

創新設計

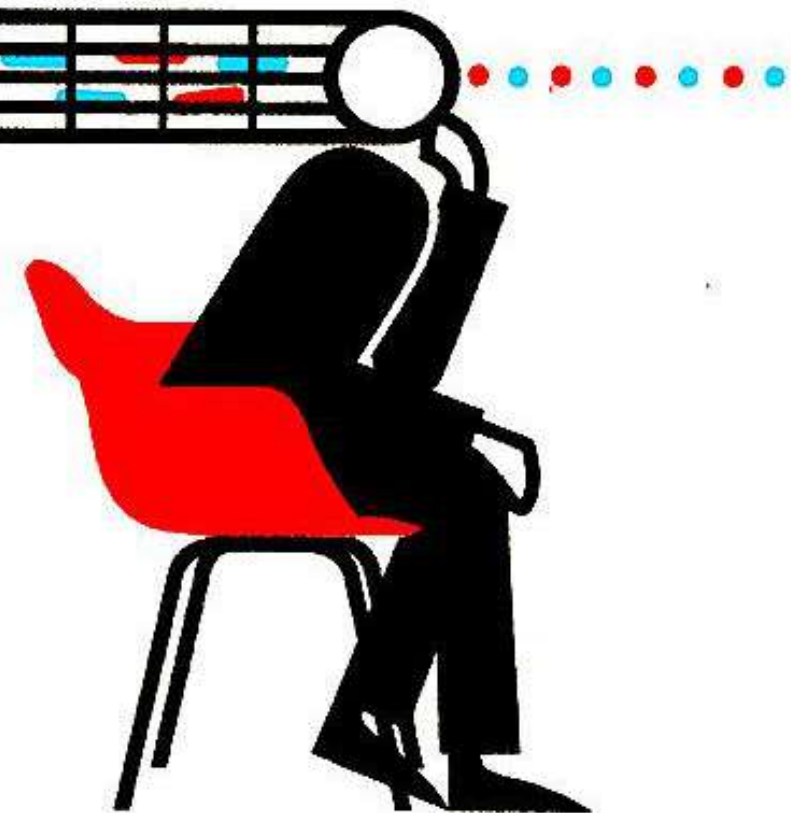
高齡照護模式的變革

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Health for **All** for **LONGER**

健康長壽（Healthy Longevity）追求晚年生活的安適，透過個人化生命歷程觀點，涵蓋身心靈與社會層次的介入

健康壽命

老後不健康壽命

今日的正常老化

壽命

適切的長壽生活



虛無飄渺中的健康概念

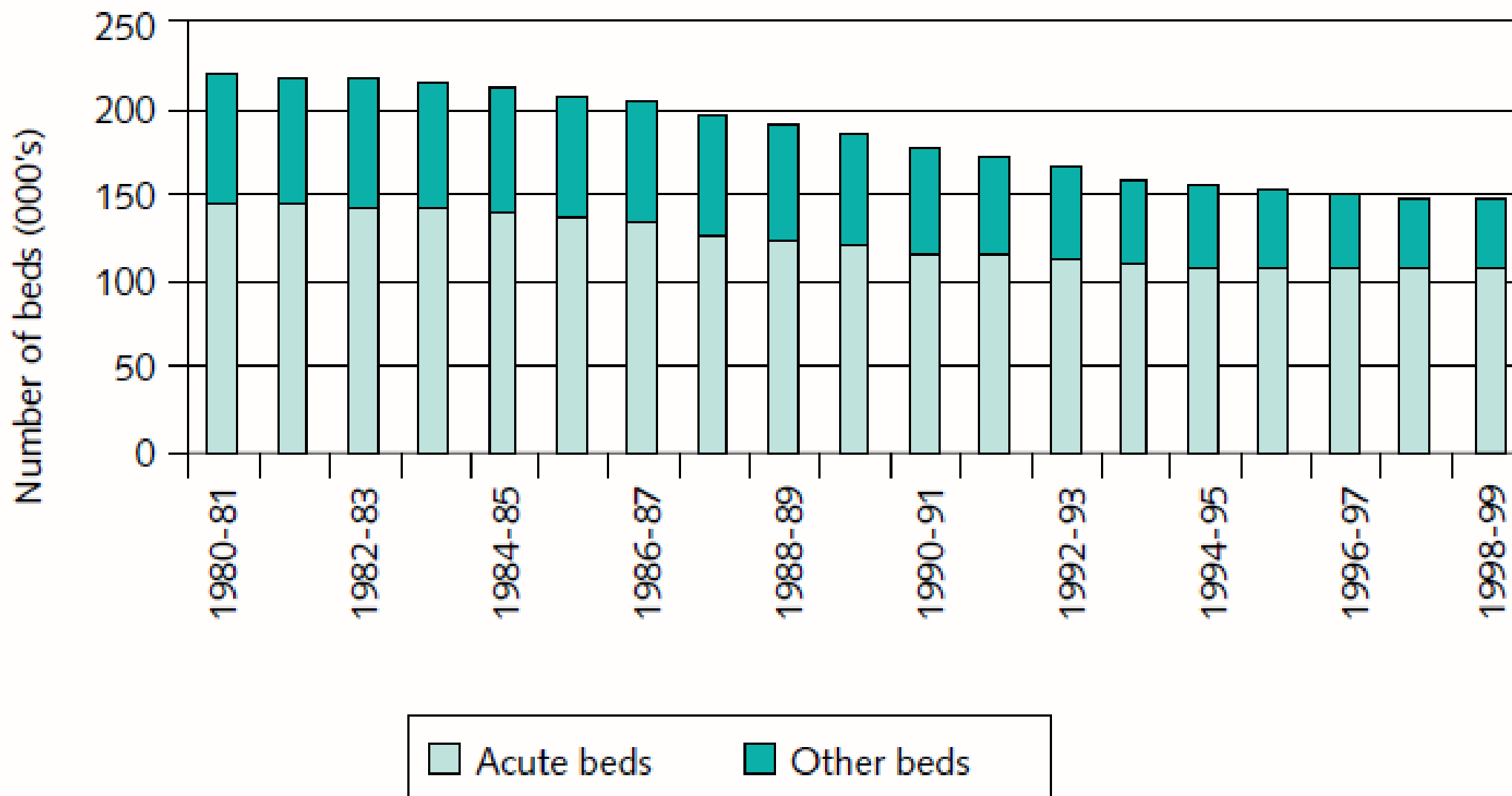
A state of complete **physical, mental and social well-being** and not merely the absence of disease or infirmity.



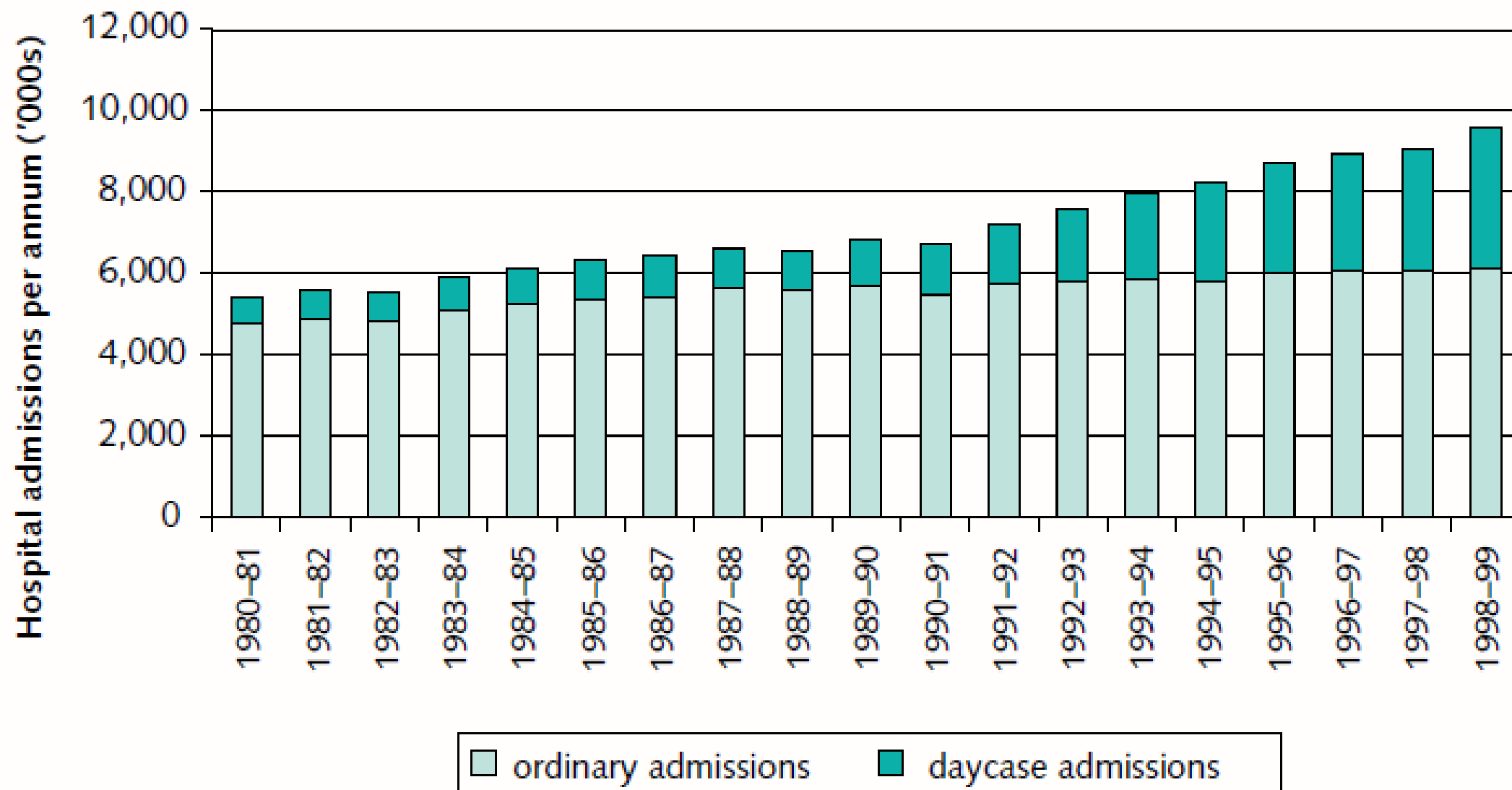
Well-being is a **positive outcome** that is **meaningful** for people and many sectors of the society.



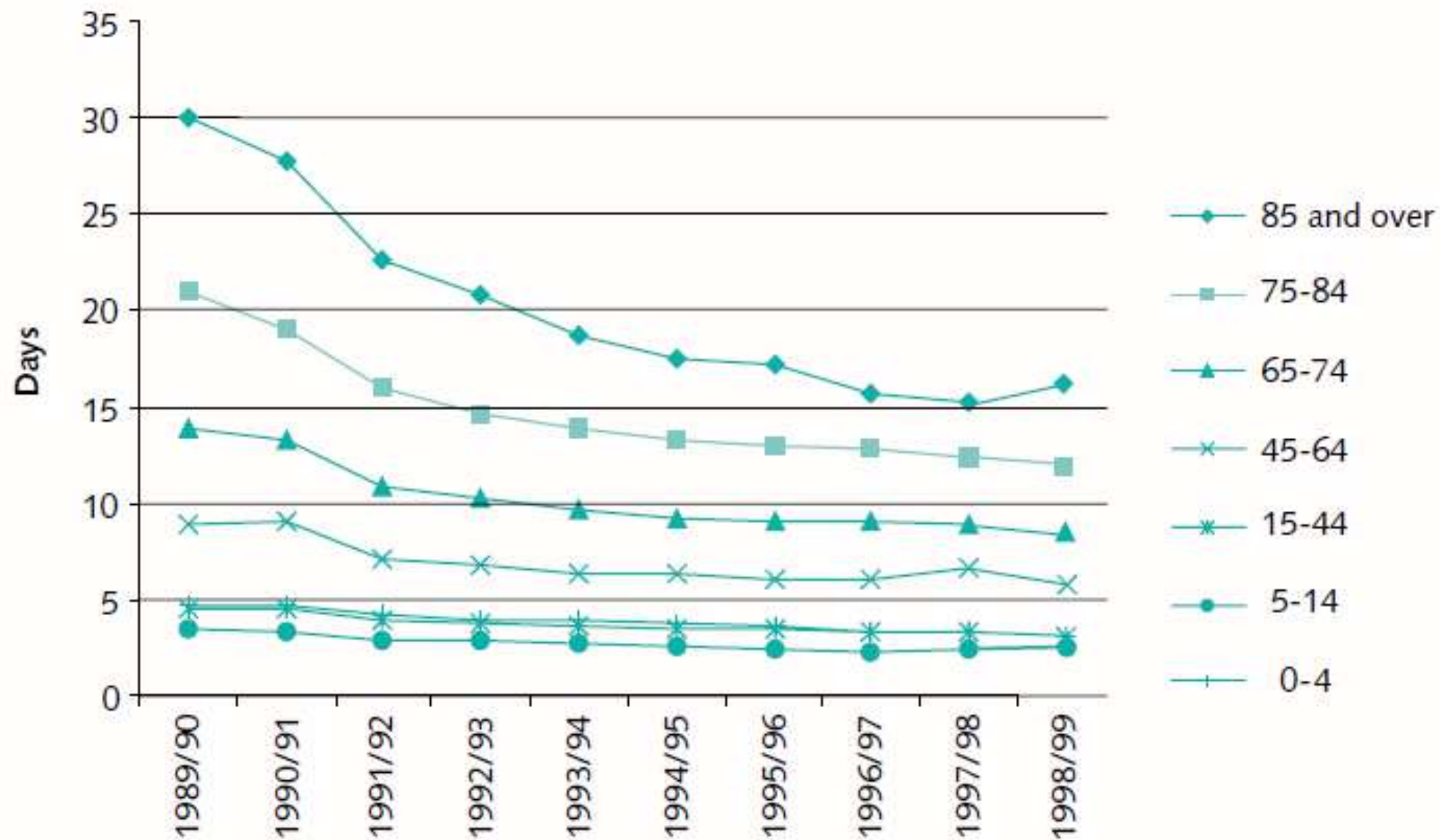
急性病床數減少是全球趨勢



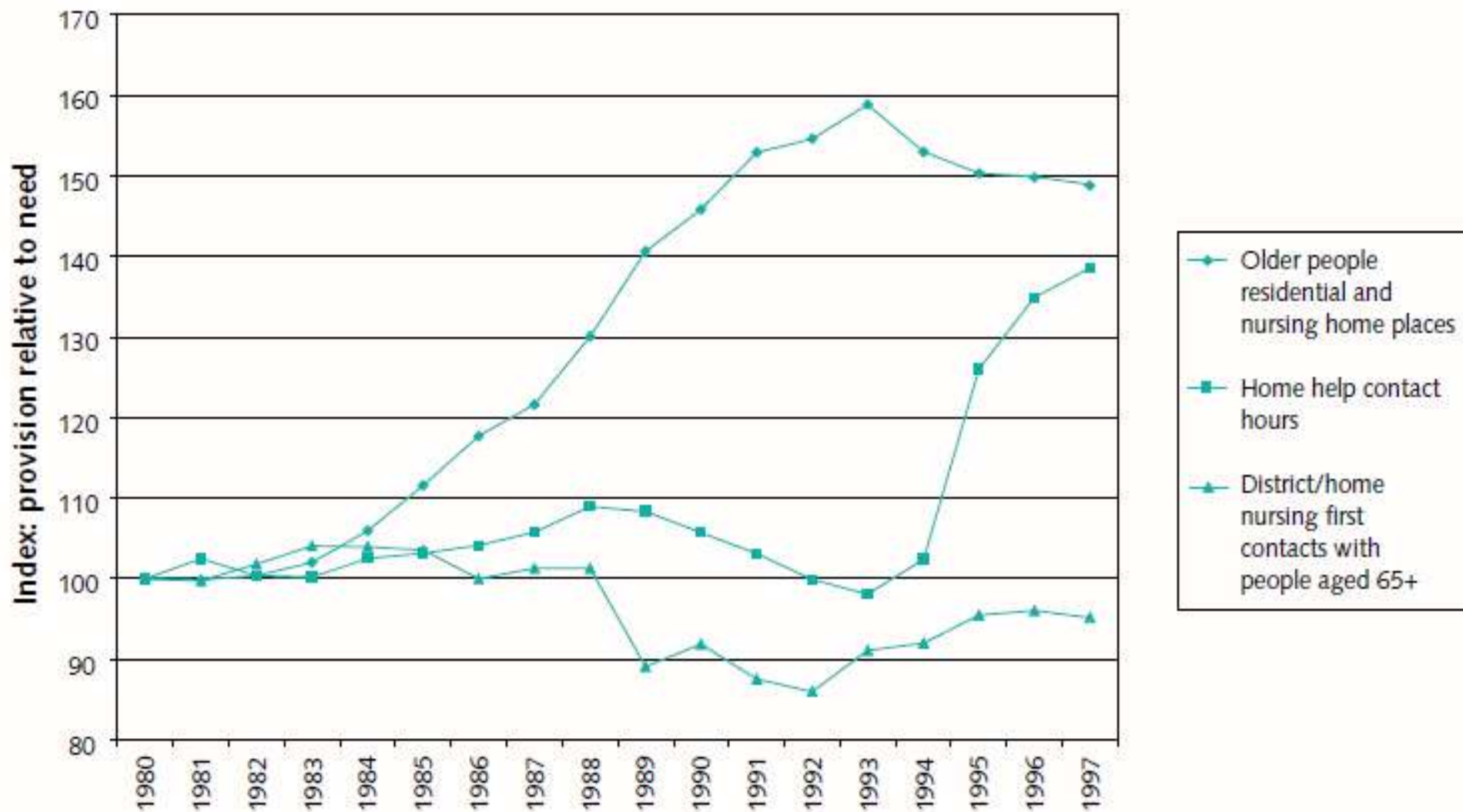
日間服務作為住院的替代方案



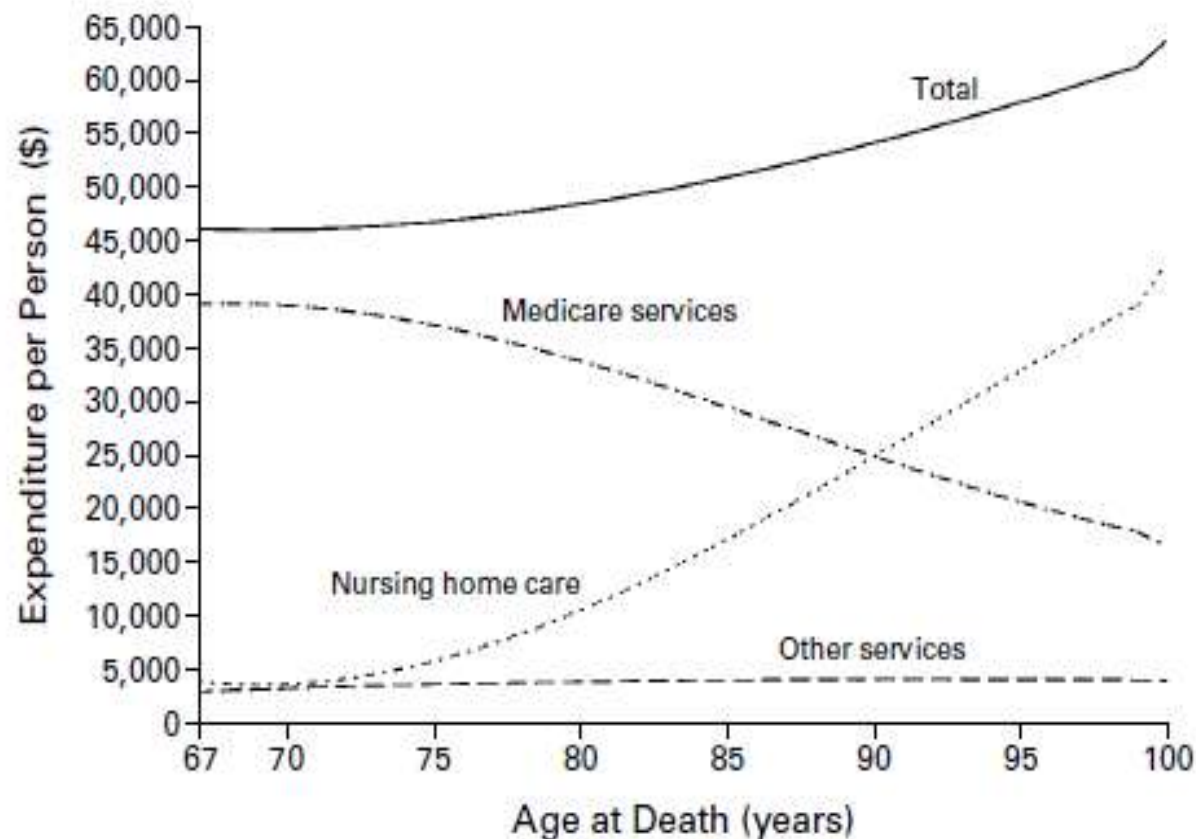
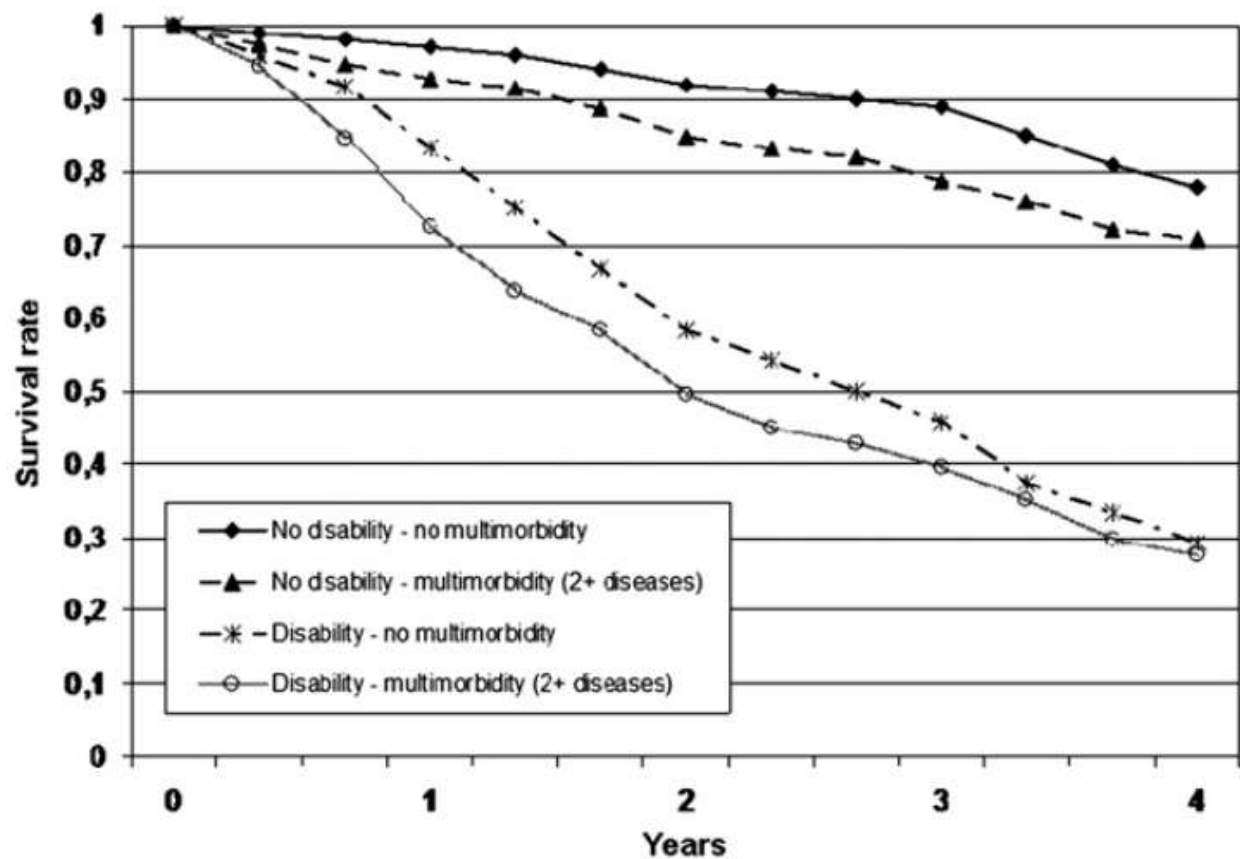
不分年齡病患平均住院日大幅縮短



高齡病患後續照護需求甩鍋給長照



失能是高齡者與健康照護體系最大風險



Landi F et al. J Clin Epidemiol 2010;63:752-9

有一兩沒兩好的醫療照護體系改革



英國照護體系改革的重新選擇



視而不見

恢復舊制

中期照護

台灣正走向不健康的長壽現象

年度	平均餘命	健康平均餘命	不健康生存年數
2018	80.69	72.28	8.41
2017	80.39	72.07	8.32
2016	80.0	71.83	8.17

長照 2.0 自2016年起推動「向前延伸」的預防及延緩失能、失智各項計畫，然而，國人的不健康生存年數卻持續擴張，已達歷史新高。

**think
different.**

FAKE UX

- doing a SURVEY
- HOLDING a FOCUS GROUP
- ASSUMING you KNOW your USERS BECAUSE you KEEP AN EYE ON your STATS (web, usage, gate counts, etc.)



ANY ONE ALONE

=
BAD
UX!

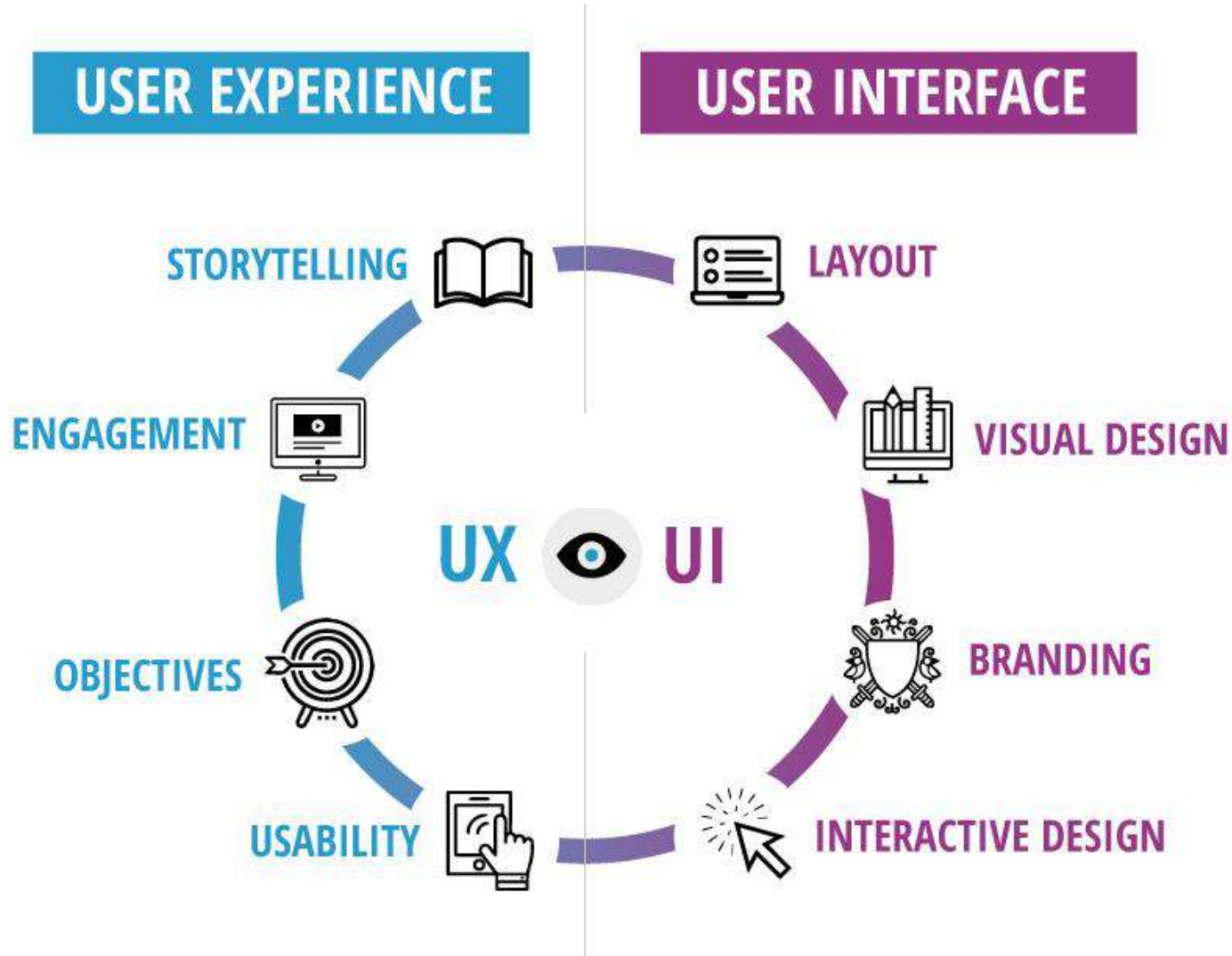
REAL UX

- LEARNING about USER BEHAVIOURS
- LEARNING about USER ATTITUDES
- INVOLVING USERS in the DESIGN PROCESS



ALL THREE

=
GOOD
UX!



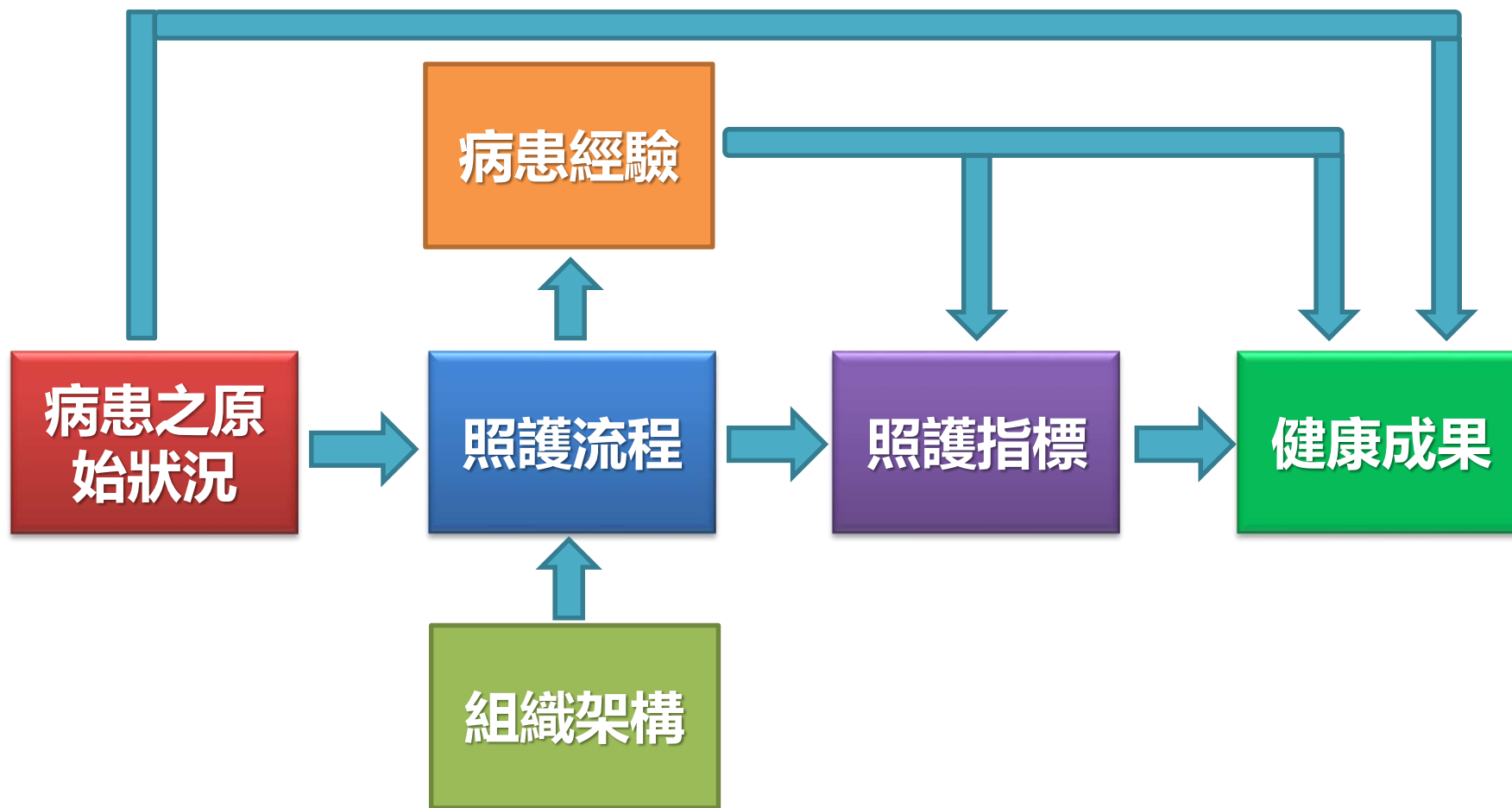
價值

一套對病況有意義的照護成果

照護環節中所需服務的所有費用



融入病患經驗的價值照護體系架構



國際健康照護成果制定聯盟

Our Roots

Three organizations with the desire to unlock the potential of **Value-Based Health Care** founded ICHOM in 2012:



ICHOM is a **nonprofit**

- Independent 501(c)3 organization
- Idealistic and ambitious goals
- Global focus
- Engages diverse stakeholders

Our Mission



Our mission

Unlock the potential of Value-Based Health Care by **defining global standard sets of outcome measures that really matter to patients** for the most prevalent medical conditions and by **accelerating adoption and reporting** of these measures worldwide

$$\text{Value} = \frac{\text{Patient health outcomes achieved}}{\text{Cost of delivering those outcomes}}$$

逐年開發的標準化健康指標

Standard Sets Complete (2013)	Standard Sets Complete (2014)	Conditions in Year Three (2015)	Under Consideration for 2016
1. Localized Prostate Cancer * 2. Lower Back Pain * 3. Coronary Artery Disease * 4. Cataracts *	5. Parkinson's Disease* 6. Cleft Lip and Palate 7. Stroke 8. Hip and Knee Osteoarthritis* 9. Macular Degeneration* 10. Lung Cancer* 11. Depression and Anxiety* 12. Advanced Prostate Cancer	13. Breast Cancer 14. Dementia 15. Older Persons* 16. Heart Failure 17. Pregnancy and Childbirth 18. Colorectal Cancer 19. Overactive Bladder 20. Craniofacial Microsomia 21. Inflammatory Bowel Disease	22. Chronic Kidney Disease 23. Oral Health 24. Inflammatory Arthritis 25. Bipolar Disorder 26. Congenital Hand Malformations 27. Facial Palsy 28. HIV/AIDS 29. Pediatrics Epilepsy 30. Pediatric Overall Health 31. Adult Overall Health 32. Substance Use Disorders 33. Burns 34. Head and Neck Cancer

老人照護指標
已開發完成

Burden of Disease Covered

18%

35%

45%



老人照護指標之開發，台灣為亞洲唯一參與之國家

Australia

Ian Cameron | University of Sydney
Cathie Sherrington | The George Institute for Global Health,
University of Sydney

Botswana

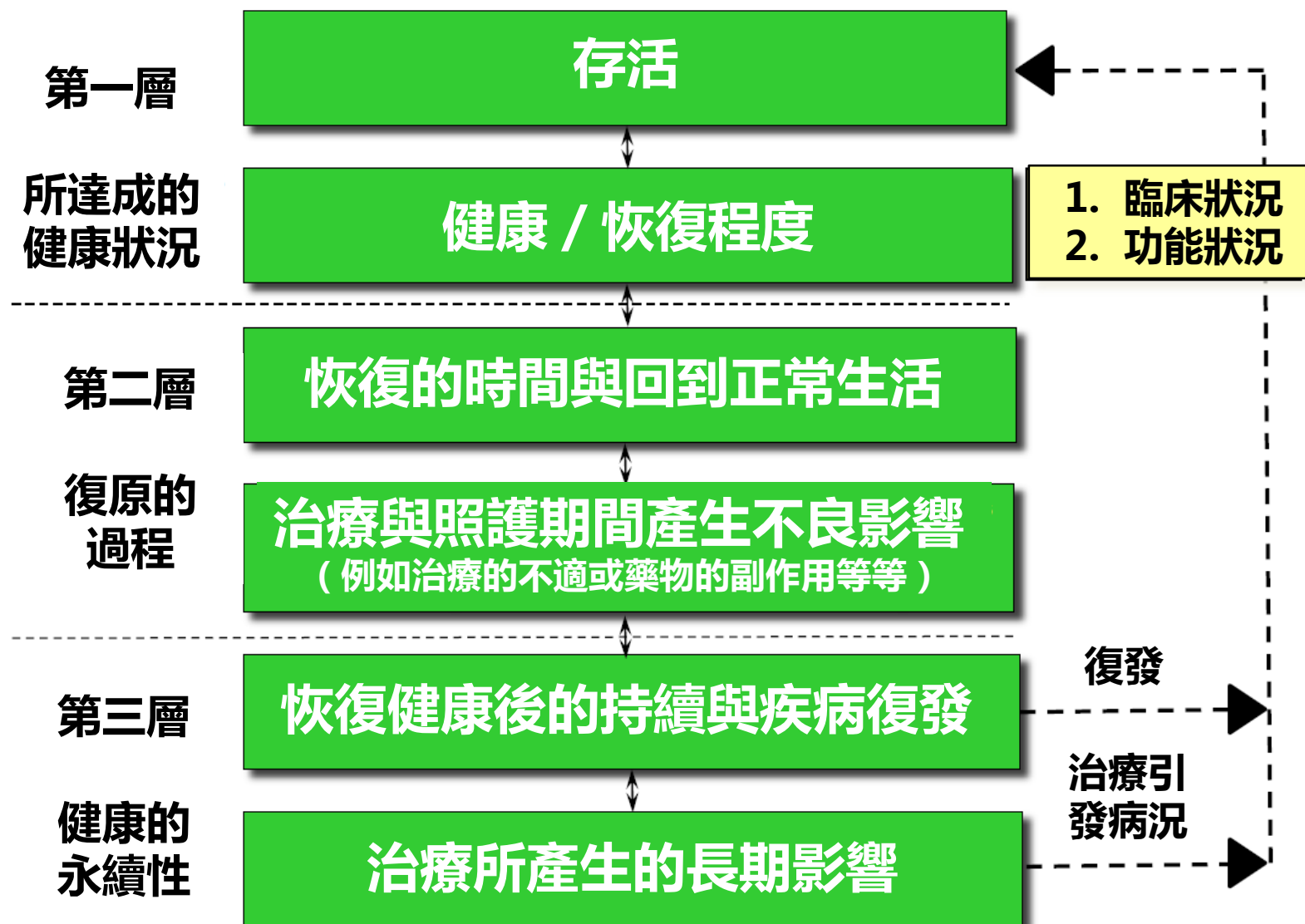
Switzerland

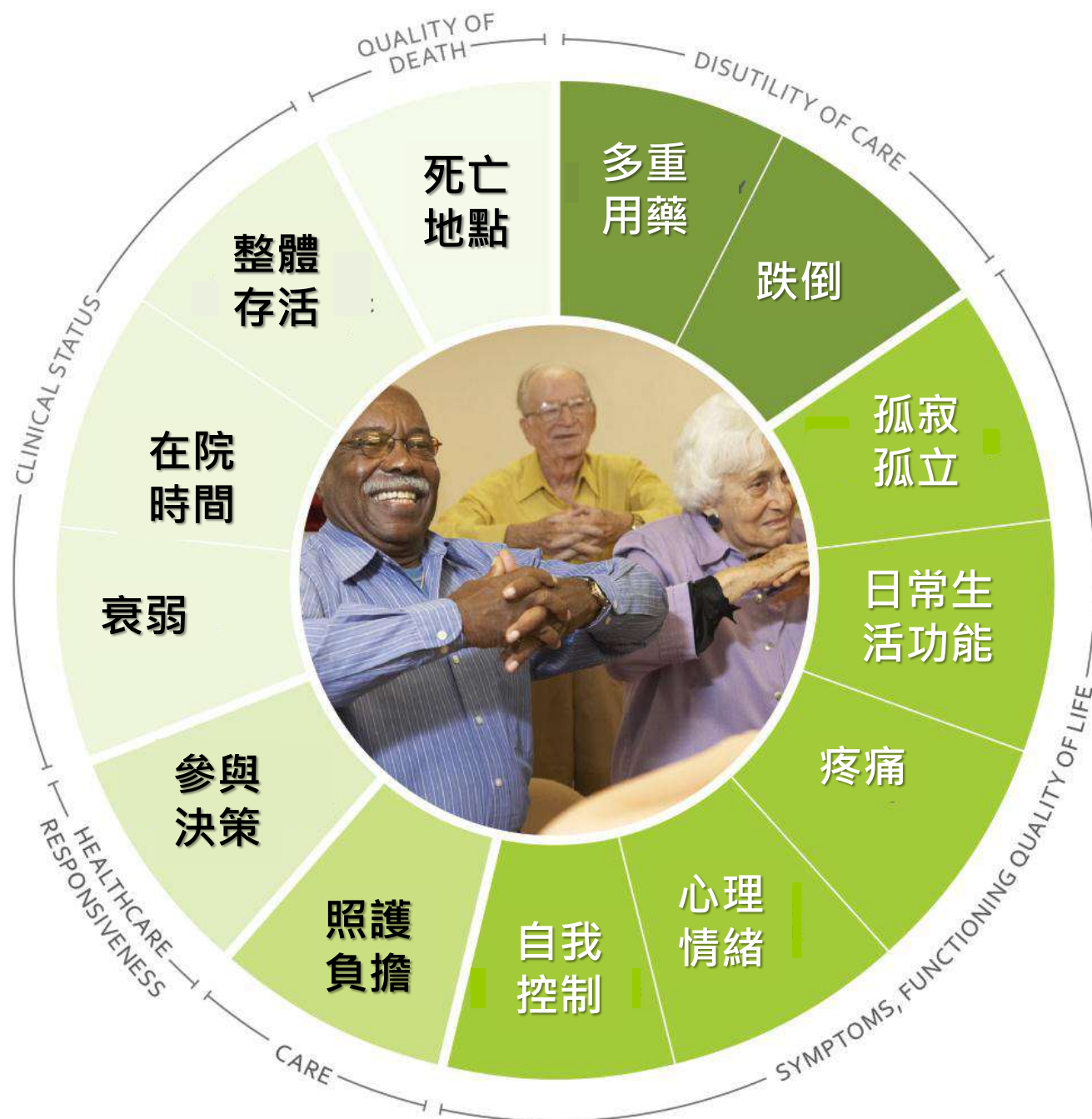
Mike Martin | University of Zurich

Taiwan

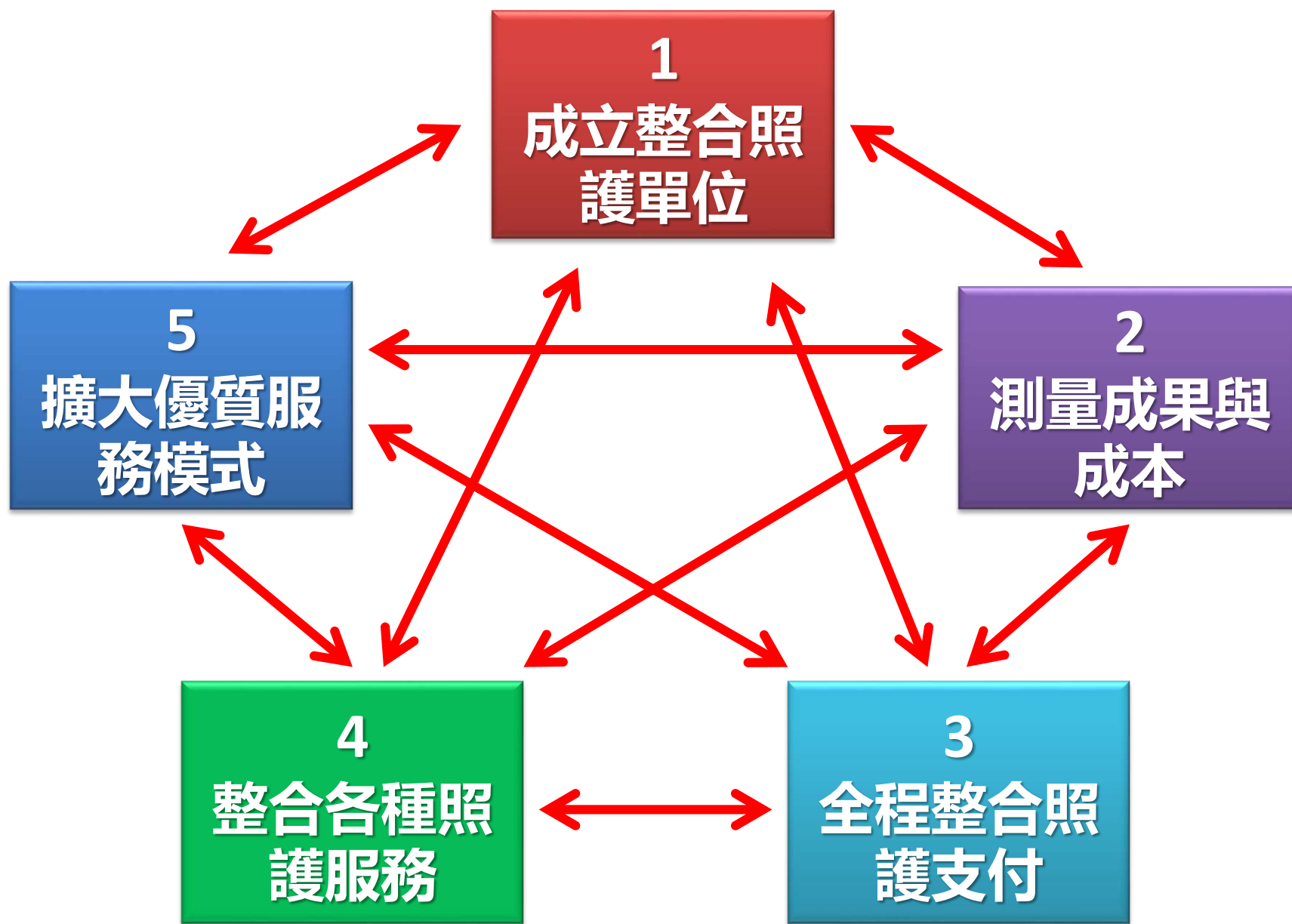
Liang-Kung Chen | Ageing and Health Research Center,
National Yang Ming University

健康照護成果定義的設計





Patient Population	Measure	Supporting Information	Timing	Suggested Data Sources
Disutility of care				
All patients	Polypharmacy	Includes the total number of prescribed medications, adverse drug events and whether medications make the patient unwell	Baseline and annually	Clinical and patient reported
	Falls	How many falls has the patient sustained in the last 12 months and how many falls have resulted in a fracture, need for any professional medical attention and hospitalization		
Symptoms, functioning and quality of life				
All patients	Loneliness and isolation	Tracked via the UCLA- 3-item scale	Baseline and annually	Patient reported
	Activities of daily living	Includes mobility and limitations to activities of daily living and tracked via the SF-36 and gait speed		Clinical data and patient reported
	Pain			
	Mood and emotional health	Tracked via the SF-36		Patient reported
	Autonomy and control	How much control the patient has over their daily life tracked via the Adult Social Care Outcomes Toolkit		
Carer				
All patients	Carer burden	Carer reported burden tracked via the 4-item screening Zarit Burden Interview	Baseline and annually	Carer reported
Healthcare responsiveness				
All patients	Participation in decision making	Includes confidence in ability to cope with own health role as participant in care (involved in discussions, planning) and healthcare professionals, the experience of having been treated with dignity and respect, coordinate of care and discharge to place of choice	Baseline and annually	Patient reported
Clinical status				
All patients	Frailty	Tracked via the Canadian Study on Health & Aging Clinical Frailty Scale	Baseline and annually	Clinical data
	Time spent in hospital	Number of hospital admissions, readmissions and total time spent in hospital over a year		Administrative data
	Overall survival	All-cause survival		Patient reported
Quality of death				
All patients	Place of death	Whether a preferred place to die has been expressed, the patient died in their usual place of residence and whether they died in their preferred place of death (if previously expressed)	Baseline and annually	Patient reported, clinical data and carer-reported



VALUE-BASED PROGRAMS

	2008	2010	2012	2014	2015	2018	2019
LEGISLATION PASSED	MIPPA	ACA		PAMA	MACRA		
PROGRAM IMPLEMENTED			ESRD - QIP HVBP HRRP	HAC	VM	SNF-VBP	APMs MIPS

LEGISLATION

ACA: Affordable Care Act

MACRA: the Medicare Access & CHIP Reauthorization Act of 2015

MIPPA: Medicare Improvements for Patients & Providers Act

PAMA: Protecting Access to Medicare Act

PROGRAM

APMs: Alternative Payment Models

ESRD-QIP: End-Stage Renal Disease Quality Incentive Program

HACRP: Hospital-Acquired Condition Reduction Program

HRRP: Hospital Readmissions Reduction Program

HVBP: Hospital Value-Based Purchasing Program

MIPS: Merit-Based Incentive Payment System

VM: Value Modifier or Physician Value-Based Modifier (PVBM)

SNFVBP: Skilled Nursing Facility Value-Based Purchasing Program

**2015年起，美國將髖關節骨折術後照護品質指標
納入Medicare Hospital's Value-Based Purchasing，
作為品質支付的評估依據**

確認骨折病患具有的跌倒風險

術後藥物使用，特別多重用藥

導入標準預防跌倒之照護計畫

Recommended Practice: Identification of Patients at Risk for Falls

- Develop a systematic and standardized approach for team members to acquire detailed history and physicals and assessments for the following risk factors^{2,7,16,17}:
 - Older age
 - Polypharmacy
 - Functional dependence
 - Gait instability
 - Lower limb weakness
 - Urinary frequency and incontinence
 - Low albumin level
 - Severe anemia
 - Comorbidities as defined by the American Society of Anesthesia (ASA) score, which defines an individual's preoperative health, of 3 or greater (A patient with severe systemic disease)
 - Emergency surgery
 - History of previous falls
 - Agitation and/or confusion
 - Iatrogenic delirium
 - Environmental hazards (i.e. medical equipment, electrical cords)

**處理髖關節骨折
各項危險因子**

Recommended Practice: Postoperative Medication Management

- Develop a systematic and standardized approach for team members to acquire a detailed medication reconciliation upon admission:
 - Polypharmacy of greater than four or five medications per day can double a patient's risk for falling.^{1,8-10,16,18,19}
 - Use of two or more medications in certain populations (e.g., elderly) may constitute polypharmacy and thus increase a patient's risk.^{1,20}
- Develop a systematic and standardized approach for team members to evaluate a patient's medication regimen postoperatively:
 - Limit use of narcotics and sedatives together.^{2,7,9}

**積極處理病患之多
重用藥，減少止痛
藥與安眠藥併用**

Recommended Practice: Standard Fall Prevention Protocol

- Develop a systematic and standardized practice for postoperative fall prevention that includes assessing and addressing the aforementioned risks^{7,12,17}:
 - Familiarize the patient with the environment.
 - Have the patient demonstrate call light use and keep the call light within reach.
 - Keep patient personal possessions within the patient's reach.
 - Have sturdy handrails in patient bathrooms, room and hallway.
 - Place the hospital bed in a low position and keep the brakes locked.
 - Keep non-slip, well-fitting footwear on patient.
 - Utilize a night light or supplemental lighting.
 - Keep floor surfaces clean and dry. Clean up all spills promptly.
 - Keep patient care areas uncluttered.
 - Communicate patient fall risk to all caregivers.
 - Offer assistance to bathroom/commode or use bedpan hourly while awake.

**積極改善居家環境
與照護人員溝通**

謝謝



WHO 全球健康長壽推動架構

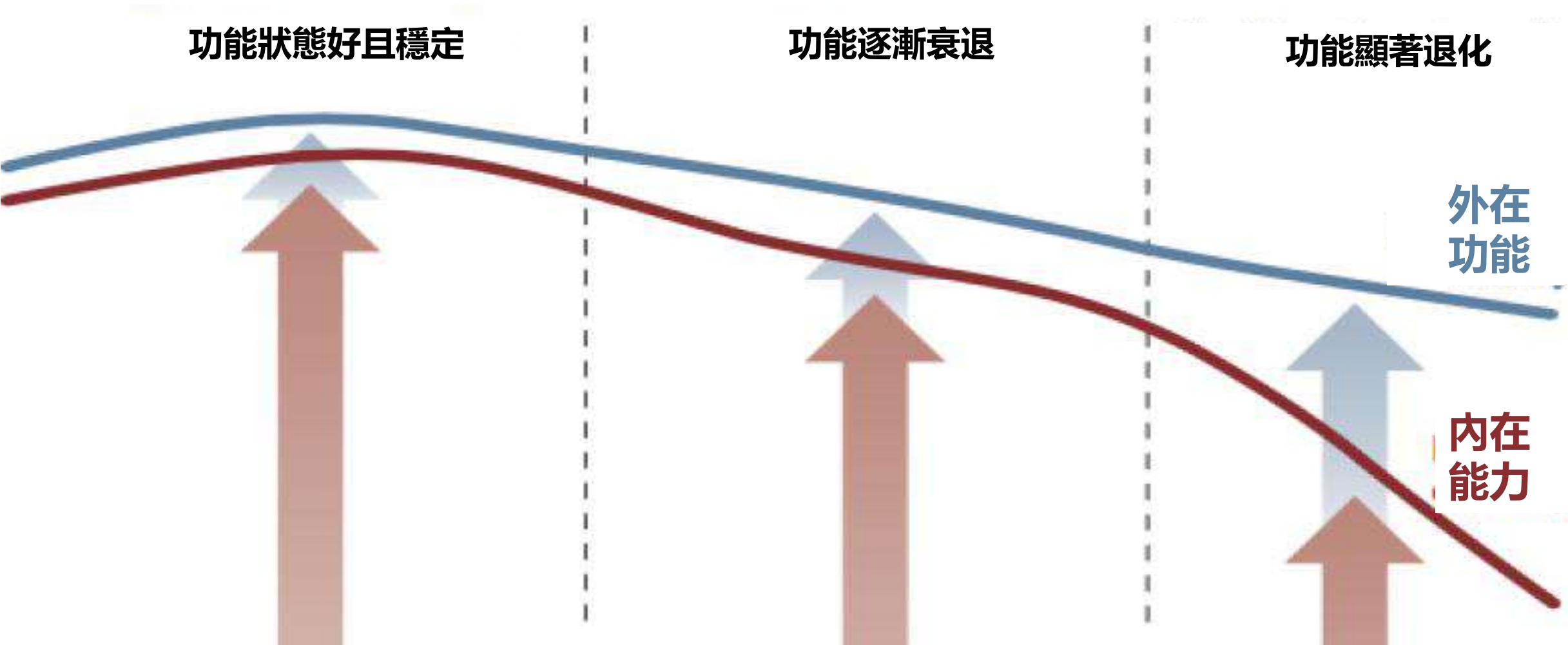
功能狀態好且穩定

功能逐漸衰退

功能顯著退化

外在
功能

內在
能力



KEY DOMAINS OF INTRINSIC CAPACITY



行動能力

認知能力

視覺能力

聽覺能力

心智能力

生命活力

健康照護體系
長期照護體系
環境改善方案

ICOPE APPROACH

