LESSON TO BE LEARNT FROM U.S. SYSTEM

Need to ‘revamp healthcare delivery with financing framework’

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SINGAPORE – As a committee gets ready to review the national insurance scheme to cover every Singaporean for life, healthcare experts yesterday highlighted the importance of revamping healthcare delivery together with the financing framework.

Payment-mechanism reforms alone are insufficient to set healthcare on the track towards cost sustainability and quality, said Dr Jim Bonnette, Chief Medical Officer for strategy and operations consultancy firm Oliver Wyman’s health and life sciences practice. This is one lesson that can be gleaned from mistakes in the system of the United States, in which higher healthcare spending (US$2.7 trillion, or $83.4 trillion, in 2011) has not led to better outcomes, he said at a talk at the National University of Singapore yesterday.

Singapore’s system of care delivery is similar to those of the US and many places in the world, with a focus on symptomatic treatment and acute care instead of prevention and “longitudinal” care, said Dr Bonnette. Without changing care delivery, “you won’t control premium costs”, he said. However, one component of the US Affordable Care Act (or Obamacare) that Singapore can consider in enhancing MediShield is a limit on the difference in premiums paid by the oldest and youngest policyholder. American insurers can adjust premiums based on one’s age and whether one smokes, but they cannot charge their oldest policyholder more than three times that of their youngest, or vary rates based on someone’s health history.

Healthcare expert Jeremy Lim, who chaired the session, felt the concept should be part of MediShield. “I think that, for a national scheme run by the Government on a not-for-profit basis, it has to be”, he said.

Members of the MediShield Life Review Committee — chaired by member of the Council of Presidential Advisers of Singapore and accountancy-trained Mr Bobby Chin — will be announced today. MediShield Life is expected to be implemented in 2015 and will be an enhanced version of the current MediShield insurance scheme, which helps policyholders and their dependents with large hospital bills but does not cover certain groups, such as those above age 80.

Dr Lim said the scope of the review could be widened. Successful IT projects transform a company’s business and “in the same way, I think MediShield Life is probably the most fundamental opportunity to transform the way we deliver healthcare”, he said.

Dr Bonnette advocated a shift to patient-centred care managed by multidisciplinary teams. Physicians’ duties that can be performed better and more cheaply by team members, such as social workers and nutrition-ists, should be delegated, he said. Although this is a “difficult sell” to some doctors initially, he has found that they end up “much happier with the way they practice”.

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