Evaluation of TeleHEalth Services for Seniors (THESS)

A video consult service extending to vulnerable older persons in the community



Lim Yin Yu^{1,2}, Tan Ngiap Chuan^{1,3}, Wendy Foo Yunyun¹, Tan Xiu Li¹, Ng Ding Xuan¹, Galih Kunarso^{1,3}, Gilbert Tan Choon Seng^{1,3}



- ¹SingHealth Polyclinics
- ²Ministry of Health Holdings
- ³Duke Nus Family Medicine Academic Clinical Programme

Introduction and Motivation

- Singapore has a rapidly ageing population
- Existing community-based systems to support older persons to age well include long-term care (LTC) services
 - Home-based LTCs: Home Medical, Medical Escort and Transport
 - Centre-based LTCs: Daycare centres, Senior Activity Centres
- Limitations of home-based LTC: Time-intensive, resource-intensive, high cost, and insufficient capacity^[1]
- Transportation barriers are one of the most common reasons for missed or delayed medical appointments^[2]
- Telemedicine can augment home-based services to improve affordability and accessibility to primary care services for vulnerable older persons in the community

Aim

- feedback explore on usability and quality when older persons undertake video consult (VC)
- To evaluate health outcomes in older persons with chronic conditions who received primary healthcare via VC in the community

Methods

- THESS is a collaboration between SingHealth Polyclinics (SHP), community nurses, and community partners (CPs)
- Patients use VC to continue their medical review by SHP care teams at Marine Parade Polyclinic from July 2020 till December 2023
- Target: Older people with chronic medical illnesses which reduce their mobility to access polyclinic services

THESS

Workflow for THESS:

patients

VC admin doctor, staff send case manager, VC details or CPs recruit to CPs

1 week before VC Actual day of appointment: Use VC from home or Active Aging Centres (AAC), assisted by community nurses and volunteers

Volunteer delivers telehealth kit to patient's home, or AAC

- staff set up telehealth kiosk at AAC On-site care assistants measure patient's clinical parameters Doctor screens through the vital signs to ensure that additional physical examination is not required during the VC
- dispensing,

Post-consultation

- Pharmacist conducts telearranges medication delivery
- Patient completes e-payment THESS administrative team tracks progress of patients
- Outcomes evaluated: Metabolic parameters, service utility rate, conversion to in-person consultations, feedback on usability and quality of VC

The patient's medical conditions are managed accordingly

• Linear mixed-effects model was employed to investigate the effect of telehealth service on the biochemical outcomes in patients. The model included both fixed and random effect to account for individual variability and longitudinal changes. Data utilized was between January 2017 and December 2023

82.5% of patients will continue to use VC

40 patients completed an online patient satisfaction survey

Telehealth Kit

☑ Tablet



☑ Blood pressure monitoring set



✓ Infrared thermometer



✓ Weighing scale



✓ Pulse oximeter



Results

Patients provided highly positive reviews regarding their satisfaction with

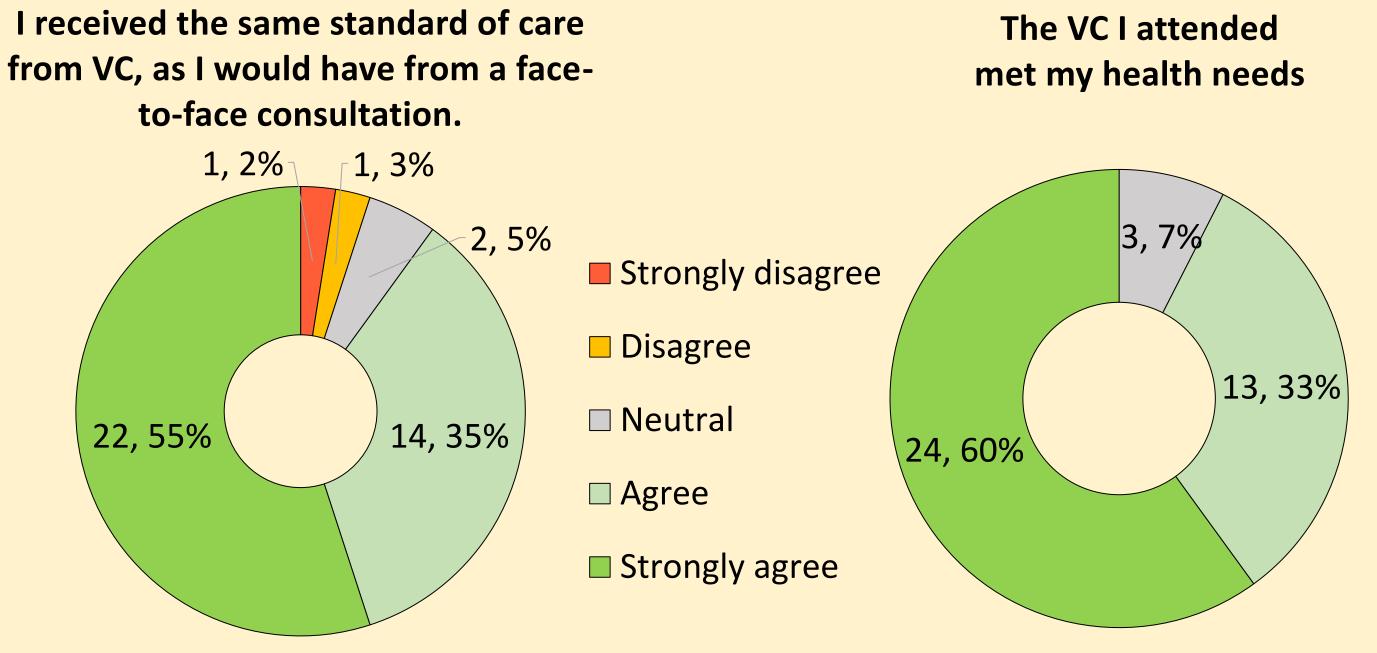
- 276 VC sessions were conducted
- Patient demographics:

	Overall
N	113
Age (mean (SD))	74.73 (8.93)
Gender (%)	
Male	58 (51.3)
Female	55 (48.7)
Ethnicity (%)	
Chinese	53 (46.9)
Malay	41 (36.3)
Indian	9 (8.0)
Others	10 (8.8)
Chronic kidney disease	
(CKD) = Yes (%)	15 (13.3)
Type 2 diabetes mellitus	
(DM) = Yes (%)	63 (55.8)
Hyperlipidemia = Yes (%)	100 (88.5)
Hypertension = Yes (%)	109 (96.5)

- 46.6% of patients had a single VC appointment
- Median count of VC appointment: 2 [interquartile range = 1 to 3]
- 96.01% of scheduled appointments were actualized Only 2.89% of VC sessions were converted to same-day in-person

consultations, whilst 0.36% were

referred to emergency department



- Potential Impact of Telehealth Services on Health Outcomes 0.06 Cholesterol, LDL 0.83 Systolic BP
- A total of 1770, 936, 712 and 2972 observations across 118 patients were analyzed for glycemic control (HbA1c), renal function (eGFR), cholesterol (LDL) and blood pressure (BP) respectively
- Patients had 0.38% decrease in their HbA1c (measure of glycaemic control) after their index telehealth consult (95% confidence interval = -0.59 to -0.17)

I prefer VC because	Number of votes
It saves me a trip to providers	29
It saves my time waiting to see my providers	27
I can consult my providers at the comfort of my own place	19
I can make use of available tablet at my Senior Activity Centre for my VC session	10
My family members can join in the VC session from various locations	5
Others: Reduce infection risk / avoid crowds / no need for caregiver to bring patient to provider	3

Conclusion

- THESS provides an alternative healthcare service which is accessible, acceptable, and safe to patients who may be under-served for their chronic disease management
- Patients who used THESS had improvement in diabetic control
- Most patients feedback that THESS is convenient and time-saving

References

[1] Ho E, Huang S. Care where you are: enabling Singaporeans to age well in the community 2018. [2] Lefler V, Lim N. Mobility in healthcare - an engine for equity and savings. Feonix - Mobility Rising White Paper 2023