

# Tsao Foundation's Community Geriatric Services

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Geriatric medicine took off in the 1950's when Dr Marjory Warren found that, contrary to beliefs, infirm elderly with proper treatment could become functionally more independent through comprehensive and accurate assessment and appropriate treatment and rehabilitation. Since then, geriatric medicine has emerged as a distinctive medical sub-specialty and has evolved into a complex, challenging and rewarding field in the care of the elderly.

The medical system in geriatrics started with hospital care and, in most developed countries, it has progressed with a strong, subsequent emphasis on community medical and support care. This is to ensure continuity of care from the hospitals to the community. Family physicians who provide care in the community are therefore major players in ensuring good geriatric care. In all, preventive care, early assessment, appropriate rehabilitation and community support services not only help prevent unnecessary hospital admissions, but also improve quality of life in the elderly.

As countries become economically developed, there is usually a concomitant growth and improvement in health care and medical technology. However, effective progress can be slow, and while the positive impact of medical programmes may not be obvious, the use of high tech medical care can render healthcare cost prohibitive. Singapore also broached its future needs for the ageing population by the well-travelled approach of the developed countries. Its first objective is the setting up of hospital-based, acute care geriatric services (Tan Tock Seng Hospital, Alexandra Hospital and Changi General Hospital) and the training of skilled geriatrics manpower. Singapore however, is also quickly moving on to review the more cost-effective approach of preventive geriatric care.

Preventive geriatric care can be best achieved through primary health care services that can be effectively provided within the community. It seems that the government's first approach is to review and possibly tap on existing community services to see how best resources can be utilised to meet the future needs of the expanding elderly population without crippling state revenues.

The Tsao Foundation – a privately funded non-profit-organisation which is dedicated to aged care and ageing issues – was established in 1993 and

introduced its first community medical care programme for the elderly at that time. Because community-based geriatric care is a new field in Singapore with few established services, the Tsao Foundation's objective is to create innovative health programmes to support healthy ageing and quality of life for our citizens in the community. By linking with other service providers and partners in care, the goal is to build over time, an integrated and potentially replicable model system of cost-effective programmes for our elderly in the community.

The Hua Mei Mobile Clinic (HMMC), under the management of a geriatrician, was set up to attend to the domiciliary geriatric medical care of the elderly. It is the first domiciliary medical service to be established in Singapore and was a response to a long identified gap in services to meet the health care needs of the home-bound elderly. A multidisciplinary team (doctor, nurse, and social worker) provides a comprehensive range of services and acts as the primary health care provider and case manager for our elderly patients. In order to meet the special needs of older people who often have multiple chronic diseases with on-going and complex needs, the team adopted a different primary care model whereby the team assumes the following roles:

- Acts as the patient's first contact point for all their health needs;
- Provides a comprehensive range of services;
- Provides services on an on-going basis, and therefore continuity of care;
- Co-ordinates community support services and medical subspecialty care,
- Provides counselling and care.

By working with other community support services (eg. home help services, respite services, rehabilitation services), hospital staff and the relevant Ministries, we can co-ordinate and thus better provide holistic care to the home-bound elderly with complex medical and social problems, and prevent unnecessary hospital admissions and premature institutionalisation. Through this integrated approach, the team addresses not only the needs of the elderly, but also supports the family carers as well, thus helping to maintain the integrity of these families. Some of the challenges faced by the team include overcoming ageism, inadequate community support services, insufficient inter-agency networking and lack of policy that addresses

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the financing of costly long-term care of the frail elderly.

The Tsao Foundation has since moved on to set up a Seniors' Clinic within the community to overcome the barriers to effective primary care faced by the frail but still ambulant elderly. Our experience in the care of the home-bound elderly has re-enforced the fact that interventions for many elderly and their carers will be much more effective if carried out much earlier.

In addition to specialised geriatric services, the other equally crucial cornerstone of geriatric care is the role of the general practitioners (GP) as primary care physicians for the elderly in the community. Most elderly are healthy and active and seek care from our GPs. Our GPs, therefore, have an immensely important role to play in the care of our elderly. Effective management of health care risks, early detection of diseases and prevention of deterioration are critical services that the GPs can provide in supporting healthy ageing. In order to accomplish this, the GPs would need to enhance their knowledge of the principles of geriatric medicine and learn how to tap the resources of the geriatric care network. Shifting towards a more

expanded definition of primary care would also add to their effectiveness. To facilitate this challenging transition, however, different levels of assistance must be made available. Some measures to be considered include:

- Skills upgrading such as the provision of Geriatric Diploma course by the School of Postgraduate Medical Studies (conducted in partnership with the Geriatric Society of Singapore);
- A review of the present system on how to integrate the GP practice into the community geriatric network, and finally,
- How to assist the GPs in identifying obstacles in providing geriatrics services and to seek ways that would enable them to provide holistic care to the elderly.

At the end of the day, as advocates for the elderly in our community, the major players of elderly care – the Government, the geriatricians, non-profit organisations and the general practitioners need to work together as a team to ensure cost-effective and good quality care. Only then can we be proud of ourselves as a truly caring nation.