

MEDIA RELEASE

PATIENTS ENROLLED IN NHGP'S TEAMLET CARE MODEL SHOW IMPROVED DIABETIC CONTROL

Study of nearly 20,000 patients suggest strong bonds forged between dedicated healthcare team and patients as contributing factor

Singapore, 17 August 2018 – A study conducted by the National Healthcare Group Polyclinics (NHGP) on the impact of its teamlet care model has shown that enrolled patients were more likely to have better control of their diabetes and less likely to visit the Emergency Department. Patients under NHGP's teamlet care model also showed increased uptake of preventive health screenings (please refer to **Annex A** for study results).

2 The study, conducted from 1 July 2015 to 31 December 2016 for Ang Mo Kio, Toa Payoh, Woodlands and Yishun Polyclinics, involved about 10,000 patients who were enrolled in teamlets and about 10,000 patients from a comparative group who were not enrolled in teamlets from the same polyclinics.

3 Marking its fourth year of operation, NHGP's teamlet care model provides patients with chronic conditions, access to a dedicated team of healthcare professionals, including doctors, care managers (nurses) and care coordinators (layperson). This enables the building of a strong patient-healthcare team relationship that is based on trust (please refer to **Annex B** for more information on teamlet care). The teamlet focuses on each patient's medical, functional, psychological and social needs to provide individualised, holistic and integrated care within the primary care setting. The team first uses a system which scans and identifies patients who are suitable for teamlet care. Each patient's health is assessed and risk-stratified based on their medical conditions. By stratifying risk based on disease types and their complexity, and tailoring care bundles using a team-based approach, patient care is customised to need, optimising

resource allocation. A digital dashboard is then used by team members to monitor the outcomes of their patients on a regular basis, and to identify patients' healthcare needs before their upcoming appointments.

4 "The teamlet care model has contributed to our patients' improved health outcomes and expand the scope of primary healthcare by tapping on existing resources such as allied health professionals, hospital specialists and community partners," said Dr Karen Ng, Director, Clinical Services, NHGP.

5 Through a long-term patient-team partnership, the teamlet care model also seeks to spur patients to take on greater ownership and decision-making for their chronic disease management.

6 Mr Leon Chester Stewart, a 48-year old diabetes patient receiving teamlet care at Ang Mo Kio Polyclinic, shared his positive experience since being empanelled. "In the past, there were no designated doctors or nurses to look after my health. Now with the teamlet care model, the clinical team is able to better understand my medical history, monitor my health progress closely and provide the best care plan for me. This gives me the opportunity to work on improving my health together with my healthcare team."

7 Associate Professor Chong Phui-Nah, Chief Executive Officer of NHGP and Primary Care, shared the organisation's rationale for transforming how primary care is delivered to the community. "To better manage the growing healthcare demands of an ageing population, NHGP embarked on its primary care transformation journey in 2015. We currently have 25 teamlets across our six polyclinics, which have empanelled more than 100,000 patients with chronic conditions. To further improve Singapore's population health, moving forward we hope to enroll all patients with chronic diseases and their family members who may be at risk into teamlets in NHGP and our GP partners."

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About National Healthcare Group Polyclinics

National Healthcare Group Polyclinics (NHGP) forms the primary healthcare arm of the National Healthcare Group (NHG). Its six polyclinics serve a significant proportion of the population in the central and northern parts of Singapore.

NHGP provides a comprehensive range of health services for the family, functioning as a one-stop health centre providing treatment for acute medical conditions, management of chronic diseases, women & child health services and dental care. The focus of NHGP's care is on health promotion and disease prevention, early and accurate diagnosis, disease management through physician led team-based care as well as enhancing the capability of Family Medicine through research and teaching.

Through the Family Medicine Academy and the NHG Family Medicine Residency Programme, NHGP plays an integral role in the delivery of primary care training at medical undergraduate and post-graduate levels. With the Primary Care Academy, NHGP provides training to caregivers and other primary care counterparts in the community sector.

More information is available at <http://www.nhgp.com.sg>

ANNEX A

TEAMLET CARE STUDY RESULTS

No.	Study Results	Observations
1.	<p>Reduction in Avoidable Emergency Department / Hospital Admissions</p> <p>- <i>Diabetes and Hypertension-related problems</i></p>	<ul style="list-style-type: none"> Patients under NHGP's teamlet care were 49% less likely to visit the Emergency Department for diabetes and hypertension-related problems.
2.	<p>Improvement in Preventive Health Screenings</p> <p>a) <i>Diabetes Foot Screening</i></p> <p>b) <i>Diabetes Eye Screening</i></p> <p>c) <i>Pap smear</i></p> <p>d) <i>Mammogram</i></p>	<ul style="list-style-type: none"> Patients under teamlet care were 69% more likely to go for their diabetes foot screening. Patients under teamlet care were 48% more likely to go for their diabetes eye screening. Female patients under teamlet care were 57% more likely to go for their pap smear screening. Female patients under teamlet care were 45% more likely to go for mammogram screening.
3.	<p>Improvement in Patients' Clinical Outcomes</p> <p>- <i>Diabetes</i></p>	<ul style="list-style-type: none"> Patients receiving teamlet care were 16% less likely to have poorly controlled diabetes after being enrolled.

ANNEX B

ABOUT TEAMLET CARE

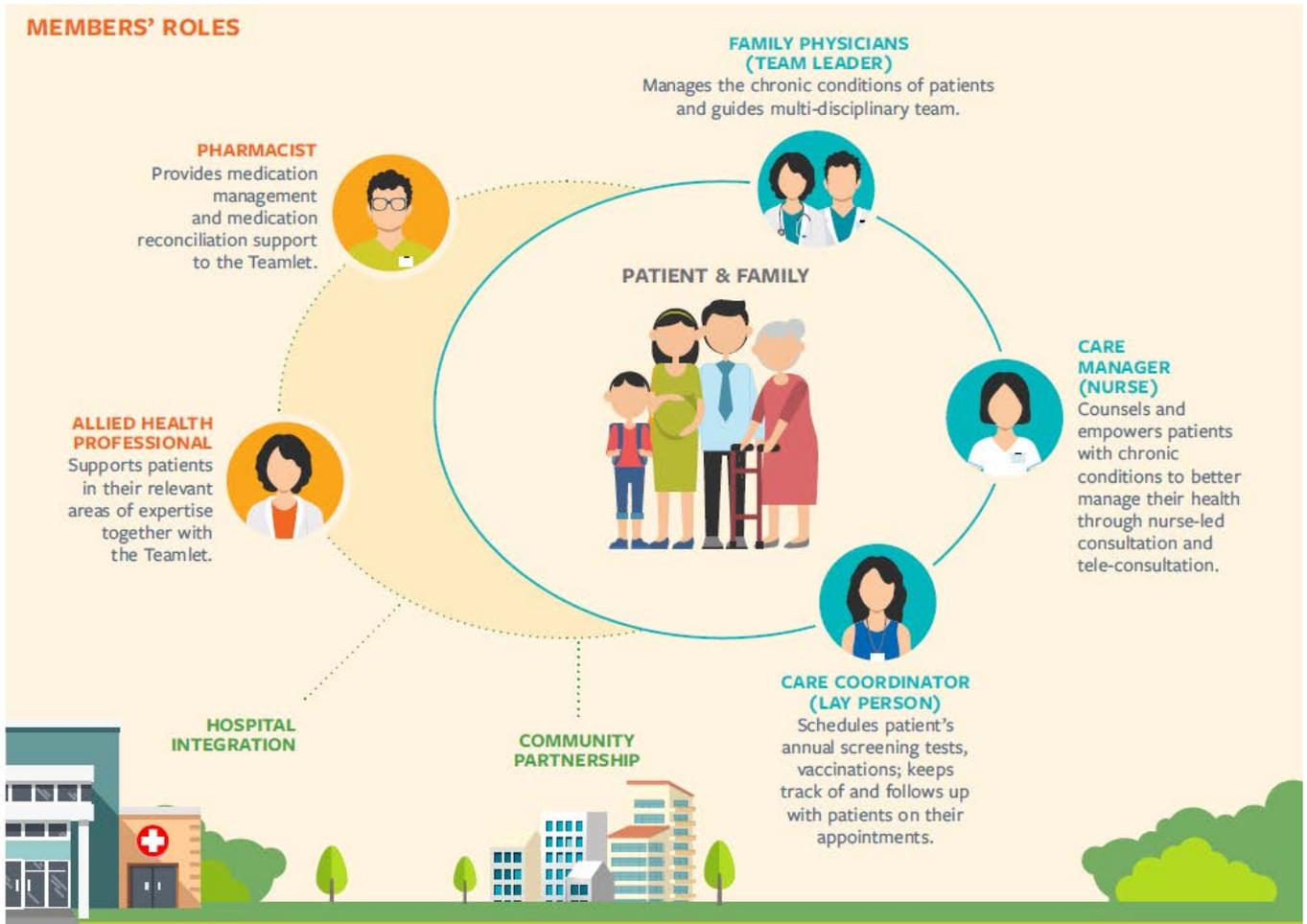
1. Summary of Teamlet Care

- NHGP's teamlet care model contributes to the transformation of Singapore's primary care landscape by providing relationship-based care to patients with chronic diseases using a team-based approach.
- The doctor-centric model of care that previously characterised polyclinic care delivery is being replaced by a team-oriented model involving family physicians, nurses, allied health professionals and other healthcare providers. This facilitates synergy and inter-collaboration between healthcare professionals, leading to more comprehensive, coordinated and continuous care for patients.
- Empanelment also fosters a provider-patient relationship over time, allowing the healthcare team to integrate a patients' physical and mental health with social care issues in the comprehensive care of the patient.
- The teamlet care model was first introduced to Toa Payoh Polyclinic in 2015, and has since been successfully phased into all of NHGP's polyclinics.
- As of July 2018, there are 25 teamlets which have empanelled more than 100,000 patients with chronic conditions at NHGP's six polyclinics.
- NHGP's strategy on the transformation of primary care, named "Telehealth, Empanelment, Activation of Patients, Models of Care Delivery, Stratification of Risk and Strategic Partnership with General Practitioners (TEAMS²)" will be published in the Family Practice Journal, a top international journal covering the fields of family medicine, general practice and primary care.

2. Key Components and Description of Teamlet Care

No.	Key Components of Teamlet Care	Description of Key Features
1.	Patient Empanelment <i>(Patient-centred Care)</i>	<ul style="list-style-type: none"> • Focus on long-term relationship between teamlets and patients • Proactive approach; includes acute care, chronic care, preventive services, at all stages of life • Promotes patient empowerment, self-care and health promotion
2.	Team-based Care <i>(One family, one care team)</i>	<ul style="list-style-type: none"> • Patient receives continuous care from a regular teamlet, comprising doctors, a care manager and a care coordinator • Team-based approach to care allows for different team members to meet the unique needs of patients
3.	Chronic disease stratification <i>(Customised care bundles)</i>	<ul style="list-style-type: none"> • Patients are risk-stratified based on their medical conditions • By stratifying risk based on patients' disease types and their complexity, and tailoring care bundles using a team-based approach, patient care is customised to need, optimising resource allocation
4.	Population Management <i>(Integrated and Coordinated care)</i>	<ul style="list-style-type: none"> • Patients are scanned and identified to assess their suitability for teamlet care • A digital dashboard monitors the outcomes of teamlet patients on a regular basis, and identifies patients' healthcare needs before their upcoming appointments
5.	Team-Specific Outcome Measures <i>(Focus on Quality)</i>	<ul style="list-style-type: none"> • Scanning and monitoring patients for their needs and allocating appropriate resources for individualised care

3. Roles of Healthcare Professionals in NHGP's Teamlet



ANNEX C

CHINESE GLOSSARY

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Teamlet	团队医疗小组