Transforming PRIMARY CARE

Strategies for shaping care with PATIENTS IN MIND

PATIENTS FIRST, ALWAYS

PROUD MOMENTS

GREATER CONVENIENCE FOR PATIENTS
The National Healthcare Group Polyclinics’ (NHGP) Primary Care Forum in October this year was an opportunity for all of us as primary care providers to come together to share best practices, learn from each other, catch up and network. Themed, ‘Primary Care: Innovative Communities, Co-design for Quality’, the event covered the sector’s efforts in moving healthcare upstream as well as how to design healthcare with patients in mind.

For this issue, we interviewed Professor Kevin Grumbach, one of the plenary speakers at the Primary Care Forum. In the cover story, he highlights the importance of understanding socio-economic factors and the need for co-design in shaping quality patient-centred care.

To expand on this theme of improvement and innovation in primary care, we also highlight the need for continuous learning and upskilling. In ‘Up Close With’, we profile Dr Lee Eng Sing, who exemplifies this spirit of lifelong learning by becoming the first NHGP doctor to be conferred a PhD in Family Medicine. He shares his journey in primary care medicine and how he adds value to the patient experience by connecting with them as people.

Additionally, in recognition of our doctors’ efforts to deliver value-based care, Dr Sabrina Wong and Dr Kung Jian Ming were recently conferred two awards at the 2019 MOH Value-Driven Conference. NHGP was also recognised for our efforts in promoting workplace health, receiving the top Achievement Award at the Singapore HEALTH Awards 2019.

Our mission to improve, innovate and transform primary care is through continuous networking, learning and value-adding. To this end, we look forward to the upcoming Singapore Primary Care Conference in April 2020. Don’t forget to sign up; we hope to see you there!

In the meantime, happy reading!

The Editorial Team
Strategies for Shaping Care With PATIENTS IN MIND

Renowned advocate for primary and preventive health, Professor Kevin Grumbach was the plenary speaker at this year’s Primary Care Forum. He shared his thoughts on how to shape and co-create patient-centred care.

As healthcare professionals, it is important to take a step back from treating illnesses purely with medical procedures or drugs alone. Instead, there needs to be a more holistic view of the patient as a person, particularly towards one’s social needs and vulnerabilities.

— PROFESSOR KEVIN GRUMBACH
THE HELLMAN ENDOWED PROFESSOR OF FAMILY AND COMMUNITY MEDICINE AND CHAIR OF THE DEPARTMENT OF FAMILY AND COMMUNITY MEDICINE AT THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO.

Recognising that a patient’s social needs should be considered an integral part of healthcare delivery has been shown to be important. Research\(^1\) has shown that access to quality medical care accounts for only about 20% of a person’s health outcomes. The fact is, more than 60% of a person’s health outcomes are determined by socio-economic factors and behaviours, which are also largely influenced by social factors.

Given these considerations, Professor Grumbach proposes a three-tiered approach to better integrate social determinants into healthcare design.

The first and simplest dimension to consider is informed care, he said. “This refers to paying attention to a patient’s social needs and vulnerability and identifying if someone has an issue.” If a patient has difficulties taking his or her medication due to financial problems, then doctors will need to consider prescribing more affordable drugs, reducing the frequency of medication consumption, or prioritising medications based on their conditions.

The second dimension is to look at socially-targeted care. Beyond identifying a patient’s social needs, it is critical to connect that person with the resources to meet those needs. This includes linking him or her up with medical social workers for financial assistance.

The third and most challenging dimension is to tackle the root of the problem: poverty. While this is not an issue doctors and nurses can manage in the clinic, healthcare professionals and the primary healthcare sector can and should act as advocates to highlight income inequality vis-à-vis healthcare affordability and access to the relevant policymakers and government bodies.

Truly Person-Focused and Patient-Centred
These efforts must be complemented with one important element: the authentic and sustained engagement of patients themselves. Following the principles of user-centered design, there is a need to understand who the ‘end-user’ is, and balance their needs, expectations and demands with the resources, capacity and abilities of the larger primary healthcare system.

Professor Grumbach acknowledges that this is a formidable task. “Healthcare is unlike designing a commodity or a consumer product; it is a service that requires social responsibility,” he noted. “There is a need to find a middle ground and balance.”

In certain areas, doctors, nurses and the healthcare system – as subject-matter experts – are best-placed to determine what is important for patients. Despite this, Professor Grumbach believes that primary healthcare cannot be paternalistic. Patients’ engagement or participation in the design of healthcare services is key. Ultimately, it is about building a balanced relationship between doctors and patients to optimise the delivery of primary healthcare.

\(^1\)Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014)
Appropriate Engagement and Practical Strategies
Professor Grumbach believes that for patients to be effectively engaged, healthcare institutions need to have a keen understanding of what is crucial to patients, and more importantly, ensure that healthcare messages, services or procedures are delivered in a way that is relevant to and resonates with patients.

“There is an overload of information in healthcare, and healthcare professionals often explain things in a way that is too complicated for patients to understand,” he pointed out. Depending on the patient, healthcare professionals should try to deliver information at an appropriate level of healthcare literacy. For instance, rather than sharing the details of a disease process or its biological aspects, it may be more helpful to identify what patients want to understand about their conditions. For example, this may mean shifting the conversation from explaining insulin resistance and insulin deficiency, to sharing what can be done in one’s daily life to manage diabetes.

Continuum of Engagement Strategies
Strategies for patient engagement should cater to a diverse population and appropriate techniques should be adopted for different groups. These patient engagement strategies can (and should) be tailored to the capacity of the clinic and needs of the patient community.

Patient Surveys
One-time surveys given to patients to assess experience of care or components of care delivery
- Advantages: Quick, low-cost
- Limitations: Uni-directional, may not capture the right data; limited responses

Suggestion Boxes
Comment boxes in waiting rooms or exam rooms to collect ideas for practice improvement
- Advantages: On-going, serves to generate new practice improvement ideas
- Limitations: Typically low participation rate; needs upkeep to maintain and collect responses

‘Secret Shoppers’
Patients gather experiential feedback from trial phone calls to clinic or gathering step-by-step feedback on each step of clinic visit
- Advantages: Quick, low-cost, can feed into patient experience efforts
- Limitations: Hard to recruit patient volunteers; data may not be representative

Town Halls
Large-scale forum to gather community feedback on clinic initiative
- Advantages: Modest cost investment if participation is high gains a large pool of feedback; patients can interact/discuss with each other at meeting
- Limitations: One-time feedback; may be challenging to facilitate

Involving Patients in Quality Improvement (QI) Teams
Patients serve as members of quality improvement or practice improvement teams
- Advantages: Project-driven; aligned with clinic QI efforts
- Limitations: Patient is minority among staff and may not feel supported in participating; not necessarily representative feedback

Patient Advisory Councils (PACs)
Representative group of 7 to 15 patients who meet on a monthly or quarterly basis to discuss practice improvement
- Advantages: Bi-directional feedback; project-driven; can recruit diverse/representative council; can integrate with QI efforts at the clinic
- Limitations: Time-intensive; higher cost; requires staff time; sustained patient commitment required

Patient-Involved Staff Training
Patients participate in on-boarding and training new clinical staff, particularly in the area of patient communication
- Advantages: Demonstrates importance of patient perspective to new hires; builds awareness for patient experience of care
- Limitations: Patient partners need support and role clarity within training

Emerging Options: Virtual PACs, Social Media
Use of online message boards and social media to collect patient feedback; project-oriented patient working groups that exist for shorter term
- Advantages: Nimble; more action-oriented; may access harder-to-reach patients such as teens or younger working families
- Limitations: Less-tested; some concerns about online security
What compelled you to specialise in primary care?
I felt ill-equipped to practice Family Medicine when I came back to work as a doctor in December 1999 after graduating and working in the United Kingdom. One day in 2012, while I was a locum at a private clinic, I happened to read about the Graduate Diploma in Family Medicine programme. I realised that I could take on this post-graduate course right here in Singapore to upgrade myself even though I was not in the primary care traineeship system.

What is a key issue that primary care in Singapore needs to address?
The meaning of ‘care of patients’. We have to continue to drive patient-centred care, and this means minimising unnecessary burdens on patients that are imposed by the healthcare system.

Share some of your most memorable experiences in primary care.
Three things stand out in my mind:

My post-graduate examinations. They were undertaken outside the national primary care traineeship system, and the teachings and tutorials were outside office hours. I had to take personal leave to do the course, study and complete assignments, all the while also balancing my work responsibilities and family commitments. It was a very challenging time. However, it was ultimately a very fulfilling experience. It made me realise that the process is as important as the goal, and I feel lucky to have had the blessings of my family, and support from my colleagues and bosses.

Secondly, we do not always need a ‘medical’ solution. Family Physicians can provide care just as well without dispensing medicine or giving medical advice. We do thus by simply listening, asking the right questions and finding the human connection.

Lastly, the most profound lesson I’ve learnt as a doctor is that the people who come to see us (whether they have minor or major illnesses) all have something in common; they are all suffering in some way. Our job is to reduce this suffering. This is one of my biggest ‘aha’ moments.

What are your views on the role that Family Physicians play in the larger healthcare delivery landscape?
Family Physicians are part of the healthcare system and we look at the ‘whole’ while our specialist colleagues look at the ‘parts’. Both components are mutually supportive and work in tandem.

What are some of the challenges you face every day?
As Family Physicians, we have to be comfortable with complexity and uncertainty. We also have to function and find balance amid many competing goals. We strive to provide personalised care; deliver adequate and good care while managing accumulating queues; balance teaching, learning, administrative work, and research; and strike a good work-life balance while inspiring junior colleagues and upgrading.

What keeps you excited about what you do?
There is always something new to learn and new people to meet. I am also grateful for the opportunity to touch peoples’ lives.
**PROUD MOMENTS**

**MOH Value-Driven Care Conference 2019**
On 25 September 2019, Dr Sabrina Wong and Dr Kung Jian Ming were awarded the Outstanding Oral Presentation Award out of more than 100 project submissions at the Ministry of Health’s (MOH) Value-Driven Care Conference 2019. Their projects were titled ‘NHGP Teamlet Care Model: Improving Patient Outcomes through Redesign of Chronic Care Delivery Model’, and ‘Nurse Initiated Bronchodilator Therapy at Woodlands Polyclinic’ respectively.

**Singapore Health Award 2019**
Integrating health promotion into primary care is part of NHGP’s journey to embrace healthy lifestyle practices not just among our own staff but also patients. On 4 October 2019, NHGP was awarded the Achievement Award under the Singapore HEALTH Award (SHA) 2019. This award acknowledges NHGP’s considerable efforts in promoting workplace health and in enhancing the well-being of employees. This year’s SHA was organised by the Health Promotion Board as a symposium which facilitated the learning and sharing of best practices on health promotion.

**Singapore Patient Action Awards 2019**
On 25 October 2019, the NHGP Guiding Hands Volunteers clinched the Singapore Patient Support Group / Volunteer Group Award at the Singapore Patient Action Awards 2019. Organised by Tan Tock Seng Hospital, the award honours volunteers for making a positive difference to the healthcare ecosystem in Singapore.

**GREATER CONVENIENCE FOR PATIENTS**
As part of NHGP’s continuous improvements to create a more streamlined patient journey, patients now enjoy the convenience brought about by enhancements to our self-help kiosks and the HealthHub mobile application.

**Enhancements to Self-Help Kiosks**

**Self-Registration Kiosks**
- Auto-prompting of patients to update their contact details
- Choice of font size on patient preference page

**Self-Payment Kiosks**
- New Payment Mode: Child Development Account NETS

**Enhancements to HealthHub**
As of September 2019, enhancements to the HealthHub mobile application allow for more self-service options for the following services at NHG’s polyclinics:
- Register for appointments
- Get a queue number
- View itinerary
- Check queue status
- View upcoming appointments

Besides offering patients more convenience, these enhancements also reduce the number of staff required for routine tasks, and allow staff to offer more value-added assistance at the clinics.

**Enhanced HealthHub mobile application interface.**
World Heart Day 2019
In conjunction with World Heart Day in September, NHGP organised roadshows at all six NHG polyclinics to raise awareness on the symptoms and risks of cardiovascular disease. During the roadshows, NHGP staff educated patients on what a healthy blood pressure range is, and explained how lifestyle changes can help reduce the risk of cardiovascular diseases. Patients above the age of 40 were also encouraged to attend regular screenings for early detection and prevention.

Physiotherapy Day 2019
On 8 September 2019, NHGP celebrated World Physiotherapy Day by co-organising roadshows with St Luke’s Eldercare and All Saints Home at Ang Mo Kio Polyclinic and Yishun Polyclinic respectively. Themed ‘Making Every Move Count,’ 150 participants learnt how to manage and reduce chronic pain through physical therapy. Participants also took part in a group exercise class designed to address common muscle joint pains in one’s knees and shoulders.

World Mental Health Day 2019
In conjunction with World Mental Health Day 2019, NHGP conducted a series of talks titled ‘The Healing Power of Optimism for Mind and Body Wellness’ in October 2019. The talks were delivered in English, Malay and Mandarin by NHGP’s psychologists to senior citizens in the community, and staff at all six NHG polyclinics.

World Diabetes Day 2019
To mark World Diabetes Day, NHGP organised a supermarket tour and held roadshows at all six NHG polyclinics. The supermarket tour, which was held on 15 November 2019, taught 30 participants how to better understand food labels and buy the right products. An interactive activity where participants identified the sugar content in local dishes also served as a timely reminder of how sugar is ‘hidden’ in many popular food items.
SPCC 2020’s conference theme ‘Strength in Unity: New Frontiers in Primary Care’ aims to articulate and further this vision. If you are a healthcare provider involved in primary care, we invite you to join us at this platform and be a part of this transformation!

Visit www.primarycareconference.sg to register. More information can also be found on the website!

Contact Us Today!

General Practitioner Assistant Course
National Silver Academy (NSA) and SkillsFuture credits applicable!

Upcoming Course Date:
28 February 2020
9am – 5pm
Ang Mo Kio Polyclinic Level 6

Course Covers:
• Understanding the ageing process
• Hygiene & grooming
• Proper use of mobility aids (wheelchair, crutch, walking stick)
• Nutrition & medication safety
• Caregiver self-care

Advanced Level:
Duration: 4 Half Days
Upcoming Dates: 18, 19, 25, 26 March 2020

Course Covers:
• Communication with ‘difficult’ customers
• Understanding chronic respiratory conditions
• Techniques for using different types of inhalers
• Understanding common chronic diseases’ risk factors, treatment and prevention
• Blood glucose reading
• Blood pressure reading (using automated machine)
• Medical administration, medication safety and drug groups
• Correct placement of 12 lead ECG