

ENHANCED SCREEN FOR LIFE PROGRAMME TURBOCHARGED FOR SINGAPORE

Text by Dr Tan Tze Lee

On 1 September 2017, the Ministry of Health (MOH) and Health Promotion Board (HPB) will kick off the enhanced Screen for Life (SFL) programme. This programme will enable eligible Singaporeans to screen for five conditions that afflict many of our people, namely, hypertension, hyperlipidaemia, diabetes mellitus, cervical cancer and colorectal cancer.

The aim of this programme is to encourage greater take up of health screening opportunities, especially for Singaporeans who have rarely or not had a health screen. The number of people who fall through the cracks is significant; one cluster found that almost 50% of the folks they screened (who had never ever been screened before) had undiagnosed diabetes mellitus!

The enhanced SFL programme is timely, as it seeks to facilitate widespread screening opportunities for eligible Singaporeans at a very low cost. An estimated 1.8 million Singaporeans will be eligible for a health screening at \$5 or less, with all Singaporeans above the age of 40 being eligible.

The role of GPs

What does this mean for us GPs on the ground? Will it help us to manage our patients better? Even more importantly – will our patients take it up?

SFL has long been a national health screening programme of the HPB. The

enhanced SFL programme puts subsidies right in the community, and aims to help more Singaporeans to better monitor their health status by going for recommended screenings and reviews. Early diagnoses mean early intervention and treatment, resulting in better outcomes! By anchoring screening, health promotion, disease prevention and chronic disease management at GP clinics, better and more meaningful doctor-patient relationships will soon become a common reality.

Which clinics are eligible? All clinics that are participating as Community Health Assistance Scheme (CHAS) GP clinics will be automatically enrolled into the SFL programme. The following screening will be available:

1. Cardiovascular risk screening for men and women aged 40 years and above;
2. Cervical cancer screening for women aged 25 years and above;
3. Colorectal cancer screening for men and women aged 50 years and above;
4. Breast cancer screening for women aged 50 years and above at designated breast screening centres.

A useful tool developed by HPB is the Diabetes Risk Assessment (DRA), which helps to identify Singaporeans aged 18 to 39 years who are at risk of diabetes mellitus, and encourages them to go for cardiovascular screening. Those who

are found to be at risk will also qualify for the SFL subsidy for cardiovascular screening. The DRA can be found on HPB's HealthHub app from September onwards.

Patient eligibility

Eligibility for the various SFL subsidies depends on a number of factors, including when they had been last screened, and whether they had been previously diagnosed with chronic disease or the selected cancers screened for. This eligibility can be checked through the CHAS portal, a welcome development and an excellent example of how information technology can help GPs.

Although Singapore Permanent Residents are not eligible for the full SFL subsidy, they can screen for the various conditions at SFL prices if they fulfil the screening criteria (refer to Table 1).

There remains a substantial number of those who have, for one reason or another, never had any form of health screening at all. To address this, the Government restructured hospitals have been busy in this area. Very often, you will see weekend health events at the community clubs that are spearheaded by teams from these hospitals, with the highlight being the screening programmes. These screenings are done with the support of MOH. The screening results are subsequently dispatched to designated GP clinics for review with the screened patients.

These programmes are all well and good, but often there is replication as different groups may screen the same individual at different times in the same year. Furthermore, they can provide screening for anyone who attends the event. For years, polyclinics have also been conducting health screenings for their patients, offering screenings for hypertension, diabetes, hyperlipidaemia, as well as Pap smears, stool occult tests and mammograms. They have done an excellent job, but there is only so much they can do, especially since polyclinic doctors only make up 20% of the doctors in primary care. The glaring omission will be those who truly need to be screened. In fact, those who are not being screened are those who do not venture out of the comfort zone of their home and community, and who are most at risk. This will need to be addressed, as they form the bulk of those who continue to live with undetected chronic disease and “brew” their condition until complications arise. Eventually, I hope that GPs will be empowered to seek out these patients for screening.

Therefore, engaging GPs in the community makes perfect sense as we make up the majority of doctors working in primary care, comprising around 80% of the primary care workforce. GPs are well equipped to do screening programmes for their patients. Some, like me, have previously participated in the earlier SFL programme. By engaging these GPs, MOH will be better utilising the GPs’ skills, tapping into the manpower and skillsets of these professionals who are already embedded in the community.

Eliminating barriers to healthcare

As a GP who have been in private practice for the past 25 years, I have witnessed the “ageing of Singapore”. My patients, many of whom have been seeing me since 1992, have grown old with me. As time

continues its incessant march into the future, more and more people will develop chronic illnesses. This is inevitable with growing old and living a “wealthy” sedentary lifestyle. Some of them have employers who provide health screening benefits for them. Some of them are very health conscious and make it a point to attend regular check-ups, often at their own expenses. However, we frequently encounter patients who are without the means to do screening; the enhanced SFL programme takes care of these fiscal barriers. With a minimal co-pay amount for CHAS patients and full subsidies for pioneer generation (PG) patients, it effectively removes costs as an impediment to screening. Even for Singaporeans who are eligible but are non-CHAS and non-PG patients, the very small co-pay amount of \$5 should prove to be a great encouragement for patients to go for health screening. This is similar to CHAS and PG programmes that effectively put funding back into the community. The GPs will at last have the tools and means to better manage their patients in the community, in the full knowledge that they finally have

the professional and financial support from MOH.

Enhanced SFL:

Does it benefit GPs? Yes!

Will it enable GPs to better manage their patients? Yes!!

Will patient take-up increase? Most definitely, yes!!! ♦

Dr Tan Tze Lee is a family physician in private practice in Choa Chu Kang. A GP at heart, he believes strongly in family medicine provided by family physicians embedded in the community.



Flip over for screening criteria

Table 1 SFL Recommended Screening and Eligibility Criteria

Recommended age groups	Condition to be screened for	Screening tests	Recommended screening frequency	SFL rates for eligible patients at CHAS GPs/ approved screening centres only	
				Singapore Citizens (w.e.f. 1 September 2017)	PRs
18–39 years	Obesity	Body-Mass Index (BMI)	Once a year	\$0 for Pioneers \$2 for CHAS card holders \$5 for all other Singapore citizens (Co-pay covers tests, screening visit, repeat screening visit [if required] and follow-up.)	Screening test: \$10 (w/o GST) \$10.70 (w GST) Screening consultation: as charged by GP
	Hypertension	Blood pressure measurement	Once every two years		
	Diabetes mellitus Pilot for high risk individuals only identified with the DRA	Fasting blood glucose	Once every three years		
	Hyperlipidaemia Pilot for high risk individuals only identified with the DRA	Fasting lipid profile	Once every three years		
25 years and above	Cervical cancer	Pap test (women only)	Once every three years	\$7.50 (w/o GST) for Pioneers (at polyclinics) \$15 (w/o GST) for all other Singapore citizens (at polyclinics)	Screening test: \$10.25 (w/o GST) \$10.57 (w GST) Screening consultation: as charged by GP
					\$22.50 (w/o GST) (at polyclinics)
40 years and above	Obesity	BMI	Once a year	\$0 for Pioneers \$2 for CHAS card holders \$5 for all other Singapore citizens (Co-pay covers tests, screening visit, repeat screening visit [if required] and follow-up.)	Screening test: \$10 (w/o GST) \$10.70 (w GST) Screening consultation: as charged by GP
	Hypertension	Blood pressure measurement	Once every two years		
	Diabetes mellitus	Fasting blood glucose	Once every three years		
	Hyperlipidaemia	Fasting lipid profile	Once every three years		
50 years and above	Colorectal cancer	2-day Faecal Immunochemical Test	Once a year	\$0 for Pioneers \$2 for CHAS card holders \$5 for all other Singapore citizens (Co-pay covers tests, screening visit, repeat screening visit [if required] and follow-up.)	Screening test: \$32 (w/o GST) \$34.24 (w GST) Screening consultation: as charged by GP
	Breast cancer	Mammogram (women only)	Once every two years		\$25 for Pioneers (at polyclinics) \$50 for Pioneers (at other breast screening centres) and other Singapore citizens

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