



Conversations with MOH – Integrating Primary Care services in the Community

“**C**onversations with MOH – Integrating Primary Care services in the Community” was a MOH-GP forum, jointly organised by the Ministry of Health, College of Family Physicians and the Singapore Medical Association on 4 October 2008. This is the second year MOH welcomed the participation of the GP community in a candid environment to share their views on issues that affect them, and to also understand MOH’s plans for building a stronger primary care sector in Singapore. To start off the forum, Professor K Satku, Director of Medical Services of MOH, delivered his opening address on “Integration of Primary Care Services in the Community”.

EXCERPTS OF OPENING ADDRESS BY PROFESSOR SATKU, DMS, MOH



"I hope that as you incorporate IT into your daily work, you will rely on it not only as 'Information Technology' but also as your 'Intelligent Team mate' to assist you in your clinical operations."

“Our common interest to improve primary care in Singapore has brought us together in this effort. Often, we hear that primary care is easier to deliver than secondary or tertiary care. This is not entirely true. Primary care delivery is not as easy as many perceive it to be. It requires a great amount of

effort, time and commitment by both the healthcare professionals, and the patients and their families. It is difficult to influence people to lead healthy lifestyles and sustain them. It is difficult to get individuals to commit to early detection of diseases or sustain good chronic disease management.

EXISTING COLLABORATIONS WITH GPs

In recent years, we have begun a series of collaborations with the GP community to promote primary healthcare. Amongst these, we have started the flu pandemic plan, Chronic Disease Management Programme (CDMP), Integrated Screening Programme (ISP) and the national Delivery on Target (DOT) program.

Our influenza pandemic response framework is designed to deal with disease outbreaks. This will ensure that primary care is well-equipped and prepared to manage patients appropriately while protecting our healthcare professionals. On the other hand, the national DOT shared care programme was initiated to manage our diabetic patients better. DOT ensures that patients get the appropriate care at the appropriate site; at the SOCs or at their own GP clinic. To add to our collaborations with the GP community, MOH has started the national Integrated Screening Program (ISP). The launch of a national evidence-based screening framework was a milestone for us this year. This will allow the early detection of chronic conditions and cancer and cover a population of 1.4 million Singaporeans.

This year, the CDMP has been extended to cover asthma and COPD, and more patients can

now benefit from the programme. CDMP has been well-received by patients and to date, an average of 19,000 Medisave claims are made each month. Medisave claims from GPs account for almost a quarter of the total claims made. I'm sure that as the supporting processes become easier to administer and manage, more patients would participate in the CDMP. We have certainly come a long way. Our collaborations with the GP community have begun to reap benefits for our patients.

ACHIEVING MORE: PCPS – EXTENSION TO CHRONIC DISEASES

Although we have achieved much, we have much more to do. First in January next year, the Primary Care Partnership Scheme (PCPS) will be extended to cover chronic diseases. We will begin with three chronic diseases; diabetes, hypertension and lipid disorders. Patients from the lower income population will have access to portable subsidised care for their chronic illnesses. But more importantly, PCPS will allow the less well-off patients to stay with you.

For example, a patient may have been visiting you for many years. But when he develops one or more chronic diseases, and primary care expenses mount, he need not leave your care and head to the polyclinic. Similarly when a patient of yours retires and loses his employment benefits or is unexpectedly faced with financial difficulties, he does not have to see a different doctor at a polyclinic. With PCPS, patients can continue to have a lasting relationship with you, their Family Physician, someone they have learnt to trust. Treatment of chronic diseases under PCPS will follow the current CDMP protocols which will require clinical data submissions. I encourage you to participate in PCPS so that you may optimise this scheme for your eligible patients.

INTEGRATION OF PRIMARY CARE SERVICES – THE PRIMARY CARE BLUEPRINT

The second issue I wish to discuss is the integration of healthcare services. Integration is about managing and organising health services well, building on relationships and sharing of information in a seamless manner for the benefit of our patients. As our population ages and we are faced with more complex chronic diseases, integration of care will assume greater importance. It is therefore essential that health systems enable people to get the care they need, when they need it, in ways that are user friendly, achieve the desired results and provide value for money.

Towards achieving this outcome, MOH has prepared a working draft for consultation on

“Integration of Healthcare Services – Role of Primary Care”. This will be no easy task. Some existing schemes may even hinder our plans for better integration. For example the access to subsidies in the public sector has led to strong patient preferences to stay in the public sector; be it polyclinics or SOCs. This works against our efforts to right-site patients back to their GPs. We see a need to develop a framework that will encourage patients to follow up with their own Family Physicians once acute or specialist care has been delivered.

Another obstacle we face is the existence of multiple patient record repositories for an individual patient that cannot be accessed readily by the attending physician. We need to bridge these repositories held by different healthcare providers so that they can be easily accessed by the attending physician. Primary care providers too, must generate patient records that can be accessed by attending physicians. This will eventually lead to better coordination of patient care and we see Information Technology (IT) as a necessary tool to enable this.

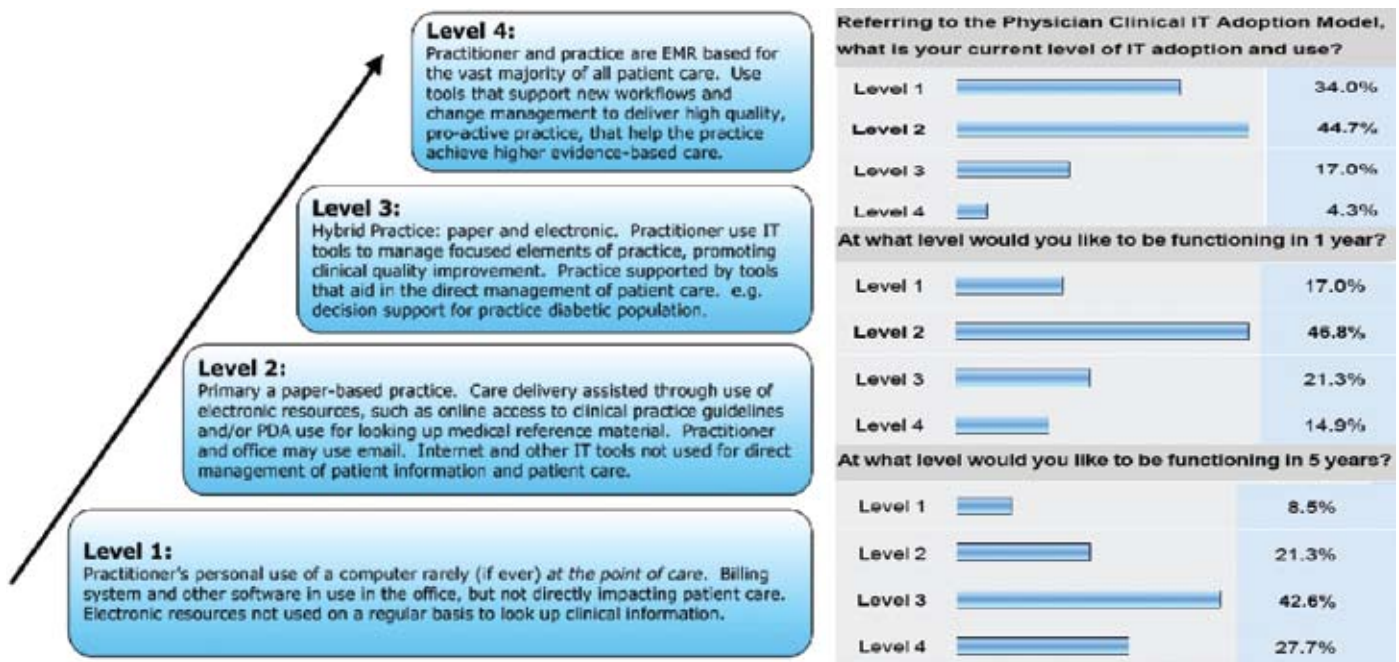
INFORMATION TECHNOLOGY – AN IMPORTANT TOOL FOR HEALTHCARE

I hope that as you incorporate IT into your daily work, you will rely on it not only as ‘Information Technology’ but also as your ‘Intelligent Team mate’ to assist you in your clinical operations. For those of you who may have your doubts over IT, we will take your concerns. IT systems may be costly to maintain and certain systems may be rather complicated to navigate.

To help us along with our IT requirements for healthcare, we have engaged our subsidiary, MOH Holdings, to make IT adoption in healthcare a seamless journey. We will collaborate with the GP community and help you in this journey. If we work together, we can strengthen primary care and facilitate the integration of health services for our patients.”

THE NATIONAL HEALTH IT STRATEGY & BENEFITS OF IT IN CLINICAL CARE

Dr Sarah Muttitt, CIO of MOH Holdings (MOHH), shared the National Health IT Strategy which addresses the need and benefits of information sharing through the use of IT systems. She spoke about the current usage of information systems such as the EMRX and highlighted current challenges of IT adoption. Dr Muttitt also conveyed the importance of establishing an Electronic Health Record (EHR) for individuals and how patient care can benefit from information sharing. She then shared MOHH's 3-year plan to develop a robust architecture and adopt international health



data standards to establish better interoperability between systems.

Participants also got to hear from the guest speaker from Canada, Dr Alan Brookestone. Dr Brookestone is a GP who recently put aside his clinical practice to pursue his passion in championing health IT in Canada. Working as a consultant at the ClearView group, he shared his experiences in encouraging the use of the EHR in Canada and highlighted similar challenges that Canada face in the area of IT adoption. Dr Alan Brookestone also presented the results of a pre-forum survey collated from several participants of the forum.

The survey captured responses from 48 participants, with the majority being solo practitioners (73%), aged 46 to 55 years (45.8%). The survey showed that most GPs have basic IT skills such as utilising internet functions and clinical management of patient information (44.7%). When questioned on the level of IT adoption they would like to be at in 5 years, most see themselves moving from a paper-based practice to a hybrid of paper and electronic-based practice (42.6%). Refer to Figure 1 on the survey results mentioned above.

“INTEGRATION OF PRIMARY CARE SERVICES – ROLE OF PRIMARY CARE”, WORKING DRAFT FOR CONSULTATION

MOH provided all participants with a working draft of “Integration of Primary Care services – role of Primary Care”, for public consultation.

Dr Ho Han Kwee, Director of Primary and Community Care of MOH, spoke on the working draft which encapsulates key issues of integration in four chapters; (i) Key characteristics of Integrated Healthcare Systems, (ii) Integrated Healthcare Singapore Vision for 2020, (iii) Challenges and gaps hindering Integrated Healthcare and (iv) The way forward and initiatives for consideration. GPs were encouraged to give their views on the draft through the REACH e-consultation platform and dialogue session chaired by Dr Teo Boon See from Camry medical centre in October 2008.

TABLE DISCUSSIONS

Dr Alan Brookestone led the table discussion session and participants were asked to provide their views on one of the following two topics; (i) How do you see yourself being part of the Primary Care ecosystem? and (ii) How important is IT in clinical operations, patient care and better integration of health services? A summary of key points of discussions were presented towards the end of the forum.

Overall, it was a Saturday well spent with GPs who provided MOH with much valuable feedback and suggestions. These will go a long way to enhancing the existing primary care services among our GP community.

If you have any have queries or wish to provide feedback on issues related to the forum and the PCPS extension to chronic diseases, you can send your responses to MOH_conversations@moh.gov.sg. ■