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CONFERENCE ABSTRACT

Fidelity, adaptation and barriers of a community-based geriatric hub with patient centered medical home (PCMH) model – a mid-point findings of a three-year pilot

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Introduction: Healthcare systems struggle to provide community-based care for increasingly complex older adults with multiple needs that require coordinated strategies to facilitate the complementary provision of health and social care services. Patient-centered medical home (PCMH) has been seen as a suitable community care model for complex older adults in Singapore as the regional health system is looking at addressing this issue longitudinally in the community. This study aimed to understand the fidelity, adaptation strategy and barriers in implementing a community-based geriatric hub that adopted a PCMH model in providing integrated primary care for complex older adults in Singapore.

Theory/Methods: Joint principles of PCMH with National Committee for Quality Assurance primary care practice recognition procedures and standards were adopted for the conceptual framework on practice transformation and implementation fidelity. We used an explanatory approach combining both deductive and inductive method in analysis. Qualitative data consisted of 14 semi-structured interviews and one focus group discussion with implementers, including practice's staff, management, administrator and network partners, conducted between November 2017 and June 2018.

Results: Six themes emerged from the data - (1)transformation to PCMH required individual and organizational transformation to be supported by practice readiness, capability, integration and effective communication; (2)time, trust and buy-in together with effective outreach were needed to build strong partnerships with institutional network and primary care partners; (3)whole-person orientation with relationship-based care and shared-decision making; (4)care coordination and integration required sufficient level of clarity in workflow and in establishing feedback loops; (5)team-based effort was required to provide comprehensive care plan for complex patients with multiple needs, (6)sufficient resources are required for practice to be responsive to patients' needs.

Discussions: PCMH required organizational change that focused on enhancing the patient experience. This required transformation in several levels including individual, organization, and the network affiliations/healthcare system. Unfamiliarity and confusion to the new care model was a challenge as the organization needed time to evolve to an integrated care model and continuous

quality improvement to achieve the PCMH. Effective communication and effort for integration were cited to be vital in improving ownership within organization and to partner networks outside the organization.

Conclusions: Implementation was progressing towards aligning care goals to PCMH principles. However, there still existed challenges in adaptation towards the practice transformation which required continuous changes in several levels of organization.

Lessons learned: Building strong relationship and aligned understanding both within the organization and with network affiliations and partners were vital in implementing a seamless patient-centered care model that emphasized on enhancing patient experience. Moving toward becoming a learning organization with sharing, monitoring, and ongoing learning for continually improving patient-centered care are keys to adaptation strategy.

Limitations: Findings have not included views from patients, hence only reflect the PCMH experience from the implementers' and network partners' perception.

Suggestions for future research: Future research may consider having multiple qualitative data at different time points to fully capture the adaptation mechanism and theory of change. Action research framework could be adopted with active participation and collaborative working between researchers and implementers to gain practical knowledge in developing the programme.