VOLUME 38 NO.3 **MARCH 2006**
MICA (P) 180/02/2006

SMA NEWS

SMA News Interviews **Ms Yong Ying-I,** Permanent Secretary for Health

Ms Yong Ying -I

Ms Yong Ying-I was appointed Permanent Secretary of the Ministry of Health on 1 July 2005. A career civil servant, Ms Yong joined the Administrative Service in 1985 after graduating from Cambridge University with a degree in Economics. Her further education includes a Masters in Business Administration from Harvard University (1990). She has served in various senior positions in the civil service, including Principal Private Secretary to then-Deputy Prime Minister Lee Hsien Loong (1997-1999) and Chief Executive Officer of the Info-Communications Development Authority (1999-2002). She comes to the Ministry of Health after a three-year stewardship of the Ministry of Manpower where she served as its Permanent Secretary. Ms Yong, who enjoys reading a good book and just 'chilling out' with friends, recently gave an interview to the SMA News and shared her views on healthcare and the system complexities and her admiration for the 'enormously dedicated and passionate' doctors, nurses and allied health workers. She also talks about the leadership and team skills needed in public healthcare.

SMA NEWS: What were your initial observations of the healthcare sector after coming on board as Permanent Secretary for Health?

MS YONG: The first thing that struck me was that it is an extremely complex eco-system. For me, being a newcomer and outsider to this huge community, one of the challenges is to know the people across the ecosystem because at the end of the day, we need to draw in and work together with an enormous number of people on how to move Singapore's healthcare forward. The challenge for a newcomer is to go through the learning curve quickly, both in terms of building relationships and gaining trust, and also learning the subject.

My other initial impression was that doctors, nurses and allied health professionals – indeed, the whole team – are enormously dedicated and passionate about treating individual patients and wanting to care for them. But they find the rest of the system – what they call 'administration' or 'bureaucracy' – a distraction and nuisance. And

Page 2 ►

Published by the Singapore Medical Association, Level 2, Alumni Medical Centre, 2 College Road, Singapore 169850.
Tel: 6223-1264
Fax: 6224-7827
Email: news@sma.org.sg
URL: http://www.sma.org.sg

◀ Page 1 – SMA News Interviews Ms Yong Ying-I

because the size and complexity of our healthcare operations creates challenges and frustrations: I get the sense that at the doctor-to-patient level, things work very well, but we could do better in terms of pulling together effectively. And improving administration is not necessarily what doctors wish to work on because that is not what they became doctors for.

The analogy is that of a 2,000-legged spider. Think of each of us as one of the legs. Imagine the challenge for the spider to move in one direction. It is a challenge to make the system work even though all the individuals are enormously passionate about their work.

SMA NEWS: I suppose unlike the manpower and trade industries, healthcare in addition to being an economic growth engine, carried inherently a great sense of emotion and social responsibility.

MS YONG: Well, first and foremost, it is not just about earning money. It is a vocation to the people who join healthcare; it is not just a job. Earning money is important, as a hygiene factor. If you want to live well as a result of working very hard – and people in healthcare work enormously hard (lots of doctors work into the nights and weekends and are on-call) – you want some material reward for it. But I do not think that is why most doctors joined the healthcare profession. There are many other jobs which pay equally well, and doctors are brilliant enough to have that choice of jobs. At the core of it is a social purpose.

For the doctors in the public sector, the tight budgets create frustration and tension precisely because it is a social calling, and our doctors cannot do everything they would like for a patient as neither the state nor the patient can afford that. It is true the world over, and Singapore's healthcare financing is possibly one of the best worldwide. But that does not make it easy to accept.

SMA NEWS: What then do you see as the role of the people sector, charities and various non-profits, bearing in mind that they range from the very large such as Ren Ci and the NKF, to the very small?

MS YONG: The role of charity is evolving, but I suppose the people-sector is best suited to serving the needy who are not adequately catered for in the national system, or people who have peripheral and unusual needs. This is where we socialise the cost of healthcare through charitable donations, through the rich who are willing to donate money to pay for good causes. The NKF saga has forced us to rethink the role that charities should play. Charity should be peripheral, an adjunct to the national healthcare system. Mainstream chronic diseases, like kidney failure which affect a lot of people nationally, should be primarily funded through MediShield and MediSave. This has been put in place in last year's MediShield revamp.

SMA NEWS: Healthcare as a sector has changed from being a supporter of economic growth through promoting and maintaining health to being an economic driver in its own right through the life sciences initiative and SingaporeMedicine. But the original purpose has not changed and healthcare is still about serving a societal need in the most cost-effective and affordable manner. Do you see any tension in this duality of roles?

MS YONG: I take the view – and it is a personal view – that it is not a choice between serving local patients as a social service, and serving foreign or paying patients as an economic objective. I actually believe that we have no choice but to do both. So I do not see them as separate options, and certainly not mutually exclusive. Let me explain why.

If we take a few steps back and look at the global environment, medicine is becoming global, patients are becoming global, doctors and nurses are becoming global, information is becoming global – technology allows medical treatment to cross borders. Our patients will increasingly consider if they should go to Johor Bahru, Kuala Lumpur or Bangkok for treatment; we know that our best doctors are being offered good jobs by foreign parties or international medical organisations. Likewise, foreign patients will consider whether they should seek treatment in Singapore or Thailand or elsewhere.

Medicine is changing, and so are its possibilities. This is happening, whether we like it or not. Even if we in Singapore choose to do nothing, we will be impacted. Increasingly, patients are producing piles of material printed from the internet about their condition, and to discuss options with their doctors. It is quite likely that one day soon, your patient will ask you why Bumrungrad Hospital is cheaper and ask you if it is better for a particular procedure. Even if we do nothing, that question

Page 3 ▶

◀ Page 2 – SMA News Interviews Ms Yong Ying-I

will come, and the Singapore doctor still has to face it. We can say we are better, but that is not really a satisfactory answer. You have to at least react to the challenge.

So on the question of SingaporeMedicine versus medicine as a social service to Singaporeans, how do we respond? I believe that just pursuing a cost-efficiency strategy, which really means cutting cost, as a single-minded objective will not lead us to nirvana. It is important but not enough to simply be efficient and not wasteful. We must also actively decide where we want to go, which means investing in the future. This includes investing in developing our healthcare manpower so that they are ready for tomorrow's challenges; investing in new infrastructure and technology, by systematically setting aside a capital budget to do so; investing in new knowledge which means clinical research and treatment protocols. A larger, profitable international patient load is critical to give us some funds to do these. Otherwise, if we just focus single-mindedly and narrow-mindedly on containing costs, on a very tight budget, we are very likely to under-invest. In the short-term, the consequences are not visible. But over time, we run the serious risk of degrading our capabilities.

An important reason for promoting SingaporeMedicine is to improve care for Singaporeans. You are already hearing stories that surgical teams, say in China, are getting better than us in some areas because of the volume of patients they treat. So if we want to sustain our skills and keep on improving – because we want that capability to be available to our own people, since the quality of surgery and care will determine quality of outcome – we need patient volume. Singapore's resident population will not necessarily give us that patient volume to continue to hone our skills and improve. Having an international or regional patient pool will help us sustain larger teams handling more cases in each specialisation. Our standards will be higher because of this, and it will benefit Singaporeans.

SMA NEWS: What are your thoughts on clinical research and its value to Singapore?

MS YONG: I believe that at our present stage of development, clinical research is not something that is 'nice to have'. In the rest of our economy, we have already acknowledged that our competitive advantage is knowledge, not low costs. This is also true for social services.

"An important reason for promoting SingaporeMedicine is to improve care for Singaporeans. ... Having an international or regional patient pool will help us sustain larger teams handling more cases in each specialisation."

It is an essential mindset that says: What are we doing for patients today? Is this treatment working? Does it make a real difference? A drug may be more expensive, but overall it may reduce the cost of treatment if it results in less hospitalisation, or enables a patient to lead a healthier life as opposed to being bed-ridden. But you need a knowledge-gathering mindset to do this, and institutionally, it means we ought to be investing in clinical research. However, as a small country with finite resources, we should focus our clinical research spending on areas with direct pay-off: reducing the burden of diseases which will translate into reducing healthcare cost for Singaporeans or making healthcare more affordable for Singaporeans with limited savings.

Clinical research and this knowledge-gathering mindset add value to the healthcare system collectively. I do recognise that this may involve a cultural change. Previously, our knowledge-gathering may have been more individualistic: doctors attend seminars and read journals to stay up to date with medical advances. A clinical research emphasis will make the advancement of group knowledge a higher priority.

To me, it is all interconnected: the logic for pursuing SingaporeMedicine is not to pursue a separate economic objective of making money for the sake of making money; rather, it is to keep our edge. In this globalised environment, if we do not keep advancing, we will fall behind because it is all relative. It is a judgement call as to whether we are advancing rapidly enough. The traditional emphasis on cost-effectiveness was due to fear that medicine costs would spiral out of control. This is a real and an ongoing challenge that

Page 4 ▶

◀ Page 3 – SMA News Interviews Ms Yong Ying-I

the professional community needs to address. I believe this ought to be tackled through the collective wisdom of the professional community such as in deciding treatment protocols. For example, do you try each and every new drug that comes along just because it is very expensive. We do not have the money to pay for everything and anything, and it is about managing that line everyday; that is probably the core challenge. Should we leave it to individual hospitals and individual doctors to do what they think is best, or should the professional community come together regularly to talk about what is best or what ought to be the recommended approach? We certainly cannot assign this to an administrator to say whether you cannot use this or that, because that is not providing high quality care. Knowledge changes every six months, and it would be impossible for the administrator to play that role, especially with individual doctors lobbying for the latest in medical equipment and treatments. It really requires active professional debate and taking group accountabilities and responsibilities. I should point out however, that not treating international patients is not the solution to this problem.

A reason that I have heard for not pursuing SingaporeMedicine is that we might divert all our best doctors to treating foreigners and reduce the care for Singaporeans, in which case it becomes a direct competition for scarce talent. I am an economist by training – it follows obviously that if we want to treat more patients, we need more doctors. Assuming we are highly efficient today (which we are), we cannot treat many more patients on our existing staff strength. So we either have to recruit more locals or we have to bring in more foreign doctors – it is simple arithmetic. If we have many more international patients, we will also need many more international doctors. This is important so that the total number of clinicians treating Singaporeans, particularly at the senior level, is not reduced. In other words, Singaporean patients should not be short-changed in any way by SingaporeMedicine; they are supposed to benefit skill-wise and knowledge-wise from a larger patient base. I believe that this is an issue that has to be managed carefully, but it can be managed.

Now, we may not be optimised in terms of numbers of specialists in each specialty. We have shortages in some specialties. On the other hand, we do have GPs who have relatively small patient volumes, which is partly due to the way we structure our primary patient care. We certainly ought to look at these things.

SMA NEWS: Technology, and its role in medicine, is gaining increasing prominence. What are your thoughts on how we should leverage on technology in healthcare?

MS YONG: We should think about technology not just in relation to high-end medicine but also how it can improve workflow or relieve doctors and nurses of mundane, administrative tasks. I was talking to a senior physician from Cornell in the United States. They try to use technology to help doctors to be as productive as they can be, and they relieve them of low-value work (like administration which takes them away from their patients). He said that surgeons leaving the operating theatre dictate their operation notes into a lapel microphone which are then typed out in India. The draft notes are on the internal casenotes IT system within 40 minutes. The stenos are medically trained so the transcripts are of high standard and accurate. The surgeon is able to run through and signs off on them, with little extra effort.

So we should think through whether everything has to be physically done here. Are there low-value things like typing which can be done by other parties so we can free up doctors to see patients? One complaint I have heard is that doctors now feel that they have less time to see patients and that they are spending all their time typing in data; we have heard patients complain that their doctors do not look at them because they are too busy typing notes. Can voice activation technology, or someone else who can type better and faster (and who costs less than a doctor), do some of this work?

SMA NEWS: You have mentioned 'collective wisdom' a few times. We have moved from a single centrally run public healthcare system to two clusters and it is very natural that each cluster will want to have its own organic capabilities. So how do you foster that kind of collaboration and shared learning so that we can have collective wisdom which ultimately benefits everybody?

MS YONG: Structure is not the same as process. Clustering is a structure. Previously, we were a unified structure owned and run by the government directly on a day-to-day basis. Did that achieve more collective wisdom than a total free market decentralised? I do not have

Page 5 ▶

◀ Page 4 – SMA News Interviews Ms Yong Ying-I

an answer. It is just a management decision to organise our operations in various tiers of decision-making. At the end of the day, it is how well that structure works and what purpose it achieves. Clustering allowed us economics of scale on many things, and it maintains competition which is largely good. All over the world, monopolicies have not produced the best results. Perhaps what we are not so good at is having greater clarity about what should be done at each level, that is, at the day-to-day operations manager, at the hospital level, at the cluster level, or at the ministry level. That is about optimising the use of a structure.

As an example, talent development would be better done somewhere between the cluster and Ministry, because the individual departments of the hospitals do not have the scale to really invest in talent development. Also, talent development requires us to deploy people across entities and send people overseas on scholarships to the best places for training. These are harder to do if totally decentralised. Conversely, handling the performance appraisals and promotion of doctors, nurses and therapists would be highly inefficient if we did it at the monolithic structure where I vetted every decision – the whole system would shut down! When we need the public sector to move quickly and responsively, it is best that operational decisions be decided on or close to the ground. It is a corporate governance judgement call to decide what to sensibly put at the cluster level or at MOH HQ.

Collective wisdom is a totally different thing from structure or corporate governance. It is the process of how people choose to come together and whether the IQ of the whole is greater or less than the sum of the IQ of the parts. Organisational strength is not about individual brilliance; it is whether the collection of brilliant individuals are more productive or less when they come together. My question to the medical community is whether we are functioning as a *collection* of brilliant individuals or as a brilliant *collective*?

Building collective wisdom can be nurtured and learnt. Many multinational organisations worldwide and a huge segment of Singapore's public sector have invested in this because our challenge is how to bring out the best in a team. Let me give a simple illustration. A long time ago, I served in the Ministry of Home Affairs. I went with the Singapore Police Force to study how the

"Organisational strength is not about individual brilliance; it is whether the collection of brilliant individuals are more productive or less when they come together."

US Army learnt. The US Army had invested in After Action Reviews, which we call post-mortems. Military exercises were taped and videoed, and the After Action Review was professionally facilitated. It was a no-ranks and no-holds barred session, where actions were reviewed. While everyone had the best of intentions, the tape or video might reveal that commands were unclear to the soldiers who went off in the wrong direction as a result!

It is about collective effectiveness, whether it is about skills in communicating effectively as in my little story about the US Army, or bringing groups together effectively. A team may be dysfunctional because people are quarrelling with each other even though everyone has the best intentions. So how do we put together teams, which draw out the strengths in members and manage down their weaknesses? Indeed, this is what leaders and managers spend a lot of our time doing. This matters to our public healthcare institutions because our work is not just treating individual patients. To run a hospital, we have to consider how doctors and nurses can be more effective as a group, or whether deploying a new IT system or changing the workflow would improve this.

SMA NEWS: It is very interesting because in a recent issue of *GMC Today*, the UK General Medical Council brought up exactly the same point that doctors are no longer functioning as individuals but in teams. Unfortunately, they have not been trained or equipped with the tools to work in teams, and that is why a lot of healthcare is not optimised.

MS YONG: Yes, that may be the case. It may be a different dimension of skills from what doctors learnt in medical school and on the job as a houseman or medical officer. But instead of

Page 6 ▶

◀ Page 5 – SMA News Interviews Ms Yong Ying-I

giving up or blaming someone else, we have to ask ourselves how we can do better than today.

One of my colleagues told me that when she has discussions with doctors in very small groups, they are able to reflect very well on how things could be done differently or better. But she gets very different answers when they are in a very large group. So how can we get people to speak more honestly and openly? I know it is a 'touchy-feely' issue but it is critically important for effective leadership and management.

SMA NEWS: With this background and in this sea of changes, where do you see the Ministry of Health going?

MS YONG: Thinking back to what we have discussed about clinical research, SingaporeMedicine, doctors' passion for caring for their patients, clustering, and collective wisdom, I suppose the Ministry of Health has two generic roles. The first is a 'systems-designer' of our national healthcare system, and the second is our various policy-making and regulatory functions that are operational roles. As the 'systems-designer', we are very active in structuring our national healthcare financing system, our national approach to health emergencies and developing coherent clinical strategies that cut across institutions.

As designer, the time has long passed where the top man decides and tells everyone else what to do. It is important that the Ministry brings the community together to try to achieve the greater collective wisdom I talked about. It would be extremely arrogant for us to believe that the 300-plus people here know it all and we can decide how everything can be done; we are certainly not omniscient. Our goal is to draw out the best views, to consider differing views, and provide leadership in building a stronger consensus. I think you will see more platforms for discussions.

A specific idea concerns the terms of reference for the chapters and Colleges of the Academy of Medicine. I was wondering whether the terms of reference include determining our national strategy in a particular specialty or for a particular disease with the goal of reducing the burden of that disease in Singapore. Of course, the quality of that advice is crucial to its widespread acceptance. MOH would want to know if the 'strategy formulators' had drawn in the best minds in that own field, or if it only reflected the views of a very small subset of members; we will be taking this up with them. I am also wondering how the community will react.

SMA NEWS: Can you share with us some early personal experiences with the healthcare system which may have shaped your thinking today?

MS YONG: My early memories were very much of my own GP. I guess the heart of medicine is in gaining your patient's trust. I was born in Kuala Lumpur and my GP at that time was a Scotsman called Dr MacPherson. He worked in Malaysia for many decades before he retired to England. I had unwavering trust in him, and I remember looking forward to seeing him because he would offer me sweets from a big glass bottle in his office. When we moved down to Singapore, my GP for many years when I was growing up was Dr BK Sen and his wife. They were both wonderful doctors and friends. I personally appreciate the Minister's push for "One Family Physician for Every Singaporean". This is absolutely the right thing to do.

The personal relationship between doctor and patient is one of the things we need to strive to maintain in our giant and growing system, and I know many doctors would want that. I would like our efforts to support this. Take my earlier account of Cornell where doctors can dictate surgery notes into lapel microphones, which frees up their time. The hospital's logic should not then be "oh great, you can see three more patients"! It should be that the doctor is able to spend more time with each patient because that translates directly to quality of care.

SMA NEWS: You have been described as highly driven and a whirlwind of energy. So what really drives you?

MS YONG: I suppose anybody who is in a position of leadership has to live up to expectations. If you are going to sit here and do nothing, then maybe you should not take the job! For me, it is having the passion to want to do better. One of the reasons for joining the civil service is working for a greater social cause as opposed to a pure economic purpose; otherwise, I could have earned a living in banking or something else. It is about trying to do something useful for more people than just oneself, and trying to achieve something bigger and better for our country and our society.

Page 7 ▶

◀ *Page 6 – SMA News Interviews Ms Yong Ying-I*

You must have the passion for wanting to do that, because if it is a chore to drag yourself to work every morning, then it is better to change jobs. Neither is it about coming to work at 9 am and leaving at 5 pm. Much of our work is an act of creativity where we have got to decide how best to spend our time making something valuable happen.

SMA NEWS: Outside of work, where do your interests lie?

MS YONG: Well, seeing friends, relaxing or reading a good book! And being in the Ministry of Health, I have become more aware of the importance of regular exercise and staying healthy. I do pilates regularly, and join my staff for aerobics now and then. I am a 'foodie', however, and eating healthily is a challenge. There are too many good restaurants to try!

SMA NEWS: Are there any particular books you would recommend to our readers?

MS YONG: I read a whole range of things. I was given a book at Christmas by Pfizer, A Call To Action, which is written by Pfizer's CEO Hank McKinnell. It was a useful book that helped me get up to speed about global healthcare challenges. Business leaders are saying that Thomas Friedman's *The World Is Flat*, is worth reading. I have it, but have not started it yet. I read crime and mystery novels for leisure. I just finished Elizabeth George's latest book, *With No One As Witness*. And for a great book on individual superstars being a world-beating team, I would recommend Phil Jackson's book on basketball, *Sacred Hoops*. You will never think of basketball the same way again! ■