

# MANAGED CARE SURVEY 2015

by Workgroup on Managed Care, Private Practice Committee

## INTRODUCTION

This is the third survey conducted on managed care in Singapore, following up on previous surveys by the SMA in 2003 and 2006. This survey was jointly conducted by the SMA and the College of Family Physicians Singapore (CFPS) to better understand the current business environment surrounding doctors in Singapore.

An updated survey is timely as the business practices, third party plans and structure of Managed Care Organisations (MCOs) could have changed since the 2006 SMA survey and discussion about managed care at the SMA National Medical Convention in August 2006. This survey reflects the opinions and perceptions of respondents towards MCOs, and their satisfaction levels and challenges with managed care schemes.

## METHOD

The survey was sent out in two email blasts between November and December 2015 simultaneously to members of the SMA and the CFPS. The survey was not anonymised so as to avoid duplication, since many in the survey population would have been members of both organisations. For the second email blast, the submission of personal details was made optional to encourage more responses. The list of survey questions can be found at <http://bit.ly/1MF7Vyl>.

## RESULTS

### RESPONSE AND BACKGROUND

A total of 218 responses were received. The response rate was similar to that of the survey conducted in 2003 (220 respondents) but lower than that of the 2006 survey (277 respondents).

Based on the type of practice, 45% of the respondents were in a one-person proprietorship, 18% were in a two-person proprietorship, while 37% were part of a group practice.

In terms of location, 60% of the respondents' clinics were located in Housing Development Board estates, 21% were in shopping centres or commercial buildings and the remaining 19% were spread out in other types of locations.

### PARTICIPATION AND EARNINGS IN MANAGED CARE

About 29% of the respondents were not on any MCO schemes and thus did not have earnings from them. Of the remaining respondents who did participate in the schemes, 54% of them had less than 50% of patients on MCO schemes; of these, 20% reported that less than 10% of their patients were on the schemes. The detailed breakdown is shown in Chart 1.

In terms of clinic earnings, 75% of the respondents derived less than 50% of their earnings from MCO schemes; of these, 30% reported deriving only 10% of their earnings from the schemes. Chart 2 shows the breakdown of clinic earnings from MCO schemes.

The respondents' participation rate in the individual MCOs is shown in Chart 3. The highest rates were for Alliance Medinet, Fullerton Healthcare, Integrated Health Plans (IHP), Make Health Connect (MHC) and Parkway Shenton, all of which had more than 40% participation. Do note that survey respondents were allowed to make multiple selections for this question; as such, the percentages do not add up to 100%.

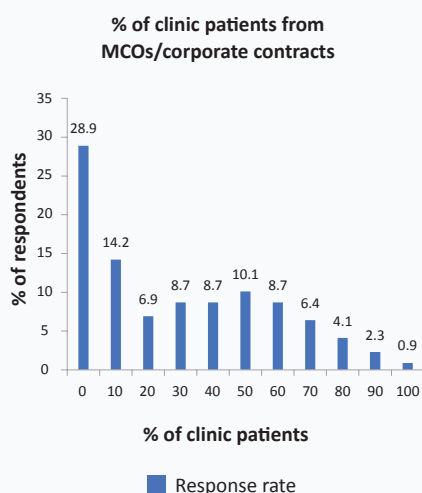


Chart 1

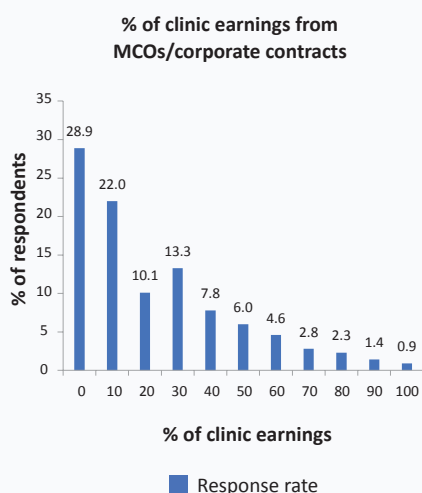


Chart 2

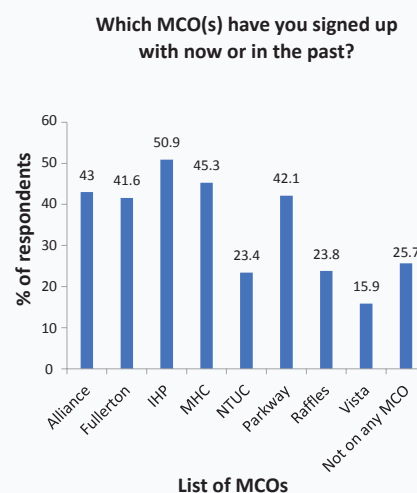


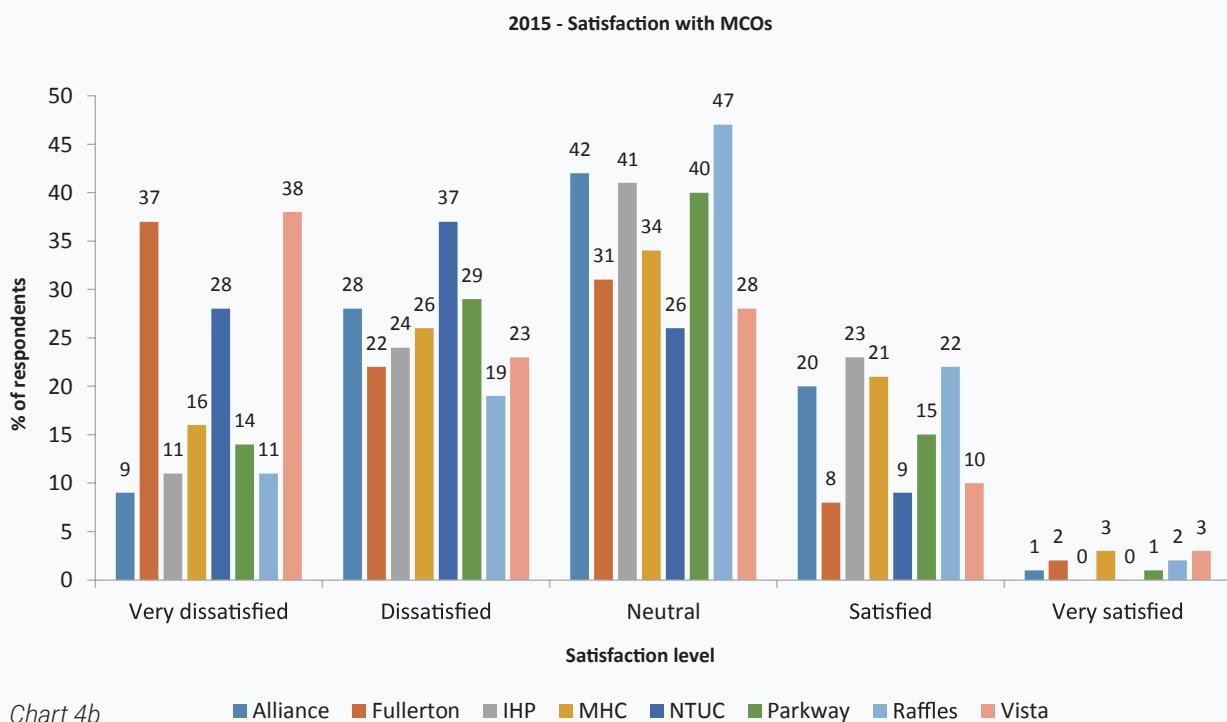
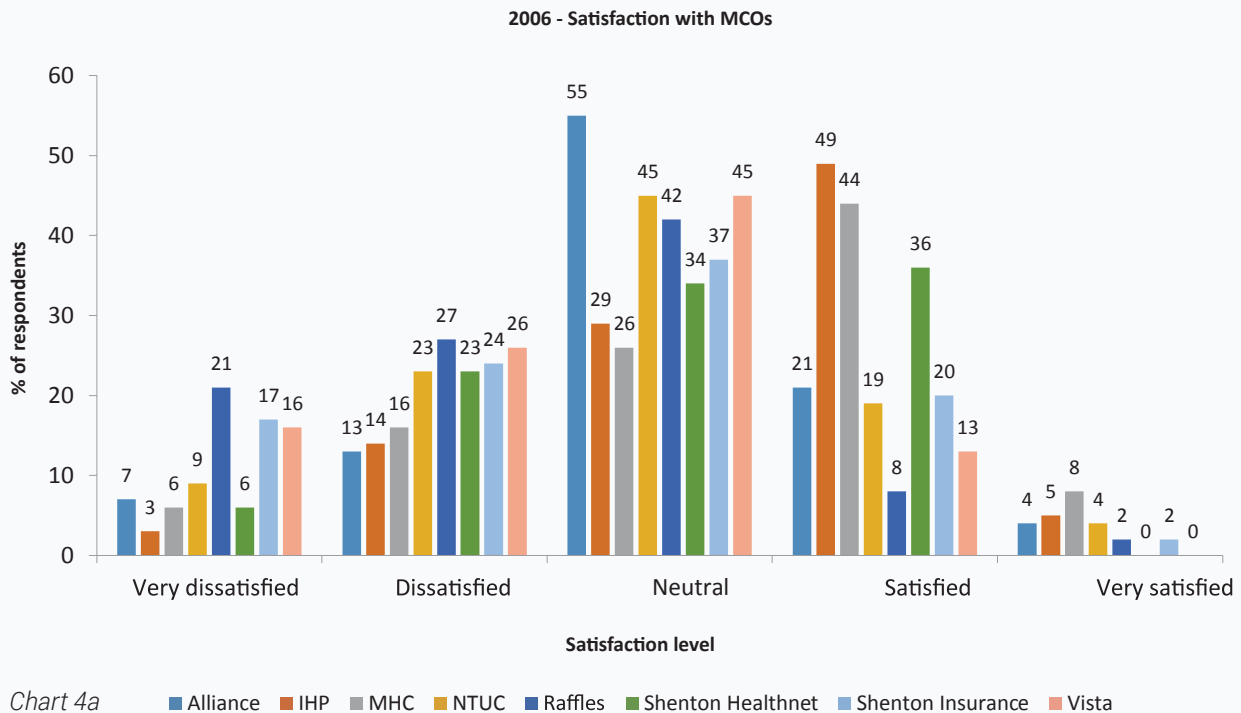
Chart 3

## SATISFACTION WITH MCOS

When asked for the overall level of satisfaction with MCOS, 14% of respondents were “very dissatisfied”, 42% were “dissatisfied” and 36% were “neutral”.

Charts 4a and 4b show the respondents’ level of satisfaction with individual MCOS. In the current survey,

the top three MCOS with the highest “very dissatisfied” percentages were: (1) Vista (38%); (2) Fullerton (37%); and (3) NTUC (28%). The top three MCOS with the highest combined “very dissatisfied” and “dissatisfied” percentages were: (1) NTUC (65%); (2) Vista (61%); and (3) Fullerton (59%).



## REIMBURSEMENTS AND FEES

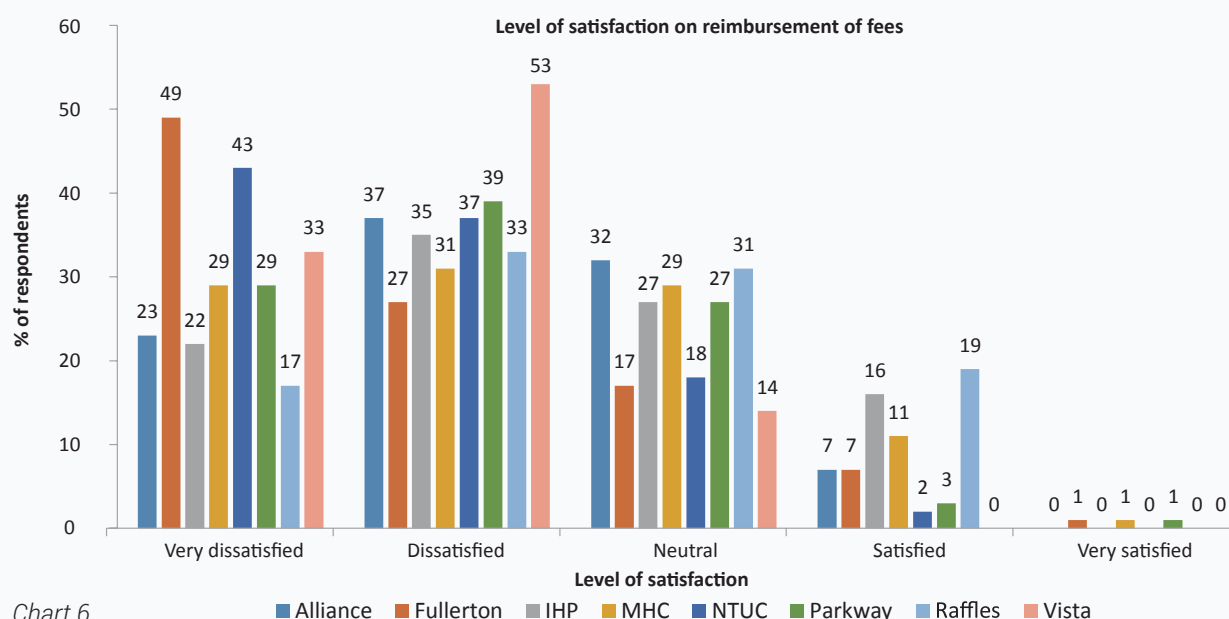
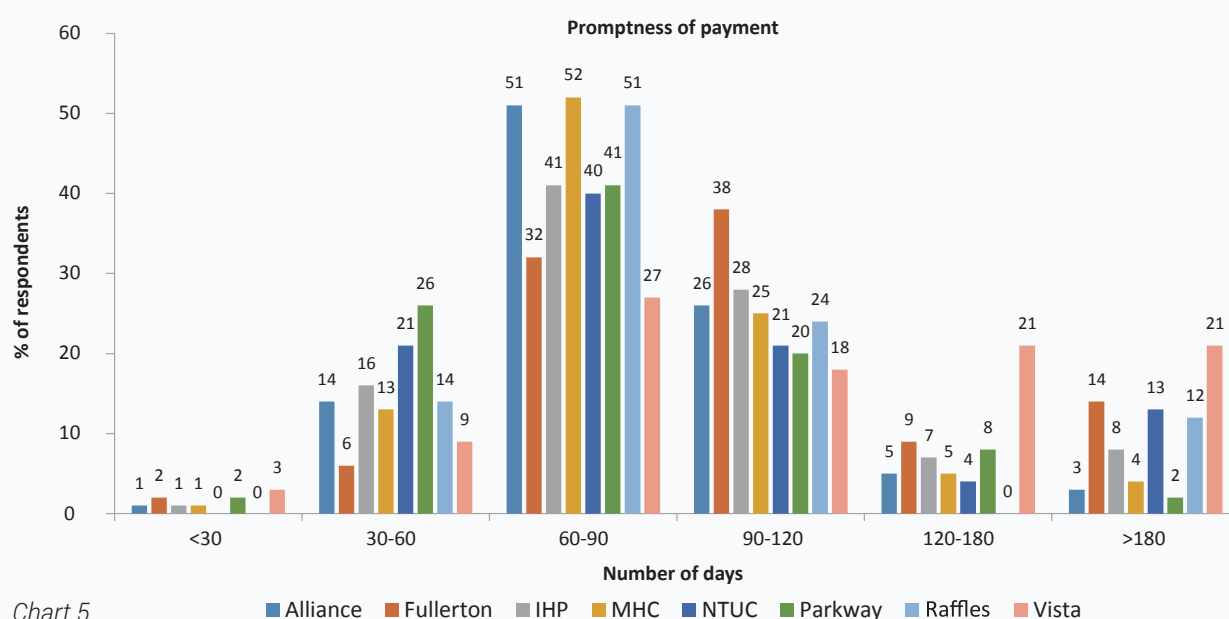
Based on the survey, the general consensus is that most MCOs make payment within 60 to 90 days. The comparison with the previous two surveys shows similar figures, illustrating that there has been no improvement in this area. Chart 5 provides the details for each MCO.

In the current survey, the top three MCOs with the highest percentages of payment after 180 days were: (1) Vista (21%); (2) Fullerton (14%); and (3) NTUC (13%). The top three MCOs with the highest combined percentages of payment within 120 to 180 days or after 180 days were: (1) Vista (42%); (2) Fullerton (23%); and (3) NTUC (17%).

With reference to the reimbursement of fees, as shown in Chart 6, the general perception is that there is high

dissatisfaction and low satisfaction among the respondents. In the current survey, the top three MCOs with the highest percentages of “very dissatisfied” responses in terms of reimbursement of fees: (1) Fullerton (49%); (2) NTUC (43%); and (3) Vista (33%).

An overwhelming 92% of respondents felt that the fees have not increased over the last ten years. In contrast, 76% commented that their non-MCO consultation fees have increased over the same period. 42% strongly disagreed and 24% disagreed that the payment received was commensurate with the standard of care provided to patients. This disparity only serves to increase physician dissatisfaction with MCOs.



## RESTRICTIONS OF CHOICE

Generally, autonomy in prescribing medication and specialist referrals has decreased from the last survey in 2006.

In the current survey, the top three MCOs with the highest percentages of "very restrictive" choice of medication were: (1) NTUC (28%); (2) Fullerton (23%); and Vista (14%). The top three MCOs with the highest combined percentages of "very restrictive" and "restrictive" choice of medication were: (1) NTUC (66%); (2) Fullerton (61%); and (3) Parkway (58%). Charts 7a and 7b provide the details for each MCO.

Autonomy in making referrals to specialists has also shown a general decline from 2006 to 2015. The top three MCOs with the highest percentages of having "very restrictive" referrals to specialists were: (1) NTUC (16%); (2) Vista (14%); and (3) Fullerton (13%). The top three MCOs with the highest combined percentages of having "very restrictive" and "restrictive" referrals to specialists were: (1) NTUC (55%); (2) Parkway (50%); and (3) Alliance (49%). Charts 8a and 8b provide the details for each MCO.

## GENERAL

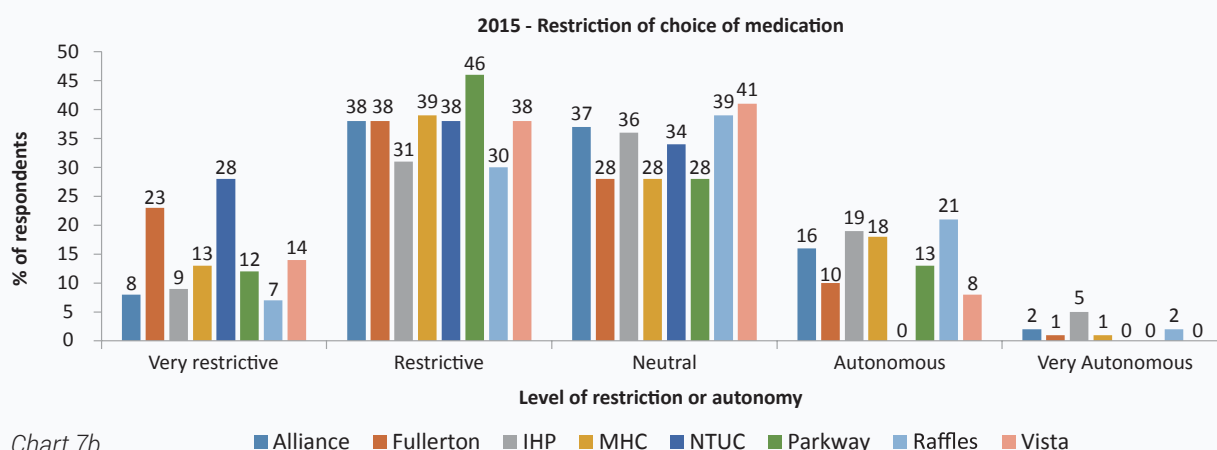
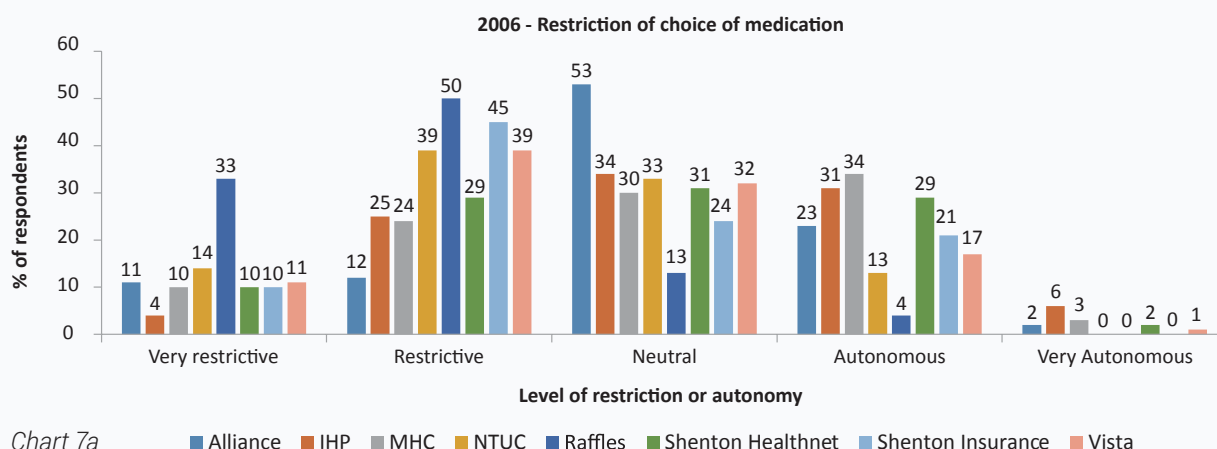
In all, 90% of respondents opined that MCOs should be liable for the settlement of their fees in the event that corporate clients fail to pay the MCOs.

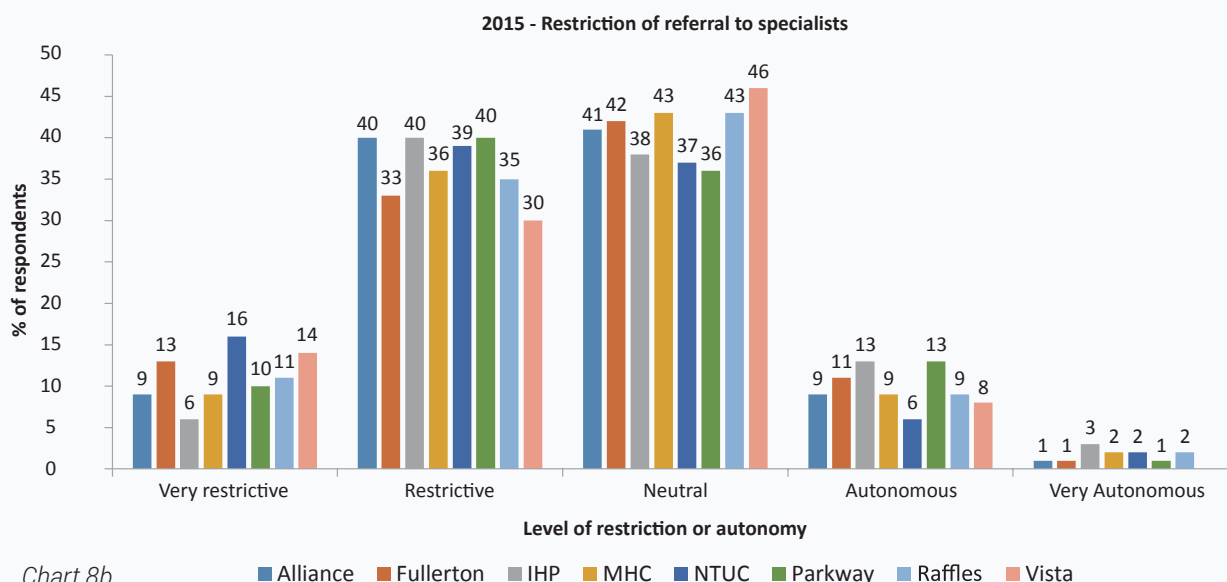
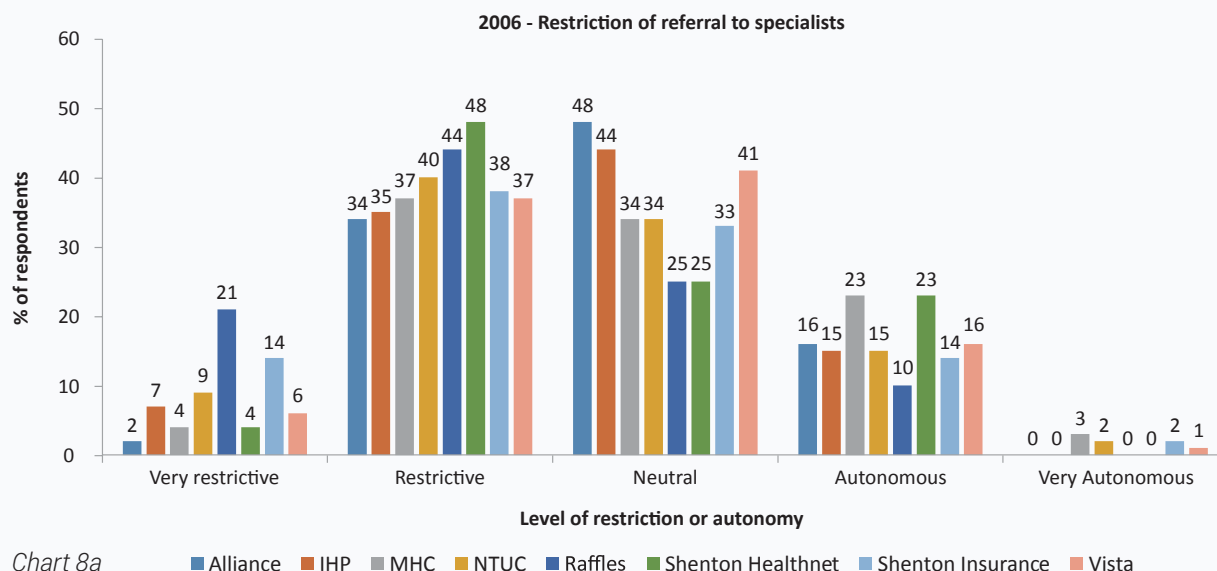
The majority of the respondents (60%) did not think that MCOs should continue to operate in Singapore. Only 22% of the respondents felt that MCOs should continue, while the remaining 18% reported that they did not know. The percentage of respondents who opined that MCOs should continue operating in Singapore was lower than that of previous surveys (29% in 2003 and 36% in 2006). The details are presented in Table 1.

Year of survey	Yes	No	Do not know
2003 (N = 220)	29%	65%	6%
2006 (N = 277)	36%	55%	9%
2015 (N = 218)	22%	60%	18%

Table 1

About 80% of respondents who have terminated their contracts with MCOs or are likely to quit in the next 12 months highlighted that it was due to finance-related issues such as low remunerations or disputes regarding payments. Among those who are continuing with MCOs, about 35% are doing so as they felt that MCOs bring in significant patient load and business.





## CONCLUSION

The interpretation of the results is limited by the survey's small sample size and low response rate, and generalisability is likewise restricted. Nevertheless, it represents the opinions and perceptions of physicians towards MCOs.

While the overall dissatisfaction rate is not high, it remains a matter of concern. The performance of MCOs shows a high degree of variability, with some MCOs recording high levels of dissatisfaction across different domains. While many issues have contributed to this sense of dissatisfaction with MCOs, those surrounding the payment of fees appear to be the main factor. The perceived restriction in choice of medication and specialist referrals may affect the quality of patient care. As the trend appears to have worsened over the last ten years, MCOs with low

satisfaction rates should work with physician providers to improve the situation. The triple aim of enhancing patient experience, improving population health and reducing cost can only be achieved when care providers feel that they are treated fairly and find meaning in their practice.<sup>1</sup>

The operations of the MCOs have a major impact on our primary care system. Making our health system future-proof requires new models for delivering primary care and a motivated healthcare workforce that is committed to improving quality and safety. The SMA and the CFPS welcome initiatives to improve the present state of managed care in Singapore. ♦

## References

1. Bodenheimer T, Sinsky C. From triple to quadruple aim: care of the patient requires care of the provider. *Ann Fam Med* 2014; 12(6):573-6.