

GP BUZZ

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JULY-SEPTEMBER 2018



**CONNECTING
THE DOTS:
HOW CARE TEAMS
CAN WORK TOGETHER
IN THE COMMUNITY**

**MOVING HEALTHCARE INTO
THE NEIGHBOURHOOD**

**PROVIDING HEALTHCARE
WHERE IT'S NEEDED MOST**

**MAKING A DIFFERENCE
AT THE END-OF-LIFE**



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THE GP BUZZ EDITORIAL TEAM:

Ms Evelyn Tan
Ms Teo Li Huan
Ms Lynn Lee

ADVISORY PANEL:

Associate Professor Thomas Lew
Associate Professor Chin Jing Jih
Adjunct Associate Professor Chong Yew Lam
Adjunct Associate Professor Ian Leong
Dr Tan Kok Leong
Ms Ng Kucy Ping
Ms Doreen Yeo
Mr Yong Keng Kwang

COVER EDITOR:

Associate Professor Thomas Lew

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JULY - SEPTEMBER 2018

About the Cover Page: **RIVER OF LIFE**

This issue of GP Buzz reflects upon how teams within the community connect the dots - much like how our partnership with GPs is vital in ensuring the continuum of care for our patients. This involves the collaborative flow of not just data, but goodwill, mindfulness, assurance and comfort throughout our roles as healthcare providers. *Sir William Osler's* widely cited axiom¹ urges experiential learning beyond the theory, and applies not just to bedside medicine but to the population health for the 1.4 million residents of Singapore's Central Zone.

A conceptual framework is necessary for the complex integration of end-to-end services within a network of collaborations, but ultimately, its success lies in experimentation and implementation. In the cover page of this issue, we provide a visualisation of Tan Tock Seng Hospital's (TTSH) conceptual mission (full illustration of image by Mr Tan How Sun, Management Executive, TTSH found on back cover) to realise the population health goals of Central Zone, Singapore. This is encapsulated by the journey of our population through a figurative *river of life*, which connects a myriad of residents, providers, partners, well-wishers, and good neighbours to create a vibrant and life-giving ecosystem that maintains good health and vitality.



«
Renowned thought leader Peter Senge (standing) in a conversation with leaders from TTSH and NHG.

Within the pale, futuristic environment of the Seminar Room in the Clinical Sciences Building at the Lee Kong Chian School of Medicine, renowned thought leader *Peter Senge, Massachusetts Institute of Technology (The Fifth Discipline, 1990)*², spends a February morning in thoughtful conversation with leaders from TTSH and National Healthcare Group (NHG). Their discussions involve a range of issues, from transformation and the *Iceberg Model*, to a conceptual framework for managing the health of a population, not just healthcare. Dr Senge's brief extended beyond science, technology and management to anthropology, language, history and ethos, ending his engagement with the TTSH's Centre for Healthcare Innovation with a Masterclass, much to the delight of a spill-over audience. **GPBUZZ**

1. "He who studies medicine without books sails an uncharted sea, but he who studies medicine without patients does not go to sea at all." Sir William Osler (1849-1919)
2. In 1997, the Harvard Business Review identified Dr Senge's *The Fifth Discipline* as one of the seminal management books of the previous 75 years.

TTSH COMMUNITY RIGHT-SITING PROGRAMME (CRISP):

SHARED CARE PROGRAMME LAUNCH FOR RHEUMATOID ARTHRITIS & SJOGREN'S SYNDROME

Adjunct Associate Professor David Foo

Clinical Programme Director - CRiSP
Head and Senior Consultant
Department of Cardiology
Tan Tock Seng Hospital



Dear Partners and Friends,

As a clinical lead for primary care, I truly believe that every patient with chronic medical conditions should have a family physician for a more holistic approach to healthcare. With that, I am excited to introduce two new conditions under the CRiSP partnership - Shared Care for Rheumatoid Arthritis and Sjogren's Syndrome.

An extension of CRiSP, Shared Care is a partnership between General Practitioners (GPs) and the hospital, where moderately stable chronic patients are co-managed between Tan Tock Seng Hospital (TTSH) specialists and primary care physicians. These patients are medically stable with some degree of complexity that can be managed at primary care regularly, with intermittent specialist intervention. Patients are seamlessly transitioned from the hospital's Specialist

Outpatient Clinics (SOCs) to primary care for co-management.

Together, GP partners and TTSH specialists can take part in clinical communication to co-manage patients through correspondence memos. Our GP partners also have access to specialists for case discussions or early referrals back to the SOC. NHG Diagnostics and TTSH Pharmacy will continue to provide laboratory tests and drugs support at patient's subsidised rates to our GP partners.

I seek your support in delivering quality care to our patients together. Thank you for your enthusiastic participation in our partnership and your continual contribution in *adding years of healthy life!* **GPBUZZ**



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

CRiSP is a partnership between GPs and TTSH, where stable patients at Specialist Outpatient Clinics with selected chronic conditions are appropriately reviewed and co-managed with GP partners.

If you are a GP practising 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
- Toa Payoh
- Bishan
- Geylang
- Hougang
- Serangoon
- Rochor/Novena/Kallang

CME (JULY – SEPTEMBER 2018)

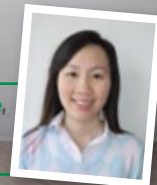
TITLE	CME POINTS	DATE	TIME	VENUE	REGISTRATION DETAILS
2nd Surgery in the Elderly Symposium	2 CME Points	11 August 2018	9.00am to 2.00pm	Tan Tock Seng Hospital, Theatre, Level 1	Email Registration: Ms Wang Bei Bei_Wang@ttsh.com.sg / Ms Pamela Yeo Pamela_JW_YEO@ttsh.com.sg
GP Symposium - General Medicine Update 2018	2 CME Points	18 August 2018	1.00pm to 4.00pm	Tan Tock Seng Hospital, Theatre, Level 1	Email Registration: Ms Debra Lee Debra_lee@ttsh.com.sg
Haematology Symposium 2018 For the Family Practitioner	2 CME Points	25 August 2018	1.15pm to 4.15pm	Tan Tock Seng Hospital, Theatre, Level 1	E-Registration: https://goo.gl/forms/b9YeHKORJuUF8oo22

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.



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DEPRESSION: MORE THAN JUST FEELING MOODY



By **Adjunct Assistant Professor Tan Pei Lin Lynnette**,
Consultant, Department of Psychological Medicine,
Tan Tock Seng Hospital

Depression isn't just an occasional feeling of sadness or moodiness experienced in response to life's setbacks, like what most people experience from time to time. A diagnosis of major depressive disorder is made if this overwhelming feeling of sadness or despair:

- Lasts two weeks or longer at a time,
- Interferes with daily routine, occupational functioning, and social life or if there is marked distress as a result of the depression,
- Represents a change from the person's baseline personality, and
- At least 5 of these 9 symptoms present, nearly every day:
 1. Fatigue
 2. Insomnia or hypersomnia
 3. Psychomotor agitation or retardation

4. Depressed mood or irritability most of the day
5. Thoughts of death or suicide, or has suicide plan
6. Feelings of worthlessness or excessive or inappropriate guilt
7. Significant weight change (5%) or change in appetite
8. Decreased interest or pleasure in most activities, most of each day
9. Diminished ability to think or concentrate, or more indecisiveness

Other causes of low mood should also be screened and excluded:

- Substance abuse (e.g. drugs, alcohol, medications)
- Medical illness causing depressed mood

Updates to the major depressive disorder criteria in Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) also state that a major depressive episode can occur in the context of bereavement or grief. The severity of the depressive symptoms, functional impairment and the prognosis are worse in this case, compared with a typical grief reaction that is not accompanied by major depressive disorder.

Management of Depression

Selective serotonin reuptake inhibitors (SSRIs) and serotonin-norepinephrine reuptake inhibitors (SNRIs) are generally considered safer and cause fewer side effects than other types of antidepressants. Cognitive-behavioral therapy is the most popular and commonly-used therapy for the effective treatment of depression. [GPBUZZ](#)

COMMUNITY MENTAL HEALTH RESOURCES FOR GPs

The Community Intervention Teams (COMIT), that Agency for Integrated Care (AIC) oversees, support GPs who require help in caring for patients with mental health issues. The teams provide home-based needs assessment, counselling and other therapy for patients and/or their caregivers. They also support with case management, care coordination and monitoring of patient conditions.

For case referrals or clarifications about mental health services, GPs can email careinmind@aic.sg with the patient's name, NRIC number, home address, presenting issues and other useful information about the case.

If you are interested in supporting the management of patients with mental health needs, please email us at gp@ttsh.com.sg.

Tan Tock Seng Hospital has a Department of Psychological Medicine. For referrals, GPs should call 6359 6500.

Reference:
American Psychiatric Association. (2013). Diagnostic and Statistical Manual of Mental Disorders (5th ed.). Washington, DC: Author

TRAINING GENERAL PRACTITIONERS TO FACILITATE ADVANCE CARE PLANNING

Advance Care Planning (ACP) is a meaningful voluntary conversation that helps one define his or her preferred type of care in the event of sickness and inability to make healthcare decisions for themselves. As General Practitioners (GPs) are often their first line of contact and a source of continuous support, patients usually feel more comfortable in seeking the medical opinion of their trusted GPs who could be trained to facilitate General ACP conversations.

On 18 April 2018, 10 GPs from the central region of Singapore undertook a higher calling to be certified as ACP facilitators. The skills of ACP facilitation can be acquired through formal training sessions conducted



Participants learning through role playing.

regularly at Tan Tock Seng Hospital, where participants will learn through experiential role playing.

GPs who are equipped with this important skill of ACP facilitation are able to improve the quality of the healthcare decisions made together with their patients. Patients also feel assured that their interests and wishes are safeguarded and advocated for by their trusted GP, even if they should lose their decision-making capacity in the future. The familiar doctor-patient relationship thus serves as a vital and valuable ingredient for the patient to openly share their wishes and beliefs through an ACP discussion. [GPBUZZ](#)

Interested To Attend The Second Run Of The Advance Care Planning Training?

If you are a GP practising in the central region of Singapore, email acp@ttsh.com.sg to find out how you can facilitate Advance Care Planning for your patients.

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

COMMUNITY RIGHT-SITING PROGRAMME (CRISP) RHEUMATOLOGY MASTERCLASS 2018

The Department of Rheumatology, Allergy and Immunology (RAI) at Tan Tock Seng Hospital (TTSH) conducted a cozy Rheumatology Masterclass on 28 April 2018, with 28 General Practitioners (GPs) from the Community Right Siting Programme (CRiSP) and the central region of Singapore.

During the event, GPs were divided into groups and rotated among five clinical stations. Each station focused on specific rheumatology conditions namely Osteoarthritis, Rheumatoid Arthritis, Sjogren's Syndrome, Osteoporosis and Gout.

Participants had the opportunity to interact with rheumatology patients by examining their physical signs, and were given tips on managing each patient's condition in the primary care setting. Through this event, GPs gained practical and insightful knowledge for their daily practice, and found the format of the workshop very conducive for learning.

TTSH hopes to continue working closely with GPs to manage rheumatology patients in their practice and keeping them healthy in the community. [GPBUZZ](#)



Dr Koh Li Wearn, Senior Consultant, Department of RAI, demonstrating hand examination on a patient with Osteoarthritis with GPs.



MOVING HEALTHCARE INTO THE NEIGHBOURHOOD WITH THE COMMUNITY RIGHT-SITING PROGRAMME

Launched in 2014, the TTSH Community Right-Siting Programme (CRiSP) aims to provide a smooth transition of care from the hospital to the community for patients whose conditions can be managed closer to home, by their Family Physicians/ General Practitioners (GPs). As of May 2018, CRiSP has developed partnerships with over 100 GP clinics and Family Medicine Clinics, and has benefitted more than 2,500 patients. We spoke to CRiSP Care Coordinators Ms Carol Chan and Ms Ng Foong Ying, and GP partners to see how the programme has progressed.

Care Coordinators play a pivotal role in identifying suitable patients who can be safely transitioned to primary care for follow-up and continued management. They provide financial counselling, educate patients, facilitate care transfer, and liaise with GP partners for follow-up care management. They ensure that GP partners have the necessary clinical documents, connect them with TTSH specialists for case discussions,

provide support and handle patient matters. In the event of deterioration, they expedite the referral of patients back to the hospital to ensure timely treatment.

Carol and Foong Ying are happy and motivated by the meaningful work they do. They also experience a great sense of satisfaction when CRiSP patients receive quality care from their trusted Family Physicians and continue to remain well in the community.

Patients and their next-of-kin have benefited from CRiSP. The convenience and accessibility of nearby clinics, and Care Coordinators informing them about financial subsidies and schemes they are eligible for, are among the positive feedback provided. Patients are also better able to navigate through the healthcare system, and take charge of their own health.

GPs too, have been effusive about the Care Coordinators. [GPBUZZ](#)

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

If you are a GP practising 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



PROVIDING HEALTHCARE WHERE IT'S NEEDED MOST WITH THE COMMUNITY HEALTH TEAM



Our Care Coordinators: Ms Germaine Tang, Ms Ng Foong Ying, Ms Ng See Yoong and Ms Carol Chan.

"We have always found the Care Coordinators' responses prompt, efficient and caring. Their assistance in coordinating and resolving patient matters is also greatly appreciated!"



Dr Low Kee Hwa, Low Medical Clinic



Dr Paul Ang, Zenith Medical Clinic

"Specialist visits can be reduced and the same family doctor can participate in comprehensive care of the patient."

"By situating the CHT in neighbourhood areas, we are able to reach out to the residents and empower them for better self-care alongside community partners, including GPs."

resident or his/her caregiver. The team links up with relevant community partners, including neighbourhood General Practitioners (GPs), for continued follow-up on the issues identified.

Residents have generally been receptive to the initiative, with one remarking that he felt reassured that his GP could link up with hospitals and tap on community resources through the CHT.

Team members have also seen the benefits first-hand, developing links with residents who might otherwise resist medical care. They see themselves as part of the healthcare puzzle, collaborating with community partners, including GPs, and linking them up with the hospital to provide more integrated care and empower residents - a part of a holistic approach that is the future of healthcare. [GPBUZZ](#)



Functional assessment at a site clinic.

WE WANT TO HEAR FROM YOU!

If you are a GP practising in the central region of Singapore, we would like to hear from you how you think the Community Health Team can work together with you, to provide support in the community!

Please provide your response before 30 Sep 2018 through the link/QR code below. CapitaVoucher worth \$20 each will be given to 5 selected entries.

<https://tinyurl.com/ttshcht>



MAKING A DIFFERENCE AT THE END-OF-LIFE WITH PROGRAMME IMPACT

With most hospice services focused on cancer patients, many of our non-cancer terminally-ill do not receive adequate

palliative care in the twilight of their lives. Programme *IMPACT* was created to address this gap, where care teams work within the community to offer better end-of-life care.

Programme *IMPACT* stands for "Programme of Integrated Management & Palliative Care for the Terminally-ill Non-Cancer Patients." Programme Director, Dr Wu Huei Yaw, Senior Consultant, Department of Palliative Medicine, Tan Tock Seng Hospital, spoke with us about the programme.

"Patients with end-stage organ failure have fairly different care needs from patients with advanced cancer," he explained. "They have unique disease trajectories and many of them may still require acute hospital treatment and organ specialists' input at different points of their disease."

Dr Wu emphasised the importance of a home care team in bridging the transitions between home and hospital settings. These teams are made up of Palliative Medicine specialists and resident physicians, nurses, medical social workers and administrative support staff. They monitor and manage the patients' conditions through regular home visits and phone consultations, working closely with the patients' main organ specialists, as well as community partners. After-office-hour phone consultations and home visits by a doctor are available if needed. Everything required to offer the patient the right care.

In its first 8 months (Oct 2017 - May 2018), 85 patients were enrolled into Programme *IMPACT*. Prospective patients are carefully screened, and will only be enrolled if their next-of-kin understand the programme and its services.

"The team finds the work very meaningful," said Dr Wu. "We are happy to be able to make a difference to the end-of-life care of our patients." [GPBUZZ](#)



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STAND UP AGAINST FALLING



Ms Ooi Bee Yin, Senior Physiotherapist,
Department of Physiotherapy, Tan Tock Seng Hospital >>

<< **Ms Rachel Ho**, Physiotherapist,
Department of Physiotherapy, Tan Tock Seng Hospital



Falls are not necessarily part of ageing and can be preventable. Often in older adults, falls may lead to reduced confidence in carrying out physical activities, thus impacting an individual's quality of life. One should start falls prevention as early as possible to delay this physical decline.

Everyone should include balancing and strengthening exercises, which have proven effectiveness in reducing falls, as part of their workout routines. Balance exercise focuses on training one's ability to maintain good posture during movement and when in a still position. Strengthening works on the muscles with some resistance aimed at improving one's muscle and bone strength.

Furthermore, increasing physical activities in your daily lifestyle keeps the body healthy. Add on regular exercises, take the stairs instead of the lift, and walk instead of taking a public transport service, to help lower your risk of falling!

START HERE TO PREVENT FALLS

1. SIT TO STAND

Strengthens thigh and buttock muscles to help with getting up from a seated position, walking and climbing stairs.



- Sit on chair with arms folded across chest.
- Bring feet behind knees and lean forward.
- Stand with your torso upright and sit down on the chair again.
- Repeat 10 times.

PROGRESS BY DECREASING THE HEIGHT OF CHAIR.

2. HEEL-RAISES

Strengthens calves to help in walking and climbing up stairs.



- Hold onto a firm support to maintain balance.
- Lift heels off the ground.
- Lower heels again.
- Repeat 10 times.

PROGRESS BY REDUCING THE HAND SUPPORT OR INCREASING DURATION OF THE HOLD.

4. SINGLE LEG STANCE

To improve balance and steadiness when walking/crossing kerbs and going up stairs.



- Hold onto a firm support to maintain balance.
- Stand on one leg and stand upright.
- Maintain your balance for 10 seconds.
- Repeat steps (a) to (c) with opposite leg.
- Repeat 10 times.

PROGRESS BY REDUCING THE HAND SUPPORT OR INCREASING DURATION OF THE HOLD.

SAFETY DURING EXERCISE:

- Consult a doctor if you have multiple medical conditions or if you are not used to exercising.
- Wear appropriate shoes and clothes during exercise.
- Remember to warm up and cool down with each exercise session.
- Start comfortably, then gradually increase the level of difficulty.
- Drink sufficient water before, during and after exercise.

3. TOE-RAISES

To improve balance and steadiness when walking on uneven surfaces.



- Hold onto a firm support to maintain balance.
- Stand with your back facing the wall for safety.
- Lift toes off the ground.
- Lower toes again.
- Repeat 10 times.

PROGRESS BY REDUCING THE HAND SUPPORT OR INCREASING THE DURATION OF THE HOLD.

