

Surviving Managed Care

By A/Prof Goh Lee Gan

THE LANDMARKS

The Practice Management Seminar on the Sunday of 9 September 2001 provided the opportunity to review what is managed care and how to survive it.

Where do we go from here? Perhaps as a starting point, let us define the landmarks to guide our way. There are three important ones. First, Managed Care is older than what we thought: it is not only HMOs and capitation, there are also company contracts with discounted fee-for-service schemes. The common denominator is that the payment to the doctor must be adequate enough for sustainable care of reasonable quality that does not put the doctor at risk. The second landmark is to recognise that the foe is in us. Unless we are united and feel secure enough to reject any participation in schemes that are clearly exploitative of the doctor's work and put him and the patient at risk from having to cut corners, we are our own foes. The third landmark is to recognise the fact that the medical profession may be the only one that has quickly got to be united: the lawyers, the accountants and even their employees are united; the doctors are apathetic. We need to be united to make sure that we do not undercut and be divided and ruled. This is different from being compassionate. Certainly, we should consider charging less or even treat free-of-charge those who are in financial hardship.

Having defined our landmarks, we should take action straightaway. Both the providers and the medical profession need to do something.

THE PROVIDERS

The rank and file healthcare providers need to give themselves a re-think; there is no need to cut each other's throat. There is enough for everyone if we charge what is fair, usual and customary and also be prepared to reduce our fees for those who are in hardship. Someone says it is a "rice and sugar" issue. It need not be. If everyone does not participate in unfairly reimbursed schemes, the answer is quite obvious.

The primary care doctors need to level up. We need to spend time, energy and effort to upgrade ourselves to be capable of higher value work. This will make us economically more viable and also give ourselves a sense of worth. I alluded to this in the Sreenivasan Oration on the occasion of the College's 30th Anniversary Celebrations.

THE MEDICAL PROFESSION

The medical profession needs to take care of the young and hungry doctors to make sure that they have a good initiation into the harsh world of business. The older doctors should set the right example: do not charge fees that require cutting corners or run a high volume low charge business to make ends meet. The future is going to be more exacting and the risk of being charged for poor quality care is

becoming more and more real. We may have been lucky in the past. We will not be so in the future.

At the seminar, it was suggested to the SMA Council to take initiative and leadership. It was suggested that the SMA Council considers setting up a working group to look into the issues surrounding surviving Managed Care and make policy statements for the profession to follow. Some ideas were already offered at the meeting:

- a. work with medical indemnity organisations on charging higher premiums for doctors who have contracts with unreasonably low payments (e.g. the \$3 consultation contracts);
- b. work with the Ministry of Health, the Pharmaceutical Society and the Singapore Association of Pharmaceutical Industries on retail prices which could be posted on the websites of the SMA, the Ministry of Health and other consumer websites so that overcharging on drugs can be eliminated;
- c. work with MAAU on monitoring practices charging unreasonably low fees as part of the quality assurance initiative.

Let us do something today. To survive Managed Care is to be united in our resolve and action. Low cost and inadequate quality cannot be allowed to put ourselves and our patients that we care for at risk. Do I have your vote on this? ■