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## Achieving a Cost-Effective Health Care System

### Editor's Note

The following is the Minister for Health - Addendum to the President's Address, released on 27 March 2002. We are reproducing this in the SMA News as it contains important updates on health policies which would be relevant and useful for readers. A copy can also be viewed at the MOH website <http://gov.sg/moh>, under "Newsroom".

The Ministry of Health strives to achieve a more cost-effective health care system to keep Singaporeans in good health. We aim to provide good quality preventive, promotive and curative health care, which is affordable and accessible to all Singaporeans.

### MAKING HEALTH CARE AFFORDABLE

The Ministry will continue to strengthen the 3M framework (Medisave, MediShield and Medifund) so that Singaporeans are better able to pay their share of health care costs. We will study how best to extend Medisave to cover ambulatory and outpatient treatments, and review the adequacy of Medisave in meeting the health care needs of Singaporeans.

We will expand the role of medical insurance in financing health care costs. ElderShield, an affordable basic severe disability insurance scheme, will be implemented in the 3<sup>rd</sup> quarter of 2002. New MediShield features such as lifetime coverage and pre-funding will be introduced by 2003 so that Singaporeans are better protected against catastrophic illnesses. We will also facilitate family coverage for MediShield so that non-working spouses are adequately protected.

The introduction of Diagnosis Related Groups (DRGs) to the public health care system in 1999 has allowed the Ministry to target more subsidies for medical conditions which require more resources to treat. We will re-set the Medisave withdrawal limits and MediShield claimable limits for inpatient and day surgery cases to be based on DRGs in 2003, to reflect the resources needed to treat the different medical conditions.

Despite more effective resource allocation with the introduction of DRGs, demand for health care services will still outpace the additional resources allocated. To ensure that health care subsidies are targeted at the low-income groups who deserve the most financial help, we will introduce selective means testing.

### BRINGING HEALTH CARE FACILITIES CLOSER TO SINGAPOREANS

We will develop two new regional general hospitals to provide broad-based general medical care to Singaporeans. Jurong General Hospital, which will replace the current Alexandra Hospital, will be completed by 2006, while Northern

General Hospital will be completed by 2008. Community hospitals will be built next to these two hospitals to provide convenient access to step-down care services for elderly Singaporeans.

By 2006, we will also complete the new Rehabilitation Centre (RC) and Communicable Disease Centre (CDC) at the Tan Tock Seng Hospital campus. The RC will function as a tertiary centre providing multidisciplinary intensive rehabilitation services in specialised areas. The new CDC will serve as the national centre for diagnosis, treatment and control of infectious diseases.

At the primary care level, the Ministry will develop new polyclinics in Jurong West and Sengkang, and re-develop the existing Queenstown polyclinic. These three new polyclinics will be ready by 2004.

### INTEGRATED HEALTH CARE FOR THE ELDERLY

To address the needs of our rapidly ageing population, the Ministry has established the framework for integrated health services for the elderly. We will extend this to include dementia care



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### SINGAPORE MEDICAL COUNCIL ANNOUNCEMENT

The Singapore Medical Council (SMC) will be holding an election to fill 5 vacancies in the Council. The voting will **start on Friday, 10 May 2002 at 8 am (0800 hrs) and end on Saturday, 18 May 2002 at 12 midnight (2400 hrs).**

Voting will be conducted via an Automated Telephone System. Voting is **COMPULSORY** for all fully registered medical practitioners under Section 6 of the Medical Registration Act 1997. Those who failed to vote without a valid reason would be **fined \$500.**

Fully registered medical practitioners who have not received the election notice letter by **10 May 2002** are kindly requested to **contact SMC at 6372-3069/6372-3070** during office hours.

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and strengthen the home medical and home nursing services so that our elderly can be cared for by the family and community. We will also raise the quality assurance standards in step-down care facilities, and enforce the requirements through the licensing and clinical audit process. In addition, we will continue to reserve and tender land parcels to the private sector to increase the proportion of private nursing home beds to 40% by 2010.

### **SEAMLESS HEALTH CARE DELIVERY**

The Ministry has completed the restructuring of all public healthcare institutions and re-organised them into two vertically integrated health care delivery networks, namely the Singapore Health Services and National Healthcare Group. The two clusters will undertake further integration of their services to provide better seamless health care service to Singaporeans. Both clusters will also collaborate and co-operate to minimise wasteful duplication. At the same time, we will explore opportunities for greater public-private sector collaboration, in order to harness all available resources to raise standards of health care to Singaporeans.

### **HEALTH PROMOTION AND DISEASE CONTROL**

To keep Singaporeans in good health, the Ministry will continue to strengthen disease control programmes against major chronic diseases like cancer, heart disease and stroke, and major infectious diseases like tuberculosis and HIV. The Health Promotion Board will spearhead efforts to encourage a healthy and fit population. It will implement national screening programmes for breast and cervical cancers, and extend basic oral health services to all secondary schools.

### **PURSUIT OF CLINICAL QUALITY**

The Ministry is enhancing the clinical quality assurance framework to improve the standard and quality of health care. By end-2003, we would have implemented hospital-wide and speciality-specific clinical indicators to monitor and improve clinical service provision. At the same time, we will revise and issue regulations under the Private Hospitals and Medical Clinics Act, to stipulate the scope and depth of quality assurance and infection control activities required of hospitals. In addition, a system to detect and mitigate potential sources of medical errors would be put in place.

The Health Sciences Authority (HSA) will review and update the Medicines

Act, Poisons Act, Sale of Drugs Act and Medicine (Advertisements and Sales) Act. One area of concern is to provide for the appropriate regulation of other health products such as medical devices and health supplements to safeguard public health and safety.

### **ENHANCING PROFESSIONAL COMPETENCE**

The Ministry will work with the Singapore Medical Council to introduce compulsory Continuing Medical Education for doctors in 2003. Compulsory Continuing Medical Education will ensure that our doctors maintain professional standards and stay abreast of the rapid advances in medical science and technology. We will also study the need to introduce regular re-certification of doctors, taking into consideration the trends in developed countries. Similarly, we will work with the respective Professional Boards to introduce Continuing Education Programmes for nurses, dentists and pharmacists.

The Ministry will enhance the career development opportunities for nurses and other health care professionals to attract Singaporeans into key paramedical professions. Opportunities for local students to pursue paramedical degree courses at overseas universities will be enhanced. ■