



SINGAPORE HEALTHCARE

What's Up Ahead for GPs?

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Dr Lee is a GP practising in Macpherson. He is also a member of the current National General Practitioner Advisory Panel. He is a pet lover at heart who is the proud owner of a dog, and regularly feeds neighbourhood community cats. He also enjoys playing online war games and thinks that playing Pokemon Go is a good form of exercise.



Come 1 November, the Community Health Assist Scheme (CHAS) will be updated to provide everyone with health subsidies for all eligible chronic medical illnesses regardless of income status. The Green, Orange and Blue CHAS categories will also provide full means testing for the healthcare institutions and the Ministry of Health (MOH).

At the same time, the benefits currently extended to the Pioneer Generation (PG) will have a new category called the Merdeka Generation (MG) for those born between 1950 and 1959 to reward them for their effort in building up our nation.

Care in implementation

MediSave top-ups would have already been completed by the time this column is printed. Like the

exciting *silver nine-tailed fox* from Chinese and Korean mythology, we are now one step closer to a universal health plan. What may delay the implementation or throw a spanner into a smooth implementation may be the information technology (IT) challenges in rolling these out across the nation's CHAS clinics.

I remember that when the enhanced Screen for Life programme was rushed out, little attention was paid to details. Among the several problems faced was the glitch in the IT portal which took many weeks to rectify. That glitch also disrupted the existing CHAS scheme submission. It was a nightmare for many of us running our CHAS clinics faithfully.

United efforts

Thus far, we have focused our journey on care for chronic illness.

We are bracing ourselves for the impending onslaught of the Silver Tsunami with many struck with complex chronic conditions. To counter this, Singapore is trying to tackle it upstream by adopting a strategy in managing population health and tracking the entire journey of our patients seeking medical treatment and health.

The way forward, for now it seems, is for healthcare workers to gain a foothold in our community and draw the focus away from the traditional tertiary care hospitals. Much of these have to be coordinated among the many types of healthcare workers in our complex healthcare system.

Hence, the idea of team-based care is born and is being piloted in primary and community care settings. The implementation of team-based care models could cover up the gaps of a single provider and such synergism would benefit our patients in the holistic management of their medical illness.

Our patients benefit from the strengths of the different healthcare team members. In such a model, teamwork and coordination is critical. It can make the model shine or break it down into chaos and confusion.

One must not forget the element of prevention to stop the onslaught of ill health in the first instance. We need to prevent the onset of ill health by first promoting a healthy lifestyle. We then need to prevent the onset of both acute and chronic diseases. Next, we need to prevent the illnesses from deteriorating and lastly, we need to prevent the development of complications. In order to do that, all healthcare workers need to spend dedicated time talking to and counselling

our patients and helping them understand the conditions as well as the management plan.

Funding needs to be streamed to the neighbourhood GPs if the MOH is serious about wanting us to be on the same team to manage our rapidly ageing population. The members of our Primary Care Networks (PCN) need to be empowered and funded in the war against diabetes, mental illness, dementia and other chronic medical diseases.

GPs' roles and duties

GPs must also be willing to transform ourselves to play these roles that MOH has designed for the future generations. We must be willing to change the way we practise, undergo more updates and training, and even change our model of care or operations. As we make our focus patient centric, funding needs to follow and flow to the patient too. However, there will always be black sheep in any community and we need to be able to spot them. We must all do the right thing so that the majority works with the right ethos and that doing good will be motivated and incentivised. Exploitation for selfish personal gains by the profession or the public should not be tolerated and should not be dismissed lightly.

Policies that are too tight will hold back the performance of those doing good. At the same time, it should not be too loose that it tempts the public and practitioners to exploit them. We GPs are accustomed to doing everything for our patients by ourselves and charging for such services with a holistic bill. However, we now need to progress with these changes. We need

to start delegating various tasks to nurses, dieticians, podiatrists, pharmacists and other allied health professionals. As doctors, we should focus on higher level work that requires our professional expertise. This will command higher fees and translate to higher income to make up for the jobs delegated.

Members of various chat groups have been complaining about the absence of a level playing field that private doctors face. The good news is we can be and are moving towards the levelling of the playing field. One way is by participating in schemes like CHAS and the PG and MG packages. Other ways include joining and taking part in the PCN, and upgrading and honing our skills further by attending postgraduate courses as well as workshops and other relevant continuing medical education activities.

With an increased volume and complexity of patients, there may not be enough time to address all the medical conditions and that will increase the risk of making mistakes. Hence, we must all learn to work in teams. If done properly, we will be rewarded with more satisfying careers.

Working such long hours week after week will also result in burnout. We need and have to learn to take time off to refresh and recharge. Only with many doctors practising team-based care can we afford to rest and recharge.

So, what more do we have for the rest of the year? I believe we have our hands full. But the future is shining so brightly.

Good luck to all my fellow comrades! And since this is August, I would like to wish Singapore "Happy National Day!" ♦