GPFirst Programme – Partnering Family GPs in the Community to Expand the Management of Non-emergency patients at CGH A&E

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Introduction

Changi General Hospital's Accident & Emergency ("CGH A&E") attendances have been growing steadily, largely due to older and sicker patients needing more acute emergency services. However, there is also a growing trend observed among patients to seek out or self-attend at the A&E directly for minor to moderate ailments that could be well-managed at the Primary Care level by General Practitioners ("GPs"). This category of Priority-3 ("P3") patients made up more than 55% of the A&E attendances and tends to peak at 10am and 8pm, when most GP clinics are open. The idea of a collaboration with Eastern GPs to increase management of P3 conditions started to form.

GP FIRST
Your family doctor, your first stop.

Problems

In patients' perspective, a one-stop visit to the A&E potentially offers more time and cost savings as compared to a GP visit, where patients conceive the possibility of being financially penalized twice should a subsequent referral to the A&E be required. This culture challenges CGH A&E's management of waiting time and its ability to allocate the right resources to critically ill patients in a timely fashion. However, as it is equally crucial to ensure that patients with urgent conditions do not delay treatment at A&E by visiting a GP first, public education presents itself as yet another challenge to overcome.

Goals

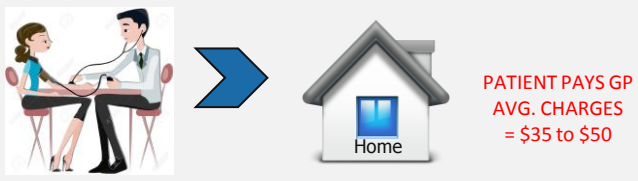
i) Educate patients to make the right choice on the venue of treatment relative to their condition(s).
ii) Lessen patients' out of pocket expenses should a referral to A&E be required after a GP visit.
iii) Raise GP partners' competency in management of patients with mild to moderate ailments.
iv) Achieve progressive reduction in P3 load and self-referrals at CGH A&E, allowing concentrated resources on P1 and P2 patients at the most timely fashion.
ii) Improve wait times for emergency cases at CGH A&E and patients' experience.
iii) Fulfill RHS's objective in providing seamless quality care through integration with Primary Care partners through combined expertise.

Methodology

Figure 1: How GPFirst work?

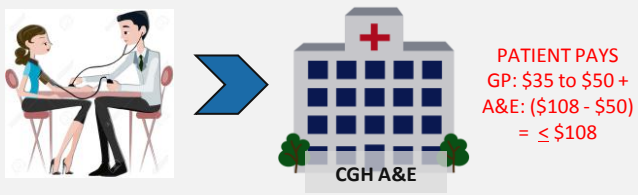
Patients who visit a GPFirst participating clinic and subsequently requires a referral to the A&E will be entitled to $50 subsidy off A&E fees.

A. PATIENT VISITS PARTICIPATING GP CLINIC & RESTS AT HOME:



PATIENT PAYS GP AVG. CHARGES = $35 to $50

B. PATIENT VISITS PARTICIPATING GP & REFERS TO A&E:



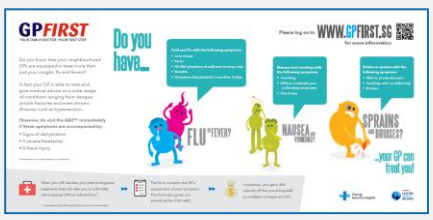
PATIENT PAYS GP: $35 to $50 + A&E: ($108 - $50) = ≤ $108

Figure 2: Public Education

GPFirst website

CGH CARING Magazine

NE/SE CDC Newsletter



GPFirst Wall Mural at CGH A&E waiting area

GPFirst Bus Advertisements

GPFirst publicity campaign efforts, such as the bus advertisement along major Eastern and North-eastern bus routes, were targeted at residents staying in the East. Publications on CGH CARING magazine also directed patients to the GPFirst website where advice on the common conditions and its various treatment options based on the severity of symptoms is made available.

Figure 3: Support for GPs

i) GPFirst Aide Mobile App (launched Q1 2015)
- Easy and convenient access to 16 decision rules which includes complicated medical formulas and scores in one app
- Provides pathways and video casts such as dengue for GP's reference
- Optimized and viewable on mobile phone (available in android and iOS version)

ii) A&E Consultant Hotline
- Operates 24 hours a day for management of acute cases

iii) A&E Coordinator Hotline
- Operates from Mon to Fri for general GP enquiries

iv) CGH Homepage for GPs
- A&E guide, conditions and pathways
- Webcast videos for CME

Results

As of June 2015, 180 GP clinics (60%) have signed up as participating network clinics of the GPFirst programme.

Commenced in Jan 2014, GPFirst programme's monthly referred cases to CGH A&E had increased steadily in the first six months before it fluctuated between 343 and 416 in Jul to Dec 2014 (see Figure 4). On the whole, the monthly average of GPFirst patients in last six months of 2014 was 391 and the total GPFirst referrals in 2014 contributed to 29.3% of all GP referrals at CGH A&E in the same year.

Two notable changes had been observed: First, the rate of decrease in self referrals in 2014 was higher compared to the preceding two years (see Figure 5). Evidently, this drop in yearly self referrals contributed to greater rate of decrease in overall yearly attendance in 2014 compared to the previous year (see Figure 6). In addition, it had also led to further drop in the ratio of self referrals to GP referrals as shown in Figure 7. The second notable change was pertinent to the number of P3 patients. As shown in Figure 8, the monthly number of P3 patients attended by CGH A&E in 2014 was clearly lower than the monthly average number of P3 patients seen in 2013. Overall, the total P3 attendances in 2014 were 7.2% lower than those in 2013.

Additionally, it was observed that the P2 waiting time for patient to consult a doctor at A&E has reduced from 40 minutes in 2013 to just 22 minutes in December 2014. (see Figure 9).

Figure 4: Monthly Number of GPFirst Patients Referred to CGH A&E

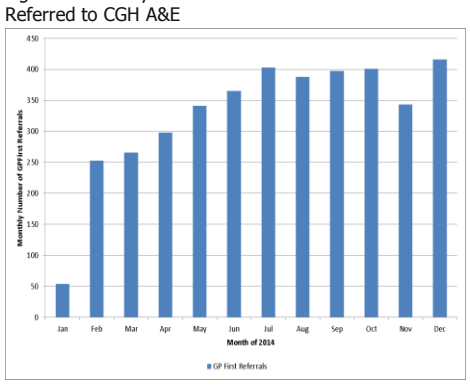
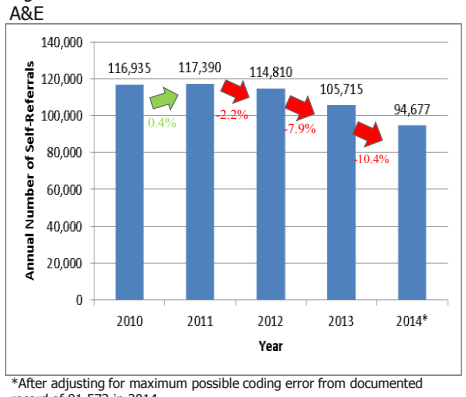


Figure 5: Annual Number of Self Referrals at CGH A&E



*After adjusting for maximum possible coding error from documented record of 91,572 in 2014

Figure 6: Annual CGH A&E Attendances

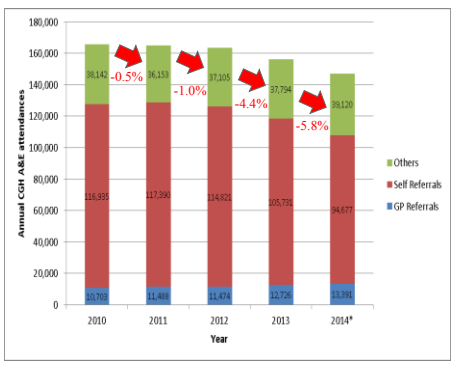


Figure 7: Annual Ratio of Self Referrals to 1 GP Referral

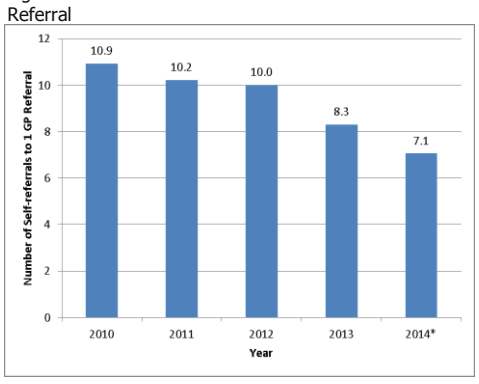


Figure 8: Monthly Number of P3 Attendances at CGH A&E

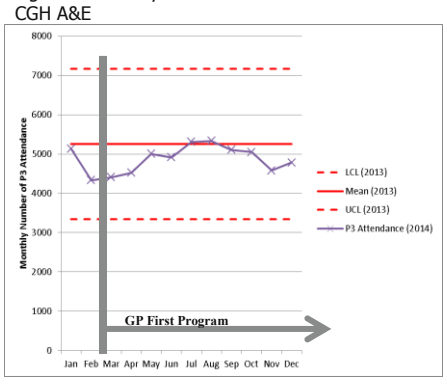
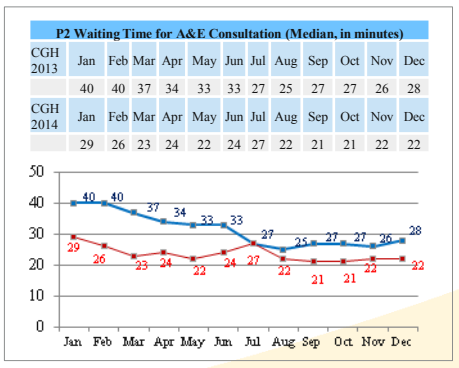


Figure 9: P2 Waiting Time for A&E Consultation



P2 Waiting Time for A&E Consultation (Median, in minutes)												
CGH 2013	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
	40	40	37	34	33	33	27	25	27	27	26	28
CGH 2014	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
	29	26	23	24	22	24	27	22	21	21	22	22

Conclusion

GPFirst programme has brought together the expertise and resources of both private and public sector to provide seamless quality care to the public at a more cost-effective manner and with enhanced convenience. The P3 attendance and self referral numbers have progressively lessened at CGH A&E, with reduced waiting time. With positive preliminary results shown during its first year pilot, GPFirst programme hopes to achieve further leap in results as it continues into its second year.

Changi General Hospital

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