

Forging Ahead — *Family Medicine Mission in NUP*

Interviewed by Dr Fok Wai Yee Rose, MCFP(S), Editor (Team A)

Dr Lew Yii Jen is Chief Executive Officer of the National University Polyclinics. A practicing family physician, Dr Lew obtained his Masters of Medicine, Family Medicine from the National University of Singapore and is a Fellow of the College of Family Physicians, Singapore, FCFP(S).

Dr Lew previously served as the Senior Director of Clinical Services at National Healthcare Group Polyclinics (NHGP) where he oversaw the clinical quality and patient safety matters of the nine polyclinics. He worked closely with the nurses, Care Managers, Allied Health Professionals and the operations staff in the team based comprehensive care of chronic patients, as well as coordinated with the regional hospitals in the integration of care of patients across different institutions. Dr Lew was also responsible for the overall coordination of the

emergency preparedness of the polyclinics under NHGP in the areas of civil and national emergencies including pandemic situations.

He has served as a member of the Ministry of Health (MOH) Expert Committee on Immunisation, the MOH Inter-Agency Committee on Mental Health Integration, and the Agency of Integrated Care GP Advisory Panel.

Dr Lew is active in providing important medical covers for international events, the most recent being the setting up of medical centres for the SEA Games and Para Games in 2015. He is currently involved in the MOH Chronic Disease Management Programme Clinical Advisory Committee which advises on the latest medical condition to be CDP Medisave claimable.

RESTRUCTURING: AN OPPORTUNITY TO EFFECT INTEGRATED CARE

College Mirror (CM):

Thank you for taking time to share your thoughts with us in College Mirror. With current National healthcare transformation, what are the benefits and challenges you could see from the on-going re-clustering exercise?

Dr Lew Yii Jen (LYJ):

The key opportunities lie in being able to develop and strengthen primary care to enable our population in the West to receive quality, integrated and seamless care in the community and closer to their homes.

With this re-clustering, NUP is in a good position to leverage on the combined strengths of the clinicians and management staff who come from the different institutions in NUHS. I am working on the cross-sharing of ideas and best practices, and developing NUP into an integrated and relationship-based primary care network that plays a key role in the community.

My focus will be on ensuring NUP is aligned with the push for primary care in Singapore; both private and public, to strengthen, grow and better integrate as “One Primary Care System”.



Dr Lew Yii Jen

Image courtesy of Dr Lew Yii Jen

I would like all NUP staff to continue to follow the time tested fundamental principles of Family Medicine and be committed to providing primary care that is accessible, comprehensive and coordinated.

POSITIVE RE-CLUSTERING EXPERIENCE

CM:

How would the re-clustering exercise bring about positive patient experience and outcome?

LYJ:

Over the years of working as a Family Physician at NHGP, I have come to realise the importance of delivering care on a team-based approach. This approach is especially effective in the care of chronic patients as regular and consistent follow-ups can be done by our family physicians, care managers and allied health professionals according to the specific needs of this group of patients.

Currently, I am getting more of our chronic patients empanelled into care teams. With this, it means that the same group of family physicians are able to follow through with the patients and become familiar with their health conditions. This enables the care teams to build stronger relationships with their patients and enhance patient engagement.

I will continue to drive and improve this team-based approach at NUP and patients can be assured of receiving care that is coordinated and seamless, thereby improving their health outcomes and satisfaction.

PREVENTIVE HEALTH & COMMUNITY WELL-BEING

CM:

With greater focus on preventive health and community well-being, what are the current gaps that you see as priority to address?

LYJ:

Singapore faces the challenges in meeting the needs of an ageing population, rising chronic disease burden, and fragmentation of care across the health system. Primary care has always been and will continue to be the first line of care for the public. As a result, the demands on primary care in terms of volume and complexity will correspondingly grow in the coming years. We will therefore need to transform the way we organise and manage primary care so that we can better meet these emerging needs.

With an aging population, it is also timely that NUP works together with MOH, AIC as well as other institutions within the NUHS to look into mental health and dementia. We aim to adopt a specialist-led multi-disciplinary team approach when caring for patients with mental health conditions.

We will also be looking to see how to better partner our community partners. By developing care beyond polyclinic walls, our patients will enjoy greater convenience and access to more healthcare options. NUP will be partnering neighbouring GPs and FMCs (eg. Keat Hong and Frontier FMC), as well as the Primary Care Networks (in Bukit Panjang) to drive community outreach programmes on chronic management and health screening initiatives.

INTEGRATING COMMUNITY PARTNERS

CM:

In your Integrative & Community Care Programs working with partners of the Regional Health System, what are the value propositions that would incentivize your partners to make the necessary change? Can you share learning points on Primary Care Network and other programs?

LYJ:

The focal point of such partnerships is about harnessing each other's strength to bring about better care for our patients. With like-minded partners, it will not be difficult to discuss the necessary changes that we as healthcare providers will need to make in order to provide patient-centric care. Having clear objectives and outcomes that are beneficial to the system as a whole and patients are essential in the process of discussion.

Through our journey of engaging patients to refer them to our PCN or FMC partners, we have learnt that familiarity with a healthcare provider is an important contributing factor towards patients' willingness to be referred. As such, by increasing patients' knowledge and correcting misconceptions about PCN/FMC partners it can help patients be more willing to be referred. Having PCN/FMC care facilitators located in our polyclinics to explain and facilitate the referral and even having their doctors in our clinics to see patients' helps in increasing the overall number of referral cases.

NAVIGATION OF CARE

CM:

How could the re-clustering exercise help rationalize and simplify complex care processes to facilitate a more seamless patient care journey?

LYJ:

All the polyclinics in NUP are already working closely with the respective departments in National University Hospital and Ng Teng Fong General Hospital for the coordinated process of patient referrals from the polyclinics to the hospitals, and from the hospitals back to the polyclinics for follow-up. Being part of NUHS will also enable the entire healthcare cluster to deliver more integrated, patient-centric and comprehensive care to the patient.

For example, the use of common IT platforms such as the National Electronic Health Records, where information such as patients' discharge summaries from hospitals, their blood test results and medications, are stored and shared, allows doctors to better understand what the patient has gone through in different institutions. Looking ahead, we will work even closer with the various healthcare partners in the new NUHS for better integration of care across primary care to tertiary care. By developing care beyond polyclinic walls, our patients enjoy greater convenience and access to more healthcare options.

TRAINING & EDUCATION: ARE OUR COMMUNITY PARTNERS READY TO PROVIDE ENHANCED PRIMARY CARE?

The College of Family Physicians have called on GPs and Primary Care to level up their knowledge and sharpen their clinical skills. This will ensure the quality of the trusted Family Physician.

CM:

What additional training and advance medical education are needed to help the family physicians to be better equipped for this new role?

LYJ:

NUP strives to be a training centre for future-ready family physicians for the community. As the population ages, areas

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such as cardiovascular risks, geriatrics and mental health become increasingly important. NUP is planning to train more family physicians in the assessment and screening of mental conditions for the community. We are working closely with the three local medical schools to train the undergraduates. Likewise, we are preparing for the development of more post-graduate doctors to become proficient Family Physicians for the community.

PATIENTS' DEMAND FOR HIGHER LEVEL OF SERVICES

CM:

With the evolving integrated healthcare services, how could we work to improve the health literacy of the population and optimize health service utilization?

LYJ:

As a key member of Singapore's primary care sector, polyclinics play a crucial role in meeting the growing and changing health care needs of the population. We want to work with our patients and caregivers towards self-care, monitoring and management of their medical conditions.

Health literacy is an important topic to enable patient empowerment and engagement. We have been working with Health Promotion Board, community services and the NUHS institutions to derive simple and user friendly health education materials for our patients.

We will also need to continue to closely engage our patients and their caregivers, so that they are empowered to take better care of themselves and be more responsible for their own health.

At the same time, we need to coordinate well with GP partners as well as other community health and social care providers to ensure the wellbeing of the community we serve. We can do so by working through the cluster RHS' to further review and enhance current health screen programmes and refer at-risk or diagnosed patients for follow-up and also by partnering GPs, FMCs and PCNs to drive community outreach programmes on chronic management and health screening initiatives to the residents in the areas we serve.

■ CM

Pioneering Primary Care *in the West*

by Dr David Tan, Head of Pioneer Polyclinic
Interviewed by Dr Fok Wai Yee Rose, MCFP(S), Editor (Team A)



Dr David Tan

College Mirror (CM):

We understand that Pioneer Polyclinic is embarking on a new model of care - "Teamlet based care": can you share what it involves?

Dr David Tan (DT):

Actually, team-based care is just one of the components of this new model of care that we have gone into. Borrowing from the 10 building blocks of high-performing primary care by Bodenheimer et al (<http://www.annfamned.org/content/12/2/166.full>), there are quite a few steps that we have embarked on over the years including empanelment of our patients into teamlets which comprise doctors, nurses and care coordinators, supported by non-clinicians such as pharmacists, dieticians, psychologists, financial counsellors and medical social workers. Together, these teamlets use data-driven improvement to track their panels' clinical and operational indicators. Through this, the hope is that we can better achieve some of the other building blocks such as patient-team partnership, population management and continuity of care.

CM:

How does it differ from our usual care at the polyclinics? What are the benefits and limitations? Does this model require more resources?

DT:

Many of the polyclinics are already going into this new model of care, with all the NUP clinics previously under NHGP having started at least a teamlet in each clinic. What's different in Pioneer is that all our chronic patients and patients who require continuity of care will be empanelled into a teamlet.

The benefits of this teamlet based care are plenty, including:

- building of relationships within teamlet members, and with their patients
- better continuity of care
- support for non-clinicians to practice at the top of their license

CM:

Are there any particular target groups like the elderly?