



CHANGING NEEDS, CHANGING POLYCLINICS

By Dr David Tan

The evolution of polyclinics

Historically, polyclinics started off as outpatient dispensaries and maternal and child health clinics, which were later amalgamated to provide a more comprehensive range of health services for the family. In 2000, the various restructured hospitals and polyclinics were divided into two clusters, and National Healthcare Group Polyclinics (NHGP) and SingHealth Polyclinics were formed under their parent clusters respectively.

Since then, polyclinics have evolved from being regarded as clinics catering to the lower income and offering basic medical care (as compared to the private sector), to high-tech and high-touch medical institutions excelling in various areas of primary care and Family Medicine. Two of these areas are:

Chronic disease management

According to the Primary Care Survey 2010, while

polyclinic doctors make up a total of about 14% of the primary care workforce, they see close to half of all the chronic disease load in the community.¹ To handle the myriad of issues surrounding chronic disease management, polyclinics have adopted various models to deliver chronic care both effectively and efficiently. One example are the Family Physician Clinics, where chronic patients with complex issues are followed up by regular family physicians, and there is also inter-professional collaboration with nurses and allied healthcare professionals.

Medical education

Even while polyclinics have had generations of medical students and medical officer trainees passing through their doors, they now take on a larger responsibility in training future family physicians, with the two polyclinic clusters playing an integral role in the FM residency programmes of all three sponsoring institutions. Faculty in these

programmes are also well equipped to provide the level of education that learners of the 21st century require. Beyond that, NHGP has also undertaken a proactive role in the teaching of medical undergraduates by working with the Lee Kong Chian School of Medicine to train its students in clinical skills procedures as well as patient communication and examination at the Family Medicine Academy set up within NHGP's Bukit Batok Polyclinic.

Benefits and challenges of this evolution

With a diverse range of services (like cancer screening, physiotherapy, and mental healthcare) now available in polyclinics, they have truly become a convenient one-stop shop serving the very patients that they were built for. This is in line with the FM principles of providing primary (first access), preventive, comprehensive and coordinated care. It also means that patients can be managed in the community where they are often more at ease, as they often experience fear and trepidation when referred to the hospitals or tertiary healthcare settings. For example, patients with mild anxiety issues or depression can be treated in polyclinics by both family physicians and psychologists, avoiding that sometimes fearful commute to the hospital psychiatrists. Hospital specialists also appreciate the comprehensiveness that polyclinics offer, and are thus more willing and confident to discharge some of their patients there, with the knowledge that they will be in safe hands.

One problem of this evolution is that the polyclinics have become victims of their own success. Patients perceive polyclinics as the go-to places for everything, which draws them away from the private sector, further adding to the already heavy workload. Hospitals may sometimes also assume that *all* cases can be seen in polyclinics and therefore discharge patients inappropriately to the latter, resulting in these patients having to be re-referred back.

Collaboration between the public and private primary care sectors

Private GPs have the advantage of being in closer proximity to patients and being available past the traditional operating hours of polyclinics. They are the backbone of our healthcare system, and their importance cannot be understated.

We are now becoming more aware of the importance of "population health" in maintaining our communities' well-being, and there are definitely opportunities for collaboration between the public and private primary care sectors in this sphere. For example, polyclinics could work with GPs to manage the health of the populations in their vicinities, bringing "care" out of the traditional medical practice and impacting places such as housing estates, community clubs, schools, exercise facilities and eateries. Population management can also be carried out

by reaching out to at-risk groups that would otherwise not have visited a usual medical facility.

A dream I have for local healthcare would be to have panels of enrolled patients belonging to medical practices that are responsible for their *health*, and not just their *healthcare*. Tiered care can then be delivered to the different groups of patients within a panel accordingly. For example, certain acute and complex chronic patients will likely still need face-to-face consults, perhaps paired with a remote consult for the follow-up of conditions or lab results. The healthy "pre-disease" patients may just need a call from a panel manager once in a while to remind them to go for their annual blood or relevant cancer screening tests. Such a scheme would definitely be more resource intensive and require different levels of healthcare workers to bring their own expertise to the table, but if successful, would help ensure that no one is left out in our society's pursuit to achieve optimum health.

Upsides and downsides to practising in polyclinics

With the extensive variety of services and the ability to attend to patients of all ages and needs, doctors working in polyclinics are truly able to practice Family Medicine to its full extent in the primary care setting. In contrast to a private GP setting where one may be more autonomous, working in an institutional setting like the polyclinics naturally means that there will be more protocols and guidelines to follow, but these are often crafted out based on clinical indications and with both the patients' and doctors' best interests at heart.

Practising in an institutional setting also means that aspiring doctors can enjoy a well-crafted career path with development in areas apart from clinical work, including research, education and administration, to name a few.

A challenge to many polyclinic doctors is the need for a public service ethos that may not come naturally to all. But with society's changing demographics and rising education levels, doctors need to adapt and engage today's polyclinic patients differently from before. ■

Reference

1. Ministry of Health. Primary Care Survey 2010 - Profile of Primary Care Patients. Available at: https://www.moh.gov.sg/content/moh_web/home/Publications/information_papers/2011/primary_care_survey2010profileofprimarycarepatients.html. Accessed 1 April 2014.



Dr David Tan is a family physician working with NHGP and is passionate about primary care transformation. He's also amazed at how quickly his two daughters are transforming and is cherishing whatever time he has with them.