PERCEPTION OF STAKEHOLDERS' READINESS AND RECOMMENDATIONS FOR HEALTH SYSTEM POLICY AND IMPLEMENTATION IN SCALING UP HOSPITAL-AT-HOME CARE MODEL: A DESCRIPTIVE QUALITATIVE STUDY.

C. CHUA [1,2], E. LIM [1], W.H. SEE THO [1], Y. ASADA [3], K.PETERS [3], Y.F. LAI [1,2,3]

1 MOH Office for Healthcare Transformation, 2 National University of Singapore, 3 School of Public Health, University of Illinois Chicago

isqua2024.0350062

INTRODUCTION

- Many Hospital-at-Home (HaH) programs have proliferated in recent years to cope with the increasing demands of an ageing population and global hospital bed shortages[1,2]. Similarly, Singapore has implemented its own version, Mobile Inpatient Care at Home (MIC@Home)[3].
- Although promising[4], HaH faces challenges in achieving widespread adoption and remains relatively small. Many HaH programs, including those in Singapore, have yet to scale effectively, raising concerns about their long-term viability[5].
- Hence, a clear implementation strategy is needed.

AIM

To address:

(1)What is **the readiness** of Singapore's health system partners to scale up HaH? and

(2) What **multi-level strategies** are necessary for the successful scaling of HaH in Singapore?

RESULTS

The key themes were:

(1) perceived readiness to scale, focusing on stakeholder motivation and capacity;

(2) implementation strategies, highlighting the need for training, collaborations, and operational refinements;

(3) policy strategies, addressing financial sustainability, governance, and regulation.

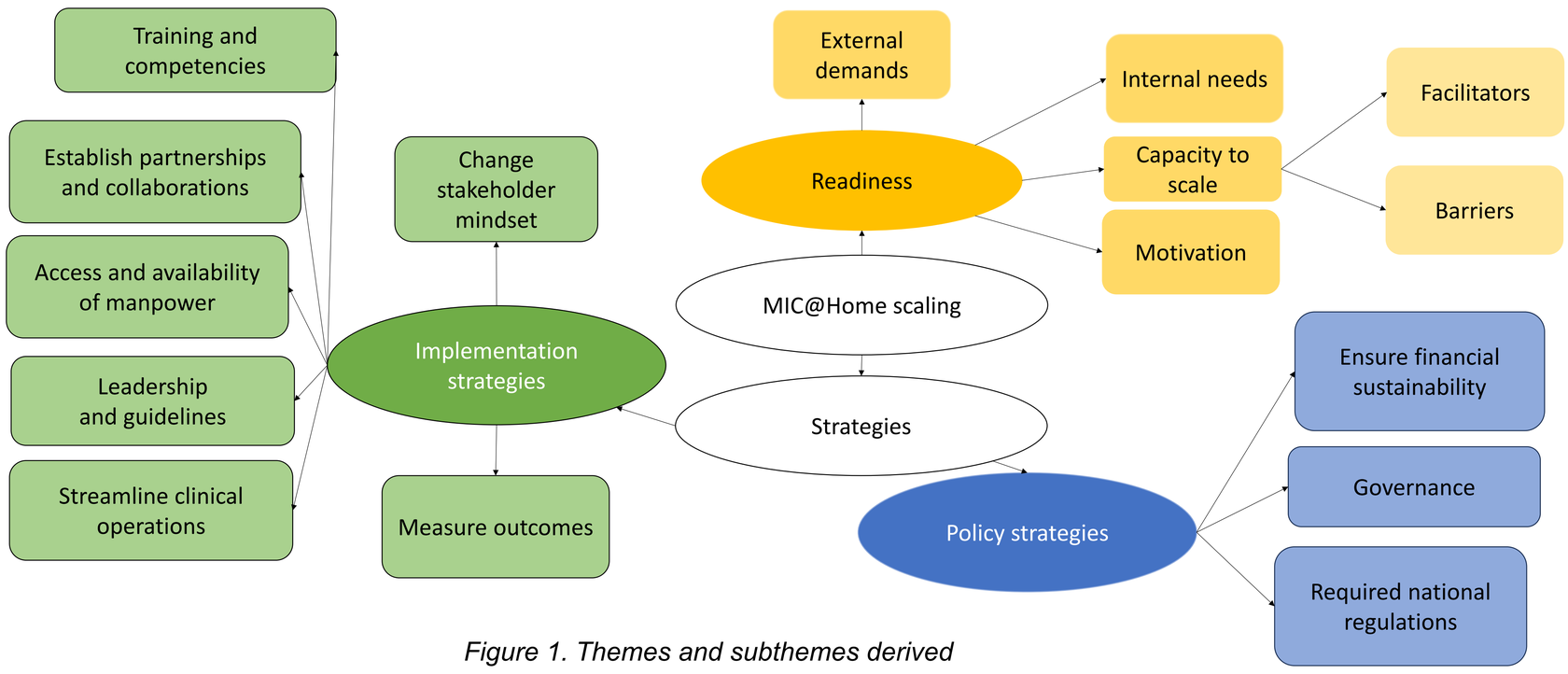

Figure 1. Themes and subthemes derived

- Overall, the readiness for MIC@Home is high
- For implementation strategies, organizational alignment, partnerships with other healthcare providers, and adequate manpower for operational needs are essential. Data collection is needed to prove the effectiveness and safety of MIC@Home and establish service reliability. Clinicians and patients must also be convinced of its value to increase acceptability of MIC@Home.
- For policy-related strategies, financing policies should be adjusted to sustain MIC@Home and improve patient access. Fine-tuning governance over MIC@Home clinicians and third-party providers, along with regulations to set minimum care standards, is crucial in enabling operational processes.

METHOD

- A **descriptive qualitative study design** was used.
- Through purposive sampling, 32 participants (16 HaH clinicians, 11 enabling units, and 5 regulators) were recruited and semi-structured interviews were conducted.
- The interviews were transcribed using Trint and thematically analysed using Atlas.ti via Braun and Clarke's six-step inductive approach

CONCLUSIONS

- This study provides critical insights into the challenges and opportunities associated with scaling MIC@Home in Singapore, highlighting the importance of **managerial support, governance, infrastructure, and stakeholder engagement.**
- Future studies should focus on fostering an enabling environment for HaH, ensuring that all stakeholders—patients, healthcare providers, policymakers, and technology partners—are aligned in their goals and efforts.

ACKNOWLEDGEMENT

We sincerely thank all participants for their valuable time and contribution to this research

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CONTACT INFORMATION

Crystal Chua

MOH Office for Healthcare Transformation

Crystal.chua@moht.com.sg