

Project Title

Conceptualisation and Implementation of the Geriatric Services Hub (GSH):
A Community-Based Frailty Management Model across Five Sites

Project Lead and Members

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Healthcare Family Group(s) Involved in this Project

Allied Health, Medical

Specialty or Discipline

Geriatric Medicine

Project Period

Start date: 01-Apr-2019

Completed date: 30-Sep-2022

Aims

To explore the contextual factors that influenced the conceptualisation, planning and implementation of the GSH programmes from the perspective of programme leaders.

Background

See poster appended / below

Methods

See poster appended / below

Results

See poster appended / below

Lessons Learnt

- The study is part of a larger multi-site mixed-methods evaluation which is ongoing
- We have found important factors that influenced the conceptualization, planning and implementation of GSH
- We would engage the funder and hospitals using potential considerations for improvement to collectively enhance the models moving forward

Conclusion

See poster appended / below

Additional Information

Singapore Health & Biomedical Congress (SHBC) 2021: Singapore Young Investigator Award (Health Services Research) - Silver Award

Project Category

Care Continuum, Population Health, Applied/Translational Research, Evaluation
Research

Keywords

Frailty Care, Comprehensive Geriatric Assessment, Care Coordination, Multidisciplinary
Team Care

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Conceptualisation and Implementation of a Community-based Frailty Management Model in Singapore: A Multi-Site Perspective

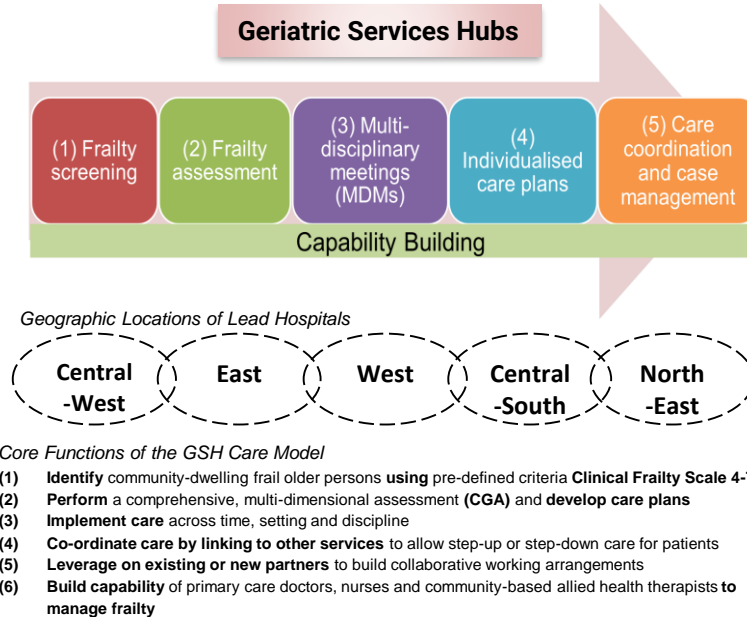
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Introduction

- In Singapore, the prevalence of frailty in older community dwellers range between 2.5%-6.2%, and between 32%-46% for pre-frailty [1-2].
- Early identification and intervention to delay onset or progression of frailty potentially improve health and reduce health care utilisation [3].
- The Ministry of Health, has piloted a novel community-based programme at five hospital sites called the Geriatric Services Hub (GSH).
- The GSH model aims to deliver comprehensive geriatric assessments, coordinate and manage frailty care using a multi-disciplinary team via five key activities as depicted.
- Additionally, the model has capability building component for primary and community care partners to manage frailty.
- Since the GSH is a novel intervention, the experience of its implementation including the factors that may have influenced the GSH implementation within Singapore's health system have yet been explored.
- With an understanding of the actual implementation, stakeholders could gain insights into how complex interventions can better achieve their intended impact.
- Research Question:** *What are the contextual factors that influenced the conceptualisation, planning and implementation of the GSH programmes from the perspective of programme leaders?*



Methods

- Sampling method:** purposive sampling
- Participants:** 14 programme leaders from 5 sites, with at least 2 from each site
- Inclusion criteria:** individuals (1) with the authority to make policy and implementation decisions, (2) are familiar with the site's overall frailty strategy, and (3) led the development and implementation of the programme.
- Interview guide** adapted from the Conceptual framework for integrated care [4]
- The **Framework Analysis approach** [5] used to generate themes encapsulating the salient elements

Results

Health System Settings

- Defined by **prevailing mindset, practices, policies in the healthcare system settings**.
- The **national healthcare financing framework** is geared towards ensuring the affordability of defined disease episodes delivered in hospital settings.
- Thus, GSH GSH is operating in an environment where drugs, diagnostic services, consultations, and treatments are priced differently across public and private healthcare settings, and across varying levels of cost subsidies
- By shifting care to a community-based private provider, price-sensitive patients could be concerned about the **potential out-of-pocket costs** involved.
- The **current manpower constraints and high workload in polyclinics** could impede primary care healthcare professionals from taking on frailty management roles.

External Partnerships

- Shared values, culture and vision** across organisations, professional groups and individuals play a key role in shaping the nature and quality of relationship among multiple partners. At a particular GSH site, the programme leader reiterated that:
"...Most important I think we want the GPs on board who have a heart for seniors, because I think we do recognise that it's a longer consult at the first consult and the follow-up consults, and you do need someone who is able to interact and connect with the seniors" (ID1 07)
- However, building relationships with community-based providers takes time and effort.
- A **long-term and tailored approach towards relationship building** is required.
- In addition, a **clear value proposition** is essential.
"I think the places where our community nurse post are co-located, I think they're quite familiar with our community nurses. And they're also not into the healthcare space. So, I think they are pretty happy to partner with us. (...) But if we were to go to the polyclinics for example, then I think we have to again show what is the difference between us and what they've already been doing." (ID1 02)

Conceptualization and Planning

- Defined by **legacy issues** or decisions made during the conceptualisation or planning stages.
- GSH care model is designed to **align with the larger hospital culture and strategy**.
- Professional and personal beliefs** have influenced the design of the GSH care model:

"(...) Meaning the patient stays with the same team, gets looked after by the same team but in fact post-discharge gets followed up by the same care team, it's one care team approach. And this is actually very vital for managing frail elders, because you need a continuity especially when you take care of frail elderly. In the hospital and all the way through in the community. This is how the GSH will nicely fit in place." (ID1 11)

Care Operationalisation

- Defined by characteristics including **cultural, structural, procedural elements** that influenced the implementation of GSH.
- Programme leaders generally agree that a GSH programme with a **physical presence in the community** could create greater visibility and access.
"Because right now we are operating out of Primary Care Provider A, that's our first site. And one of the biggest challenges actually is accessibility of the clinic. (...) to get someone to travel from Town B East to Town B West where Primary Care Provider A is located has actually been very challenging." (ID1 16)
- In defining the **target population**, programme leaders expressed their views about the target GSH population. They believed that the impact of frailty warrant an upstream approach, and the GSH programme would benefit the group of very mildly frail or mildly frail patients to delay the progression of frailty and to manage them before further deterioration.
- Care coordination and continuity** work is resource-intensive and relies heavily on the care coordinator's ability to broker the links between patient and provider.

Discussion

- Against the backdrop of overarching systematic factors, each GSH has developed their respective care model in view of their operational realities, leveraging on the strengths of the assembled core team and the resources from their primary care and community partners. However, GSH care models are still evolving as the implementation continues.
- The evaluation team suggested potential considerations to improve the GSH service(s), subject to further discussions with relevant stakeholders/ MOH:
 - Enhance frailty awareness for the public and healthcare providers
 - Harmonise frailty screening tools to define service eligibility
 - Develop a shared digital platform to allow data sharing

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