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SMA NEWS

"The Challenge of Keeping Healthcare Cost Affordable"

"The challenge for us is to prevent disease, detect disease early to prevent complications, manage those with chronic diseases well and maintain their quality of life."

Speech by Mr Lim Hng Kiang, Minister for Health and Second Minister for Finance, at the First National Disease Management Conference on 25 May 2001, Sheraton Towers Hotel

Disease management covers disease prevention and control through health promotion and screening, the use of evidence-based clinical practice guidelines, and a patient-centred and self-management approach, within a seamless continuum of care from preventive to rehabilitative care. Effective disease management is therefore, an important tool in our goal to keep our population healthy and healthcare cost under control. Let me elaborate on three major factors that have spurred the development of disease management in Singapore.

1. RISING HEALTHCARE COST IS OF INCREASING CONCERN

The World Health Organisation (WHO) has reported that healthcare expenditures have risen from 3% of world Gross Domestic Product (GDP) in 1948 to about 8% today. In the developed countries, spending on healthcare has reached about 14% of GDP in the US and 6% in the UK.

In Singapore, our healthcare spending is still relatively modest, at only 3% of GDP currently. While this seems low compared to most other countries, the overall health status of Singaporeans is good and the standard of our medical care is high. In last year's WHO World Health Report, Singapore's health-care system was ranked 6th among 191 countries. This is an indication that the healthcare delivery system for Singaporeans is cost-effective, and has minimal wastage.

Throughout the world, medical advances have resulted in prolongation of life and better control and cure of many diseases. Over the years, the life expectancy of Singaporeans has progressively increased. Last year, our life expectancy at birth was 80 years for women and 76 years for men, which puts us on par with developed countries like US and UK. However, longevity, coupled with low fertility rates is giving rise to a rapidly aging population. Last year, 7% of the total population was 65 years or older. This proportion is estimated to nearly double to 13% by year 2020. In other words, in year 2020, one in eight Singaporeans will be aged 65 years or older. As the likelihood of illnesses and chronic diseases tend to increase with age, the level of healthcare consumption and expenditure will increase as the population ages and longevity increases.

The fields of life sciences, drug development, bio-medical engineering and related disciplines are advancing at a spectacular pace. While these will revolutionise the treatment of diseases, it is also likely that they will also drive healthcare costs up significantly.

It is thus important that strategies like disease management be adopted at this early stage to help ameliorate the predictable impact of these factors and of chronic diseases on overall healthcare costs.

2. DISEASE MANAGEMENT AS A MEANS FOR IMPROVING HEALTH

The advantage of using the disease management approach is that equal emphasis is given to each stage of a disease condition - both before its onset and after. The large proportion of our currently healthy population will benefit from strategies to prevent the onset of chronic diseases.

In Singapore, three chronic disease conditions - cancer, heart diseases and stroke - already account for more than 60% of all deaths. Medical advances have improved our understanding of these diseases and their treatment options for more effective control of the conditions and the prevention of debilitating, irreversible complications. For example, we know that poor compliance to hypertensive drugs can lead to stroke, and uncontrolled diabetes can result in blindness, kidney failure and limb amputations. Unhealthy habits such as smoking, excessive drinking, obesity and lack of physical activity all contribute much to the development of these chronic conditions.

We recognised the importance of lifestyle and behaviour in affecting health. The result was the National Healthy Lifestyle Programme, which was launched in 1992 as a multi-sectoral, community-

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Disease Management in Focus

The First National Disease Management Conference held recently in Singapore provided an opportunity to examine this strategy of healthcare. It has been remarked that the ideas of disease management are not new. What are new are the concerted efforts that are being committed to implement the ideas.

Disease management is a strategy to reduce the predictable impact of risk factors and chronic diseases on health status through an integration in the delivery of care for a particular disease or group of diseases. In this way, there will be savings on avoidable healthcare costs, better health because ill-health is avoided, and less fragmentation of patient care as the result of the integration of care.

There are broadly two approaches to disease management. Firstly, Thomas Bodenheimer who has written several papers on this subject describes the carve-out model, and secondly, the Primary care-based disease management model (Bodenheimer, 1999).

In the carve-out model, the care provided by a collection of specialised facilities is centred around a disease entity rather than people. This is "Balkanization of disease ...with people shifted from programme to programme with providers taking responsibility only for their particular slice" (Nash, 1997).

The primary care-based disease management model aims at bolstering the primary care potential to improve outcomes for people with chronic diseases. The programmes will be centred around primary care services. This will be in line with the Health Ministry's policy of shifting the centre of gravity of care more towards the primary healthcare providers. This seems to be a better model.

The two cluster system provides opportunities for the hospitals, polyclinics and the GPs to work together on disease management programmes. Already, guidelines for care of the main chronic diseases have been worked out by the polyclinics and will eventually be used by the GPs as well.

In making the disease management work, there is a need to concentrate on two fronts: educational programmes for the GPs, the specialists and stepped-down care facilities on integration of disease management for optimal results; people management programmes to coordinate and encourage networking of providers of various levels together. These will form the foundation for successful roll-out of disease management programmes.

At the end of the day, patients, who are our primary concern, should benefit from better continuity of care, and be provided with a more efficient and cost-effective approach to meet the needs of their health problems.

Food for thought: "Not all diseases can be treated. But all patients can be, and must be, given care - GOOD medical care." ■

References:

1. *Bodenheimer T. Disease Management - Promises and Pitfalls. The New England Journal of Medicine 1999; 340(15):1202-1205.*
2. *Nash. Disease management seeks to duck threat of "Balkanization". Medicine and Health Perspectives July 1997:1-4 (quoted by Bodenheimer).*

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based effort to provide Singaporeans with the information, skills and a supportive environment to lead a healthy lifestyle. Much has been accomplished, but more needs to be done.

We will continue to emphasise that each and every individual must take personal responsibility of his or her own health and well-being. My Ministry set up the Health Promotion Board (HPB) in April this year to lead in this effort. However, HPB cannot do this alone. Aggressive and well-conceived ongoing efforts are required in the areas of health education, health screening, wellness programmes and behaviour modification. I would say that all doctors, nurses, healthcare professionals and providers play a critical role in this respect. They need to think beyond healing into the realm of preventive, community and public health, and the promotion of good health. Healthcare professionals are in the best position to influence an individual's behaviour and his locus of control to prevent the onset of such lifestyle diseases and their risk factors.

3. A PATIENT-CENTERED FOCUS TO AVOID FRAGMENTATION OF CARE

The third driver for disease management is the trend towards greater specialisation and subspecialisation among healthcare professionals. This subspecialisation itself is being driven by the explosive advances in knowledge and medical technology. However, one unintended consequence of such subspecialisation can be the fragmentation of patient care.

Let me elaborate. A person with diabetes, high blood pressure and heart disease may have several appointments with his general practitioner, endocrinologist or cardiologist depending on his condition. Not only will his total medical bill size be increased - he will have to pay each time he visits each specialist - he will also be burdened with the logistics of travelling to different clinics. Blood tests and other investigations may be repeated unnecessarily. There is also the increased potential for confusion about medications and other treatment.

Disease management attempts to bring about a more patient-centered focus for chronic diseases such that expertise and skills are re-organised to the patients' benefit.

I am pleased to note that the two clusters are actively addressing this issue. For example, under the NHG Cancer Programme, NHG institutions are working with general practitioners to provide integrated and well-coordinated services and care covering the whole continuum, from prevention and treatment to rehabilitation and palliative services. ■