PRIMARY CARE – A NEW PERSPECTIVE

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ABSTRACT

NTUC Income introduced our Managed Healthcare System (MHS) in 1994. We charge a fixed premium for the insured person to cover primary, secondary and hospital care. We provide the primary care based on a monthly capitation paid to the doctor for each patient enrolled with the doctor. The premium rates will be revised yearly based on the experience. NTUC Income now uses general practitioners under our MHS. We will continue to use them under our new system. Under this new system, NTUC Income will create a new structure of employed doctors. They will operate under our network of medical clinics. We will set up the clinics and employ the nurse and supporting staff. The doctor is required only to provide the professional services. The employed doctors will be paid a monthly salary plus an incentive that is based on a percentage of the premium paid by the patients that are enrolled with the doctor. This allows the doctor who is taking care of more patients to earn a higher income. The employed doctor does not have to worry about the running of the medical business, or marketing for patients. However, they are required to take care of the patients well so that they can get a good base of patients. It can be a more efficient system, and can also provide an effective way for primary care doctors to carry out their professional practice in the interest of the patients. Further discussion is needed with the relevant parties.

INTRODUCTION

NTUC Income introduced our Managed Healthcare System (MHS) in 1994. We charge a fixed premium for the insured person to cover primary, secondary and hospital care. We provide the primary care based on a monthly capitation paid to the doctor for each patient enrolled with the doctor. The capitation covers the doctor's consultation and standard medication.

Based on our experience, I wish to present my views on a new way to deliver primary care in Singapore. This is to be a voluntary system, to be offered to those who are interested to work under this system. It is not intended to be the sole system in Singapore. This is an idea only, and is intended to form the basis for further discussion.

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MANAGED PRIMARY CARE (MPC)

Under the new scheme, each insured person pays an annual premium based on age group, gender and health condition (classified broadly as healthy or chronically sick).

The premium covers primary care to be provided by a personal doctor, and covers the doctor's consultation and standard medication. A co-payment of $5 is required for each visit. Non-standard medication will be prescribed and purchased separately by the patient from the pharmacy.

The patient can choose a personal doctor from among an approved panel. If the patient is dissatisfied with the service of the doctor, the patient can ask for a change of doctor.

The premium rates will be revised yearly based on the experience.

REMUNERATION OF DOCTORS

General Practitioners

NTUC Income now uses general practitioners under our MHS. We will continue to use them under our new system. The doctor will be paid a monthly capitation for each patient that is enrolled with the doctor. This capitation will be based on the premium that is paid by the patient, less a percentage of fixed amounts to cover the overheads incurred by us to manage the scheme.

Employed Doctors

NTUC Income will create a new structure of employed doctors. They will operate under our network of medical clinics. We will set up the clinics and employ the nurse and supporting staff. The doctor is required only to provide the professional services.

The employed doctors will be paid a monthly salary plus an incentive that is based on a percentage of the premium paid by the patients that are enrolled with the doctor. This allows the doctor who is taking care of more patients to earn a higher income.

The employed doctor does not have to worry about the running of the medical business, or marketing for patients. However, they are required to take care of the patients well, so that they can get a good base of patients.

CONVERSION OF EXISTING CLINICS

Some existing clinics are operated by older doctors. These doctors may wish to sell their medical practice. We can take over their practices and covert them into our network. The doctors can continue to practice as an employed doctor under the new arrangement. If the doctor wishes to retire, we can employ younger doctors to continue the practice. We can work out a financial arrangement that is fair to the retiring doctor.

SPECIALIST CARE

The insured person will pay a separate premium to cover specialist and hospital care. The premium can vary according to the class of ward at the hospital and other rating factors. All referrals to specialists will be centrally managed. The primary care doctor will specify the medical condition and the type of specialist care that is needed. The choice of the specialist or hospital will be made based on the updated information from our database of the most appropriate care providers for the medical condition.

We will update the database monthly with the charges, quality of care and patient satisfaction score for all the specialist treatment that were paid by us. The database will be analysed monthly, to identify the most suitable providers for each medical condition. The pro-active use of this database will encourage the specialists to give satisfactory care and keep their charges at a reasonable level, so that they can continue to get future referrals.

PATIENT LOAD

For this system to be successful, we will need a sufficient base of patients to make it work well. We now have 20,000 patients under our MHS system. We have another 450,000 people who are insured under our Incomeshield plan, covering catastrophic medical expenses.

If we have a workable primary care system, we will be able to attract a large number of the Incomeshield patients to join the primary care system.

CONTRIBUTION BY THE GOVERNMENT

The Government currently provides subsidies to the population who use the service provided by the polyclinics managed by the public sector. We can approach the Government to provide a subsidy for the elderly population to be taken care under our managed primary care system.

CONCLUSION

I have given a new perspective to provide managed primary care to the population.

I hope that it can be a more efficient system, and can also provide an effective way for primary care doctors to carry out their professional practice in the interest of the patients. Doctors should not have to worry about running their businesses, thus letting commercial pressures affect their professionalism.

This is an idea only. I hope that it can form the basis for further discussion with the relevant parties.