

PRACTICAL CONSIDERATIONS OF “ONE SINGAPOREAN, ONE FAMILY DOCTOR” – CHALLENGES AHEAD AND RECOMMENDATIONS

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ABSTRACT

In 2023, Singapore will embark on Healthier SG (HSG), which represents an important step in transforming Singapore's healthcare landscape. Of the five Key Features of Healthier SG, the implementation of a national enrolment programme, predicated on the patient-doctor relationship in primary care, is central. Every Singaporean will be able to enrol with a family doctor who is a primary care provider (PCP) and co-create a health plan that promotes wellness and meets their biopsychosocial needs.

PCPs will need to onboard their clinics as HSG Clinics before patients can choose and enrol with them. To become a HSG Clinic, PCPs will need to fulfil certain prerequisites, ensuring that they are able to meet requirements in clinical care, care reporting, and claims management.

PCPs should evaluate their practices to ensure they possess the capabilities and qualities to onboard and participate in Healthier SG. This article seeks to share key practice management challenges that lie ahead and recommendations that PCPs can consider. The challenges and recommendations have been grouped into four key focus areas: 1) our people; 2) our processes; 3) our systems; and 4) our networks.

Healthier SG is just the start of a journey of care transformation for our people, the healthcare profession, and our nation. By understanding our people, processes, systems, and networks, HSG clinics can adopt and adapt solutions to meet their specific practice needs. A practice playbook could also be developed to document and guide implementation, which also serves as a stepping stone for future enhancements.

Key words: Healthier SG, enrolment, transformation, practice management

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INTRODUCTION

Healthier SG (HSG) signifies a major transformation of Singapore's healthcare system. Healthier SG seeks to shift the emphasis of care towards preventive health to address the impact of rising chronic diseases, our aging population, and the burden placed on patients, families, and the society.¹ Healthier SG demonstrates our national commitment to pursue the Quadruple Aim,² a widely adopted approach to optimising health system performance through the four dimensions of: 1) improving the health of the population; 2) reducing the per capita cost of healthcare; 3) improving patients' experience of care; and 4) improving the work life of healthcare clinicians and staff.^{3,4}

To meet these objectives, Healthier SG is conceived around five key features: 1) mobilising our network of family doctors; 2) developing health plans; 3) activating community partners; 4) launching a national enrolment programme; and 5) setting up key enablers such as information technology (IT), manpower development plans, and financing policies.¹

KEY FEATURES OF HEALTHIER SG

Central to Healthier SG is the implementation of a national enrolment programme. This is predicated on the patient-doctor relationship in primary care and the central idea is to anchor the relationship as long-term based on trust and commitment. Every Singaporean will be able to enrol with a family doctor, who is a primary care provider (PCP), as their preferred doctor. Together, the patient and PCP will co-create a health plan that promotes wellness and meets the patient's biopsychosocial needs. The health plan is a customised document co-owned by patients and their PCPs, which establishes healthcare goals unique to patients' chronic conditions, their lifestyles, and daily activities.

The health plan, along with the patient-doctor partnership, form the keystone that connects other Healthier SG stakeholders, which include community partners that provide services to actualise social prescriptions, Primary Care Network (PCNs) that support PCPs in their daily operations, and Regional Health Systems (RHS) that act as custodians to manage and support the network. They also form the basis for clinical programmes implementation, referral management, payment claims administration, and quality management control.

Two key enablers highlighted in Healthier SG are Information Technology (IT) and financing policies. In the IT domain, enhancing digital applications to operate Healthier SG functions and enabling data sharing connectivity using the National Electronic Health Record (NEHR) are two major solutions. On the patient's front, national digital health platforms such as HealthHub and

Healthy 365 will be upgraded to form the gateway for patients to enrol in Healthier SG, manage their health plans, track their health goals, and sign up for health activities. For PCPs, the adoption of HSG-compatible clinic management systems (CMS) that are implemented as part of the SmartCMS programme⁵ will enable PCPs to integrate into the Healthier SG environment, provide core Healthier SG services, contribute data, and submit claims and administrative information. Still to be seen will be how other Healthier SG stakeholders, such as community partners, PCNs, RHS, Agency of Integrated Care (AIC), and Ministry of Health (MOH) will plug and operate in an aggregated IT environment.

Health affordability is an issue close to the hearts of Singaporeans. To sustain the patient-doctor relationship, Healthier SG will be underpinned by health financing policies such as CHAS and Medisave to better help patients manage their out-of-pocket costs. Some anticipated changes include a new HSG Chronic Tier to the CHAS scheme and the removal of the co-payment component of Medisave for chronic conditions.^{1,2} These will be subject to per-

patient and annual limits. Another prong is addressing drug affordability through a HSG drug subsidy framework² to support PCPs and their patients. Under this framework, patients can receive percentage-based subsidies with no dollar cap for selected whitelisted chronic drugs. This aims to increase the parity for drug affordability between private and public PCPs. Patients will therefore be supported in order to continue their care with their preferred PCPs. Overall, these are part of MOH's initiatives to improve health financing policies such that both patients and healthcare providers are empowered to focus on preventive care and right-sited care.

JOINING HEALTHIER SG: PRACTICE MANAGEMENT CONSIDERATIONS

PCPs will need to onboard their primary care clinics as HSG Clinics before patients can choose to enrol with them. To become a HSG Clinic, providers will need to fulfil certain prerequisites. MOH has also set forth the broad eligibility guidelines for PCPs to onboard HSG and offer enrolment (refer to **Table 1**):²

Table 1. Eligibility Guidelines for PCPs to onboard HSG

Participate in core GP schemes*	Be digitally enabled [#]	Join a PCN	Partner a Cluster (RHS)	Be a Family Physician [^]
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*CHAS, CDMP, SFL, VCDSS, PHPC

[#]Implement HSG-compatible CMS and contribute NEHR by 1 Jul 2024

[^]At least one GP practising in the clinic is registered with SMC as a family physician in the Register of Family Physician by 1 Jul 2030 (7-year runway)

Prospective PCPs should therefore evaluate their practices to identify potential practice management challenges and explore solutions to successfully onboard and implement HSG programmes. In this article, the challenges have been

broadly divided into four domains: 1) our people; 2) our processes; 3) our systems; and 4) our networks. **Table 2** summarises the practice management challenges in the four domains. Mandatory elements are highlighted in red.

Table 2. Summary of Practice Management Challenges

Our People	Our Processes	Our Systems	Our Networks
Doctors (Clinical competency & FP accreditation)	Participation in Core GP Schemes - CDMP, CHAS, Screen for Life, national VCDSS and PHPC Schemes	Digitisation	Joining a PCN
Clinic Assistants (Recruit, Retention, Right-skilling)	Enrolment Management	Adopting HSG-Compatible CMS	Partnering a Healthcare Cluster (RHS)
Care Team Roles & Functions (Nurse, Allied Health Professionals)	Patient Visit Management (Queue & appointment management)	NEHR data contribution	Partnering Community Partners
	Health Plan Management	Cybersecurity & data security management	

	Care coordination management	Telemedicine Capability & Platform	
	Referral Management		
	Inventory Management(HSG Drug Subsidy Framework)		
	Care Reporting(Data submission for Annual Fee Service eligibility, CDIC, PCN Clinic Disease Register)		
	Claims Management		

OUR PEOPLE

PCPs and their healthcare team are central to implementation of Healthier SG. Without doctors, clinical assistants, and the care team (i.e., nurses, physiotherapist, dieticians, social worker, psychologists, care coordinators and health coaches), envisioned care cannot be realised even with systems, processes, and networks in place. For most PCPs who operate GP (General Practitioner) clinics, doctors and clinical assistants (CAs) will form the primary care team for the patients. Some GP clinics may have additional healthcare personnel such as nurses, social workers, and coordinators, but this is likely the exception rather than the norm. These additional care team members are usually supported by the PCN or RHS through external partnerships, and not under direct employment of the GP clinics.

Doctors

With Healthier SG, PCPs will be empowered to practise family medicine at an enhanced level. PCPs will be able to apply their knowledge, skills, and experience to provide holistic biopsychosocial care that is patient-centred and long-term across the patient's life course. One of the key requirements for PCPs to enrol into Healthier SG is to have at least one GP practising in the clinic registered with SMC as a family physician (FP) in the Register of Family Physicians by 1 Jul 2030. Therefore, there is a real impetus for PCPs to seek higher learning in Family Medicine and maintain currency with clinical care guidelines and protocols. PCPs can take this opportunity to enrol in courses of higher learning such as the Graduate Diploma in Family Medicine (GDFM) or the Masters of Medicine in Family Medicine [MMed(FM)]. A key challenge for many PCPs is creating the space and time to seek higher learning. Nonetheless, PCPs should not be discouraged if they do not currently meet Healthier SG FP requirements and should still consider signing up their practices as HSG Clinics. This is because MOH has indicated that it will work with the College of Family Physicians Singapore (CFPS) to provide sufficient training and support to PCPs in higher learning and review the pathways to FP accreditations.²

Clinic Assistants

In GP clinics, clinic assistants (CAs) perform an important role in daily clinic operations and will continue to do so with Healthier SG implementation. CAs are trained to perform diverse roles covering patient service, drug dispensing, inventory management, clinic care, billing, claims submission, and data reporting. With Healthier SG, CAs will need to be further right-skilled and supported by streamlined processes, systems, and point-of-contacts. This will reduce work duplication, maximise work efficacy, and promote positive work experiences. PCPs can work with their PCNs, AIC, Professional Boards (PB), and RHS to explore opportunities to provide the necessary training for their CAs. PBs such as the Singapore Medical Association (SMA) already have in place training such as the Clinic Assistant Introductory Skills Course to train new CAs. At the time of writing, grants are available for clinics to draw on for these courses.⁶ CAs can also tap into their SkillsFuture credits to sign up for similar funded courses.⁷

OUR PROCESSES

Healthier SG will introduce new processes to HSG clinics. GP clinics are often resource-constrained and PCPs should evaluate how they can tap into their PCN and RHS to support them in implementing these processes. **Table 2** listed processes that are not only unique to Healthier SG but also to daily clinic operations, as many elements of Healthier SG are built on the foundations of current financing and governance frameworks. Of note, PCPs should consider the following key processes: 1) enrolment; 2) patient visit management; 3) drug subsidy framework; and 4) care reporting.

Enrolment

Enrolment is the starting point of Healthier SG. PCPs will need to reach out to patients who respond to Healthier SG SMS invites and enrol with their HSG clinics through HealthHub. PCPs will also need to create the capability to provide assisted enrolment to patients, where patients enrol onsite at HSG clinics. A smooth enrolment process lays the

foundation for a positive patient-doctor relationship. Part of enrolment is also managing the enrolment capacity, where PCPs need to develop their determinants for calibrating enrolment. Some determinants could include the capacity of doctors, number of enrolled patients, clinic operating hours, and average daily patient visits.

Patient Visit Management

The case-mix for HSG clinics may evolve with an increasing pool of patients with chronic conditions. These patients will have scheduled follow-ups and regular check-ins for chronic and preventive care encounters. HSG clinics will need to evaluate how best to manage these visits, vis-a-vis other patients who seek care at the clinic, so that clinic resources can be adequately sized to meet care demands and maximise patient-cum-healthcare provider experience. Possible solutions include implementing an appointment system or a queue management system.

Drug Subsidy Framework

One area of concern pertains to the Healthier SG drug subsidy framework. While seeking to increase drug affordability so that patients can be right sited to HSG clinics, assimilating the latter into the delicately balanced GP drug inventory system may pose challenges. It is uncertain how enrolment of a larger chronic patient pool to the HSG clinic, as enabled by this drug subsidy framework, will support the increased operational costs and overall clinic sustainability. Specific cost drivers may include increased drug storage space, expanded inventory management, and drug delivery. Custodians of the drug subsidy framework should work closely with PCPs to create a simple and scalable logistic chain to maximise efficiency and reduce administrative workload on all stakeholders. Pricing of the subsidised drugs will also need careful considerations to ensure parity for patients, while the same time enabling HSG clinics to sustain and grow with their patients.

Care Reporting

HSG clinics will need to submit data for Care Reporting, which is not only for clinical care, quality improvement but also for eligibility to receive the Annual Service Fee. GP clinics already participating in government schemes such as CHAS and CDMP, or are in PCNs, would be submitting such data. Healthier SG would introduce new data fields such as the health plans and selected patient care data. HSG clinics should review their data submission processes to incorporate these new requirements and ensure that they have sufficient resources.

OUR NETWORKS

A key tenet of Healthier SG is to leverage on partnerships and networks to provide personalised and coordinated place-based care for patients in the community. This will also strengthen coordination when patients need to seek acute and specialist care in tertiary hospitals. Although patients are ultimately responsible for their health, leaving

patients to navigate in an uncoordinated and disconnected environment can reduce access to care and care efficacy.

Actualisation of Health Plans and Social Prescriptions

Activated patients who are IT-savvy can utilise Healthy 365 or related applications to sign up for activities and actualise their health plan. However, a segment of patients may be unable to access these digital gateways or whose complex biopsychosocial needs require a provider-coordinated approach to help them better navigate and connect with appropriate community partners. In the starting stages of Healthier SG, it is possible that not all community partners may be onboarded onto Healthy 365, therefore potentially excluding a pool of resources for the patient. HSG clinics could proactively identify key community partners in their locale that provide relevant activities, form relationships, and establish lines of communications for patient care. Under Healthier SG, AIC, RHS, and PCNs have also been empowered to support the patients, PCPs, and community partners. Thus, it would also be important for them to plug into these community networks.

Referral and Transition of Care Management

From time to time, patients may need to be referred beyond their community to tertiary hospitals for specialist care or acute health crises. HSG clinics should be able to connect with tertiary hospitals for shared care and to participate in the patient's transition of care. This may require data sharing in referral management as well as coordination at the systems level. A care coordinator managing the patient's journey and drawing in relevant healthcare providers at the right time and space is crucial in order to maximise care delivery and efficiency. At this stage, most HSG clinics are unlikely to have the ability to employ care coordinators, and stakeholders will need to consider how to fund these positions and who should be the custodians of these care coordinators.

OUR SYSTEMS

Healthier SG illustrates the need to create a digital environment not just to enable care, but also to share information between healthcare providers for better care across settings. HSG clinics will need to adopt a HSG-compatible CMS and contribute to NEHR. An appropriately designed CMS can be a force enabler and multiplier, harnessing automation to aggregate health data for clinic care, financial processes, quality improvement, and inventory management. This frees up precious human capital to focus on higher value operations such as direct clinical care, care coordination, and creating interpersonal connections. The CMS needs to meet cybersecurity standards and enable data sharing by contributing relevant data to NEHR. The processes listed in **Table 2** are but some that can be facilitated with a HSG-compatible CMS.

To assist HSG clinics in this effort, MOH has leveraged on the SmartCMS Programme⁵ to encourage CMS providers to evolve their solutions to be HSG-compatible. MOH will also introduce an IT enablement grant to support PCPs in the adoption of these HSG-compatible CMS.² GP clinics that are on pen and paper should cater sufficient time for transiting to a HSG-compatible CMS, while current CMS users should engage their CMS providers to evaluate options for their CMS to become HSG-compatible. PCPs should also consider applying for the Early Contribution Incentive (ECI),⁸ which was launched by MOH to support GP clinics in meeting digitalisation requirements for NEHR contributions.

DEVELOPING A HSG PRACTICE PLAYBOOK

HSG is a national effort to transform healthcare in Singapore, with primary care playing a key role. There are multiple efforts by stakeholders to support PCPs in transforming their practices into HSG clinics. Each HSG clinic will operate in its own unique environment, contextualised by its patient profiles and the community. HSG clinics will need to collaborate with community partners, supporting PCN, and RHS. Each HSG clinic can develop its unique practice playbook to document key processes, best practices, and resources to operate effectively and sustainably. Similar playbooks can be developed by stakeholders such as MOH, RHS, and PCN to address their areas of care and provide guidance to HSG clinics in their operations.

CONCLUSION

HSG is but the first step of a journey of care transformation for our people, the healthcare profession, and our nation. As we build and understand our people, our processes, our systems, and our networks, HSG clinics can adopt and adapt solutions to meet their specific practices needs. Perhaps a practice playbook can be developed to document and guide Healthier SG implementation, which can also serve as a stepping stone for future enhancements.

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LEARNING POINTS

- **To be a Healthier SG clinic, clinics will need to participate in core GP schemes, be digitally enabled, join a PCN, partner a healthcare cluster, and have an accredited family physician.**
 - **Healthier SG clinics should review and prepare their people, processes, systems, and networks to successfully implement Healthier SG.**
 - **Enrolment is the starting point of Healthier SG and clinics should work with stakeholders to develop sufficient capability and capacity for enrolment.**
 - **Healthier SG clinics can develop their unique practice playbook to document key processes, best practices, and resources to operate effectively and sustainably.**
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