Activating Our Network *of Family Physicians*

by Dr Tham Tat Yean,
Co-Chair, National GP Advisory Panel; Ex-Officio, PCN Council

MOH is developing a **Healthier SG** strategy to outline a major reform of our healthcare sector. A core component of this strategy is to mobilise our network of family physicians and general practitioners (GPs) in the private sector.

In Singapore, the Primary Care Network (PCN) scheme has grown steadily since its inception in 2018, with continued strong interest from GPs.

As of March 2022, more than 900 GPs in 623 GP clinics are participating in this scheme. Collectively, these clinics have nearly 200,000 chronic disease patients in their disease registers. A key observation is that there is a high degree of patient stickiness among the chronic disease patients in the PCN clinics. During the period 2018 – 2020, our data shows that 80% of chronic patients in the PCN clinics visited the same clinic for their chronic care within the year. The key feature of the PCN is the strong buy-in and alliance amongst member clinics due to ground-up, peer leadership model coupled with support from primary care team members (nurse counsellors and care coordinators).

The value-add by PCNs has been impressive. About 50% of the DM patients in PCN clinics have good HbA1c control – this is comparable to our public polyclinics. Since the start of the PCN scheme in 2018, more than 10,000 nurse counselling sessions have been delivered to chronic disease patients of PCNs, and these numbers continue to grow with time. To date, the PCNs collectively deploy a total number of 123 care coordinators, providing significant support to the GPs and nurse counsellors, as full fledged members of a community primary care team.

Many studies have shown that those who have a regular family physician are generally healthier with reduced hospitalisation and emergency department visits. As part of the Healthier SG strategy, it is crucial to reorganise our care delivery to be more primary care centric. Primary care transformation must occur and can only be achieved if we integrate our GPs into the wider healthcare ecosystem. In this regard, we need to activate more of our GPs and organising them into PCNs to support their transformation and development.

PCNs can serve as key touchpoints for the integrated public healthcare clusters, communicating with GP clinics and helping to align professional and patient interests. PCNs can also support the GP clnics to take on wider scope of care and help GPs transition from solo care to high performing primary care teams where multidisciplinary members can work together in the community to provide good quality care and patient engagement.

In the last 2 years, our GP colleagues have stepped up and rose to the occasion in our battle against the Covid-19 pandemic. They have demonstrated resilience, stability and care for society when they are needed. At the same time, they have proven to be reliable partners, working closely with MOH, Agency for Integrated Care and other entities. In February 2020, 200 Public Health Preparedness Clinics (PHPCs) participated in the Flu Subsidy Scheme (FSS); by March 2022, the number of PHPCs providing FSS increased five-fold to 1152. In April 2020, 250 PHPCs participated in the Swab and Send Home (SASH) scheme; by March 2022, this number increased three-fold to 750. 22 PHPCs provided Covid-19 vaccinations in January 2021; by March 2022, this number has increased eight-fold to 198 PHPCs.

In addition, 297 PHPCs have participated in the Home Recovery Programme (HRP) since it was launched in September 2021. More recently, 20 PHPCs have started the Covid-19 Oral Antiviral Pilot in the community.

As the pandemic situation stabilises, we need to prepare for the tsunami of chronic diseases, coupled with the challenges of managing the health of an ageing population. Activating our network of GPs is a crucial component in the implementation of the Healthier SG strategy.

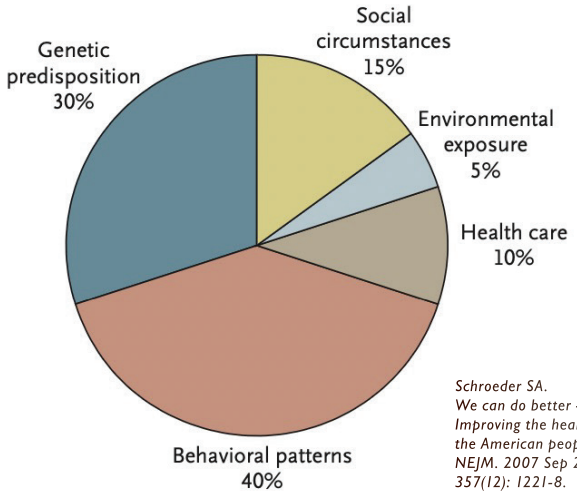
Complete the Care Plan with Social Prescribings

by A/Prof Lee Kheng Hock,
Past President, College of Family Physicians Singapore

Life does not come with a manual. We are fortunate if we are born with nurturing parents who teach and show us the way to live. As we grow up, we depend on meeting good teachers who come our way to guide us as we seek to find a niche in the world. For the chapter on health, the void of instructions is most worrying. We are created with a well-engineered body with a self-healing mechanism and an operating system that drive for survival.

Unfortunately, the unguided user abuses the body. We drive our body dangerously. We fill up with inappropriate fuel. We skim on maintenance and rev the engine with all sorts of harmful additives. So many of us do not last till the rightful end of our COE and spend the last years of life going in and out of workshops. In the absence of a manual of life, who among healthcare workers should be most the responsible person for guiding people on the chapter on taking care of their health?

Proportional Contribution to Premature Death



Schroeder SA. We can do better - Improving the health of the American people. NEJM. 2007 Sep 20; 357(12): 1221-8.

The healthcare system needs to take ownership of guiding patients to keep well, get well and live well when it comes to health matters. This obviously requires teamwork with a most responsible member in this team. I would like to posit that family physicians should be this most responsible person although by no means the only person responsible for guiding people on their quest for better health. Family medicine is a unique specialty that does not define itself by disease, organ or even setting of practice. Instead, we define ourselves by the characteristics of practice as described by the 6 tenets of family medicine. Primary means we step forward to take responsibility for engaging patients in the system. Personal means we engage in a humanistic manner that is focused on the context of a person. Preventive means our care focuses not just on treating illness or symptoms but seeking to maintain the optimal state of health. Continuing means we recognize healthcare is not a pit stop but an ongoing quest for wellbeing. Comprehensive means we adopt a biopsychosocial model when we design care plans. Community means we recognize that the patient needs to be supported by care providers in the community. For all these reasons our care is not complete if it ends with a medical prescription. Health is more than just the absence of disease or disability. We recognize this as a state of wellbeing with optimized medical and social determinants of health. This in turn requires the competency to make assessment of biopsychosocial issues and the status of the social determinants of health, in the context of the person. The care plan should include finding assets in the community and to partner them as we collaboratively care for patients. This is the social prescription that is needed to complete the care plan.

The well-trained family physician already possesses the elements of competencies needed to develop care plans that include social prescribing. The challenge before us is to act on our aspirations and bring all these competencies into action when we plan for the care of our patients. We should apply our generalist clinical skills using the SBAR4 tool of assessment and care planning developed by our College. We need to have an understanding of community development concepts using frameworks such as asset-based community development. Finally, we should constantly remind ourselves that our role is more than just the treatment of symptoms or disease. Our higher objective is to help our patients optimize their state of wellbeing using the biopsychosocial model of health and wellness.

Community Partnership *to Support Better Health*

by Clinical A/Prof How Choon How, Senior Consultant, Family Physician; Director, Primary Care, SingHealth Office of Regional Health

Community partnerships are a key plank of the Healthier SG strategy as we pivot towards a future-ready health system that integrates health and social needs. What could community partnerships look like?

We can start by considering these points:

1. *Healthcare clusters as the community health coordinator;*
2. *Intervening upstream and beyond the walls of healthcare; and*
3. *Family doctors as the anchor points for Singaporeans' health needs.*

Singapore is blessed to have many community-based organisations serving our residents and communities. However, one downside is the difficulty coordinating the many providers. We have all heard the apocryphal story of several packets of free lunch hanging outside a single resident's gate and can agree that good coordination would have avoided this waste. Rather than developing more community services, what we need is a community health coordinator in a defined geographical area to oversee and facilitate partnerships among providers in the region. Each healthcare cluster is well placed to perform this role as the largest healthcare provider in their respective regions.

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Clusters could start by mapping out the needs and service gaps, and matching residents with the appropriate community providers. In the longer term, better organisation and more efficient use of resources will maximise the health of our communities.

It is natural when discussing the production of health to extol the virtues of a good healthcare system. While an effective healthcare system is necessary, many other factors are much more impactful on our health, such as lifestyle behaviours and the socio-economic environment. Addressing these upstream factors requires going beyond the doctor's room and working with the community on interventions in areas such as behaviour modification and early disease detection. We need to recognise that no individual lives in a bubble and that health behaviour is heavily influenced by social norms and attitudes. Good health requires proactively involving residents as well as their communities. If my social circle is enthusiastic about clocking 10,000 steps a day, it will be difficult for me to ignore the nudge to increase my own physical activity.

Family doctors are ideally placed to provide longitudinal care for their patients and the familiarity and trust this engenders allows family doctors to co-create a holistic care plan that also addresses social needs. This can take the form of linking our patients to relevant community services and resources. Such linkages cannot happen without wider system integration and will require support from our partnering healthcare cluster. Imagine being able to recommend your overweight patient a list of community-based activities that are personalised to your patient's condition and preferences in a matter of seconds via a super health app!

Good community partnerships are fundamental in building an integrated health and social ecosystem that supports family doctors in caring for patients and supports our population in achieving their best possible health. As the proverb goes, "If you want to go fast, go alone. If you want to go far, go together".

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National Healthier SG **Enrolment Program**

by Adj Assoc Prof Tan Tze Lee,
President, 28th Council, College of Family Physicians Singapore

Family physicians have quietly been at the core of our healthcare services and, with this new proposal from the Ministry of Health, will constitute the backbone of Singapore's commitment towards population health.

Most health care systems focus on treating diseases once they have been diagnosed. Singapore has one of the highest life expectancies globally. However Singaporeans tend to be in a poor state of health in their latter years. There appears to be a stark difference between life expectancy and health adjusted life expectancy. Can this be remedied? Healthier SG seeks to do just that.

It is a paradigm shift from the traditional focus of tertiary care to one that builds a strong preventive care component. As the old adage goes, prevention is better than cure.

This initiative is timely, as the our population is rapidly ageing, with healthcare costs estimated to triple to $27 billion by 2030. As a nation, we are also not in the best state of health, with ever increasing numbers young Singaporeans being diagnosed with chronic illnesses like type 2 diabetes mellitus, hypertension and hyperlipidaemia.

In March 2022 during his budget speech, Minister Ong Ye Kung said: " After 10 years of foundation laying, plus a pandemic crisis, it is time for us to take the next big step. There is an urgency to this because in the next 10 years, long after the Covid-19 dust has settled, we will have to tackle our biggest healthcare challenge since our nation began- the deteriorating health of the population."

Under Healthier SG, residents can enrol with a primary care doctor of their choice, who will be their first point of contact for their healthcare needs.

At present, only 60% of Singaporeans have a regular family doctor. The remainder, Min Ong quipped: "tend to doctor-hop, go to doctor A for hypertension medicine, go to doctor B for cough and cold. So there is no one family doctor who knows our overall health condition and family health history well enough, to be able to see the link between different care episodes, even across family members." Studies have

revealed that those with a regular family doctor have better health outcomes, with fewer emergency department visits and hospitalisations.

Enrolled residents will have regular scheduled visits with their chosen family doctor, who will help them to navigate their healthcare journey. This would encompass preventive care plans, and even aspects of the social determinants of health. These include socioeconomic factors such as income, education, social networks, living environments and so on. By also addressing these very important factors, we can help to make the difference to the total health of our patients.

All these may seem to be a tall order for us, but I strongly believe that we in primary care can step up to the plate and deliver, especially looking at how we all worked together to fight Covid-19.

As the GPs make up almost 80% of our manpower in primary care, we are well placed to help to make Healthier SG a success. I am glad to see that even at this early stage we have been well engaged, so that we can be better enabled and supported to provide this care.

It will require a lot of collaboration between the different agencies, both public and private, in order to make this work.

We will need to see more collaborations between the healthcare clusters, private practitioners, healthcare professionals and community partners like Social Service Agencies and grassroots organizations. In an ideal scenario, all of these agencies and partners will be fully coordinated and integrated and we will be able to provide a care continuum for patients that will the envy of the world!

Training *for Healthier SG*

by Dr Darren Seah,
Censor-in-Chief, 28th Council, College of Family Physicians Singapore

MOH has sounded a clarion call for GPs to be mobilized as part of the Healthier SG strategy. As part of this transformative reform, patients in the future will be empaneled to GPs for greater continuity and coordination of care through clear care plans that will address preventive health aspects and risk factor management.

Our College has played a leading role in ensuring postgraduate medical education for GPs in the last 50 years. Across the levels of proficiency, college continues to play a key role, delivering a tiered range of programs from starting with the graduate diploma in family medicine to completing the educational journey with the finishing school with of the fellowship program. These programs have ensured that our GPs will be able to perform up to par in terms of providing holistic personalized care to individual patients and their families as well as lead fellow GPs to organize care and support for patients who require services from multiple community-based resources. Another key output is the college's regular family physician skills courses that are organized to address new skills gaps that have evolved with the advent of new interventions.

With the greater responsibility of care placed on GPs in the future, the training needs of family physicians practicing in the broader community will take continue to take centerstage in our college mission in the coming years. To ensure college is able to deliver the training required by the broad FM fraternity, college intends to better support the institute of family medicine by getting support of a medical educationalist to strengthen the quality of each of our training programs through cyclical evaluation of processes and outcomes. This will ensure that our curriculum remains updated and caters to the knowledge requirements of a GP practicing in an ever-changing landscape. We will also improve our tutors' capability by setting in a clear faculty development framework such that our tutors deliver training based on pedagogical methods keeping with the times.

With the Healthier SG plans to continue to involve Primary Care Networks, there continues to be a need to ensure that a proportion of our GPs are trained to an expert level such that they can be called upon to take on leadership roles to ensure that the Family Medicine voice is well represented in the future. Leadership, ethical decision making and professionalism are key domains that will be emphasized in future fellowship training while continuing to maintain the need to appreciate the finer points of academic family medicine research and evidence critique.

The future of Family Medicine in Singapore continues to evolve. Much of the foundational pieces are now being put in place to ensure we can achieve better health outcomes for our population in Singapore.

The role of the college to ensure a healthy pipeline of mission ready family physicians will be pivotal in ensuring a successful transformation that will embed care in the community.

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