

By Dr Jeremy Lim, Editorial Board Member



# Spending More, Saving More

By the time you read this, America would have elected a new president and the economy would probably be in an even worse state than it is now. In most US elections, healthcare is ranked the second most important issue next to the economy, and while both McCain and Obama have detailed plans based on mainly economic approaches to 'fixing' healthcare, both would gloss over the fact that however one slices and dices the numbers, the numbers are still too high. Simply put, healthcare spending is way too high for what the system delivers. How does this relate to the economy? I recall a recent news analysis where the author declared the biggest challenge facing the world was getting the developed economies to spend less, and the developing economies such as China and India to spend more. Are there parallels in healthcare? Can we achieve a state where the individual patient spends less, the system spends more and society as a whole benefits?

Examples abound in the literature especially in the field of chronic disease management; permit me to highlight two less common examples – Antibiotic Stewardship Programmes and 'Destination Medicine'.

**Antibiotic Stewardship Programmes (ASP)** – Singapore public hospitals have some of the highest antibiotic resistance rates globally and this can be attributed at least in part to inappropriate and excessive usage of antibiotics in clinical practice. For example, in SGH's audit of vancomycin usage, it was found that almost a quarter of all prescriptions were inappropriate. Such indiscriminate practice leads to higher rates of nosocomial infections, side effects that prolong hospital stays and ultimately costs patients substantial monies. In fact, infections resulting from nosocomial antibiotic resistant microbes are estimated to lead to additional spending of US\$1.3 to US\$4 billion annually. In a typical ASP, hospitals restrict access to certain antibiotics, require pre-authorisation before dispensing and conduct prospective audits, providing real-time feedback to clinicians who can then modify their prescriptions appropriately. These programmes are expensive to organise from the hospital's perspective, requiring highly trained infectious disease physicians and pharmacists to spend significant amounts of time reviewing practices of other clinicians, but they improve

care for patients and save patients money through minimising consumption (and the need to pay for!) of antibiotics which they do not actually need. The patients pay less, the hospital spends more upfront and society benefits (mainly through societal cost reduction and mitigated antibiotic resistance).

**'Destination Medicine'** – There is a nice chapter in the latest book on the Mayo Clinic [*Management Lessons from Mayo Clinic*. Berry and Seltman, McGraw Hill 2008] describing their approach to patient care. In brief, 'Destination Medicine' advocates efficient, time-condensed practice of medicine from the patient's perspective. The Mayo Clinic recognises that patients' time is often as precious as their physicians' and strives to complete all diagnostics within one or two days, and it is not uncommon for patients to be offered next-day surgery. Contrast this with our current system in the public sector which forces patients to attend multiple times. An all too common scenario is the patient consulting a physician in his first contact with the hospital, returning another day for advanced imaging studies, obtaining a diagnosis in the third encounter, being referred to a surgeon in the fourth and finally undergoing definitive surgery in the fifth. At least, there appears to be cause for optimism. A public sector hospital CEO shared with me that in his hospital's breast service, patients are advised to attend in the morning fasted, consult the breast surgeon, undergo any necessary imaging studies that same morning and have their biopsies taken (under general anaesthesia if necessary) and read in the same day. He shared that while it was initially an involved effort to ensure smooth flow through the different departments, it was important so that patients would know in the shortest time possible their diagnosis and vitally, whether they had breast cancer or not.

Ironically, 'Destination Medicine' would appear to be routine in the private sector but diffusing best practices from the private to the public sector is a tale for another day...

We are going through economically difficult times. While governments will feel the pinch, it will be the patients, especially those who have lost their jobs, who will truly suffer during this period. Let not healthcare woes compound their worries. As healthcare professionals, we need to do our part. ■



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