

PROFILE



TEXT BY

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Editorial Board
Member

Dr Leong Choon Kit is a GP in the private sector. He feels strongly about doctors contributing back to society. As a result, he tries to lend a voice to the silent majority in every issue he has come across, particularly those in healthcare, educational and other social concerns.

"I'm having some problems with a contract company. They refused to pay me for the services I had rendered to their clients."

"We are fair people, but there are colleagues who do not cooperate with us for their claims."

I am sure we have heard from both sides of managed healthcare (MHC) schemes for years now. The gripes from both sides would certainly provide much fodder for fireworks. Let us take a glimpse of the views of the public, the profession and the service provider on these schemes.

THE PUBLIC — PATIENT

"Doc, I would like to recommend your clinic to our contract service provider. Can you please join the scheme so that we can see you?" One patient requested.

"Our family prefer to see you. So, if you are part of the panel, even though my kids are not covered, I will continue to bring them to you." Another patient shared his thoughts.

"I need a medical certificate (MC) today, but I cannot get it from you since my company only recognises clinics in the panel. Can you consider joining one of them?" Because of such company policies, many workers have no choice but to visit company clinics, polyclinics or the accident and emergency departments to get "official" MCs.

This somewhat sums up the benefits experienced by the man on the street.

"Doc, I went to see my company doctor to get an MC this morning, but I don't feel comfortable with the consultation and the medicine prescribed. Now I am here to see you." This strange phenomenon happens almost daily. The public perceives that company doctors tend to short-change them with shorter consultations and lousier medicines.

The converse is also common. *"Doc, thank you for solving my longstanding medical problem. Your medicine works so well. A few days of it and I am all well."* These perceptions add to the public's feeling against clinics offering contract services. And we all know very well that it is always the last doctor who gets all the credit.

THE PUBLIC — COMPANY

A few of my patients who are human resource consultants share with me their views on MHC.

"When my company enrol into a contract with a managed care service company, it saves me a lot of work. Now I don't have to employ staff to process claims and medical leave or call up clinics to verify facts or settle disputes."

"With the software provided by the management companies, my department is able to see the number of MCs taken by an employee at a glance. I'm also able to better manage the cost set aside for medical and dental benefits."

It does seem like companies would have nothing to dislike about such a system. Well, not all companies have the same principle of operations.

"Doc, please help me see my employees. I don't need you to give me a discount and I can pay you immediately in cash. I just want the best for my workers," requested a patient who owns a company.

"But why?" I asked ignorantly.

TO CONTRACT OR NOT TO CONTRACT

"Oh, when my workers recover and feel well looked after, they are less likely to give me headaches. They are more willing to work hard, even for overtime and over the weekend," he replied with a smile.

In fact, a few of my patients who own companies have asked me to offer similar services to their employees. A few of these companies even encourage their employees to come for regular flu vaccinations.

THE PROFESSION

Some younger colleagues have these to say about MHC:

"I'm seriously thinking of offering contract services in my new clinic but I'm really worried when the clinic is not crowded."

"I think I feel more secure when I have these contracts. I'm more relieved with a large crowd and also happy not to earn from them."

In case some of you accuse me of being biased, below is a shortened list of gripes that some colleagues have sent me.

"I'm paid so little ... even less than the barber."

"I have yet to receive payment for my services. If I receive it within three months, I am thankful enough."

"I have to think of creative ways to make sure I remain ethical yet don't lose money."

"It's not right to suppress consultation fees; it cheapens the profession."

Years ago, one of my reservist mates told me this: *"You know, they pay us so little for the tablets; one day I decided to call up the company and order a few thousand tablets from them at their price. Do you know what they told me? They say my requested price is impossible to match. And I promptly reminded them that I am merely quoting from their formulary."*

THE PROVIDER

Four years ago, when I chaired the practice management committee under College of Family Physician (CFPS), I helped a group of private GPs mediate with a contract company. From that experience, I learned about some of the problems these providers faced with our colleagues.

"It is difficult. There are colleagues who inflate the prices of medicines. Some claim original but dispense generic to the patients. In fact, we caught one GP who kept claiming for a patient. On checking with the patient directly, we realised that he had been treating "phantom" patients. We choose not to expose them out of collegiate etiquette."

I set out to write about managed care with an open mind and to bring to light some of the misgivings and misunderstandings surrounding it. If this sharing generates more conversation, resulting in improvement and enhancement, it would be the perfect ending.

As my partners and I chose not to have any contracts when we started our clinics, I must confess that my experience is not personal but based entirely from hearing my colleagues out. I would love to hear from more of you about your experiences.

One of my clinic partners used to say, *"If either way our clinic will die, I would rather die shaking legs than die working hard with no pay."*

What lured you out of public practice into private practice in the first place? What joy do you derive from starting your own practice? In short, the choice is yours. Decide based on your needs and with your eyes open, and go where your heart and conscience lead you.

I hope this article has offered much food for thought. We shall hear from our GP colleagues about their experiences and what satisfy them in the next issue. ♦