Journal of Clinical Epidemiology 102 (2018) 115−122

Journal of Clinical Epidemiology

REVIEW ARTICLE

Mixed-methods research revealed the need for dementia services and Human Resource Master Plan in an aging Philippines

Shelley F. Dela Vega[a,*], Cynthia P. Cordero[b], Leah A. Palapar[c], Angely P. Garcia[d], Josephine D. Agapito[e]

[a]*Primary Investigator, Institute on Aging, University of the Philippines Manila-National Institutes of Health, Rm 211 National Institutes of Health Bldg., UP Manila, 623 Pedro Gil St. Ermita 1000, Manila, Philippines*

[b]*Co-investigator, Department of Clinical Epidemiology, College of Medicine, University of the Philippines and Institute of Clinical Epidemiology, University of the Philippines Manila-National Institutes of Health, 2/F National Institutes of Health Bldg., UP Manila, 623 Pedro Gil St. Ermita 1000, Manila, Philippines*

[c]*Research Project Associate, Institute on Aging, UPM-NIH, University of the Philippines Manila-National Institutes of Health, G/F National Institutes of Health Bldg., 623 Pedro Gil St. Ermita 1000, Manila, Philippines*

[d]*Research Project Assistant, Institute on Aging, UPM-NIH, University of the Philippines Manila-National, Institutes of Health, Rm 211 National Institutes of Health Bldg., Manila, Philippines*

[e]*Research Project Assistant, College of Arts and Sciences, University of the Philippines Manila, Manila, Philippines*

Accepted 19 June 2018; Published online 30 June 2018

Abstract

Objective: To determine the status of dementia care services and workforce in selected public and private hospitals and geriatric care facilities in the Philippines.

Study Design and Setting: Framework analysis of 54 key informant interviews, 4 focus group discussions, and survey of 167 workers in 26 purposively selected facilities.

Results: Three dementia care models emerged: (1) separate unit, seen in 2 facilities, (2) partial dementia services, 9 facilities, and (3) integrated with the general services, 15 facilities. Only 1 of 26 facilities had specific outpatient services; only 1 provided care exclusively to dementia patients. Community day care services were rare. Physicians, nurses, and nursing assistants were available in all institutions. Nutrition and physical therapy services were generally available. There was a scarcity of physician specialists (e.g., geriatrics) and occupational therapists. Half of the workers surveyed rated the quality of their service at 80 or higher, 27% defined dementia correctly. Attitude toward dementia was very positive, in the form of willingness to care for and willingness to learn more.

Conclusion: Mixed-methods research helped identify service and health workforce needs and elucidate understanding of health workers' attitude and perceptions toward a disease of which there is low knowledge and awareness.

Keywords: Dementia; Workforce; Philippines; Health Human Resource; Models of care; Geriatrics

1. Introduction

Worldwide, 47.5 million people have dementia, 58% live in low- and middle-income countries (LMICs). By 2030, the number of people with dementia is projected at 75.6 million and is expected to triple (135.5 million) by 2050. These accelerating numbers call for immediate action especially for LMICs where resources for health care are scarce [1].

Dementia is a chronic debilitating disease that requires costly long-term care [2]. There is no case registry of dementia and related disorders in the Philippines. Nevertheless, in an article on "Philippine Population and Dementia Projections" by Ogena, it is projected that population aging in the Philippines will involve a shift in share of dependents. Old-age dependents will increase from 17% in 2010 to 43% in 2045. In the same article, it is projected that more than a million dementia sufferers among senior citizens (age 60 years and older) in the Philippines are expected in 2040, which is nearly five times those in 2010.

* Corresponding author. Institute on Aging, University of the Philippines Manila-National Institutes of Health, G/F National Institutes of Health Bldg., UP Manila, 623 Pedro Gil St. Ermita 1000, Manila, Philippines. Tel.: (632) 526 4266; (632) 526 4349; fax: (632) 525 0395.

E-mail address: sfdelavega@up.edu.ph (S.F. Dela Vega).

https://doi.org/10.1016/j.jclinepi.2018.06.010

Challenges and Strategies

- Unlike high-income countries, many of the facilities for dementia and elder care were not government registered, and therefore a directory of services and facility information was not readily available. The researchers had to seek information from specialty physician groups (e.g., Philippine College of Geriatric Medicine and Philippine Neurological Association), Internet websites, advocacy groups (e.g., Alzheimer's Disease Association), and known nursing and physician practitioners.
- Unlike high-income countries, most of the facilities had no specific dementia services but had services for older persons. It was assumed that geriatric services for older persons would parallel services provided to persons with dementia.
- Many respondents in rural areas lacked general knowledge and understanding on what is dementia. Researchers had to explain the condition and discuss the general manifestations of dementia before proceeding with the interviews.
- A few survey forms were not returned, mainly because of the lack of administrative commitment to support such a study and fear of being negatively evaluated. This issue was discussed in the validation meetings with participating facilities.
- Lack of databases that provide sufficient information on dementia case prevalence and type of dementia. The authors used projections from World Health Organization (Prince) and Philippine population aging (Ogena). A national registry is currently recommended.

New cases of dementia are also expected to grow exponentially. The number of new cases of dementia in 2015 is expected to more than triple by 2045. In the next 35 years, it is expected that the proportion of dementia among senior citizens will increase from about 5% of dementia cases in 2010 to more than 20% by 2045 [3].

The World Health Organization (WHO) and the Alzheimer's Disease International (ADI) considered the disease a public health priority. They recommended a seven-stage model for dementia care [4]. Recognizing the limitations of LMICs, Prince et al. recommended a dementia care package for low-resourced settings [5]. Trained primary care teams were the main providers. Long-term care, integration with other health services, and linkages with community support programs for the elderly and disabled were emphasized.

There are no approved local guidelines on the care of patients with dementia. However, in 2015, the Alzheimer's Disease Association of the Philippines published its second book on Alzheimer's disease diagnosis, prevention, and management, but the contents are not adapted as guidelines [6].

The development of nursing homes in the Philippines is relatively new and unregulated. In 2012, the Department of Health (DOH) revised the classification of health facilities and added Level 2 Custodial Care, which includes nursing homes. Custodial care facilities are defined as providing long-term care, including the provision of ongoing health and nursing care due to chronic impairments and a reduction in the ability to perform activities of daily living [7]. Another recent development in 2013 is the inclusion of medical first case rate reimbursements for dementia and related diseases by the Philippine Health Insurance Corporation (PHIC) [8]. Under this scheme, hospitalization and professional fees are reimbursable for multi-infarct, vascular, presenile, and senile dementia. However, the PHIC has not yet issued a policy statement on quality standards for hospital-based care of dementia patients.

Research on preference on type of dementia care in the Philippines is not yet established. In 2013, the Philippine Council for Health Research and Development commissioned the State of the Art on Aging Research. This systematic review looked at published and unpublished researches on aging in the Philippines from 1980 to 2013. Of the 1,411 titles accessed, only 850 were available for abstraction, of which only 352 entries were of acceptable quality. There were only 32 abstracts on mental health, and none of these yielded studies on preference on type of dementia care [9].

Care coordination is at the cornerstone of dementia care services and support. The Alzheimer's Association guideline for dementia care facilities includes the following recommendations on staffing: Staffing patterns should ensure that residents with dementia have sufficient assistance to complete their health and personal care routines and to participate in the daily life of the residence. Consistent staff assignments help to promote the quality of the relationships between staff and residents. Direct care staff need education, support, and supervision that empower them to tailor their care to the needs of residents [10,11]. Community-based interventions, with the help of lay and nonmedical personnel, have been studied in prospective trials [12]. Although these targeted clinical depression and anxiety, demonstrable improvements were shown. These models may be adapted for care of dementia and support for their family members in resource-poor settings.

Patients with dementia, when hospitalized for acute illness, will need specialized and coordinated care. These include the need for liaison services, management guidelines for delirium (acute confusion and agitation), environmental design to limit confusion and agitation, fall prevention, pain management, medication management, and discharge planning [13,14].