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To facilitate good chronic disease management in the private GP sector, MOH has been exploring various innovative models over the years to enhance GPs' access to nurse and allied health services. One model is the Community Health Centre (CHC), where GPs can refer patients for services such as diabetic eye and foot screening, and nurse counselling. Our GP partners have also actively spearheaded ground-up initiatives such as Primary Care Networks (PCN) to improve chronic disease management through team-based care. The PCN aims to bring together GPs into networks, and provide them with access to shared support services. The model has shown promising results and MOH is looking at resourcing more GPs to form PCNs.

To support these and other primary care facilities, we will need to grow our pool of well-trained Family Physicians. MOH is strongly supportive of the key roles Family Physicians will play in primary and community sectors, and has been working with the College of Family Physicians Singapore (CFPS) and the FM fraternity to review our postgraduate Family Medicine training framework to develop the training capacity and curriculum to meet current and future care needs in Singapore. I am heartened to know that the proportion of Family Physicians practising in GP clinics and polyclinics has steadily increased from under 50% in 2012, to about 60% in 2016. I believe this will continue to grow.

MOH is also developing IT as another critical enabler to strengthen primary care. With patient care increasingly straddling across various healthcare settings, the National Electronic Health Record (NEHR) becomes increasingly relevant for sharing useful patient information across providers and supporting continuity of care. MOH and MOH Holdings are currently developing GPCoconnect, an integrated IT system comprising a Clinic Management System (CMS), electronic medical record (EMR), with direct links to national systems such as NEHR, CD-LENS and CHAS Online. This



will support GPs in delivering more efficient and better quality primary care.

THE NEXT GENERATION OF FAMILY PHYSICIANS

As you join the ranks of fellow Family Physicians and continue the good work of Family Medicine, besides contributing in terms of clinical practice, I hope you will consider giving back to the fraternity by becoming a Family Medicine trainer in the future. Just as you have benefited from the generous teaching and guidance of your mentors, you can play your part and "pay it forward" by moulding our next generation of Family Physicians. For those of you with the interest and aptitude, we also hope that you can contribute to the field of primary care research, which has the potential to not only improve patient care, but also raise the profile of Family Medicine. I also challenge you to constantly think out of the box and seek continual improvement in the delivery of primary care, by innovating new models of care or patient work flows to enhance our healthcare efficiency and cost-effectiveness.

Our pace and degree of success in shifting from a hospital-centric model to a community-based one depend very much on how quickly primary care can be transformed to anchor the care of patients. I am heartened to see that so many of our young doctors such as yourselves have chosen this path.

I would like to thank the College and all Family Medicine tutors for their hard work, and their close collaboration with the Ministry to ensure that there is a ready pool of highly trained Family Physicians to meet the needs of our nation. More importantly, I am glad to see this pool of dedicated Family Physicians devoting much time and effort in developing the discipline further, so as to keep our healthcare system sustainable, and ready for future challenges.

I wish you all the best. Thank you.

CM

Sreenivasan Oration 2016

A/Prof Kenneth Mak, Deputy Director Medical Services (Health Services Group), Ministry of Health was the Sreenivasan Orator and had delivered the following address at the Family Medicine Convocation Ceremony and Dinner 2016.

Minister of State for Health Dr Lam Pin Min
Associate Professor Lee Kheng Hock, President, College of Family Physicians Singapore,
Council Members,
Distinguished Guests,
Ladies and Gentlemen,

Good evening

INTRODUCTION

It gives me great honour to deliver the Sreenivasan Oration today, in commemoration of the late Dr B R Sreenivasan's immense contribution to Family Medicine, medical education, and the health of countless Singaporeans. Let me first thank the College of Family Physicians Singapore (CFPS) for this privilege.

In preparing for this talk, I went through the speeches of previous Sreenivasan Orators so as to better understand what topics were of interest to members of the College of Family Physicians. I realised that these excellent speeches covered a wide range of topics on how Family Medicine developed in Singapore, the desired competencies

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of a Family Physician, current and future challenges affecting the Family Medicine community, as well as how family physicians should be trained to maximise their potential and fulfil their roles in healthcare. The speeches can be found within the College's internet website; I strongly encourage our newly inducted colleagues, who have successfully attained their post-graduate Family Medicine qualifications, to read these speeches. The speeches give a strong sense of the heritage you have, as you joined the fraternity of Family Physicians in Singapore, and provide context to what I will talk about this evening.

'VALUE' IN HEALTHCARE

I was asked to speak this evening on "The Value Proposition of Family Medicine to the Healthcare System". 'Value' means different things to different parties. Even with a shared understanding of the term, different parties may consider different things to be of 'value'. The term 'Value Proposition' is often used to refer to business or marketing statements that a company uses to highlight the characteristics, services, or innovative features which make the company and its products more attractive to its customers. Value propositions state how a product or service solves a pain point, or gives more benefits compared to alternative products and services.

In determining whether Family Medicine presents a value proposition to the healthcare system, one must first consider the context. What challenges do we face in our healthcare system, today and in the not too distant future, which present us with the need to transform the way in which we provide care to Singaporeans?

UNDERSTANDING THE CONTEXT FOR CHANGE IN HEALTHCARE

We face many challenges today which compel us to tweak our public healthcare model. Our aging population demographic leads to increases in demand for healthcare resources. Singaporeans are living longer, but not necessarily healthier. Singapore is also aging rapidly - 1 in 4 Singaporeans will be above the age of 65 years by 2030. Our senior citizens will have a higher associated incidence of chronic diseases as well as problems related to frailty and aging. They are five times more likely to be hospitalised and to stay twice as long in hospital compared to those in the younger age groups.

We have expanded our public healthcare infrastructure in tandem with the rising demand to maintain accessible care for all Singaporeans. We continue to build new acute and community hospitals, and to expand the bed capacity of our existing hospitals. We will be opening 6 new polyclinics within the next 5 years. We projected our manpower needs to grow. There is a need for more manpower in all our healthcare sectors, whether of doctors, nurses, pharmacists or other allied health professionals.

There is however, a finite limit to how far and how fast we can expand our healthcare resources, to meet the ever increasing demand. Manpower and fiscal constraints in the near future require us to think critically about the need to transform our healthcare model. Two key concepts are key to understanding this change.

KEEPING HEALTHCARE SUSTAINABLE – MOVING BEYOND QUALITY TO VALUE

The first concept is "SUSTAINABILITY". Given our finite healthcare resources, it is important for those of us involved in public healthcare policy setting and implementation, not to blindly pursue introducing new healthcare services and technologies, without considering whether such services are clinically effective and cost-effective. Our goal is not to be 'first in class' or 'best in class', but we aim to deliver healthcare based on a pragmatic understanding of what a reasonable and appropriate level of care is, to maintain the health of all Singaporeans.

'Value' creation that is relevant to this context comes at a cost, and involves trade-offs. Michael Porter, the eminent Harvard Business School Professor, puts it succinctly in his contemporary interpretation of 'value' in healthcare, by defining value as 'health outcomes achieved per dollar spent'. In our quest to move beyond quality in healthcare per se to value based healthcare, we need to ask ourselves how we can improve health outcomes for Singaporeans, without a significant increase in cost. Our search to create better value drives us to reduce care fragmentation, by removing duplication and variation in our healthcare processes.

It is reasonable to expect a more sustainable, value-driven healthcare model to affect specialists and acute care hospitals the most. However, it is often Family Physicians, working in the private sector who provide us with good insights on how to achieve this. Family physicians have a clear appreciation of what is important in managing the chronic health care needs of their patients. They are less enamoured with technology, if it does not contribute positively to the physician-patient care model they work hard to establish, and particularly if it does not further empower them to deliver better care. They intuitively seek leaner ways of providing care, and take pains not to increase the cost burden for their patients, without good reason. This is one reason why I have a world view that states that the most impactful and sustainable change efforts in healthcare, are likely those which are led by primary care physicians, for their patients in the community.

Care transformation initiatives led by family physicians need not only occur in their outpatient clinics. We have seen important work undertaken by family physicians in trying to move more patients out of the acute care hospitals, into community hospitals, and from community hospitals back to home. Family physicians contribute further to our conversation on value driven healthcare, by helping to define what constitutes success in healthcare transformation. We are moving away from looking merely at process indicators, to outcome measures. When looking at outcomes, we are also shifting our focus from clinical outcome indicators, to patient derived outcomes. Family Physicians, in forming deep and personalised relationships with their patients, have a unique understanding of their patients' concerns and health aspirations. They can help us define care goals appropriate for their patients, even if their patients journey across care boundaries, into the hospital. Family Physicians cannot expect to confine their clinical practice only to their clinic, but they must be challenged to step up, to work with specialists across care settings, and to help coordinate care or co-manage care for their patients.

CENTRE OF GRAVITY – MOVING BEYOND HOSPITALS TO THE COMMUNITY

The second concept for us to reflect on this evening, is "CENTRE-OF-GRAVITY". All of us are familiar with this physics term. This is the point where the entire weight of mass of an object appears to concentrate at, so that the object remains in equilibrium or in balance if we are able to support the object at this point. This physics definition is a mouthful and only provides an understanding of the concept in one dimension. Clausewitz, the German military strategist expanded our application of the 'Centre of Gravity' concept into warfare, by regarding the Centre of Gravity (CG) not simply as an imaginary point where the forces of gravity converged, but also as point where there was a congregation of critical capabilities, critical needs and critical vulnerabilities. Striking the CG of an object with enough force causes that object to lose its balance or equilibrium, and topple over. A military CG, was not simply the source of strength of an enemy but the fulcrum on which his strengths, capabilities and vulnerabilities are delicately balanced.

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Tackling an enemy's CG, destabilises him greatly to allow a decisive victory to be quickly achieved.

The centre of gravity of our healthcare system has for many years been regarded as our Acute Care Hospitals. We have concentrated much of our resources to building up acute hospitals into centres of subspecialist clinical excellence, with less resources devoted towards building up our continuing care and community care sectors. For many, definitive care only occurs when the patients enter the entrance of the hospital and stops when the patients leave the hospital. In reflecting on the need for change, we now realise that this is too myopic a view on what a patient's entire care journey is, from illness to health. A patient first resides in his home and ultimately must return to his home in the community to continue contributing positively to society. We are now more mindful of the need to return patients as best as possible back to their community and are working hard to reduce the time patients need to spend in the hospital.

In my mind, the proper centre of gravity in our healthcare system is in Primary Care. As the first point of care for most of the population, our primary care doctors provide timely treatment of conditions before more serious and costly complications develop. As gatekeepers to specialist care, Family Physicians help patients avoid unnecessary medical risks and the typically higher costs associated with specialist care. Family Physicians coordinate their patients' care and rationalize their healthcare visits, minimizing duplication of services and resource utilization, for the benefit of both the patient and the healthcare system.

To facilitate such value-based care, to deliver better patient outcomes while managing rising costs, MOH has worked on ways to transform the primary care sector. We introduced Family Medicine Clinics (FMCs) and Community Health Centres (CHCs). We continue to explore other primary care models, including supporting the development of FP-led organisations of GPs into Primary Care Networks. These networks would be supported by additional administrative and clinical resources from MOH. The novel local care models are not intended to compete with private primary care practitioners and to poach patients away from incumbent single general practitioners working in their clinics. Instead, they are intended to further empower Family Physicians to better care for their patients. They enable Family Physicians to partner with other providers in a regional health system to deliver seamless and integrated care, thus bringing value to their patients.

Family Physicians play important roles in our 'Hospital to Home' strategy. Your President in the College, A/Prof Lee Kheng Hock, has spent many years leading a team within the Singapore General Hospital, tasked with facilitating patients leaving the hospital and coordinating transitional care programmes to support patients recuperating at home. He has also helped to facilitate placements of patients into Community Hospitals and Nursing Homes after discharge. Your Honorary Secretary, A/Prof Tan Boon Yeow, plays a seminal role in helping to pilot new care models in the Community Hospital and provides thought leadership in how patients with complex care needs should be supported after discharge from the Community Hospital. The roles these Family Physicians play are non-traditional and anathema to traditionalists who regard Family Medicine as only inhabiting the Primary Care, Community

space. Yet, these roles are vitally important as these roles define the ever present need for Generalist clinicians to remain in our healthcare system, to help manage patients who present with complex and concurrent medical needs and to help their patients navigate through the public healthcare maze. We must avoid the undue and excessive care fragmentation, as well as the lack of care ownership of our patients, that can come through a greater degree of subspecialisation. We endeavour to reduce friction our patient's care journeys, and Family Physicians play an important role in helping our patient navigate their care transitions.

The evolving and expanded role of Family Physicians requires new competencies to be developed. This is particularly in the knowledge of community resources and as team-players or leads, in multi-disciplinary healthcare teams, as mentioned by Minister of State Dr Lam in his earlier opening address. The Family Physician must learn behavioural science strategies and deeper communication skills, in order to better influence his patients and nudge his patients to take a more active and disciplined ownership of their chronic medical condition.



CENTRE OF GRAVITY – BEYOND HEALTHCARE TO HEALTH

Another strategem in our care transformation, to reduce long-term demand on our healthcare resources, is to change our focus from delivering illness care, to maintaining the health of our population. Moving 'beyond healthcare to health' requires us to work with other stakeholders in government, schools and in the workplace, to encourage healthy eating choices as well as to maintain active lifestyles through sports and exercise. This will reduce the risk burden for developing chronic medical conditions like coronary artery disease and diabetes in the medium to long term. We are designing better screening programmes both for the population and those we regard at higher risk for conditions like diabetes.

Family Physicians play a vital role in our preventive health efforts. Most screening is currently performed by doctors in primary care. GPs must undertake to follow-up and treat their patients for their chronic medical conditions, after these conditions are diagnosed through screening. FPs contribute further by providing important health education and counselling. The educational messages resonate better and have a greater likelihood in being internalised, leading to meaningful change, if they come from people whom patients trust, like a family member, close friend, or a trusted and valued family physician.

Family Physicians play an important role in preventing the progression of chronic disease to developing complications. In a pilot project in 10 polyclinics, called NEMO, ACE inhibitor and ACE receptor blocker therapy was provided to diabetic patients, without evidence of nephropathy, in a clinical protocol, with statistically significant decrease in the rates of progression to proteinuria and renal impairment. We are looking to expand this and other organ failure prevention strategies under our national campaign to control Diabetes. This is a clear example of how a healthcare system creates more value by supporting primary care visits for tighter diabetic control, regular screening to detect and treat complications early, and to implement strategies to retard the progression of diabetes. This is far superior to achieving world-class outcomes for lower limb amputations.

PRIMARY CARE 2.0 – A FAMILY PHYSICIAN FOR EVERY SINGAPOREAN

We have long articulated the need for every Singaporean, with his family, to develop a close, trusting and lasting relationship with his family physician. This is the cornerstone of our efforts to shift the CG of healthcare away from the hospitals and into the community. In order for this to succeed, Family Physicians must be absolutely convinced that they bring value to their patients, in tangible and non-tangible ways. While clinical outcomes can be measured and treatment costs can be quantified and controlled, Family Physicians must believe that their long standing presence and acceptance in the communities where their patients live and work, gives them powerful opportunities to develop unique insights in what really matters to their patients. They must take on the mantle of being advocates of their patients, in ensuring their patients do not suffer from fragmented poorly coordinated care. Understanding the healthcare system far better than their patients, they must step up to help their patients navigate through the whole healthcare system in their journey towards health. Amongst all care providers, they are in the best position to provide holistic care, as they understand best their patient's physical, social and psychological needs.

CONCLUSION

In conclusion, primary care is the foundation of any healthcare system. When we focus on delivering empowered primary care, all stakeholders stand to benefit. A greater empowerment of primary

care physicians, to look after the chronic medical needs of our aging population results in many health benefits, including better clinical outcomes, a lowered incidence of end-organ complications and greater patient satisfaction. Family physicians in chronic disease management programmes have seen lower associated hospital admission rates in patients with diabetes, COPD and asthma. Their care has contributed to lower total healthcare costs for their patients.

In completing this Sreenivasan Oration, I must state my belief that the value proposition of Family Medicine does not need defending. What is needed is for you, the community of Family Medicine practitioners, to reflect and agree that your wide roles in the healthcare system legitimately benefit your patients and the healthcare system as a whole. You create value at different levels and you value-add each step of the way, by contributing thought leadership as well as a willingness to innovate and move beyond the comfort zones of what is regarded as traditional primary care. The Ministry very much looks forward to having the College and each of you as valuable partners in our journey to transforming our healthcare system, for better health, better care and better life for our patients.

Thank you.

¹Porter ME, Teisberg EO. *Redefining health care: creating value-based competition on results*. Boston: Harvard Business School Press, 2006.

CM

Welcome Dinner for Professor Helen Elizabeth Smith

by Dr Lim Hui Ling, Council Member, College of Family Physicians Singapore



A welcome dinner at Tien Court, Copthorne King's Hotel. (From left) A/Prof Tan Boon Yeow, Dr Lee Eng Sing, Dr Julian Lim, Dr Lim Hui Ling, A/Prof Cheong Pak Yean, A/Prof Lee Kheng Hock, Prof Helen Smith, A/Prof Lim Lean Huat, Dr James Chang Ming Yu, Dr Lim Fong Seng, Dr Ng Lee Beng, Dr Gilbert Tan

Image courtesy of A/Prof Tan Boon Yeow

Prof Helen Elizabeth Smith, was recently appointed Professor of Family Medicine and Primary Care at the Lee Kong Chian School of Medicine (LKC-SoM). This development is greatly welcomed by the College of Family Physicians Singapore and the Family Medicine Community as it spells greater recognition of Family Medicine as an important aspect of medical education and research.

The College together with the Chapter of Family Medicine Physicians, Academy of Medicine jointly held a dinner to welcome Professor Smith to our fraternity and to get to know her better. We met on 21 October 2016 at the Tien Court Restaurant of Copthorne King's Hotel. Council members of the College, and Ex-co members of the Chapter were able to informally find out more about her distinguished background and research interests.

Prior to her appointment to LKC-SoM, Prof Smith was the founding professor of Primary Care at Brighton and Sussex Medical School and was Head of the Division of Public Health and Primary Care. She is also an expert in Primary Care Research Networks.

Over dinner, while introducing her to some local dishes, we shared our thoughts about the state of Family Medicine in Singapore and discussed possible research areas that Prof Smith could consider. This was a fruitful and engaging evening for all of us. There are many possible areas where the College may be able to collaborate with Prof Smith and we look forward to working with her in the future.

CM