

QUALITY: A FRAMEWORK FOR SINGAPORE FAMILY PHYSICIAN

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INTRODUCTION

General Practice in Singapore is made up of heterogeneous groups both in public and private sector. In the public sector, it comprises of 18 polyclinics, 9 clinics in each health care cluster. All the polyclinics are multiple doctors' practice with its own laboratory, diagnostics and pharmacy. Private practice comprises of singleton General Practitioner in a group or individual practice in the heartlands of Singapore.

Any doctor with a basic MBBS degree and fully registered with the Singapore Medical Council can set up a private practice, even if he or she has just completed housemanship and obtained full registration.

The result is a large variation of standards. It is likely that this variation of standards will increasingly be an area of public scrutiny unless the profession takes the initiative to address it before the public does.

WHAT IS QUALITY?

There are many ways that quality can be defined. The simplest and easiest way to operationalise is to define quality in health care which means doing the right thing at the right time, and right away. It will be for the right reason and aimed at the best possible results.

DOES QUALITY MATTERS?

However we look at it, it does matter. As doctors, we expect ourselves to be meeting the patients' needs, provided there are no barriers against that. There is also pressure from the patients' side. Patients of today are encouraged to participate in decision making and to make quality health choices. Publications urge them to exercise a choice, to ask questions, and to find the right doctors who can answer them about their treatments and tests.

The Agency of Healthcare Research and Quality in the United States has published such a guide title "Your Guide to Choosing Quality Healthcare" in 2001¹. This guide is readily available from the Internet free of charge.

The answer is that increasingly, quality does matter and quality can be measured. The participation of patients as stakeholders in health care delivery is a step in the right direction. It will lead to better quality outcomes and care.

HOW IS QUALITY MEASURED?

There are two main types of tools used in the measurement of quality of care in the health care setting. These are:

1. **Consumer Ratings.** Cold calls or surveys are made to patients randomly asking them to assess their satisfaction on the various services that the clinic provides. They are

also asked if they would recommend their friends and relatives to the clinic and whether it met their needs.

2. **Clinical Performance Measures.** The measures look at how a health care organization prevents and treats the patient's illnesses. Some examples of such measurements are: the post-operative infection rate or the percentage of type 2 diabetics with HbA1c less than 7% etc. All of these measurements are published in the organizations' Quality Reports for consumers.

TRANSFORMATION OF PRIMARY CARE

The Ministry of Health of Singapore has set its sights on achieving quality health care. There is also the worldview that the primary care doctor should do more in health care delivery. The College of Family Physician Singapore has been invited by the Ministry of Health of Singapore to work together to transform Primary Care in Singapore. Many initiatives and training programmes are being considered for the coming years. These are:

- (1) The setting up of a Family Medicine Register.
- (2) The adoption of the Graduate Diploma in Family Medicine (GDFM) as the minimal standard for General Practice for doctors graduating between 2005 and 2010 and the Master of Medicine in Family Medicine (MMED (FM)) for those graduating in 2011 onwards. *Those who graduated before 2005 are encouraged to go for the GDFM or the MMED (FM). Such doctors will however continue to practice even though they do not have these vocational qualifications or are not in the Family Medicine Register.*
- (3) Setting up of a National Family Medicine Teaching Committee to coordinate the teaching and training of Family Physician in Singapore.

WHAT CAN THE FAMILY PHYSICIAN DO?

To design activities to enhance the quality of care, the Family Physician needs to take a systems approach to look at the following areas of his practice:

- κ The Practitioner himself
- κ His Practice
- κ His Patients
- κ The Third Party Payers
- κ The Policy Makers.

Setting up aims for improvement

Working towards meeting the patient's needs will be a step in the right direction. In the United States, the Institute of Medicine (IOM), building on the extensive evidence collected by the IOM committee and its predecessors, has recommend a set of six "Aims for Improvement," which, the committee says, stakeholders throughout US health care ought to embrace.

These are:

- (1) **Safety:** Patients ought to be as safe in health care facilities as they are in their own homes.
- (2) **Effectiveness:** The health care system should match care to science, avoiding both overuse of ineffective care and underuse of effective care.
- (3) **Patient-centeredness:** Health care should honor the individual patient, respecting the patient's choices, culture, social context, and specific needs.
- (4) **Timeliness:** Care should continually reduce waiting times and delays for both patients and those who give care.
- (5) **Efficiency:** The reduction of waste and, thereby, the reduction of the total cost of care should be never-ending, including, for example, waste of supplies, equipment, space, capital, ideas, and human spirit, and
- (6) **Equity:** The system should seek to close racial and ethnic gaps in health status.

This set of six aims is reasonable. It is not difficult to adopt these aims in our health care delivery.

Developing clinical consistency

Studies suggest that care to patient is not provided consistently. It depends on the competency of the doctor and his practice. The clinical competency of the doctor can be enhanced through continual medical education, vocational training and postgraduate courses. The College of Family Physician Singapore has in place postgraduate degree courses to trained Family Physician to practice at an enhanced level. The courses start at the vocational training level (Graduate Diploma Family Medicine) to the consultant level (Fellows College Family Physician Singapore, FCFPS). Family Practice Skills Courses comprising of the following components, distant learning, lectures and workshops are organized quarterly to equip the General Practitioner with new skills to handle diseases commonly encountered in practice.

Participating in clinical practice audits and significant event analysis

Avery Donabedian identified 3 components in the practice in operationalising quality².

- (1) **Structure:** Material resources, facilities, equipment and the range of services at the practice level
- (2) **Processes:** What is done in giving and receiving care, and
- (3) **Outcomes:** The effects of care on the health status of the patient and the community.

Clinical audits and significant event analysis are tools available to the practitioner to look at his process and to improve on the outcomes of his intervention^{3,4,5}. Clinical Practice Guidelines can be adopted to provide best practice care to the patients. These however need to be adapted to suit the complexity of General Practice.

DOES QUALITY PAY?

Providing quality care has its costs too. Perhaps, this is why quality of care is a problem that needs attention, particularly chronic in disease care. The British Government has realized this. It has set quality benchmarks to pay doctors better for high quality care under the terms of its New Contract with its General Practitioners. Perhaps one day, this will also be the case for the Singapore Family Physicians. Let us work towards that.

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