



## The Three "Integration Challenges"

The Permanent Secretary, Ministry of Health, Mr Chan Heng Kee was the Guest-of-Honour at the World Family Doctor Day Dinner on 20<sup>th</sup> May 2017. He brought up the integration of challenges which family doctors would face.



Mr Chan Heng Kee

### State and Role of Family Doctors in Singapore

Today, we have about 2,600 physicians providing primary care in Singapore. This number has been increasing by about 100 each year in recent years. 8 in 10 of these family doctors practise in GP clinics. The rest serve in polyclinics. Besides these primary care doctors, a small number of family physicians - about 110 - practise in community hospitals and family medicine units in acute hospitals.

We often speak about changes in primary care and family medicine. I believe however that at its core, the fundamental role of family doctors has not changed, even as its importance and complexity have grown. A family doctor has the unique opportunity to care for patients through long-term relationships that develop over time. This allows them to recognise both obvious and subtle signs in patients and make astute management decisions. It enables comprehensive, continuing and patient-centred care.

While their core role has not changed, what family doctors need to do to perform this role well is evolving. It is also becoming more challenging. This evening, I would like

to speak on what I believe are three "integration challenges" which family doctors face. They are the challenges of *integrating across physical and mental health; integrating across care settings, and integrating across professions.*

***"I believe however that at its core, the fundamental role of family doctors has not changed, even as its importance and complexity have grown."***

### Integrating Across Physical and Mental Health

First, integrating across physical and mental health. Good health encompasses both the body and the mind. For the increasing numbers of elderly citizens in particular, mental health issues like dementia and depression can have a significant impact on physical health and well-being. The link between mental and physical health goes both ways. Take depression for example. Depression has been found to increase the risk of diabetes and cardiovascular disease.<sup>1</sup> In turn, patients with chronic illnesses have been found to be two- to three-

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16 College Road #01-02, Singapore 169854  
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GST Registration Number: M90367025C  
E-mail: [information@cfps.org.sg](mailto:information@cfps.org.sg)  
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times more likely to suffer from depression.<sup>2</sup>

Holistic care thus requires integration across physical and mental health domains. We know that mental illnesses are often a hidden struggle. But it is one that family doctors can help to diagnose. Today, family doctors who wish to acquire more knowledge and skills in managing patients with mental health conditions can enrol in the Graduate Diploma in Mental Health jointly organised by IMH and NUS. To reach a wider group of doctors, MOH will strengthen other postgraduate training for all family physicians. We will work with the College on these initiatives, such as enhancing mental health modules in the Graduate Diploma in Family Medicine (GDFM).

I also understand the College is looking at developing new Family Practice Skills Courses in areas such as counselling and behavioural modification. I think this is an excellent idea, given the increasing evidence that applying behavioural science to patient care can bring about better outcomes.

## Integrating Across Care Settings

The second integration challenge for family doctors is that of integrating across care settings. We know that patients may require different types of care at different stages of their conditions. Some patients with multiple needs may even require care that cuts across different settings and providers all at the same time.

Our goal is to be able to better anchor care in primary and community care settings, while creating close linkages with other settings and levels of care. To achieve this goal, we will need primary care to be better integrated with other parts of the healthcare system. We will also need to enable and equip family doctors to help their patients navigate the larger system more seamlessly.

We are strengthening collaborations between primary and specialist care. We have developed direct access protocols for cardiology, orthopaedic surgery and gastroenterology. Under the orthopaedics protocol for example, polyclinic doctors can directly refer patients with common conditions for subsidised physiotherapy services without having to go through a specialist. We are exploring similar protocols in other areas, such as ophthalmology.

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Public hospitals are also partnering GPs to enable SOC patients to be cared for in primary care settings, while providing for fast track referrals back to specialist care if needed. Examples of such partnerships include SingHealth's Delivering On Target (DOT) and TTSH's Community Right-Siting Programme (CRiSP). We hope to see more such collaborations that reduce unnecessary consults and streamline patient care across settings.

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***“MOH will continue to work with the College and regional health systems to support family doctors and develop family medicine so that we can turn these challenges into opportunities.”***

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### **Integrating Across Professions**

The 3<sup>rd</sup> integration challenge is that of integrating across professions. The pace of change in patient needs and medical advancements will heighten the need for all-rounded expertise for patient care. However well-trained, family doctors will have to work with fellow primary care and specialist colleagues, and other healthcare and social care professionals.

We want to help our family doctors do this. For example, to support the work of family doctors in caring for patients with mental health conditions, MOH and AIC have set up community-based resources such as allied health professionals in Community Mental Health Teams (COMIT). GPs can refer patients to these teams for case management,

therapeutic intervention and home visits, which complement the medical consultation.

For more effective chronic disease management, we are also encouraging GPs to come together to form virtual networks called Primary Care Networks, or PCNs. MOH will support PCNs with other professional resources such as nursing, allied health and administrative support. By way of reminder, the current PCN application call will close on 31 May.

### **Conclusion**

Ladies and Gentlemen, I have spoken on three integration challenges that family doctors face. MOH will continue to work with the College and regional health systems to support family doctors and develop family medicine so that we can turn these challenges into opportunities. Opportunities for family doctors to help Singaporeans attain better health and better care.

Let me now close by thanking once again all family doctors for your contribution. I would also like to commend the College for its effort in developing family medicine in Singapore.

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- 1 World Health Organisation. World Health Day 2017 Campaign Essentials: Depression. Available at: <http://www.who.int/campaigns/world-health-day/2017/toolkit.pdf?ua=1>. Accessed 30th Mar 2017.
  - 2 Katon WJ. Epidemiology and treatment of depression in patients with chronic medical illness. *Dialogues Clin Neurosci*. 2011 Mar; 13(1): 7-23.
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## CFPS Celebrates World Family Doctors' Day

by Dr Chan Hian Hui Vincent and Dr Low Sher Guan Luke, FCFP(S), Council Members

*the* World Family Doctors' Day Dinner was held at the Grand Copthorne Waterfront Hotel on 20th May 2017. The guest of honour for the event was Mr Chan Heng Kee, Permanent Secretary at the Ministry of Health. Deputy Director of Medical Services Associate Professor Kenneth Mak was also present, as were many of our Family Medicine luminaries across our various Family Medicine settings. These include Associate Professor Goh Lee Gan, Dr Alfred Loh, Associate Professor Lim Lean Huat, Dr Wong Tien Hua (who also represents the SMA), Dr Adrian Ee (SHP), A/Prof Chong Phui-Nah (NHGP), Dr Liew Yii Jen (NUP), Dr Elaine Tan (MOH Primary Care Division), AIC's Dr Wong Kirk Chuan and Dr Khoo Sei Kiong (Academy of Medicine) among others.

The evening kicked off with a performance by the Baton Twirling Club Singapore, followed by a key note address from the Permanent Secretary. In his address, Mr Chan

highlighted the importance of Family Medicine as its complexity and importance grows. He also pointed out the challenges facing our fraternity, namely the "Three integration challenges, namely integrating across physical and mental health, integrating across care settings and integrating across professions. Do read Mr Chan's full speech in this very edition of *College Mirror*, as it can help us understand MOH's policy direction.

This was followed by College President, Associate Professor Lee Kheng Hock's report on the "Family Medicine for OUR Singapore" (FAMOUS) project. A/Prof Lee shared the key findings of this project which you can also read about in this issue of *College Mirror* under the "President's Forum". One of the interesting findings was how highly trained Family Physicians felt more self-fulfilled despite this not necessarily leading to more pay. Perhaps Maslow's self-actualisation via higher education and teaching can make one's clinic