

ENHANCED PATIENT CARE

in the Community through Primary Care Networks

By Agency for Integrated Care



Senior Minister of State for Health, Dr Lam Pin Min (left) listening intently as Dr Wong Tien Hua gives his perspective on PCNs.

In an effort to provide patients with more holistic primary care, the Primary Care Networks (PCNs) scheme enables patients to be cared for under a multi-disciplinary team and have access to ancillary and support services. Under the scheme, General Practitioners (GPs) from private clinics can form virtual networks to share resources and provide team-based chronic disease management in the community.

In 2017, the Ministry of Health (MOH) committed a budget of \$45 million per year to support the PCN scheme over the next five years. Participating GPs are now provided resources through MOH and Agency for Integrated Care (AIC) to enable more seamless care for their patients with chronic disease. Leveraging on inter-disciplinary expertise through a chronic disease registry administered by each PCN, participating GPs on PCNs are now better supported administratively to closely monitor and manage their patients' chronic conditions.

The collaborative effort of the GPs, nurses and primary care coordinators in a team-based manner strengthens the support for chronic patients. Coupled with PCN ancillary services, patients can receive comprehensive disease and lifestyle management advice by nurse counsellors to better understand and manage their chronic conditions. Diabetic patients could also receive their routine diabetic retinal photography and foot screenings nearer to them. In addition, the primary care coordinators support patients through appointment scheduling and referrals to other healthcare services and social support if necessary.

Following the PCN application call held from 1 April to 31 May 2017, the MOH had announced in January 2018 that eight new PCNs had been appointed on 1 January 2018; bringing the total number of PCNs in Singapore to ten, comprising 340 GP clinics island-wide.

"By coming together to form networks, these likeminded GPs can achieve economies of scale and optimize resources to deliver more holistic care in a team-based care model. MOH is committed to supporting the PCNs."

– **Dr Lam Pin Min**
Senior Minister of State for Health, Ministry of Health

Frontier PCN Team, including GPs, nurse counsellors and primary care coordinator, with Senior Minister of State for Health, Dr Lam Pin Min (fourth from left).



Listing of Primary Care Networks

Primary Care Networks (PCNs)	
1	Assurance PCN
2	Central-North PCN
3	Class PCN
4	Frontier PCN (with effect from 1 October 2015)
5	i-CARE PCN
6	NUHS PCN (with effect from 1 April 2017)
7	Parkway Shenton PCN
8	Raffles Medical PCN
9	SingHealth Partners PCN a) SingHealth DOT b) SingHealth Regional
10	United PCN



Chronic Disease Registry under the PCN scheme

What is a Chronic Disease Registry?

Chronic Disease Registry (CDR) is a database that contains the personal and medical information of patients that allows monitoring of patients for better care management and follow ups.

How does it help with chronic disease patient management?

It enables the doctors or clinics to track and monitor patients' chronic conditions such as Diabetes Mellitus, Hypertension and Hyperlipidemia systematically. This also helps to ensure that patients follow through their care plans and receive the necessary management. The overall data in the registry can also be used to drive improvement in care delivery.

On 15 January 2018, the Senior Minister of State for Health, Dr Lam Pin Min, visited Dr Wong Tien Hua from Mutual Healthcare Medical Clinic, a participating GP partner of the Frontier PCN located in north-eastern Singapore.

Citing the importance of PCNs in the provision of better healthcare outcomes for Singapore's patients with chronic conditions, he lauded the increasing number of GPs participating in the PCN scheme, such as Dr Wong.

To find out more about PCNs or how you can join one, please visit <https://www.primarycarepages.sg/PCN/> today. You can also write to **AIC at gp@aic.sg** or call **6632 1199**.



"By grouping together and forming a PCN, resources such as Diabetic Retinal Photography, Foot Screening and Nurse Counselling can be

shared. The provision of Nurse Counselling services and the close tracking of patients on the Disease Registry will achieve better patient compliance and improvement in patients' medical issues. The funding from MOH and AIC also help manage the direct costs of these services for our patients."

– Dr Jacqueline Yam

*Medical Director, AcuMed Medical Group
PCN Leader
Assurance PCN*



"I believe PCN will strengthen the doctor-patient relationship. Patient care is enhanced because the PCN doctors will be better supported in terms of training, manpower and resources to better manage and monitor patients with chronic diseases. The patients will also benefit in terms of easy access to investigations, counselling services and tighter monitoring of their chronic diseases."

– Dr Lim Chien Chuan

*Family Physician, Sims Drive Medical Clinic
PCN Leader
i-CARE PCN*