



# Creating Seamless & Coordinated Care: General Medicine Complex Care Clinic (GMCC)

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## AIMS

- To improve patient care by providing **coordinated care management** for patients with multiple chronic conditions
- To **consolidate patients' multiple care plans**, thus reducing confusion and improving care

## BACKGROUND

The **typical profile** of a patient with **multiple chronic diseases** is as per follows:

- Visits **multiple departments** to follow up for different conditions
- Have **multiple care plans** and with no assigned primary coordinating care team to de-conflict and coordinate these plans
- Caregivers have to **keep track of multiple appointments** and may **miss them**

## THE NEED FOR COORDINATION OF CARE

*What is coordination of care?*

- A **holistic** approach – **deliberately organizing** patient care activities and **sharing of information** among all healthcare professionals concerned with patient's care to achieve safer and more effective care
- One care plan** – **coordinated care management** for our patients

*Having a primary coordinating doctor*

Without the General Medicine Complex Care Clinic (GMCC), doctors attending to the patient may vary at the Specialist Outpatient Clinic (SOC). Having a **primary coordinating doctor** is highly valued for patients with chronic diseases. This will allow them to ensure that their **comprehensive history is taken into consideration** when care is administered.

## HOW WE CREATED SEAMLESS & COORDINATED CARE THROUGH GENERAL MEDICINE COMPLEX CARE (GMCC) CLINIC

Start Date

January 2015

Enrolment of Patients

- Patients with appointments with **General Medicine (GM), and Cardiology (CVM), Endocrinology (Endo), Gastroenterology & Hepatology (GE), Renal Medicine (Renal) and/or Respiratory & Critical Care Medicine (RCCM)** are identified for review by GM doctors
- GM doctors will review these patients; patients who meet the **clinical inclusion criteria** will be enrolled into GMCC (with patient's consent)

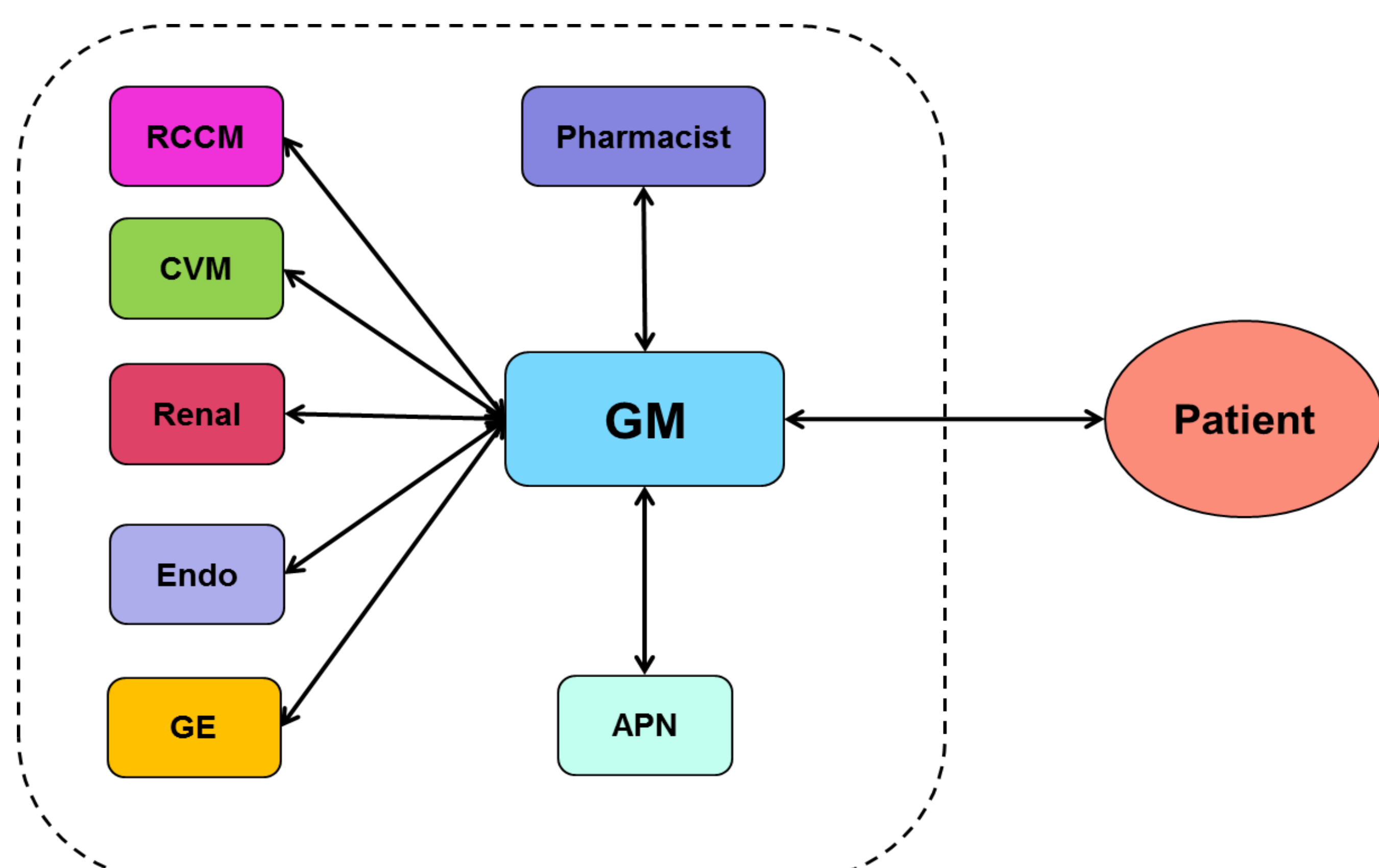


Figure 1: As the patient's primary coordinating doctor, GM doctor coordinates with other healthcare professionals to provide **one care plan** for patient and is supported by the pharmacist and the Advanced Practice Nurse (APN)

## Consolidation

- Patients will be given **GMCC appointment** to follow up with GM doctors and other disciplines' appointments may be consolidated after evaluation by the GM doctors
- GM doctors will formulate **one care plan** for management of GMCC patients

## A MULTI-DISCIPLINARY TEAM APPROACH TO CREATING COORDINATED CARE

### 1. GM Doctors

- Consolidate care** for conditions from other departments that meet clinical inclusion criteria
- Liaise with other specialists for case discussion
- Coordinate **one care plan** for patients

### 2. Specialists (CVM, Endo, GE, Renal and RCCM)

- Discuss with GM doctors to provide updates in clinical practice
- Where necessary, provide GM doctors with information on **patient-specific management plans**

### 3. Pharmacists

- Perform **pre-consult medication review** for poly-pharmacy patients
- Educate** patients, check drug interactions to **reduce adverse reactions** and ensure **compliance** with medication regimens
- Allow GM doctors to spend more time addressing patient's issues during consultations

### 4. Advanced Practice Nurse (APN)

- Serves as a **clinician extender** for GMCC patients
- Serves as a **point of contact** for GMCC patients
- Where necessary, provides **early review consults** for GMCC patients
- Prevent unnecessary** ED visits when possible

## RESULTS

From January 2015 to April 2016

**674**

Appointments screened

**112**

Patients enrolled

**203**

Number of potentially saved doctors' appointments

**More Slots!**

Freed up for Doctors to see urgent cases!

## CONCLUSION

- There is improvement in patient care, as having a coordinated care plan **reduces confusion** for patients.
- There is also improvement in patient experience as patients make fewer trips to the hospital, thus **saving time and money**.