

PRESIDENT'S Welcome Address

Text by Dr Lee Yik Voon

I am delighted to bid you a very warm welcome to our Annual SMA Dinner. Let us take this wonderful opportunity to relax and catch up with friends and colleagues, network and make new friends.

The healthcare landscape is changing rapidly and we are faced with some long-term trends that come with an ageing population and rising incidences of chronic diseases. The current life expectancy averages 82 years and by 2030, the percentage of our population aged 65 and above is expected to double to 20%. Our task is to meet these challenges in a sustainable manner and to increase the overall healthcare capacity.

Our fraternity has long enjoyed a reputation for excellence. Moving forward, we need to address the need to embrace possible new care models and advancements in medicine, and health technologies that offer enhanced healthcare services. We also need to equip ourselves with resources to keep up with the Digital Economy.

We appreciate that many doctors are increasingly challenged in managing their resources in the new landscape. In our current work environment, doctors and their clinical staff are faced with mounting administrative work that takes a toll on both manpower and time. Let's take a look at last year, 2017.

The introduction and implementation of CorpPass for business owners, the equivalent of SingPass for individuals required in accessing e-services of various government organisations like MBS@Gov, requires us to allocate resources to adopt these new measures which offer advantages over the existing SingPass. Though we do recognise the importance of being adaptable, these require our clinic staff to learn to do things in a new way.

Then there is the Enhanced Screen for Life (SFL) programme – an improved version of the age-old SFL. As with any new measure, glitches do happen, especially when timelines are short,

Legend

Third row (from left): Dr Bertha Woon Yng Yng, A/Prof Nigel Tan Choon Kiat, Dr Ng Chew Lip, Dr Tan Yew Ghee, Adj Prof Tan Sze Wee, Dr Wong Chiang Yin, A/Prof Chin Jing Jih, Dr Chong Yeh Woei, Dr Tammy Chan Teng Mui, Dr Daniel Lee Hsien Chieh, Dr Anantham Devanand

Second row (from left): Dr Benny Loo Kai Guo, Dr Ng Chee Kwan, Dr Chan Sing Kit, Dr Low Lip Ping, Dr Tan Cheng Bock, Prof Foo Keong Tatt, Dr Tan Tze Lee, Prof Chee Yam Cheng, A/Prof Cheong Pak Yean, Dr Wong Tien Hua, Dr Lim Kheng Choon

First row (from left): Prof Low Cheng Hock, Prof Chew Chin Hin, Dr Lee Suan Yew, A/Prof Benjamin Ong, Dr Lam Pin Min, Dr Lee Yik Voon, Mr Gan Kim Yong, Dr Amy Khor, Mr Chan Heng Kee, Dr Chia Shi-Lu, Prof Tan Cheng Lim, Prof Aline Wong





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and glitches have happened on the path of adopting new schemes to help our patients. I recall a lapse in the Community Health Assist Scheme (CHAS) claims portal on the launch day of the Enhanced SFL implementation which had consequences on pending claims.

Mapping of clinic services with the Healthcare Services Act (HCSA) was another exercise that we undertook when MOH moved from premise-based clinic licencing to service-based clinic licencing.

There were changes in the National Adult Immunisation Schedule as more vaccines were included and patients were able to make use of Medisave and thus the need to submit notifications to MOH.

Of course, much attention was given towards the end of last year to the suspicion that doctors were splitting fees and violating the Singapore Medical Council's Ethical Code and Ethical Guidelines 2016 when doctors engaged third-party administrators (TPAs). That was because doctors needed to pay a percentage of the fees collected to TPAs for referring patients to the clinic.

One of the promising initiatives towards the year end was the Primary

Care Network (PCN), where GPs are grouped to form a network to share resources and provide better and more holistic team-based care to their patients with funding from MOH. Certainly, this was to achieve better outcomes for our patients' chronic illnesses.

In 2018, PCN was rolled out and various groups are currently still learning the ropes.

The MOH Healthcare Claims Portal (MHCP) has now been introduced en masse. This improved portal is able to handle both CHAS and Medisave claims while previously there were two separate portals with different owners.

For HCSA and the National Electronic Health Record, MOH has organised many engagement sessions with doctors from both the public and private sectors, including both specialists and GPs, and I understand that this is still ongoing.

Next month, we can expect further enhancements to Medisave and Flexi-Medisave where there will be an increase in the quantum per year but with more restricted use.

As a solo GP/family physician, I need to incorporate all this into my clinic workflow and it is no mean feat or an easy walk in the park. I work closely with the MOH, Agency for Integrated Care, Integrated Health Information Systems and other stakeholders and even then, I do encounter lots of challenges that need to be ironed out so that our fellow doctors will have a seamless implementation of the new healthcare measures in their workflow.

That brings me to the main subject of my address this evening – communication. Today, we are well connected through various channels, including chat groups on our personal smartphones that keep us abreast of the latest news and MOH guidelines, and how we can adapt our workflow to embrace the new changes. But is this so for those colleagues who stay rooted in the four walls of their second home – their medical clinic? They are often left out in their silos and the last to know of the latest developments in the healthcare landscape. Some stay away from the chats because they do not have the time and may not see the advantages of gaining information through these channels.

What I hope we can do, as a start, is to help such colleagues, friends or classmates by introducing and encouraging them to join our chat groups and our weekday lunch talks. They can choose to be passive listeners in the chat group and catch up with information at their leisure, but I do hope that they see the value in keeping in touch. We need to be more united and help one another face all the changes in our healthcare landscape, some of which are regulatory.

The SMA dinner is also about accolades and awards. We give due recognition to the best papers for our publication – the *Singapore Medical Journal*, our long-serving staff and volunteers and outstanding merit awards for exemplary professionals.

Our highest award is the SMA Honorary Membership. This year's recipient is Minister Mr Gan Kim Yong, for whom I will now proceed to deliver the citation. ♦