

***LAUNCH OF THE COMMUNITY FOR SUCCESSFUL AGEING  
AT WHAMPOA***

# “Enabling Whampoa to Age Well” Through Community-based Care System

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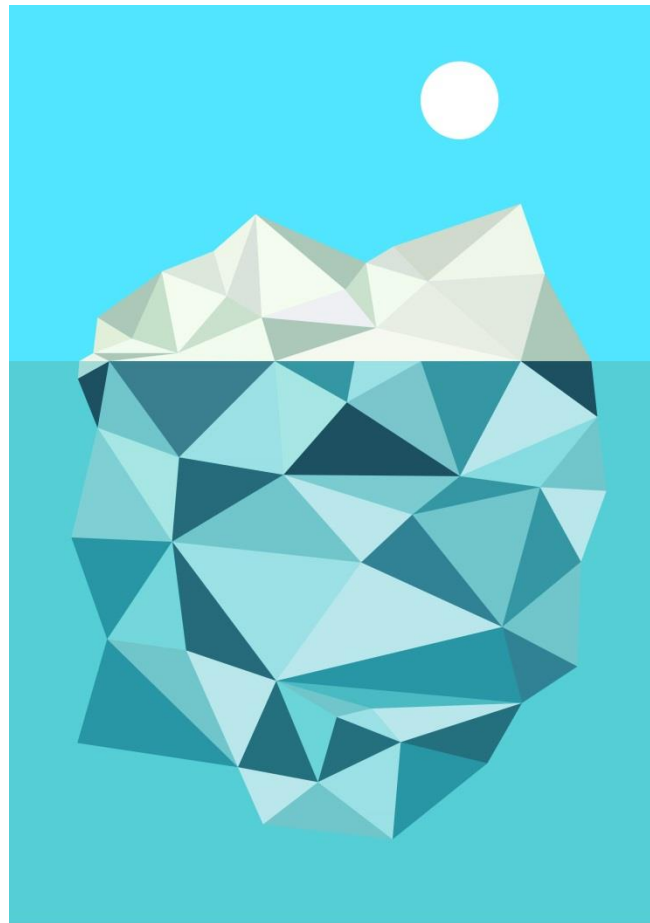
# HYPOTHESIS 1

## THE BIOSPSYCHOSOCIAL MODEL

- First proposed by Psychiatrist George L. Engel in 1977 when he posited “the need for a new medical model.”
  - A hypothetical patient 55 year old with a second heart attack and who subsequently had a cardiac arrest in an emergency room due to incompetent junior staff.
- Biological, psychological and social factors all play a significant role in human functioning in the context of diseases and illness
- ‘Biopsychosocial’ causation requires ‘biopsychosocial’ solutions

# HYPOTHESIS 2

## POPULATION HEALTH<sup>1</sup> ICEBERG



Only medical risks  
and receiving  
medical care

Only psychoemotional  
health risks and  
receiving  
psychoemotional care

Only social-wellbeing  
risks and receiving  
social well-being care

Multiple biopsychosocial risks, and receiving  
biopsychosocial care

People who seek mono-domain care but have  
more than mono-domain health risks

Adults at risk of poor health outcomes who do  
not seek help

1. "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." (WHO)

# THE COMMUNITY-BASED CARE SYSTEM

- **Component 1:** BPS Risk Screener and Needs Assessment:
- **Component 2:** Case finding; care needs assessment; risk stratification
- **Component 3:** Care Management service; Age-friendly Primary Care; Volunteer para-care managers; escalation/ de-escalation
- **Component 4:** BPS Care-resource Allocation: Care Management service; Age-friendly Primary Care; Volunteer para-care managers; escalation/ de-escalation
- **Component 5:** Advanced care planning for complex, frail patients with care

BPS Service Partners Network:  
Multi-agencies partnership; virtual teams;  
community grand rounds

# THE BIOPSYCHOSOCIAL RISK SCREENER AND NEEDS ASSESSMENT

## CASE FINDING; CARE NEEDS ASSESSMENT AND RISK STRATIFICATION FOR RESOURCE PLANNING

- Made use largely of EASYCare, combined with items from InterRAI HC Suite and Lubben Social Network Scale.
- The risk screener algorithm (not yet named) was developed based on the data collected during the community care needs survey in Whampoa in 2014.
- 2 steps:

	Risk level by domain	Compounded risk counts
Limiting-longstanding illness and/or orthopaedic complications	None	0
	Moderate	1
	Higher	2
Breakdown of cognitive function, mental health and wellbeing	None	0
	Moderate	1
	Higher	2
Social isolation	None	0
	Moderate	1
	Higher	2

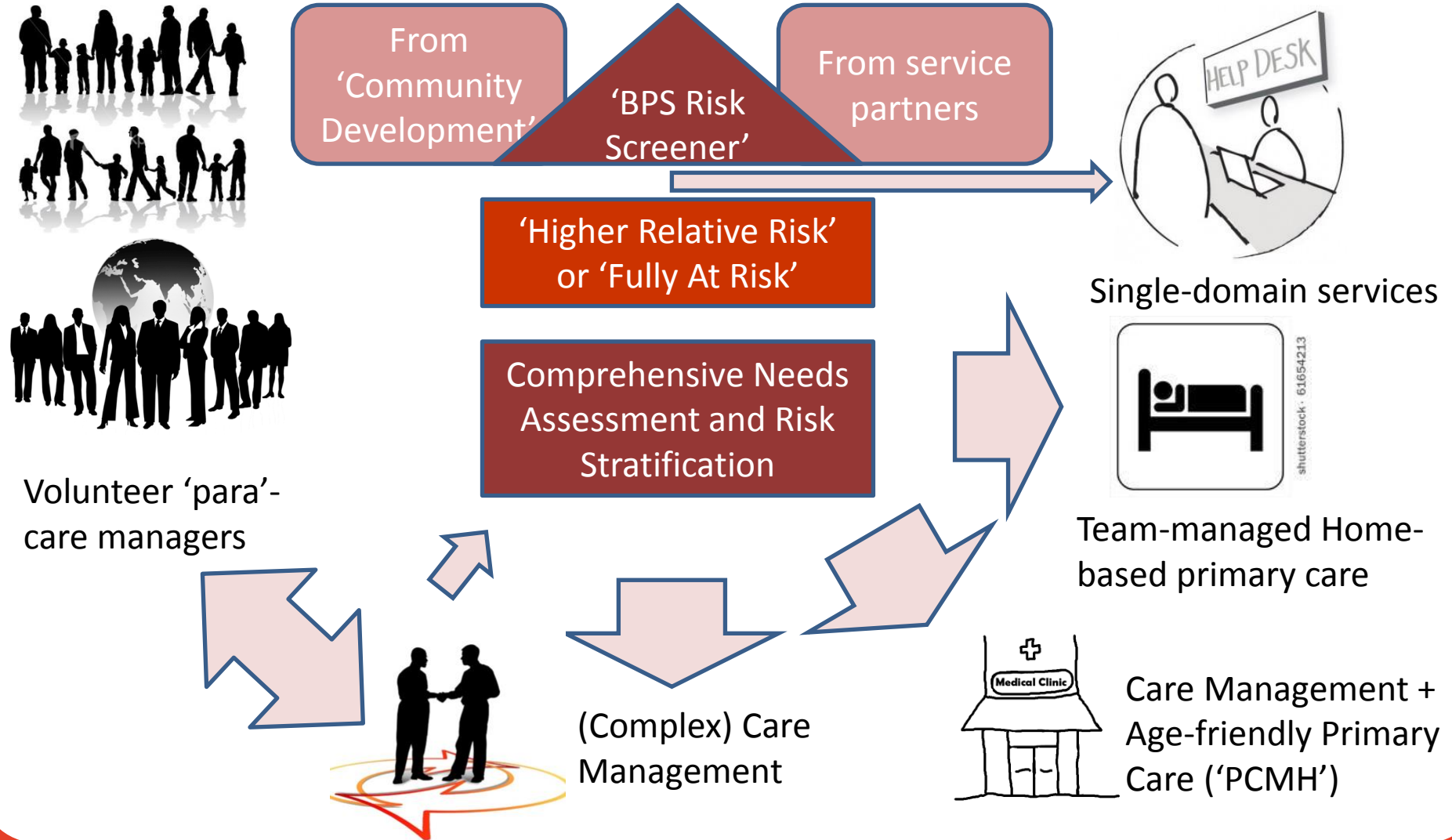
(1) Build a risk profile for transparency in care planning and selection of appropriate further needs assessment

Compounded risk scoring	Compounded risk category	Defined as...
0 means:	No risk	No <i>identifiable</i> risk yet to be offset
1-2 means at:	Lower relative risk	Risk <i>mostly</i> offset
3-4 means at:	Higher relative risk	Risk <i>somewhat</i> offset
5-6 equates to:	Fully at risk	Risk <i>not</i> offset

(2) Build a compounded risk score for detecting at risk cases /prioritization

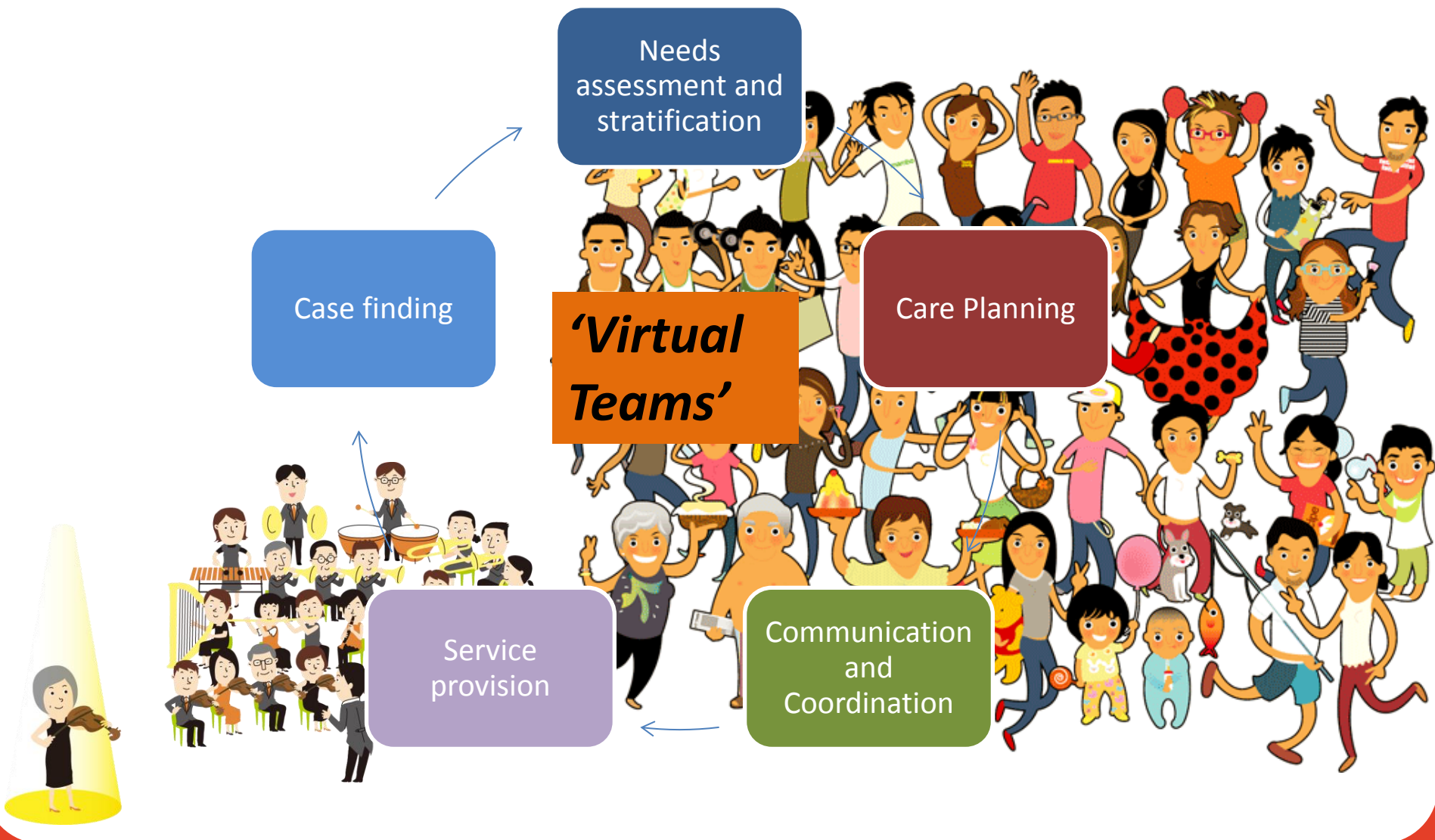
# THE BIOPSYCHOSOCIAL CARE-RESOURCE ALLOCATION

CARE MANAGEMENT SERVICE; AGE-FRIENDLY PRIMARY CARE; VOLUNTEER PARA CARE MANAGERS; ESCALATION/ DE-ESCALATION



# THE BIOPSYCHOSOCIAL SERVICE PARTNERS NETWORK

MULTI-AGENCIES PARTNERSHIPS; VIRTUAL TEAMS; COMMUNITY GRAND ROUNDS





HAPPILY EVER AFTER



A Cinderella Tale