# **New Initiatives** in Healthcare

The recent announcement by Health Minister on the new primary healthcare initiatives and our subsequent meeting with the new Director of Medical Services, Prof Tan Chorh Chuan, gave an insight into the involvement of the GPs in integrated patient care. For these plans to be effectively implemented, there is a need for exchange of ideas, dialogue on experiences and the common will to succeed.

The DMS has explained the Ministry's three pronged plans of developing doctors to provide health-care that will make a difference in reducing the burden of diseases that Singaporeans carry. It is in chronic diseases that we would be able to make the greatest difference. The role of the primary care doctors is clearly recognised to be pivotal in the new initiatives. Diseases like stroke, cancer and heart disease share common risk factors and therefore, common preventive strategies, namely behavioural modification of adverse lifestyle.

## KEY DISEASE MANAGEMENT PLAN

When we are able to convince our patients of the need to reduce risk factors, we would have prevented a substantial number of Singaporeans from developing the chronic diseases we know of. Of course, prevention cannot be 100% successful. There is a need therefore, for a disease management programme for these major chronic diseases. This is where an integrated system of care, stretching from the GP to the Polyclinic and to the Hospital and then back to the GP again is so important. The key disease management plan that the MOH has since developed through the clinical practice guidelines, new primary care initiatives and the shared care ideas that are being discussed by the two healthcare clusters, are important implementation strategies.

## PAYING PRIMARY CARE DOCTORS

It is encouraging to note that for the first time, somebody has seen it important to pay GP his due consultation fee. The scheme piloted only in selected 16 GP clinics in four areas are for treatment of "common simple illnesses". The patient co-pays a consultation fee of $4 with the Government subventing an additional $17 per encounter.

It is only with such paradigm shift in paying a reasonable consultation fee that will give the GP the image that he deserves. The Specialists are where they are because there is a defined consultation fee. All GPs should therefore also take note that they should charge a consultation fee that is equitable. We should certainly abandon the statement often heard,"...my consultation is free. The fee charged is for medicines."

The price of medicine charged in this scheme however, is fixed at $0.70 per drug per week. How this scheme would work out in practice for 'common simple illnesses' for elderly Singaporeans would have to be monitored.

## THE FIRST STEP IN THE PRIMARY CARE INITIATIVES

The Ministry has enunciated its first step in the new initiatives, namely to get GPs to provide acute care. The next step will be for the Ministry to work out similar partnership schemes for patients with chronic medical conditions. At the moment, this is being taken care of by the polyclinics. GPs should also participate in the care of chronic medical conditions. Further dialogue between the profession and the ministry would be necessary.

## TRAINING OF DOCTORS

It is heartening to note that the MOH is now reviewing the training of doctors who are going to be non-specialists. The College of Family Physicians has since July 2000, implemented the Diploma of Family Medicine. This is a modular programme which could be completed in two years. It is certainly possible because of its modular approach, for doctors to enter the programme at any time and complete the eight modules at a pace that they are comfortable with. It is also possible to work out a programme for doctors who wish to complete it over a slightly longer time, say up to three years. Medical Officers in the Ministry as well as doctors in the private sector should consider enrolling themselves in this programme at some point of time in the near future.

Beyond the vocation training phase, all doctors will be in the CME phase. The SMC has developed an infrastructure for a CME programme to be jointly produced by AM, SMA & CFPS. Each of the three medical bodies should strive to roll out teaching programmes that provide not only knowledge but more importantly, diagnostic and management skills. The SMA will kick off the programme with an intensive course in medical negligence in November 2000 and a CME programme on ethical issues based on case studies from January 2001. Look out for more details in the SMA NEWS.

## CLINICAL QUALITY ASSURANCE.

Clinical quality assurance is important. There is a need for the various medical bodies to work together to produce clinical quality assurance packages that doctors can use to measure the level of care at their delivery and also to assist them in their efforts towards continuing improvement.

## CONCLUSION

The Ministry's plan to improve the infrastructure of healthcare by paying attention to training of providers, integration of services and funding of primary care are positive developments. There is of course more dialogue and discussion needed between the Ministry and the profession to fine-tune what we can do as a nation to provide effective health care to Singaporeans. Let us not lose time. ■