

Navigating Integrated Medical Care and Financial Support for Renal Patients

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Aim

To evaluate the positive impact of i. Financial Assistance (FA) structure (established in year 2020) for haemodialysis patients, and ii. Integrated Medical Clinic (IMC) through the evaluation of length of stay (LOS) and emergency department (ED) visit rates.

IMC was set up to provide greater support for patients with medically advanced and chronic conditions, and complex psycho-social needs.

Background

There was a **lack of standardization and accountability** pertaining to the period of and timeline for submission of FA, as well as subsidized dialysis applications for renal patients. This sense of uncertainty reduced patients' and/or families' willingness to be subjected to financial assessments.

Further, organizations supporting renal patients were mostly working in silos, with little to no communication. **Collaboration and handovers were limited, information flow was delayed and truncated, resulting in fragmented care.**

Patients' non-compliance towards medical appointments, medications and/or treatment is usually an exhibition of more complex social and/or financial circumstances. Involvement of stakeholders in coordinated discussions would be beneficial, but was unheard of – resulting in a **limited alignment of interdisciplinary assessments and discussions** directed towards a concerted set of interventions.

Team Members

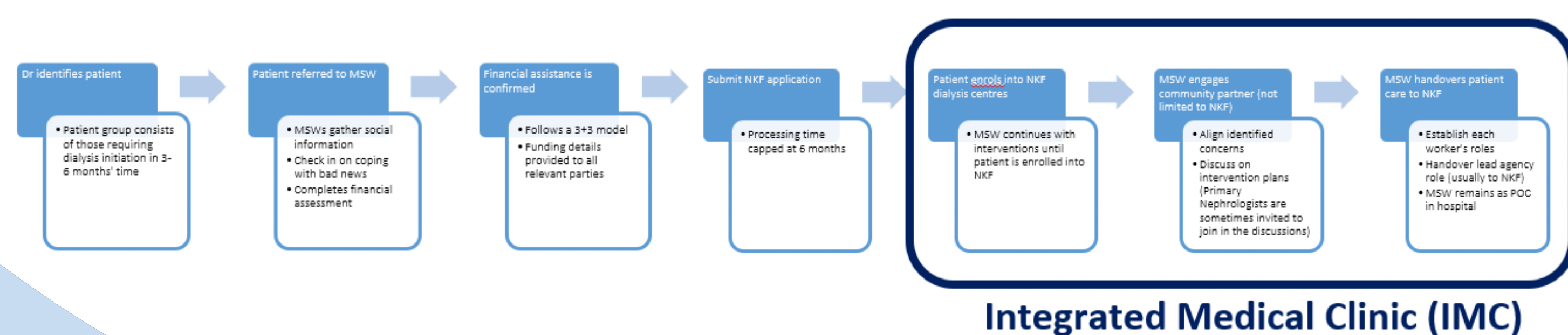
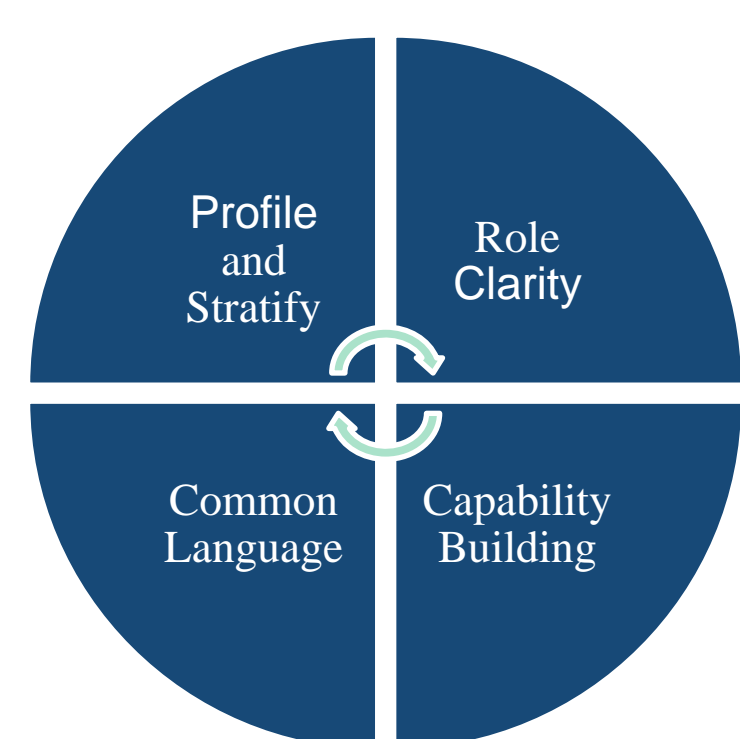
Name	Designation	Department
Ong Phyllis	Senior Medical Social Worker	Medical Social Service
Angie Lim Hui Yi	Manager	Innovations and Improvement

Interventions / Implementation

MSWs will **apply for FA to support eligible renal patients**. This increases patients' propensity for treatment, despite their dire financial circumstances.

To **ensure sustainability** of this lifelong costly treatment, MSWs will apply for subsidised dialysis treatment for long term support. This meant that patients would have access to a community care provider too.

MSWs **work closely with IMC and community care providers** to link up, ensure proper handovers and improved communication. These allow for more comprehensive understanding of the patients' circumstances, better alignment of assessments, expectations and improved coordination of care management via multi-agency case conferences whenever necessary. Ultimately fostering trusted relationships among the hospital and care providers, easing the coordination of care. IMC works towards health-social integration via collaborative assessments and interventions, which provides stronger holistic care.



Onward 2026

Strategic Priority 1 - Assign Patients into Care Streams

Complexities of patients are made known through referrals and IMC recruitment. Care teams would assign appropriate members to attend to patients' needs. Appropriate workflows are also in-place to support different levels of patients' complexities.

Strategic Priority 3 - Expand Acute Care Beyond Hospitals

Community partners' capacity and capabilities are enhanced to support the increasingly complex medical and social needs of patients, especially post discharge. This ensures that care is still provided for in the community, resulting in more patients being managed in the community despite having more challenging conditions.

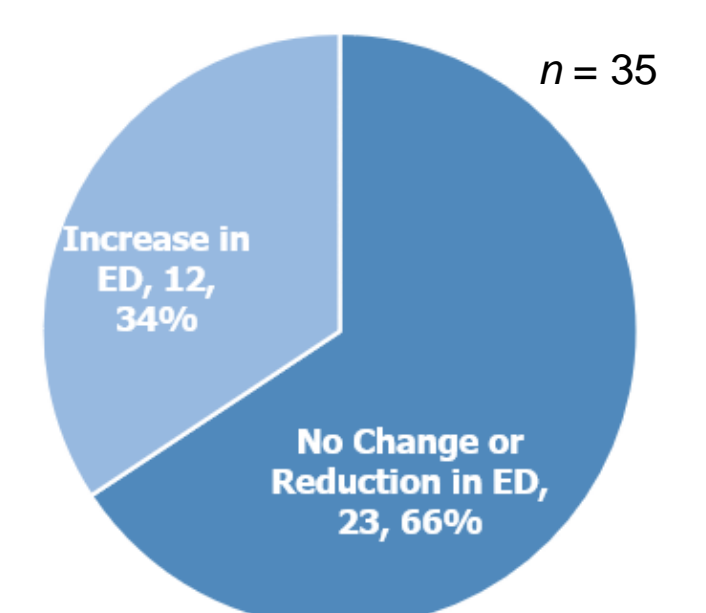
Results & Outcomes

Impact (Renal Patients)

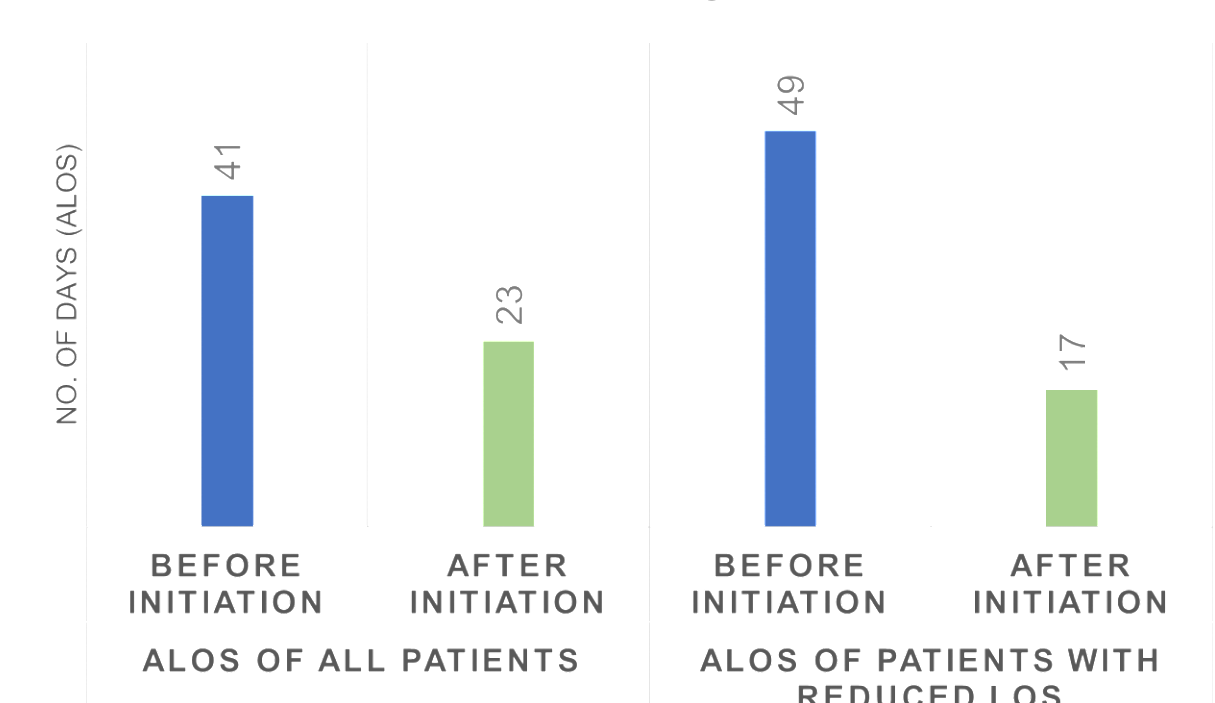
35 patients (received FA upon dialysis initiation):

- 66% did not increase in their ED visits post-initiation. Amongst them, there was an **average of 1.7 ED visit reduction**.
- There was an **18-day reduction in average LOS**, of which 77% had a reduction of 32 days.
- Average **per FA patient cost savings is \$8982.58**, and **hospital cost avoidance for all 26 patients is \$1,236,592.00**.

Changes in No. of ED Visits Among All 35 Patients



CHANGES IN ALOS PRE-POST INITIATION n = 35

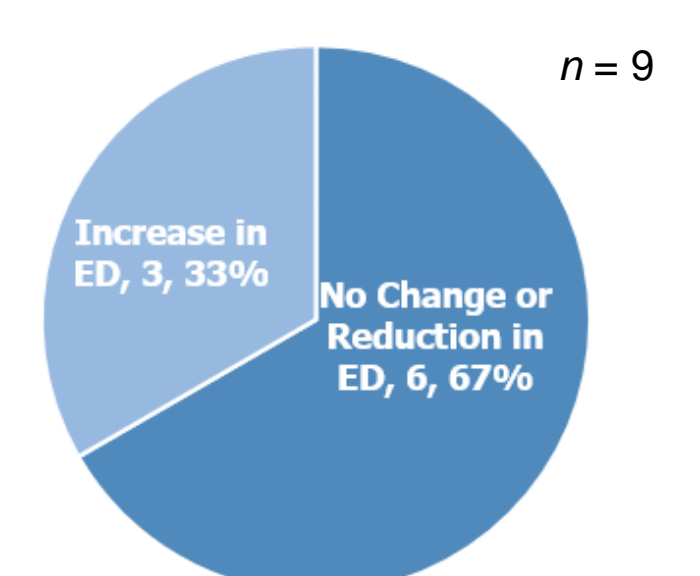


Impact (Renal IMC Patients)

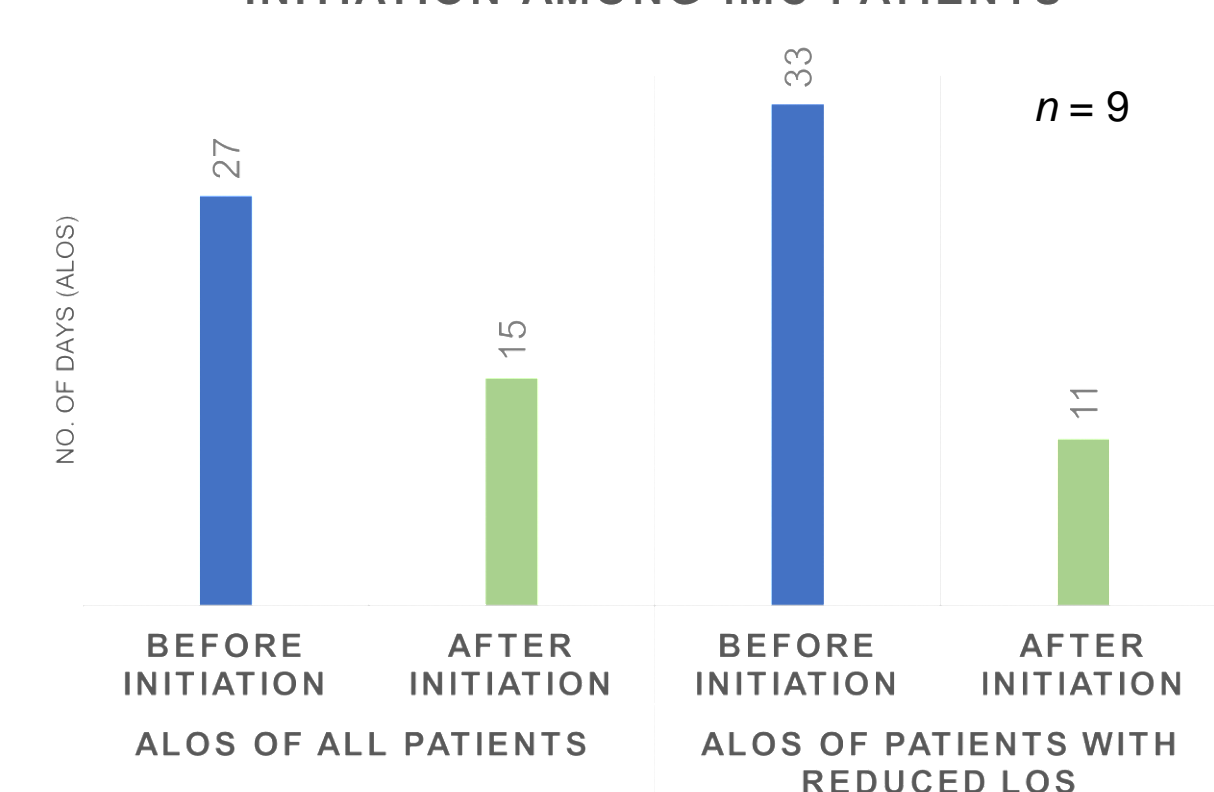
9 patients (IMC patients with FA): Despite the complexity of IMC patients' medical condition and social circumstances,

- 67% of the patients had either no change or a reduction in ED visits post-initiation. **Average reduction**, amongst them, was **1.5 ED visits**.
- There was a **reduction of 12 days in average LOS**, of which 67% had an average reduction in LOS of 22 days.
- 6 out of the 9 patients had a 47% reduction in ED visits and 67% reduction in LOS (average 21.4 days).
- Average **per IMC patient cost savings is \$14,828.75**, and **hospital cost avoidance for 9 IMC patients is \$212,525.10**.

Changes in No. of ED Visits Among IMC Patients



CHANGES IN ALOS PRE-POST INITIATION AMONG IMC PATIENTS



Conclusion

The establishment of an FA structure as an island wide effort, have allowed for equity and sustainability of treatment. This had allowed for continuity of care from hospital to home. Together with IMC that focused on integrated care with community partners, patients' safety and experience are enhanced through timely, coordinated and customised interventions.