

CAREBYTES

FOREWORD

Many of our seniors prefer to age in the comfort of their own homes, and live within the community. Therefore it is important to facilitate the development of comprehensive and holistic care support systems that meet the health, social and mental care needs of our seniors.

The Agency for Integrated Care (AIC) works closely with the ministries, government agencies, service providers and community partners to increase the affordability, capacity and quality of care for our seniors. The aim is to support them and their caregivers, so that they can continue to live well and age comfortably in the community for as long as possible.

With more elderly care options and financial subsidies available, seniors and their caregivers have greater flexibility in arranging preferred care arrangements that allow them independent living and improved quality of life. At the system and hospital level, if unnecessary admissions can be reduced and quicker discharges can be achieved, this will effectively ease the pressure on bed capacity.

With the aim of sharing real case examples and solutions that can enable Community Care service partners in providing more efficient and quality care, we present to you our first issue of *CareBytes*, a collaboration with ACCESS Health International.

CareBytes is an online newsletter specially designed to share the best practices, innovations, educational resources, news and happenings in the Community Care sector. It is our vision that *CareBytes* will become a sector-wide sharing platform where providers can learn from one another, and work towards better service quality and efficiency in their delivery of care services.

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Leveraging on ACCESS Health International’s global involvement in healthcare landscape, we collaborate with them to bring you learnings and case studies from the new initiatives being implemented in the Community Care sector in Singapore. We hope that these sharings will be valuable and can provide useful insights for

many of you who are planning for your organisation’s next phase of development.

We start off this inaugural issue focusing on home care. Though the home care landscape has grown over the years in terms of service breadth and capacity, many providers continue operating on traditional models/ systems that limit their growth potential.

We know that it is not an easy feat to take the first step towards digitisation. There may be challenges and limitations, such as manpower, lack of expertise, funding, and other resources required for effective change management. So in this issue of *CareBytes*, we feature a Community Care partner who has embarked on this Information Technology (IT) enablement journey. Let’s learn from their experiences, challenges, insights and outcomes!

We hope that you will find *CareBytes* insightful. We welcome your feedback and suggestions so we can continue to improve the publication and benefit more partners.

Enjoy your reading!

Dr Wong Kirk Chuan
Deputy Chief Executive Officer
Agency for Integrated Care

MWS HOMEJOY: THREE USEFUL TIPS ON ROLLING OUT A NEW IT SYSTEM



Photograph provided by Methodist Welfare Services

Imagine that you are given the exciting task of launching a new home care service in Singapore. With the urgent tasks ahead, such as recruiting your working team and care professionals, developing tie-ups with partners and understanding the needs of your clients, setting up a new IT system may not be your top priority. But this is not impossible!

MWS HomeJoy, under the care of Methodist Welfare Services, is a MOH-funded home care provider. They have been providing home-based services to homebound seniors since April 2015. These include home medical, home nursing, home therapy and home personal care. In order to meet their clients' multifaceted physical and emotional needs, MWS HomeJoy's care team includes doctors, nurses, therapists, and non-clinical senior care associates. The team required support from trans-disciplinary coordination, data sharing and communication platforms.

Dr Jamie Phang, Clinical Head and Ms Kelly Han, Administrative Manager of MWS HomeJoy saw IT as a key enabler in delivering effective team-based home care to their senior clients. They pursued this solution, and worked with an IT vendor to design and roll out the new system. Dr Phang and Ms Han kindly took time to share their experiences with *CareBytes*. We have condensed these learnings into three useful tips for home care organisations which are considering similar improvement efforts.

1. LEVERAGING ON IT TO GET "PAPER-PLUS" RESULTS

Processes, which would typically be separated, have been efficiently and conveniently streamlined within the MWS HomeJoy's IT system.

Here's one example.

When a client is first referred to MWS HomeJoy, the administrative staff logs in the client's information into the system. The system then automatically uploads the case for discussion at the next staff meeting. Simultaneously, the

team will also be prompted to schedule the first client visit. During visits to clients' homes, clinicians like Dr Phang will use the same system to review and update information about the client, such as their medical conditions and prescribed interventions. At the end of the month, the system will generate the bill, based on the home visits and services rendered.

Adopting a single platform to manage the case, schedule visits, maintain health records and generate billing has led to vital benefits. As a result, the MWS HomeJoy team is able to work more effectively, focus on responding to clients quickly and provide better team-based care.

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2. INVEST TIME TO DISCUSS SPECIFIC NEEDS WITH YOUR IT VENDOR

While your vendor's default solution may work for other businesses, home care organisations often have unique clinical and administrative needs.

For MWS HomeJoy, an early prototype of the IT system seemed well organised at first, providing different tabs for practitioners to key in client information. However, these separate sections made it tedious for staff to review the notes about each client, and coordinate between the different practitioners.

Despite the fact that the MWS HomeJoy team was not well-versed in IT, they

invested time detailing their clinical and administrative needs. This helped the IT vendor to outline different possible options, allowing the MWS HomeJoy team to understand the software's capabilities.

In the end, the IT vendor customised the system with the design of a single clinical tab for practitioners to view and key in information.

3. BEFORE ROLLING OUT THE NEW SYSTEM, FACTOR IN TIME AND RESOURCES FOR USER-TESTING AND TRAINING

Allowing sufficient time to let end users try out the system can lead to simple but critical improvements to the system. It also helps to increase staffs' familiarity and satisfaction with the system as they become more confident using it.

During user-testing phase, one of MWS HomeJoy's nurses pointed out that while keying in glucose readings, the "duration since last meal" - an important piece of information - may be overlooked if the two fields were not next to each other. This and other improvements garnered from testing and training were integral to creating an optimal system that worked for the care team and fulfilled the needs of clients.

MWS HomeJoy continues to work actively with their vendor to improve the system's functionality, such as developing mobile apps and interfaces with the AIC portals. Ultimately, the HomeJoy team believes that being able to provide better care to their clients made the time and efforts spent worthwhile.

BYTE-SIZED CARE: HOW IT SYSTEMS CAN BENEFIT HOME CARE PROVIDERS

Much has been said about how technology can play a part in increasing efficiency and improving productivity in healthcare's day-to-day operations. In the United States, the eldercare sector is seeing a proliferation of technology startups, peppered by buzz words like "big data", "wearables" and "mobile apps", that promise to positively disrupt the industry. Touted benefits include lower costs for providers, greater accountability to funders, quicker and clearer communication with caregivers, and of course, better quality care that translates to improved quality of life for the seniors receiving care.

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"For many home care providers in Singapore, these improvements are often achievable without having to resort to cutting edge, avant-garde, technologies."

technologies. The first step that many can take to enhance efficiency and productivity is to implement a "back end system", or improve existing ones. Such systems can help care teams reduce the administrative load arising from manual tasks such as visit scheduling or patient records management.

Here are three examples of IT systems that have been implemented to help eldercare providers streamline their processes.

CLIENT COMMUNICATIONS

Effective communication with the elderly patients and their families is crucial for providing good care. Take Japan for example. Japan has the highest proportion of elderly citizens globally, with one-quarter of their



Photograph provided by Methodist Welfare Services

population above the age of 65. To meet the exponentially growing care needs of these seniors, Japan's national Post Office started an elderly watch service in 2013. Under the Post Office Watch programme, employees check in on elderly clients and report any incidences back to their family members. This service is currently still rather small in scale, with about 100 seniors registered on the programme.

In 2015, Japan Post unveiled plans for a new communication system and mobile app that will allow the programme to reach its target of four to five million customers by 2020. To enable this level of growth, Japan Post is partnering with a global IT company to create a software that reminds Post Office Watch customers when it is time to take their medication, provides information on exercise and diet, and assists with daily activities like grocery shopping. The solution effectively allows Japan Post to oversee a much larger number of seniors by minimising time spent on unnecessary travelling and data entry.

ELECTRONIC VISIT VERIFICATION

Electronic visit verification (EVV) technology remotely monitors and tracks home care professionals and automates recording of services dispensed to clients. Widely used by transportation, logistics and delivery companies, EVV uses GPS, automated check-in/out functions, and real-time mileage reporting to verify staff and

client locations, routes taken, and time spent for each visit.

By automating many components of staff and service tracking, EVV allows agencies to dedicate more time to providing actual patient care. Home care agencies in the United States using EVV platforms have reported 10 to 30 percent reductions in inappropriate time spent and corresponding efficiency achievements in conducting home visits. These systems can be integrated with scheduling, routing and patient records platforms, which can further improve workforce management, giving organisations more flexibility to be able to react speedily to clients' needs.

ENTERPRISE RESOURCE PLANNING

Closer to home, the Lien Foundation has worked with a healthcare IT company and 11 non-profit organisations in the eldercare industry to design and implement an enterprise resource planning (ERP) system. The ERP comprehensively covers and integrates a range of processes including financial, inventory, human resource, donor and volunteer management as well as patient administration and management, including electronic medical records.

It aims to optimise resources, improve productivity, and raise patient care and corporate governance to new levels. To date, seven of the participating non-profit organisations have benefited

from the ERP system which reduced time spent on day-to-day manual tasks. Productivity gains of 10 percent have been reported.

While there are many nifty IT solutions available, technology should not be viewed as a panacea. Processes and care models need to be well designed and complementary to the IT systems for the automation to be effective. For example, many of seniors today may not be comfortable receiving care from a device rather than a person. Hence, organisations need to think through in detail how the systems can be implemented in an effective and functional manner.

That being said, Singapore's senior population will eventually consist of "digital natives". This new-old group will expect technology to provide the same convenience, action-able data, and seamless transitions in their healthcare journey that they are used to. Building and improving effective back end systems will help home care providers make better use of existing resources. It will also create a firm foundation to expand and apply new technologies when they are needed in the future.

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RESOURCES

In every issue of *CareBytes*, we will share useful information that can help you manage, improve or grow your services. In this edition, besides bringing you potentially big ticket items like IT solutions and consulting services, we highlight two sources of funding support that could help you kick things off.

CAPABILITY DEVELOPMENT GRANT

Administered by SPRING Singapore

The Capability Development Grant (CDG) is a financial assistance programme that helps companies build capabilities by defraying up to 70%* of qualifying project costs, supporting companies to take on large scale upgrading projects in areas like increasing productivity, process improvement, product development and market access.

CDG DEVELOPMENT AREAS

- Brand & Marketing Strategy Development
- Business Strategy Innovation
- Financial Management
- Intellectual Property & Franchising
- Service Excellence
- Business Excellence
- Enhancing Quality Standards
- Human Capital Development
- Productivity Improvement
- Technology Innovation

ELIGIBILITY

- Registered and operating in Singapore
- At least 30% local shareholding
- Group annual sales turnover ≤ S\$100m or group employment of ≤ 200 employees



*SPRING's enhanced funding support of up to 70% would be effective until 31 March 2018.

HEALTHCARE PRODUCTIVITY FUND – INTERMEDIATE AND LONG-TERM CARE (HPF-ILTC)

Administered by Agency for Integrated Care

HPF-ILTC supports Community Care partners to embark on projects to raise productivity. Some initiatives include:

- **Community Health Improvement & Productivity Scheme (CHIPS).** This supports Community Care partners who wish to test out new initiatives to use manpower and resources more effectively and productively. These include workflow process improvement, automation, mechanisation, technology, systems applications or quality improvement projects that achieve productivity outcomes.
- **Shared Procurement and Services.** It supports participating Community Care partners by aggregating the demand for various goods and services. As a result, partners can enjoy bulk purchase savings, better contract terms and service quality from vendors.
- **Business Process Redesign (BPR) / Job Redesign (JR).** This supports institutions in improving current workflows, processes and job functions for a better, more efficient workplace.
- **Community Based Care Info-Technology (IT) Enablement Programme.** It helps eligible organisations to tap on technology for better care integration and to provide better quality care for their clients.



ORGANISATION ELIGIBILITY:

Your organisation is eligible for HPF-ILTC funding if it is:

- Government-owned or operated by VWOs registered as charities under the Charities Act (Cap 37), and providing Community Care healthcare services; or
- Operated by VWOs registered as charities under the Charities Act (Cap 37), and receiving subvention funding from Ministry of Health (MOH) for the provision of Community Care social services; or
- Receiving MOH or AIC programme funding for Community Care healthcare and social services; or
- A private provider receiving portable subsidies from MOH for the provision of Community Care healthcare and social services; or
- A third-party service provider with Institutions of Public Character (IPC) status, providing supporting healthcare services to VWOs providing Community Care healthcare services.

FUNDING SUPPORT:

- Funding support varies for the different HPF-ILTC initiatives. Visit www.aic.sg/hpf for details.
- One-off Fundable Expenses directly attributable to projects including manpower (e.g. Project Manager / Consultancy)
- Training Cost (staff training for use of new technologies / process)
- Capital (Excluding furniture and fittings, infrastructure and renovation)



For more information:
Contact: 6603 6800

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ACCESS HEALTH INTERNATIONAL

ACCESS Health International, Inc. is a not for profit think tank and consulting group with a mission to improve access to high quality, affordable healthcare for people everywhere. ACCESS Health partners across sectors in low, middle, and high income countries to drive scalable innovation in healthcare delivery, financing, and technology.

AGENCY FOR INTEGRATED CARE (AIC)

The Agency for Integrated Care (AIC) seeks to create a vibrant Care Community enabling people to live well and age gracefully. AIC coordinates and facilitates efforts in care integration to achieve the best care outcomes for our clients. We do this by empowering them with health and social care information and arranging for their care when they are discharged from hospitals. We enable stakeholders to raise the quality of care, and also enhance collaboration by working with health and social care providers to increase services to support the ageing population. Our work in the community brings care services and information closer to those in need.

ABOUT CAREBYTES EDITORIAL TEAM

Apart from developing the *CareBytes* newsletter, the team organises regular thematic networking events to bring Community Care partners, solutions providers and other stakeholders together to discuss innovations and improvements in the sector. If you are keen to find out more or collaborate with *CareBytes*, please write to