(continued from Page 7: Town Hall Meeting with Minister)

my classmate in Australia, and he as a GP runs the rehab services, old folks' home, and even the dementia care as well.

One of the largest obesity programmes I know in the world in Canada is actually run by a GP, coordinating care with many specialists and allied health professionals.

In UK, the primary care has the GPwSI (GP with Special Interests) system. The GPs with special interests straddle between the GPs and the specialists, offering care to the public at the primary care system. Overall, these systems help their governments save lots of money. While many people were skeptical about the NHS, there are still many things we can learn from NHS.

Now, let me get more personal. About 20 years ago, when I first returned from China after building the hospital, our good friend Dr Ho Han Kwee, the then director of PCC, brought some of us into MOH to help him develop some primary care stuff.

Among us were Dr Tham Tat Yean, currently part-time in the MOH Office for Healthcare Transformation and leading Frontier, and Dr Lee Yik Voon, who was the immediate past president of Singapore Medical Association (SMA) and now the chairman of GP+ Co-operative.

Over the past 20 years, the emphasis has always been on transforming Family Medicine. Over this period, we have served in different capacities under the leadership of three Health Ministers, namely Minister Khaw Boon Wan, Minister Gan Kim Yong, and Minister Ong Ye Kung.

Without any bias and prejudice, I believe that, out of all these tenures, we are now having the most supportive MOH team to date. Today's turnout is a testimonial to how well this current team is working. This is definitely the largest turnout for any GP gathering; we even filled up all the hotel car parks in the vicinity. We have never worked with a better team. So let us not waste this excellent opportunity. I am confident that this will work out well for us.

The Primary Care Network commenced discussion in 2016 and subsequently launched in 2018. I do not see HSG as a duplication of PCN; rather, I prefer to see it as an evolution of PCN. So, there is absolutely no conflict there.

In fact, the financing model Shi-Hua presented earlier is actually modified from the funding model of PCN. There are new things and changes to make things in Healthier SG work better. We are quietly confident as we all have benefitted from PCN over the last 4 to 5 years. For those of us who are new to PCN, I would suggest you talk to us who have tried out the PCN system. Let us share our knowledge and experience with you and help you adjust.

My final slide is really a challenge for all of us. I do not surf but I like watching people surf. If you watch these surfers, they are very clever. They time their surf very well. They watch the tide and sense the opportunity. And at the right time, they would hop onto the board and ride the wave. Neither a second too early nor too late.

If they are too early, they won't be able to maximise the wave. If they are too late, they fall off the board and end up falling into the water. What am I trying to illustrate?

To my GP friends in the audience today, we must ride the wave at the right spot. Not too late, especially the older ones among us. If we are planning to retire, planning to bring value to our clinics, the time is now and not later. If you join even a few months later, you might fall off the board.

The last point I would like to share is that everyone is a leader. I come from a mission agency where all of us are leaders. Why do we believe in that? Because we believe that all of us can and must play a part in change. I wish for my GP colleagues here that no matter how little you think you could do, be a leader among yourself, among the areas around your clinic, and among your patients. Let them take your lead and adopt a healthier lifestyle.

In the next 10 to 20 years, I am confident of a very vibrant primary care. We will benefit from it as we become patients ourselves. Thank you so much!

This transcript has been edited for clarity.

CM

Healthier SG (HSG) *Financing*

by Ms Teh Shi-Hua
Director, Subsidy and Subvention, Healthcare Finance, MOH

Healthier SG enrolment benefits will encourage residents to enrol with a clinic, kickstart their relationship with their family doctor through the free first health plan consultation, complete their screenings and vaccinations, and stay with their GP even if they develop more complex chronic conditions.

New financing schemes, including the Healthier SG annual service fee and IT enablement grant, will also be introduced to support GPs in caring for their Healthier SG enrollees and adopt a Healthier SG-compatible Clinic Management System. The annual service fee will apply for all HSG enrollees and is on top of existing fee-for-service payments.

Overview of key Healthier SG financing changes

Resident Benefits

To encourage residents to:
1. Enrol with a clinic
2. Complete their screenings and vaccinations
3. Stay with their GP even if they develop more complex chronic conditions

GP Support

To support GPs to:
1. Sustain long-term relationship with enrollees
2. Take up HSG-compatible CMS

All enrollees	Chronic enrollees
Free 1st Health Plan Consultation	Healthier SG Chronic Tier
HPB Healthpoints upon completion of 1st health plan discussion	No cash co-pay for MediSave-CDMP
Free nationally-recommended screenings and vaccinations	

Annual Service Fee

IT Enablement Grant

Design of the Annual Service Fee

Available from Jan 2024

Quantums tentative; under review

	Well i.e. Non-Chronic Enrollee	Chronic Enrollee (non-DHL)	Chronic Enrollee (with D/H/L)
Fixed Component	$30	$70	
Eligibility criteria:	Patient remains enrolled + annual check-in^	Patient remains enrolled + annual check-in^ + 2 consults recorded within the year	
Variable Component *To be reviewed and updated after 2 years*	+ $10 for each screening or vaccination (up to ~$60 in a given year@)		
	Screen-for-Life recommended screenings and National Adult Immunisation Schedule vaccinations*		
		+$30 for completion of Basic DHL Bundle	
		+$30 for completion of Diabetes Bundle	
Max possible payment per enrollee/year	$90	$130	$180

* Submission of data and results as required. Applies for screening/vaccinations/tests done at other providers, as long as the relevant data is submitted.
^ Including data submission of height, weight and smoking status
@ Enrollees with D/H/L conditions will not be eligible for cardiovascular risk screening

There will be a fixed and variable component, where the variable component will be paid out for completed care components.

Additionally, GPs can expect to see increased revenues from the increased utilisation of recommended services by well and chronic patients and more revenue from new patients who are currently going to polyclinics.

Chronic patients will have a choice to switch to the HSG Chronic Tier. Where chronic patients choose to use this tier, GPs may see some reduction in drug revenue. However, this will be limited to patients with higher drug needs who exceed their CHAS Chronic subsidy limits today. This can be made up for from the annual service fee and other payment schemes for chronic enrolees. MOH will be developing a heuristic guide to help GPs and patients better decide whether to use whitelisted drugs procured through MOH special arrangements for management of Chronic Disease Management Programme (CDMP) conditions and associated complications.

The entire suite of Healthier SG benefits is meant to work in concert to support HSG clinics in building a stronger relationship with their patients and to be able to anchor both existing and new patients with them. If things progress well, we expect that HSG clinics will benefit from a bigger and more stable pool of well and chronic enrollees who see you regularly for their care needs. The key principle is that the overall package must be beneficial to patients, make business sense for GPs, and drive the desired HSG outcomes. MOH is gathering more data from PCNs and GPs to adjust the scheme parameters.

(continued on Page 10)

(continued from Page 9: Healthier SG – Financing)

List of Care Indicators for Variable Components

GP Service Fee; Available from Jan 2024

Preventive (for all eligible patients): $10 per eligible screening / vaccination

- Nationally recommended screenings (as indicated under Screen-for-Life)
- Nationally recommended vaccinations (as indicated under the National Adult Immunisation Schedule) – e.g. Influenza, Pneumococcal, Tdap, HPV, Hep B, MMR, Varicella vaccinations

Chronic Patients with any combination of DHL:

	Diabetes	Hypertension	Hyperlipidemia	Pre-Diabetes
$30 Basic DHL Bundle All care components relevant to patient must be completed to clock the bundle.	1. 1 serum cholesterol level (LDL-C) test 2. 2 blood pressure measurements (SBP/DBP) 3. 1 nephropathy (kidney) screening 4. 2 haemoglobin A1c (HbA1c) tests	1. 2 blood pressure measurements (SBP/DBP) 2. 1 nephropathy (kidney) screening	1. 1 serum cholesterol level (LDL-C) test	1. 1 serum cholesterol level (LDL-C) test 2. 1 blood pressure measurement (SBP/DBP) 3. 1 HbA1c test or 1 fasting glucose test or 1 oral glucose tolerance test
$30 Diabetes Bundle Both DFS and DRP must be completed (where relevant to patient) to clock the bundle.	1. 1 foot assessment (DFS) 2. 1 eye assessment (DRP)			

CM

Healthier SG (HSG)
Enrolment

Enrolment for Healthier SG will be rolled out in phases to help GPs manage their capacity.

Timeline	Enrolment Phase
From May 2023	Pre-enrolment Exercise: 1. GP signs LOA 2. GP pre-enrols his/her existing chronic patients using Primary Care Digital Services from May 2023. Patients will receive an SMS acknowledgment upon pre-enrolment. 3. Resident enrolment benefits begin from 5 July 2023.
From Jul 2023	National Enrolment Programme: Enrolment at all Healthier SG clinics including the polyclinics will be open to residents aged 60 years and above, and progressively to residents aged 40-59 years, starting with those with chronic illnesses.

For more information on Healthier SG, please visit www.healthiersg.gov.sg