

Project Title

Tan Tock Seng Hospital Community Right-Siting Programme (CRiSP): Creating a Sustainable Model of Care Delivery through Strong and Effective Governance

Organisation(s) Involved

Tan Tock Seng Hospital

Project Period

Start date: Apr-2014

Project Category

Care Redesign

Keywords

Care & Process Redesign, Quality Improvement, Intermediate and Community Care, Community Right-Siting Programme, Patient Right-siting, Chronic Disease, General Practitioners, Tan Tock Seng Hospital, Sustainable Care Delivery Model, Primary Care Masterplan, Integrated Healthcare System , Strategic Multi-stakeholder Collaboration, Ministry of Health, Agency for Integrated Care, Regional Health System Pharmacy, Regional Health System Diagnostics Centre, Community Health Centre, Affordable & Quality Care, Public-Private Sector Partnership, Structured Governance Framework, Primary Care Providers, Coordinated Care, Reduce Specialist Outpatient Clinic Visits, Right-Sited to Appropriate Level of Care, Portable Subsidies for Patients, Cost Saving, Community Health Assist Scheme, Chronic Disease Management Programme, Greater Care Access, Greater Patient Convenience, Shorter Wait Time, Continuity of Care, Integrated & Personalised Care, Improved Patient Safety, Central Pharmacy Drug Support Model

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Asian Hospital Management Awards

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Innovations in Hospital Management and Governance

(Has to do with the basic functions of management, setting strategic directions and how management assures itself that it has control and feedback and practices good governance).

This award is for the hospital that implemented the most effective management innovations. The innovations can be in one or more areas of governance or implementing management policies, in setting goals and organizing to meet them, improvements in how the hospital plans its services, manages its finances, motivates its staff and has developed an effective feedback /control and management review processes. The entry needs to demonstrate measurable results. Is there “visible” leadership to create the right mindset and culture for a better patient experience?

Complete All Information Below:

Project Title (Maximum 256 Characters):

Tan Tock Seng Hospital Community Right-Siting Programme (CRiSP): Creating a Sustainable Model of Care Delivery through Strong and Effective Governance

Date Project Started (Maximum 128 Characters) (i.e. May 24, 2015):

April 1, 2014

Department Name (Maximum 256 Characters):

Primary Care Partners Office, PEARL & Partnership Development, Tan Tock Seng Hospital

Names of Key Staff Involved in this Project (Maximum 512 Characters) (Separate names with comma):

Associate Professor Thomas Lew (Chairman, Medical Board), Associate Professor John Abisheganaden (Clinical Programme Director, Community Right-siting Programme), Dr Pauline Yong (Operations Director, Primary Care Partners Office), Ms Yan Sui Wah (Assistant Director, Primary Care Partners Office), Ms Evelyn Tan (Senior Executive, Primary Care Partners Office), Ms Jayne Tong (Executive, Primary Care Partners Office)

1. Please give some background to the project or program including how it originated. Give details of the extent to which the project improves the efficiency or effectiveness of overall service. Outline any specific goals or targets you had in mind prior to the project being put together. Maximum Number of WORDS – 350

Given Singapore's rapidly aging population and a rise in chronic disease burden, there is a need to transform the nation's primary care landscape. The Ministry of Health (MOH) launched the Primary Care Masterplan to create an integrated healthcare system comprising of primary and specialist care. Tan Tock Seng Hospital (TTSH) launched the Community Right-Siting Programme (CRiSP) in 2014, as a strategic collaboration to appropriately right-site stable chronic Specialist Outpatient Clinics (SOC) patients from public hospital to General Practitioners (GPs) for continual management.

CRiSP brought together the following stakeholders to centre enablers such as financial subsidies, subsidised clinical support services and Clinical Practice Guidelines (CPG) (Annex A), around GPs. (i) Ministry of Health; (ii) Agency for Integrated Care; (iii) Regional Health System (RHS) Pharmacy; (iv) RHS Diagnostics Centre; (v) Community Health Centre. This ensures right-sited patients still enjoy affordable and quality care.

Challenges of Integrating GPs

The private GP sector was untapped as GPs largely provide episodic care while the public healthcare institutions manage patients with complex and chronic diseases. In addition, GPs are either solo practices or private organisations that have separate governance structures, and Care delivery practices vary amongst different GPs.

To drive a multi-stakeholder public-private sector partnership, there is an impetus for a structured governance framework that requires all the stakeholders, including GPs, to operate within an established clinical protocol and care delivery system. Governance taskforces, comprising of representatives from primary and specialist care, were established to provide leadership and strategic direction in CRiSP's engagement with primary care providers. Policies and directions were laid down by the taskforces to deepen partnerships with GPs and to remove impediments to right-siting by addressing knowledge gaps that patients have about managing their conditions with GPs.

CRiSP aims to: (i) Create an integrated healthcare system that allows coordinated care to be transcendent across the continuum from primary to specialist care; (ii) Reduce SOC visits through right siting, and release hospital resources to take on complex patients; (iii) Ingrain the concept of right-siting to be a natural part of the care transition cycle for stable chronic patients.

(Word count: 344 words)

2. Please give details of what costs were reduced and how much and what positive or negative effects if any there was. Describe how the project was beneficial from the patient's perspective and experience, if any and of the savings were passed on to the patient? Are the savings sustainable or were they one time? **Maximum Number of WORDS – 250**

CRiSP operates within a structured governance framework encompassing the necessary enablers to be put in place. Consequently, CRiSP ensures affordable, quality and safe healthcare outcome for our right-sited patients. To date, over 800 patients have been discharged to CRiSP GP partners in a coordinated fashion.

2.1 Right-Sited to Appropriate Level of Care

Right-siting leads to an average reduction of three SOC visits per patient per year, it was estimated that TTSH freed up more than 2400 SOC slots over two years. Also, appropriate management of these patients at primary care would lead to reduction in at least one inpatient in 10% of the right-sited patients, it was projected that 80 inpatient admissions were avoided. These slots can be utilised by higher-acuity patients who require Specialist care.

2.2 Portable Subsidies for Patients

Hospital's cost of servicing patients is reduced by right-siting due to decreased SOC and inpatient visits, leading to more efficient utilisation of precious healthcare resources. It was estimated that CRiSP had a total cost avoidance of \$326,125 for TTSH (Annex E). The cost avoidance allows right-sited patients to continue to have access to affordable clinical support services for quality chronic care. With the introduction of the Community Health Assist Scheme (CHAS) in 2012, portable outpatient subsidies are extended to GPs. The national Medisave coverage under the Chronic Disease Management Programme was expanded. The expansion on the use of patients' subsidies has significantly reduced out-of-pocket for long-term primary care management, enabling access to affordable healthcare for right-sited patients.

(Word count: 248 words)

3. Please describe IF and how the improvements in management was also beneficial from the patient's perspective and experience, and how it improved patient care, patient safety or service. Preferably please present quantifiable information such as "before and after" measurements if any. **Maximum Number of WORDS – 200**

CRiSP provides the following benefits to right-sited patients:

- 3.1 Greater access to care at CRiSP GP clinics as GPs' operating hours are longer and more flexible as compared to SOCs.
- 3.2 Greater convenience for patients to manage their condition(s) at GP clinics as clinics are located nearer to patients' residential or work area. Traveling time and cost are reduced. Patients experience shorter wait time at GP clinics (1 hour) as compared to SOCs (up to 4 hours).
- 3.3 Consolidation of care for patients to manage their chronic and acute conditions with GPs.
- 3.4 Better continuity of care, as patients will be able to see the same GP in an integrated and personalised manner as opposed to seeking care as a general pool chronic disease patient at SOCs.
- 3.5 Continual access to affordable clinical support services through GPs, including portable financial subsidies at primary care setting.
- 3.6 Improved patient safety for continual management with GPs. CPG (Annex A) and Partnership Agreement (Annex B) have been established with GP partners on treatment protocols and care delivery system for GPs to strengthen primary care delivery in a holistic and sustainable manner.

Refer to Annex C for extracts from CRiSP Patient Satisfaction Survey.

(Word count: 199 words)

4. Explain to what extent and why the improvements are sustainable. Maximum Number of WORDS – 200

In the CRiSP model of care, the governance framework facilitates existing community stakeholders to be banded together in aligning their objectives and resources. CRiSP also redefines the existing care delivery structure, instead of creating new processes and identifying new providers, so as to bridge the gaps within the primary care delivery system.

For example, recognising that CHAS patients have portable subsidies which can be utilised in GP clinics, the programme's pricing model (consultation, drugs and diagnostics charges) is structured such that patients can leverage on their CHAS subsidies to make treatment cost affordable, while at the same time creating a sustainable business for GPs. Secondly, logistics for drug support delivery is designed to fit the concept of a future Central Pharmacy drug support model, while ordering of diagnostic services makes use of existing forms which the GPs are already familiar with.

The result of a supportive and structured governance, driven by committed programme administrators, is a self-sustaining ecosystem that is scalable, and can further benefit patients with other disease profiles. Strengthened partnerships with GPs also ensure that care is delivered in a holistic and sustainable manner as we move towards one integrated healthcare system.

(Word count: 194 words)

5. Please give some background to the project team that originated, studied and developed the project or program. Maximum Number of WORDS – 200

The project team was previously designated as TTSH GP Office. The office functioned as a single point of contact between TTSH and GPs; focusing on facilitation of private referrals from GPs.

A Primary Care and Engagement Taskforce (PCELTf) chaired by TTSH Chairman of Medical Board was established on 1 December 2011 with members and representatives from TTSH and Central RHS, Senior Management, Clinical Disciplines and Operations leadership. The GP Office supports PCELTf as Secretariat. One of the key objectives of PCELTf is to ensure alignment of engagement of Primary Care Physicians by different institutions with the overall strategic plan of TTSH and Central RHS.

As PCELTf oversees all primary care engagement activities in TTSH including right-siting, TTSH GP Office was repositioned as Primary Care Partners Office (PCPO). PCPO is led by an Operations Director and a Senior Clinician was appointed as Clinical Director for CRiSP. PCPO has been providing secretariat, administrative, strategic planning support and facilitating liaisons with internal and external stakeholders such as TTSH Clinical Disciplines, Operations, Finance, cluster-wide institutions, GPs, Ministry of Health and other government agencies. CRiSP operates on a strong platform for partnerships at a national, regional, institutional and primary care level.

(Word count: 196 words)

6. Please add any other items that will convince the judges that your hospital is worthy of being given the “most improved” hospital award. Maximum Number of WORDS – 300

Patient discharges from TTSH to private GPs have never been conducted in a coordinated manner. Through CRiSP’s development, TTSH and supporting public healthcare institutions had to restructure ourselves, collaborate with the private GP sector to optimise healthcare resources, and redefine end-to-end care delivery model, including empowering GPs to provide Specialist-level care to right-sited patients.

Results of our Improvement

6.1 The hospital’s discharges to GPs have increased significantly from 106 (pre-programme) to 284 in the first year of commencing CRiSP, to 559 in the second year. Year on year, we saw a 169% and 95% increment respectively (Annex E). This is due to greater awareness amongst our Specialists of this alternative mode of discharge to GPs, which is equally beneficial as compared to discharging to Polyclinics.

The active involvement of Clinical Champions was also crucial in increasing right-siting for their respective medical disciplines. As such, the push for discharges transformed internally, from a top-down to ground-up approach.

6.2 We also saw a significant increase in GP partners’ enrolment following CRiSP’s steady state. When CRiSP first started, 10 partners verbally agreed to support our right-siting cause. To-date, we have 60 registered partners who formally agree to the programme structure by means of a TTSH-GP Partnership Agreement (Annex B). Through CRiSP, TTSH’s partners recruitment process improved to enhance quality partnership; reporting a healthy ratio of one GP managing 7.3 right-sited patients.

Our partners are:

- a) Selected based on patients’ geographical distribution;
- b) Prospected through various engagement activities such as networking events, cold-calling and visitations;
- c) Recruited based on an established eligibility criteria;
- d) Trained for clinical up-skilling;
- e) Assessed through indicators reporting and patients’ feedback to ensure quality partnerships are achieved.

6.3 Positive testimonials were gathered from our GPs and patients to show CRiSP’s success in community engagement (Annex C and D).

(Word count: 299 words)