SUPER CLINICS: THE WAY TO GO?

— PART 2

PROFILE

TEXT BY

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Disclaimer:
The above article is a reflection of the author and not as a result of owning or running any of the FMC.

"You know what? We should get our private GPs together and share as much resources as we can, especially good locum doctors who can cover us when we need a break." A senior GP mentioned to me at a lunch hosted by the Ministry of Health (MOH).

His views are not new and many of us share the same thought. Some have tried to do it by forming small private groups. Others have tried applying the MOH concept of Family Medicine Clinics (FMC), which is similar to the Australian "super clinic" model.

Regrettably, I have yet to see any success in the last decade. Why is it so difficult to see FMC take flight here when countries like Australia and New Zealand are able to pull it off?

OUR UNIQUENESS

Singapore has some unique features that pose challenges to the FMC model. Firstly, although we are a very small country, our healthcare facilities are abundant and easily accessible in terms of distance, cost and standards. The abundance of choices creates such stiff competition that it is impossible to save cost by size. Instead, the institutions have to be small and nimble to remain cost-effective and cost-efficient.

Secondly, our financing model is confusing and varied. The public can pay for healthcare services through a variety of means. They can utilise their company medical benefits, healthcare services supported by insurance companies and managed care companies, subsidised public healthcare, subsidised private healthcare at GP clinics, or pay out of their own pocket for services at private GP clinics.

The different permutations a GP clinic offers only add to the confusion. The lack of uniformity ultimately causes the public to choose healthcare services based on their out-of-pocket payment amount. This makes it difficult for GPs to come together.

Thirdly, GPs are individuals with different motivations. Those who work in the public sector may choose to work there because they like the regularity and predictability of the practice. It is also attractive for those who prefer a career path with advancements in terms of teaching and research. The private GP can

either be employed or self-employed. Those who chose to remain employed might have an entirely different motivation from those in public sector and those who are self-employed. The self-employed, on the other hand, have to find all means to stay afloat. It is a matter of sink or swim for them daily.

INGREDIENTS FOR SUCCESS

There are many factors to address before any chance of GPs coming together will materialise.

PUBLIC PERCEPTION

The most important factor is the public's perception of GPs. The public must regard GPs as their first doctor to call and the clinic as their first port of call whenever they require any medical advice.

Public policies and health promotion can further improve the positioning of GPs. Our current health system is confusing to the public. As a result, they cannot differentiate between primary and tertiary care, and their often inaccurate perception may cause them to shun GPs.

Public understanding of tertiary and emergency care is equally inaccurate, resulting in patients who seek care that they do not need or face difficulties addressing their problems. This frustration has to be managed before super clinics can succeed.

MOTIVATING FACTOR

Another factor is the operators themselves. The super clinics should ideally run on a self-employed model. The attitude and approach to issues can be very different between an employer and an employee. Personally, I am more willing to work and try harder as a self-employed GP than when I was a locum or in public service. The threat of failure for a self-employed acts as an excellent motivator.

CONDUCIVE INFRASTRUCTURE

Additionally, our present infrastructure does not support building larger clinics. In order for the FMC model to be viable, doctors will need bigger units. Currently, most available Housing & Development Board (HDB) commercial units are around 500 square feet. A small super clinic comprising two to three doctors will likely need a space of 3,000 square feet. Thus, the HDB will need to allocate larger units for future clinics if they take this into consideration. A cheaper alternative would be to convert current void decks into larger clinic spaces.

FINANCIAL FUNDING

Our current public funding policies do not favour consolidation. There is no incentive to merge. Finance can change the way doctors practise and the way the public seek healthcare services. It is a powerful enabling tool, but it can also be a hindrance if applied improperly.

For instance, if money is granted too easily, it will take away the desire to work hard for success. On the contrary, when money is withheld most of the time, GPs will give up.

It is interesting to note here how the Australians clinch it. I was told by my classmate who had migrated down under, that the Australian government buys over solo private GP practices at market rate before relocating them into these super clinics, which the GPs now co-own. It is a very bold, innovative and attractive policy indeed.

ADMINISTRATORS' MINDSET

The mindset of our public health administrators also has to change. It is very important to impose clinical governance. But bringing it to the extreme will not be attractive to existing private GPs. There can be more collaboration between the tertiary hospitals and super clinics, where they adopt a shared care and co-operation concept. With that, they can better sort out the patients and direct them to the appropriate care facility.

FUTURE GPS

We also need to make it attractive to the next generation of GPs. The super clinics must embrace teaching and nurturing of the younger residents. I would go to the extent of saying that our public institutions must help and bless our young family physicians when they tender their resignation to start their own practice. It is obvious that when the young GPs starting their practices receive help with no strings attached, they will remain a friend. The converse is true. The more negative the parting, the worse the rivalry. Why make an enemy out of a friend?

LASTING TRUST AND RELATIONSHIP

Last but not least, we need to trust one another. The best way to build trust is to genuinely care for one another, especially when one is in need. Everyone should take the initiative to make the first move to reach out. Action often speaks louder than words, and not everything can be bought with money or programmes.

Care for physicians' welfare is lacking here. We can start with this. The super clinic, with its multi-doctor practice, might help us to look out for one another; a topic we should touch on more. It is definitely worth the effort to consider using the super clinic to care for fellow GPs.

So, are we ready? ◆

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