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Primary Care Physicians' Comfort in Managing Complexity: Predictors, Gaps and Opportunities

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BACKGROUND

Patients with complex care needs are prevalent in primary care, with a recent local study showing that 33.5% of primary care encounters are complex with high care needs[1]. The prevalence of complexity is expected to increase with the ageing population and rising multimorbidity. Much is unknown about how comfortable Primary Care Physicians (PCPs) are in managing complexity, and how they can be better supported in doing so.

We aim to identify factors associated with PCPs' comfort in managing complexity, as well specific measures that are deemed helpful in supporting complexity management in primary care in Singapore.

METHODS

DESIGN

- **Questionnaire** filled by experienced NHG Polyclinics Primary Care Physicians (PCPs) with postgraduate qualification(s) in Family Medicine

DATA COLLECTION (Questionnaire)

- Demographic and clinical experience / qualifications
- Comfort level in managing complexity
- Usefulness rating on measures in managing complexity

DATA ANALYSIS

- Ordinal logistic regression to identify independent predictors of comfort in managing complexity

Fig 1. An overview of methods

RESULTS

69 out of 86 PCPs responded (response rate 80.2%).

	Range	Mean	SD
Age	30 – 56	**37.5**	6.8
Years of Primary Care Experience	4 – 31	**9.6**	6.0
Years with NHG Polyclinics	1 – 20	**7.7**	4.4
	n	%	
Male gender	35	**50.7**	
Medical Qualifications			
• GDFM[a]	33	47.8	
• MMed(FM)[b]	44	63.8	
• FCFP(S)[c]	8	11.6	
• GDGRM[d] / GDMH[e] / GDPM[f]	11	15.9	
Practice			
• Involved in teamlet care	55	**79.7**	
• Involved in multidisciplinary care discussions (MDT)	55	**79.7**	
• Runs Health and Mind Clinic (HMC)	25	**36.2**	
• Runs Memory Clinic	17	**24.6**	

Table 1. Characteristics of participants

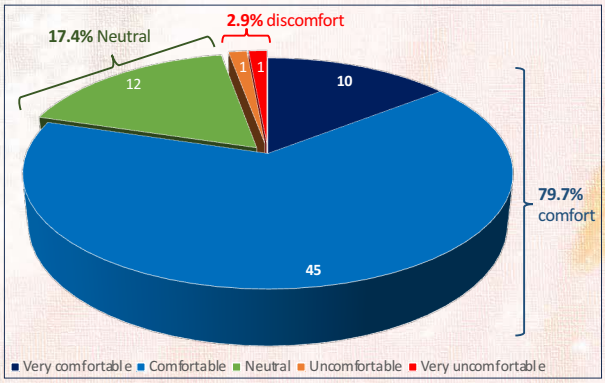

Fig 2. PCPs' comfort in managing complexity

	Odds Ratio	95% C.I.	P value
Age	1.11	0.89-1.37	0.35
Male gender	0.64	0.22-1.91	0.43
Primary Care Experience	0.99	0.79-1.25	0.96
Highest Qualification:			
• GDFM	Ref		
• MMed(FM)	**7.48**	1.45-38.4	**0.02**
• FCFP(S)	**27.0**	3.17-230.6	**<0.01**
GDGRM / GDMH / GDPM	**7.44**	1.31-42.3	**0.02**
Involved in teamlet care	0.43	0.09-1.99	0.23
Involved in MDT	1.35	0.31-5.90	0.96
Runs HMC	0.54	0.16-1.85	0.33
Runs Memory Clinic	0.50	0.12-2.06	0.33

Table 2. Ordinal regression for PCPs' comfort in managing complexity

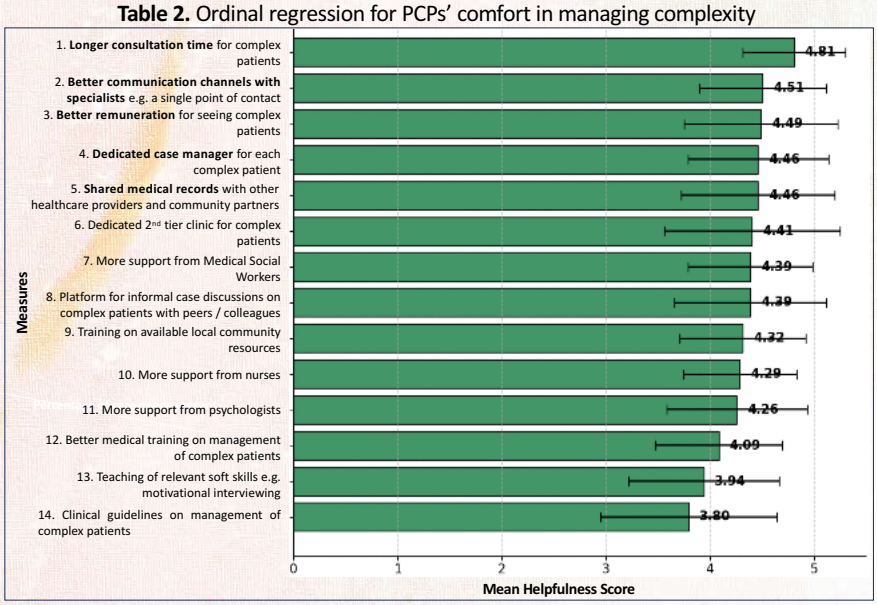

Fig 3. Perceived helpfulness of measures in managing complex patients

DISCUSSION

Structured training may be more impactful than systemic exposure in building PCPs' confidence in managing complexity. Continued professional development and targeted structural support like allocation of longer consultation times, building better communication channels with specialists, better remuneration for managing complex patients, having a dedicated case manager, and having shared medical records with specialists and community partners can be important mitigating factors

Fig 4. Implications on care and resourcing

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ABBREVIATIONS

a. GDFM: Graduate Diploma in Family Medicine
b. MMed(FM): Masters of Medicine in Family Medicine
c. FCFP(S): Fellow of the College of Family Physicians Singapore
d. GDGRM: Graduate Diploma in Geriatric Medicine
e. GDMH: Graduate Diploma in Mental Health
f. GDPM: Graduate Diploma in Palliative Medicine

REFERENCES

1. Quek JS, Lew JK, Lee ES, Smith HE, Wong SKW. Prevalence of complexity in primary care and its associated factors: A Singapore experience. Ann Acad Med Singap. 2025 Feb 14;54(2):87-100.