

National Quality Improvement Conference

Increasing the uptake of video-consultations by eligible patients in Geylang Polyclinic

Dr Sze Kai Ping

kai_ping_sze@nhgp.com.sg



National Healthcare Group
POLYCLINICS

Problem Statement

- As part of the HealthierSG pillars, Ministry of Health (MOH) is strengthening system enablers in primary care by investing in technology and data to **monitor chronic conditions from home**.
- Information Technology-based interventions when combined with chronic care models were associated with a **improved glycemic control and better BP control**.
- Since NHGP started offering existing patients with chronic conditions video-consultations (VCs) with doctors, the rate of VC appointments arranged for eligible patients in **Geylang Polyclinic remained low in comparison to other NHGP Polyclinics**.

Project Aim

To increase the percentage of arranged video-consultations for eligible patients* in Geylang Polyclinic at the next visit from 16% to 50%, over a period of 6 months from January to June 2022.

Definition of eligible patients*:

1. DM, Hypertension, Hyperlipidemia patients without urgent BP ranges (>180/110 or <100/70mmHg) or frequent hypoglycemic symptoms.
2. Patients with chronic conditions such as CKD 3, asymptomatic CKD 4-5, IHD, Stroke, Hypothyroidism, Hepatitis B carrier, Osteoporosis, Depression and Dementia.

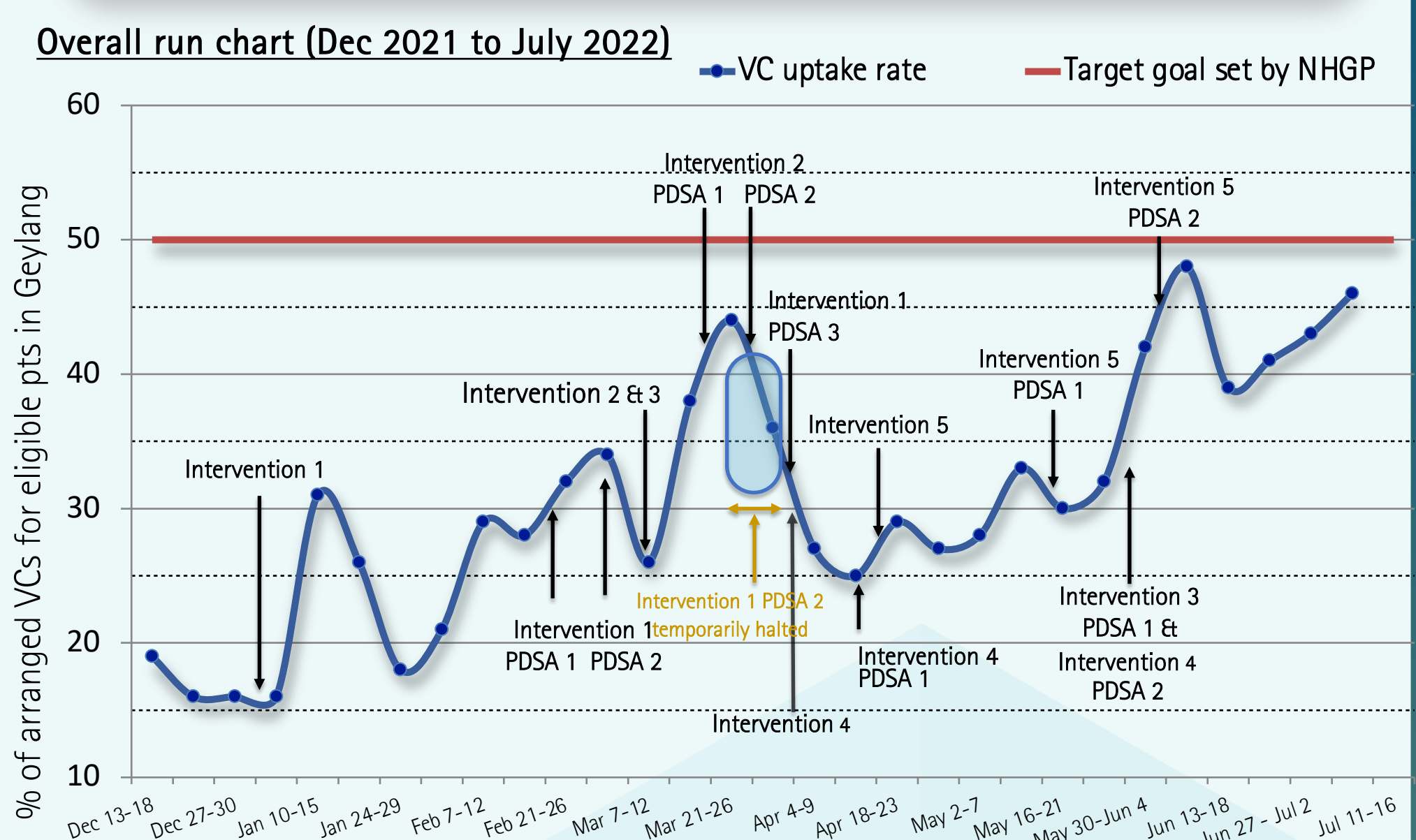
Lessons Learnt

Challenges / What we wished we knew	Strategies
1. The first intervention was initially time consuming and labour intensive. We learnt that interventions were more sustainable if they were automated and if they could change the behaviour and perceptions of people.	Team automated the booking process through SMS messages & focused on changing doctors' practice behaviour through continual engagement of self-empowering strategies.
2. Many eligible patients were not digitally savvy. Digital health literacy is closely linked with patient's social determinants of health. We must address the health inequity and digital divide across populations.	Post QI, we collaborated to provide video-consultations to patients under Nursing Homes, Community Health Team & Active ageing centres.

Potential Solutions

Root causes	Interventions	Study	Act
Competing priorities of doctors during consultation	1. MRO staff to recruit patients after lab tests	Low yield, time consuming, laborious	Standardising SMS text to patients + "yes" replies assessed for eligibility by vetting doctor. Introduction and phrasings in text message revised.
Patients uninformed of VC services	2. Friendly reminders on doctors' Whatsapp chat-group	Junior Drs were not keen to offer VC as unfamiliar with workflow.	Rotating juniors to video consultation rooms. Workflow published. Positive reinforcement message with recruitment strategies.
Insufficient advertising within clinic	3. Placing banners at visible waiting areas	Half of patients did not read the banners.	Shifting banners to the space near the lab waiting area.
Patients are not educated on VC services.	4. Publicity video displays & brochures for distribution	Older patients may not read English and prefer a brochure to show children.	Including Mandarin and Malay videos on big screens. Distributing brochures advertising NHGP Telemedicine services
Patients are not educated on VC services	5. Care coordinators to pre-clerk patient list and teach patients how to use Zoom	Patients can better understand how VC functions on Zoom.	Offering VC services to digitally literate patients for efficiency. Indicating on the Queue system the patients who expressed interest..

Outcomes & Impacts



"The use of SMS invite facilitated patients to opt for video-consults in upcoming appointments easily." – Mr Ng (Patient, team member)

Uptake rate increased from **16% in Dec 2021 to 46% in July 2022**. Patients benefitted through transport cost savings, time savings and increased adherence to appointments. Positive impact included convenient and accessible care, reduced waiting time and crowd congestion, increased walk-in slots for patients with urgent acute issues and better continuity of chronic care.

Spreading interventions to NHGP polyclinics:

NHGP Clinics	Pre-chart	PILs, Banners	Building Dr culture	SMS
AMK	✓	✓	✓	
GEY	✓	✓	✓	✓
HOU	✓	✓	✓	
TPY	✓	✓	✓	
WDL	✓	✓	✓	
YIS	✓	✓	✓	✓