Primary Care Network: *A holistic team-based model for Chronic care at GP clinics in Singapore*

by Dr Tan Eng Chun, MCFP(S), Editorial Board Member

In April 2017, the Ministry of Health made an official announcement to invite General Practitioners (GPs) to participate in the Primary Care Network (PCN) scheme. As of January this year, it was encouraging to see a total of 340 GP clinics has joined the PCN scheme, and organised themselves under the 10 Primary Care Networks that were formed.

Under the PCN scheme, participating GP clinics will receive MOH funded support of nurse counsellors and care coordinators to provide holistic team-based care for their patients with chronic diseases. This is an important milestone to improve the chronic care model of private GP clinics.

College Mirror and AIC interviewed the representative GP of Frontier PCN and Class PCN, to share their insights and views on the progress and challenges in setting up the network.

From left: Dr Wong Tien Hua, Raymond Lim, Dr Chong Chin Kwang, Dr Lam Pin Min (Senior Minister of State for Health, Serene Ang, Justina Khoo, Marine Chioh, See Chue Win

Image courtesy of Frontier PCN

Dr Chong Chin Kwang (Clinical Lead of Frontier PCN)

Qn1: Frontier PCN is the pioneer PCN that started in Singapore. Can you share some history on how it started?

As practising family doctors, we have always felt that GPs have the capability and capacity to take on more chronic disease caseload to help manage our nation's rising chronic disease burden. We think what is hindering the GPs from doing so is the lack of support and resources to provide team-based care. A typical GP practice is not likely to able to afford or would want to invest in such resources. But if a number of GP practices are able to come together to share such resources, and the resources are funded, then it be would be possible for team-based care to be delivered at GP clinics. This is the concept of PCN, which is already an established model of care in countries like Canada and New Zealand.

When the Primary Care Master Plan was first announced in 2011, FMC (Family Medicine Clinic), and CHC (Community Health Centre) were the endorsed models of care. We thought PCN could potentially be another model in the Primary Care Master Plan. In April 2012, Frontier Healthcare Group, under the leadership of its visionary CEO, Dr Tham Tat Yean, decided to start a pilot PCN project. The idea was supported by the Agency for Integrated Care (AIC) and the pilot took off as a joint collaboration between two parties.

Qn2: What were some of the challenges and mile stones during the journey?

We started the pilot PCN project with the 9 Frontier GP clinics in April 2012. We decided to put in place a framework of clinical governance and in order to operationalise this, we had to set up a Chronic Disease Registry (CDR) for every clinic. The CDR will be used to systematically track the clinical process indicators

and care outcomes of the clinic's chronic patients. The data would then be manually populated from the case-notes into the CDR template Obviously, it was a tedious manual process. There was some initial inertia. To overcome this, we took efforts to explain and demonstrate that the data collection is not merely for the purpose of reporting but is necessary for the clinics to manage their patients better and more holistically. Today, the data collection process has become part and parcel of the clinics' routine work.

The clinic doctors and staff also had to get used to having a mobile team of Nurse Counsellors (NCs) and Primary Care Coordinators (PCCs) participating in the care of their chronic patients. This meant having to give the team access to their case-notes and space in the clinic to carry out their duties. It posed some inconvenience and some may felt it as intrusion into their clinical practice. We took great efforts to convince the doctors and clinic staff on the merits of team-based care and to reassure them that the involvement of the NCs and PCCs is more to complement their efforts to care for their patients.

Subsequently, other independent and solo GP clinics joined the network. The doctors of these clinics are like-minded GPs who shared our PCN vision. The pilot PCN project showed encouraging results in terms of clinical indicators and satisfaction from patients and doctors.

In October 2015, the PCN project received MOH's endorsement and funding support. It was renamed the RHS-PCN programme. At that point, we had a total of 21 GP clinics.

On 1st January 2018, MOH launched PCN as a mainstream model. This saw a total of 10 PCNs, including our PCN, embarking on the PCN scheme. We became officially known as Frontier PCN. There were 38 GP clinics in our PCN.

As our network gets larger, it becomes increasingly difficult to cope with differences. But we continue to accommodate as many voices and to forge consensus as far as possible as we value the "ground-up" philosophy. The forging of consensus has to be over a period of time and this has to some extent, hampered operational and administrative efficiencies in the short term. We are not deterred by this as we take a long term view of our working relationships with the GPs.

Qn3: How did MOH, AIC support you in this journey?

AIC provided us administrative and nursing headcount support to kickstart the pilot PCN project. They helped us consolidate the results of the project and presented them to MOH. This eventually resulted in MOH giving its endorsement and funding support to the PCN scheme.

Qn4: Can you share with us some of the benefits that the PCN have brought to your group and GP clinics?

PCN has helped our clinics provide better and more holistic care to our patients. Tracking of our patients' chronic care components has become more systematic. The support provided by the primary care team increases patient care time and yet frees up time for the doctor to focus on the more complex medical issues.

Our clinics now have visibility of their overall standard of care delivery and within the PCN, they are able to benchmark their clinic's results with those of their peers. There are sharing of best practices, consensus building and co-development of workflows.

The provision of Nurse Counselling, Diabetic Foot Screening and mobile Diabetic Retinal Photography services within the clinic's vicinity also confers "one-stop" convenience to the patients.

Qn5: Can you share some perspectives and insights on the future of PCN in Singapore?

MOH has set aside a budget to support the PCN scheme over the next 5 years. Currently, there are 340 GP clinics participating in the PCN scheme and the numbers are likely to grow with time. I understand that more schemes are likely to be rolled out through the PCN programme and this will mean more support to GP clinics.

A strong primary care sector is important to help our nation cope with its rising chronic disease burden. As a GP community, it is important to show our support for the PCN scheme and to demonstrate that more effective and holistic care can be delivered through the PCN scheme. This will then give MOH the confidence to continue its support or even enhance its support to the PCN scheme.

(continued on the next page)

(continued from Page 9: Primary Care Network: A holistic team for Chronic care at GP clinics in Singapore)

Dr Derek Leong (GP Member of Class PCN)

Qn1: When did you hear of PCN, and what made you decide to join one?

I first heard of this in April 2017 when MOH launched its first application call for General Practitioners (GPs) to join the Primary Care Networks (PCN) scheme. I decided to join one as participating GPs would be able to tap on funding and administrative support to implement team-based care to better monitor and manage their patients' healthcare needs.

Qn2: What were some challenges and/or resistance (or fears) that you had to overcome to join the PCN?

As a partner in Healthmark Group anchoring a relatively newer clinic, my concern was that if there would be any additional fees or excess administrative paperwork required to join a PCN.

Another area of concern was with regards to business operating confidentiality. In the initial stages of PCN development, there was no clarity on how much or what information clinics would be required to collate and submit.

Qn3: How did you overcome them in the end?

All my concerns were addressed once the concept and vision of the PCN scheme became more apparent over the ensuing few months, and discussion with various other fellow GPs and my group partner doctors.

Qn4: How did AIC and PCN HQ support you through this journey thus far?

AIC has supported me through this journey thus far through timely provision of information to my PCN HQ (Class PCN). My PCN HQ formed a chat group and Dr Leong Choon Kit and Dr Paul Ang Teng Soon have provided up to date and relevant information with regards to the PCN set up, requirements, and running. Information regarding funding and expenditure have also been made very transparent. A PCN meeting date for all the participating clinics has also been set already for all of us to meet up face to face.

Qn5: Could you share with us a specific example where your patients were able to enjoy better chronic care in the community thanks to the PCN scheme?

With the shared resources of the PCN, my chronic disease patients will be able to enjoy easier access to services such as diabetic retinopathy screening, nutrition advice, and nurse counselling etc.

Qn6: What are your thoughts or any tips to help your fellow GP peers who are interested to join a PCN?

Speak to your fellow GPs who are already part of a PCN and make the decision to come on board. A single twig breaks, but the bundle of twigs is strong.

CM

Building Guitars In Okinawa

Interviewed by Dr Tan Li Wen Terence, Editorial Board Member

Joji Yoshida is a talented Japanese luthier making a splash in the world of hand crafted instruments. Joji trained under reknown builder, Sergei de Jonge in Canada and is now based in Naha, Okinawa, where he handcrafts a limited number of masterpieces each year. I caught up with Joji for some inside information on his work.

College Mirror (CM):
Thanks for speaking with us, Joji! Can we start by asking how you got starting building instruments?

Joji Yoshida (JY):
In 2010, I quit my job and was planning to move from Yokohama to Okinawa. I have been playing guitar since I was 12 and always dreamed if I could build it by myself. I found it was the perfect timing to jump in, so I took Sergei de Jonge's guitar making course and became a guitar builder.

(continued on Page 12)