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Poster Abstract

Transitioning chronic disease care from tertiary to primary care settings: why do patients choose continued care at government polyclinics?

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Abstract

Objective: In Singapore where patients choose and pay for their preferred primary care doctor, chronic disease care has centred itself in restructured hospitals and polyclinics. Alternatively, acute episodic care predominates in general practitioner (GP) clinics. To promote right-siting and understand this distribution, we analyse the socio-demographics of stable patients discharged from a tertiary cardiac centre and examine the factors determining these patients choice for continued care.

Methodology: Retrospective analysis was performed on 2194 patients discharged from a tertiary cardiology clinic (5.5 year period). Patient socio-demographics and reasons for choosing their primary care provider (polyclinic [n=1396] vs GP [n=798]) were analysed.

Results: Patients choosing polyclinic were significantly older (mean age = 65 vs 60; $p < 0.001$) and of the subsidized payment class (97% vs 77%; $p < 0.001$). In male patients, there was a significant shift in choice from GP to polyclinic after age of 65. Cost was cited as the main reason for choosing polyclinics (35%).

Conclusion: Affordability remains the key factor in choosing polyclinics for chronic disease care. This is especially pertinent to elderly (> 65 years) due to heavy government polyclinic subsidies. To successfully promote right siting to GPs, a shift in funding model is desired.
