SingHealth Polyclinics Acute-On-Demand-TeleHealth service (AoD-TH)

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Introduction

The use of Telemedicine services increased exponentially during the COVID-19 pandemic. Video-Consultations (VC) in Polyclinics have been provider-initiated encounters, where the option of VC is offered to patients by healthcare professionals after assessment of suitability. There were few avenues for patients to initiate VCs. The team identified this as an area of opportunity to improve accessibility of care to patients, and set out to develop a new service to allow patients with mild, acute medical conditions (e.g. cough, diarrhoea, etc.) to consult a polyclinic doctor on the same day via VC, and to receive their medications via door-step delivery. This new service launched in January 2023 at SingHealth Polyclinics (SHP).



Objectives

- Develop a replicable model for same-day video consultation and medication delivery that increases patient accessibility to care.
- Work towards cost-effectiveness, economies of scale and sustainability of telemedicine.
- Augment capability of care provision with existing infrastructure.

Methodology

- A series of design thinking workshops involving patients and staff members across various domains were conducted to map out the ideal patient and staff journey for this new service.
- With the insights from the workshops, multi-disciplinary teams from SHP and the SingHealth Telemedicine Taskforce came together to develop an ondemand VC for primary care. This involved:
 - 1. Clinical governance: Clinical guidelines and protocols, physician training, governance and quality improvement frameworks were developed.
 - 2. Operational workflows: New workflows and processes were established for the AoD-TH service. This included collaborations with external vendors to secure expedited same day medication deliveries.
 - **3. Technical enhancements:** Existing IT platforms were enhanced to enable the new workflows and processes. This included enhancements to Health Buddy, SingHealth's patient-fronting mobile application.
 - 4. Change management: Internal stakeholders from the various domains (finance, operations, pharmacy, communications, medical etc) were engaged in support of the development of the service.
 - **5. Feedback and iteration:** Staff and patient feedback were gathered regularly after launching the service, and timely adjustments to the processes were made to respond to issues highlighted.

Journey Stages | Name | Post-Consult | Post-Consul

Outputs from Design Thinking Workshop



Publicity material to promote awareness of new service

Results

- ✓ **High utilization rates** (82%) and **low default rates** (8%) were achieved.
- ✓ 94% of patients ¹ were **satisfied** with the service.
- ✓ 95% of patients¹ felt that **VC was more convenient** than an in-person visit.
- ✓ 90% of patients¹ felt that the doctor could adequately assess their medical condition.
- ✓ Median waiting time was less than 15 minutes to consult a doctor.
- ✓ **Top 3 diagnoses**: Upper respiratory tract infection, gastroenteritis, and headache.
- * Data from 18 January 2023 to 31 March 2023.
- ¹ Data from patient survey, n = 176

Patient Feedback



"I think this is amazing and it could be the future of medicine for mild conditions" – 30, Female



"I was pleasantly surprised that I found this service. It was not convenient to move too much because I was having diarrhea, and I could stay at home and consult the doctor. The whole experience was very convenient and painless." -52, Female

Conclusion

The pilot service was launched successfully with valuable learnings in understanding patient's experience and care journey, mobile appusage and user-friendly designs, sustainability and cost-recovery. The service has also been very well-received by the patients, indicating a shift in patient's mind-sets and their acceptance of healthcare-related engagements through TeleHealth.