

PRIMARY CARE SURVEY 2005



**MINISTRY OF HEALTH
SINGAPORE**

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Integrated Health Services Division

Primary Care Branch

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Integrated Health Services Division,

Ministry of Health

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1 Survey Background/Objectives

The Primary Care Survey 2005 (PCS 2005) is the fourth in its series, with the earlier three surveys carried out in 1988, 1993 and 2001 respectively.

PCS 2005 was commissioned by the Ministry of Health in collaboration with the College of Family Physicians and the Singapore Medical Association. An advisory committee was appointed comprising of representatives from the College of Family Physicians, the Singapore Medical Association, the polyclinic clusters as well as private GPs from solo & group practices.

The objectives of PCS 2005 are:

- i. To gather the morbidity and biographic profile of patients seeking primary care in the private and the public healthcare institutions;
- ii. To determine the private sector and public sector market shares in primary care provision;
- iii. To obtain information on GPs work practices such as workload, working hours, etc; and
- iv. To identify issues in primary care in order to aid policy planning & directions in bringing about more holistic management of patients.

The Ministry of Health (MOH) commissioned Market Probe-Precision Research Pte Ltd to conduct the survey. To facilitate fieldwork, the identities of responding clinics were only known to Market Probe-Precision Research. Patient data collected for this survey was totally non-identifiable.° The data collected was reported at an aggregate level for policy analysis.

2 Survey Design & Methodology

Survey Design

The survey covered all the 17 Polyclinics under SingHealth Polyclinics and National Healthcare Group Polyclinics, and a randomly selected sample of 523¹ private GP clinics (out of the total of 1,193 private clinics) throughout 5 geographical zones (City, Central, North, North-East, East & West) in Singapore.

The survey was carried out on one survey day, 14 September 2005. A make-up survey day (18th October 2005) was allocated for clinics which were unable to participate in the survey on the original survey day. The same approach was also used in the 2001 survey. The survey collected information on clinic practices and the demographic & morbidity profile of patients. It covered all patient visits on the survey day.

For the GP clinics, the questionnaires were sent to the clinics about two weeks before the survey day. Prior to the survey day, interviewers contacted the clinics to remind them of the survey day for questionnaire completion. For clinic managers who indicated that they did not have the time to participate in the survey on the survey day, interviewers offered the option of going to the clinics to help complete the survey questionnaire. Within one week following the survey day, interviewers visited the clinics to collect the completed questionnaires.

For Polyclinics and selected medical groups, the questionnaires were sent to their Headquarters. Patients' demographic and morbidity profile information as required in the questionnaire were generated from their databases.

¹ Refer to Appendix 2 for explanation on how the sample of 523 private GP clinics was determined.

Response Rate

The response from the sample of GP clinics was encouragingly high. At the end of data collection period, a total of 490 private clinics responded to the survey, yielding an overall response rate of 93.9%. A closer examination of the geographical distribution of the sample respondents showed that the high response rate was attained across all the six geographical zones², ranging between 89.6% (West region) and 97.8% (North region). Statistically, these very good response rates render the sample findings highly representative of the entire population of private GP clinics.

For the public clinics, a 100% response was achieved, as in 2001.

Table 1 : Overall Response Rates

	No of clinics selected	No of clinics responded	Response rate
Public Clinics..	17	17	100%
Private Clinics..	523	490	93.7%
Total	540	507	93.9%

Table 2 : Response Rates - Private Clinics

Geographical Zone	Number of Sample Clinics Provided	Number of Clinics responded	
		Count	Response rate
City	70	68	97.1%
Central	150	140	93.3%
North	46	45	97.8%
Northeast	70	65	92.9%
East	91	86	94.5%
West	96	86	89.6%
Total	523	490	93.7%

² Refer to Appendix 3 for the districts/areas under each geographical zone

Data Analysis

As a sample of private GP clinics was used for the survey, an appropriate weightage was applied to the sample data to enable extrapolation of figures to all clinics in Singapore. The weightage of polyclinics was fixed at 1 (i.e. no weighting) as all polyclinics took part in the survey. To facilitate comparison with the 2001 Survey, the same weighting system was applied to the 2001 Survey data.

The limitations of data analysis in the comparison of 2005 and 2001 survey findings arise from the difference in the sampling and data collection methodology used in the 2005 Survey and the 2001 Survey.

The 2001 Survey covered all outpatients who sought treatment at the private GP clinics, the two Cluster Polyclinics and the School Health Service outpatient clinics during the survey day. The 2001 Survey also covered private paediatricians who worked in the community but due to very low response rate, returns from paediatricians were excluded from analysis. Letters were sent to 1,480 GPs who were registered with the Singapore Medical Council as at 2001.

The notable difference between the 2005 Survey and the 2001 Survey was that the 2005 Survey was sent to a selected sample of private GP clinics whereas the 2001 Survey was sent to all private GPs. Hence, the unit of analysis for the 2005 Survey is the clinic while the unit of analysis for the 2001 Survey is the doctor. This results in some limitation when comparing the 2005 and 2001 survey findings.

On the comparison of 2005 and 2001 survey findings, other differences to note include:

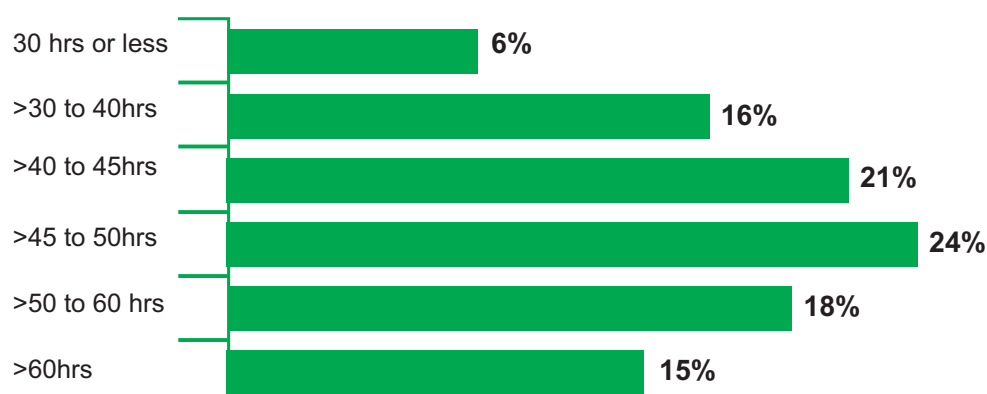
- i. 2005 Survey covered both resident and locum doctors while locum doctors were excluded from the 2001 Survey.
- ii. 2001 Survey covered outpatients seen at the School Health Service outpatient clinics and those seen by private Paediatricians while the 2005 Survey did not cover these outpatients. For comparison purposes, these segments were removed from the 2001 figures.

3 Survey Findings

Clinic Operation

On the average, a private clinic opens for about 50 hours each week. At the extreme end, 6% of private clinics operate '30 hours or less weekly', while 15% are open for 'more than 60 hours each week'.

Figure 1: Clinic opening hours (per week)

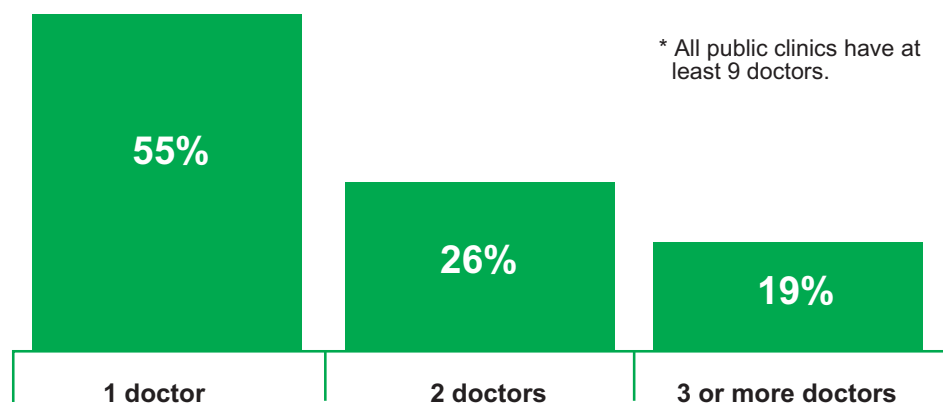


Base: All Private Clinics (n=1, 186)

Mean : 50hrs
Median : 47hrs

55% of the private clinics have only one doctor in their clinics. 19% of the private clinics reported having 3 or more doctors in their clinics.

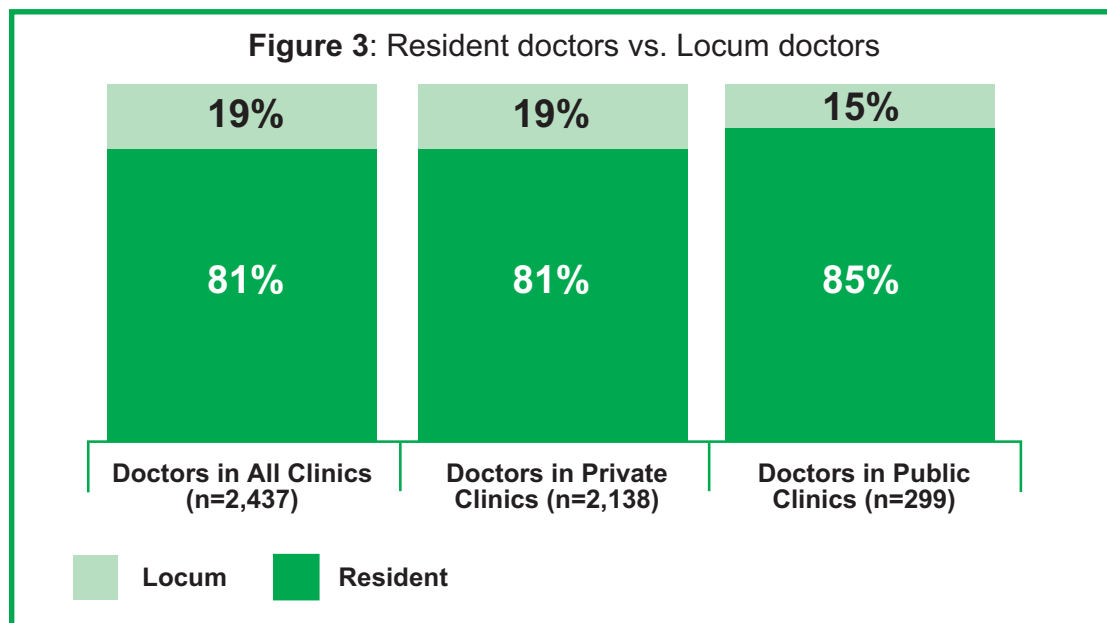
Figure 2: No. of Doctors (Resident & Locum) in Private Clinics



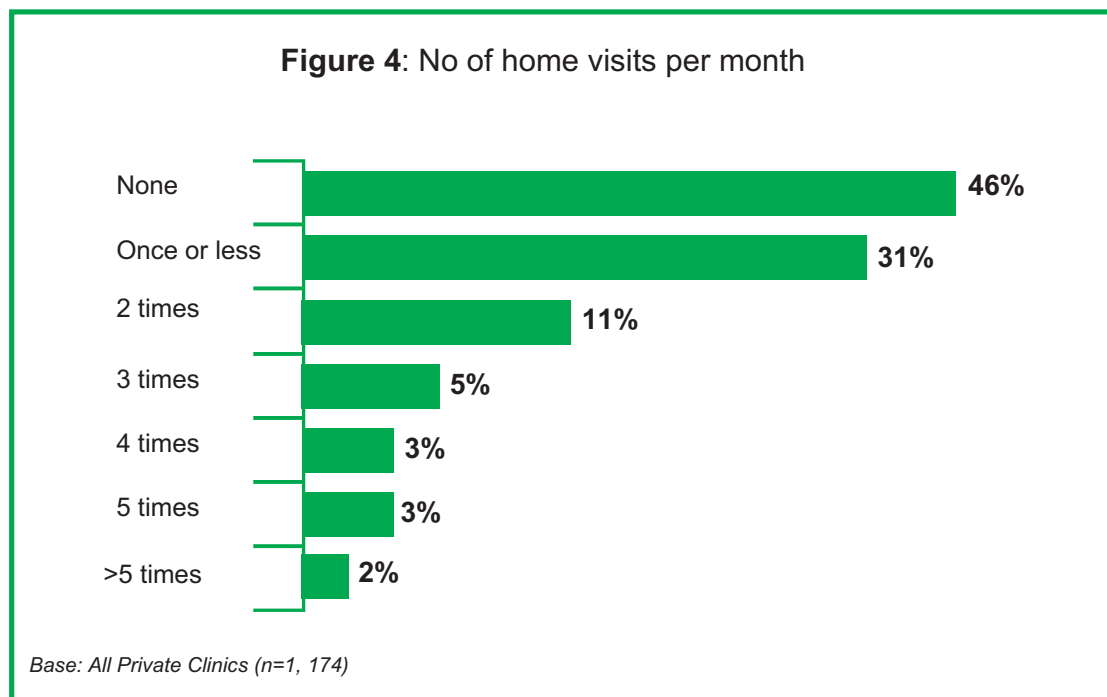
* All public clinics have at least 9 doctors.

Base: All Private Clinics (n=1, 193)

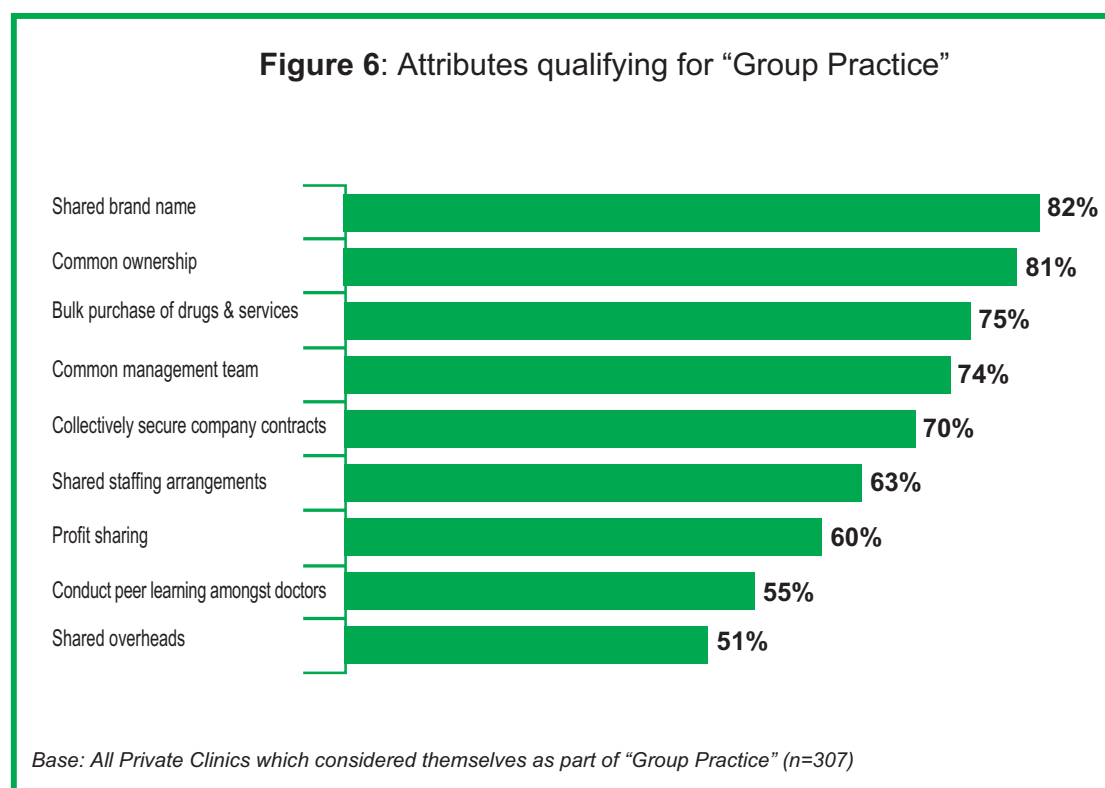
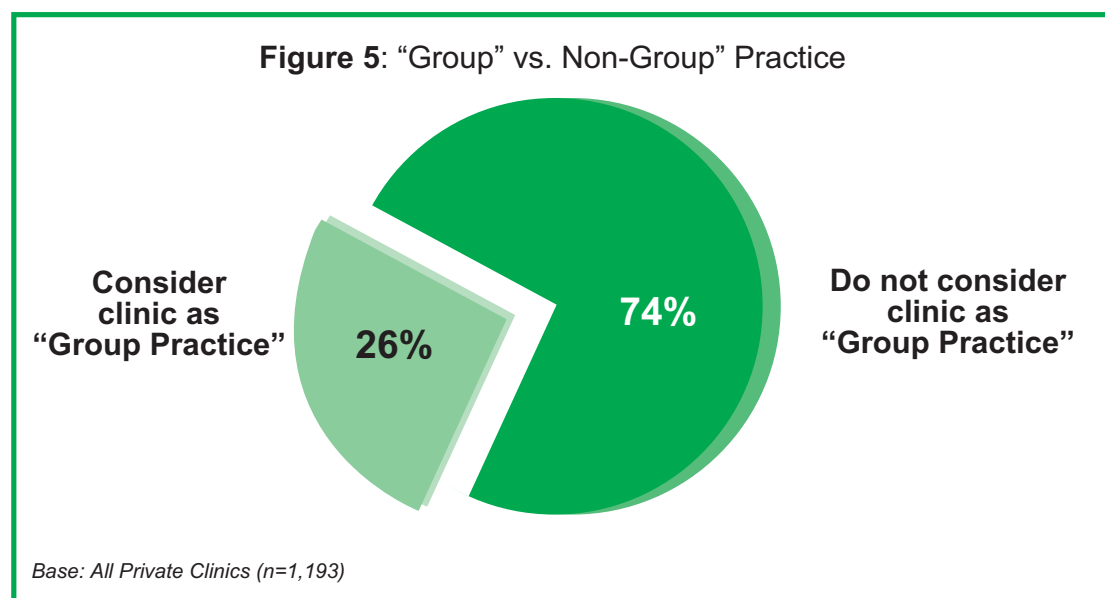
About four in five doctors working in the clinics were resident doctors. The figure was slightly higher for public clinics, where 85% were resident doctors.



Almost half (46%) of the private clinics indicated that they do not conduct any home visits in a typical month, although some clinics reported as many as five or more home visits in a month.

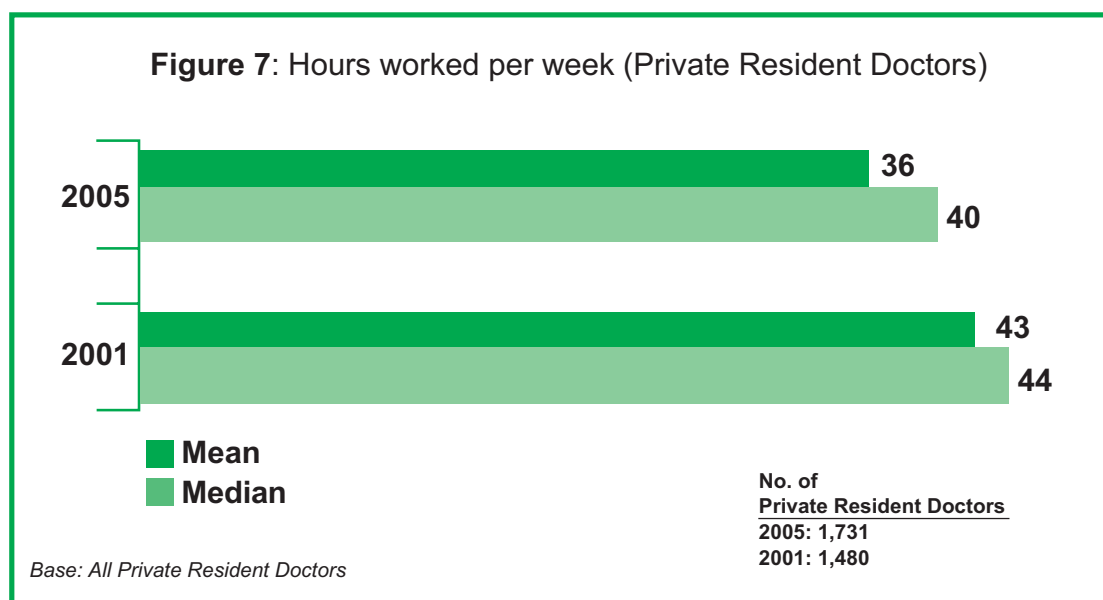


26% of the private clinics considered themselves to be part of a “Group Practice”. The most typical attributes that were mentioned as a “Group Practice” include “shared brand name” and “common ownership”.

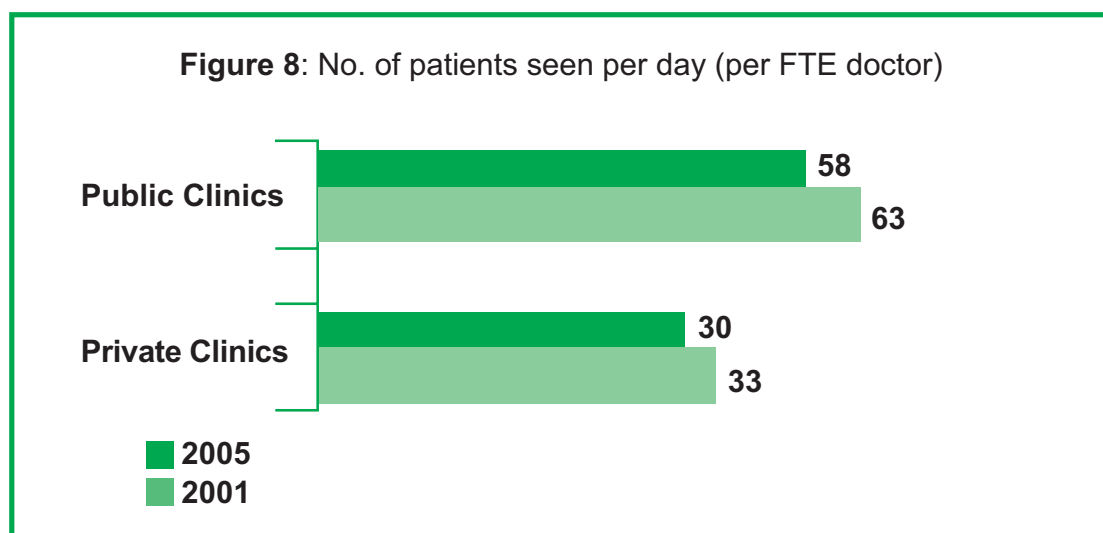


Doctor Workload

The average working hours per Private Resident Doctor has decreased, from 43 hours per week in 2001 to 36 hours per week in 2005.



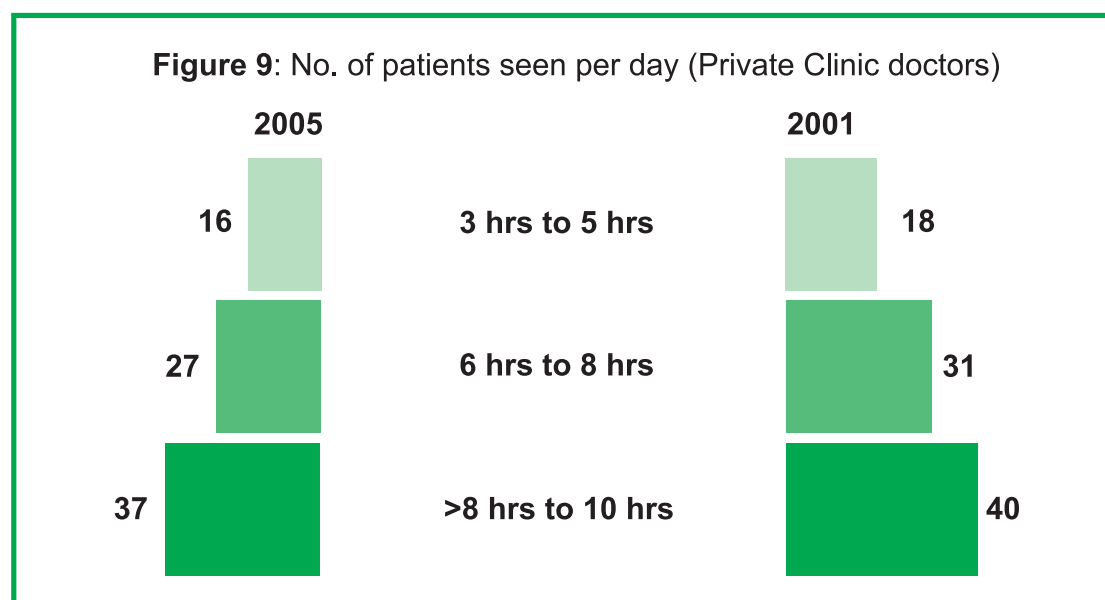
The number of patients seen per day (per full-time equivalent doctor) in public and private clinics were 58 and 30 respectively, down from 63 patients in public clinics and 33 patients in private clinics in 2001.



Note: (1) 1 FTE doctor is equivalent to 1 doctor who has worked 7.5 hours on the survey day.

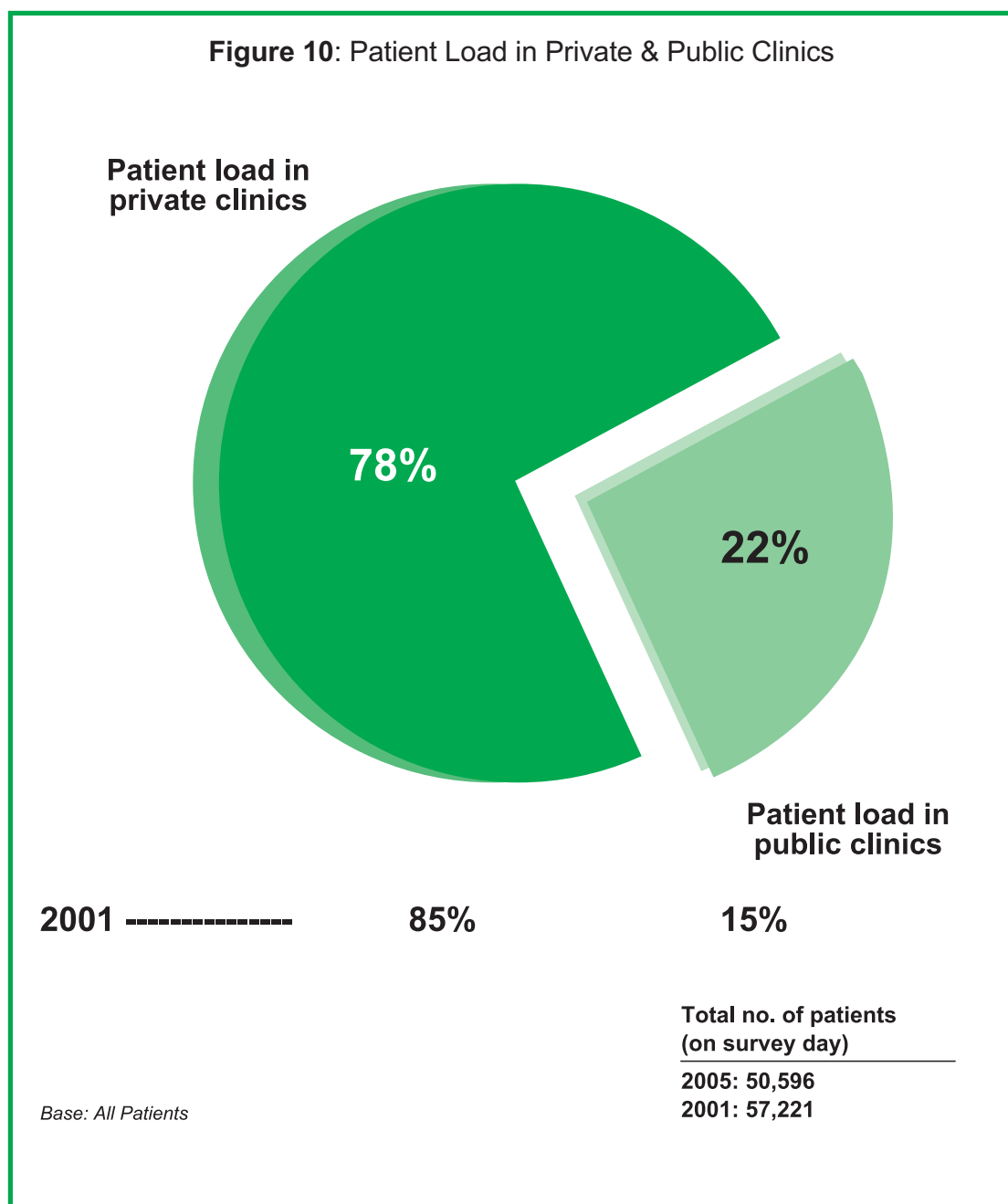
(2) For PCS 2001 survey, information on polyclinic doctors was not collected. Administrative information on no. of FTE doctors working in polyclinics as at Dec 2001 was obtained from the two clusters polyclinics HQ.

A private clinic doctor working 3 hrs to 5 hrs attended to an average of 16 patients per day, whereas a doctor working 6 hrs to 8 hrs attended to an average of 27 patients per day. A doctor who works over 8 hrs to 10 hrs attended to an average of 37 patients per day. All three figures were lower than corresponding figures in 2001.



Patient Profile

An estimated 50,596 patients attended the clinics on the survey day, out of which 78% went to private clinics and the remaining 22% to public clinics. The patient load for public clinics had increased substantially since 2001 (15%).



The demographic profile of patients visiting the private clinics and public clinics remained largely unchanged since 2001.

Table 3 : Selected characteristics of patients by sector – 2001 and 2005

	ALL Clinics		PUBLIC Clinics		PRIVATE Clinics	
	2001	2005	2001	2005	2001	2005
Total attendances on day of survey	57,221	50,596	8,819	11,244	48,402	39,352
Sex						
Male	47%	47%	47%	49%	46%	47%
Female	53%	53%	53%	51%	54%	53%
Race						
Chinese	72%	70%	69%	67%	73%	71%
Malay	14%	14%	18%	17%	14%	14%
Indian	8%	9%	10%	11%	7%	8%
Others	5%	7%	3%	5%	6%	8%
Age						
0-4	8%	5%	14%	6%	6%	5%
5-17	11%	11%	10%	12%	12%	11%
18-64	72%	72%	57%	61%	74%	76%
65 & above	9%	11%	18%	21%	8%	8%
House-type						
HDB 1 – 3 room	26%	22%	31%	26%	25%	21%
HDB 4-5 room/executive/HUDC	56%	58%	58%	61%	56%	57%
Private apartment/house	13%	16%	7%	8%	14%	19%
Others	5%	4%	4%	5%	5%	3%
Residential Status						
Singapore citizens or PRs	87%	87%	93%	93%	86%	85%
Foreigner working or living in Singapore	12%	12%	7%	7%	13%	13%
Foreigner neither working nor living in Singapore	1%	1%	*	1%	1%	2%

Note: House-types of patients in 2005 were obtained based on the postal codes collected.

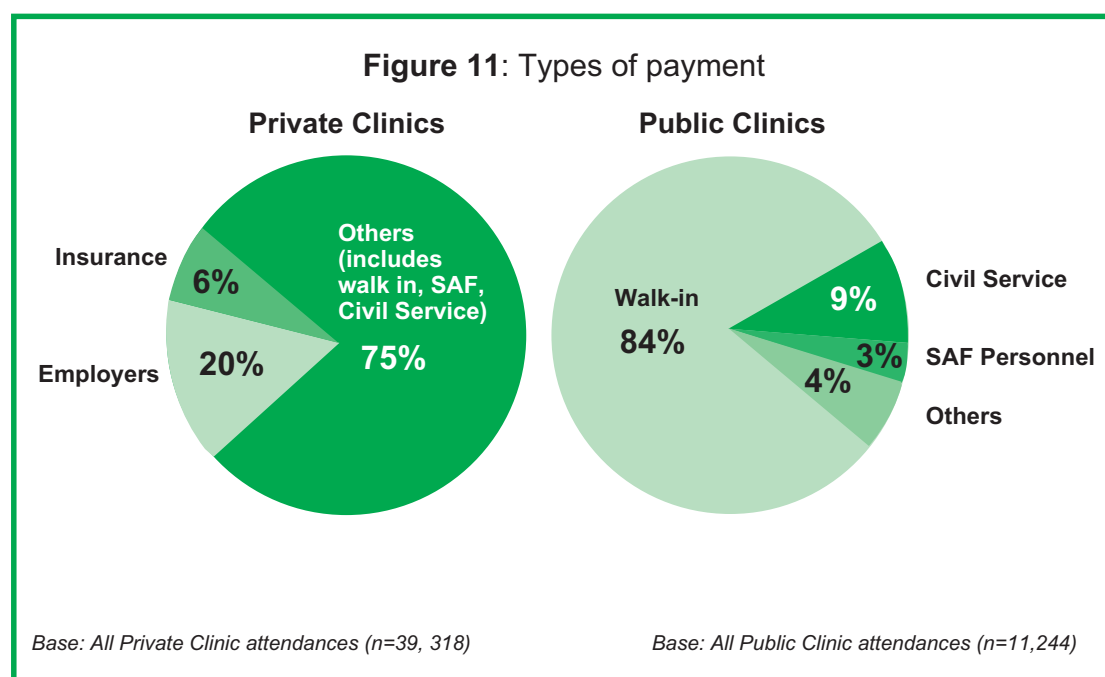
Due to the difference in nature of practice, the payment types for private clinic patients and public clinic patients were classified differently. For private clinic patients, the three payment types are:

- i. **“Employers”**, including payment through company contract, either joint-payment or total payment. This category of patients also included those who enjoyed corporate rates, but are required to pay up-front and seek reimbursement on their own.
- ii. **“Insurance company”**, including personal or employer insurance, actual joint-payment or total payment.
- iii. **“Others”**, including patients seeking reimbursements on their own but not belonging to corporate clients. This category of patients also included Civil Servants and PCPS patients.

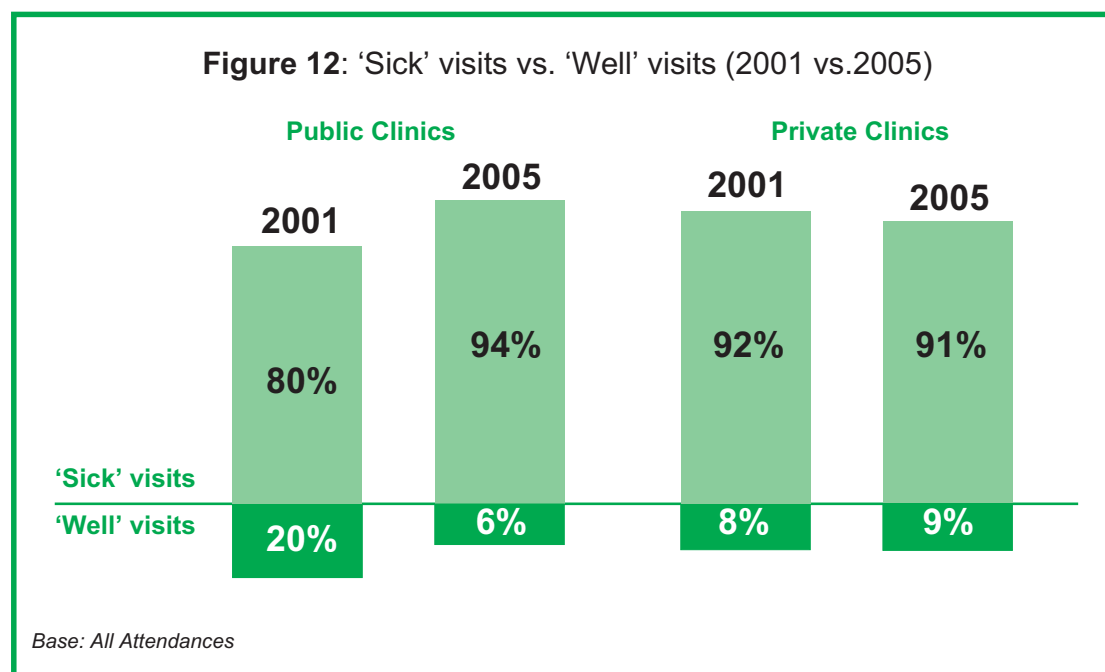
For public clinic patients, the four payment types are:

- i. **“Walk-in”**, including patients seeking reimbursement on their own, but not belonging to corporate clients.
- ii. **“Civil Service”**, patients who are covered under their Civil Service employment.
- iii. **“SAF Personnel”**, patients who are covered under SAF.
- iv. **“Others”**, including partial or full waivers, blood donors and patients on Public Assistance.

The breakdown of the various payment types for private clinics and public clinics are shown in Figure 11.



The proportion of 'sick' visits in public clinics has risen from 80% in 2001 to 94% in 2005, whereas proportion of 'sick' visits in private clinics has remained at the same level (92% in 2001 and 91% in 2005).



Note: Examples of "Well" Visits: Immunisation, Medical certification of fitness (e.g. driving license)

Table 4 : Leading conditions seen at primary care clinics

Rank	All Clinics		Private Clinics		Public Clinics	
	Main diagnosed condition	%	Main diagnosed condition	%	Main diagnosed condition	%
1	URTI	29%	URTI	32%	URTI	18%
2	Hypertension	9%	Hypertension	6%	Hypertension	18%
3	Dermatological conditions	6%	Dermatological conditions	6%	Diabetes	12%
4	Musculoskeletal	5%	Musculoskeletal	5%	Dermatological conditions	5%
5	Diarrhoeal Diseases	5%	Diarrhoeal Diseases	5%	Musculoskeletal	5%
6	Ill-defined conditions	4%	Medical Certications of Fitness (e.g. driving license)	5%	Conjunctivitis & Chalazion	4%
7	Medical Certications of Fitness (e.g. driving license)	4%	Ill-defined conditions	5%	Ill-defined conditions	4%
8	Diabetes	4%	Gastritis	4%	Injuries & Trauma	4%
9	Conjunctivitis & Chalazion	4%	Conjunctivitis & Chalazion	3%	Diarrhoeal Diseases	3%
10	Injuries & Trauma	3%	Injuries & Trauma	3%	Hyperlipidemia	3%
	Other disease conditions	27%	Other disease conditions	25%	Other disease conditions	23%
	Total attendances = 50,596		Total attendances = 39,352		Total attendances = 11,244	

Table 4 shows the leading conditions seen at primary care clinics. Upper Respiratory Tract Infection (URTI) was the top leading condition, accounting for close to one-third (29%) of the total patient visits in 2005. In a distant second place was hypertension, followed by dermatological conditions.

The rank order of the top three conditions remained the same for private clinics, but for public clinics, diabetes replaced dermatological conditions as the third leading condition.

Tables 5-8 show the leading conditions by different age groups (0-4 years, 5-17 years, 18-64 years, 65 years & above).

Table 5: Leading conditions seen at primary medical care clinics (0-4 years only)

Rank	All Clinics		Private Clinics		Public Clinics	
	Main diagnosed condition	%	Main diagnosed condition	%	Main diagnosed condition	%
1	URTI	43%	URTI	49%	URTI	28%
2	Child Health Screening	7%	Fever	8%	Child Health Screening	26%
3	Dermatological conditions	7%	Dermatological conditions	8%	Neonatal jaundice	19%
4	Fever	6%	Diarrhoeal Diseases	5%	Dermatological conditions	5%
5	Neonatal jaundice	5%	Asthma & Bronchitis	5%	Conjunctivitis & Chalazion	4%
6	Diarrhoeal Diseases	4%	Immunisation & Vaccinations	4%	Infectious Conditions	2%
7	Asthma & Bronchitis	4%	Ill-defined conditions	3%	Immunisation & Vaccinations	2%
8	Immunisation & Vaccinations	3%	Conjunctivitis & Chalazion	3%	Diarrhoeal Diseases	2%
9	Conjunctivitis & Chalazion	3%	Other Gastro-Intestinal Conditions	2%	Ill-defined conditions	2%
10	Ill-defined conditions	2%	Infectious Conditions	2%	Asthma & Bronchitis	2%
	Other disease conditions	15%	Other disease conditions	13%	Other disease conditions	9%
	Total attendances = 2,555		Total attendances = 1,845		Total attendances = 710	

Table 6: Leading conditions seen at primary medical care clinics (5-17 years only)

Rank	All Clinics		Private Clinics		Public Clinics	
	Main diagnosed condition	%	Main diagnosed condition	%	Main diagnosed condition	%
1	URTI	44%	URTI	46%	URTI	40%
2	Conjunctivitis & Chalazion	7%	Dermatological conditions	7%	Conjunctivitis & Chalazion	10%
3	Dermatological conditions	7%	Conjunctivitis & Chalazion	6%	Diarrhoeal Diseases	9%
4	Diarrhoeal Diseases	7%	Diarrhoeal Diseases	6%	Dermatological conditions	7%
5	Ill-defined conditions	4%	Fever	5%	Ill-defined conditions	6%
6	Asthma & Bronchitis	4%	Asthma & Bronchitis	4%	Asthma & Bronchitis	4%
7	Fever	4%	Ill-defined conditions	4%	Injuries & Trauma	3%
8	Gastritis	3%	Gastritis	4%	Infectious Conditions	3%
9	Injuries & Trauma	3%	Injuries & Trauma	2%	Other Gastro-Intestinal Conditions	3%
10	Other Gastro-Intestinal Conditions	2%	Other Gastro-Intestinal Conditions	2%	Musculoskeletal	2%
	Other disease conditions	15%	Other disease conditions	15%	Other disease conditions	13%
	Total attendances = 5,704		Total attendances = 4,409		Total attendances = 1,295	

Table 7: Leading conditions seen at primary medical care clinics (18-64 years only)

Rank	All Clinics		Private Clinics		Public Clinics	
	Main diagnosed condition	%	Main diagnosed condition	%	Main diagnosed condition	%
1	URTI	28%	URTI	31%	URTI	18%
2	Hypertension	8%	Medication Certications of Fitness (e.g. driving license)	6%	Hypertension	16%
3	Dermatological conditions	6%	Hypertension	6%	Diabetes	10%
4	Musculoskeletal	6%	Dermatological conditions	6%	Musculoskeletal	7%
5	Medication Certications of Fitness (e.g. driving license)	5%	Musculoskeletal	6%	Dermatological conditions	6%
6	Diarrhoeal Diseases	5%	Diarrhoeal Diseases	5%	Injuries & Trauma	5%
7	Ill-defined conditions	4%	Ill-defined conditions	5%	Ill-defined conditions	4%
8	Injuries & Trauma	3%	Gastritis	4%	Conjunctivitis & Chalazion	4%
9	Gastritis	3%	Injuries & Trauma	3%	Diarrhoeal Diseases	4%
10	Conjunctivitis & Chalazion	3%	Conjunctivitis & Chalazion	3%	Hyperlipidemia	3%
	Other disease conditions	27%	Other disease conditions	25%	Other disease conditions	23%
	Total attendances = 36,678		Total attendances = 29,847		Total attendances = 6,831	

Table 8: Leading conditions seen at primary medical care clinics (65 years & above only)

Rank	All Clinics		Private Clinics		Public Clinics	
	Main diagnosed condition	%	Main diagnosed condition	%	Main diagnosed condition	%
1	Hypertension	29%	Hypertension	22%	Hypertension	39%
2	Diabetes	14%	URTI	16%	Diabetes	26%
3	URTI	11%	Musculoskeletal	10%	URTI	4%
4	Musculoskeletal	8%	Dermatological conditions	7%	Hyperlipidemia	4%
5	Dermatological conditions	5%	Diabetes	5%	Musculoskeletal	4%
6	Ill-defined conditions	3%	Ill-defined conditions	5%	Dermatological conditions	3%
7	Injuries & Trauma	3%	Injuries & Trauma	4%	Abnormal Findings & Conditions Requiring Followup	2%
8	Hyperlipidemia	3%	Gastritis	3%	Ischemic heart disease,IHD	1%
9	Gastritis	2%	Asthma & Bronchitis	3%	Asthma & Bronchitis	1%
10	Asthma & Bronchitis	2%	Diarrhoeal Diseases	2%	Ill-defined conditions	1%
	Other disease conditions	19%	Other disease conditions	23%	Other disease conditions	13%
	Total attendances = 5,656		Total attendances = 3,248		Total attendances = 2,408	

The disease conditions of patients were classified into three categories:

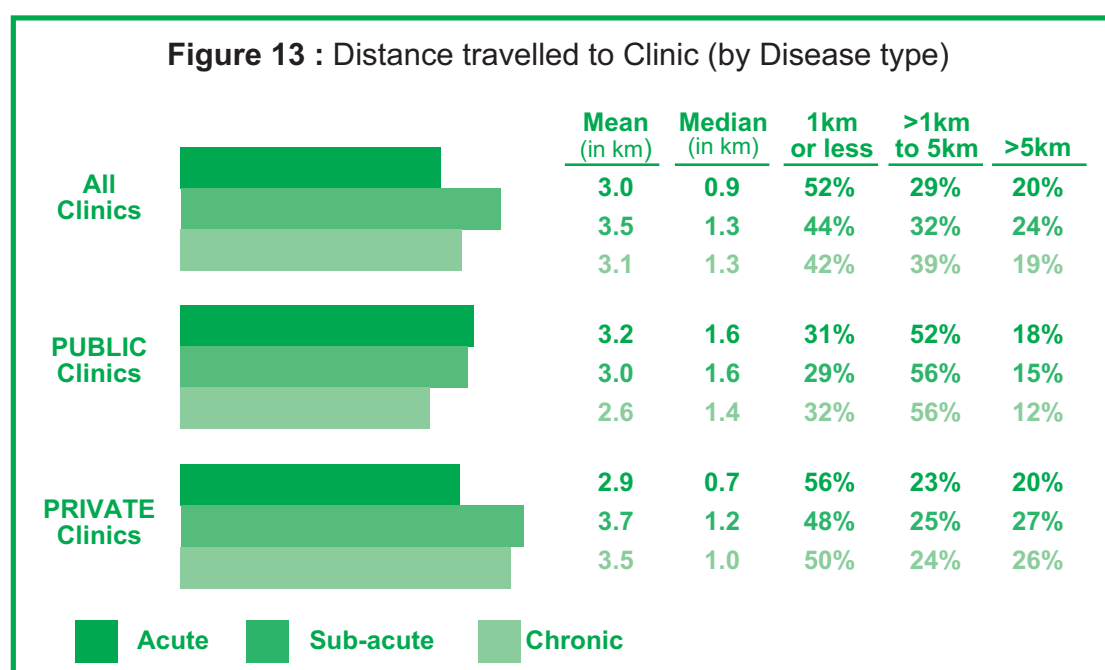
- Acute conditions : Cases with short onset such as upper respiratory tract infections, diarrhoeal diseases, sprains;
- Sub-acute conditions : Cases suffering from conditions that are ongoing with episodes of exacerbation that requires frequent medication and varying degrees of regular follow-up such as dermatological disorders, arthritic conditions & rheumatism; and
- Chronic conditions : Cases suffering from conditions that require long-term follow-up, and in general, regular medications and management of risk factors, such as hypertension, asthma and chronic obstructive lung disease, diabetes & cancers.

The proportion of each disease type is shown in Table 9. 50% of the attendances were acute cases, another 30% were sub-acute cases, and the remaining 20% were chronic cases. The proportion of each disease type is also shown for each geographic zone.

Table 9 : Distribution of attendances by zone & disease type

Main diagnosis	Total		City	Central	North	Northeast	East	West
	Count	%	%	%	%	%	%	%
Acute	25,422	50%	41%	48%	56%	52%	51%	53%
Sub-acute	15,136	30%	45%	30%	27%	29%	26%	28%
Chronic	10,038	20%	14%	22%	17%	19%	23%	19%
Total	50,596		4,757	12,234	5,560	6,790	11,141	10,114

The estimated distance travelled by the patients to get to the clinics (by sector & disease type) is shown below. It appears that the sector plays a greater role in determining the distance travelled by the patients – public clinic patients were more likely to have travelled over 1km to 5 km, whereas private clinic patients were more likely to travel a shorter distance of 1km or less.



Note: Distance was calculated based on residential postal codes of patients to the clinic postal codes. Patients staying in landed property; foreigners neither working nor living in Singapore; and Malaysians who travelled daily to Singapore were excluded. The patients included constituted 90% of the patients who visited the clinics on the survey day.

APPENDIX 1

Advisory Committee

- | | |
|----------------------------------|---|
| 1. Dr Arthur Chern
(Chairman) | Director
Integrated Health Services Division
Ministry of Health |
| 2. Mr Tong Ming Shen | Director
Infocomm Division
Ministry of Health |
| 3. Dr Derrick Heng | Deputy Director
Biostatistics & Research Branch
Epidemiology & Disease Control Division
Ministry of Health |
| 4. Dr Wong Tien Hua | Family Physician, Private Practice
Council Member
Singapore Medical Association |
| 5. Dr Yii Hee Seng | Deputy Medical Director
Raffles Medical Group |
| 6. Dr Lee Hong Huei | Medical Director
Shenton Medical Group |
| 7. Dr Michael Yee | Family Physician, Private Practice
Chairman, Research SIG
College of Family Physicians, Singapore |
| 8. Dr Chong Phui Nah | Assistant Director
Medical Affairs
National Healthcare Group Polyclinics |
| 9. Dr Chow Mun Hong | Director
Professional Development
SingHealth Polyclinics |

APPENDIX 2

Computation of minimum number of Private GP Clinics

MOH statisticians computed the minimum number of private GP clinics required for the survey. The following formula was used for estimating the minimum number of private GP clinics that is needed for the survey,

$$n = [p(1-p)z_{\alpha/2}^2] / d^2$$

where p refers to the private GP clinics' market share of the attendances for chronic conditions³, d is the absolute precision level, and 100(1-alpha)% is the confidence level.

n was computed for p equals to 50%, 60%, 70% and 80% respectively with a 2%- and 5%- point precision levels at a 95% confidence level. The resultant n values were adjusted based on the following two assumptions for expected response rates of 40%, 50%, 60% and 70%:

1. Attendances per private GP clinic per day = 30 (based on 2001 Survey results)
2. Attendances for chronic conditions as a proportion of total attendances at private GP clinics = 15% (based on the 2001 Survey results)

It was anticipated that the response rate would be 60% for the survey. The narrower 2%-point precision level (more conservative) was chosen.

The n values for p equals to 50%, 60%, 70% and 80% respectively with a 2%-point precision level and a 95% confidence level for an expected response rate of 60% were 440, 455, 512 and 523 (in ascending order).

The largest n value of 523 (most conservative) was chosen as the minimum number of private GP clinics to be used for the 2005 survey.

Proportionate random stratified sampling, stratified by the geographical zones of Singapore, was used to select the sample of 523 private GP clinics for the survey.

³ Diabetes (ICD 9: 2500-2509), disorders of the lipid metabolism (ICD 9: 2720-2729), hypertension (ICD 9: 4010-4019) and asthma (ICD 9: 4930-4939)

APPENDIX 3

Districts/Areas under each Geographical Zone

City

Marina, Esplanade, Suntec
Raffles Place
Robinson Road, Shenton Way
Prince Edward, Anson Road
Tanjong Pagar
Central Fire Station, Hill Street
Bugis, Victoria Street, Rochor
Kampong Glam, Beach Road
Chinatown
Cavenagh Road, Scotts Road, Newton
Orchard Road

Central

Bishan
Bukit Merah
Bukit Timah
Geylang
Kallang
Novena
Queenstown
River Valley
Tanglin
Toa Payoh

North

Sembawang
Woodlands
Yishun

Northeast

Ang Mo Kio
Hougang
Sengkang
Punggol
Serangoon

East

Bedok
Pasir Ris
Paya Lebar
Tampines

West

Boon Lay
Bukit Batok
Bukit Panjang
Choa Chu Kang
Clementi
Jurong East
Jurong West

APPENDIX 4

Survey Questionnaire

For Official Use

Serial No.

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2005 PRIMARY CARE SURVEY

Section A

General Information.

(a) Reference No:

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Note: The reference no. can be found on the top left hand corner of the cover letter.

Section B

Information on clinic practice.

Q1 **Do you consider** your clinic as a group practice?(Please Tick)

☐ Yes

☐ No

If yes, please continue, otherwise go to Q4.

Q2 In what ways do you think your clinic is a group practice?

(Please tick as many as appropriate)

- ☐ Bulk purchase of drugs & services
- ☐ Collectively secure company contracts
- ☐ Shared staffing arrangements
- ☐ Conduct peer learning amongst doctors
- ☐ Profit sharing
- ☐ Shared overheads
- ☐ Common ownership (At least one common director)
- ☐ Common management team
- ☐ Shared brand name

Q3 Altogether, how many clinics are there in your group, including your own clinic?

--	--

Q4 Estimated average consultation time for acute, sub-acute and chronic cases seen by the clinic doctors

--	--

Minutes per acute case (refer to cases with short onset such as upper respiratory tract infections, diarrhoeal diseases, sprains)

--	--

Minutes per sub-acute case (refer to conditions that are ongoing with episodes of exacerbation that requires frequent medications and varying degree of regular follow up. Examples are dermatological disorders, arthritic conditions & rheumatism.

--	--

Minutes per chronic case (refer to the conditions that requires long term follow-up and in general, regular medications and management of risk factors. Examples are hypertension, asthma and chronic obstructive lung disease, diabetes & cancers.)

Q5 Estimated average total bill size of acute, sub-acute and chronic cases seen by the clinic doctors (Please include investigations and treatments).

Please estimate based on the bills of cash paying patients.

(a) Acute case
(Please tick one)

<input type="checkbox"/> \$10 and less	<input type="checkbox"/> Over \$60-70
<input type="checkbox"/> Over \$10-20	<input type="checkbox"/> Over \$70-80
<input type="checkbox"/> Over \$20-30	<input type="checkbox"/> Over \$80-90
<input type="checkbox"/> Over \$30-40	<input type="checkbox"/> Over \$90-100
<input type="checkbox"/> Over \$40-50	<input type="checkbox"/> Over \$100
<input type="checkbox"/> Over \$50-60	

b) Sub-Acute case
(Please tick one)

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Over \$10-20 | <input type="checkbox"/> Over \$60-70 |
| <input type="checkbox"/> Over \$20-30 | <input type="checkbox"/> Over \$70-80 |
| <input type="checkbox"/> Over \$30-40 | <input type="checkbox"/> Over \$80-90 |
| <input type="checkbox"/> Over \$40-50 | <input type="checkbox"/> Over \$90-100 |
| <input type="checkbox"/> Over \$50-60 | <input type="checkbox"/> Over \$100 |

c) Chronic case (please estimate the average bill size based on 1 month's medication)
(Please tick one)

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Over \$10-20 | <input type="checkbox"/> Over \$80-90 |
| <input type="checkbox"/> Over \$20-30 | <input type="checkbox"/> Over \$90-100 |
| <input type="checkbox"/> Over \$30-40 | <input type="checkbox"/> Over \$100-110 |
| <input type="checkbox"/> Over \$40-50 | <input type="checkbox"/> Over \$110-120 |
| <input type="checkbox"/> Over \$50-60 | <input type="checkbox"/> Over \$120-130 |
| <input type="checkbox"/> Over \$60-70 | <input type="checkbox"/> Over \$130-140 |
| <input type="checkbox"/> Over \$70-80 | <input type="checkbox"/> Over \$140-150 |
| | <input type="checkbox"/> Over \$150 |

Q6) Estimated average no.of home visits by the clinic doctors per month

home visits per month

Q7) Please fill up the following information for ALL the doctors in the clinic
regardless whether he/she is working on the survey day.

S/N of Drs	Average no.of hours worked per week	Resident Dr of clinic or Locum doctor (R/L)	Worked on survey day (Yes/No)
1			
2			
3			
4			
5			
6			

Average number of hours the clinic opens (per week) hours

Section C (Polyclinics)

Section C

To be completed for all patients seen by each doctor on the day of the survey.

For Official Use
Serial No.

hrs

No. of hours worked
(on day of survey)

S/N of Doctor:

(Please use same S/N as in Section B, Q7)

2005 Primary Care Survey

S/N	Year Of Birth	Sex*		Race*				Postal Code (For landed property please use "000 000")	Residential Status*		Type of Patient*			Diagnosis Principal diagnosis first followed by up to 4 other diagnosis	ICD Codes (for official use)	
		Male	Female	Chinese	Malay	Indian	Others		Singapore Citizen or PR	Foreigner working or living in Singapore	Yes	No	Patient pays in full ¹			Civil Service

* Please tick in the appropriate box

¹including patients seeking reimbursement on their own but not corporate clients.

²including partial or full waivers, blood donors and patients on Public Assistance.

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Section C (Private Clinics)

Section C

To be completed for all patients seen by each doctor on the day of the survey.

For Official Use
Serial No.

hrs

No. of hours worked
(on day of survey)

S/N of Doctor:

(Please use same S/N as in Section B, Q7)

2005 Primary Care Survey

S/N	Year Of Birth	Sex*					Race*				Postal Code (For landed property please use "000 000")	Residential Status*		Type of Patient*			Diagnosis Principal diagnosis first followed by up to 4 other diagnosis	ICD Codes (for official use)
		Male	Female	Chinese	Malay	Indian	Others	Singapore Citizen or PR	Foreigner working or living in Singapore	Yes		No	Patient pays in full	Employer ¹	Insurance company ²			

* Please tick in the appropriate box

¹ Including patients seeking reimbursement on their own but not corporate clients. Also includes Civil Servants and PCPS patients.

² Including company contract, either co-payment or total payment. Also includes patients who enjoy corporate rates (due to company contract) but are required to pay up-front and seek reimbursement on their own.

³ Including personal or employer insurance, actual co-payment or total payment

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MOH websites:
http://www.moh.gov.sg/corp/publications/list.do?id=pub_reports
or
[http://www.moh-healthprofessionals.gov.sg/PRSCPDS/home/hpp/
PrimaryCareSurvey_2005.jsp](http://www.moh-healthprofessionals.gov.sg/PRSCPDS/home/hpp/PrimaryCareSurvey_2005.jsp)