

## CHRONIC DISEASE MANAGEMENT AS NEW AREA OF WORK

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With the ageing population and increasing chronic disease burden, chronic disease management (CDM) is the “new” area of work that GPs can tap into as “new cheese”. In the recent years, CDM has also been a shrinking area of work for private GPs as patients have increasingly chosen subsidised care in hospital and government polyclinics.

The truth is obvious that CDM is a sustainable area of work, as well as an untapped area of growth provided certain conditions are fulfilled and barriers overcome.

Barriers that exist in the present practice circumstances can seem insurmountable. The patient's faith in the ability of GPs to manage chronic diseases must be restored or there will be resistance in being referred from hospital to GPs. GPs need to go beyond the image of acute care physicians and seek opportunities in providing continuing care. The current CDM IT system for submitting Medisave claims and data is not the most ideal. Among the many grouses, it should allow for tracking of disease parameters so that patients can see progress or deterioration of the disease.

Tools for improving CDM have yet to find their place in the GP's office here. Clinical practice guidelines may seem like another set of rules rained down upon us but they can be used for reaching common goals with the patient during consultation. Patient education materials sourced from HPB or various medical websites can be used to help patients understand and implement therapeutic lifestyle changes in order to achieve these long and short term goals.

The use of IT has been bandied about to the point of flogging a dying horse. IT tools have not been universally exploited in the GP practice. Perhaps our GPs are still not familiar with what are available out there.

The twin concepts of ‘paying for performance’ and ‘best practices’ go hand in hand. The raised bench mark that we require of our doctors should come with the willingness to pay GPs for better performance which is linked with improved outcomes. To achieve better outcomes, we need to put in place improved processes in managing our cases. This is easier said than done.

The opportunity to provide chronic disease care is huge. The take home messages are GPs will do well if they seek to use tools currently available, think positively in overcoming barriers and use IT as a resource and an enabler in delivery of care. We can ask to be paid better if we perform better and deliver better outcomes for our patients. Then, we can hold greater confidence in the future of family medicine.