Conversations with MOH – Making Primary Care Work

SUMMARY OF FEEDBACK FROM GPS AT THE MOH-GP FORUM

Conversations with MOH, the inaugural MOH's GP Forum was held recently on 20 October 2007 at the Legends at Fort Canning Park. The event allowed MOH to share with GPs its upcoming initiatives and was also an opportunity for both MOH and GPs to talk about issues that are affecting their daily practice.

KEY DISCUSSION THEMES

At the table discussions, GPs shared with us their views on one of the two topics:

(A) How can more stable SOC patients be right-sited?
(B) How can Primary Care Partnership Scheme (PCPS) be extended to cover chronic diseases?

The key discussion points for each topic are described below:

(A) How can more stable SOC patients be right-sited?

I. Drug cost is a critical factor affecting right-siting. The GPs unanimously indicated that the difference in drug costs (and thereby prices) was a critical issue preventing right-siting. GPs felt that the situation was compounded by government (MOH/cluster/RH/I) policy.

These included:

a. the ability of clusters being able to purchase drugs more cheaply than GPs due to economies of scale;
b. government subsidy for Singaporeans which made drugs even cheaper and channeled even more patients away from GPs;
c. some GPs also suggested that the RH/I and clusters were further aided by indirect subsidies, such as cheap land and capital funding and as a result, were able to bring the already low prices to even lower levels.

While the GPs all felt that the drug cost issue was critical, there was no consensus on a possible solution. A variety of opinions were offered, and they fall broadly into the following four categories:

a. National bulk purchase at a common price. Some GPs suggested that the Ministry should bulk-purchase drugs for the whole healthcare system and thus obtain a fixed price for all providers. This would level the playing field for GPs and allow them to compete with SOCs/polyclinics on the quality of care rendered.

b. MOH to assist GPs in collaborating for bulk purchases. A variant of the national bulk purchasing was for MOH to help GPs group together and provide the administrative support to obtain the economies of scale needed. However, some GPs noted that this had been tried in the past, albeit on a smaller scale, and they were still unable to get similar prices to the RH/Is.

c. Patients to buy medicine from polyclinics/SOCs or national pharmacies. A group of GPs shared that they would like to focus on consultation and felt that Government should allow their patients to fill their prescriptions at SOCs/polyclinics and national pharmacies (if they were set up), where the drug cost would be similar regardless of whether the patient had sought treatment at GPs or at SOCs.

d. Use generics. A few GPs were of the opinion that the drug cost issue would be mitigated if they tried to use more generics and titrate accordingly for individual patients, instead of relying on patented drugs. The GPs noted that while this could potentially lead to a reduction in revenue gained from the drug sales, they also pointed out that GPs who were able to do this had often been able to charge higher consultation fees and justify the higher fees.

II. Means testing and subsidy.
A significant number of GPs would like to see means-testing implemented at the SOCs and polyclinics. This would reduce the gap in prices between the SOCs/polyclinics and the GPs for the majority of Singaporeans and help them

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to accept patients from the SOCs for right-siting. Many GPs also suggested that when the patients were right-sited from the SOCs, they should be allowed to retain their subsidy status for a certain time period for the specific disease. This would give patients the assurance that if their conditions worsened, they could still receive subsidies.

III. Loss of patients to SOC and polyclinics

Many of the GPs fed back that they lost their patients when they were referred to the SOCs or polyclinics. They felt that SOCs ought to send the patients back to the GPs after their conditions had stabilised. They would then be more willing to refer patients to the SOCs, when the patients' conditions necessitated more specialist care (also 'right-siting'). Currently, neither the work processes nor IT systems at the SOCs facilitated this.

IV. Patient information and the use of IT

Many GPs pointed out that when patients were discharged from the SOCs, the majority of them did not have their medical records. There was very little information to help the GPs understand the patients' conditions better, and as a result, patients were often subjected to more unnecessary tests. The additional costs and disrupted treatment made it even more unlikely for patients to right-site. Some GPs indicated that MOH should facilitate the movement of data between GPs and SOC.

In the interim, GPs also requested that a standardised SOC discharge form from the various hospitals be developed to provide them with the necessary information to provide better care for patients. A similar suggestion was for the clusters to have "GP-connectors webpages", where GPs could find out about the various 'right-siting' programmes, the requirements and if possible, the option of accessing the system to find out more about the medical information of the patient.

More directly, the GPs appealed to MOH to help them offset the costs of their IT systems. They also proposed that MOH conduct classes for the training of the clinical assistants, so as to equip them with the necessary IT skills, and additional skills such as counselling.

V. Image and branding of GP

Many GPs shared their views that the image of GPs had declined over the years. Many Singaporeans had the mistaken impression that SOC care was superior to GP care, when the two served different but equally important functions in the healthcare delivery spectrum. MOH ought to help improve the image of the GPs, so that patients would be willing to be right-sited, and to do more to promote the "one patient, one family physician" message.

VI. Hospital/Cluster centric approach

The GPs shared that the right-siting approaches thus far had been very much hospital and cluster-specific. The different clusters, even different hospitals within the same clusters, did not seem to have similar policies. This was counter-productive from the GPs' point of view, as they had to fulfill different requirements and follow different protocols in order to join the different right-siting schemes. The requirements and protocols should be rationalised for consistency. This would encourage more GPs to participate in the right-siting efforts.

(B) How can Primary Care Partnership Scheme (PCPS) be extended to cover chronic diseases?

Overall, the majority of the GPs were supportive of the extension of the PCPS scheme for chronic diseases. They felt that the PCPS scheme would help the SOCs right-site their patients and would like to see a progressive approach in the roll-out.

I. Structuring reimbursements for the PCPS scheme

After the discussion, many GPs indicated that they had a better understanding on the "balancing act" that MOH had to make when deciding on policies such as PCPS. They acknowledged that under a "fee-for-service" scheme, over-servicing by GPs, and potentially, the "over-accessing" of services by the patients (that is, visiting the GPs more than necessary) would be a problem. Similarly, many acknowledged that under a capitation model, there was the danger of 'under-servicing'. If the capitation levels were not well-calibrated for the various disease severities, it was likely that some GPs would selectively choose patients, favouring the simpler cases and ignoring the more complex ones.

Overall, the majority of the GPs agreed that a "fee-for-service" structure that was subject to a cap was a possible option. It allowed flexibility for the GPs/patients, while mitigating possible abuse. Other suggestions included: (a) MOH to adopt a "fee-for-service" approach, but to use clinical audits to ensure accountability and prevent over-servicing;

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(b) MOH to adopt a "capitation" model, with the direct assignment of patients to the various GPs and subsequent enforcement.

II. Preventing "doctor-hopping" under the PCPS scheme.
While many GPs felt that the patients should have a choice in their selection of GPs, they also agreed that patients' care would suffer if they 'doctor-hopped' too often. Many felt that MOH, through the polyclinics, should introduce a registry and if patients wanted to switch doctors, they would be required to inform the registry and be subject to a minor disincentive, for example, a switching fee.

III. IT for claims and data collection.
With regards to IT systems, the GPs' responses were diverse. Overall, many of the GPs at the forum accepted that some degree of IT was required to make the claims and data submission process less cumbersome. However, there was a significant number of GPs, who despite this recognition, did not wish to convert or upgrade their clinics, and felt that the PCPS scheme should still provide manual/non-IT options. Many of these GPs belonged to the older group who still use IT minimally.
Some GPs also expressed concern that the IT systems for PCPS might be too difficult to use and requested various forms of IT support for the PCPS system. Last but not least, there was also a group, who was IT-savvy, and did not mind the data collection so long as the data was given back to them in a meaningful manner, particularly as "a source for doctors' education".

IV. Expanding and reviewing the PCPS criteria.
Some GPs felt that the current criteria of PCPS were overly stringent and proposed that the age criteria as well as the means-testing criteria should be reviewed in due course, so that it could benefit more Singaporeans.

ADDITIONAL COMMENTS

I. Trust and Communication.
Overall, the GPs who attended the session were pleased that MOH made an effort to communicate and build up trust with them. Many felt this was timely and all who responded to the feedback forms indicated that they found the session useful. Several GPs felt that they had gained a better understanding of the considerations behind MOH's policies, and would be more supportive of the policies when they were rolled out. To quote one GP: "Now I realise that MOH needs to do much thinking in its policies, and the trade-offs are not easy."

II. Public Education and IT Support for Chronic Disease Management Programme (CDMP).
Several GPs fed back that many of their patients were still unfamiliar with the scheme. It took them significant time and effort to explain the details to the patients. They proposed that MOH take a more active effort in educating the public on the CDMP scheme. On the IT front, the GPs suggested several improvements to the claims and data submission system that they hoped MOH could consider making.

MAKING PRIMARY CARE WORK

The views and suggestions that GPs had raised during the forum will make a difference to MOH as it develops policies to improve the delivery of healthcare in the community.

As MOH works with the cluster SOCs and GPs in refining right-siting of care, it will be looking at ways to ensure that the transition from one point of care to the other will be as smooth as possible for both patients and doctors. Issues such as drug-pricing will be examined in depth for feasible solutions.

The feedback from GPs will be incorporated in its thinking on the possibility of extending the PCPS scheme for chronic diseases. Details on this will be shared with GPs when they are ready. MOH will also look into ways to enhance the work of GPs through measures such as adoption of IT in clinic processes and public education.

By providing your views and suggestions, GPs can play an active role in helping MOH improve the healthcare system. This will help ensure that the policies developed are effective and meaningful to patients and doctors alike. MOH will continue to provide avenues to gather the feedback from GPs and it looks forward to hearing from you. ■

If you have an idea or suggestion on how MOH can better improve the daily practice of GPs, do let them know.

You can email your comments to the following email account:
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