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 ‘biospsychosocial’ solutions
HYPOTHESIS 2

POPULATION HEALTH$^1$ 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

- **Community needs assessment**
- **Community risk screening and risk stratification algorithm**
- **Care management system catering for simple to complex care needs**
- **Para-care manager volunteer management system**
- **Advanced primary care model for complex, frail elders and their families working closely with care management – the 'Patient-Centred Medical Home'**
- **A service partners’ network**

- **BPS Risk Screener and Needs Assessment:**
  - case finding; care needs assessment; risk stratification

- **BPS Care-resource Allocation:**
  - Care Management service; Age-friendly Primary Care; Volunteer para-care managers; escalation/ de-escalation

- **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:

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

  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

From ‘Community Development’

‘BPS Risk Screener’

‘Higher Relative Risk’ or ‘Fully At Risk’

Comprehensive Needs Assessment and Risk Stratification

Volunteer ‘para’-care managers

(Complex) Care Management

Team-managed Home-based primary care

Care Management + Age-friendly Primary Care (‘PCMH’)

Single-domain services
THE BIOPSYCHOSOCIAL SERVICE PARTNERS NETWORK

MULTI-AGENCIES PARTNERSHIPS; VIRTUAL TEAMS; COMMUNITY GRAND ROUNDS

Case finding → Needs assessment and stratification

‘Virtual Teams’

Care Planning

Service provision

Communication and Coordination
HAPPILY EVER AFTER
A Cinderella Tale