

By Dr Toh Han Chong, Editor



From Zero to Hero-Value

Photo Credit: Dr Wong Tien Hua

Years ago, I was wining and dining a svelte she's-too-cool-for-me Hong Kong girl at a trendy waterfront restaurant. As she glanced dreamily into the shimmering Singapore River, she suddenly shot me a question: "If your mother and I both fall into this river, whom would you save?" Like an MRCP Part I MCQ question, only one answer was correct, while the wrong answer was awarded minus one (plus two tight slaps in this case). This classic 'zero-sum game' competition for love and affection was immortalised in a song by another svelte Hong Kong girl, Gigi Leung, entitled "你救哪一个?" (Ni Jiu Na Yi Ge)".

Hongkongers understand the late Nobel laureate Professor Milton Freedman's dictum that there is no free lunch in this life. Unfettered competition has driven good outcomes for the modern capitalist system. But 'zero-sum game' competition is like a gangster movie where some remain alive but others lie bloodily dead after a slow-motion hail-of-bullets gunfight. Sometimes it is the good guys who are killed, like in that great Hong Kong film, *Infernal Affairs*.

We have all heard the worries about perceived and real competitive tensions in our own healthcare system. Is health clustering artificially creating two hungry dancing bears with expensive trainers striving to out-perform each other on the wrong indices? Are patient interests going to walk all over doctors' welfare? Are Government polyclinics going to drive the family physician to extinction? Are shifting costs in healthcare going to be any real solution to health financing? Is health tourism in public hospitals going to adversely affect local patient care? Are teaching and research going to take away more time from clinical service or vice versa?

Zero-sum competition is just not working in healthcare, according to legendary 'competitive advantage' guru, Harvard Business School Professor Michael Porter, who recently opened the Asia Competitiveness Institute in Singapore. Doctors, being notorious over-achievers, know the meaning of competition. High-jumping over the highest bar of the GCE 'A' Levels to squeeze into medical school, leopard-crawling through five to six years of arguably the most rigorous university

◀ Page 6 – From Hero to Zero

course, working perverse zombie hours in their early medical career, and then some choosing to take professional specialist examinations which admit a chosen few, it is amazing that not more doctors evolve into “crush-you-like-a-cockroach” predators with sharper teeth and mine-is-bigger-than-yours egos, with *chow kiasu* killer instincts.

Paradoxically, the medical profession is itself uncompetitive in terms of quality of life and returns on investments compared to other professions. Dartmouth College Professor William Weeks found that doctors on average work longer hours than other professions (duh) and that the eventual payout for doctors after years of tuition fees is poorer than for other professions. The 17 December 2006 edition of the *Sunday Times* alluded to this by featuring young super-rich local bankers in a bullish financial year. If you are a 35-year-old doctor, and desire to drive a Porsche, own an uber-cool condo in the city, salsa your way into Dick Lee and Denise Keller’s *The Finer Side* and throw dinner parties for the

beautiful botoxed people in sartorial splendour, *feggedaboudit*. You would more likely be having a soggy supper of satay and sugarcane juice with jaded junior doctors in sweaty OT *baju*, exchanging gory stories of PR bleeders in shock and maggots crawling out of perianal diabetic ulcers in a video clip posted on YouTube entitled *The Back Side*. And you ain’t going to look like Patrick Dempsey from *Grey’s Anatomy*. (OK, so some doctors in private practice do make *loadsamoney*, and may be able to pay to look like Patrick Dempsey.)

For healthcare to be asking their health providers to compete on pricing, patient numbers, market share, technology platforms and revenue stream distorts the real focus of competition. Professor Porter says it is time to compete on value, by which he means value to the patient – not that doctors do not already provide value to their patients. But the value may be lost in a haze of other wrong types of competition. So instead of upping the ante by mercilessly marketing a gazillion-dollar-super-duper-megapower-body-zapping-disease-curing machine that goes *ping* in hope of attracting queues of patients – even though some only need ear-syringing or two

panadols – medical centres should compete on producing the best tangible health outcomes. Examples include optimising integrated multidisciplinary diabetes, stroke, cardiac and cancer care, transparent pricing, skills training, error rate reduction, and other *yada yada* stuff like that.

Ten Christmases ago in a chilly enchanting New York City, I watched the film *Jerry Maguire*, about a sports agent played by Tom Cruise (who incredibly did not play Tom Cruise this time). Jerry Maguire created a new mission statement dissing the Machiavellian “show me the money” mantra to one that focused on improving service, building value and less on chasing for more clients and the bottom dollar. He was derided and fired. But like all good Hollywood movies, he finally got the love of the girl, her cute kid and his client.

Professor Porter’s book *Redefining Healthcare* reads like a Hollywood Western where, after a shoot-out at high noon, the hero rides happily into the sunset in a low-cost (huh?) highly-efficient disease-free (like real) medically-insured world full of well-informed empowered



citizens who just *lurve* (got meh?) their value-creating doctors more than litigation lawyers. But shot through the lens of gritty realism, healthcare is a complex politicised microcosm. The United States has attempted and failed to introduce some sort of national medical insurance coverage at least six times in the last 100 years. Will possibly America’s first female President Hillary (AKA wife of ex-President *wild* Bill Clinton) fumble it again?

In any New Year, it is good to have faith that ‘kiss-of-life’ resuscitation can work at least sometimes. As in *Jerry Maguire*, a public healthcare system built on the foundation of giving value as its core will more likely get both doctors and patients back at “Hello”, than to aim for one that prioritises to get doctors and seek for patients in the pages of *Hello* magazine. And it does not take a CEO’s CEO like Jack Welch to say that to drive more value to the consumer, one must value the (health) provider and make them happy too.

From all us here at the *SMA News*, may we wish you all a value-adding 2006 Christmas and a low trans fat prosperous 2007 Happy New Year. ■