

GP BUZZ

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JANUARY-MARCH 2018



**BRINGING
HEALTH
BACK TO THE
COMMUNITY**

**BRIDGING THE
HEALTHCARE DIVIDE**

**MAKING THE BEST CHOICES
FOR END-OF-LIFE CARE**



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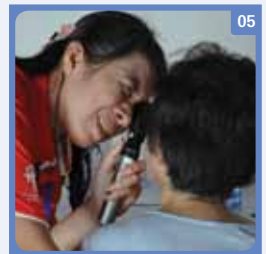
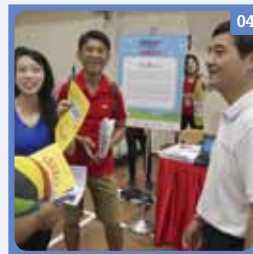
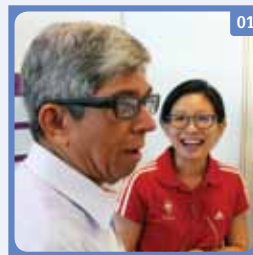
JANUARY - MARCH 2018

About the Cover Page: **A COMMUNITY OF PROVIDERS**

As Singaporeans get on with age and have more healthcare needs, the way we deliver care will also become more complex. A hospital alone may not have the necessary resources to meet the diverse needs of an older person. In addition, patients' experiences with hospitals are transitory. This also limits a hospital's impact on the health of a community.

Health is a skill that has to be practised daily. As a rule of thumb for coping with age, individuals should be encouraged to pay mind to their mental, physical and social activities to maintain their daily health. They should also be encouraged to watch what they eat and avoid risky lifestyle practices.

Collaboration between hospitals and community partners may offer a way forward for a more holistic community healthcare system. Examples of such collaboration involves people or groups who interact with the patient on a regular basis. They are able to support patients both in their conditions, and help patients become activated in their own healthcare. In this issue of GP Buzz (Page 5 to 7), we look at some ways Tan Tock Seng Hospital (TTSH) has started its collaborations, working with partners and activating patients. With our past experience in community outreach, we will continue to transform and innovate so that our partnerships remain relevant and robust in meeting the needs of our mutual patients. We hope that you too can join us in our collective effort of caring as one community. **GPBUZZ**



- 01** Guest-of-Honour Dr Yaacob Ibrahim, Minister for Communications and Information, Minister-in-charge of Muslim Affairs, Minister-in-charge of Cyber Security, and Member of Parliament for Jalan Besar GRC (Kolam Ayer) participating in a fall risk simulation during Falls Awareness Day, held at Kolam Ayer Community Club.
- 02** To raise greater awareness of our united efforts against diabetes and obesity, the Department of General Surgery hosted a walkathon which saw close partners in attendance, and special guests A/Prof Thomas Lew, A/Prof Chiu Ming Terk, Dr Huang Chih-Kun, founding Chairman of International Excellence Federation for Bariatric & Metabolic Surgery, and A/Prof Daniel Chew (signing).
- 03** TTSH's physiotherapists led exercises for seniors at the Ang Mo Kio Central Stage during the annual Falls Awareness Day.
- 04** Centre for Health Activation's Clinical Lead, Dr Yeo Wee-Lee, Admin Lead, Ms Liang Hwee Ting and Guest-of-Honour Mr Heng Chee How, Senior Minister of State (Prime Minister's Office) and Member of Parliament for Jalan Besar GRC (Whampoa) sharing a light moment with an activated individual at the Singapore Patient Conference in the Community event at Whampoa Community Club.
- 05** Senior Optometrist, Tan Shih Chia, performing a funduscopy using a direct ophthalmoscope during an eye screening.



Renovation and Expansion of the TTSH Endoscopy Centre

The Tan Tock Seng Hospital (TTSH) Endoscopy Centre provides a comprehensive range of endoscopy diagnostic and therapeutic services, especially for patients with medical or surgical conditions presented through General Surgery, Gastroenterology & Hepatology, Urology, and Respiratory & Critical Care Medicine. Operating since 10 May 1999 with four procedural rooms at its current premises, the Endoscopy Centre has grown as one of TTSH's core clinical supports, performing close to 20,000 procedures annually. These procedures not only include routine Gastroscopy, Colonoscopy, Cystoscopy, Shockwave Lithotripsy, Video-Urodynamics and Retrograde Cholangio-Pancreatography (ERCP), but also offers multiple advanced endoscopic procedures like Endoscopic Submucosal Resection, Navigation Bronchoscopy and Endoluminal Stenting.

We will soon be undergoing expansion and renovation work to increase the Endoscopy Centre's capacity to meet clinical demand for endoscopy services, improve wait time and implement dedicated emergency inpatient endoscopy services. **GPBUZZ**

TTSH has provided Direct Access endoscopy services for colonoscopies and gastroscopies in our main endoscopy center and satellite facility in NHG 1-Health (Ang Mo Kio) since 2007. Through Direct Access Service, General Practitioners (GPs) and Family Physicians (FPs) can conveniently schedule a colonoscopy or gastroscopy for their own patients without a specialist consultation. The endoscopy report will be sent to the GP or FP within five working days for review with the patient.



Scan the QR code to download the Direct Access Endoscopy Request Form

For Direct Access endoscopy service appointments, GPs should call 6357 3766 and fax the completed Direct Access Endoscopy Request Form to 6357 3765.

An Updated TTSH Specialist Directory for 2018/19!

We have updated our clinical directory to provide easy reference to the full range of specialists in Tan Tock Seng Hospital. Use this directory for non-subsidised named referrals only.

For Community Health Assist Scheme (CHAS) referrals, General Practitioners must not specify the name of the specialist at the Restructured Hospital on the CHAS referral form. **GPBUZZ**



Scan the QR code to download your own copy of our specialist directory!

MEDICINE GETS PERSONAL



↗ TTSH scientist working on one of our genotyping machines.

Have you ever wondered why certain medication is more effective among some patients, and not others? What makes one type of cancer more treatable by medication, and not others? These types of questions can be answered with Personalised Medicine.

Personalised Medicine is a field that studies how a person's genetic make-up affects his or her response to medication and disease outcome.

THROUGH GENETIC TESTING, A PATIENT'S MEDICATIONS CAN BE SELECTED TO MAXIMISE ITS EFFECTIVENESS AND MINIMISE UNWANTED REACTIONS.

Personalised Medicine also guides the choice of precise chemotherapy agents by characterising the genetic make-up of cancers.

The Tan Tock Seng Hospital Molecular Diagnostic Laboratory (TTSH MDL):

- Offers a range of personalised medicine tests categorised into Pharmacogenetics and Clinical Genomics
- Is accredited by the College of American Pathologists (CAP)
- Studies genetic differences in the local population

Most of the tests are performed using a blood sample, though some require tumour tissue from biopsy or surgery. Through the efforts of TTSH MDL, we hope to identify the best ways to enhance treatment for our patients and improve disease diagnosis. **GPBUZZ**

Personalised Medicine tests that TTSH MDL offers:

Test type	Test names	Reasons for prescribing test
Pharmacogenetic tests	<ul style="list-style-type: none"> - TPMT and NUDT15 Genotyping - SLC01B1 Genotyping - CYP450 Panel (Basic) - CYP2C19 Genotyping 	Tests help to guide correct dosage and predict patient's response to medication
Clinical Genomics tests	<ul style="list-style-type: none"> - EGFR Mutation Analysis (RGQ) - EGFR Liquid Biopsy Analysis - JAK2 V617F Mutation Detection - JAK2 V617F and CALR Exon 9 Mutation Detection - CALR Mutation Detection - EGFR T790M Mutation Analysis - IDH1/2 Mutation Analysis - KRAS and RAS Extended Analysis - KRAS Mutation Analysis (Codon 12 & 13) - MGMT Promoter Methylation Analysis - RAS Extended Analysis - BRAF V600E Mutation Analysis - Colon Panel (KRAS, NRAS, EGFR, BRAF, PIK3CA) - <i>coming soon</i> 	Tests are useful for cancer diagnosis and treatment



Scan the QR code for more information about Personalised Medicine services that TTSH MDL offers, or call us at 6357 7389.

CME (JANUARY – MARCH 2018)

TITLE	CME POINTS	DATE	TIME	VENUE	REGISTRATION DETAILS
Common Foot & Ankle Conditions	2 CME points*	7 April 2018	1.00pm to 4.00pm	Conference Room 1 & 2, Level 1, Tan Tock Seng Hospital	Jayabarathy Singeraju 6357 7708 Jayabarathy_Singeraju@ttsh.com.sg

*Pending SMC approval

A confirmation email will be sent after your registration. Kindly email the contact person if you do not receive any confirmation after your registration. Thank you.



Group shot of some of our CRiSP GP partners together with TTSH Primary Care Partners Office.

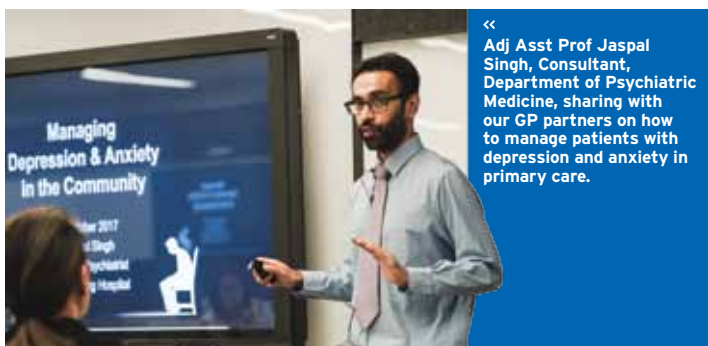
TTSH COMMUNITY RIGHT-SITING PROGRAMME (CRiSP):

GP PARTNERSHIP TO ANCHOR CARE BEYOND CHRONIC DISEASES

Tan Tock Seng Hospital's Community Right-Siting Programme (CRiSP) has embarked on a journey with our General Practitioner (GP) partners to extend care for the community beyond the 19 Chronic Disease Management Programme (CDMP) conditions. On 28 October 2017, our partnered GPs gathered for the annual CRiSP GP Symposium - in its third year running - titled 'Anchoring Care in the Community: Beyond Chronic Diseases'. The event created an opportunity to update partnered GPs on other conditions that they may help their community's patients with.

The fruitful afternoon covered a variety of non-CDMP conditions that are manageable at the primary care setting - such as Kidney Stones, Kidney Cysts, Gout and Cardiovascular Rehabilitation. From this event, the TTSH Primary Care Partners Office looks forward to closer collaborations with partnered GPs to ensure more patients stay well-cared for in the community.

On behalf of TTSH, we would like to thank our GP partners, specialists and TTSH Senior Management for their support during the event. **GPBUZZ**



« Adj Asst Prof Jaspal Singh, Consultant, Department of Psychiatric Medicine, sharing with our GP partners on how to manage patients with depression and anxiety in primary care.



NATIONAL ADULT IMMUNISATION SCHEDULE

By **Dr Lee Tau Hong**, Consultant, Department of Infectious Diseases, Institute of Infectious Diseases and Epidemiology (IIDE), Tan Tock Seng Hospital



Immunisation is one of the most effective preventive health measures. It played a leading role in the eradication of smallpox, and hopefully in the next few years, polio. Dreadful communicable diseases such as pertussis and tetanus, which have plagued us for centuries, exhibited a dramatic reduction in cases after vaccines were made available. However, the recent fatal case of diphtheria in Singapore shows that these diseases can still continue to pose threats to our health and well-being.

It is timely that the Ministry of Health has recently introduced the National Adult Immunisation Schedule (NAIS). Seven types of vaccines are recommended to various recommended groups:

- influenza
- pneumococcal
- human papilloma
- tetanus/diphtheria/pertussis
- measles/mumps/rubella
- hepatitis B
- varicella

Medisave can be used to pay for vaccinations for the recommended groups, subject to a limit of \$400 per Medisave account annually.

With NAIS providing clear guidelines, we will be able to provide better information to our patients so that they can reap the benefits of these safe and effective vaccines. **GPBUZZ**

BRIDGING THE HEALTHCARE DIVIDE



COMMUNITY RIGHT-SITING PROGRAMME (CRISP)

Patients go to their family doctor or General Practitioners (GPs) for colds, coughs and simple ailments, but have to see specialists at hospitals for more serious or chronic conditions, right? Well, not exactly. And that is the point of TTSH's Community Right-Siting Programme (CRiSP).

Launched on 1 April 2014, CRiSP has facilitated the handover of care for patients with stabilised chronic conditions under, but not limited to the Chronic Disease Management Programme (CDMP) to our GP partners, and providing them with the tools and knowledge to handle the conditions.

We discussed the development of CRiSP with Adjunct Associate Prof David Foo, Senior Consultant and Head, Department of Cardiology & Clinical Director, Primary Care, who explained that the programme was especially beneficial for patients whose conditions could be better managed outside the hospital. He said that every patient with chronic medical conditions should have a family GP for a more holistic approach to healthcare. Involving family GPs in the overall holistic care of an individual saves time and effort travelling to and waiting for appointments at Specialist Clinics in the hospital.

Adj. A/Prof Foo also touched on the benefits of Shared Care for GPs, "Involving and partnering with our GPs also enhances continual medical education. They develop better relationships with their patients when both specialists and GPs collaborate with the patient's well-being as the main focus." GPs would see patients more often, referring them to the hospitals when needed, and seeking advice from specialists when required.

"IN THE LONG-RUN, PATIENTS WHO HAVE STABLE CHRONIC CONDITIONS CAN BE MANAGED IN THE COMMUNITY BY OUR PRIMARY CARE COLLEAGUES, AND NOT NECESSARILY BY THE HOSPITAL SPECIALISTS."

"We need to educate the public and patients on the need to have their family GPs as a first point of contact. They need to know that our GP partners are just as competent, and have the breadth of knowledge to manage their health issues appropriately and holistically. This is in contrast to hospital specialists who have the depth of knowledge in their particular specialty domain."

In the near future, partners can expect enhancements for CRiSP, such as improved drug delivery processes and helplines for our GP partners.

Be part of the Community Right-Siting Programme (CRiSP)!

If you are a GP practicing in the central region of Singapore and are keen to find out more about CRiSP, email us at gp@ttsh.com.sg.

- Ang Mo Kio
- Bishan
- Novena/ Rochor/Kallang
- Hougang
- Toa Payoh
- Geylang
- Serangoon



BRINGING HEALTH BACK TO THE COMMUNITY



TRANSITIONAL CARE

Started in 2016, the Transitional Care programme aims to provide patients with complex care needs the support required to transit them from the hospital back to their homes. In line with the Healthcare 2020 Masterplan, the programme aims to move health and healthcare beyond the hospital to the community. GP Buzz spoke with Dr Tan Kok Leong, Senior Consultant and Head, Department of Continuing and Community Care, and Clinical Lead, Transitional Care.

Transitional Care (TC) service, according to Dr Tan, empowers both the patient and caregiver by imparting to them the knowledge and skills to better manage and cope with their medical conditions, and assisting them in coordinating care with community healthcare and social partners, and hospital service providers.

The typical patient who benefits the most from TC falls into a few broad categories:

- patients with chronic medical conditions and the associated complications, such as heart failure, chronic kidney disease, etc
- patients with issues related to medication handling and compliance
- patients with functional impairments who are at risk for falls and malnutrition
- patients with poor social support whose main focus is more on basic needs and making ends meet, instead of disease management and medication compliance.

TC Specialists work closely with the primary care doctors in both the private settings and polyclinics to better care for the patients in the community. They follow up with patients to ensure that they understand when and how to take their medications, how to self-monitor their medical conditions, and where to seek assistance when needed. He mentioned that TC Specialists also provide feedback to the primary care doctors with regards to patients' clinical needs. Dr Tan cited the example of a TC Specialist who attended to a visually impaired patient who lived alone. The patient was on insulin therapy for the management of diabetes mellitus. This vital piece of information was relayed back to the primary care doctor and alternative options for pharmacological therapy were explored to ensure safe and effective care.

Dr Tan pointed out that for TC to achieve its care goals, patients and their caregivers need to be actively involved and play their parts, in addition to the involvement of doctors and community partners.

"TEAM EFFORT IS KEY TO MANAGING PATIENT WITH COMPLEX CARE NEEDS, WITH PATIENTS AND/OR THE CAREGIVER, AND PRIMARY CARE DOCTORS BEING THE KEY MEMBERS IN THE TEAM."

Be a part of Transitional Care!

If you are a GP in the central region of Singapore, email **Ms Lisa Chan, Lisa_ys_chan@ttsh.com.sg** to find out more on how you can be a part of the TC programme.

- Ang Mo Kio
- Toa Payoh
- Bishan
- Geylang
- Novena/Rochor/Kallang
- Hougang
- Serangoon

MAKING THE BEST CHOICES FOR END-OF-LIFE CARE



ADVANCE CARE PLANNING (ACP) PROGRAMME

Death and dying can be sensitive topics to discuss, and culturally taboo to some. The discussion of Advance Care Planning (ACP) is an important one though, as it enables one to define the type of care he or she would prefer in the event of sickness and the inability to make health care decisions for themselves in the future.

Dr Raymond Ng, Consultant, Department of Palliative Medicine, had this to say, “There is evidence that ACP helps to reduce the stress and anxiety of surviving family members, as well as decrease the use of burdensome interventions, and enhance the quality of end-of-life care for the patient.”

The TTSH ACP project team was formed in 2012, with a pool of healthcare staff trained in the United States of America in 2009. Dr Ng stated, “While we’ve found that most are receptive to the idea and realise its value and importance, there is very low awareness among the general public. And many think it’s too early to have the ACP discussion, until it is too late.”

There needs to be greater awareness of ACP among the general public. There are efforts to bring ACP upstream to primary care and outpatient clinics. Many of these are driven by hospitals and voluntary welfare organisations, and staged by community arts groups.

GPs and family doctors often have a closer, long-term relationship with patients and their families, and are ideally positioned to advocate ACP. They can also facilitate ACP conversations themselves, and upload the completed documents to the national ACP IT platform. The ACP project team does conduct activities to raise awareness of ACP, and can also provide training for GPs in the central zone.

“ACP IS A PROCESS THAT HELPS LOVED ONES AND HEALTHCARE PROFESSIONALS UNDERSTAND THE INDIVIDUAL AS A PERSON AND FOSTER CLOSER RELATIONSHIPS BETWEEN THEM.”

Be an Advance Care Planning advocate!

If you are a GP practicing in the central region of Singapore, email acp@ttsh.com.sg to find out how you can promote Advance Care Planning.

- Ang Mo Kio
- Toa Payoh
- Bishan
- Geylang
- Novena/
Rochor/Kallang
- Hougang
- Serangoon



Scan this QR code to read the article online.

HEAVENLY DIABETIC-FRIENDLY CHOCOLATE STEAMED CAKE

By **Goh Yiting**, Dietitian, Department of Nutrition & Dietetics, Tan Tock Seng Hospital

Many diabetes patients struggle to find suitable dessert choices, especially since most desserts are typically loaded with sugar. Food with high refined sugar has minimal nutritional value. They can increase blood sugar levels quickly, and contribute to excessive caloric intake, which can lead to increased risk of obesity or worsening of diabetes control. This recipe is diabetic-friendly as it uses artificial sweetener to provide sweetness. Artificial sweeteners are sugar-free and have zero calories, which can prevent unwanted



spikes in blood sugar. Do bear in mind to use heat-stable artificial sweeteners (e.g. Sucralose, Saccharin) for baking and cooking. As different brands of artificial sweeteners have different levels of sweetness, do refer to the product information for the appropriate amount of artificial sweetener needed to substitute sugar. Pair this steamed cake with a cup of sugarless tea, and what you'll get is a diabetic-friendly afternoon snack that can be enjoyed by both the young and old! **GPBUZZ**

Preparation time: 5 minutes
Cooking time: 10 minutes
Serves: 2
Serving size: 1

Each serving provides approximately 100kcal, 15g carbohydrates, 0g sugar, 5g protein and 3g fats

INGREDIENTS

4 tbsp self-raising flour

1 egg

2 tbsp low fat milk

1 tbsp unsweetened cocoa powder

Heat-stable artificial sweeteners
(to substitute 6 tsp sugar, please refer to product information for the amount to be used)

STEPS

1. Fill a steamer with water, cover with lid and bring water to a boil.
2. Combine egg, milk and artificial sweetener in a bowl and whisk until well-mixed.
3. Add flour and cocoa powder to the mixture and mix until smooth.
4. Place cupcake liners in glass ramekins and scoop batter into cupcake liners.
5. Place glass ramekins into steamer, cover with lid and steam on medium heat for 10 minutes or until toothpick inserted comes out clean.

3 Steps for referring patients to TTSH

Here's a comprehensive chart listing the steps to refer non-subsidised patients and patients under the Community Health Assist Scheme (CHAS) to Tan Tock Seng Hospital (TTSH).



To ensure your patients are seen promptly at TTSH, triaging may be conducted by our staff. You may be required to fax referral letter and CHAS cover note to TTSH GP Appointment Hotline or Specialist Outpatient Clinic.

Please retain a copy of the documents for reference purpose.