




MINISTRY OF HEALTH
SINGAPORE

Care-at-Home Innovation Grant

For Innovative Models of Home Care Delivery

Public Briefing 26 Aug 2015

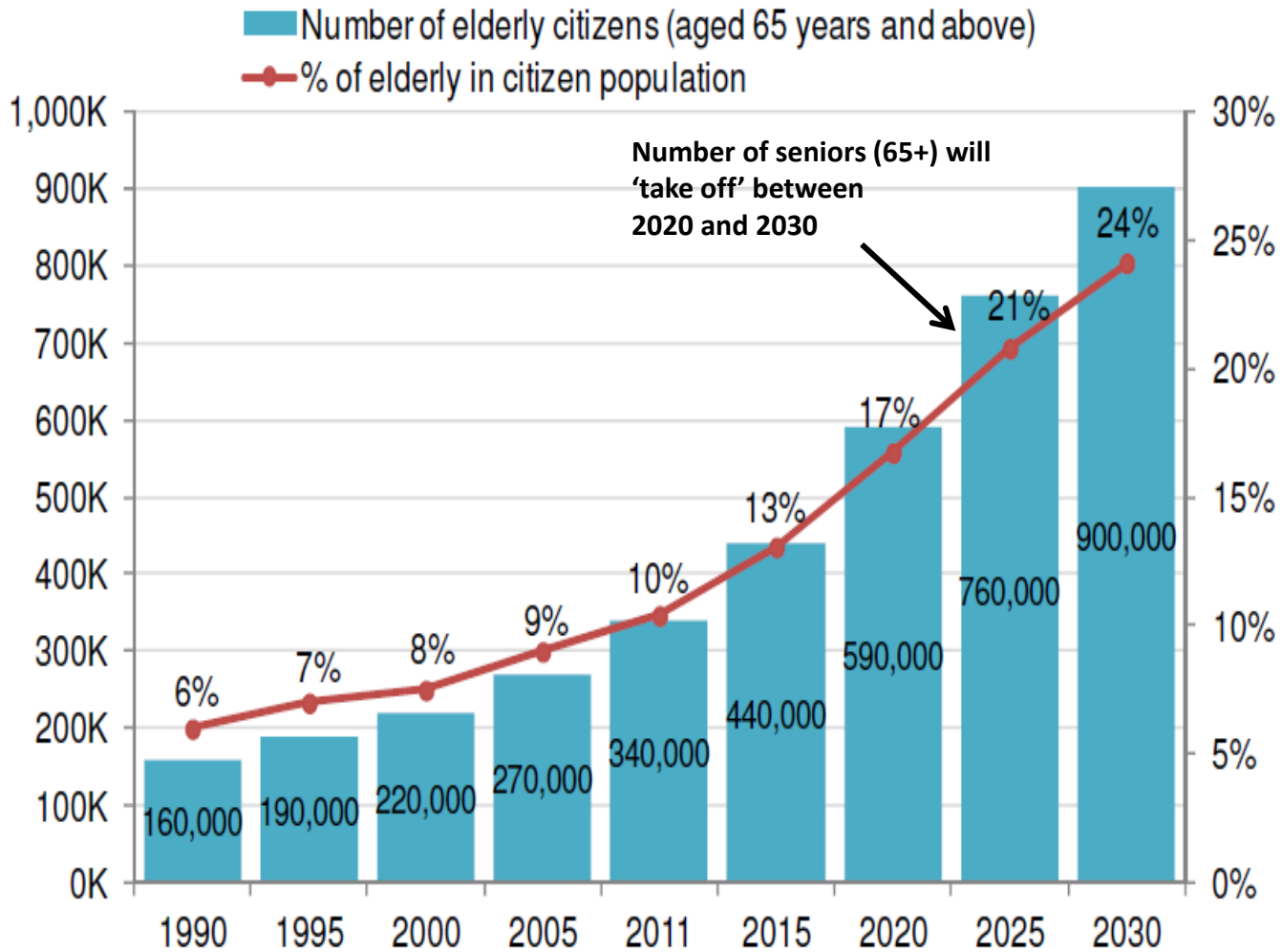
PROGRAMME

- Welcome by Mr Ong Yunn Shing, Director of Aged Care Services, Ageing Planning Office, MOH
 - Briefing on Innovation Grant
 - Sharing by Home Care Providers
 - Home Nursing Foundation
 - NTUC Health
 - Q&A
 - Lunch reception & networking
- 

AGEING IN SINGAPORE



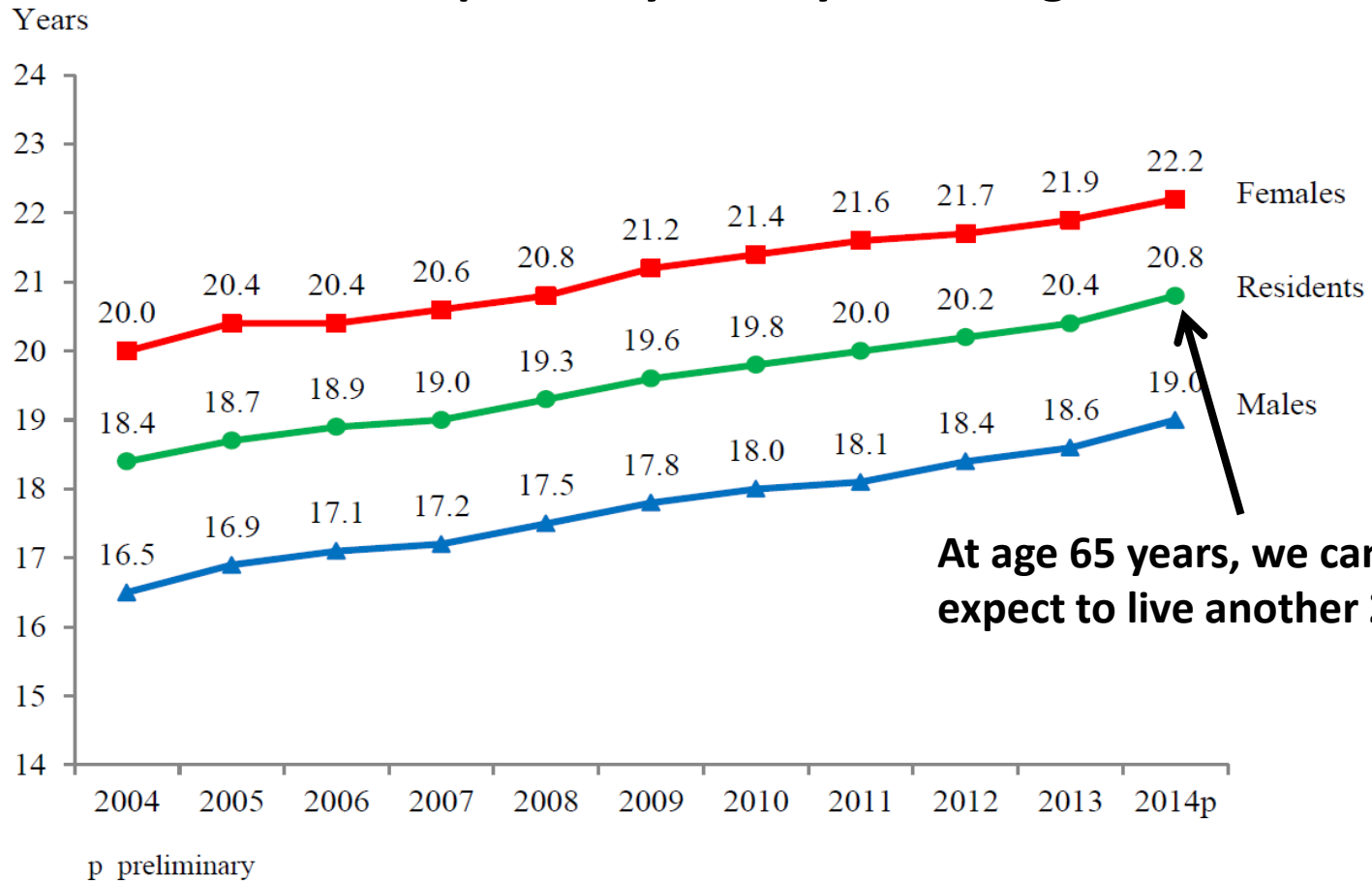
RAPID AGEING



Source: DOS

WE ARE LIVING LONGER

Life expectancy at 65 years of age

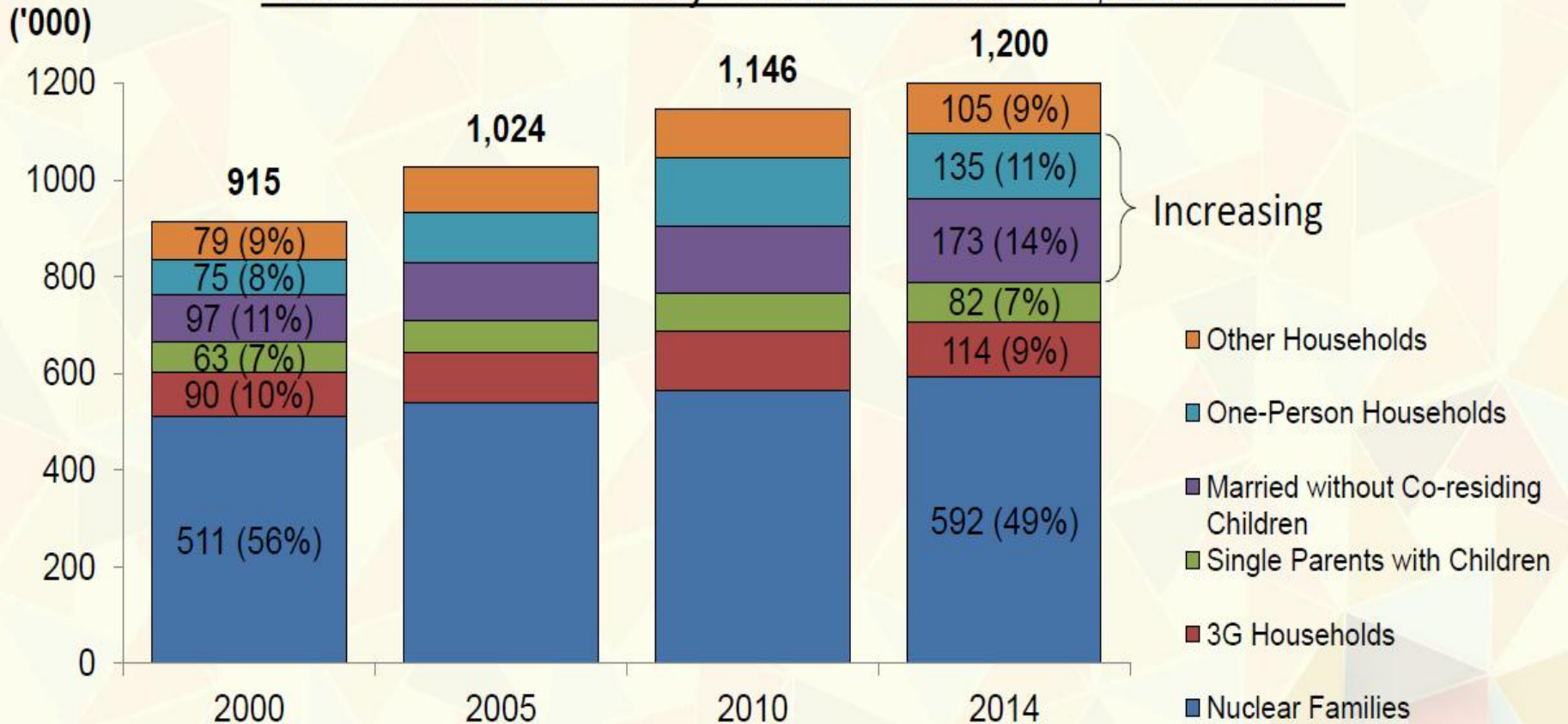


At age 65 years, we can now expect to live another 20 years.

Source: Complete Lifetables 2013-14, DOS.

BUT OUR FAMILIES ARE SHRINKING...

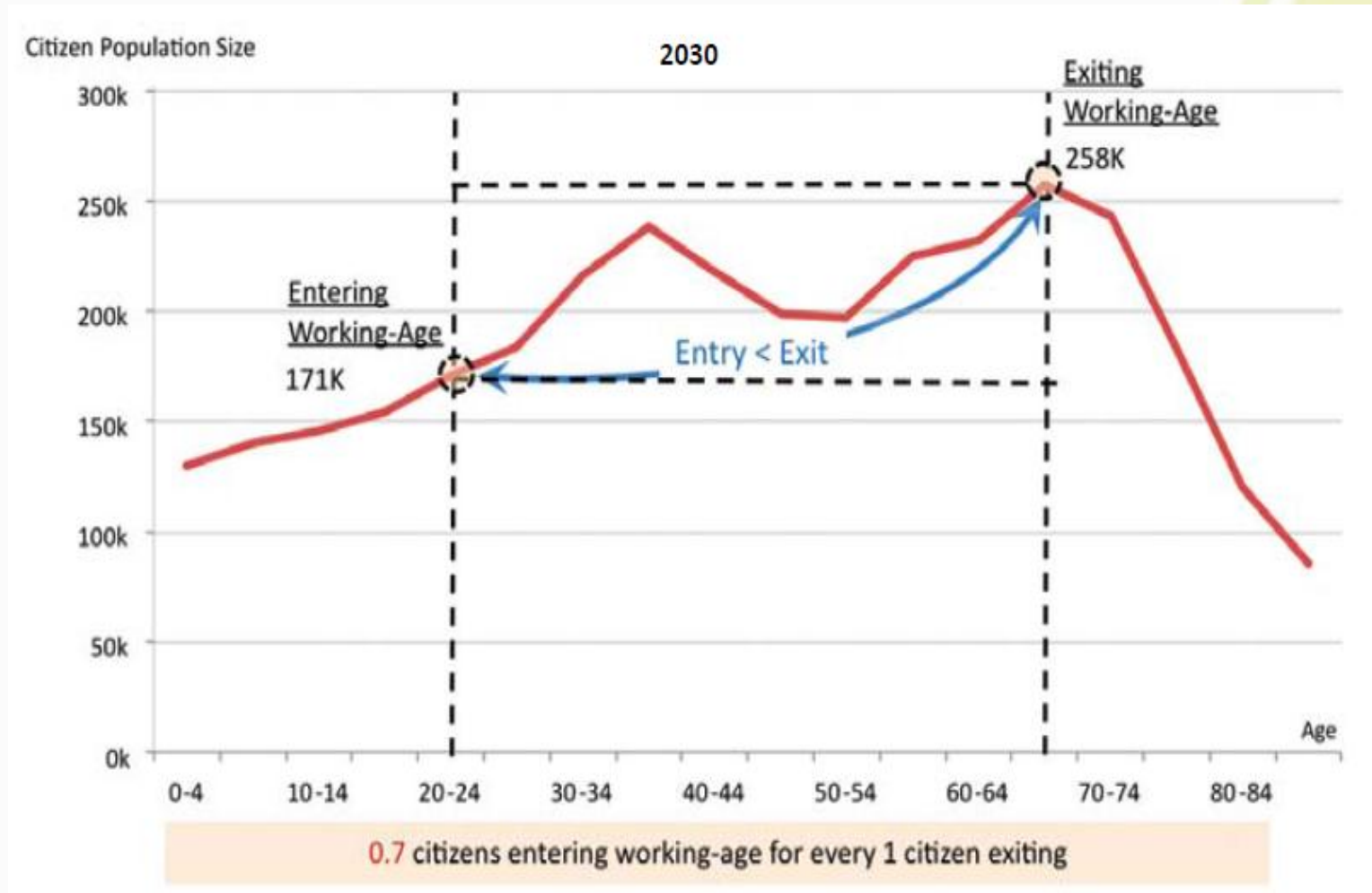
Resident Households by Household Structure, 2000 – 2014



Note: Percentages may not add up to 100 due to rounding.

SO IS OUR WORKFORCE

Less People to Provide Care



HEALTH AND SOCIAL CARE NEEDS ARE INTERTWINED



- Changing social needs
 - Greater need for social support
 - Greater risk of social isolation

- Changing healthcare needs
 - More hospital visits and longer hospital stays
 - More chronic and long-term care needs

Needs are also getting more intertwined

RAMPING UP HOME CARE

Home care services to address **health and social** needs and support families in the care of their seniors



Home Care

Capacity in 2011

3,800 places

Current Capacity

6,500 places

Target Capacity
by 2020

10,000 places

HOME HEALTH

- Home medical
- Home nursing
- Care coordination

HOME PERSONAL CARE

- Assistance with personal care
- Housekeeping / laundry
- Elder-sitting / mind-stimulating

HOME REHAB / THERAPY

- Active and supportive rehab
- Home assessment and modification

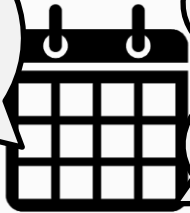
HOME PALLIATIVE

- More intensive home care for those nearing end-of-life

CURRENT PRODUCTIVITY OF HOME CARE OPERATIONS IN SINGAPORE

Much Room for Productivity Improvement

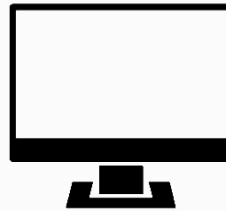
My mum just pulled out her NG tube!



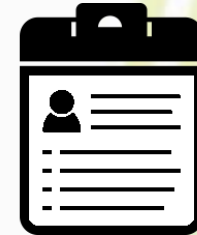
Can come 1 hour later?

I forgot there's a visit today!

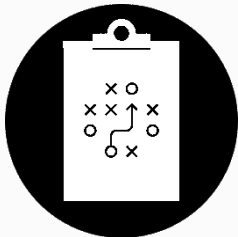
Enhance responsiveness and lower risk of "wasted" visits



Reduce / simplify admin work



Faster retrieval of patient information and translation into care planning



Enhance workflow processes and documentation



Reduce unproductive time traveling between clients



Optimise scheduling and matching of care staff with patients

Increase care staff's time spent caring for clients

CURRENT SOLUTIONS

TO ADDRESS PRODUCTIVITY CHALLENGES

- Some effectiveness, but improvements are modest
- Off-the-shelf solutions often operate in isolation
 - Corresponding business process redesign also needed
- Fundamental productivity issues not addressed



WHAT IS NEEDED



- Innovate **new** models of home care delivery
- **Co-create** solutions to serve home care clients in a more productive and cost-effective manner
- Through a **COMPREHENSIVE** package of process redesign, change management, data analytics, operations research, science and technology as a multiplier for home care providers and staff

CARE-AT-HOME INNOVATION GRANT

JOINT INITIATIVE

Organised by MOH



In collaboration with:



OBJECTIVES

OF CARE-AT-HOME INNOVATION GRANT

- Encourage **greater innovation** by providers to serve home care clients in a **more productive** and **cost-effective** manner
- **Facilitate partnerships** to **co-create** solutions that can achieve **same or better clinical outcomes** at **half** the **manpower or time** incurred
- Establish **evidence for subsequent scaling up and longer-term adoption by the rest of the home care sector** if successful

CHALLENGE STATEMENT TO PARTICIPANTS

Solutions must be relevant and applied to achieve the **Challenge Statement**

Invent a new model of care that can enhance the productivity of home care staff by at least 50%*, while ensuring good quality, client-centric and responsive care.

*Participants can propose lower or higher target & they will be assessed on feasibility

Productivity measured in terms of:

- (Mandatory) Average number of client-hours per care staff per day
- (Mandatory) Number of clients each care staff can provide care to per day
- (Optional) Any other productivity indicators

SCOPE OF GRANT

SCOPE OF PROPOSAL

Apply to **provision of home-based care services**

- Home medical, home nursing, home personal care or a holistic package
- Refer to Public Document for scope

Target clientele

- Frail and home-bound seniors to enable them to remain at home and in the community and to relieve caregiver burden in relation to caring for clients at home

SCOPE OF GRANT

SCOPE OF PROPOSAL

- **Comprehensive** suite of solutions that achieve a revolutionary change in the model of home care delivery today, and not just isolated, incremental off-the-shelf solutions.
- **Combination** of solutions can include, but not limited to:

OPTIMIZATION OF ROUTING & SCHEDULING

- Optimise routes & deployment of staff between clients
- Flexible matching home care staff with client's unique needs /changing circumstances
- Reduce unproductive time traveling

REDESIGN OF BUSINESS PROCESSES AND SERVICE DELIVERY MODELS

- To reduce time spent on paperwork by care staff
- Increase client-interaction time and cost-efficiency of operations

DATA ANALYTICS/ OPERATIONS RESEARCH

- Optimise deployment of staff between clients
- Reduce unproductive time traveling

REMOTE MONITORING

- E.g. of staff's locations to improve flexibility in visit scheduling

TELEHEALTH TECHNOLOGIES

- To replace need for physical visits

ELIGIBILITY

GENERAL ELIGIBILITY

- Open to all individuals, companies, non-profit organisations, other entities or consortia that are **based, registered and/or incorporated in Singapore**
- Entities individuals represent must be registered in Singapore either through setting up a local equivalent of the entity in Singapore or through consortia with Singapore-registered entities
- Funding cannot flow out of Singapore to support foreign entities.

ELIGIBILITY

PROJECT TEAM COMPOSITION

Interested Participants are required to partner and form a **Project Team** comprising:

1

AT LEAST ONE HOME CARE PROVIDER

- **Existing** home care provider already operating in Singapore; OR
- **Interested new entrant** to local home care scene who is an
 - Existing healthcare or social care provider in Singapore; OR
 - Organisation with experience running home care services overseas



2

AT LEAST ONE SOLUTIONS PROVIDER

- Any individual, entity or consortium that has the **technological, analytical and/or operations research expertise** to contribute to the project



ELIGIBILITY

TEAM LEAD

- Each project team must appoint a **Team Lead**
- Has capability to oversee and coordinate the implementation of the project during funded period
- Primary point of contact with MOH
- Must reside in Singapore for **at least** 6 months in each calendar year over the duration of the funded period

SUPPORT AND FUNDING

FUNDING PERIOD AND ADMINISTRATION

Funding Period

- Period in which funding is awarded, within **thirty-six (36) months** or as stated in the Agreement, from the time of award of the funding

Fund Administration

- MOH (NMRC) will reimburse project funding to one **Host Organisation**

SUPPORT AND FUNDING

1. PROJECT FUNDING

- Up to **80% funding of approved qualifying costs** to develop and implement proposed project during funding period

Development Costs

- Equipment
- IT
- Hardware
- Software

that are necessary to operationalise and evaluate solutions. Other development costs will be assessed on a case-by-case basis by MOH.

Incremental Operating Costs

- Manpower cost
- Consultancy
- Rental
- Utilities
- Communications, etc

that are critical for project and above and beyond the standard operating costs of delivering home care services.

SUPPORT AND FUNDING

2. OPERATING SUBVENTION

Operating subvention for home-based care services at the prevailing funding rates may be extended to **home care providers** in the Project Team who are not currently subvented for the Funding Period

- To serve subsidised clients at subsidised charges based on ILTC means-testing
- Only if the home care providers comply with all subvention requirements including pre-operational audits
- Only for home-based care services that the home care provider is providing during project funding period
- Continuation of subvention beyond funded period subject to passing of service audits

SUPPORT AND FUNDING

2. OPERATING SUBVENTION

ILTC Means-Testing Framework

Monthly Per Capita Household Income Tiers	Subsidy Levels	
	Singapore Citizens	Permanent Residents
\$0 to \$700	80%*	55%
\$701 to \$1,100	75%	50%
\$1,101 to \$1,600	60%	40%
\$1,601 to \$1,800	50%	30%
\$1,801 to \$2,600	30%	15%
\$2,601 and above	0%	0%

**Households with no income will be given maximum subsidy if the AV of place of residence \leq \$13,000*

PROPOSAL SUBMISSION OVERVIEW

- Two-stage process
- Use the submission templates provided by MOH

STAGE ONE

- Team Leads to submit a Proposal Abstract on behalf of Project Team
- Shortlisted Project Teams will be invited to submit more detailed proposals



STAGE TWO

- Team Leads submit more detailed Project Proposals
- Evaluation by multi-disciplinary Evaluation Panel
- Selected Project Teams will be invited for a one-hour final formal presentation to the Evaluation Panel


PROPOSAL SUBMISSION

STAGE ONE - PROJECT ABSTRACT

- Download submission template from http://www.nmrc.gov.sg/content/nmrc_internet/home/grant/compgrants/careathomegrant.html
- Length of the Project Abstract (Part III of submission template) should not be longer than **5 pages**.
- Project Abstract should include
 - Objective of the Project;
 - Key components and innovations of the Project;
 - How the Project could address the Challenge Statement;
 - Summary of Project implementation plan, timelines and milestones; and
 - Summary of Project evaluation framework and Key Performance Indicators (KPIs) to track.

PROPOSAL SUBMISSION

STAGE TWO - PROJECT PROPOSAL

- Team Leads of shortlisted Project teams will be notified and sent Project Proposal submission template
 - No limit to length
 - Refer to detailed guidance in filling out Project Proposal in the Public Document
- 

EVALUATION AND AWARD

EVALUATION PROCESS

- **Evaluation Panel** comprising evaluators from multidisciplinary backgrounds, including representatives from MOH, AIC, IDA, MOHH, SPRING, the restructured hospitals and the intermediate and long-term care industry.

Component	Evaluation Criteria
General	<ul style="list-style-type: none">• Background of Team Lead• Track record and financial capacity of home care provider(s)• Track record and financial capacity of solutions provider(s)• Addressed Challenge Statement
Business	<ul style="list-style-type: none">• Scalability of proposed solutions• Sustainability of proposed solutions• Innovativeness of proposed solutions
Performance	<ul style="list-style-type: none">• Care model• Productivity benefits
Implementation	<ul style="list-style-type: none">• Project feasibility in the local context• Reasonableness of funding request and charges

EVALUATION AND AWARD

REFER TO ANNEX A OF PUBLIC DOCUMENTS

- Negotiation
 - Note: This grant is merely an **invitation to treat** i.e. an invitation to offer & negotiate
 - Actual terms & conditions of funding e.g. quantum, KPIs to track & frequency can be negotiated after participants are selected for award
 - Where a Project Proposal is selected by the Evaluation Panel for consideration for award, the relevant participants will be notified.
- Selection for award may not necessarily amount to a successful negotiation and Letter of Award

INTELLECTUAL PROPERTY

REFER TO ANNEX A OF PUBLIC DOCUMENTS

- Preservation of commercial opportunity for awardees
- All rights to all Foreground IP created by the awardees shall vest in the awardees
- Awardees should use best endeavours to commercialise the Foreground IP and/or take effective steps to achieve a practical application of the Foreground IP
- MOH and affiliates (e.g. MOHH and AIC, but not hospitals) to be given licence to use and modify IP → Allow us to work with you to further develop successful solutions

EVALUATION AND AWARD TIMELINE

Date	Activity
Start of Grant Call	21 Aug 2015 (Fri)
Public Briefing <ul style="list-style-type: none">• More details on the grant call to be provided• Sharing by selected home care providers	26 Aug 2015 (Wed)
Industry Networking Session <ul style="list-style-type: none">• Facilitation of partnerships	4 Sep 2015 (Fri)
Deadline for Proposal Summary Submission	9 Oct 2015 (Fri)
Deadline for Submission of Detailed Proposal by Shortlisted Project Teams	Dec 2015
Presentation by Selected Project Teams	Early Mar 2016 (tentative)
Announcement of Results	By Apr 2016 (tentative)



PRESENTATIONS BY
HOME CARE PROVIDERS

INDUSTRY NETWORKING SESSION



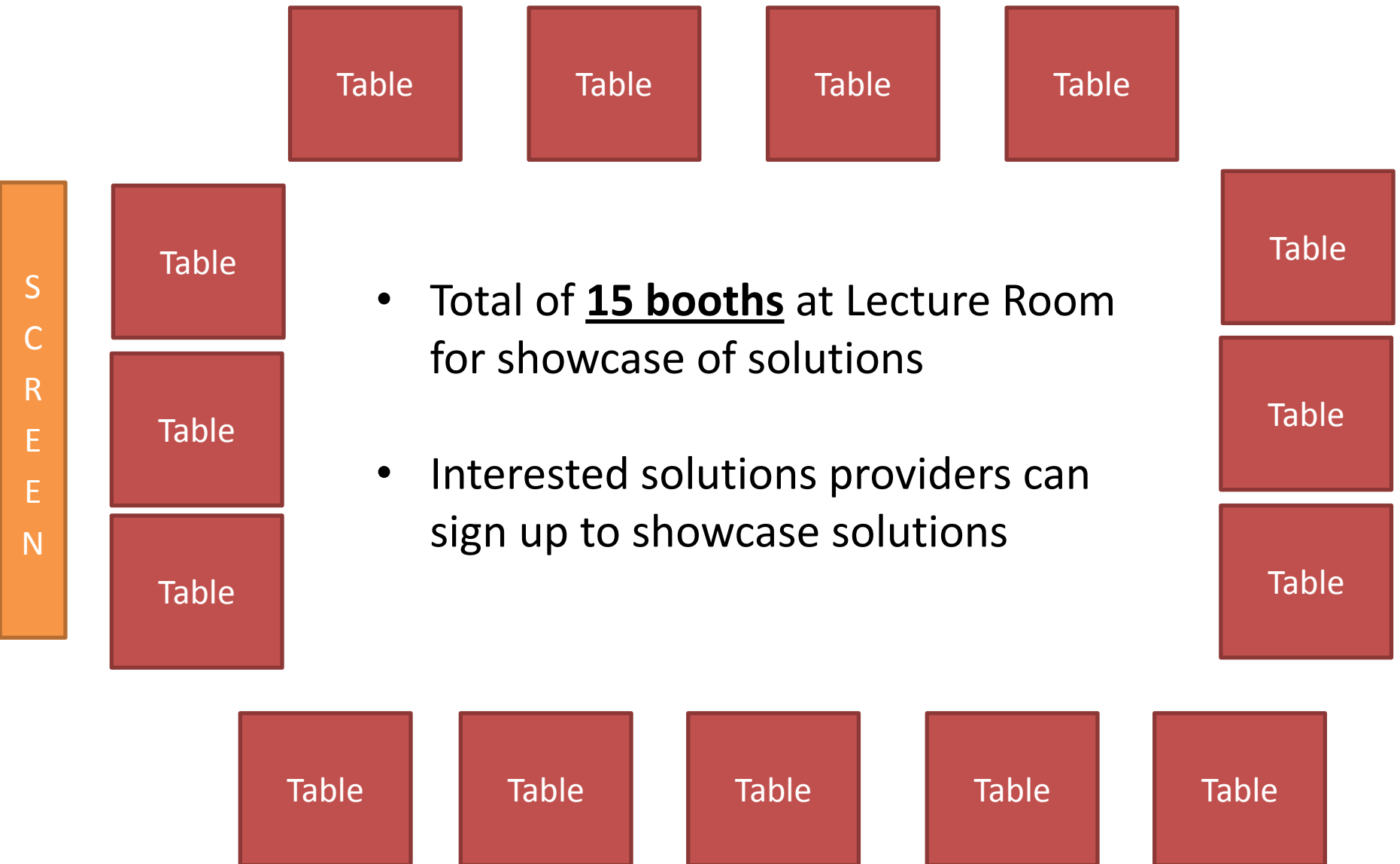
INDUSTRY NETWORKING SESSION

4 SEPT, 9AM TO 12PM @ MOH AUDITORIUM

- Registration limited to **2 pax/organisation**

Details	4 Sep 2015, Fri 9am – 12pm Registration starts at 8:30am.
Venue	Auditorium, Level 2, College of Medicine Building (COMB), 16 College Road, Singapore 169854
Programme	Briefing at Auditorium Sharing by solutions providers at Auditorium Tea reception & networking at Function Room Showcase by solutions providers at Lecture Room

LECTURE ROOM, COLLEGE OF MEDICINE BUILDING LEVEL 1



INDUSTRY NETWORKING SESSION

HOW TO REGISTER FOR SOLUTIONS PROVIDER

- Registration form will be emailed to all attendees after the Public Briefing
- Attendance limited to **2 pax per organisation**
- Solutions providers can choose whether to apply for a booth or to just participate at the Industry Networking Session
- Deadline for registration is **31 Aug 2015 (Monday), 12pm**
- Assignment of booth will be based on following factors:
 - Description/innovativeness of solutions
 - Organisers will also try to ensure a diversity of solutions
 - First-come-first-serve basis

INDUSTRY NETWORKING SESSION

HOW TO REGISTER FOR SOLUTIONS PROVIDER

1. Name of organisation:

2. Brief description of what you would like other participants to know about your organisation. This description will be included in a list of participating organisations to be distributed to all participants during the Industry Networking Session. Please keep the description to less than 100 words.

3. Will you be interested to showcase your solutions at a booth during the Industry Networking Session?

No Yes

If you answer 'Yes' above,

a) Select the most relevant categories of solutions to be presented:


- Optimization of Routing & Scheduling
- Data Analytics/ Operations Research
- Remote Monitoring / Telehealth technologies
- Consultants / Redesign of business processes & service delivery models
- Others (please indicate): _____

b) Provide an abstract/blurb of what your organisation intends to showcase if assigned a booth during the Industry Networking Session. If you have any ready materials/presentation/slides, please feel free to attach them in your email to us.

- We will inform you whether your organisation has been allocated a booth by latest **1 Sep 2015 (Tuesday)**

INDUSTRY NETWORKING SESSION

HOW TO REGISTER FOR HOME CARE PROVIDER

- Registration form will be emailed to all attendees after the Public Briefing
 - Attendance limited to **2 pax per organisation**
 - Deadline for registration is **2 Sep 2015 (Wednesday)**
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INDUSTRY NETWORKING SESSION

HOW TO REGISTER FOR HOME CARE PROVIDER

1. Name of organisation:

2. Brief description of what you would like other participants to know about your organisation. This description will be included in a list of participating organisations to be distributed to all participants during the Industry Networking Session. Please keep the description to less than 100 words.

3. Please select the categories of solution you are interested in:

- Optimization of Routing & Scheduling
- Data Analytics/ Operations Research
- Remote Monitoring / Telehealth technologies
- Consultants / Redesign of business processes & service delivery models
- Others (please indicate): _____

Q&A






LUNCH & NETWORKING



Lunch & Networking

Identification

-  = Solutions provider
-  = Health/social care provider
-  = Organiser

Gathering points

1. Data Analytics / Operations Research
2. Consultants / Redesign Of Business Processes And Service Delivery Models
3. Telehealth Technologies / Remote Monitoring
4. Optimization Solutions For Routing & Scheduling / Software

FUNCTION ROOM

Door

STAIRS

**2. Consultants /
Redesign of
Business Processes
and Service Delivery
Models**

RESTRICTED ACCESS

Security
Counter

**1. Data Analytics
/ Operations
Research**

“Concierge”
Desk

**BUFFET
TABLE**

LOBBY

FUNCTION ROOM

BUFFET TABLE

3. Telehealth Technologies / Remote Monitoring

4. Optimization Solutions for Routing & Scheduling / Software

Door

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r

OUTRAM ROOM
Separate meeting ongoing

Door

LOBBY

Door

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THANK YOU

For more details on the grant and application process, please refer to Public Documents under “Documents for Downloading” at

http://www.nmrc.gov.sg/content/nmrc_internet/home/grant/compgrants/careathomegrant.html

For enquiries, please email NIC_Ageing@moh.gov.sg