

Inclusive, Sustainable, Prosperous and Resilient Health Systems in Asia and the Pacific

INSPIRE Health Forum

7-11 July 2025 • A Hybrid Event



PARALLELSESSION #INSPIREhealth2025

1ST **INSPIRE**
HEALTH FORUM

Healthy Aging: the integral role of long-term care

09 July 2025 • 1:15-2:50 PM

Multi-function Hall 2



Taiwan's Ongoing Journey to Healthy Longevity

Liang-Kung Chen, MD, PhD

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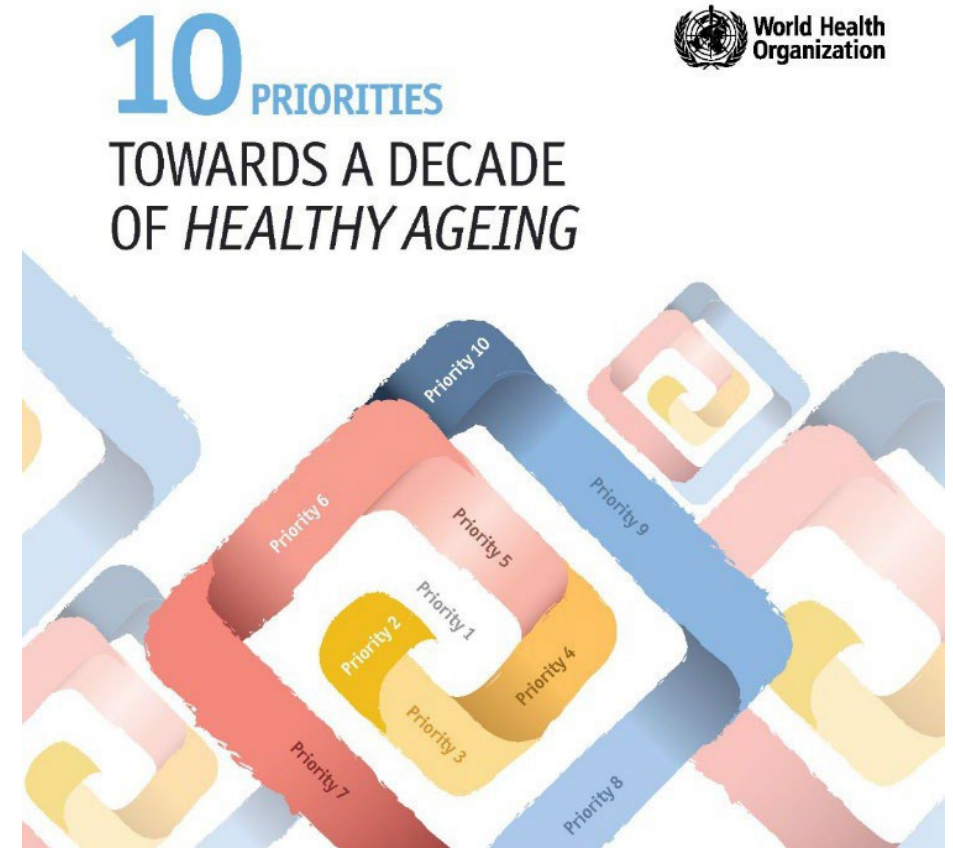
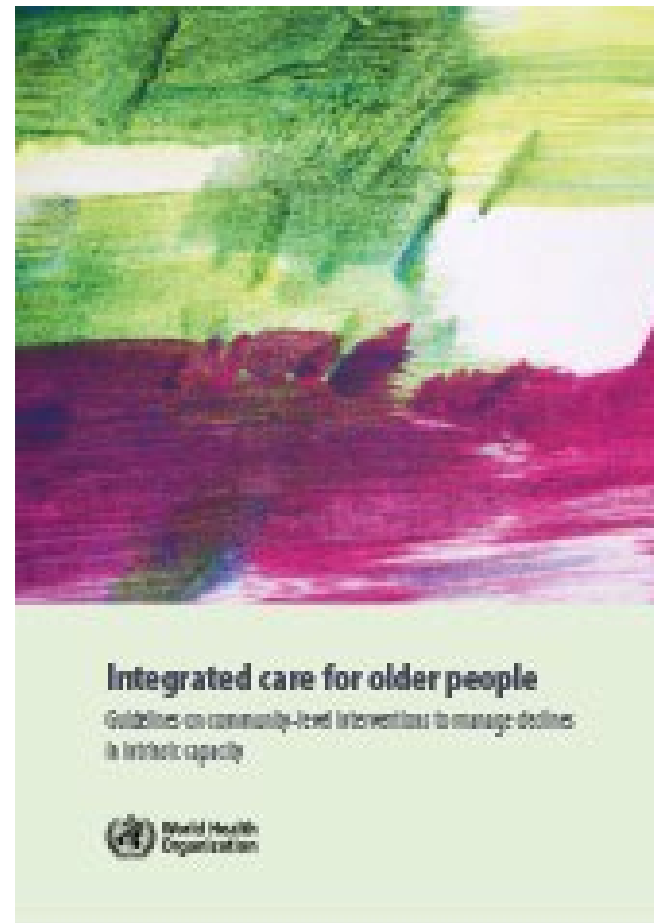
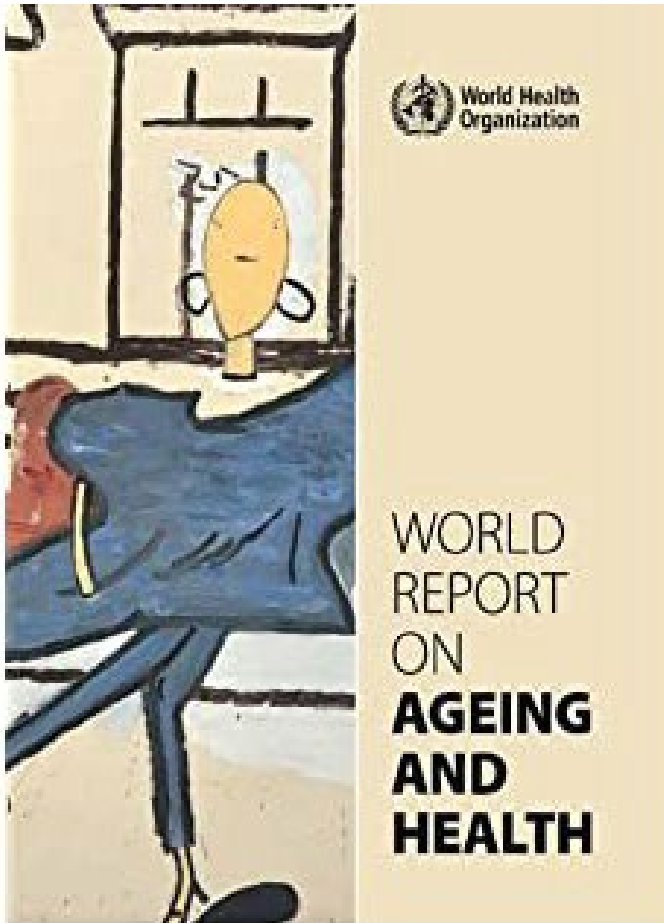
Taiwan's Ongoing Journey to Healthy Longevity

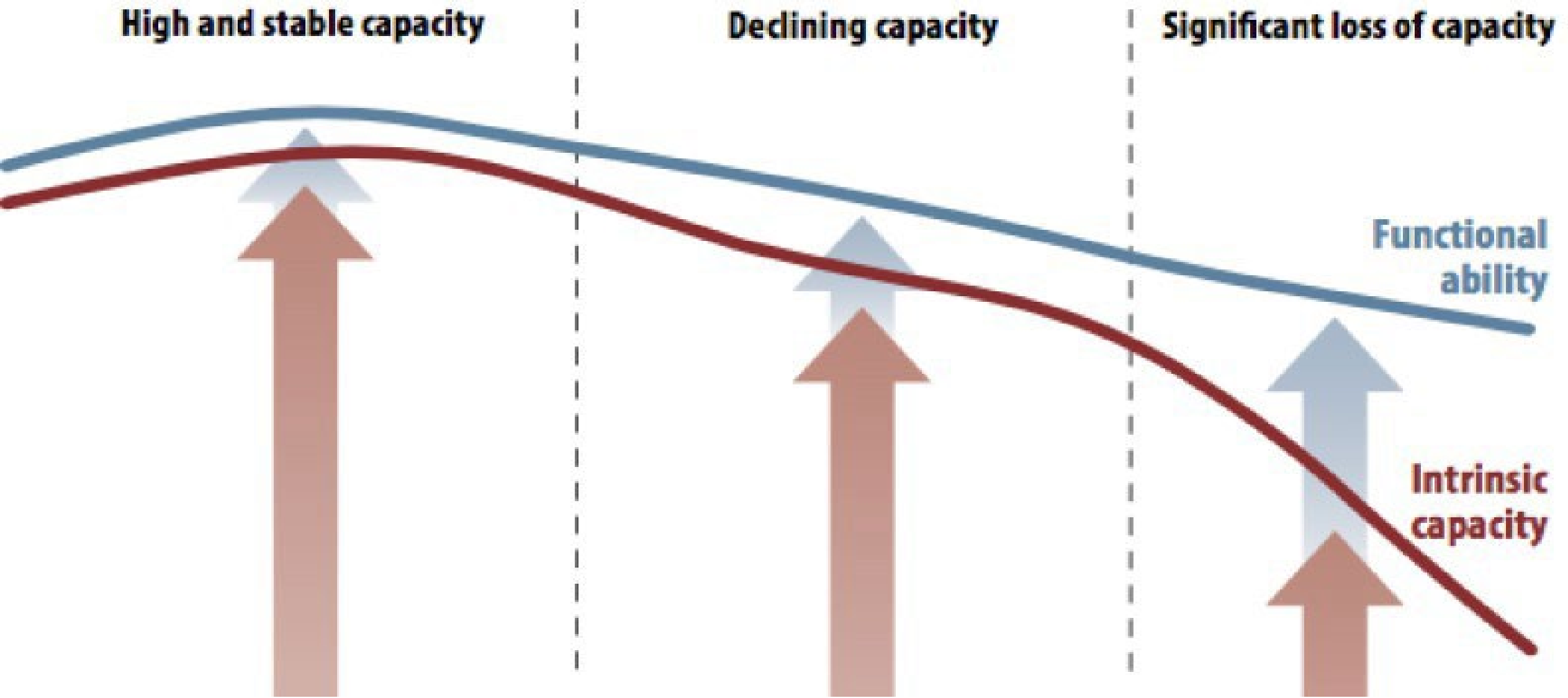
The background of the slide features a stylized green cityscape with various building silhouettes and a wind turbine on the left side. The text is overlaid on a white rectangular box.

Liang-Kung Chen, MD, PhD

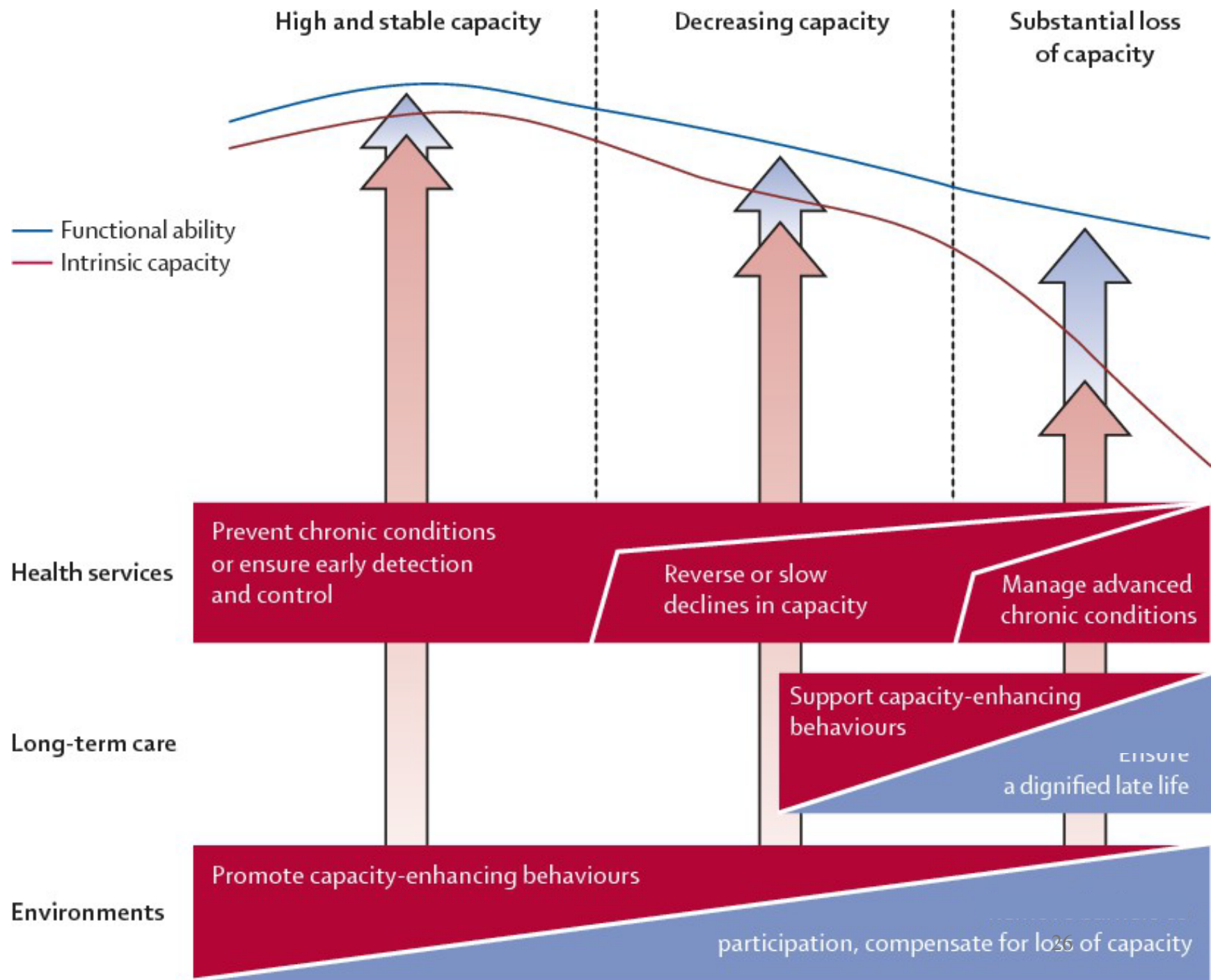
Distinguished Professor, National Yang Ming Chiao Tung University
Center for Geriatrics and Gerontology, Taipei Veterans General Hospital

Global Actions for Healthy Aging





Healthy Aging is a process of **developing** and **maintaining functional ability** to ensure late-life well-



Acute Care

Medical model
Hospital care

Post-Acute

Mixed model
Health + Social Care

Long-Term

Social model
Care
Home, Community,
Institute



Bridge the Gap by Scientific Evidence



門診流程

高齡醫學整合門診目前每週開設四診，每診以診治15位病患為原則。每個診次二到四位醫師與一位個案管理師，共同為患者進行看診。



1. 基本資料登錄
護理人員針對初次就診的老年患者，詢問基本資料及護理評估。
2. 完整病史詢問
資深住院醫師：針對老年患者進行初步身體檢查，並且了解過去的完整病史。
3. 周全性老年評估
個案管理師：透過測驗，評估老年患者於日常生活的自主能力。
4. 整合醫療診斷
老年醫學次專科醫師、復健科與精神科醫師：進行整合醫療評估。
5. 完成門診流程，僅以一次計價。

Outpatient integration

Care Quality
49.8%

Medical
Expenditure
35.4%



Tao P, et al., Geriatr Gerontol Int 2012;12:612-21



1. 復健治療區

附設簡易復健室，便於患者就近復健。

2. 開放式沐浴間

開放式設計，便於病床直接推入，並備有造價百萬的漩渦式超音波沐浴機，便於協助失能患者沐浴盥洗。

3. 走道高低扶手設計

便於拐杖、輪椅等輔具使用者，皆可扶撐前進。

4. 護理站之櫃檯親善設計

讓使用輪椅的患者，可方便於護理站諮詢。



Acute Geriatrics Service

Disability Avoidance
32.5%

In-Hospital Mortality
76.2%

Hsu CC, et al., Aging Med Healthc 2021;12:62-67

Post-Acute Care

Functional
Recovery
48.6%

Annual
Mortality
62.0%

Chen LK, et al. Ann Med 2010;42:630-6

桃園榮民醫院 Taoyuan

- 1.運動治療室
- 2.診療室
- 3.物理治療室
- 4.交誼廳



宜蘭榮民醫院(員山) Yilan

- 5.親善藝廊
- 6.物理治療室
- 7.交誼廳
- 8.戶外休閒綠地



連結整合醫療、安養、服務機構功能以及資源，建構榮民健康促進及長期照護制度，使榮民（眷）獲得妥善「全人、全程、全家」的醫療照護。

以榮總為核心，建構榮總、榮院及榮家保健組之「三級醫療」垂直支援與轉診制度。
配合榮院水平、垂直整合作法，結合榮家人力、設施，建置門診、復健及長期照護（護理之家）資源。



Articles

Effects of incorporating multidomain interventions into integrated primary care on quality of life: a randomised controlled trial

Wei-Ju Lee, Li-Ning Peng, Chih-Hung Lin, Ben-Chou Chen, Sheng-Jung Lin, Cheng-Hsiu-Lih, Sheng-Lun Kuo, Tzu-Sheng Hung, Chen-Yun Chang, Chun-Feng Huang, Ting-Ching Tang, Shih-Tsung Huang, Yu-Wen Wu, Fan-Yuan Hsiao, Liang-Kang Chen, on behalf of the Taiwan Integrated Geriatric Care Study Group

Summary
Background Integrating primary prevention into care pathways for older adults is a core strategy of healthy ageing, but evidence remains limited. We aimed to determine whether incorporating a multidomain intervention into primary health care could improve standard value-based health outcomes and quality of life.

Methods For this Taiwan Integrated Geriatric Care (TIGER) study, a pragmatic randomised controlled trial, we recruited community-dwelling outpatients aged 65 years or older with at least three chronic medical conditions. We excluded people with malignancies undergoing chemotherapy, people with a life expectancy of less than 12 months, or people who were insufficiently able to communicate with study staff. Participants were randomly assigned (1:1) to usual care or to the integrated multidomain intervention using block randomisation. The integrated multidomain intervention entailed 16 2-h sessions per year, comprising communal physical exercise, cognitive training, nutrition and disease education, plus individualised treatment by specialists in integrated geriatric care. The primary outcome was changes from baseline quality of life, based on 36-item Short-Form Health Survey (SF-36) scores, at 3, 6, 9, and 12 months. Intervention effects were analysed per protocol using a generalised linear mixed model. This trial is registered with ClinicalTrials.gov, NCT03528805.

Findings Between June 25, 2018, and Feb 15, 2019, 628 participants were screened, of whom 398 were assigned to the integrated multidomain intervention (n=199) or to usual care (n=199). 335 (84%) participants completed the 12-month follow-up. Compared with the usual care group, the integrated multidomain intervention group had significantly higher mean SF-36 physical component scores across all timepoints [overall difference 0.8, 95% CI 0.2–1.5; p=0.008], but differences at 3, 6, 9, and 12 months did not reach statistical significance. The SF-36 mental component score did not differ significantly overall, but was significantly higher in the integrated multidomain intervention group at the 12-month follow-up (55.3 [SD 9.4] vs 53.7 [SD 9.6]; p=0.019). No serious adverse events occurred.

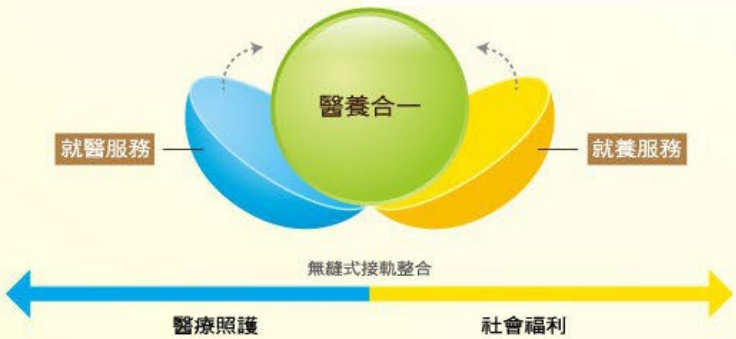
Interpretation Incorporating multidomain interventions into integrated health care improved quality of life. Our standardised protocol is amenable to inclusion in policies to promote value-based care and healthy ageing.

Funding National Health Research Institutes, Taiwan, and Ministry of Science and Technology, Taiwan.

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Introduction
Population ageing and technological progress are driving increased health-care needs worldwide, which is projected to rise from 27.7% of gross domestic product in the USA in 2018 to 39.7% by 2028.¹ Continuing these escalating costs without compromising quality of health care is a priority for health-care reform. The 2010 Affordable Care Act introduced a value-based Medicare payment system that links fee-for-service to quality and efficiency of health-care delivery and makes providers accountable for outcomes.^{2,3} The Taiwan health-care system also faces challenges, one of the greatest being fragmentation of health promotion and health-care provision, especially in primary care settings. WHO advocates maintaining intrinsic capacity and functional ability to support healthy ageing and has issued guidance on Integrated Care for Older People, which addresses whole-person care, particularly for people with multiple complex care needs.⁴ Using appropriate quality metrics is very important to assure effective health-care delivery; however, measuring quality is complex and challenging, and it is uncertain whether existing measurements truly represent meaningful outcomes.⁵ Hence, the International Consortium for Health Outcomes Measurement (ICHOM) Standard Set for Older Persons developed evidence-based and clinically relevant value-based health measures specific to older people overall, rather than in accordance with discrete age-related diseases or conditions.⁶

www.thelancet.com/healthy-longevity 942 2 November 2021 4712



Healthy Aging Program



Lee WJ, et al. Lancet Healthy Longev. 2021;2:e712-e723.

2007-2016

1. Taxation-based
2. Personal Care
3. Annual 5 BNTD

1.0

Long-Term Care



2017-2025

1. Multiple Funding
2. Home & Community
3. Institutional Care
4. Disability Prevention
5. Linking Hospitals
6. Annual 60 BNTD

2.0

Long-Term Care



3.0

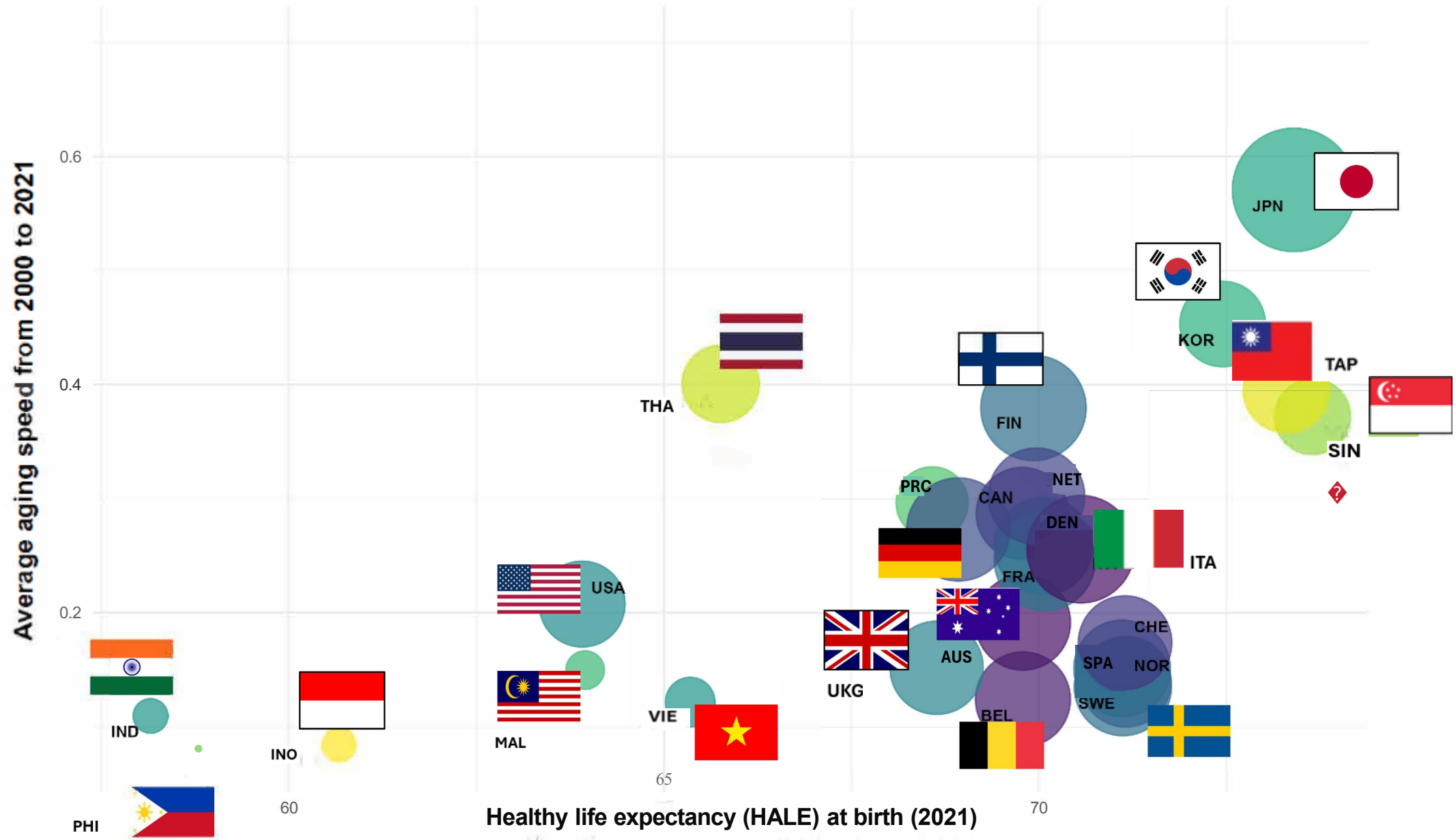
Long-Term Care



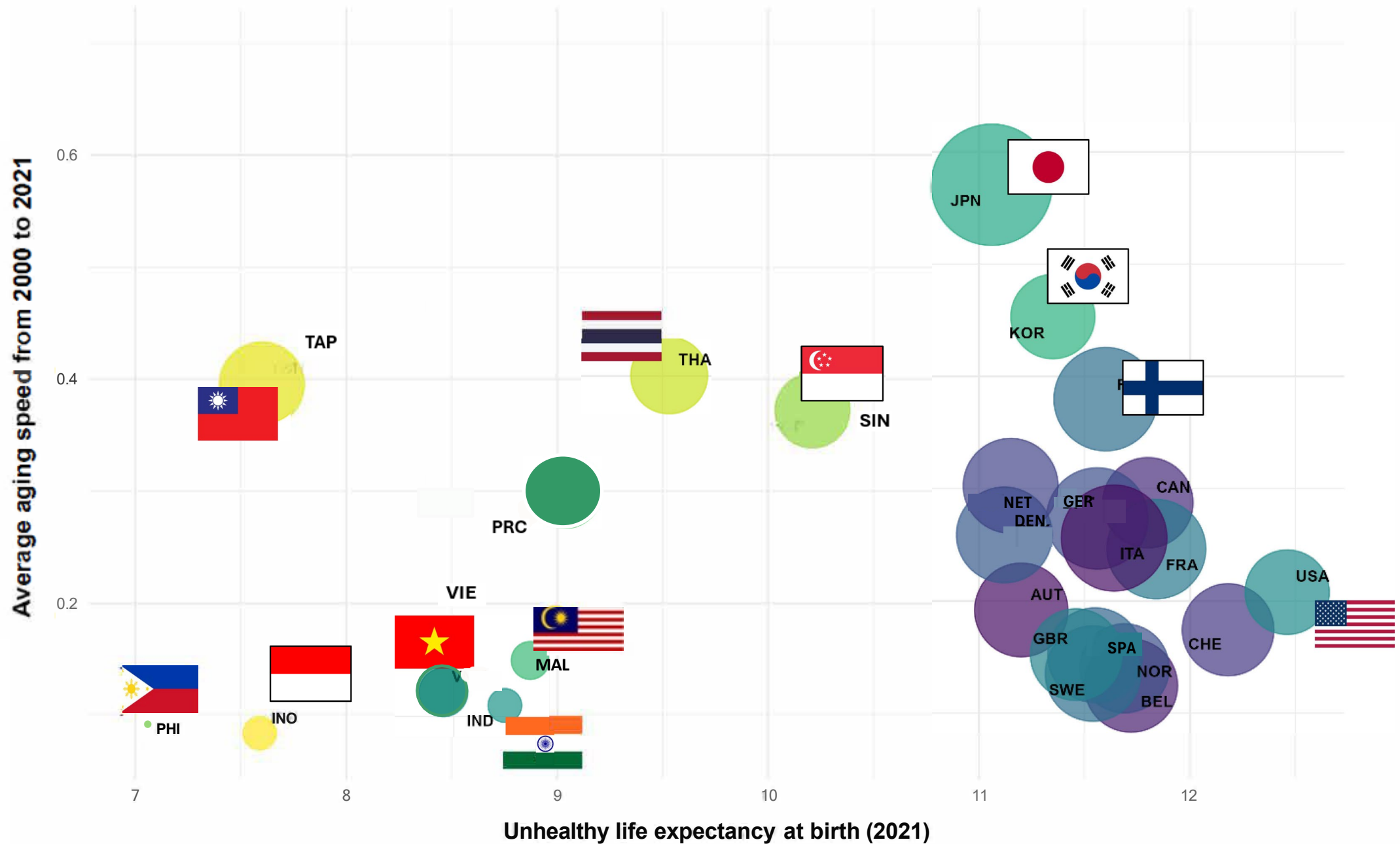
2026 onward

1. Multiple Funding
2. Care Continuum
3. Home Re-ablement
4. Health-Social Blend
5. Annual 100 BNTD

Population aging and its healthy life expectancy (HALE) at birth (2021)



Population aging and its unhealthy life expectancy at birth (2021)



The Journey Continues

