EXPECTATIONS AND PERCEPTIONS OF PATIENTS ON THE TRANSFER OF CARE TO THE PRIMARY HEALTHCARE SETTING

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Abstract

Introduction: In Singapore, where care is centered in restructured hospitals, a considerable number of patients are stable and can be managed effectively in the primary healthcare setting. We surveyed patients attending a tertiary hospital to understand their expectations and perceptions on care transfer.

Methods: Convenience sampling in three tertiary Specialist Outpatient Clinics (SOCs) gathered 316 responses. Patients were surveyed on their medical condition, socio-demographical status, willingness to be care transferred and factors influencing their decision.

Results: A majority of patients (79.1%) are willing to be care transferred when their condition is stable. Patients with multiple SOC visits and presence of co-morbidities were found to be significantly associated with willingness to be care transferred. The adjusted odds of the willingness for care transfer for patients with 4 or more prior SOC visits is approximately 3 times lower compared to patients with less than 4 visits (OR of 4 – 10 visits: 0.36; 95% CI: 0.15 - 0.80, OR of > 10 visits: 0.32; 95% CI: 0.15 - 0.65). Patients with co-morbidities are twice as unlikely as patients without co-morbidities to agree for care transfer (OR: 0.52; 95% CI: 0.27 - 0.98). Patients cited cost gradient, personalized care and medical knowledge of primary care physicians as the top factors influencing their decision to be care transferred.

Discussion: While majority of the patients surveyed were willing to be care transferred, patients accustomed to the tertiary setting and who had multiple co-morbidities tend to stay at SOC. Complexity of their disease naturally pushed their inclination towards specialist care. Initiatives targeting patients for care transition should start early as deepening of doctor-patient relationship becomes pronounced after > 4 visits, thereby increasing hesitancies for care transfers. Patients place emphasis on affordability, personalized care and in-depth medical knowledge of primary care doctors as factors for motivating care transfer. Enhancement and endorsement of quality primary care is crucial. Education and a change in patients’ mindset are important to push forward the agenda of care transfer.

Conclusion: Care transfer of stable patients from tertiary hospital into the community is necessary to decongest acute care services for more deserving complex patients. Our study highlighted the
necessary components of successful transition to primary care. These are introducing the concept of care transfer early and maintaining high standards, capabilities and affordability of good primary care for patients with multiple co-morbidities.

**Lessons learned:**

1. Capacity and capability building of primary care in managing complex patients with multiple co-morbidities is important before successful care transition can happen.

2. A patient’s needs and perspective should be studied and considered before care programs can be successfully implemented

**Limitations:** Convenience sampling method was used and the results may not be generalizable to patients from other institutions.

**Suggestions for future research:** The survey can be expanded to other institutions to get a more representative sample of the Singapore population.

**Keywords**

patient's expectations and perceptions; care transfer

**PowerPoint presentation**