

(continued from Page 15: Forging Ahead - Family Medicine Mission in NUP)

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?

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1 - The ribbon cutting ceremony at the official opening of Pioneer Polyclinic. (From left) Dr Lew Yii Jen, Mr Cedric Foo, Prof John Eu-Li Wong, Minister for Health Gan Kim Yong, Mr Richard Lim, Mr Patrick Tay, Mr Chua Song Khim, Dr David Tan



2 - Unveiling the community art mural in the background (From left) Dr Lew Yii Jen, Mr Cedric Foo, Minister for Health Gan Kim Yong, Mr Patrick Tay, Dr David Tan



3 - Allowing kids to participate in work experiences like that of a dietician, pharmacist or doctor.

4, 5, 6 - Community groups - (from top: Pioneer Constituency, Boon Lay Constituency and Jurong West Primary School) - coming together to mould personalised clay pieces for the wall mural.

All images courtesy of Dr David Tan



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DT:

We are empanelling all patients who require continuity of care, such as those with chronic conditions such as Diabetes, Hypertension, Asthma and COPD.

CM:

Do you have previous experiences in other Polyclinics? What are the results?

DT:

Yes, we have been analysing results of patients being followed up by the teamlets compared to those that were not, and have found improvement in their clinical indicators (such as HbA1c) and uptake of preventive health screening (such as DRP/DFS uptake, MMG, Pap).

CM:

Does Pioneer Polyclinic engage surrounding healthcare providers like GPs, FMC, Medical Groups, nursing homes etc? Any plans like GP nearby, CMEs, engagement like "meet-the-GPs sessions" etc?

DT:

Yes. The management team of Pioneer Polyclinic has been engaging the GPs around the area early on from the stage of the clinic design and will continue to do so in the coming years.

CM:

How does Pioneer Polyclinic intend to integrate care with the acute hospitals so as to facilitate right siting of patients from hospital to community?

DT:

Being part of the NUHS family, this provides more opportunities to collaborate with the hospitals to better manage our patients together.

CM:

The Pioneer Polyclinic is impressive with colour codes, can you share what they mean?

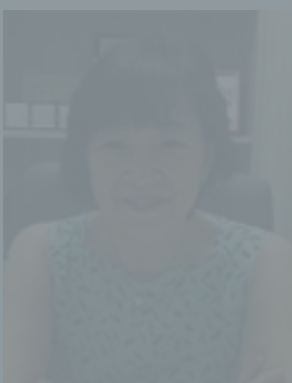
DT:

Being the first polyclinic in Singapore to go beyond 4 levels (we're 7 storeys high!), the team designed the clinic with the patient in mind, hoping to reduce patient movement as much as possible. Hence, services such as phlebotomy services have been decentralised to the teamlet floors, meaning that patients should be able to receive most of their care on the same floor. The floors have been colour-coded according to different nature themes, so that patients can identify with their own floor colour over time. This also allows the staff to have a sense of belonging to their 'floor'.

■ CM

Advancing Academic Family Medicine in NUHS and Beyond ...

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



Professor Doris Young
MBBS (Melb) MD (Melb) FRACGP

Doris Young graduated from Faculty of Medicine, University of Melbourne and completed Family Medicine training in Australia. Over the last 35 years, Doris has been involved extensively in educating and training medical students, registrars, general practitioners and other health professionals in adolescent medicine, general practice and primary care research. Over the last 10 years, she has been actively building General Practice /Family Medicine education and research capacity in Hong Kong and in China.

Doris Young has published widely in the area of General Practice integration models with the wider health care system and her research focussed on trialling innovative models of care in the primary care setting to improve health outcomes for people with chronic diseases in culturally and linguistically diverse and disadvantaged communities.

Doris moved to Singapore in January 2015 and in 2016 took up a part time role as research advisor to National Healthcare Group Polyclinics. She joined National University of Singapore January 2017 as Professor in the Division of Family Medicine.

On 1 Feb 2018, she was appointed the inaugural Head of a new Department of Family Medicine at NUHS.

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