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Public Awareness, Perceptions, and Barriers to Adoption of MIC@Home: Insights to Guide Publicity and Engagement Strategies

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Objectives

1. Assess **awareness and perception** of Mobile Inpatient Care at Home (MIC@Home) following mainstreaming
2. Identify **key barriers to programme adoption** to inform future publicity and marketing strategies

Background

MIC@Home was mainstreamed in April 2024 with 132 beds and approximately 300 admissions in the first month.
Prior to mainstreaming, publicity efforts were limited to:
1. Mainstream media (e.g. newspapers)
2. Infographics (posters/brochures/video) in hospitals

To increase uptake and grow the programme, scaling efforts included:

Scaling **existing use cases** though MIC-First (increase high-volume use cases; ED direct admissions)

Exploring **new use cases** and **referral sources**

Consolidating **IT** and **Operational** Developments

Beyond clinical and workflow improvements,

Publicity and engagement of healthcare professionals and patients were also identified as critical enablers of uptake

MOHT MIC@Home Programme Office initiated this study to assess perception of MIC@Home in its early stages post-mainstreaming and identify barriers influencing programme adoption to guide future publicity strategies.

Methods

A 3-part data collection approach was used

1 **Public market survey** (disseminated via social media)
1. Awareness: Have you heard of MIC@Home?
2. Preference: If eligible, will you choose hospital or home admission?

Free-text responses were also collected for reasons for preferences.

2 **Staff Engagement**
MIC@Home clinicians and staff were interviewed and consulted for their views on programme adoption, limiting factors for scaling, and publicity opportunities.

3 **Operational Data Review**
Data from the MIC@Home sandbox implementation period were examined to identify clinical and operational reasons for patient rejection or non-enrolment.

Qualitative responses from all data collection modes were categorised to contextualise public/staff perceptions.

Results and Discussion

1. Public Market Survey

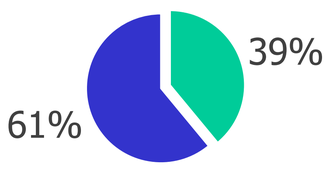
Awareness: 292 Responses
Preference: 276 Responses

Majority of the survey respondents were students and young working adults, with a sizeable proportion of healthcare professionals.

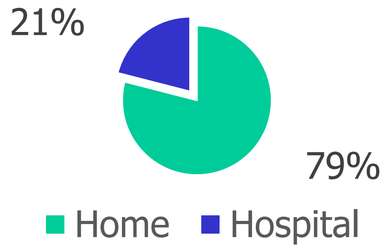




Have you heard of MIC@Home?



Do you prefer Hospital or Home Admission?



2. Staff Engagement

8 staff across 7 sites were interviewed. Interviewees included clinician leads and operations representatives.

3. Data Review

445 non-enrolled cases were analysed to elucidate reasons for patient rejection.

Key themes limiting adoption

Public

Safety Concerns
Access to investigations;
Assurance during emergencies

Financial/Operational Factors
Insurance coverage;
Hospitalisation Leave

Staff

Inadequate Awareness and Familiarity among Referring Physicians

Workflows and Processes
Lack of streamlined and well-defined referral process

Conclusion

1. Public awareness of MIC@Home remained low, despite high willingness for adoption.
2. Key themes limiting MIC@Home uptake included safety and financial concerns; familiarity; streamlined processes.

Insights from this study provided a foundation in crafting our external and internal publicity approaches to strengthen MIC@Home adoption.

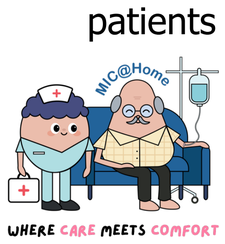
Post-Study Interventions

Drawing from the study results, a 2-pronged marketing and engagement strategy was implemented

Internal (Hospital-Facing)

Building Awareness

- Aimed to build **familiarity** through standardised collaterals (e.g. stickers, tote bags, staff badges)
- Targeted both hospital staff and patients







External (Public-Facing)

Targeted Audience through Social Media

- Utilised social media to target **key populations** (young adults and caregivers)
- Tailored content to address **patients' concerns** highlighted by study results (e.g. safety, financial considerations)



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