

By Dr Wong Chiang Yin, SMA President

No. 5 at 42

Last month, the College of Family Physicians Singapore hosted a very important event – the WONCA World Conference which saw some 2,000 leaders of family medicine from all over the world gather in Singapore. This is probably the equivalent of hosting the Olympics of Family Medicine. I was fortunate to attend most parts of this conference. The keynote address at the Conference Opening was given by Dr Shigeru Omi, Regional Director, Western Pacific Regional Office, World Health Organisation, in which he ended by summarising the importance of primary care to population health – research showed that there was a positive correlation between the life expectancy of a community and the number of family physicians. This relationship has not been established for life expectancy and other specialties. In all likelihood, Dr Omi was referring to the research done by Public Health Professor Starfield from Johns Hopkins. This important association between GP density and population life expectancy has been repeated in many other studies, including developed countries and major cities. One cannot help but wonder if such findings could be extrapolated to Singapore.

The determinants of health in an individual or the public according to Sir Kenneth Calman¹ remain the following five:

- Genetic and biological make-up;
- Environment such as quality of air, water, soil and infections that are transmitted by these same environmental factors;
- Lifestyle factors such as exercise, diet, addiction to smoking, drugs alcohol etc;
- Social and economic factors such as employment, poverty etc; and
- The delivery of a health service and effective therapies.

The last factor – that of the delivery of a health service – only became important in the last 200 years. At the population level, this must be in

no small part due to primary care rendered by our family physicians as mooted by Starfield and Dr Omi.

Singapore can be said to be at the forefront of primary care thinking in the world. This is not the first time that Singapore has hosted WONCA World Conference. Singapore first hosted the Conference 24 years ago, making Singapore one of the selected few countries in the world that has hosted this very prestigious event twice. In addition, the secretariat for this world body, with 99 member organisations from six continents, is located in Singapore and helmed by a Singaporean Chief Executive. So for a little red dot, we are certainly punching way above our weight in opinion and thinking in the field of family medicine. Credit must surely go to our friends in the College of Family Medicine Singapore for putting Singapore on the world map.

But looking ahead, we need to ask where is family medicine going in Singapore? Can our family physicians face the challenges ahead? What are the challenges ahead?

The answer is obvious. It is, as our Health Minister had said, the rapidly ageing population of Singapore and its attendant medical challenges. The main challenges that come with an ageing population are chronic diseases management, disability and rising medical costs. These challenges have to be met by our polyclinics and family physicians in the private sector – the latter, having 80% market share, must play a pivotal role.

On 13 August 2007, *The Straits Times* article “Chronic Patients with Money Woes Cutting Back on Drugs” is a timely reminder that affordability remains a central issue for many poorer Singaporeans. A Tan Tock Seng Hospital (TTSH) study reported that one in five cut back on medication because they cannot afford all the medicine they need. What would that number be for the polyclinics and GPs?



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How can we help GPs play a larger role in management of chronic diseases? According to anecdotal information, GPs have about 50% of the market share of chronic disease management, while the other half seek care in public institutions, mainly at the polyclinics and some at the specialist outpatient clinics. Can more members of the public be encouraged to have a GP to look after their chronic diseases?

On the other hand, a *Lianhe Zaobao* report, also on 13 August 2007, stated that after six months of implementing the outpatient Medisave Chronic Disease Management Programme (CDMP), only \$8.74M has been withdrawn. Given the prevalence of the four chronic diseases included under the Programme, the report said that the potential withdrawal amount at the national level is estimated to be up to \$250M annually.

More interestingly, at a Free Paper² presented at the WONCA World Conference recently, it was stated that of the Medisave money withdrawn thus far under CDMP, 26% of withdrawals were done so at GP clinics, 30% were at specialist outpatient clinics and 44% were at polyclinics. There are currently relatively few users of the outpatient Medisave scheme now, so that despite the relatively larger number of public sector withdrawals, the

private/public market share of chronic disease management remains largely unaltered. However, if CDMP were to really take off and with the existing distribution of Medisave withdrawals (26% at GP clinics), it may mean that the already stretched public sector will end up with more and more chronic patients who could have been treated by GPs. This could be done if we are committed to giving the public sector a larger presence in family medicine and primary care. Ultimately we are not concerned whether it is the GP who does the job or the polyclinics that give more care as long as someone gives good primary care for chronic diseases.

As a reminder of how things can go wrong, on 12 August 2007, an article appeared stating that US is slipping in life expectancy rankings³. It reported that the 2004 life expectancy of United

States ranked 42nd in the world, down from 11th two decades ago. This is despite the United States being the Mecca for high-technology medicine and spending more on healthcare than any other country on earth.

This same article reported that Singapore's life expectancy was a respectable 5th, behind Andorra (population: ~72,000), Japan (population: ~127M), Macau (population: ~457,000) and San Marino (population: ~30,000). If we ignore momentarily the smaller places with populations less than a million, Singapore actually is second, just behind Japan. And this must be in significant part due to the primary care and family physicians that we have, in addition to the other determinants of health such as environmental factors, social factors and economic growth and so on. The future of primary care in Singapore is not just important to family physicians but to everyone in healthcare. What sort

of primary care systems and family medicine do we envisage for the future? A predominantly GP one like now, or more and more subsidised polyclinics? Which is the best way forward for primary care to meet challenges such as an ageing population and chronic diseases? Do we need to strengthen GPs' role in this and if so, how can Medisave CDMP help to achieve this?

As this is the month of national independence, let us indulge ourselves in

a little self-congratulation: We are No. 5 in life expectancy at 42 years old. America is No. 42 at 231 years old. We are doing well. And we need to remember that GPs have a lot to do with us being No. 5. And keeping us at No.5 or thereabouts into the future as well. Hopefully, we will never drop to No. 42 at any age. ■

The main challenges that come with an ageing population are chronic diseases management, disability and rising medical costs. These challenges have to be met by our polyclinics and family physicians in the private sector – the latter, having 80% market share, must play a pivotal role.

References:

- 1 *Sir Kenneth Calman, former Chief Medical Officer of Scotland and England, Vice Chancellor of University of Durham*
- 2 *HK Ho, Enhancing Access, Improving Care – Breakthrough in Singapore's Chronic Disease Management*
- 3 *Ohlemacher, Stephen, Associated Press, 12 August 2007*