
CONFERENCE ABSTRACT

Building an Integrated Home-based Medical Care services across the whole life course in Taiwan

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Chih-yuan Shih¹

1: Taipei City Hospital, Taipei, Taiwan

Introduction:

National health insurance administration (NHIA) in Taiwan initiated the integrated Home-Based Medical Care (iHBMC) program since March 2016. This program composed of three stages of care, including home-based primary care (HBPC, stage 1) for homebound patients with healthcare needs, home-based primary care plus (HBPC plus, stage 2) to provide additional skilled nursing care, and home-based palliative care (HBPaIC, stage 3) for terminally ill patients. Taipei City Hospital (TCH) is a public community hospital and the first hospital to establish iHBMC services in Taiwan.

Description of practice change implemented:

- 1.Comprehensive and longitudinal home healthcare
- 2.Transdisciplinary team-based care
- 3.Coordination with personal services and social care

Aim:

- 1.Improving the health care of patients who have difficulties to access medical care due to disabilities or disease characteristics.
- 2.Encouraging health care services to link to community networks and reducing avoidable emergency department visits and hospitalizations.
- 3.Solving the problem of current fragmented home healthcare services.

Target population:

- 1.Patients who lived at home and had health care needs
- 2.In addition, patients should have difficulties to access medical care due to disabilities or disease characteristics

Timeline:

January 2015: Initiating Home-Based Palliative Care in Taipei City Hospital

March 2016: Launching the new integrated Home-Based Medical Care services

Highlights:

The physicians were required to provide home visit at least once every three months for each patient. 24 hours a day, 7 days a week telephone consultation by physicians and nurses should be available. Taipei City Hospital iHBMC services offered a wide range of newly developed services, including tele-dermatology consultation, point-of-care ultrasound and mobile eye and dental care services. A total of 2799 patients, aged ≥ 18 years, were admitted to iHBMC at the end of 2017. Of these, the median age was 86 years and 54.4% were female patients. Nearly one third of the iHBMC patients (31.8%) receiving nasogastric tube feeding, and the highest rate was noted among stage 2 patients (66.3%). In Stage 1, 2 and 3 of iHBMC patients, the one year mortality rate was 18.6%, 30.6% and 75.5%, respectively.

Sustainability:

The iHBMC services were covered by National Health Insurance in Taiwan.

Transferability:

Taiwan had provided universal health coverage (99.9% of the population) through a single payer National health Insurance system. Therefore, this model of iHBMC could be transferred to other areas in Taiwan.

Conclusions:

Home-Based Medical Care is a crucial service to diminish health inequalities for the disabled and homebound patients. There are some key essentials in Taipei City Hospital's iHBMC services: "Accompany from life to death", "Culture of communication", "Continuous care" and "Transdisciplinary teamwork".

Lessons learned:

Integrated Home-Based Medical Care was a type of high-value health care services. Patients receiving iHBMC service was a majorly older adults with high mortality rate. Palliative care should be integrated through the whole life course of care. Besides, recognizing terminally-ill patients earlier and conducting a family meeting to establish the agreement of care goals were crucial.