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# SMA NEWS

## Interview with Mr Heng Chee How Minister of State for Health



**M**r Heng Chee How received his secondary and pre-university education at Raffles Institution. In 1980, he was awarded the Singapore Police Force Overseas Scholarship to read Economics at Cambridge University, where he graduated with Second Class (Upper) Honours.

He then started his career with the Singapore Police Force, where he served for 12 years before moving on to join the National Trades Union Congress (NTUC).

Within the Labour Movement, he held numerous appointments, including being the Chief Executive Officer of the NTUC Club and the divisional director overseeing industrial relations, skills development, productivity improvement and employment assistance.

In 2004, Mr Heng was appointed as the Minister of State for Trade and Industry. At the same time, he retained the portfolios of the Mayor of the Central Community Development Council and Chairman of the Jalan Besar Town Council.

Following the General Elections in May 2006, Mr Heng relinquished his appointments as Minister

of State for Trade and Industry and Mayor of the Central Community Development Council. He was appointed as the Minister of State for Health and will also be spending more time with the NTUC.

Though new to the healthcare scene, Mr Heng Chee How is now leading a Healthcare Group to examine the current healthcare delivery system and to suggest ideas on how it can be further strengthened to ensure that it remains cost-effective in the future.

Mr Heng is married to Ms Goh Soon Poh. They have a daughter. In his free time, he enjoys reading, walking and jogging.

**SMA NEWS:** Welcome to the “health team”.

What have been your initial impressions of the healthcare system in Singapore, and very broadly, which areas do you see as strengths and which areas as potential gaps?

**MR HENG:** If we are talking about the “sickness treatment” part of the machinery, I think the vast



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majority of users trust it. That is to say, they believe that they will be given suitable treatment that will also be generally affordable. They are also assured by the Government's commitment that no citizen will be denied necessary treatment because of poverty. These are the strengths.

Of course, people also expect further efforts to keep down cost increases, and to improve the quality of and access to services.

I also want to view "healthcare" more widely, to include all actions that promote and sustain health in our population. My basic belief is this: the more we can help our people stay healthy and delay sickness or deterioration, the more we will help them enjoy a high quality of life, stay employable, and lower their lifetime medical cost. It gives people the freedom to enjoy a good life and to have peace of mind. I will focus on these areas.

**SMA NEWS:** Were you surprised to be appointed as the Minister of State for Health?

**MR HENG:** This opportunity to work for a season in health is a precious one because it gives me the chance to help make a positive difference to the lives of my fellow citizens in a basic area. I look forward to learning from and working closely with all partners and colleagues in this work.

Healthcare is a big and complex system. It requires professionals from different fields to work together to bring out the best health outcome for the population and the best treatment outcome for patients.

What I hope to bring to the table are an open mind, a keen interest to learn, and a track record of being able to understand and respect the interests of different groups, build bridges, forge consensus and secure win-win outcomes. At the end of the day, I believe that effectiveness comes not only from the brilliance of solutions but also from the real support that stakeholders give to those solutions.

**SMA NEWS:** You mentioned in a recent Channel NewsAsia interview that you would focus on portable health benefits. Can you share your experience with this concept and how you envisage this being implemented in Singapore?

**MR HENG:** Actually, I was asked to name an area of overlap between my Ministry of Health (MOH) and National Trades Union Congress (NTUC) roles (I am concurrently a deputy secretary-general of the NTUC) which I would want to focus on. I cited portable medical benefits as an example. Let me explain.

Many workers depend on employer-granted

medical benefits to pay their outpatient and hospitalisation bills. This is historical, and similar to the situation in many other countries.

There are two problems with this situation. First, owing to relentless economic restructuring, lifelong employment with the same employer is eroding. Each worker can expect three to four changes of jobs in his working life. What happens if he works for an employer who does not provide medical benefits? What happens if he falls sick in between jobs?

Second, our population is aging. Our local workforce is also aging. Employers generally expect older workers to incur more medical cost. This can make older workers less attractive and more vulnerable to retrenchment and unemployment.

To help workers, especially the older ones, maximise their employability and minimise their risks of being targeted for retrenchment or being caught without medical coverage, we have to do two things, viz. devise specific workplace health promotion initiatives that employers can use to achieve and quantify health cost savings, and find ways to effectively transit to a "large pool" portable medical insurance arrangement.

On health promotion in general, and workplace health promotion in particular, I believe that there is much scope for further achievement. If we focus our sustained actions on specific risks and customise them to the different segments of population and sectors of the economy, I believe we will register tangible health improvement outcomes for our people, as well as deliver savings to employers who invest in this area.

On portable medical benefits, there are specific programmes such as the Portable Medical Benefit Scheme (PMBS) and the Transferable Medical Insurance Scheme (TMIS), which are currently available to employers. Medishield has also been reformed to improve coverage. If the majority of employers and workers are not moving over to portable arrangements despite these developments, then there must be barriers. I will see how to build on these foundations to overcome more of the barriers that have impeded progress thus far.

**SMA NEWS:** Coming from the Ministry of Trade and Industry (MTI), you would be familiar with the paradigm of healthcare as an economic engine of growth. How should the public sector institutes maintain their core mission of providing "high quality affordable healthcare" as the Minister Mentor described at the SGH 185<sup>th</sup> Anniversary Dinner in April, while still playing a significant role in promoting the life sciences through research efforts and bringing in revenue from foreign patients?

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**MR HENG:** I do not see them as mutually exclusive or contradictory. For example, for healthcare to continually be of “high quality”, enough research at the right levels must be done and linked to improve treatments for patients. If you do not do this, you will gradually become outdated.

There must also be enough ongoing experience for physicians, surgeons and their support teams tackling difficult treatments and surgical procedures for them to be proficient. We have a small local population. If Singapore succeeds in being a healthcare hub, the inflow of foreign patients will bring revenue as well as more opportunities for our professionals to keep their edge over the competition.

Of course, as we move into these new areas more strongly, additional infrastructure and skilled manpower will be needed. If we plan correctly and implement these supports in line with business growth, we will be able to give our population even better quality of treatment in time to come, while improving finances. This is a win-win outcome.

In a globalised setting, this is one way to make the best of mobile patients, mobile doctors and intense, non-stop competition from alternative hubs.

**SMA NEWS:** Some Singaporeans worry that they do not have enough money to pay for healthcare. What can be done to allay their concerns?

**MR HENG:** I think we should concentrate on two areas, viz. information sharing, and helping people take concrete steps to strengthen their position and thereby become more settled and confident. Let me explain.

One good way of dealing with uncertainty and fear is to have facts and information. For example, what is the chance of a person being hit with a catastrophic-sized medical bill, especially after subsidies? Looking at hospital bill size information, which is now publicly available, the answer is that the chance is a small one if one makes prudent choices. This means that the vast majority of patients would not have to worry about this problem.

However, as nobody can say for sure whether he would be among the small proportion that would face such large bills, a much larger percentage of people worry about the possibility.

The best and right way of dealing with such risks is to pool them through insurance. And the cover must be such that in the event of an

occurrence, the claim should reasonably set the mind at rest. The main challenge is to find the right and practical balance between deductible, coverage and premium to achieve this.

Medishield reform is an example of movement in this direction. The related challenge is to clearly explain the benefits of such insurance to the population and secure their buy-in. The positive experience and word-of-mouth will then help temper disproportionate anxiety.

There is another way to reduce population risk of meeting large medical bills, and that is by teaching people how to avoid or delay the bill. Here, I go back to the importance of healthy living, and proper compliance with follow-up treatment in the case of chronic diseases to delay relapses. To achieve tangible and sustained outcomes in this area, we cannot just depend on ad hoc media publicity or events. We have to carefully study the profile of our population, identify the social characteristics of the vulnerable groups and devise ways of working through community groups to help them. For example, how do we help an elderly, dialect-speaking chronic disease patient in a lower-income family keep to the follow-up medication and treatment regime so that a relapse can be avoided or delayed? What financial help, what medication counselling, what logistical help, what language bridging might be needed? You can see from this example how the benefit, or conversely the anxiety, will be felt – not only by the patient but by his whole family.

Beyond the medical healthcare area, I also feel strongly that we have to safeguard and improve our environmental public health standards. We sometimes forget how behaviours like littering, poor eating and toilet hygiene can quickly expose the community to disease and even epidemics. The human, social and financial costs of such ‘shocks’ can and must be avoided.

**SMA NEWS:** “Means testing” has enjoyed much limelight in the political arena recently. Why do you think there have been so many outcries against means testing? Is the issue the principle or the difficulties in “fair and equitable” implementation?

**MR HENG:** I think the term “means testing” has come to mean different things to different people, and the result has been confusion and anxiety.

To governments everywhere, “means testing” is a method of allowing the more needy to get more help. I think few people will have

a problem with the intent. For example, in Singapore's case, patients choose the class of ward they stay in, knowing that different ward classes charge differently because they are subsidised differently. This is an example of a self-administered "means test".

What people are afraid of in "means-testing" is that they would not qualify for subsidies. Until there are details, there is no point speculating.

**SMA NEWS:** As Mayor of the Central Community Development Council (CDC), you have been exposed to many residents' healthcare concerns. What are some of the health-related issues on the ground that you have seen?

**MR HENG:** I saw a growing interest in healthy living such as regular involvement in exercise (for example, brisk walking, Qigong, aerobics and sports). There was also growing awareness of the benefits of health screening, especially for common chronic diseases.

At the same time, the stress of living and working in a fast-paced metropolis exerts both mental and physiological pressure on people.

More seek ways to manage and deal with these stresses and to maintain a sense of balance.

I think the bottom line remains the same: everyone wants to live long and live well.

**SMA NEWS:** Can you share with our readers something about Heng Chee How the man? For example, what do you like to do in your free time? What have you read recently?

**MR HENG:** People tell me that they find me honest, straightforward, practical and friendly, generally a "people-person". I take that as a compliment.

My work does not leave me with much free time. But I like to read for relaxation and for learning. I am currently reading three books – *Hard Facts (dangerous half truths and total nonsense)* by Pfeffer and Sutton, *Redefining Healthcare* by Porter and Teisberg and *A Bias for Action* by Bruch and Ghoshal.

Walking and jogging help clear my mind and energise the body.

**SMA NEWS:** Thank you Minister for your time. We welcome you to the healthcare family and wish you all the best. ■