Enabling a community for health & successful aging

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NHG's Approach to enabling health: River of Life

CONFIDENTIAL

Community for Successful Ageing

What makes ComSA?

Infrastructure and neighbourhood

- ComSA Centre
- Long-term care facilities in 'stealth'
- Age-friendly transport
- Person-centred universal design
- Food, shopping and recreation
- Enabling technology

ComSA

Community Development

- Ethnographic Assessment
- Outreach and engagement
- Capacity Building
- Social capital
- Intergenerational collaboration
- Community action

Care System Development

- Community needs survey
- Resource allocation system
- 'PCMH"
- Primary Care system
- Care Management System
- Community-based long term care system

Self Development

- SCOPE
- GAB
- SCOPE DM
- SWING
- Learning Room

Evaluation

- 'Realist Evaluation Approach': What works for whom and why.

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1. COMMUNITY NEEDS SURVEY
AUG 2014

Population

Number of residents older than 60 years = 5000, out of 30000.
7 precincts (prior to 2015 GE)

Findings:

1. 10% Cognitive impairment risk
2. 15% ComSA Risk Screener 4 or higher
3. 50% LSNS Social Isolation +ve
4. 3% ‘feels threatened or harrassed‘
5. 36% never married, widowed or divorced
6. 9% live alone
7. 25.6% may not see a doctor even if they have to

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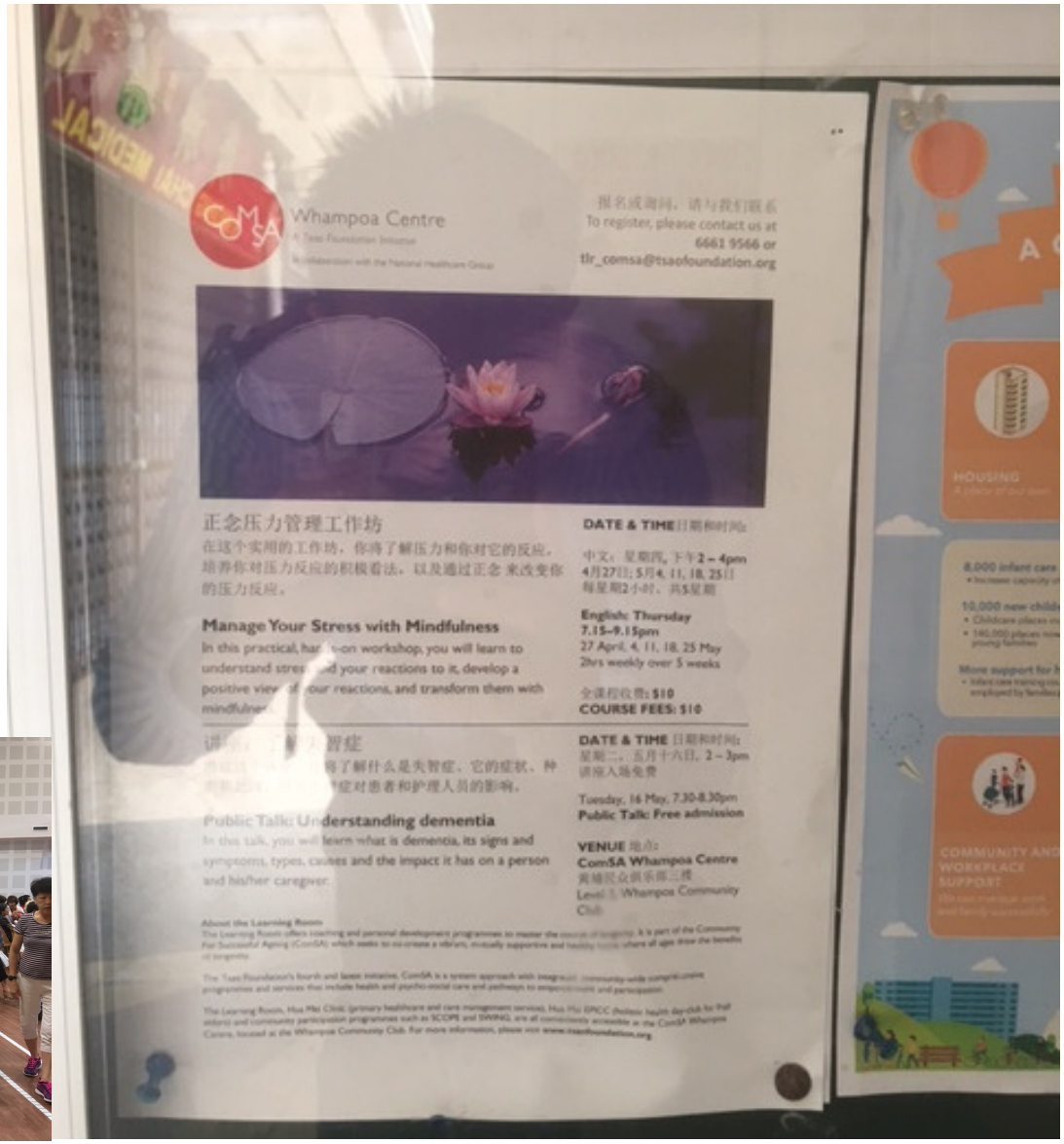
2. COMMUNITY DEVELOPMENT BEGINNING WITH SELF-CARE GROUPS

Learning Room courses publicity at a void deck of a housing block



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3. THE BIOPSYCHOSOCIAL CARE-RESOURCE ALLOCATION

Community Self-Care Groups

ComSA BPS Risk Screener

Health and social Service partners

Low risk

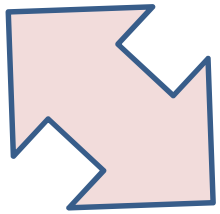
'Higher Risk of Care Breakdown'

Single-domain risk

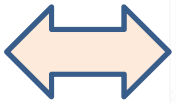
Single-domain services if required

Comprehensive Needs Assessment and care planning using InterRAI HC

Volunteer 'para'-care managers



Patient-centred Medical Home



Community-based long term care: centre-based or home-based

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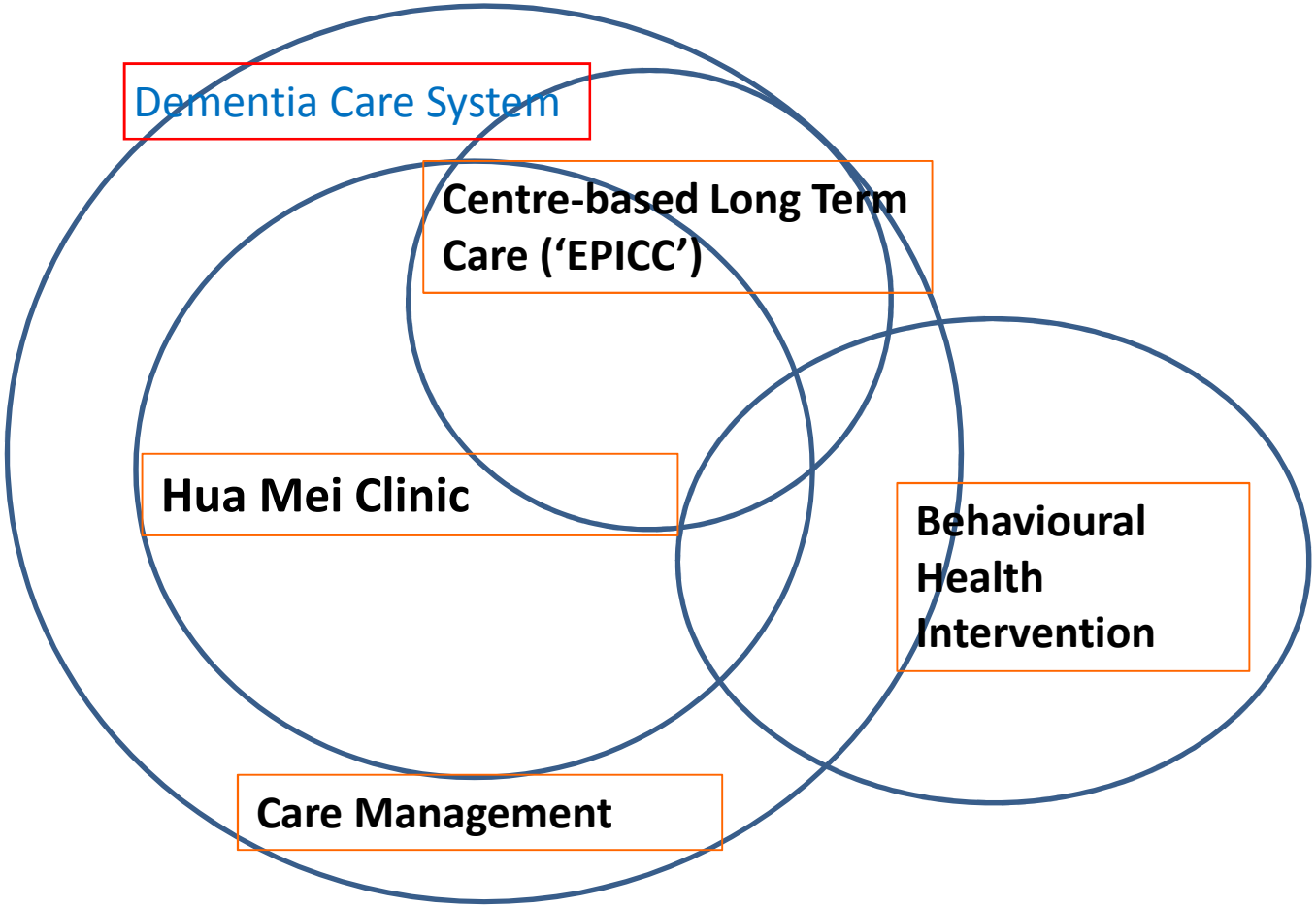
4. Patient-centred Medical Home' PLUS Centre-based Long-term Care For Seniors With High Institutional Risk



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FROM A MUSIC ROOM IN A BOMB SHELTER

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Whampoa ComSA Centre and the Day Centre

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5. PRIMARY CARE AND COMMUNITY SERVICES INTEGRATION

1. Health providers integration,
   a) Team building
      - Central Health & GP engagement team and PCN
   b) Patient transfers
      - Toa Payoh Polyclinic
      - TTSH SOC (GRM, CRiSP, Memory Clinic)
      - NEHR Tagging through A&E
   c) Information flow
      - NEHR through GPConnect
      - VPN access to cDoc covered by data sharing agreement
   d) Resources
      - Subsidized medications
      - CHAS/ PGP/ CDMP/ Flexi-medisave

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2. Health & social care integration

a) Novena-Kallang Network
b) Community Network for Seniors (CNS)
c) Silver Generation Office (SGO)
d) Other partner-providers in Whampoa

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ComSA BPS RISK SCREENER

- Made use of EASYCare, and other novel questions from subsequent iterations.
- Based on the data collected during the community care needs survey in Whampoa in 2014 as well as subsequent CM Eval control group study.
- Risk means ‘Risk of Not Managing/ Care Breakdown’
- Recognizes the biopsychosocial definition of health and the dynamic interactions of the biopsychosocial risks that determines overall vulnerability/ resilience.

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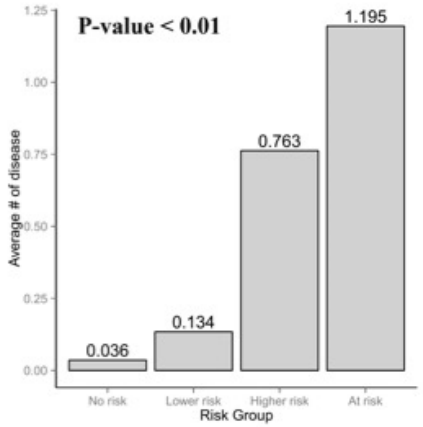
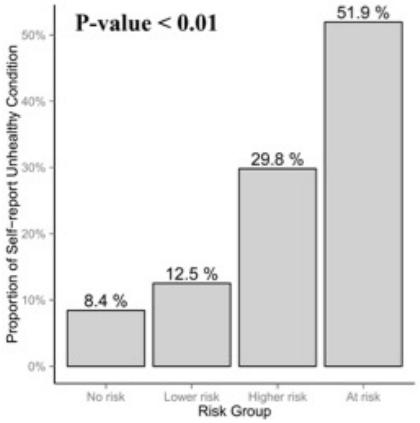
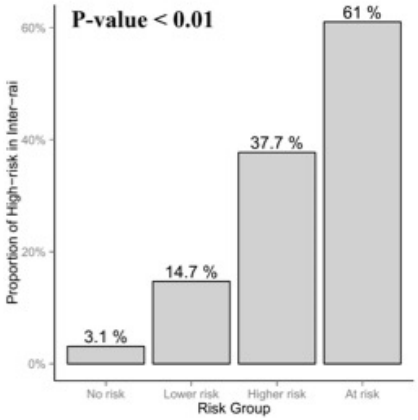
1) Number of Diseases



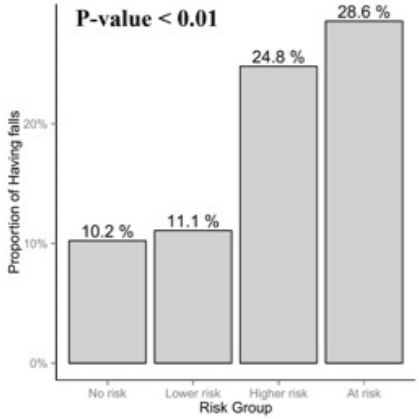
2) Proportion rated 'Poor' health



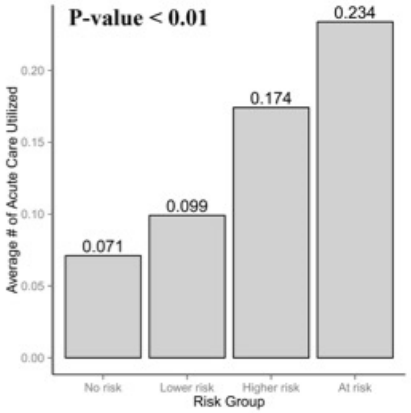
3) Observed cognitive function

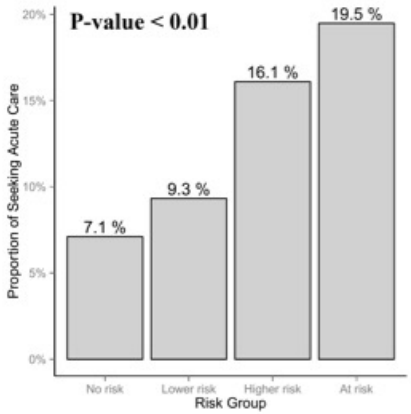


4) Falls in the last 12 months



5) Acute care (hospitalization) – average admissions & proportion





Dose-response effect - the higher the managing score (i.e. score of 4 and above) the greater the proportion of elders having poorer self-reported health and health-managing outcomes.

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Source: Dr Z Hildon and F Shiraz

ADVANTAGES

1. Validated tool
2. Valid theory of change
3. Preventative in conception
4. Holistic by considering all biopsychosocial aspects of frailty and resilience
5. Accompanied by a more granular Health Functioning Score after completing the tool administration

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