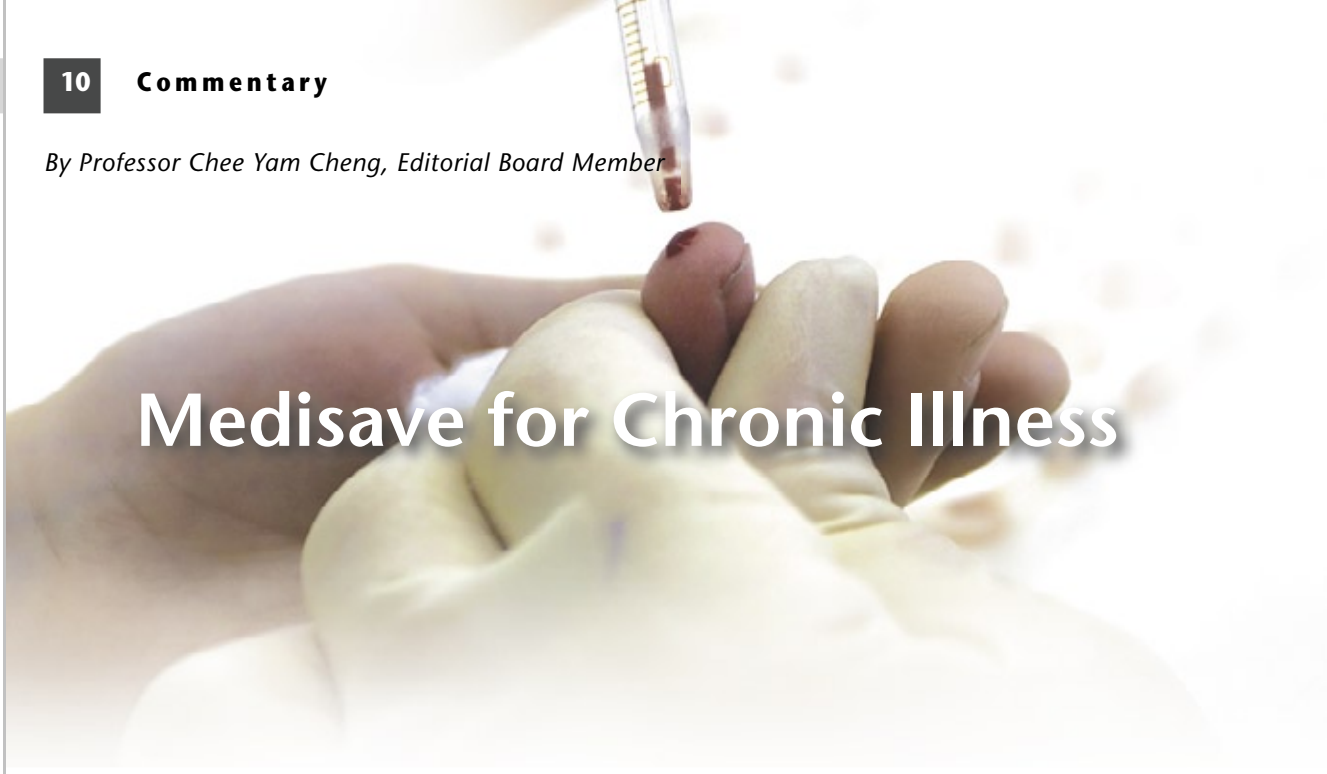
By Professor Chee Yam Cheng, Editorial Board Member



Medisave for Chronic Illness

PREAMBLE

Small is beautiful. We are a very small red dot with great aims, ever willing to make significant contributions to a globalised world. Our population is increasing, slower than we expect despite baby bonuses, extended maternity leave and other goodies. So injecting youngsters and younger adults is another effective strategy to balance the greying nation. As a reminder, we are the fastest aging nation in the world. Japan has overtaken Italy as the oldest nation in the world in 2006 and we will soon overtake Japan. So how should we proceed?

It is a great wonder that 3.2% of our Gross Domestic Product (GDP) is enough to support our health requirements today. But as we age, it will not be enough. As everybody knows, we have no natural resources and our only worthwhile resource is human capital which is fast aging. So we need to remain as healthy as possible for as long as possible. And if burdened with chronic illness, we the citizens of Singapore can still be active, contributing to society. Our Medisave will help us do that. How so?

BUILDING CAPACITY

There is no doubt that our health system is one of the best in the world. For the money we spend, we are achieving good outcomes. We are not inexpensive. There are structural matters we have to live with – urban with little land, but a city well planned and well run. Others outside are aware of our medical reputation and they are coming to us. In the past few years, we have had a compound annual growth rate of 20% in foreign patients. So we must expand healthcare manpower. If not, we will cause a severe strain in our system with our manpower drained away from serving local to foreign patients.

If we have insufficient people, we will also have insufficient medical manpower, doctors included. So how can health tourism succeed? As foreign patients continue to arrive, who will cater to their needs? Medicine is without boundaries.

We need to create capacity for specialists to render their expertise to these global visitors who have chosen to come to us. Rarely would they come to our shores to see primary care providers. They come for the specialist care. So our specialists should send more of their local patients who have had their medical problems stabilised and well controlled, to the primary care provider, mostly our general practitioner (GP) colleagues. Specialists should pride themselves in their specialist skills used to help patients with complex and complicated problems. Thereafter these patients should be encouraged to return to primary care, which is the appropriate level for the patient at that point in time. Of course referral back to the specialist when appropriate is also encouraged and should be done promptly in the interest of the patient.

Today many foreign patients seek private specialist care. This need not remain so. Minister Mentor Lee said at the Singapore General Hospital's 185th Anniversary Dinner on 16 April 2006 that "Singapore has been unique in maintaining a public sector with standards of medical care often superior to the private sector". As part of its contribution to SingaporeMedicine, the public sector specialists will also be sought after by foreign patients.
Even in our public sector specialist clinics, appropriate referrals of patients back to primary care are necessary in order to create this extra capacity.

Therefore, have pride in specialist practice; refer back to primary care those who are in no further need of specialist expertise, and be ready to receive

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the health tourist – targeted at one million by 2012. On this model, there would be little need for the specialist to access Medisave for chronic care as the primary care provider can ably manage the stable patient.

ROLE OF THE PRIMARY CARE PROVIDER

The role of the primary care provider is critical to the whole healthcare system. If chronic diseases are not properly managed, complications will arise and more and more specialists will be tied up managing these patients, thus decreasing our nation's capacity to deal with foreign patients. Worse than that, why should our own suffer and pay for costly care when these can be prevented? Is this not a waste of our resources? Besides the usual, familiar message of eating prudently, exercising regularly, no smoking, alcohol in moderation if you must, and de-stressing activities, early detection of chronic diseases, especially if there is a family history, is the message to the population. If medical advice or help is needed in any or all these areas, see your GP.

There is a body of evidence-based best practices the whole world follows. Why not Singapore? If we agree with best practices, we should educate patients to comply with the guidelines. The rapport between GP and patient is strong and enduring. The GP is thus in the best position to empower their patients in their own care to achieve the medical targets set.

When the GP becomes part of this Medisave Scheme for Chronic Illnesses, the database of information built up over the next few years would become a wealth of knowledge that health services researchers the whole world over would envy. As the Minister Mentor himself stated, we could become a model of care for the world.

So your role in this scheme would generate benefit beyond the immediate personalised best care you render for your patient. The data sets would give you, the GP, the comfort that your best is resulting in good and even better outcomes for your patient, saving him money by preventing complications that could arise from poor care.

STANDARDS OF CARE

One pillar of this Medisave scheme is that only chronic diseases with treatments that are based on medical evidence will be allowed for payment through this scheme. This means, on available evidence, the best cost-effective options are to be encouraged by this scheme.

The best care is our objective. If the evidence tells us this is the best and we accept the evidence, then there are no two ways about it. The best way is the only way and the local medical community has accepted it through the publication of the Ministry of Health (MOH) Guidelines. This means care is standardised, that is it follows a high consistent standard. This also means the patient is empowered to know how his care will flow and the reasons for the tests, medication and advice given. If the patient complies, a good outcome is to be expected. If the patient complies, yet the targets are not optimised, the specialist can be consulted again to deal with the problem and see how care can be further improved.

For those following the standard of care and achieving the targets set (this should be the majority), the beneficiaries are not only the patient but also his relatives (because the Medisave scheme allows family to co-pay), the doctor (his reputation increases) and the nation. It is possible to have higher quality of care with lower costs because the appropriate benefits and level of care are achieved with proper matching of patients to care givers.

Of course the doctor is free to adjust and modify the guidelines to meet the patients' needs and preferences. But this would be the exception, not the rule. Flexibility remains available to achieve the targeted outcomes of care.

WOULD ALL GPS PARTICIPATE?

There are some 2,000 of our colleagues doing general practice. They are of various ages, some more IT-savvy than others. Some clinics have no computers. The Medisave claims are through the internet. Singapore prides itself as a highly wired nation, soon to be a highly wireless but connected nation. Paper-based claims would still be allowed but that is not the preferred mode of transaction.

There are three parts to the IT system that would enable the claims to be done electronically. The first part is the computer that GPs would purchase. The second part is the software required to register, track and audit the outcomes of the patients under your care. The third part is the web-enabled Medisave claims system which MOH would build and provide to all GPs who participate. The participants need to undergo some training (no more than eight hours) so that they know how to use the system appropriately.

Having completed all three steps, the patient's Medisave is available for use to pay for the chronic disease. The scheme has other features, like co-payment and annual withdrawal limits. But for a start, we would be ready to get going by October 2006.

If you, as a GP, feel uneasy about this, feel free to raise any issues through the many forums that are being arranged to engage you, the pivotal and critical professional, in this scheme. ■