

Introduction

The SingHealth Delivering On Target (DOT) program is a right-siting initiative which identifies and assists with the transfer of stable chronic disease patients from specialist outpatient clinics of SingHealth institutions to a panel of recruited general practitioners (DOT GPs). Several incentives were introduced to encourage patients' participation in the DOT program: standardized cheaper consultation charges, free diagnostic tests and subsidised drug delivery.

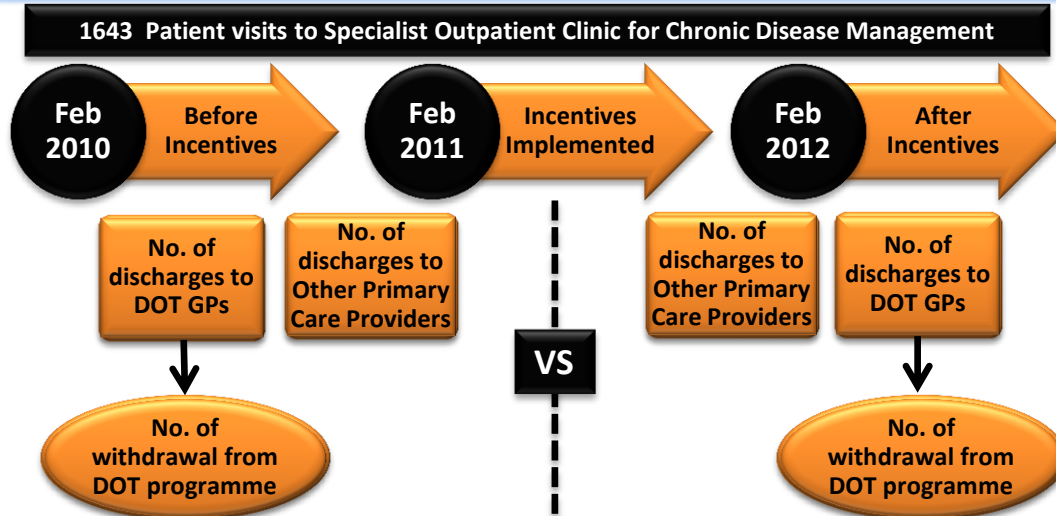
Objective

To analyse the impact and effectiveness of incentives implemented on patients' enrolment and retention in the DOT program.

Statistical Analysis

Comparisons between groups before and after incentives were conducted using Chi-square Test. * Statistically significant from before incentives, $p < 0.01$.

Methodology



Results & Discussion

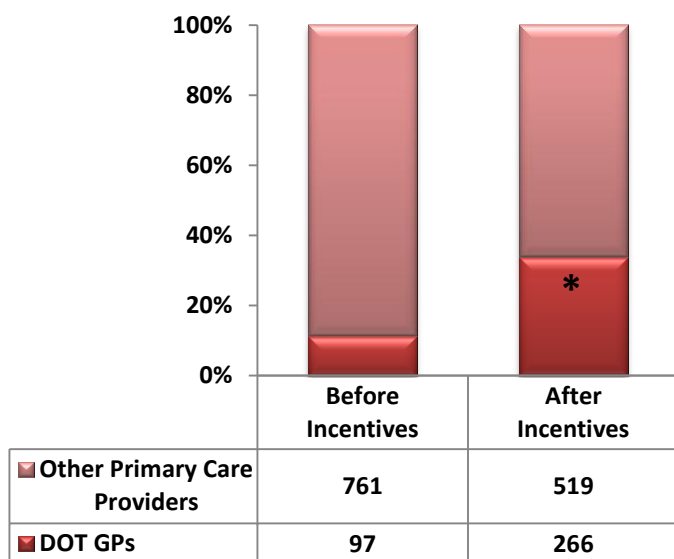


Figure 1A | Impact of incentives on patient's enrolment into the DOT programme. Proportion of patients who chooses DOT GP shown significant increment after the implementation of incentives.

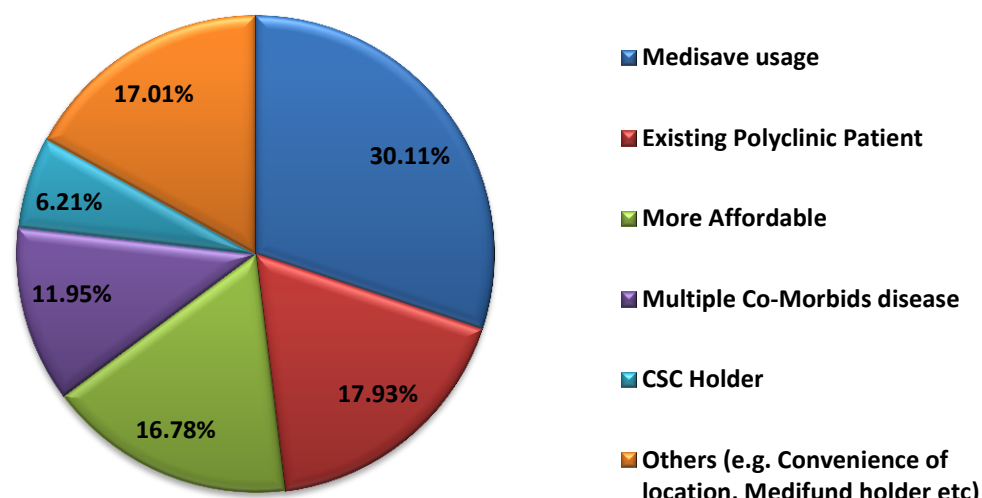


Figure 1B | Reasons for patients choosing other primary care providers after incentives implementation.

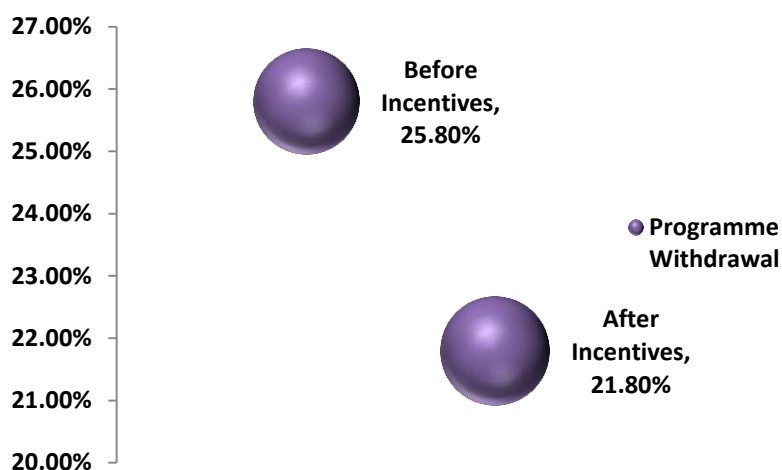


Figure 2A | Impact of incentives on patient's withdrawal from the DOT programme. Proportion of patients who withdrew from the DOT programme shown reduction after the implementation of incentives.

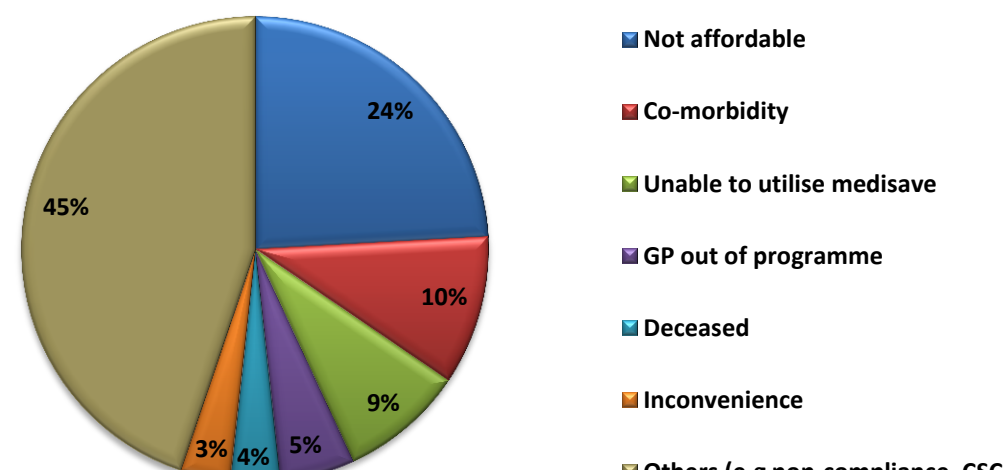


Figure 2B | Reasons for patients withdrawing from the DOT programme after incentives implementation.

Conclusion

Right-siting is necessary to free up expensive and limited tertiary healthcare resources. Our efforts were effective in encouraging patients to choose and remain with DOT GPs for long term care, primarily because these incentives narrowed the cost discrepancy between private general practitioners and government polyclinics. In the longer term to successfully promote right-siting to a wider reach of primary care, cost effectiveness is crucial as it is often the deciding factor for where the patient will seek care. A shift in funding model where subsidies are extended more generously to private general practitioners managing chronic disease and a simplified work process to facilitate uptake of medisave usage in GP settings are desired.