



Conversations with MOH – Making Primary Care Work

“Conversations with MOH – Making Primary Care Work” was an event that was organised by the Ministry of Health (MOH) for GPs. Held at The Legends Fort Canning Park on 20 October 2007, it was an opportunity not only for GPs to hear about what is new from the Ministry but also a chance for them to tell MOH about issues that affect them.

Excerpts of Opening Speech by Ms Yong Ying-I, Permanent Secretary, Ministry of Health

On Strengthening Primary Care

We have focused on funding healthcare nationally and on running our public sector services well. We are now looking at healthcare from a more holistic, national perspective. And we believe that GPs can and should play a major role in the national healthcare landscape. My Ministry therefore thinks it is time that we bring together the GP community for discussions about national level healthcare strategies.

Presently, healthcare overall is still largely episodic and institution-based. My Ministry sees a need to evolve our healthcare system towards one that is more integrated and patient-centric. With a growing elderly population, and a growing chronic disease burden, the need is to manage wellness and prevent or delay problems, and to manage chronic conditions on a continuing basis. Patients therefore need continuing care, not episodic care.

Another driving force for change is the huge number of people who see our specialists in our

specialist outpatient clinics (SOCs). Our SOCs are crowded and volume will continue to grow. But not everyone needs to see a specialist for their condition. Right-siting of care to move patients to more suitable providers in the community is a major ongoing initiative for the public sector SOCs.

We hope that GPs will share this view of ours, that is, family physicians can play a major role in this integrated healthcare system. You have all heard Minister Khaw Boon Wan’s vision of “A family physician for every Singaporean”. As specialists in the provision of comprehensive, continuing and co-ordinated care, family physicians are equipped with core broad-based medical skills that allow you to deliver holistic and continuing care where tertiary specialists cannot.

Moving On from Chronic Disease Management to Networked Healthcare

The Chronic Disease Management Programme (CDMP) was a significant policy shift, intended as a major step towards right-siting of treatment. The chronic disease effort also involved widespread adoption of clinical protocols at the primary care level. And it contributed to a major roll-out of standardised IT systems to GPs, hooked on to a national platform. This IT supports long-term outcomes tracking, for both primary care physicians and their patients.

The deeper change is in MOH’s engagement with GPs. CDMP has drawn GPs, specialists, and MOH into a closer partnership. It has shown that a successful partnership can be achieved. In this

regard, let me say that the data we collect from you does not go into a black hole. We will share with you results on Medisave utilisation, and also our preliminary analysis of care outcomes of CDMP GPs as a group, as compared to polyclinics, SOCs, and overseas providers. It is a learning and improvement tool.

Another aspect of the deeper change is that we are moving towards a networked system where there are links between parties, whether they are in the public or private sectors, GPs or specialists. This is necessary to enable integration of care. The network is hardware and software. The “hardware” includes the exchange of information through an integrated IT backbone. The software or “mentalware” is about people to people knowledge networks, such as building stronger partnerships and working relationships with SOCs, hospitals, and step-down care institutions.

CDMP is symbolic of how I see the future partnership between MOH and GPs developing. For system-level initiatives, like CDMP, the Government will spearhead the initiatives. We are inclusive in our approach and hope to have as many of you participate as possible. Of course, we can only involve you to the extent that you choose to participate.

Right-siting from SOCs to GPs – Enlarging Community-based Care

The second area that I want to mention today is right-siting of clinically suitable patients from SOCs to GPs. My Ministry firmly believes there is significant scope for this. At the national level, we are designing integrated clinical protocols and financial levers to decant patients from SOCs to GPs. We are also initiating pilots at multiple levels.

Changi General Hospital (CGH) is doing a pilot on how it can build closer working relationships with GPs in the eastern region of Singapore so that CGH can conceptually function as an integrated healthcare provider. It will also link up with the network of intermediate and long-term care (ILTC) providers. The idea is to have official corporate partnerships, supported by IT links and support infrastructure, but Government/CGH does not own or control the step-down or primary care operations. CGH is not competing with you for business or patients; indeed, its goal is to drive patients to you and to provide better seamless care for its population catchment over the longer term. This is a totally different corporate goal, from the traditional episodic care model of the tertiary hospitals.

But it is an exciting and meaningful goal. The Ministry of Finance (MOF) has already obtained funding from MOF to pay for manpower and IT systems.

The capabilities in the community level need to be strengthened to receive the patients. The Health Promotion Board and our hospitals are partnering to deliver stronger support services for GPs. One initiative they are seriously studying is a floating pool of nurse educators to support GPs. These nurse educators can help you teach patients on how to better manage their own health, including better management of their chronic disease conditions.

Another example of strengthening the community capability is MOH’s partnership with the Ministry of Community Development, Youth and Sports (MCYS) on a “Wellness Programme”. The theory is that we have many entities providing care today at the grassroots and community level. However, they are not coordinated and there are gaps. People who need help or need support services may not know where to go to get the right services. MOH and MCYS hope to plug the gap by having “Wellness coordinators” on the ground who can help guide people to the right services. This is a service provided by the government through agents, on a public-service basis; it is not a business. The Wellness Programme is being piloted in six different constituencies, starting from Jurong West in January next year. Elderly residents can get information on health and social services from wellness coordinators, who will link them to GPs like yourselves. They will also partner you to provide services, such as reminders to encourage patients to go for regular follow-ups with their family doctor. Naturally, your information has to be on their database. If these pilots are successful, we will roll them out nation-wide.

Making Primary Care Work: What’s New from the Ministry of Health

The outcome of the Chronic Disease Management Programme was highlighted by Dr Jennifer Lee, Director of Health Services Integration Division, MOH. An estimated \$15 million will be deducted from Medisave in 2007. GPs account for 23% of the deductions made, with 5% of GP clinics making more than a hundred claims.

Dr Lee further elaborated on how MOH is working towards supporting GPs in the management of chronic diseases such as the development of patient education toolkit and making HbA1C analysers available to GPs at bulk purchase prices. MOH will further encourage clinics managing

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 more diabetic patients to acquire the analyser by subsidising clinics which are participating actively in CDMP in a three-tier pricing. This new initiative is aimed at improving clinical care by making HbA1C analysers available to point of care.

comparable to that of SOCs and polyclinics.

Participants were also given a glimpse of how the data submitted will be fed back to participating CDMP clinics to help clinics use the information as a Clinical Quality Improvement tool to improve patient care. (Please see Figure 2.)

FIGURE 1: TIER OF SUBSIDY FOR HBA1C ANALYSER

	CDMP Patients	Data Submission	Estimated Cost of Analyser to Clinic
Tier 1	>20 patients	Completed requirement	50% of Tendered price
Tier 2	≥1 but ≤20 patients	Completed requirement	75% of Tendered price
Tier 3	0 patients	-	Tendered price

To ensure that more clinics will acquire the analyser, MOH will keep the cost low. Clinics will have up to December 2007 to qualify and will be notified on their tier of subsidy in January 2008. (Please see Figure 1 for more details.)

MOH will also be embarking on an Integrated Screening framework where GPs will be called upon to play a key role in the management of patients, both in screening and follow-up.

Clinical Quality Tools for Chronic Disease Management

The afternoon event ended with a presentation by Dr Voo Yau Onn, Clinical Quality Improvement Division of MOH. Participants were shown the preliminary data that has been submitted for the CDMP.

85% of clinics have submitted their data and preliminary review of data has indicated that the mean HbA1C readings submitted by GPs are

Table Discussions

During the table discussions, participants were asked to provide their views on one of the following two topics:

1. How can more of the stable SOC patients be right-sited to GPs?
2. How can Primary Care Partnership Scheme (PCPS) be extended to cover chronic conditions?

A summary of the key points that were discussed is available online at the SMA website.

The forum ended at about 6pm. MOH would like to thank all those who have participated in the forum.

(GPs who wish to provide feedback on issues related to their practice may do so by sending your responses to MOH_conversations@moh.gov.sg. MOH looks forward to hearing from you.) ■

FIGURE 2: SCREEN SHOT OF CLINICAL QUALITY IMPROVEMENT TOOL

