

Significance of Primary Care Positive of a Health System

Thomas Michal Bator*

Department of Hospital Management and Intensive Care Unit, Mount Alvernia Hospital, 820 Thomson Rd, Singapore

ABOUT THE STUDY

As much as we would like to think of the health-care system as a solid, static entity, it is as everything else in constant flux. This is particularly clear in Singapore, which has undergone such drastic change over the past 50 years that it is hardly recognizable. In terms of its health system, of all the changes Singapore has experienced, the demographic change from high birth and death rates to low birth and death rates has had the most significant effects. Through the creation of trying to cut emergency and hospital services, as well as highly skilled experts, the Singapore health system has been extremely successful in meeting the requirements of a young population with one acute or occasional complex chronic condition. The systems that served Singapore well are now under strain due to an ageing population with numerous chronic diseases and complicating social issues. The press has highlighted several of these concerns, such as the rise in trips to emergency departments, the length of admission lines, and hospital overcrowding.

One could imagine resolving the problems by increasing staff and facilities in proportion to the growing demands if these stresses are a consequence of population changes. There is evidence, though, that a plan that outlines like this won't work. In particular, the demands on hospitals and specialists will increase disproportionately to the increase in population without a structural shift to primary care providers with greater capacity and capability. The reason behind this, Data on hospital bed use expected behavior as to the answer. In Singapore, admission trends over the past 20 years display that older patients are not only being admitted to hospitals at a greater rate than in the past, but that they are more likely to be admitted than in the past: among 1991 and 2014, the per-capita rate of admission for individuals over the age of 80 increased 1.6 times. Other countries have also seen similar trends.

One geriatrics ward's occupation of nearly 50% of bed days for reasons other than acute needs, such as long-term rehabilitation, setting up long-term care, or monitoring or management rather than release to an outpatient clinic, is further evidenced by a recent study of acute services. A study of discharge rates at an acute care hospital during periods of high bed occupancy provides another clue. It was discovered that during periods of high

bed occupancy, the rate of discharge increased, but this was mostly limited to individuals who were being discharged after staying in the hospital for more than four days (unpublished data). According to anecdotal evidence, it is comfortable for the care staff to keep the patient in the hospital when hospital involves carrying. Simulation studies based on these data indicate that the rate of increase in future demand is likely to continue to exceed population growth in the absence of any shift in how acute services are used.

This brings us to the role that primary care plays to shifting this dynamic. An increasing number of people are being referred to public sector outpatient services as a result of the rising health needs of an ageing population. There are various reasons for this, among which is the economic benefit, especially for people taking multiple drugs. Public clinic visits are under more time pressure as a result of a rise in visit volume. A natural outcome of patients' needs becoming much more complicated is the identification of problems that cannot be easily addressed in a quick consultation, especially if it is with a new provider, and the referral of these patients to acute services.

When a patient is admitted, inpatient doctors may extend the length of stay if they are uncertain that transitional issues will be properly handled. This is a natural outcome of the limitations of outpatient care. If the hospital were just a full bathtub, the present situation would be comparable to a tap that is still running but has a clogged drain. This causal association that strain on hospital beds can be greatly decreased by reducing admissions and increasing discharge rates if primary outpatient care can be enhanced to accommodate patients with more complex needs. Can better primary care really dramatically reduce stress? That is dependent on two factors. Will they arrive if we build it? Will providers and the general public accept such enhancements? For service providers, this may involve new criteria for "value-based" performance as well as changes to how services are financed and structured. For patients, it involves creating new relationships with suppliers and changes to the services' accessibility and cost. The financial and health effects of a fundamental change in the allocation of healthcare in Singapore are equally big to take into account. Will the Republic gain most from such a transformation? Several institutions, including the Ministry of Health and the Agency for Integrated

Correspondence to: Thomas Michal Bator, Department of Hospital Management and Intensive Care Unit, Mount Alvernia Hospital, 820 Thomson Rd, Singapore, E-mail: thomasmb005@hotmail.com

Received: 02-Jan-2023; Manuscript No. JPCHS-23-21513; **Editor assigned:** 06-Jan-2023; Pre-Qc No. JPCHS-23-21513 (PQ); **Reviewed:** 25-Jan-2023; Qc No. JPCHS-23-21513; **Revised:** 01-Feb-2023, Manuscript No. JPCHS-23-21513 (R); **Published:** 10-Feb-2023, DOI: 10.35248/2376-0419.23.10.257

Citation: Bator TM (2023) Significance of Primary Care Positive of a Health System. J Pharma Care Health Sys.10:257.

Copyright: © 2023 Bator TM. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Care, are actively pursuing a variety of strategies to improve primary care's capacity and capability.

CONCLUSION

It is evident that our healthcare system is dynamic and complex. It will require a concerted effort to understand how we might adjust to Singapore's rapidly changing needs. In support of this

objective, researchers at the Duke NUS Programmed in Health Services and Systems Research are working with the Saw Swee Hock School of Public Health (NUS) and the Centre for Population Health Sciences, Lee Kong Chian School of Medicine (NTU) to conduct a series of data collection and simulation studies in collaboration with government entities and the primary care community to evaluate the potential for new primary care models. It is not an option to remain still.