(continued from Page 15: Interview with Dr Darren Chen)

needed complex care and end of life care, both internally and through increasing collaborations with the restructured hospitals. Such shared care models will be increasingly common-place due to necessity, and it is hoped that through such collaborations and partnerships, the overall quality of care throughout the entire sector will be elevated.

Thanks Darren for such an insightful sharing. I believe that through more of such sharing we can work towards improving care at our nursing homes. It seems to me that moving forward we need to build up effective multidisciplinary teams to care for residents in our nursing homes. It is good to learn from doctors who have experience practising in nursing homes as we build our best practices guidelines together.

CM

Dec 2022
VOL 48(4)

Healthier SG
A GP's Perspective

by Dr Lye Tong Fong, Family Physician, Editorial Team Member (Team B)

Healthier SG is the next big project by MOH to ensure a sustainable quality primary care for Singapore, in anticipation of the Silver Tsunami. It looks like a healthcare delivery model that seeks to provide our patients with a more customised primary care, with an emphasis on preventive intervention. It attempts to integrate our current primary care, in particular private primary care with national efforts from other agencies such as SportSG and PA, undergirding the new system with strong IT and financial system support. The objective is to ensure a seamless primary care for our patients, enabling a healthy lifestyle.

Current state as a General Practitioner (GP)

General Practitioners and Family Physicians are in the forefront of primary care delivery during both disease and preventive state. Vaccination and screening subsidised care are available through certain schemes such as Screen for Life (SFL) and Pneumococcal and Flu vaccination programmes.

Primary care constantly seeks to improve its management of chronic diseases such as diabetes, hypertension and hyperlipidemia. As we know, if not well managed, diabetes can lead to complications such as chronic renal failure, ischemic heart disease and eye disease, resulting in high medical and socio-economic costs.

Another main concern for primary care is the management of mental health including dementia. To tackle mental healthcare well in primary care we need clear and concise national guidelines.

In terms of financing in primary care, most GPs are familiar with CHAS and Medisave. In addition, we have the Primary Care Networks (PCN) running integrated services such as diabetic eye checks and even physiotherapy.

GPs are a strange breed of doctors. Most of us try to keep our consultation fees and even total cost low, operating on volume-based model for revenue generation. Some of our colleagues with a more specialised practice such as aesthetic care, joint pain management and sexually transmitted infections management may have a pool of patients who only want to see them, and they are able to charge a premium. However, most GPs in Singapore undercharge in comparison to GPs in other first world cities.

To have a better understanding of the state of private primary care in Singapore, we have to analyze our operating

(continued on Page 19)

(continued from Page 17: Healthier SG: A GP's Perspective)

> *Healthier SG is the next big project by MOH to ensure a sustainable quality primary care for Singapore, in anticipation of the Silver Tsunami.*

environment. The cost of running a private practice has gone up significantly, especially this year. Rental renewal recently jumped as much as 30 to 40 percent. Rentals have stepped into the $20,000 to $30,000 range in recent years, and it is the biggest headache for most GPs. It has also recently become more difficult to hire clinic service staff contributed by MOM hiring policies. Although we try to prioritise the hiring of Singaporeans, most are not keen to work in GP clinics these days. The workload has increased, contributed by administrative requirements, a never-ending data entry to meet the requirements of Third Party Administrators (TPA) and government agencies.

IT problems have escalated from a single computer to network issues and system shutdowns. As of now, there are few IT vendors providing private GP clinic platforms. These platforms have their pros and cons. But one thing is for sure, the subscription charges for use of these platforms have increased considerably. Perhaps, it is time for responsible agencies to set requirements and standardisation and help prevent excessive cost escalation for IT support. Furthermore, I feel that clinics should charge for administrative support and practice cost which has been escalating steeply.

At times I have wondered whether it is feasible for the government to build a dedicated facility like a health hub with X-ray and laboratory services support, renting units to private GPs at fair rates. Sounds like a private polyclinic.

Capitation Model and Drug Cost

In Singapore we are exploring whether a capitation model with a fixed charge per enrolled patient per year can enable a panel of primary care doctors to deliver primary care more holistically. The aim is for each patient to receive care from a regular doctor. It is hoped that the care provided can be better aligned with clinical guidelines, avoiding overservicing or under servicing.

In addition, we are exploring the possibility of bringing drugs in for private clinics at close to polyclinic price (especially the chronic drugs). This can help make private primary healthcare more affordable to more patients, reducing crowding of polyclinics and even hospitals for the purpose of obtaining subsidised drugs.

Drug margins have always been the brick and mortar of primary care providers. If this is removed, we have to raise our consultation fees in order to make ends meet. There should also be government subsidies and incentives to make the new system work. By lowering the total payout for patients and not topping up the difference in the GP's revenue, there is nothing there to incentivize GPs to enroll a patient in this new system.

Recently, a colleague asked me to submit my clinic's drug cost for a survey studying drug cost in the private GP clinic. I reminded him that it is not fair to compute net bonused price as the cost of drugs. Big medical groups will have better bonuses on drug purchases as compared to solo GPs. I am of the opinion that drug cost should be computed from drug pricing given to GPs prior to bonus consideration.

Conclusion

As a friend of mine commented, "It is wonderful that the Ministry of Health recognises the importance of primary care in population health and is injecting more resources to develop this. This will improve disease management at primary care and reduce expensive hospitalisation." GPs are looking forward with both concerns and hope in anticipation of the changes to come with the implementation of Healthier SG. We trust that the Ministry of Health can understand the pain points of this transition and support us as we try our best to adapt to the new challenges and support this cause worthy initiative.

> *At times I have wondered whether it is feasible for the government to build a dedicated facility like a health hub with X-ray and laboratory services support, renting units to private GPs at fair rates. Sounds like a private polyclinic.*

CM