



Using System Dynamics Methodology to Generate Insights: An Example from Singapore

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Research objectives

- Study care and treatment of dementia patients and develop care options to:
 - Increase caregiver options
 - Reduce burden on caregivers
 - Measure and control economic and social costs



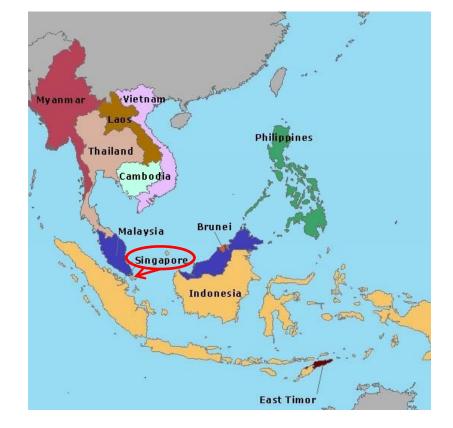






What is the size of the population with dementia in the future?

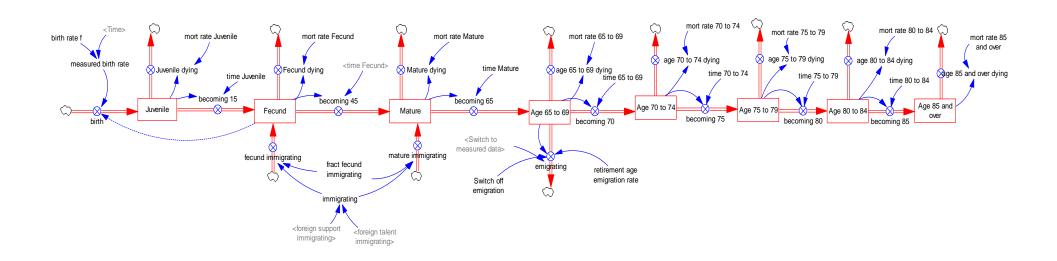
- Need a good population model
- Singapore's population dynamics are unusual
 - Foreign labor
 - Ultra low fertility
 - High life expectancy





The Model

- Eight-stock population aging-chain
- Immigration to reach population planning value of 6.5 million





Calibration

 Unexplained difference between the simulation and the population measured over 10 years

Difference only emerged in elderly cohorts

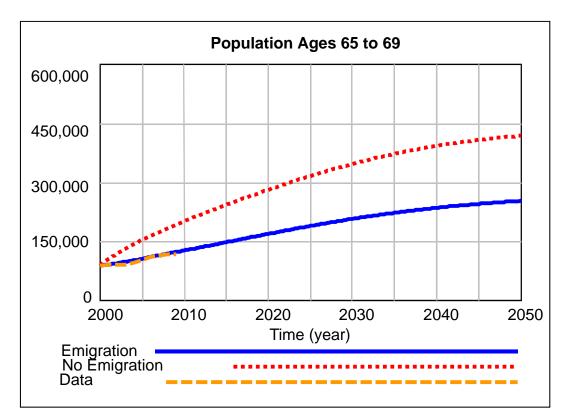
What causes that?



Emigration?

- Foreigners leaving for "home"
- S'poreans leaving for lower cost of living
- Draining 17% of 65-69 cohort resulted in well-calibrated model

Yay!





But Wait...

- Doesn't 17% seem excessive??
- Back to the drawing board
 - Ask reviewers to look over our model
- Aha!
 - Eight-stock aging chain generates a blending problem
 - People were being "left behind" and "piling up" in younger stocks



Reworking the Model

- Population was disaggregated into individual birth-year cohorts and aging - "birthday" - made discrete event
- Emigration and immigration indirectly measured by calibrating population levels and outflow (deaths)
- About 1% of population emigrating
- Emigration still there, but spread out over the entire population
 - No mass exodus at age 65

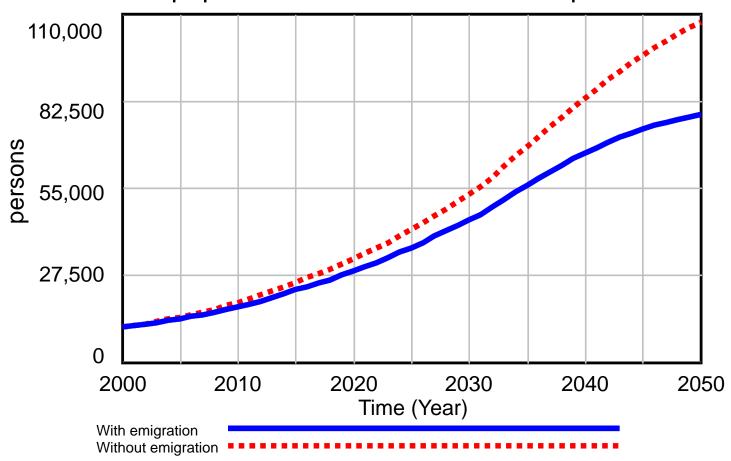


What Does It Mean?

- Original result had a huge impact on future dementia population
- New result has a large impact but in a less obvious way
- All models are flawed...
- ...some are more useful than others
 - First iteration → insight about emigration
 - Second iteration higher confidence in estimate



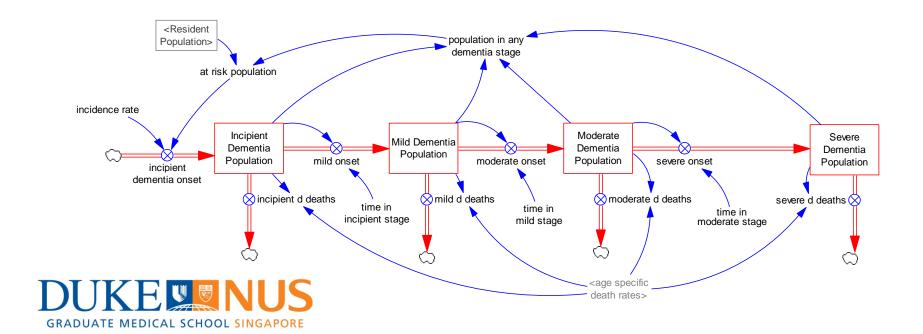
Dementia population estimated with WHO prevalence





Moving Forward

- Population: disaggregate by gender
- Dementia prevalence: at each level of severity
- Structure: Simulate currently observed patterns of care, to help develop programs of care based on severity







Thank you!

Questions?

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