CHI Learning & Development (CHILD) System



Project Title

Screening for Life with Your Family Doctor

Project Lead and Members

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- Ms Sim Chian Hwee
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Organisation(s) Involved

General Practitioners at Ang Mo Kio, Community Operations & Network

Development (Partnerships), Tan Tock Seng Hospital, Health Promotion Board

Healthcare Family Group(s) Involved in this Project

Medical, Nursing, Healthcare Administration

Applicable Specialty or Discipline

General Practitioner, Community Health Team

Project Period

Start date: 22 May 2022

Completed date: 28 Sep 2022

Aim(s)

 Increase activation of residents to complete SFL (37% eligible residents unscreened) with eligible GP clinics

CENTRE FOR HEALTHCARE INNOVATION

CHI Learning & Development (CHILD) System

 Anchor resident's preventive care journey with GP by supporting them with lifestyle interventions and programmes from TTSH Central Health's (CH)
 Community Health Team (CHT).

Background

See poster appended/below

Methods

See poster appended/ below

Results

See poster appended/ below

Lessons Learnt

See poster appended/ below

Conclusion

See poster appended/below

Additional Information

This project was featured at the Central Health Action & Learning Kampung (CHALK) Poster Showcase 2022.

Project Category

Care Continuum

Preventive Care, Health Promotion, Public Awareness

Population Health, Physical Health

Keywords

General Practitioner, Screen for Life



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Screening for Life with Your Family Doctor

Team Members

Dr Melvyn Tan (General Practitioner at Ang Mo Kio) | Dr Ong Guan Hong (General Practitioner at Ang Mo Kio) | Ms Shermaine How | Ms Deborah Lee | Ms Sim Chian Hwee | Ms Evelyn Tan | Ms Lynn Lee | Ms Vanessa Leong

Partners

Community Operations & Network Development (Partnerships) | Division for Central Health | Tan Tock Seng Hospital | Health Promotion Board









Project Synopsis

The project piloted in Ang Mo Kio aimed to tackle two key areas:

- (1) Increase activation of residents to complete SFL (37% eligible residents unscreened) with eligible General Practitioner (GP) clinics.
- (2) Anchor residents' preventive care journey with GP by supporting them with lifestyle interventions and programmes from TTSH Central Health's (CH) Community Health Team (CHT).

In collaboration with two GPs in Ang Mo Kio, Dr Melvyn Tan (AMK Family Clinic) and Dr Ong Guan Hong (Pancare Medical – Ang Mo Kio), residents' SFL appointments were facilitated by CH with the clinics.

Post-screening, CHT recommended lifestyle interventions to residents based on their screening results, and provided a feedback loop to the GPs for follow through of preventive care management.

Why Screen? How are GPs involved?

'SCREENING is key to early detection of diseases and risk factors, where early treatment can alleviate the onset and complications of diseases. However, many are not compelled to screen regularly and on a timely basis, which could be due to the lack of awareness of clinics in their neighbourhood offering Health Promotion Board's (HPB) Screen for Life (SFL). Thus, the pilot aimed to facilitate a seamless and effective experience for residents to get screened with a GP within their neighbourhood, as well as encourage GP and resident relationship to be established through preventive care management.

How it was done

 GPs were engaged to seek their clinic's operation set up to receive SFL appointments.

- 2) CHT was introduced to GPs for lifestyle interventions for residents' post-screening follow up.
- 3) FormSG designed to allow easy sign up of SFL appointments with GP clinic.

Eligible residents received SFL invitation letter with QR code to FormSG for registration and appointment with clinic of choice.

TTSH CH sent a list of appointments made to GP clinic for tracking.

Resident attended their SFL appointment at the GP clinic

Screening results were sent to GP and CHT by HPB within 2 weeks

Implementation Process

GP reviewed screening results with resident. Recommended lifestyle advice according to results and reminded for next screening schedule.

CHT contacted resident to provide further lifestyle recommendations according to their screening results.

Feedback to

GP for continual preventive care management with resident.

Project Outcome



re-project Engagement & Prep

1275 eligible residents invited to be screened at partner GP clinics

70 (5%) residents signed up to be screened between 28 May 22 to 28 Sep 22

43 (61%) of those who signed up actualised their screening 7 (18%) of those screened continued follow-ups with GP postscreening

Resident's Post-screéning Follow Up with GP and TTSH Health Coaches – A Case Study of Mdm A

Mdm A completed SFL with Dr Melvyn at AMK Family Clinic.

Reviewed her results with Dr Melvyn where all was normal but found to be overweight.

Followed up by CHT's Community Care Integrator (C2i) with lifestyle recommendations and shared about health coaching services. C2i provided
updates to the GP
on the lifestyle
activities taken up
by Mdm A

Will review with Dr Melvyn 3 months later.

OUTCOME

Started attending the health coaching sessions and following the physical activity recommendations diligently.

Mdm A is grateful that she has help to stay healthy through health coaching sessions and is keeping active to achieve her health goals. She also now has a trusted GP she can continue care with.

GP saw an increased footfall of residents getting their required SFL completed at their clinic

- Increased SFL screening workload at clinic by tenfold.
- Approximately 20% of residents screened continued to follow-up with their GP post-screening.
- Initiated a trusted relationship between resident and GP (ie. conversion of walkins to regular patients of GP clinic, in line with the Healthier SG enrolment of 'One Singaporean, One Family Doctor' for holistic and improved chronic care).

Participating in this pilot allowed my clinic to increase walk-in workload for screening, which in turn converts residents to see me as their regular GP for any of their chronic conditions. CH has also provided resources to refer my patients with borderline results for health coaching and lifestyle modifications at the nearby Community Health Posts.

Dr Melvyn Tan, GP, AMK Family Clinic

Learnings

- GP did not offer certain (ie. cancer) screenings under SFL. As a result, some residents had to visit another GP clinic for their screening.
- Limited choices of GP clinics to meet residents' preferences
- Manual administrative process to facilitate screenings with GP clinics

Future Plans

- Spread campaign to more residents and GPs in Central subzones
- Collaborate with Open Government Product (OGP) to automate appointment making and tracking process, and expand the listing of GPs and their SFL service offerings
- Engagement with GPs to build a health plan with each resident, and introduce CHT support to help them navigate for lifestyle intervention and programmes for social prescribing.

Source:

1. Healthhub, https://www.healthhub.sg/live-healthy/403/abcs_of_health_screening