

CONFERENCE ABSTRACT

A first demonstration of the Patient-Centered Medical Home (PCMH) care model in Singapore: A Qualitative study on Patient's Experience

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Introduction

Patient-Centered Medical Home (PCMH) aims to improve care quality with a shift from the traditional biomedical model to one that emphasizes patient experience and preferences. Community for Successful Ageing (ComSA)-PCMH is the first community-based PCMH model for complex adults consisting of center-based primary care clinic and home-based care management as an integrated multidisciplinary care-team. This study aimed to understand patients' care experience in ComSA-PCMH.

Methods

A semi-structured topic guide was developed and adapted from the PCMH principles, to generate data on care experience. Qualitative data consisted of six focus group discussions with patients/primary caregivers enrolled in the program for at least six months. Framework analysis was used with both deductive and inductive approaches in coding.

Results

Majority of participants identified ComSA-PCMH as a 'specialized' primary care model targeting only older adults with complex care and reported qualitative benefits in consolidated appointments, integrated medical and social care, and subjective health-related improvement. Participants valued the sustained patient-provider relationship, communication, and care personalization in ComSA-PCMH. They appreciated the relationship-based care, emphasizing on the high value to be treated holistically as a person, rather than a disease. Better continuity of care was experienced by having access to the same provider for their health journey, enabling them to have better perceived familiarity and trust while communicating their needs. These were supported by the sufficient time given during the consultation, perceived to be one of the key differentiating factor for ComSA-PCMH from their previous provider. They also appreciated the involvement of family members/caregivers in care planning. Other aspects of care delivery, i.e. team-based care and care coordination were not as clearly expressed. Participants were unable to identify home-care management as part of their care-team, even for those receiving the services. In addition, experiences in care coordination across different healthcare provider were not shared much. However, participants perceived an "inherent" integration as evidenced from the linked medical record.

Discussions

Studies on patient-centeredness reported similar findings on participants who value patient-provider relationship and communication. In this study, characterization and understanding of this new care model was driven primarily by participant's previous experience of Singapore's current healthcare system. Perception on team-based care and care coordination was lacking. The experiences may not be realized by participants due to the lack of understanding of the new care model.

Conclusions

Participants were able to identify ComSA-PCMH as a new care model with better experiences in patient-provider relationship and communication. Perception in the domains of patient-centeredness may change with increasing awareness and longer experience with this type of care.

Lessons learned

Improved understanding and effective communication on components and functions of the new care model amongst patients and caregivers are important, as they would likely influence the perceived experiences of the intended care model.

Limitations

The FGDs may be limited to patients with less complex care needs.

Suggestions

Future research may sample participants with different biopsychosocial complexities, to fully capture the differing care experiences. Subsequent IDIs for different typology could give more understanding in context and mechanism of care experiences.