

*Interfacing Hospital And Social Care:  
The Singapore Palliative Care  
Experience*

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## Presentation

Two Parts:

- (1) Singapore Health Care in Brief
- (2) Palliative Care & Integrated Health Care

## HEALTHCARE PHILOSOPHY

- To build a healthy nation by promoting good health
- To provide good and affordable basic medical services to all Singaporeans
- To promote personal responsibility and avoid over-reliance on state welfare

## HEALTHCARE : WHAT'S THE RATIONALE?

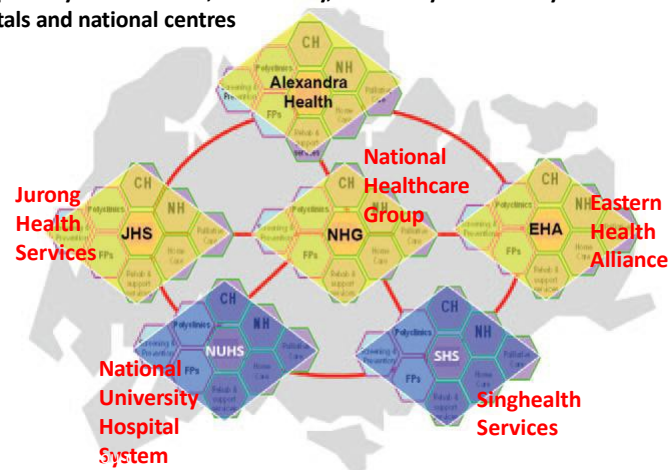
- Public medical services should cater to the needs of both the affluent and the less affluent Singaporeans (not to over segregate the classes)
- Within the same healthcare institution, private class payers help to defray medical costs incurred by subsidized class payers
- Economic rationalization of infra-structure, manpower and technology
- Promotion of Singapore as a regional medical hub for foreign
  - patients

## HEALTHCARE PHILOSOPHY: IT'S IMPLICATIONS?

- Health education, screening and prevention programmes the key focus
- Through the various subsidy and financial aid schemes, no Singaporeans will be denied basic medical services
- Subsidy and financial aid schemes to be means-tested to promote personal responsibility

## Regional Health System (RHS)

6 clusters, each embraces a continuum of health services ranging from primary health clinics, community, secondary and tertiary hospitals and national centres



Source : Loke, 2012

## PUBLIC SYSTEM

### Organizational Framework

#### In 2012:

- 10,756 hospital beds in 25 hospitals and specialty centres
  - 85% of beds are in the 15 public hospitals and specialist centres with capacity ranging between 185 to 2,010 beds
  - 15% of beds are in the 10 private hospitals with capacity ranging between 20 to 345 beds
- Ratio of 2 beds per 1,000 total population

## TYOLOGY OF HEALTHCARE

Care Type	Service Provision
Primary Care	Private GP clinics Government Polyclinics
Secondary and Tertiary Care	Hospitals & Specialty Centres
Intermediate Care *	Community Hospitals
Residential Care *	Nursing Homes
Community-based Day Care *	Day Rehabilitation Centres Dementia Day Care Centres
Home-based Care *	Home medical care Home Nursing care
	* Collectively known as intermediate & long term care

Taken from Dr S.N. Goh

## HEALTHCARE FINANCING IN ACUTE CARE SETTING

### **Universal coverage, multiple layers of protection (The 3Ms)**

- 1<sup>st</sup> tier: Up to 80% government subsidy of the total bill for subsidized patients
- 2<sup>nd</sup> tier: Medisave (1984), a compulsory individual savings scheme
- 3<sup>rd</sup> tier: Medishield (1990), a low cost catastrophic insurance scheme (**Medishield Life, to commence in Dec 2015**)
- 4<sup>th</sup> tier: Medifund (1993), a medical endowment fund set up by the government to help needy Singaporeans

## HEALTHCARE FINANCING IN ACUTE CARE SETTING

### **Change in Financial Framework:**

- Healthcare cost becoming a personal responsibility (change in financial framework)
- Pushing for insurance coverage
- 15% of one's income on medical expenses (include health insurance premiums and co-payments)
- The more affluent Singaporeans encouraged to use the higher class (not to compete with the needy)
- Level of subsidy retained and available but the number eligible for the higher subsidies reduced

Taken from Dr S.N. Goh

## GOVERNMENT FINANCIAL AID SCHEMES FOR HEALTHCARE

### **Medifund**

- Medifund; Medifund Silver (above age 65); Medifund Junior (below age 18)

### **Medication Assistance Fund (a drug subsidy scheme)**

- Medication Assistance Fund (drugs common to all institutions)
- Medication Assistance Fund Plus (specific to each institution based on unique needs)

### **What is next?**

- Treatment Assistance Fund? (such as surgery & radiotherapy)

## Palliative Care Services

### **Residential Hospices**

- **Dover Park Hospice**
- **Assisi Home and Hospice**
- **St. Joseph's Home**
- **Bright Vision Hospital**

### **Day Care**

- **Hospice Care Association**
- **Assisi Home and Hospice**

### **Home Care**

- **Hospice Care Association**
- **Assisi Home and Hospice**
- **S'pore Cancer Society**
- **Methodist Hospice Fellowship**
- **Metta Hospice Care**

Taken from Prof W.S. Pang, National Strategy for Palliative Care, 2011

## 10 Goals of the National Strategy – Roadmap to guide development of palliative care

No.	Keyword	Goal
1	Identification	All patients with life-limiting illnesses should be identified and their palliative care needs assessed.
2	Access	All patients with life-limiting illnesses should be cared for by health care professionals using a palliative care approach. Patients with complex needs should have access to specialised palliative care services.
3	Care continuity	Palliative care should be delivered in a coordinated manner that ensures continuity of care across settings and over time.
4	Affordability	Palliative Care should be affordable to all who need it and quality care should be provided in a cost-effective manner.
5	Manpower	There should be adequate health care professionals with the appropriate training to meet the needs of patients at the end-of-life.
6	Capacity	There should be adequate capacity to meet the palliative care needs of patients.
7	Standards	There should be local standards of care to ensure the delivery of good quality palliative care.
8	Public communication	The acceptance and public awareness of palliative care services, advance care planning and bereavement services should be promoted.
9	Research	Palliative care research should be promoted to improve the quality of palliative care and inform policy making.
10	Leadership	There should be leadership and governance to guide the development of palliative care services in Singapore.

Taken from Prof W.S. Pang, National Strategy for Palliative Care, 2011

## Proposed Model of Care

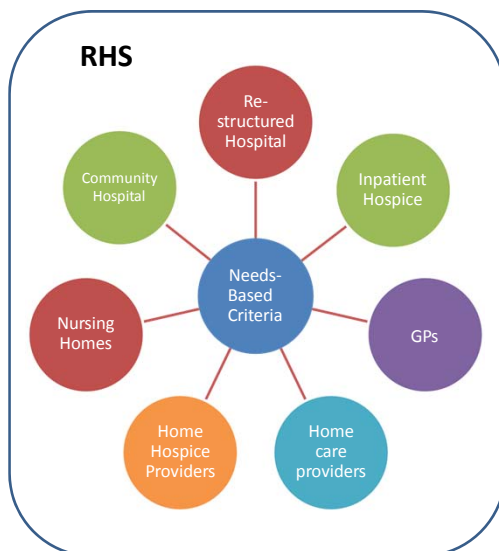
*Right-siting requires:*

- Different levels of care
- Standardized criteria for admission to services in each level

Taken from Prof W.S. Pang, National Strategy for Palliative Care, 2011

## Integration of Care

- Cluster-driven services
  - Organized by RHS
- Clinical, operational, financial governance frameworks within clusters
- Role of MOH / SHC
- Role of AIC in integration of care



Taken from Prof W.S. Pang, National Strategy for Palliative Care, 2011

## Agency of Integrated Care (AIC)

Intermediate & Long-term Care (ILTC) services include:

- Community Hospitals / Inpatient Hospices
- Chronic Sick Hospitals
- Nursing Homes
- Hospice Home Care
- Day Rehabilitation Centres / Dementia Day Care Centres
- Ex-mentally Ill Day Care Centres / Sheltered Homes / Rehabilitation Homes
- Home Medical / Home Nursing
- Dialysis Centres



## Agency of Integrated Care (AIC)

Policies & Programmes:

- **AIC Learning Institute**

- to build professionalism and competence of the Long-Term Care Workforce

- **Community Silver Trust**

- dollar-to-dollar donation matching grant by the government to enhance services of Voluntary welfare agencies in the ILTC sector

## Agency of Integrated Care (AIC)

Policies & Programmes:

- **Healthcare Productivity Fund for ILTC**

- for the introduction and expansion of productivity initiatives through technology, skills of staff through training and upgrading

- **Shared Procurement Services**

- bulk purchase of medical and nursing items such as diapers and milk feeds for example

## Agency of Integrated Care (AIC)

Policies & Programmes:

- **Social & Health Manpower Development Programme for ILTC**
  - for fellowship (skills attachments), visiting experts

## Agency of Integrated Care (AIC)

Provide client-centred initiatives:

- **Aged Care TransitiON (ACTION) project**
  - team of care-coordinators at selected hospitals
- **AICare Hub (Carers Corner)**
  - a one-stop centre for caregivers to get information on care, financial aid, on-the-spot functional and mobility assessments and support for caregivers

## Agency of Integrated Care (AIC)

Provide client-centred initiatives:

- **Caregivers Training Grant**

- training subsidy for caregivers at S\$200 subsidy a year

- **Community Health Assist Scheme (CHAS)**

- given to Singapore Citizens who meet household monthly income per person of S\$1,800 and below or Annual Value (AV – housing) of S\$21,000 and below for those without income

## Agency of Integrated Care (AIC)

Provide client-centred initiatives:

- **Foreign Domestic Worker (FDW) Grant**

- a monthly grant of S\$120 to support families to hire a FDW to care for frail elderly and persons with at least moderate disability

- **Foreign Domestic Worker Levy Concession for Persons with Disabilities**

- to pay a lower monthly levy of S\$60 instead of S\$265

## Agency of Integrated Care (AIC)

Provide client-centred initiatives:

- **Holistic care for Medically advanced patients (HOME) Programme**

- a palliative home care programme that provides end-of-life medical and nursing care, psychosocial support and ACP for terminally-ill patients
- each patient is supported by a counsellor who facilitates discussions on Advance Care Planning (ACP)

## Agency of Integrated Care (AIC)

Provide client-centred initiatives:

- **Public Education & Community Engagement**

- to educate the public on community-based services including those offered by grassroots organizations

- **Seniors' Mobility and Enabling Fund**

- a S\$50 million fund for holistic and comprehensive support for seniors to remain mobile and to live independently in the community

## Agency of Integrated Care (AIC)

Provide client-centred initiatives:

- **Singapore Programme for Integrated Care for the Elderly (SPICE)**

- to keep the frail elderly away from institutionalized care by providing a multi-disciplinary team to provide primary and preventive care, nursing care, rehabilitation services, personal care and social and leisure activities

## Agency of Integrated Care (AIC)

Provide client-centred initiatives:

- **Singapore Silver Pages**

- an online portal as a one-stop resource on eldercare and caregiving

End of Presentation