

What it takes to arrive at a healthier Singapore

Teo Yik Ying

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Come July 2023, Singapore will embark on its biggest healthcare reform since 1984, Healthier SG. This will focus on keeping people healthy and disease-free as long as possible, while ensuring that anyone on the verge of developing a chronic health problem is identified as early as possible.

Over the past two decades in Singapore, a country with a rapidly ageing population, the proportion of people with chronic conditions including the “three highs” – high blood sugar, high blood pressure, high cholesterol – has been increasing steadily.

This is why one fundamental change Healthier SG will bring is the relationship between people and their general practitioners (GPs). Every person will be enrolled with a specific GP, who will be paid to prevent long-term illness instead of relying on the traditional business model of providing short-term consultations.

The scale of Healthier SG is immense as this will restructure healthcare financing and primary care services while developing a unified health informatics pipeline that caters to both patients and healthcare providers such as GPs and specialist doctors in hospitals.

To truly benefit, each of us must play the following two roles properly.

First, we must enrol with a GP, who can be the current family doctor – although you can always choose someone else. Enrolment starts the Healthier SG journey to access the system's benefits.

Second, we must maintain an open mind and act on advice given to us by our GP and community partners, such as on lifestyle changes and going for

health screening and vaccination appointments.

Research from the Saw Swee Hock School of Public Health reveals that more than a quarter of people who required diabetic-foot amputations did not even realise they were diabetic until the diagnosis of their foot problem. Further research suggests about half of people at risk of clinical diabetes are not aware of their elevated risk.

ROLE OF GPs IN NEW SYSTEM

Private GPs command around 80 per cent of the market share of primary care in Singapore, and so the success of the reform hinges on them coming forward to participate in Healthier SG.

GPs are given the choice to decide whether to participate. There are incentives to get them to take part, including the promise of a stable revenue stream, and access to subsidised medications and a range of services offered by community partners.

Clearly, participating in Healthier SG must not make GPs worse off compared with the status quo, both financially and stress-wise.

For GPs who take part, success will depend on whether they truly internalise the change in the nature of their relationship with patients. After all, they will be paid to advise their enrolled residents even when these people are well, to prescribe appropriate lifestyle changes, and to work with relevant community partners to meet their needs.

In fact, GPs will provide the reassurance that all the efforts by the individual are paying off, when health indicators such as levels of blood glucose, blood pressure and cholesterol start to improve.

And, because managing patients with chronic diseases and advising on lifestyle changes may not be the strength of every GP, the humility to accept the

need for upskilling and to use standardised care protocols will be important.

THE ROLE OF THE MINISTRY OF HEALTH

First, the Health Ministry (MOH) must ensure the barriers to entry for GPs are kept as low as realistically possible. This means understanding how participating in Healthier SG will change the day-to-day operations of GPs, and to provide assistance if these changes deter GPs from signing up.

For example, if GPs are expected to take on the responsibility of deeper communication with their patients, such as calling them up to come forward for screenings and vaccinations, this will incur additional manpower costs in every clinic.

MOH could step in and introduce centralised call centres

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that are supported by the HealthHub mobile application, so both residents and GPs are informed whenever appointments are accepted and scheduled.

Similarly, there are still a sizeable number of GP clinics that rely on pen and paper for record-keeping. As participating in Healthier SG requires each clinic to share health records digitally, the cost of switching from a manual system will deter many. The cost here is not simply about enabling the IT infrastructure, but also about the necessary training for doctors, nurses and clinic staff.

When steps to reduce or remove these barriers to help GPs are achieved, MOH could even consider participation in Healthier SG as a condition for granting new GP licences.

Second, MOH may want to consider auto-enrolling people who have yet to register with a GP. After all, going by the examples of those with diabetic foot amputations and pre-clinical diabetes, there is every reason to expect that a sizeable number of people will not heed the call to enrol.

The success of Healthier SG relies on activating as many people in the population as possible, and cannot be an initiative that only benefits those who are conscientious about their own health. In fact, it is exactly those who do not regularly come forward for screening and vaccination who will benefit the most.

WHAT THE GOVERNMENT COULD LOOK AT

Monitoring and evaluating public money spent is the right approach in responsible governance. For Healthier SG, here are two recommendations on how this accounting can be achieved.

First, the success of health promotion and preventive care takes time to mature, and the Government must resist taking a

short-term lens in determining the success of the reforms.

This is important when successful enrolment and active participation will increase healthcare expenditure in the short term, such as when those with undetected cancers and chronic diseases are discovered and put on care plans.

Where cost savings are expected to be generated is when disease onset or catastrophic failure is delayed or even averted, since delivering these specialist levels of healthcare services is often more expensive than the cost of preventive services.

Such cost savings are typically years or even decades away, and accounting for success must similarly adopt a long-term perspective.

Second, we have to go beyond healthcare cost-savings in defining success, to include measurements of the societal benefits of a healthier population to overall human capital.

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Accounting for overall societal benefits is not easy, especially since quantifying the quality of life and human capital productivity is often erroneously seen as subjective science. However, this is the right valuation approach for Healthier SG.

There will invariably be a degree of messiness in pivoting from the present system to Healthier SG. But that is precisely because Healthier SG is a substantial reform. Small tweaks are easier and neater, but they are unlikely to bring about the change that is needed for the next lap of Singapore's health system.

For Healthier SG to succeed, each of us needs to play our respective roles, in order to truly change the trajectory of population health in Singapore, and to slow down the rising financial burden in protecting the health of our people.

stopinion@sph.com.sg

• Professor Teo Yik Ying is dean of Saw Swee Hock School of Public Health at the National University of Singapore.