



Integrating Digital Tools with Traditional Care at Central region: A Case Manager’s Perspective on the Yearly Dispensing Program

Digital + Human Care = Increased Capacity Without Compromising Quality

Saravanan Samynathan¹; Madeeha Shahnaaz¹; Soon Ke Xin Rachel¹; Bryan Yip Chee Keat²
Case Manager¹
Principal Case Manager²

INTRODUCTION

Healthcare systems face increasing pressure to optimise efficiency while maintaining high-quality patient care.

The **Yearly Dispensing Program (YDP)** at IMH Central Region integrates traditional case management with the Next Generation Electronic Medical Record (NGEMR), a shared digital platform accessible across IMH and Regional Hospitals

This model emphasises **case manager-led documentation, tele-consultation monitoring, and coordinated follow-up processes** to enhance continuity of care, enable timely communication across care teams, and optimise the use of specialist resources, without relying on full automation.

OBJECTIVES

- ✓ Evaluate the effectiveness of YDP in extending medication dispensing intervals and reducing the need for frequent specialist follow-ups.
- ✓ Assess improvements in specialist appointment availability through structured monitoring and coordinated documentation.
- ✓ Examine the impact of NGEMR-supported workflows on care coordination and multidisciplinary team visibility.
- ✓ Explore the role of case managers in leveraging digital tools to deliver safe, patient-centred, and efficient care.

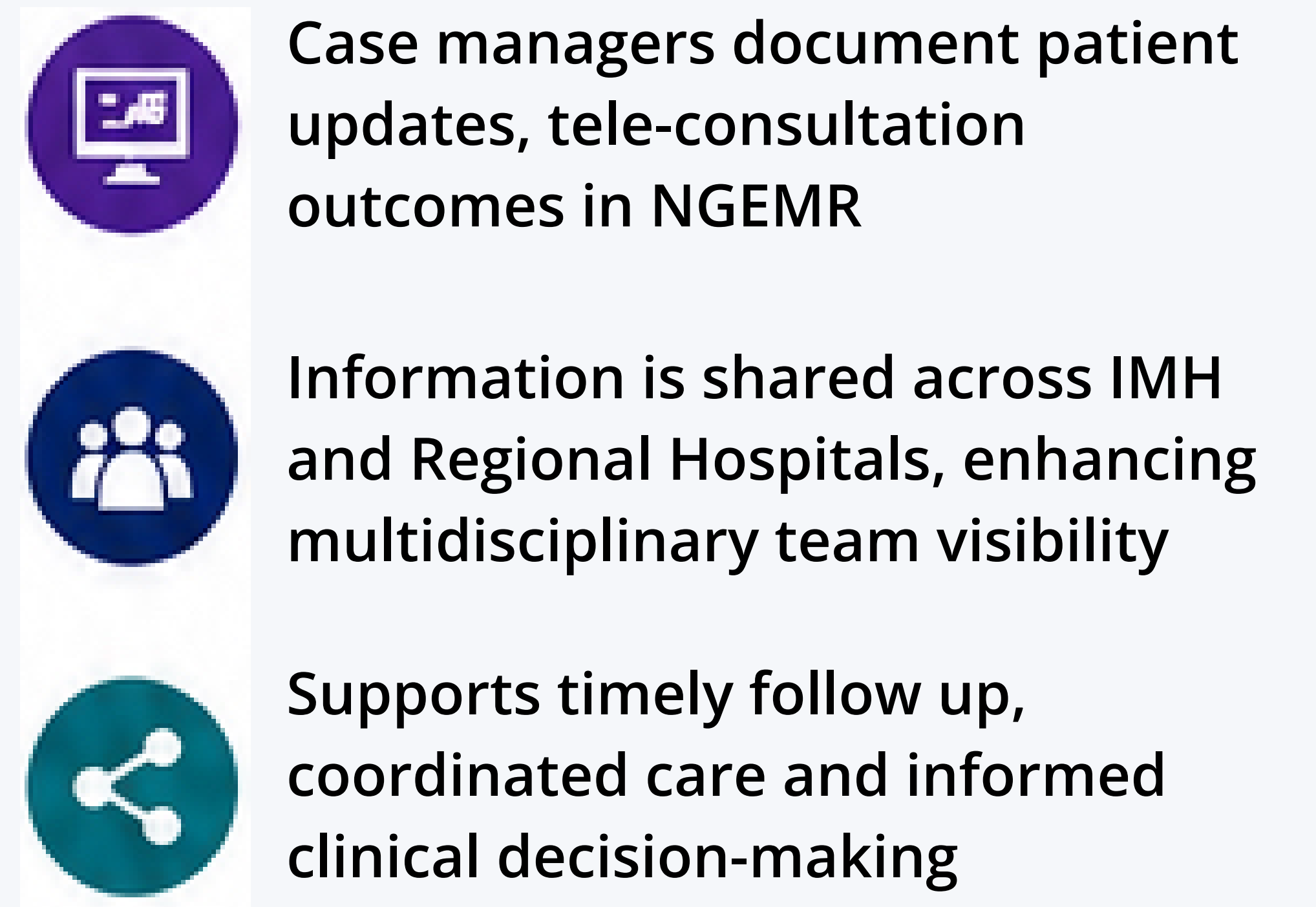
METHODS

The YDP model extends stable patients’ specialist appointments from six-monthly to yearly intervals, with ongoing monitoring conducted by case managers and pharmacists.

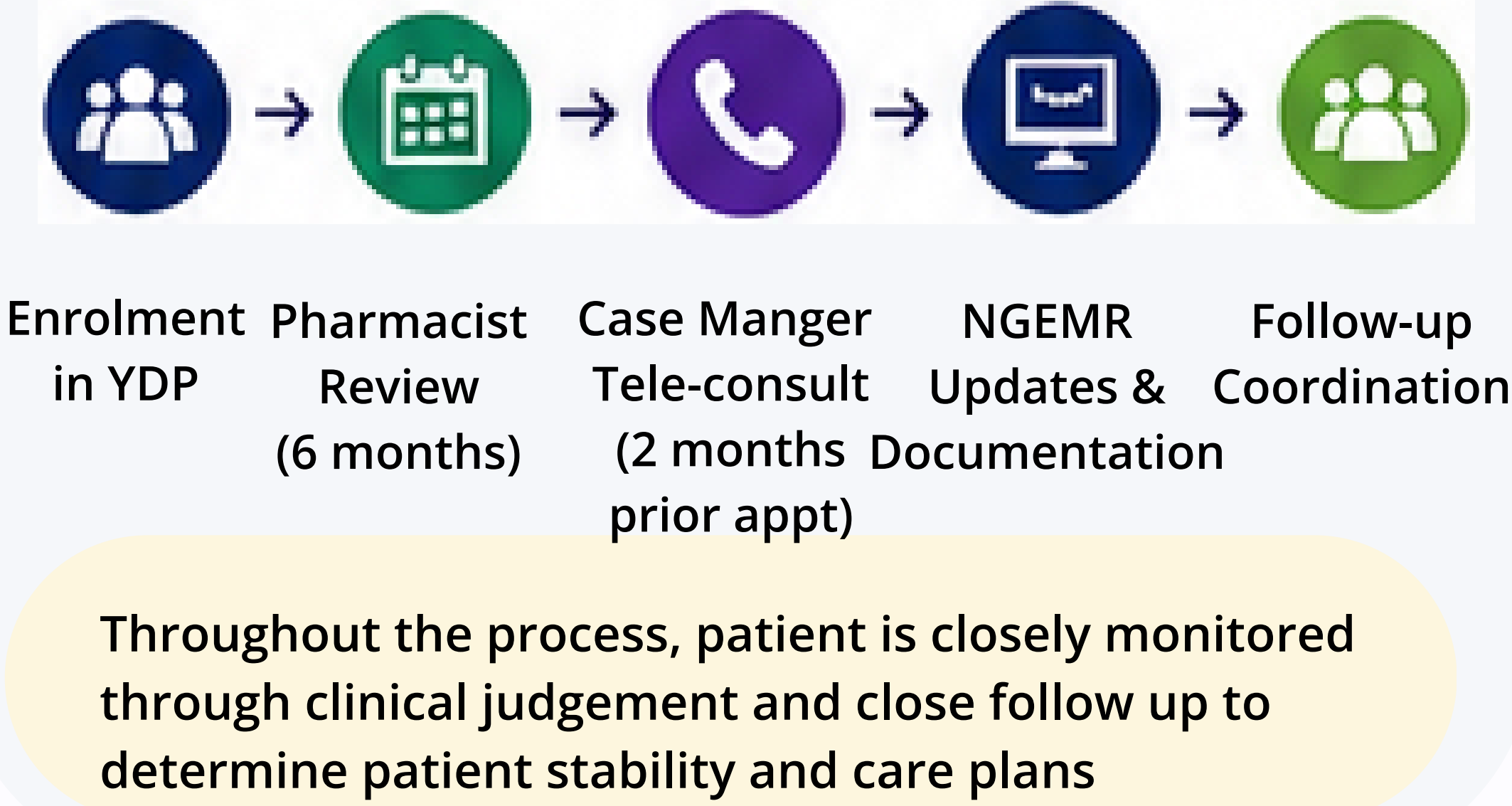
CARE MODEL



NGEMR INTERGRATION (FROM 2024)



NGEMR INTERGRATION (FROM 2024)

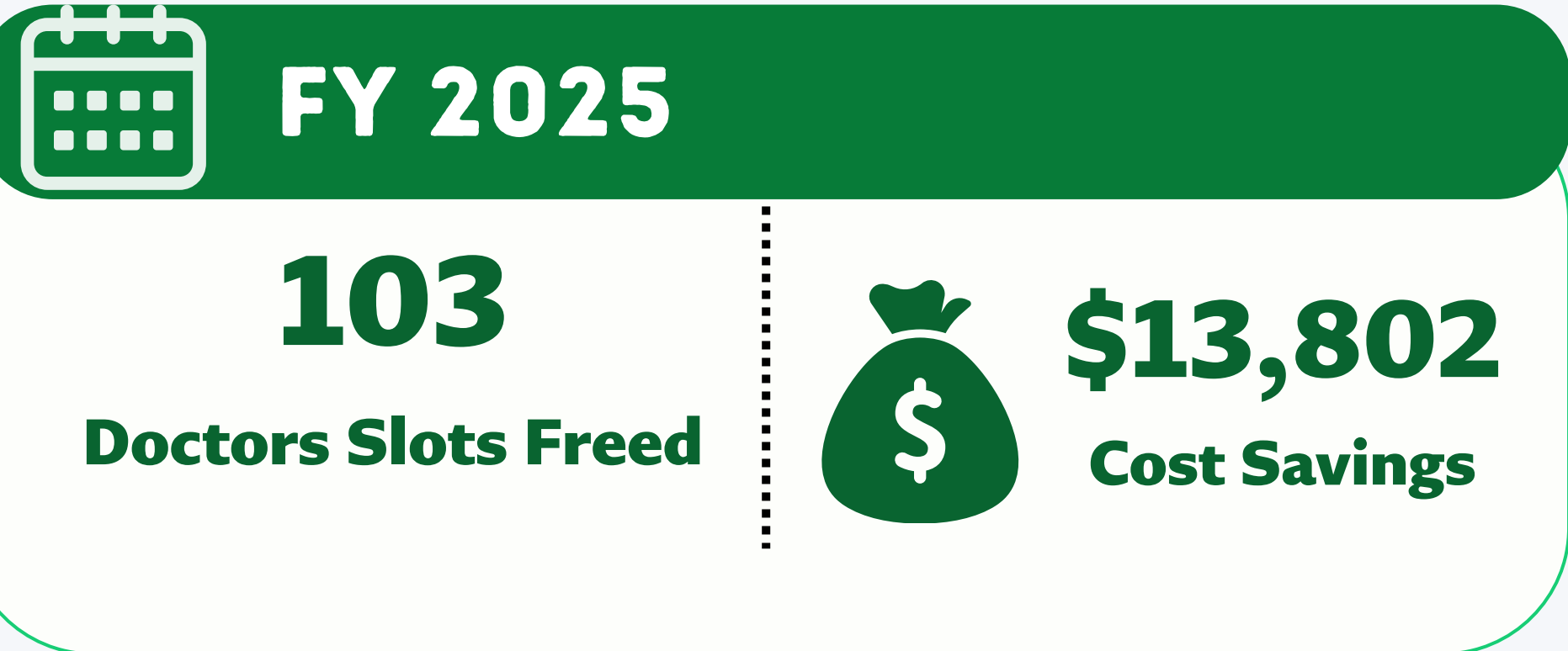
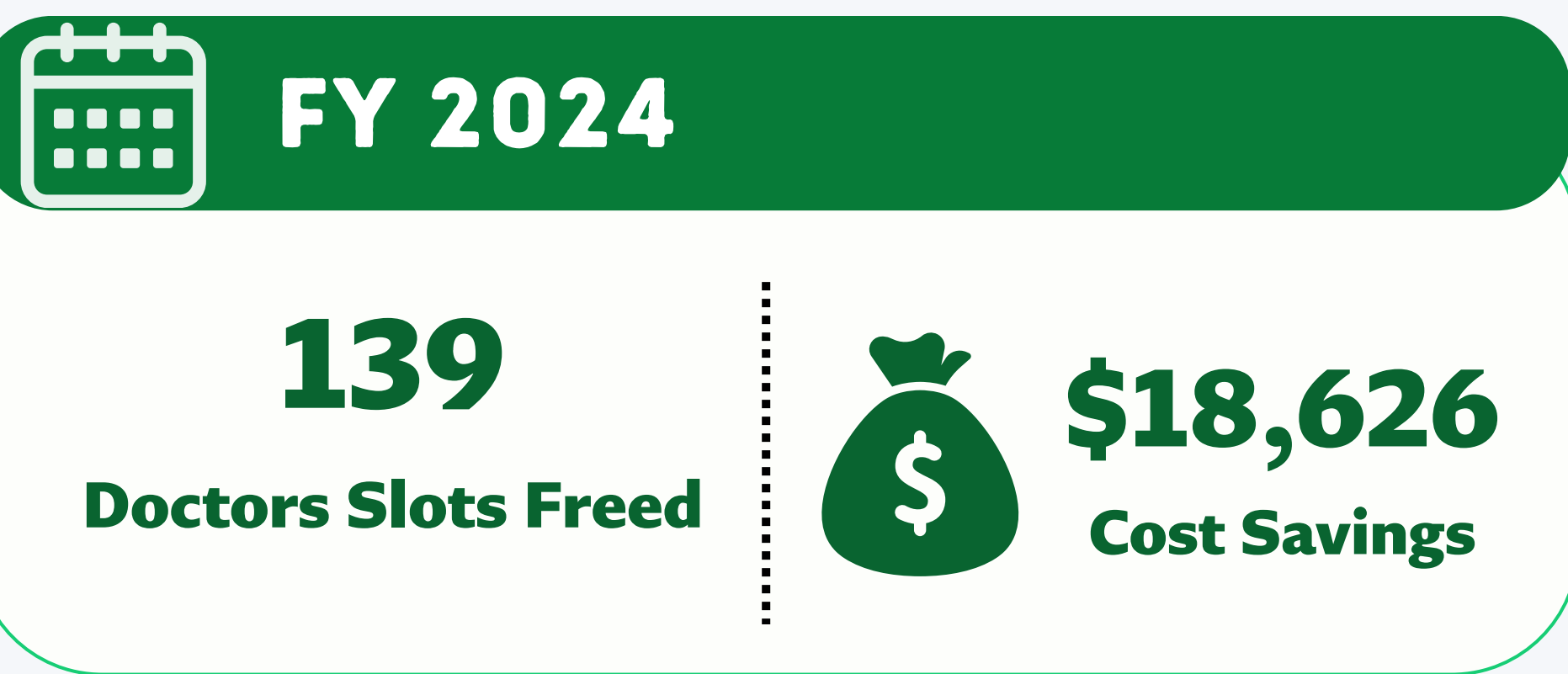


RESULTS

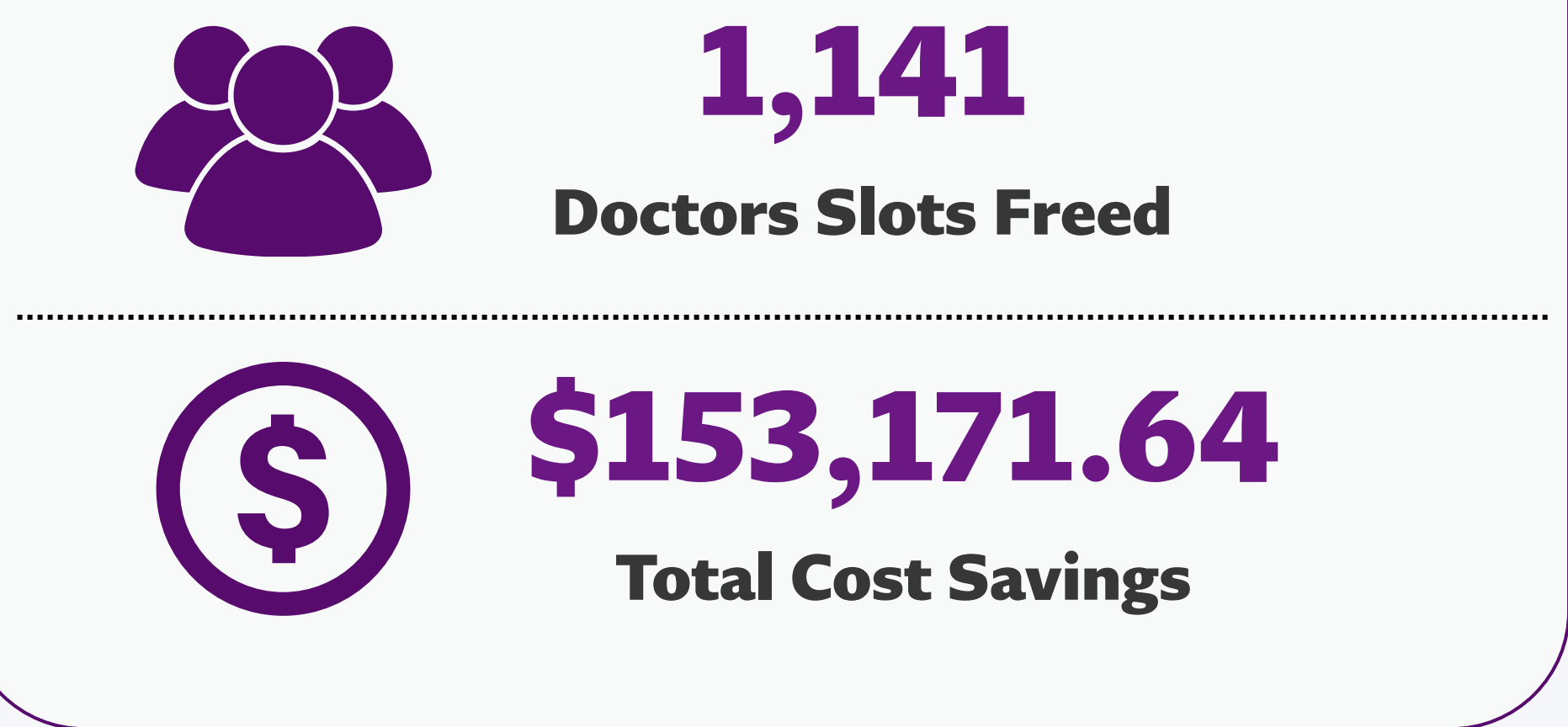
PATIENT COVERAGE (FY 2024 - FY 2025)



IMPACT BY FINANCIAL YEAR



CUMULATIVE IMPACT (SINCE PROGRAMME INCEPTION)



KEY IMPACT

- Improved coordination across institutions through shared information and clarity of care plans
- Better visibility of patients progress enables informed decision-making by clinicians
- More specialist capacity for complex and high-need cases
- Safe monitoring for stable patients through structured follow-up by case managers and pharmacist

CONCLUSION

The intergration of NGEMR with traditional case management through the Yearly Dispensing Program demonstrates digitally supported, clinician-led model of care optimisation.

Case managers play a central role in monitoring patient stability, documenting key updates and coordinating care across institutions. This colloravtive approach has helped with continuity of care, optimised specialist resources and generated substantial capacity and savings

By combining human expertise with digital enablement, the program ensures safe care for stable patients while allowing clinicians to focus on those with complex needs. This approach supports sustainable healthcare delivery without compromising quality of care.

FUTURE DIRECTIONS

Future initiatives may explore specialised NGEMR training for case managers to optimise utilisation of digital features, potentially reducing manual processes and improving coordination efficiency across care teams

- Specialised NGEMR training and certification for case managers to unlock advanced features and streamline workflows
- Enhanced use of digital tools such as templated, and auto-populated fields and dashboards to decrease workload and improve accuracy
- Greater data visibility and reporting capabilities to support proactive monitoring and improvement of program