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Meeting the Ongoing Challenge of Chronic Diseases

Editor's Note:

We reproduce here the speech by Dr Balaji Sadasivan, Minister of State for Health and Transport, at the Opening Ceremony of the Second National Disease Management Conference on Friday, 13 February 2004 at 9.15am at Meritus Mandarin Hotel, Singapore.

t is my great pleasure to be here today at the opening of Singapore's Second Disease Management Conference. It has been more than two years since the first conference was held in 2001. Then, the objective was to enable healthcare professionals, providers and policy makers to learn about the disease management framework i.e. a framework for a more holistic, coordinated and seamless approach of healthcare delivery for patients with chronic medical conditions in the Asian context.

The theme of this conference is "Translating Theory to Action." It is thus a good follow-up from the first conference and underscores the importance of translating health policies and system issues into the establishment and development of actual chronic disease management programmes. The presence of a significant number of participants from our neighbouring countries underscores the deserving attention that disease management is receiving from healthcare professionals the world over.

SPECTER OF CHRONIC DISEASES

Since the turn of the millenium, we have been struck by several outbreaks of infectious diseases. In 1999, we had to handle

SMA ANNUAL GENERAL MEETING

Date : Sunday, 18 April 2004 (instead of 4 April as announced in the January issue of the SMA News) Time : 2.00 – 5.00pm Venue : Alumni Auditorium

SMA ANNUAL DINNER

Date : Saturday, 8 May 2004 Time : 7.00pm Venue : Grand Copthorne Waterfront Hotel

For enquiries and sale of dinner tables, please contact the SMA Secretariat at Tel: 6223 1264 an outbreak of Nipah virus encephalitis, in 2000, we were entangled with the Hand, Foot and Mouth Disease and last year, the whole nation came as one to combat SARS. Currently, the outbreak of avian influenza in the region has gripped international attention.

While SARS, avian flu and other viruses may currently hold our attention, the government is quite aware that much of our mortality and morbidity does not come from viruses and bacteria, but from unhealthy lifestyles, obesity, hypertension, hyperlipidaemia and chronic diseases such as cancer, coronary heart disease, stroke and diabetes.

In Singapore, our highest mortality rates are caused by three chronic disease conditions: cancer, heart diseases and stroke. They account for more than 60% of all deaths among Singaporeans in 2003. Stroke is also a major cause of disability. Diabetes is the leading cause of end-stage renal disease, blindness and limb amputations in adults in Singapore. Diabetes is also a major risk factor for coronary heart disease and stroke. We have the dubious distinction of having one of the highest prevalence of diabetes in the world. One in 10 persons aged 18 to 69 years had diabetes in 1998.

In the 1998 National Health Survey conducted by my Ministry, it was found that more than half (53%) of known diabetics had poor blood glucose control, as defined by an HbA1c level of more than 8%. In addition, 70% of persons with known hypertension had a blood pressure of more than 140/90 mmHq. These figures are of grave concern.

NATIONAL DISEASE CONTROL PLANS

Over the last few years, the Ministry has developed National Disease Control Plans to provide a national framework for the control of the major non-communicable diseases in Singapore. These plans encompass primary prevention strategies which focus on controlling risk factors of disease, secondary prevention which focus on early detection through screening and tertiary prevention which focus on good disease management.

Our primary disease prevention programmes are in full swing and are being spearheaded by the Health Promotion



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Board. The Board has also launched screening programmes for breast cancer and for diabetes, hypertension and hyperlipidemia among persons older than 50 years. Later this year, it will launch a national screening programme for cervical cancer.

MOH, with the assistance of expert committees, produces Clinical Practice Guidelines that provide an up-todate source of information on effective clinical practice that is evidence-based.

DISEASE MANAGEMENT AS A STRATEGY AGAINST CHRONIC DISEASES

Recently, we have listed the battle against chronic diseases as one of our key priorities to ensure that years of healthy living are added to every Singaporean. Besides strengthening the adoption of healthy lifestyles, the Ministry has embraced disease management as a strategy to provide holistic care and management for Singaporeans who suffer from chronic diseases.

Disease management is a multidisciplinary, continuumbased approach to healthcare delivery that proactively engages patients with, or at risk for chronic medical conditions. It emphasises prevention of exacerbations and complications, utilising cost-effective evidence-based clinical practice guidelines. More importantly, it stresses patient empowerment strategies for effective self-management; and continuously evaluates clinical outcomes with the goal of improving overall health. Let me elaborate how disease management is aligned with our priorities to move forward in our healthcare system:

Disease management as a means of reducing costs

Firstly, healthcare cost is always a concern of everyone, the government, employers and the man in the street. Rising healthcare costs is a concern that cuts across all countries. In developed countries, spending on healthcare has reached about 14% of GDP in the US and 8-9% in many European countries. In Singapore, our healthcare spending is still relatively modest at about 3% of GDP. Advances in medical technologies, introduction of new drugs and medical procedures will continue to add upward pressure on costs in the years ahead. It is thus important that strategies like disease management be adopted to help lighten the predictable impact of these cost drivers and the burden of chronic diseases on overall healthcare costs.

Disease management as a means for improving health

While costs are a major concern, the second and foremost important reason why we are emphasising disease management in Singapore is its delivery of better clinical outcomes as amply shown in the Singapore National Asthma Programme.

Besides asthma, the healthcare clusters have also piloted programs for patients with diabetes, congestive heart failure, and chronic obstructive pulmonary disease (COPD). They have shown that effective disease management programmes can result in substantially better clinical and economic outcomes. For example, the Home Care COPD programme has resulted in decreased re-admissions and a better quality of life for those afflicted with chronic lung disease.

Disease management as seamless patient-centred care

One of the main advantages of disease management is the commitment to bringing about a more seamless and patient-centred care for patients with chronic diseases so that expertise, skills and processes are re-organised to the patients' benefit. The establishment of the two healthcare clusters has provided an opportunity for hospital specialists to integrate their care delivery with primary care physicians. In both the National Healthcare Group and SingHealth, systems have been developed to ensure that there are smooth processes and linkages between specialist clinics in hospitals and polyclinics. They have also created an IT infrastructure to facilitate the seamless transfer of patients' data across levels of care and established care management services to coordinate care.

Disease management as a means to foster personal responsibility and effective self-management

A key component for any successful disease management program is that each and every individual must take personal responsibility of his or her own health and well being. The Ministry can take the lead in prevention through the Health Promotion Board's efforts in health education and screening and healthcare professionals can provide knowledge and expertise. However, it is vital that the patient take "charge" of his/her own medical condition(s). The patients themselves are the experts of their own lives.

This is the concept of "patient empowerment and selfmanagement" which holds that the patient must accept responsibility to manage their own conditions well. To do this, they must be given sufficient information and must be encouraged to work on improving their medical conditions together with their doctors, care givers and their peers. Let me elaborate.

In the past, traditional patient education consists of imparting disease-specific information and technical skills to patients. So for instance, a patient with diabetes will be taught information about diet, exercise and medications and learn the technical skills of blood glucose monitoring. Healthcare professionals will decide what information and skills to teach. But in selfmanagement, patients themselves will teach other patients problem-solving skills, decision-making techniques and appropriate actions in the face of changes in disease conditions. These will complement traditional patient education. The emphasis is on personal responsibility and a culture of self-help.

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CONCLUSION

The challenges we face are to better prevent chronic diseases, detect such diseases early, prevent complications arising from disease conditions and ensure that every Singaporean has added years of healthy living. In order to attain our goals, we have decided to adopt disease management as the means to provide integrated, holistic and seamless care. While much of the components and tools are already in place in the clusters, much still remains to be done in terms of developing disease management as a cost-effective and efficient model of delivery of care for patients with multiple medical conditions. My Ministry will be working closely with healthcare providers to further develop disease management in Singapore.

I congratulate and commend the National Healthcare Group for taking the lead again in organising this second National Disease Management Conference. It is a timely initiative that fits into our commitment that we need to change the way we used to tackle chronic diseases. Disease management is one of our key strategies to achieve our vision of providing costeffective healthcare services for the people of Singapore.

On that note, it is my pleasure to declare the Second National Disease Management Conference open. ■