LONG TERM CARE IN SINGAPORE AND ITS CHALLENGES

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Financial Planning 2020 – Gearing Up for a New Horizon
SCOPE

I. Longevity and Long Term Care in Singapore
II. Issues and Challenges
LONGEVITY AND LONG TERM CARE IN SINGAPORE
SINGAPORE IS AN AGEING SOCIETY

PROPORTION OF SINGAPOREANS AGED 65 AND ABOVE INCREASES WITH THE YEARS

1970: 1/31
2015: 1/8
2030: 1/4

Absolute numbers:
- 1970: 440,000
- 2015: 900,000

Source: MOH & Report on Ageing Population
SINGAPORE RESIDENTS ARE LIVING LONGER AND STAYING HEALTHY FOR LONGER

2004
- Average life expectancy: 79.6 years
- Average healthy years: 72.1 years

2010
- Average life expectancy: 81.7 years
- Average healthy years: 75.5 years
OF THE 900000 SENIORS ABOVE AGE 65...

87% Healthy and Independent

8% need walking aid

3% need assistive device

1% mobile with assistance

1% bedridden
LONG TERM CARE IN SINGAPORE
LONG TERM CARE IS:

• Services and supports needed to meet personal care and health needs over an extended period of time\(^1\).

• It is for people who cannot care for themselves with regards to:

  **Basic Activities of Daily Living (BADL):**
  
  Feeding; dressing; bathing; transferring; mobility; toilet use

  **Instrumental Activities of Daily Living (IADL):**
  
  Shopping; meals preparation; house chores; taking medications; using public transport; responding to an emergency; making a phone call

• *Safety is a requirement for both BADL and IADL*

TYPES OF LONG TERM CARE AVAILABLE IN SINGAPORE

- **Community-based Long Term Care**
  - Home-based
  - Centre-based
  - Service-only (Community-based, seniors living at home with or without informal caregivers)

- **Residential Long Term Care**
  - Assisted Living Facilities
  - Nursing Home
  - Specialized Facilities
  - Services that comes with housing (Residential facility a senior move into after the disability)
CARE MANAGEMENT SERVICE
CREATING ACCESS; CUSTOMIZING SERVICE-PACKAGE; BROKERING BEST DEAL; ADVOCACY AND COACH

Care management be regarded as the ‘lead-integrator’ in care integration

• Customizing care to meet needs
• Coordinating services
• Overcoming barriers to access
• Brokering the best deal
• Advocating for positive change
• Coaching growth and development
COMMUNITY-BASED LTC 1

HOME-BASED CARE

• Services delivered to the doorstep and into the home
• Can be transitional or enduring
• Can be health or social care and services
• Such services are considered necessary for elders who are homebound, although the line between the necessary and the desired are not often clear nor relevant as the state of being ‘homebound’ is relative.
<table>
<thead>
<tr>
<th>Types of Home-Based Services for Seniors in Singapore</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Episodic / transitional</strong> ────────────────────────→ <strong>Continual/ enduring</strong></td>
</tr>
<tr>
<td><strong>Social</strong></td>
</tr>
<tr>
<td>• Home-modification</td>
</tr>
<tr>
<td>• Equipment and consumables supplies and delivery</td>
</tr>
<tr>
<td>• Counseling</td>
</tr>
<tr>
<td>• Handy-man</td>
</tr>
<tr>
<td>• Pest-control</td>
</tr>
<tr>
<td>• Time-limited Live-in Helper</td>
</tr>
<tr>
<td>• Disability assessment</td>
</tr>
<tr>
<td>• ‘Maid-on-wheel’</td>
</tr>
<tr>
<td>• Tingkat service</td>
</tr>
<tr>
<td>• Escort and Transport</td>
</tr>
<tr>
<td>• Social Work Care Management*</td>
</tr>
<tr>
<td><strong>Continual/ enduring</strong></td>
</tr>
<tr>
<td>• Respite attendance</td>
</tr>
<tr>
<td>• Checking</td>
</tr>
<tr>
<td>• Activities and engagement</td>
</tr>
<tr>
<td>• Befriending/ pastoral support</td>
</tr>
<tr>
<td>• Medication reminder</td>
</tr>
<tr>
<td>• Hygiene support – showers, diaper change</td>
</tr>
<tr>
<td>• Meals-on-wheels</td>
</tr>
<tr>
<td>• House chores</td>
</tr>
<tr>
<td>• Activities and engagement</td>
</tr>
<tr>
<td>• Respite for caregivers</td>
</tr>
<tr>
<td>• Live-in Helper</td>
</tr>
</tbody>
</table>

* Indicates activities provided by community care services.

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COMMUNITY-BASED LTC 2

CENTRE-BASED CARE AND SERVICES

A sheltered location where older persons are congregated and their care supported

Categorized based on needs-gap served by the centre

Advantages
   – Opportunity for socialization
   – Economy of scale – respite, safety-monitoring, rehab, developmental activities, health monitoring and therapy, primary care

Disadvantages
   – Requires participants to be able to sit in a vehicle and day centre
   – When an elder does not attend, care and services cannot be delivered
   – Not desired by the introverts
TYPES OF CENTRE-BASED CARE AND SERVICES

- Day Care Centre
  - Social DCC
  - Hospice DCC
  - Dementia DCC
  - Psychiatric DCC

- Day Rehabilitation Centre

- Senior Care Centre* $80-100 per day
- SPICE, EPICC and IHDC* $1300 - $2200 per month

Senior Care Centre combines both social and skilled nursing services

SPICE, EPICC and IHDC provides both home-based and centre-based services

- SPICE = Singapore Programme for Integrated Care for the Elderly
- EPICC = Elder-centred Programme for Integrated and Comprehensive Care
- IHDC = Integrated Home and Day Care
WHY DO SOME PEOPLE NEED HOME AND CENTRE-BASED CARE?

Because:

1. They are NOT independent in meeting their own needs
2. The natural and informal social resources is not sufficient
3. Leaving their home and move into a different place permanently is not an option
RESIDENTIAL LTC

TYPES

• Assisted Living Facilities
• Nursing Homes
• Special facilities
  • Chronic sick units
  • Hospices
  • Psychiatric nursing homes
  • Home for Persons with Dementia
RESIDENTIAL LTC 1
NURSING HOME

• The elderly can be admitted into a nursing home if they need
  • “Resident Assessment Form Category 3 or 4”
    • daily skilled nursing care and/or assistance in activities of daily living and they have no caregiver to look after them at home.
    • The elderly must be semi-ambulant, wheel-chair bound or bed bound.

• Norm cost $2000 - $3000 not inclusive of consumables

• Services include
  • medical care,
  • nursing care,
  • physiotherapy,
  • dietary services and
  • dental care.
RESIDENTIAL LTC 2
ASSISTED LIVING FACILITY

• For persons who need some help in IADL or ADL but do not meet the criteria for nursing home
• Less restrictive, more privacy.
• Only available in 1 private service provider in Singapore
• $3500

Straits Times online  Nov 8 2015
RESIDENTIAL LTC 3
SPECIALIZED FACILITIES

Chronic Sick Units
• Needs more than 1 hour of nursing procedure daily
• Needs medical review at least once a week
• Example: on ventilator, tracheostomy requiring frequent suction

Inpatient Hospice
• For patients with short prognosis of a few months
• Difficult symptoms and caregivers cannot cope

Psychiatric nursing home
• Chronic psychiatric condition usually schizophrenia
• Family cannot cope

Dementia nursing home
• For people with moderate to moderately severe dementia affecting ADL and safety
WHY DO SOME PEOPLE NEED RESIDENTIAL LONG TERM CARE?

Because:

1. They are NOT independent in meeting their own needs
2. The natural and informal social resources is not sufficient
3. Staying at home is not an option
HOW MUCH DOES LONG TERM CARE COST FOR EACH SENIOR?
IT DEPENDS ON:

Relative strength and weakness of the Senior
Goals and expectation
Social resources
Physical environment
Socioeconomic factors
MDM M

Aged 83, was admitted to us in May 2007. Her poor health began in 1999 and her function gradually declined from being wheelchair-bound to being bedbound.

1. Multiple chronic medical conditions:
   - Parkinson’s Disease
   - Vascular dementia with BPSD
   - Rheumatoid arthritis
   - Anaemia associated with general poor condition and malnutrition
   - Cataracts in both eyes
   - Pressure ulcer of lower back
   - Protein calorie malnutrition.

2. Physical Dependence
   - Bed-bound and requires total care including tube feeding

3. Caregiver Stress

4. Financial Strain
### COST OF LTC FOR MDM M (EXCLUDE ‘ROOM AND BOARD’) (?)

<table>
<thead>
<tr>
<th>Item</th>
<th>Set up cost</th>
<th>Per month (with maid)</th>
<th>Per month (without maid)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital bed</td>
<td>$2000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ripple mattress</td>
<td>$200</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diapers</td>
<td></td>
<td>$100</td>
<td>$100</td>
</tr>
<tr>
<td>Milk feeds</td>
<td></td>
<td>$300</td>
<td>$300</td>
</tr>
<tr>
<td>Medications</td>
<td></td>
<td>$80</td>
<td>$80</td>
</tr>
<tr>
<td>NG Tube</td>
<td></td>
<td>$16</td>
<td>$16</td>
</tr>
<tr>
<td>Medical consult</td>
<td></td>
<td>$120</td>
<td>$120</td>
</tr>
<tr>
<td>Medical escort and transport</td>
<td></td>
<td>$20</td>
<td>$20</td>
</tr>
<tr>
<td>Nurse reviews</td>
<td></td>
<td>$100</td>
<td>$100</td>
</tr>
<tr>
<td>Care Management</td>
<td></td>
<td>$140*</td>
<td>$140*</td>
</tr>
<tr>
<td>24/7 caregiving</td>
<td></td>
<td>$1200</td>
<td>$4700**</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$2200</td>
<td>$1986</td>
<td>$5576</td>
</tr>
</tbody>
</table>

*initial 6 months  **indirect cost of caregiving leaving workforce
MDM L

97/Ch/F

Used to be a labourer in a rubber factory for 30 yrs. R hip fracture x 1.5 yrs after a fall in the market. Not operated.

Cervical cancer; urine incontinence; recurrent urine infection

ADL independent on wheelchair, homebound as it’s too tiring to wheel herself out. Not able to use motorized wheelchair.

Family poor and not able to support.
## COST OF LTC FOR MDM L (EXCLUDE ‘ROOM AND BOARD’) (?)

<table>
<thead>
<tr>
<th>Service</th>
<th>Set up cost</th>
<th>IHDC</th>
<th>Per month (with maid)</th>
<th>Per month (without maid)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wheelchair</td>
<td>$150</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home modification</td>
<td>$150</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consumables</td>
<td>$100</td>
<td>$100</td>
<td>$100</td>
<td></td>
</tr>
<tr>
<td>Medications</td>
<td>$80</td>
<td>$80</td>
<td>$80</td>
<td></td>
</tr>
<tr>
<td>Medical consult</td>
<td>$30</td>
<td>$120</td>
<td>$120</td>
<td></td>
</tr>
<tr>
<td>Medical escort and transport</td>
<td>$20</td>
<td>$20</td>
<td>$20</td>
<td></td>
</tr>
<tr>
<td>Rehabilitation</td>
<td>$1500</td>
<td>$400</td>
<td>$400</td>
<td></td>
</tr>
<tr>
<td>Nurse reviews</td>
<td></td>
<td>$100</td>
<td>$100</td>
<td></td>
</tr>
<tr>
<td>Care Management</td>
<td></td>
<td>$140*</td>
<td>$140*</td>
<td></td>
</tr>
<tr>
<td>Activities and recreation</td>
<td></td>
<td>$10 (TV)</td>
<td>$10 (TV)</td>
<td></td>
</tr>
<tr>
<td>Meals delivery</td>
<td></td>
<td></td>
<td>$300</td>
<td></td>
</tr>
<tr>
<td>House chores</td>
<td></td>
<td></td>
<td>$150</td>
<td></td>
</tr>
<tr>
<td>Emergency monitoring</td>
<td>$50</td>
<td></td>
<td></td>
<td>NA</td>
</tr>
<tr>
<td>24/7 caregiving</td>
<td>NA</td>
<td></td>
<td>$1200</td>
<td>NA</td>
</tr>
<tr>
<td>Total</td>
<td>$300</td>
<td>$1780</td>
<td>$2160</td>
<td>$1420</td>
</tr>
</tbody>
</table>
SOCIAL SECURITY IN SINGAPORE
BASIC POLICY PRINCIPLES

“Individual - Family – Community – Society”

• Promotes self-reliance
• Family as first line of support
• ‘Many Helping Hands approach’
• Gate-keeping for government support through Means Test, Disability and more recently, ‘Pioneer Generation’
• Co-payment to safeguard against over-consumption
COMMUNITY AND FAMILY IN TRANSITION

1. Shifting from traditional big families to nuclear families and singletons
2. Over-reliance on foreign domestic helpers for caring for the young and the old
3. Intergenerational differences: digital divide; cultural divide; language divide etc
4. ‘No more kampungs’ - prevalence of social isolation
5. Limited disposable income - cost-sensitive

Source: local research from A/P A Chan, Tsao Foundation and personal observations
SOURCES OF FUNDING FOR HEALTH AND LONG TERM CARE

Funding for community-based long term care is under-developed

- **Cash**
  - Required for most health care services to guard against over-consumption. Legislation to allow parents to obtain maintenance from children.

- **Enforced savings**
  - Acute Hospital mainly. Some support for primary care. Intergenerational sharing encouraged.

- **Insurance**
  - Limited coverage: Acute Hospital mainly. **Some support for long term care**

- **Subsidies**
  - Gate-keeping through Means test, ‘Year of Birth’, function and choice of facilities. **Widespread**: Primary Care, Acute Hospital, **Intermediate and long term care facilities**

The diagram illustrates the different sources of funding, with less regulation and more regulation on the vertical axes, and individuals and families, taxations, subsidies, and cash on the horizontal axes.
Primary care is required throughout a life course

Wellness programs

Ambulatory Clinics

Acute hospitals

Community hospitals

Inpatient hospices

Non-residential means-tested ILTC subsidies*

Senior Mobility and Enabling Fund (SMF)

FDW Levy Concession

Enhancement for active seniors (EASE)

IDAPE

PG DAS

Caregivers Training Grant

Eldershield

Medisave (for hospice)

Medifund

Charity

Home-based healthcare

Transitional: post-discharge transitional care, medication delivery, home-based rehab, caregiver training, etc.

Continual: home medical, home nursing, home palliative, telehealth, etc

Home-based social care

Transitional: home modification, devices and consumables, counselling, etc

Continual: meals-on-wheel, respite for caregivers, befriending service, etc

The biggest bulk of caregiving is shouldered by informal caregivers at home

Centre-based care: rehabilitation, SPICE, dementia day care, day hospices

Non-residential means-tested ILTC subsidies* per capita monthly household income ≤ $2600

Nursing homes

Eldershield, Medifund, means-tested residential ILTC subsidy*, charity

3Ms: Medisave, Medishield, Medifund; *per capita monthly
ISSUES AND CHALLENGES IN LONG TERM CARE
Theoretical Trajectories of Dying

7% Sudden Death

22% Terminal Illness

16% Organ Failure

47% Oldest Frailty

Escalating Cost of Care

Trepidation

“Bio-psychosocial Frailty” and diseases

Ageing, Loss of Reserve, Chronic Illnesses

Physical Discomfort e.g. pain, itch, SOB

Loss of Functions and independence

Loss of employability and Income Security

Agitation and Needy Behaviours

Bad death(?)

Lots of Unmet Needs

(Mental) Trepidation

Loneliness, Helplessness and Boredom

‘Ageism’, marginalization and social isolation

‘Purposelessness’

Life History and Personality

Analysis of the Challenges of Aging

INCOME SECURITY

LIFE LONG LEARNING

PARTICIPATION

HEALTH

Hua Mei Centre for Successful Ageing

A Tao Educational Initiative

Impact on Care Giver

“Consumerism”

Care
VULNERABILITIES

1. Over-reliance on family care/ Foreign Domestic Helpers
2. Health care financing favours hospitalization and acute episodic care
3. Care fragmentation between primary care and social/ long term care
4. Inadequate trained community-based aged care manpower
5. Retirement adequacy
6. Rising social isolation
7. Dementia
8. Women and ageing
9. Mental health – not merely neurosis and psychosis, beyond dementia
10. Watch out for ageism

THANK YOU