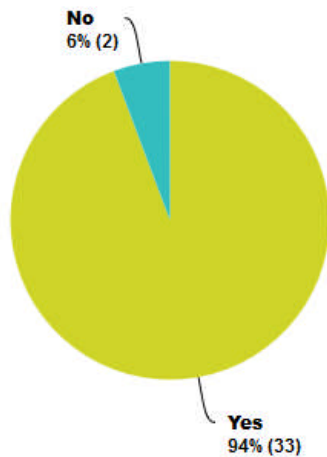
The results from the responses were rather surprising, as we would expect more than 70% of the respondents who would use the Home Care Services, as compared to going to hospital for follow-ups via ambulance. This is a rather low percentage of 63% when we are talking about the convenience that Home Care Services can bring to the patients.

Relooking at the question set (as shown in Figure 3.7), the total costs of having to go hospital for follow-ups via ambulance is around \$95 to \$125. However having the Home Therapy and Home Medical sessions would cost them \$100-\$150 or \$130-\$200 respectively. Comparing this way, the costs for Home Care Services seem to be more expensive than having an ambulance to bring the patient to the hospital for follow-up. Besides, respondents might not be able to see the other benefits that come with having the Home Care Services. Sending weak patients to hospitals might increase his chance of getting infected from the viruses and bacteria. That could in turn worsen his condition, and the journey of going to the hospital, and transferring him out from bed and into ambulance might tire him easily.

Eighth question was to ask respondents, what would they think about the public awareness in Home Care Services as compared to Residential Care Services (such as nursing homes, or hospice care) upon almost to finish the survey. The results showed that 33 out of 35 had agreed that Home Care Services is indeed having less publicity as compared to the other two services. One of the respondents commented, that the people are not aware about Home Care Services, especially the elderly. The other commented to have more publicity done and suggested to put up posters and notice board, or through the community level.

Do you think that there is limited public awareness in Home Care Services comparing to Residential Care Services (as defined in Q2a) and Centre-based Services (as defined in Q2b)?

Answered: 35 Skipped: 5



Answer Choices	Responses	
Yes	94%	33
No	6%	2
Total	35	

Comments (2)

Showing 2 responses

The awareness is not there for people to know that there is such service, especially the elderly..

4/23/2014 11:18 PM [View respondent's answers](#)

Wish to propose that more publicity to be done in future eg. Put up posters @notice boards thru RC or Grassroot Leaders so as to educate the residents.

3/24/2014 10:48 PM [View respondent's answers](#)

Figure 3.9: Results for Survey Question 8

Ninth question was to ask respondents what would they thought, if by developing Home Care Services further, we could ease the bed crunch situation in the restructured hospitals and nursing homes. Thirty-one had agreed that further development of Home Care Services could ease the situation, but four had disagreed with that. One of the respondents had commented that Home Care Services can allow non-critical patients to be discharged, but maintaining the medical care at home. This should save cost as home care should have costs lesser than using the Residential Care Services. In addition, more people prefer to rest at home as compare to hospital as it is more comfortable and more freedom. However, these Home Care Service patients shall not become a burden to other family members, such as showering or feeding them.

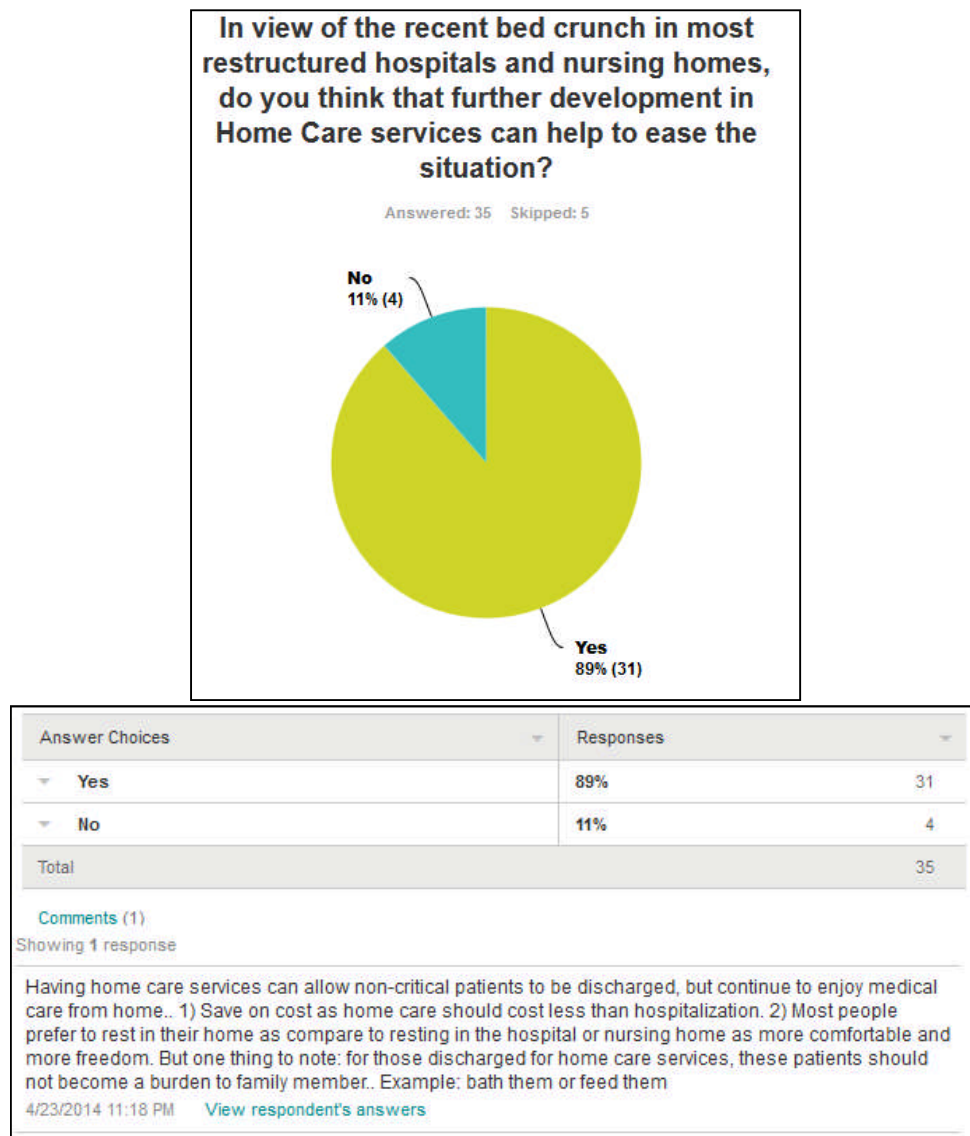
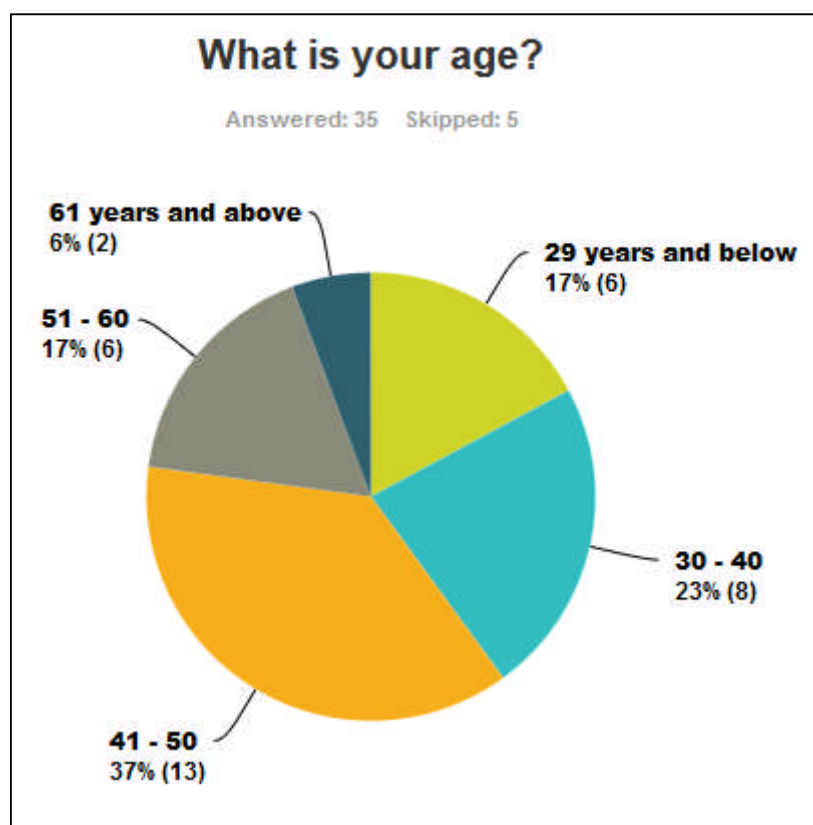


Figure 3.10: Results for Survey Question 9

Last question was to gather the age group of the respondents. Most respondents were between the age group of 41 to 50 years old and 30 to 40 years old with their percentage as 37% and 23% respectively.



Answer Choices	Responses
29 years and below	17% 6
30 - 40	23% 8
41 - 50	37% 13
51 - 60	17% 6
61 years and above	6% 2
Total	35

Figure 3.11: Results for Survey Question 10

Section 3.2: Conclusion from Survey

More respondents have heard of the other types of services such as the residential based care, which include community hospitals, nursing homes, hospice care and the other centre-based care services such as Day Rehabilitation Centres and Day Elder Care Centres, as compared to the lesser-known Home Care Services. However, there are also limitations in the public's understandings to each service. Putting costs aside, most respondents had selected Home Care Services over nursing home and hospice care. At least half of the respondents had gotten the charges for the Home Care Services wrong. More than half of

the respondents would prefer to use the Home Care Service for their regular follow-ups if they are staying at home. More than 89% had agreed that there are limited public awareness in Home Care Services, and believe that further development of Home Care Services can ease the bed crunch in the hospitals.

Section 3.3: Limitations of Survey

Like any other survey, there are also limitations to this survey. Some of the biases were noted and rectified in the setting up of the survey. One of the biases is the exclusion of people who are working in the healthcare industry. This was set because the survey was asking about awareness of Home Care Services, which Home Care Service could be a familiar term or something that they had heard of during their course of work or in their workplace. However, some could have just heard of this term “Home Care Service”, after they had done the survey. As such, taking the worst awareness results, the survey was set to exclude people from healthcare industry. Another exclusion which was set, was to allow only people who are 35 years old and above. Originally, the exclusion was limit to at least 50 years old, who was part of the baby boomers. But just before the roll out of the survey, we thought it would have very low participation rate, and therefore reduce to 35 years old and above. Responses were low during the survey period, and as a result, this exclusion was removed entirely to allow all age group to do the survey.

Other limitation in the survey were that this was done online, which might is limiting to people who have no internet access, and the publicity of the survey website is very limited as this was only done through an online social media “Facebook”.

One of the unavoidable biases in this survey would be that I am only taking in subjects who are IT-savvy, and usually, this group of people are people who gathered their information from Internet rather than the traditional media such as newspaper or Television News. And because of that, I am also limiting my subjects to this group of IT-savvy which might not be appropriate and useful when representing the entire group of population.

One important thing to take note for the survey would be the very limited sample size in survey, although there are only thirty-five to forty respondents, depending on the questions, that might just offered us some indication to what the public could be thinking, but might not be holistic enough to represent most of the public. Some of the issues when doing the survey, would be the lack of responses from the public and limited responses. When surveying the providers, it would even be harder, as they might not have entertain students, and that they would require legal or communication department to vet through their responses before publishing or replying.

If I were to do it again, I would have engage a survey research company to help in the gathering results from more people, particularly people who are 50 years old and above. That could pinpoint exactly what this particular group of people wants and especially Healthcare 2020 is cater for this group of people. Survey should not then be limited to online survey website; there could be street interviews or questionnaires for these people to do on.

My survey results should have at least 1,000 respondents to give a better, unbiased outcome. Using results from only 35 respondents. It is hard to judge if the result can

represent the entire population of that group. Therefore sample size of at least 1,000 would have reduced the biasness to the minimum.

I would also have include more questions and edited my survey questions to make it more holistically. One of the disadvantages with survey website which I used, is the limit of questions I can posted, with that I am restricted to only 10 questions, and I have to remove some of my pre-planned questions.

SECTION 4: INTERVIEW AND OUTCOME

Following the survey, I had sent out emails to ten Home Care Service providers in Singapore, requesting them to do a survey. Most had replied, rejecting to do the survey, except two providers. One of the providers had done the survey, on his own capacity and insisted that the survey results do not reflect his company's view. The survey answer is in Appendix B. Lastly, one of the providers, Dr Tan Jit Seng, had agreed to meet up with me for an interview. Dr Tan had worked in Residential Care Services such as community hospitals and nursing homes, and Home Care Services, where his experience in both Services could have helped to answer some of the important questions, helped to understand the market landscape and the difficulties they faced.

The detail Minutes of the interview is in Appendix C. Some important notes are as followed:

Section 4.1: Important Notes from Interview

Dr Tan had explained that the lack of public awareness of Home Care Services could be due to its high charges and the lack of publicity by the government. This could somehow be intentional, because of its expensive cost and labour intensive to maintain the services by the government. The Health System might not be able to cope with the demand if the System is not ready for the surge in demand. Therefore these are only limited to those who will required it.

There are referral processes through hospital referral or government agency 'Agency of Integrated Care' (AIC), and patients will have to be mean-tested before entering the service.

Patients who are mean-tested, can be subsidized up to maximum 80%, This will depend on their household income, the higher income they have, the less subsidy they will have from the government.

For example, if the patient is mean-tested to subsidize 80% and Home Medical fee is \$200. Then the patient will only have to fork out only \$40, which is the remaining 20%. The government will pay the service provider the subsidy directly, which the patient had received. This is much lesser than the \$130 to \$200 Home Medical charges which I had mentioned in Question 6 in the survey. If the patient is not going through the proper referral or agency to access to Home Care Services, he will have to fork out on his own for the whole bill.

Dr Tan had also shared that this system can be abused, for example, people who can make their way to hospital for follow-ups, would want the doctors to go to their houses instead. This could also be the reason for the lack of publicity from the government. There were 2 screening criteria, one is that doctors would have to judge if patients have to be seen out of hospital, then the doctor will refer him to Transition Care Team or the AIC to gain access to Home Care Services. Following that, the patient would have to be mean-tested to check how much subsidy the patient is entitled. This had restricted to the entry to Home Care Services, unless the patient is not going to get any subsidy from the government. Local media had also been reporting about Home Care Services in Singapore, however not much have being covered about the subsidy that the government is going to provide, and how to be eligible for the subsidy.

AIC is the central control and coordinate body appointed by MOH for the Home Care Service Referrals. When a patient is discharge from the hospital and require close monitoring, there is usually a Transitional Care Team that comes in to help the patient and caregiver, by providing training to train the caregivers to provide better care to the patient at home. This team is supported by a group of professionals, which include doctors, nurses, therapists and social workers. Once the patient is stabilised, the doctor can refer the patients to be seen in hospitals for follow-ups or to be seen at home by the Home Care Service Providers through the AIC. AIC will then help the patient to coordinate with the Service Providers and help to apply subsidy from the government.

To run an affordable Home Care Services in Singapore is almost impossible without any subsidy or funding from the government. That would mean that unless the patient is enrolled into the programme via AIC, otherwise he will have to pay the full amount which costs around \$150 to \$200 per trip.

Dr Tan had also brought up that there is no formal training or specialty to be in charge of Home Care Services in Singapore. That could belong to Geriatric if it concerns the elderly, but also Family Medicine if it relates to Intermediate-Long Term Care. However, Dr Tan noted that not too many Family Medicine Practitioners are working in Home Care Services. Dr Tan also added that USA has an institute called the American Academy of Home Care medicine, which teaches practitioner about Home Care Medicine.

People who are doing Home Care Services would require to know what the other team members are doing, such as nurses and therapists. Only then the doctor can lead the team to manage the patient well. In addition, most of the services are rendered at patients homes, there are no proper documents and no one know what had happened if there are any incident such as medication error.

Dr Tan had brought up that if the system allows or loosen the restrictions of certain patients into the Home Care Services (through AIC, under mean-testing), the workload will go up. However, if the infrastructure or the System is not ready for that, the quality of care will drop and patients will have to suffer. But Dr Tan acknowledge the fact that Home Care Services in Singapore is expanding and AIC is still expanding the list of providers to enrol more patients and AIC is piloting a project in Thye Hua Kwan Moral Charities, where it costs only \$135 per visit.

One overseas example that Dr Tan had shared would be the PACE programme (Program of All-inclusive Care for the Elderly) run by health institute in US On Lok, where the institute are given some funding to manage a group of patients. The institute usually have activities to keep the elderly health, as the healthier the elder are, the lesser they go to hospital and the lesser their bill are, which finally in-turn benefit the service provider On Lok.

Section 4.2: Survey Results from Home Care Service Provider (Mr K)

One of the providers had kindly answered the survey question on the condition that the answer is based on own conclusion and does not reflect the company's view. Therefore, we shall name the provider as "Mr K" for easy reference.

In Question 1, Mr K had agreed that there are limited public awareness in Home Care Services. He had shared that there are usually an assessor who will come to the patient's home to assess the patient's condition before actual dispatching of the services; these are also supplement through hospital referral, which had clearly specified the patients' conditions, and what they would need. This will somehow reduce the error of mismatch of services to the patients, where patients might just require physiotherapy but called for a doctor, which cause miscommunication and wastage of resources.

In Question 4, Mr K had agreed that Singapore had done well in MOH regulations and PHMC licencing systems, which these had kept the standards of our healthcare providers high, and these are complement with the high standard of Singapore trained nurses.

However, Mr K had agreed that there are still rooms for Singapore government to do better. He brought up that at macro level and past stewardship, the ministry believed to undersupply than to ensure sufficient beds in hospitals. Only recently, nursing home and Home Care Services are seen to be as urgent or important, which these are reactive rather than proactive movement. There could be lack of correct visualisation and planning in the ministry level. He had shared that the inconsistency in wages setting, and the drastic increase in wages will also help to attract more healthcare workers but for its money not the passion to help. As a result, Singapore Nursing tends to have more foreign nurses than local nurses.

Mr K had shared some of his difficulties faced by his company in providing the Home Care Service, such as high running costs and manpower crunch. Mr K added that Home Care Services are only useful to patients who are capable to look after themselves, whereas nursing home will also be more applicable in Singapore as there are fewer family members who are also care-givers, and most of the care-givers are hired helps, or domestic helpers. Mr K had also shared that in Singapore, the situational and market forces do not emphasise need for more Home Care Services.

SECTION 5: DISCUSSION AND RECOMMENDATION

In this section, we will conclude on the findings we have from the survey and the interview. We will also be using some overseas example, which Singapore may adopt to improve the Home Care Services in Singapore.

The survey had provided some indication that there could be inadequate awareness in the public towards Home Care Services. Mr K had agreed too, however, based on Dr Tan's explanation, this was somehow intentional, which as a matter of fact, the government could be trying to limit the number of patients enrolling into the subsidized programme. Home Care Services are receiving fixed funding from the government, and the System might not be ready to cope with the influx if the service and subsidy is announced publicly. This could be true that if the public has to know about subsidies in Home Care Services, some could have abuse the System, causing the System to overload. As a result, quality of care for the actual needy patients could drop. That also lead to Mr K's explanation about the Health System under the past stewardship, tends to be reactive rather than proactive. That is where the Health System tends to undersupply rather than to over-supply, this could also be a lack of proper visualisation and planning for the future.

Although Healthcare 2020 have plans to improve Home Care Services so that it can support up to 10,000 patients, the government should also work on the policies or inclusion criteria of the patients into the programme (Singapore Government 2014). Currently, government have not really shared with the public that Home Care Services can also be subsidized by government, which made the public unaware of such services (which can be supported by the low public awareness in the survey results), or misconception that such services are very expensive. In fact, if the policies or inclusion criteria for the patients into the programme are well thought of, the government will not be seen to be "withholding" the fact that they are also subsidizing some patients in Home Care Services, however are very limited and very restricted, which are usually through hospitals' referral and through AIC. Once the criteria to enroll into the Home Care Services under the government subsidy plan has been finalised, MOH can publicized to the general public. Public awareness in Home Care Services will then be improved, where they can recommend this to their relatives or friends who are also in need of the services. AIC can continue to be the coordinating body for the referral and the matching, which the process can be standardise and better coordinated. However, this will lead me to think if AIC have the capacity to handle the influx of loads, if the requests increase. This will lead to long waiting time for approval and matching the patients to the service providers. That would require statistics from AIC itself to determine it.

In Australia, there is a Home and Community Care programme (HACC) that is funded by Commonwealth and State governments to support the community care service providers (Lindeman 2009). Individuals who require health services or care, and prefer to remain at home, can seek assistance from the programme. The programme will then assess the needs of individual, and then determine the type and quantity of services that the patients will receive. The difference between HACC and Singapore would be that patients in Singapore would require referral from hospitals before being able to enrol into the programme, to enjoy the subsidy from government, whereas in Australia, individuals can apply entry into the programme. The disadvantages in Singapore would be that some physicians, particularly

new doctors, might not be aware of such referral system in Singapore, therefore missed out in giving referral letter to the patients which helped him to enrol into the programme.

MOH would have to take note way how private Home Care Service providers provide their services, while costs can be important, but quality of care weighs more. One example in 1990s, Sweden had tried a contracting model of delivery of Home Care Service. At first, this model had managed to reduce the maintenance significantly, while maintaining the quality. New companies are set up to enter the market. Soon enough, only a few companies got the bigger share of pie in the market, which forces the small companies to being driven out of market or being bought by the bigger companies. The costs had increased and quality had reduced due to lack of competition (Edebalk 2008).

We might also want to evaluate the quality of care and scored against its receivers' satisfaction. Angermann and Eichhorst (2012) had proposed to score quality in three different areas: Organization structure of providers, Process quality, and Outcome quality. They felt that quality can further be assured through internal and external inspection processes, which these strive to achieve high quality Home Care Services. As a result, the quality scoring of individual providers can be posted online for public reference before the public decide to engage their services, or for government to use as a criteria to award certain contracts of subsidy patients to them.

Low, Yap and Brodaty 2011 had brought up that there could be a need for better case management, or integrated care from the various Home Care Service providers. This could also be as important as the patients could be seeing different doctors for different conditions, such as diabetes or stroke, and if the coordination of care is not there, the care for patient could not be optimised, which cause in wastage in resources. As such, it could be good, if there is a designated case manager appointed by AIC, when assigning the providers to the patients, the case manager can manage the patient's conditions better, and to coordinate care from different members of the team, such as diabetes doctors, physiotherapists, podiatrists and so on. These case managers could be a doctors or physician from any related, however, there might be a need to set up proper training for these case manager to take up this role, which was discussed earlier on.

Mr Tan had mentioned that there is a lack of training or specialty in Home Care Services in Singapore, and also the lack of proper documentation in Home Care Services. Singapore could provide courses for physicians and other professionals in Home Care Services that could improve the quality of care for patients. That could also allow other members of the Home Care Team to know others role which help them to provide better care to the patients. Currently Singapore have a masterplan for National Electronic Health Records (NEHR), Home Care Service providers can actually make use of this to solve their problem of poor documentation. This allows physicians to share the patient record across the providers, which allow better care for patients.

Other than going to patients' home physically, we could also tap on technology to help us. Friedewald and Pion (2001) had listed that some conditions which are ideals for home-based telemedicine. For example conditions like asthma and diabetes, patients can take some readings such as his peak expiratory flow, or blood glucose level, and send over to doctors

to review. A teleconference can allow the doctors to answer any other queries that the patients have.

SECTION 6: CONCLUSIONS

Home Care Service is a relative new form of care for patients in Singapore. People might not have heard about it, but it has great advantages which the government can use to help the elderly. But judging on the survey results, Home Care Service might be widely accepted given enough publicity. The service might even help in resolving the bed crunch in restructured hospitals.

However, we would have to take note that there are still things to be done: policies for Home Care Services must be ready, enrolment criteria must be set and publicised so that the needy patients can approach the doctors to apply for the service. Specific training are required to help the providers to provide better care to the patients. Telemedicine and National Electronic Health Record are another way to assist the providers and improve patient care. Central body AIC can also assign specific case manager to patients which can help to coordinate care to ensure better care is given to the patient.

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Appendix A - Survey Questions

1. Select the following services that you had heard of before doing this survey. (you may select more than 1 box)

- ☐ Nursing Homes
- ☐ Community Hospitals
- ☐ Hospice Care
- ☐ Day Care rehabilitation Centres
- ☐ Day Elder Care Centres
- ☐ Day Dementia Centres,
- ☐ Home Nursing Care
- ☐ Home Medical Care
- ☐ Home Therapy Care

2. On a scale of 1 - 10, 1 being the least understanding, and 10 being the most understanding, how much do you think you understand their services, and what they can provide?

	Do not understand what it does/help				Understand briefly of what it does					Fully understand what it can does/helps
(a) Residential Care Services such as Nursing Homes, Community hospitals, Hospice Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Centre-based Services such as Day Rehabilitation Centres, Day Dementia Centres, Day Elder Care Centres	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) Home Care Services such as Home Nursing Care, Home Medical Care, Home Therapy Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. Where have you heard about the Home Care Services? (may select more than 1 box)

- ☐ Television
- ☐ Newspaper
- ☐ Internet
- ☐ Friends / Relatives who used the services before

Other (please specify)

4. Definition:

Home Care Services are professional services provided to elders in their homes, their services ranges from medical care such as consultation or follow-up by doctors, nursing care such as wounds dressing or inserting of nasogastric tubes by nurses, or therapy sessions by occupational therapists or physiotherapists.

These services save the elders hassles of making regular trips to the hospitals for different consultations such as seeing for his diabetes or therapy sessions for his knees. For some elders, it will be more troublesome if they need to call for an ambulance or other transports to ferry back and forth from the hospitals.

Question:

Putting cost of the services aside, would you prefer to stay at home using the Home Care Services or prefer to go to a nursing homes or hospice care?

- ☐ Stay at own home and use the Home Care Services if required
- ☐ Stay in Nursing homes or hospice care

5. How much would you think it would cost to have Home Therapy session? (ie Therapist comes to the house to perform physiotherapy or occupational therapy for elders.)

- ☐ \$51 - \$75
- ☐ \$76 - \$100
- ☐ \$101 - \$125
- ☐ \$126 - \$150
- ☐ \$151 - \$200
- ☐ \$201 and above

6. How much would you think it would cost to have Home Medical Session? (ie Doctor come to the house to review on the conditions of the elders and advise accordingly.)

- ☐ \$51 - \$75
- ☐ \$76 - \$100
- ☐ \$101 - \$125
- ☐ \$126 - \$150
- ☐ \$151 - \$200
- ☐ \$201 and above

7. For Information:

The usual prices for Ambulance charges are \$60-\$90 per round trips and occupational therapy or physiotherapy in hospital costs around \$35 under subsidized rate, while specialist consultations costs around \$35 under subsidized rate.

Comparing to Home Care Services costs around \$100-\$150 per therapy session, \$130-200 per medical session.

Question:

After hearing the above information, would you prefer to use the Home Care Services rather than going to the hospitals for follow-up visits for chronic diseases, wound dressing or therapy sessions?

- ☐ Yes
☐ No

8. Do you think that there is limited public awareness in Home Care Services comparing to Residential Care Services (as defined in Q2a) and Centre-based Services (as defined in Q2b)?

- ☐ Yes: Public is less aware in Home Care Services as compared to Residential Care Services or Centre-based Care Services
☐ No: Public is more aware in Home Care Services as compared to Residential Care Services or Centre-based Care Services

Please input your comments here, if any.

9. In view of the recent bed crunch in most restructured hospitals and nursing homes, do you think that further development in Home Care services can help to ease the situation?

- ☐ Yes
☐ No

Please input your comments here, if any.

10. What is your age?

- ☐ 29 years and below
☐ 30 - 40
☐ 41 - 50
☐ 51 - 60
☐ 61 years and above

Appendix B - Survey Questions and Answer from Healthcare Provider (Mr K)

No.	Questions	Selection / Comments
1	<p>Do you think that there is adequate public awareness/publicity about the home care services?</p> <p>If Yes, where do you think they got their information from? (select from A - E, may select more than 1 choice.)</p> <p>If No, where do you think they should get their information from? (select from A - E, may select more than 1 choice.)</p> <p>(A) From Internet (Silverpages, AIC, Google etc)</p> <p>(B) Via healthcare workers (doctors, nurses, social workers)</p> <p>(C) TV / Newspaper</p> <p>(D) Government Agencies such as Ministry of Health</p> <p>(E) Others, please define.</p>	<p>NO. A B C D.</p>
2	<p>How is Home Care Service normally being initiated by a patient? (Please select the most common/possible scenario from A - D)</p> <p>(A) Patient or Next-of-Kin will call the providers to request for certain services, then the Provider will dispatch the appropriate team (nursing, medical etc) to the patient's home to provide services.</p> <p>(B) Patient or Next-of-Kin will call the providers to request for certain services, then the Provider will dispatch an assessor to the patient's home to assess the patient's situation, before actual service is called upon.</p> <p>(C) Referral from hospital, clinics, nursing homes given to Providers directly, then Providers arrange with patients to provide services.</p> <p>(D) Others (Please elaborate)</p>	<p>This one.</p> <p>This one too...</p>
3	<p>Are there any complaint from your staffs that when they went to the patient homes, the services that they are supposed to provide is not the right one that they should be receiving, for example, asking the home nursing team in for a physiotherapy etc.</p>	<p>NO. First assessment is important and prevents this.</p>
4	<p>Home Care Services can be seen in many other countries, such as</p> <p>(A) Are there any specific example that Singapore had done well as compared to them? (Write your answer on the right)</p> <p>(B) Are there any specific example that Singapore can learn from them or had failed to implement? (Write your answer on the right)</p>	<p>We have a regulated PHMC licensing system and the standard of the SG trained Registered Nurses are know to be high.</p> <p>At macro healthcare policy level, under past stewardship, had chosen to undersupply rather than ensure more-than-supply beds in hospitals. Nursing Home and Homecare are only recently seen as urgent/ important. This is reactive rather than proactive and correct visualisation and planning. Lack of consistency in wages setting and then drastic movement upwards in wages setting only serve to ensure that new healthcare workers are in for the money than the passion, hence the change of the face of SG's nursing to more foreign than local nurses.</p>
5	<p>What are the difficulties encountered by the company? Some aspects are given below.</p> <p>(A) High running costs</p> <p>(B) Lack of publicity / awareness of public for such services</p> <p>(C) Manpower crunch</p> <p>(D) Healthcare System restriction</p> <p>(E) Healthcare Policies</p> <p>(F) Legislation</p> <p>(G) Others</p>	<p>Please provide some elaboration below if possible.</p> <p>High manpower costs for nurses and admin, and increased meds and supplies costs.</p> <p>Homecare is only useful for patients who can look after themselves. Elderly are seldom sick and able to take care of themselves at the same time. Nursing Homes are the viable choice for the Singapore context as there are few family-member caregivers around, and caregiver are now hired help.</p> <p>Lack of qualified staff is a world-wide incidence.</p> <p>None.</p> <p>None.</p> <p>None.</p> <p>In SG, situational and market forces does not emphasise need for more homecare at the moment.</p>
6	<p>How do you think the government can help the providers (Write your answer on the right)</p>	<p>For elderly who can look after their own daily needs, or have a caregiver, the govt can thru Medical Social Workers and the AIC provide direct links to Homecare providers ACTIVELY.</p>
7	<p>Any comments to add? (Write your answer on the right)</p>	<p>N.A.</p>

Appendix C - Minutes of Interview with Dr Tan

1	<p>Q: Do you think that there is adequate public awareness in Home Care Services in Singapore?</p> <p>Before answering if there is adequate public awareness in Home Care Services, we have to understand and know if we have the resources to do such services in Singapore, which include the manpower and funding from the government.</p> <p>Based on my experience running the services in Singapore, such services are labour intensive, and expensive to run and maintain without funding from government.</p> <p>If such services are publicised widely, demand will shoot up, question is will our Health System able to cope with the supply?</p> <p>Currently such services are only limited to those who will required it.</p> <p>There are proper referral processes through hospitals referral (Transition Care Team) or through the government agency 'Agency of Integrated Care' (AIC). These patients will be mean-tested before being able to enrol into this service.</p> <p>One example will be that if a patient is being mean-tested to be subsidized 80% of the bill, and the Home Care Visit turn out to be \$200, then the patient will only have to pay \$40, which is the remaining 20% of the \$200.</p> <p>Another way of gaining access to Home Care Services is to contact the service providers directly, but they will not be mean-tested nor enjoy any form of subsidy from the government. The bill size would range from \$200 to \$400 per visit, and most of these are seen by normal General Practitioners (GPs) rather than any trained Intermediate Long Term Care (ILTC) practitioners.</p> <p>If you look back 2 years ago, there are very minimum subsidies to both the providers and the patients. There are less than 5 providers 2 years ago, but now there are more than 10 in the market. AIC is trying to get more providers, so that the service can expanded to reach out to more needy patients.</p> <p>Currently there is a pilot project run by Thye Hua Kwan Moral Charities, which is around \$135 per visit. Therefore, if a patient is mean-tested to be 80%, he will just have to fork out only \$27 per visit. However, not every patient are able to fork out even after the heavy subsidy, then the doctors or social workers will have to send him back to the hospitals or nursing homes where he can allowed to claim through Medifund.</p>	<p>Paragraph number:</p> <p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p>
2	<p>Q: What are the screening criteria on patient to be referred to such service?</p> <p>The doctors will judge first if the patients need to be seen out of hospital, example being discharged but still warrant some forms of monitoring, or to pass away peacefully outside the hospital. If there is a need, then he refer the patients to the Transitional Care Team or to the AIC to gain access to Home</p>	<p>10</p>

	Care Services, but the bill will be subjected to mean-testing.	
3	<p>Q: So there is no “open” publicity to the public about such service?</p> <p>Local media has only been reporting about Home Care Services in Singapore quite frequently recently, such as 1 interview done 3 weeks ago, and the previous one was around 2 months ago.</p> <p>However, the reports do not cover in details about the subsidy portion, especially how much subsidy they have receive and how to be eligible for such subsidy.</p> <p>This is understandable as there might be people outside trying to abuse the System, by trying to be eligible for these services, when they are capable to make their way to the hospital, but still insist the doctors to come to their home.</p> <p>Therefore, there is a need to control the patients who want to gain access to such service, especially when the resource such as funding and manpower are very limited.</p>	<p>11</p> <p>12</p> <p>13</p> <p>14</p>
4	<p>Q: How would the doctors classify examples who “should” be gain access to such services? Do we mean those who are unable to go to hospital, or have to be transfered via ambulance?</p> <p>Some of these examples are patients, who are bed-bounded, with no chance of walking, patients who want to pass away peacefully at home, and no point to send to hospital. Therefore, the doctors would just come and do the necessary non-invasively.</p>	15
5	<p>Q: How are services normally rendered to patients?</p> <p>Singapore government or Ministry of Health (MOH) appointed AIC to control and coordinate these referral. Most of the cases are refer through them.</p> <p>Alternatives in Khoo Teck Puat Hospital, if patients are admitted in hospital with severe stroke, no chance of walking, on tube-feeding, coming back to specialist do not help in his condition, doctors may referred him to Transitional Care Team, which will take care of the patient after discharge.</p> <p>It is a 3 months Interim Care run by the hospital, where the patient is discharged to home, and proper training will be given to the caregivers to help them to take better care of the patients to prevent complications. The team will include doctors, nurses, therapists (speech, physio, occupational) and sometime social workers.</p> <p>When the patient is stabilised, and does not wish to come back to hospital, he can be referred to a Long Term Home Care Service, usually run by either charity or private proviers.</p>	<p>16</p> <p>17</p> <p>18</p> <p>19</p>

6	<p>Q: How many visit would this 3 months transition care consists of?</p> <p>It will depend on the condition of the patients, if the patients is getting better, it might even be discharge after first or two months later. However if patients require constant follow ups, such as bed sore, on antibiotics treatment, visit might be more frequent, and the transition care might also be extended.</p>	20
7	<p>Q: How are services being rendered to patients who called the providers directly, with any referral from AIC or hospitals? Will there be any mixed up in the type of services they need, for example would they be calling for a doctor to come when they actually require a therapy session? How the providers minimize these.</p> <p>Usually patients who discharged from hospital and referred out to Home Care Services will have a memo given by the doctors and hospitals, which specified the patients' conditions and what kind of treatment the patients need. The providers can then make a better judgement in sending the right team to the patient home.</p> <p>When the providers pick up call from a new patient, they will ask a few questions first. But most of such cases are urgent and their condition are quite critical where the providers will advised the caller to call for an ambulance to send the patient to the nearest hospital to receive the appropriate treatment.</p> <p>Most of the ad-hoc cases do not add value to care, example what would 1 session of visit help a stroke patient or call you down when you are not trained to handle stroke patients.</p> <p>For Intermediate Long Term Home Care Services, it would require a team-based approach to handle the patients.</p> <p>Usually I will pass the ad-hoc case to other providers, who will dispatch their own GPs, while I focus on Intermediate Long Term patients, who I have being seeing.</p> <p>Ad-hoc GPs see flu and cough patients and charge a premium of \$200 - \$300 per visit, which are not the same concept to Home Care Services as the former is considered to be Primary Home Care as compared to the latter which is Intermediate Long Term Home Care.</p>	<p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p> <p>26</p>
8	<p>Q: Do you faced any difficulties in running Home Care Services in Singapore?</p> <p>It is almost impossible to run the service in Singapore without any fundings from the government. Unless you are running for the rich patients, which charge \$300 - \$400 per visit. However, you do not get to see many such cases per day.</p>	27
9	Q: Is there any manpower, policies or any other road block when you run the services?	

	<p>You need to have the right people to know what to do when you go to the patient house. This requires some special skill sets. One of these would be to know what other team members are doing, such as nurses and therapists. Only then the doctor can lead the team in managing the patient well.</p> <p>In Singapore, there is no formal training or specialty to take charge of this area. Nobody knows what is happening because most of these happened at home, with no proper document or publicized.</p> <p>When compared to Palliative care, it is better because it is a specialty by its own. However, Intermediate Long Term Care is nobody areas, it can be referred to GPs, or Geriatricians. Usually Intermediate Long Term Care refer to Family Medicine, but not many practitioners in Family Medicine are working in Home Care Services.</p>	<p>28</p> <p>29</p> <p>30</p>
10	<p>Q: Is there any room for improvement in Home Care Services in Singapore?</p> <p>This will boil down to the amount of money that you wish to pay, and how much the government wish to subsidize.</p> <p>When we loosen the restrictions of certain patients into the Home Care Services, more patients enrolled into the services, workload will go up, however quality of care might drop if the System is not able to handle the workload.</p>	<p>31</p> <p>32</p>
11	<p>Q: Have you seen any examples that overseas had done well in Home Care Services that Singapore can learn?</p> <p>Some typical examples are in Japan and US.</p> <p>Japan government have funded 70% of the Home Care Services be it you are a private or subsidized patients.</p> <p>There is an institution in US called the On Lok, which have a programme that is running very successfully in the Home Care Services, it is called as PACE (Program of All-inclusive Care for the Elderly). They were given some funds to handle a number of patients, this motivate the institution to keep the patients healthy and well.</p> <p>US have an institute called the American Academy of Home Care Medicine, which teaches practitioners about Home Care Medicine.</p>	<p>33</p> <p>34</p> <p>35</p> <p>36</p>

Appendix D - Proposal

HACM9301

TEMPLATE 2: RESEARCH PROJECT

This guide is intended to assist students to develop a feasible approach which will meet their learning goals and the requirements of this topic. Getting started can be the hardest thing to do, and time spent on clarifying the problem or question to be addressed, as well as the scope and method to be used, is well worth it. Please think very carefully about the headings below, and use this template (with whatever variations you feel your study requires) to prepare your proposal for approval by your supervisor. Depending on your proposal, some of the headings will not be relevant – just leave those ones out. Please delete the small-font instructions when you've finished using them.

Name: Ng Nghee Guan

Date: 05 March 2014

Title of study: Exploring the gaps in Home-based Elder Care Services in Singapore

- 1. The research question**[What question are you seeking to answer? And why? Give background about the setting etc as necessary, and explain why this question is worth working on]

Currently there are typically 3 types of Elderly care services available in Singapore, as classify by Ministry of Health Singapore, ranging from the Inpatient services such as Nursing Homes and Community Hospital to the Centre-based services such as Day Rehabilitation Centres or the Day Elder Care Centres and lastly the Home-based Services such as Home Nursing or Home Medical services. However, the ministry's focus now is to build more hospitals or expanding the current hospitals or nursing homes, to increase the bed size in Singapore, in order to deal with the aging populations.

Although the government acknowledge the fact that, the elders would prefer to stay in their homes, somewhere that are very close and familiar to them, rather than staying in nursing homes or hospitals, it seems that little that have being done.

The thesis will explore if there are any unknown factors that prevent the development of the home-based services in Singapore and to check the awareness of the public toward home-based services.

- 2. Goals** [What do you want to achieve; describe your goals in concrete outcome terms, and any objectives – things you need to achieve in order to achieve your goals – as well. Making your goal concrete and practical might be hard – keep working at it until you have a statement that you can achieve, and show you have achieved]

To establish (if any) the factors that prevent the development of home-based services, and to understand the awareness of the public towards such services.

- 3. Method** [How will you achieve your goal? Outline the study design, data sources, data collection instruments, data collection methods, recruitment strategies (if appropriate), data storage, data analysis methods]

Survey will be done with 1 to 3 service providers, to understand their difficulties. Focus will be on the government policies, manpower issues, and public awareness.

Online questionnaires will also be given to public who aged 40 and above now and not working in the healthcare sectors. This is because these population groups are the baby boomers in the 1970s, who are going to be 65 and above in 2020-2030.

- 4. Key Stakeholders and Impact:**[Whose support or engagement do you need to conduct the study? Who has an active interest in the results? Describe each of the major stakeholders, or stakeholder groups and identify how your study will take account of their interests]

Stakeholders of the study will be the ministry, service providers and the public.

The ministry can learn from the study what are the gaps and to implement policies to enhance the system.

The service providers can understand from the survey results what are the public views and their needs in order to update their services accordingly.

- 5. Ethical Issues** [privacy and confidentiality; if patients/clients/staff are to be involved, what ethical approvals are needed?]

Nil.

- 6. Evaluation:** [How will you know if you've succeeded – what measures will you use to evaluate your study outcomes?]

Identify factors that help the ministry to understand about the shortfall of the services available to the public. Assist the service providers to understand more about the public need through the surveys.

- 7. Risk Assessment:** [What are major risks that might prevent successful completion and how will you minimise likelihood and/or impact?]

Short and limited surveys with service providers. Will want to have more thorough information about the services before approaching the providers and try to ask within 1 interview.

Limited public response (less than 50). Will try to approach more through social media, or through relatives and friends who are not working in healthcare sectors. Otherwise will be accepting public that aged 35 and above.

- 8. Resources and consents:** [What resources will be needed, and how will you secure them? Do you need organisational approval, who from, how and when to be secured? Who will own any Intellectual Property? Does an organisation you will work with require signing of a Confidentiality Agreement regarding information which might be Commercial-in-Confidence?]

Nil.

- 9. Learning** [What skills and/or knowledge will you need to complete this project? What do you hope to learn by doing it?]

Interviewing skills with the service providers, setting of Questionnaires to make it simple yet able to reach my objectives.

- 10. The learning set** [Have you identified your learning set (peers)? If not, do you need assistance?]

Nil.