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Lose-Lose, Win-Lose or Win-Win?

"The problem is not winning the war, but persuading people to let you win it." – Winston Churchill

The 2006 Survey of GP Clinic Practice Costs in Singapore published in last month's *SMA News* has generated significant interest both within the profession and with the media. This is not unexpected and we should view this as a positive development because people should be more aware of the issues facing GPs today.

The last survey was done in 1996 and it has been a good 10 years since SMA conducted such a study. The feeling last year among the 47th SMA Council was that it was a good time to conduct another one to see how things have changed.

ANSWERS AND QUESTIONS: WHAT THE SURVEY IS AND IS NOT

But first, let us look at what the 2006 survey is NOT. The authors of the survey paper admit the survey is NOT the most rigorous or breakthrough scientific body of research work the local medical profession has seen. Having said that, the survey is also NOT merely a vaporous abstraction designed for trite mental calisthenics.

The survey is simply what it claims to be – a survey. And like most work of this nature, it throws up at least as many questions as it hopes to answer.

The survey gives the answer that GP care remains very affordable to most Singaporeans. At the same time, the survey also surfaces the question of what the current state of GP care is trying to afford. An even more fundamental question than this that needs to be answered is what is GP care supposed to achieve in Singapore?

The survey shows that GPs are seeing lesser patients. But the survey does not answer the question of where the patients have gone to.

WIN-LOSE OR LOSE-LOSE?

And by the way, the survey shows GP incomes have largely stagnated, but it definitely does not (or even attempts to) answer the question of how much a GP should be paid. The discussion section of the survey does infer that we ought to first decide what GP care should achieve and then decide how much to pay GPs. This is unlike the situation now – which is to see how much society is willing to pay for GP services, and then decide what work can be done for this amount.

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One may ask: what is so bad about this? This is consumer power and the GP is a price-taker. So what if we get a win-lose situation whereby the consumer wins and the GP loses? The truth is not so simple – after disease prevention and self-medication are taken into account, there is still a certain amount of "disease-load" in the country which needs to be treated by doctors. This load is in all probability growing with an increasing and ageing population. The most cost-effective way is for as much of this disease-load to be handled by the GPs as quickly as possible. If not, two alternative scenarios can happen. More of this disease-load is handled later when complications arise or more of the load is transferred to more expensive specialist settings. It does not matter who pays (whether by public or private spending), but in either alternative scenario, society pays more. This is not a win-lose scenario but ultimately a lose-lose situation.

MANAGED CARE: SHAREHOLDER VERSUS STAKEHOLDER HEALTHCARE

The survey also does not answer what is the role of Managed Care and employers in all this although we know that Managed Care and employers have a large impact on the overall situation.

In a recent issue of *The Economist*, there was a report featuring one of the biggest privately owned software companies in the world, American company, SAS ("Face Value: Doing Well by Being Rather Nice", *The Economist*, 1 December 2007, 76). The article highlighted how the company has done very well by being nice to its employees. A particular paragraph caught my eye:

"The SAS campus also offers magnificent sports facilities, subsidised child care *and early schooling, and the jewel in the crown, its own primary health-care centre, free to staff. The latter is increasingly being studied by other firms as they struggle to contain the growth of healthcare costs (though few firms have the luxury of a large campus on which to build such a facility). SAS estimates that this has reduced its health bills by around (US) $2.5M a year, about one-third of what it would have to pay in the market. It also has a long-term "wellness" programme, supported by two nutritionists and a "lifestyle education" scheme, which is expected to yield further costs savings. Already, the average SAS worker is off sick for only 2.5 days a year.*" (Italics not in original article.)

This paragraph describes an almost ideal state of affairs of an enlightened shareholder. The key is that it is not a utopian construct but a happy and profitable reality elsewhere. Contrast this to what many GPs here know experientially – many employers and managed care companies looking to cut healthcare costs with scant regard for the quality of care that employees receive. The latest I have heard on the streets is a managed care scheme that pays $15 for a GP consultation and medicine. Managed Care as it now stands is "shareholder healthcare" – shareholders of managed care companies and the latter's client companies' often unenlightened shareholders and management. This is in contrast to "stakeholder healthcare" where stakeholders other than shareholders get a say – workers, unions, GPs, and perhaps even the government. Since we probably cannot expect most companies here to behave like SAS's shareholders and management, perhaps a stakeholder approach should be pursued instead.

WINNING THE WAR

Can GP care achieve more? Can our GPs give care as do GPs in other developed countries, for example, UK, Australia, New Zealand and so on, do? The simple answer is a straight "yes". The reasons are obvious:

- Most of our GPs have several years of service in the public sector where they have received training.
- Compulsory CME means all GPs are updated on important scientific developments.
- The ever-increasing number of GPs who have obtained higher qualifications in family medicine under the supervision of the College of Family Physicians Singapore.

Paying GPs more (or less) is not an end in itself. The end is optimisation of the healthcare system and resources so that patients can receive the best care at the lowest possible cost to society as a whole. If that means someone or some organisation paying GPs more, (or less), then that should be actively explored and quickly implemented. The answers are out there. Indeed, they have been there for some time. The 2006 survey merely throws up the questions which in turn point us to these somewhat faded and forgotten answers.

The GPs can win the healthcare war for us. Hopefully this survey will persuade some in our society to let the GPs win. Do not begrudge the GP if he is indeed paid more. This can be a win-win situation for all stakeholders. ■

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