

Healthier SG and Family Medicine

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Good evening,

Dr Janil Puthucheary, Senior Minister of State, Ministry of Communications and Information & Ministry of Health

Adjunct Associate Professor Tan Tze Lee, President, College of Family Physicians Singapore

Council Members, distinguished guests and colleagues, ladies and gentlemen

I am deeply honoured to be given the privilege of delivering the Sreenivasan Oration, in commemoration of the late Dr B.R. Sreenivasan's contributions to Family Medicine, Health, and Education in Singapore.

I am also delighted to be able to join you for the Family Medicine Convocation Ceremony and would like to congratulate all Family Medicine graduands on the successful completion of your courses.

The knowledge and skills that you have gained will be of immense benefit to your patients: they are also very welcomed by all of us involved in the health and well-being of Singaporeans, of whom one in four will be 65 years and older by 2030. I highlight this gloomy statistic here, not to cast a dampener on this joyous occasion, but to emphasize that Singapore is on the cusp of a new era of a rapidly ageing population. In this new era, disease patterns will shift, marked by the generally lower biological reserve of older people as they present with both acute and chronic health problems. As the first points of contact in the community for healthcare services, Family Physicians are ideally positioned as the country's health sentinels and are very likely to be the first to detect the onset of new diseases and disease patterns.

This is exactly the role three doctors at a Sims Drive family clinic found themselves in when they noticed a spike in the number of patients presenting with fever and rashes in August 2016. Their suspicions were further raised when the patients tested negative for dengue, chikungunya, measles and rubella. The trio sought the assistance of the Ministry of Health (MOH) on 22 August, which ultimately led to the discovery of Singapore's first locally transmitted case of Zika virus disease on 27 August.

And just three months earlier that same year, another GP suspected something was amiss when she saw 116 patients for gastric flu over a period of four days in May, in the Owen Road area. The doctor alerted the MOH. It turned out to be an outbreak of gastroenteritis caused by Rotavirus, which was subsequently linked to the Pek Kio Market and Food Centre. Coincidentally, both Dr Lim Chien Chuan and Dr Angela Cheong were my classmates in medical school.

As more Singaporeans enter their twilight years, the need for Family Medicine-trained general practitioners to take on the healthcare challenges associated with our ageing population increases. Where they once worked alone, today's GPs are seeing the benefits of working as a team, sharing information, pooling resources and collaborating with their specialist colleagues to provide patients with holistic and effective chronic disease management.

Last year, we celebrated the 50th Anniversary of the College of Family Physicians Singapore, an impressive landmark that goes hand in hand with the significant progress throughout the years for Primary Care in Singapore. Enhancements and expansion of existing programmes, such as "Screen for life", the Community Health Assist Scheme (CHAS), and the Chronic Disease Management Programme (CDMP) have promoted screening for cancer and cardiovascular conditions and chronic disease management in the community. Primary Care Networks were launched, which now include almost a third of all GP clinics.

And, of course, Family Physicians have contributed immensely to the public health response to COVID-19, both through the capacity of Public Health Preparedness Clinics and also through the provision of primary care to residents. Throughout the pandemic, our GPs were performing vital services on the front lines, attending to patients and performing critical roles in public health, in screening, testing and vaccination of patients.

Now a renewed impetus will be taken through Healthier SG. This approach to population health rests on the principle of personal responsibilities while simultaneously acknowledging the significant impact of social determinants on health and health care. The vision of Healthier SG is for a strong primary care system that takes care of people before they fall ill. It will be the most defining feature of the Singapore healthcare system. This will undoubtedly require expanding the scope and scale of Family Medicine practice, increasing the level of support for general practitioners, revamping financial incentives with the aim of enabling meaningful patient-doctor relationships based on trust.

Clinical Service Roadmaps for Primary Care are being developed by the Ministry of Health with the clusters and leaders from the College of Family Physicians Singapore, Singapore Medical Association, Primary Care Networks, and the National General Practitioner Advisory Panel.

Care protocols for the most common chronic conditions will be developed to support the implementation, starting with diabetes, hypertension, and lipid disorders and then expanding to other conditions of increasing complexity. The protocols will cover recommended health screenings, medications, lifestyle adjustments, and escalation to specialist and acute care, including revised pathways, so that referrals to specialists do not have to be channelled through Polyclinics. Protocols will support clinical decision making and will be key in ensuring accountability and that critical care elements are consistently carried out by all doctors.

Effective chronic disease management is essential for improving population health. But it needs to be put in the context of the broader scope of Family Medicine, namely the provision of comprehensive first contact care, the co-ordination of care across the

whole system, and a key role in ensuring continuity in the provision of health services. Presently, the UK is examining the abolition of a quality improvement initiative, the Quality and Outcomes Framework, which had been previously heralded as a breakthrough in increasing the accountability of Family Physicians. It has now been recognized that its strong emphasis on care for specific conditions may have come at the cost of the whole-patient orientation that is both at the core of Family Medicine and is also its unique strength. Benefitting from over a decade of experience with the system and its unintended consequences, UK GPs will now be rightly encouraged to prioritise relationship-based care for all patients.

Healthier SG will also support the implementation of a team-based approach with GPs coordinating the work of local teams (nurse, care coordinator, pharmacists, and allied professionals) as well as specialist involvement. The intrinsic tensions between access and comprehensiveness demands sophistication in the design of services that deliver on their promise.

At this point, I would like to issue three challenges to the Family Medicine community as they carry out their critical role of delivering on the promise of Healthier SG to the nation. Can we do better? Can we go beyond health? And can we take a life course approach?

Let me explain. Currently, all our preventive health guidelines are based on gender and chronological age. For example, if you are a woman aged 50 years and above, Screen for Life, the National Health Screening Programme will recommend that you be screened for breast, cervical, and colorectal cancer, along with chronic diseases. However, there is some controversy in the medical literature about the age when screening should be started, the frequency with which screening should be done, as well as the cost effectiveness of the various forms of screening. Can we do better than simply using gender and chronological age? Will it be possible to use other diagnostics such as biological age estimations to risk stratify individuals to add precision to health screening so that we lower the number being screened and focus on individuals at higher risk – a form of Precision Preventive Health? To do this, we will need Family Physicians to work with researchers at scale to run the necessary studies and evaluations in the community. A significant expansion in the numbers of Family Medicine Clinician Scientists and researchers, combining both work in the community with applied health research, will also be needed. Healthier SG will need Family Medicine to become a more research-focused discipline.

The second challenge is whether we can go beyond Health to Potential? One of the MOH's 3 "Beyonds" is "Beyond healthcare to health," and that is the focus of Healthier SG. The question I have is whether we can go beyond promoting health and preventing disease to optimising the human potential of Singaporeans. Examples of these include helping the healthy development of young children through early screening to identify neurodevelopmental or metabolic issues. If Family Physicians can take on the role of early childhood screening in addition to what is already done by Polyclinics, we may be able to pick up problems like learning difficulties, mental health disorders, and risk for child obesity at an age when interventions are likely to be more effective, and this will enhance the human potential of Singapore.

The third challenge is whether we can reframe the purpose of Healthier SG as one of Healthy Longevity by taking a life course approach. Ageing does not start at the age of 40 years. It starts when we are born (or even before that). And we all know that age is the single biggest risk factor for decline in function and for many diseases. As an example, smoking increases one's risk for ischaemic heart disease by 2-4 times but age increases it by many more times. And from recent experience, age is also the largest risk factor for mortality due to COVID-19.

If our population can be guided to adopt healthy lifestyle choices, not only when they are adults but from the time they are born – eat right, exercise and sleep right, take the appropriate vaccinations, do the right health checks, and so forth – the result will be a longer healthy life expectancy or health span. So, essentially, Healthier SG is all about Healthy Longevity. And this will be in the hands of Family Physicians as it involves dealing with people along the entire life course, before they start to have health issues, and educating them to care about their own health and potential along the way.

The Yong Loo Lin School of Medicine will be seeking to contribute to Healthier SG through research, graduate and postgraduate teaching and training and by providing key inputs into the development, implementation and evaluation of Healthier SG, including some of the points that I have just raised. It will ensure that NUS Medicine helps prepare and train tomorrow's health professionals to best implement the key tenets of Healthier SG.

Following the successful establishment of the NUHS Department of Family Medicine by Professor Doris Young in 2018, the Department, now headed by Professor Jose Valderas, has entered a significant expansion phase focused on building the School's strong undergraduate foundations and strengthening research and postgraduate education and research in Family Medicine.

Adding to strength and depth in research supporting the primary care management of infectious diseases, chronic conditions, cancer and mental health, the Department will now support a program of research on the organization and delivery of primary care with a particular interest in the unique role of families in health and health care. The Department of Family Medicine is now also exploring best ways to contribute to the mission of the College, such as through support for the research component of the Fellowship programme or the scientific agenda of the World Organization of Family Doctors (WONCA) regional meeting, which will be hosted by the College in 2024.

The white paper on Healthier SG anticipates that Family Medicine and preventive care will feature even more strongly in the curriculum of the medical schools. This will be done across all phases of the medical curriculum, ensuring opportunities for primary care exposure in all undergraduate years and will benefit from the expansion of Family Medicine to the final year of the medical undergraduate curriculum. Medical students will be able to distinctly recognize Family Medicine as a specialty in its own right, and one that is considered as fundamental to their successful completion of their training. The NUS Medicine curriculum, which is refined continuously, is being restructured around pillars that recognise the key role of social determinants in shaping health and health care related behaviours. The training of tomorrow's clinicians will thus be rooted

in a deep understanding of the social circumstances that both contribute to health and disease and shape how individuals and health systems respond to these challenges.

Additionally, in recognition of the need for developing a programme to support the acquisition, consolidation and update on key areas for population health, a range of educational opportunities will be developed, including, but not limited to, chronic disease management, social prescribing, and team-based approaches. A curated programme of continuing education and training will focus on the main needs of current professionals, to enhance their existing skills in population health, including care planning and supporting patients in taking control of their own health and to provide new competencies, such as in data and digital literacy for delivering Primary Care in the community at the highest level of quality and value, while leveraging on modern technology.

With a focus on health promotion and disease prevention, clinicians will be able to receive training for enabling patients to optimise their self-management and their abilities to respond to everyday health and health care challenges.

Another key element of the contribution of the Department of Family Medicine will be to continue to support capacity building through academic training of junior physicians through the Family Medicine Scholars Programme. Selected applicants will spend two years embedded in the Department with responsibilities for research and education, learning through formal opportunities and on the job, while maintaining active clinical practice. The expansion of the programme, which has so far successfully trained doctors from the polyclinics, will now include GPs.

While these initiatives that I have outlined are our contributions to help shape and evaluate the implementation of Healthier SG, the role of Family Medicine and the impact that Family doctors have on the nation's health and well-being are best seen in the influence that the individual GP or clinician is able to wield with their patients. When all is said and done, it is the Family doctors working in the neighbourhood who are best-positioned to persuade and motivate their patients towards health-seeking lifestyles, and ultimately help move the nation in the right direction health wise.

If we do this well, we can look forward to a Healthier Singapore, marked by everyone getting the best start to life, everyone optimising their own health and potential, and everyone having a longer health span. We have much to do, and much to look forward to.

Thank you.