



MINISTRY OF HEALTH
SINGAPORE

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HealthScope

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The Ministry of Health is pleased to present the first issue of our revamped e-newsletter, Healthscope!

In this bi-monthly publication, we bring you the latest news and developments in the field of healthcare in an easy-to-read manner. It is our way of keeping you informed of new developments, policies and trends in the healthcare sector.

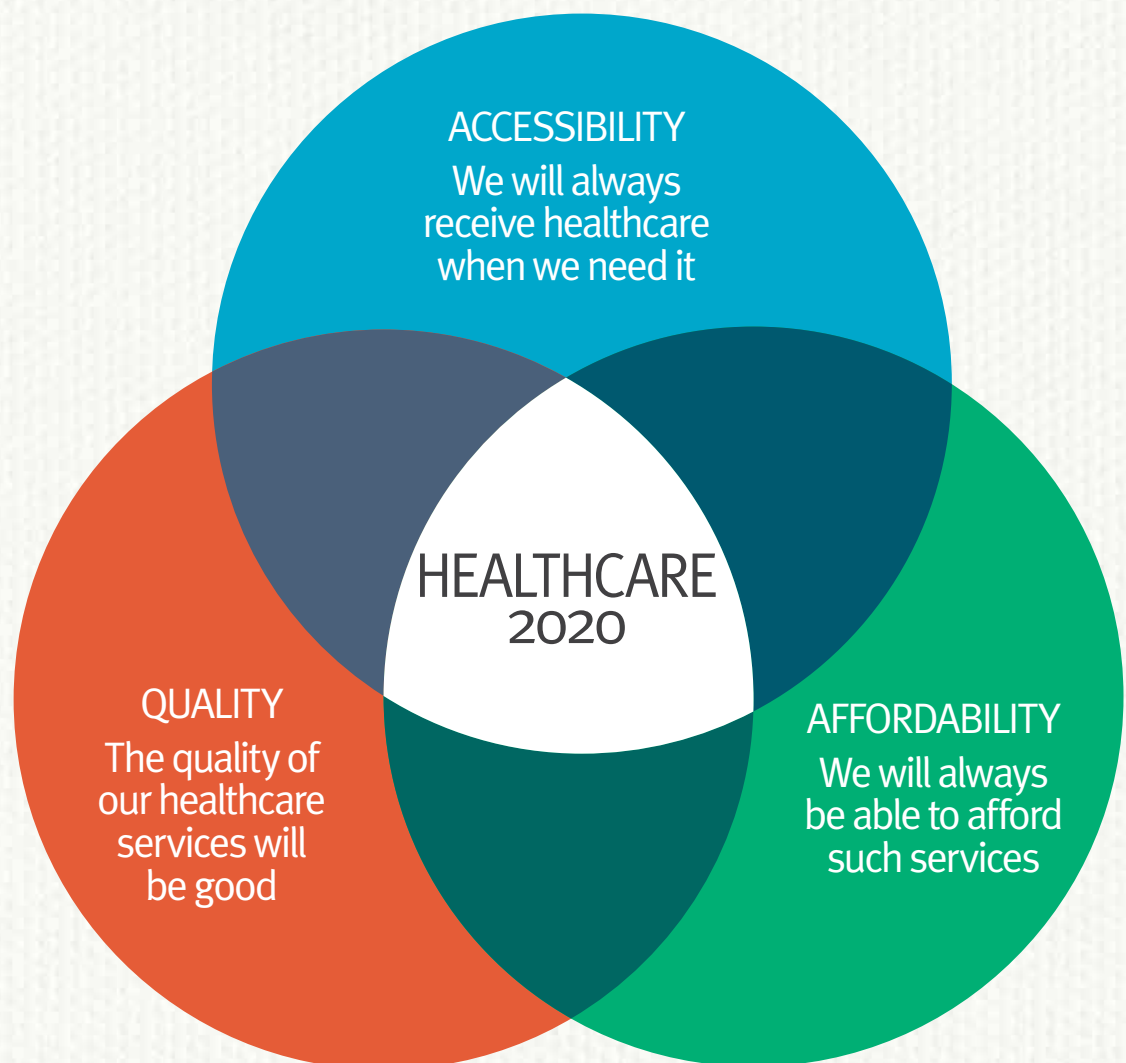
In this issue, we highlight the Ministry's Healthcare 2020 Masterplan, as revealed during the Budget debate this year, and the Community Health Assist Scheme, which was revamped from the Primary Care Partnership Scheme in January this year.

We hope that you enjoy the read. Please feel free to share with us your views on the newsletter, or suggest topics for inclusion in upcoming issues. Simply can drop us an email at MOH_Healthscope@moh.gov.sg

Cheers!
The Healthscope Team

Healthcare 2020: Improving Accessibility, Quality & Affordability

In March this year, the Ministry of Health unveiled the Healthcare 2020 Masterplan - essentially measures to enhance the accessibility, affordability, and quality of healthcare – to better meet the needs of Singaporeans.



Its introduction is timely, given the evolving healthcare landscape. Over the years, the life expectancy of Singaporeans has gone up, while the premature mortality rate, such as among Singaporeans aged 35 to 64 suffering from heart disease, has fallen from 76.2 per 100,000 in 2001 to 49.9 in 2010.

The ageing population will be a strong driver for healthcare demand. With more elderly requiring care for longer periods, pressure on our hospital resources will increase as the population continues to age.

However, beyond just building more institutions or more infrastructural development, the situation calls for new models of care to be developed. Effective chronic disease management and sustainable intermediate and long-term care and support frameworks are needed. They will help to reduce subsequent complications, which would not only add to the load on our healthcare system, but are also costly to treat.



Making care seamless

One strategy being adopted to better integrate care across different settings is re-organising our healthcare system into Regional Health Systems (RHS). Each RHS will comprise an acute general hospital working closely with community hospitals, nursing homes, home care and day rehab providers, as well as polyclinics and private General Practitioners (GPs) within the geographical region.

The aim? Seamless, hassle-free and holistic care for patients across different stages of their healthcare journey – from diagnosis and treatment, to post-discharge follow-up. Such integration will also help patients navigate across providers more easily, enabling and empowering them to manage their own care needs. The Eastern Health Alliance, launched in November last year and comprising Changi General Hospital, SingHealth Polyclinics, St. Andrew's Community Hospital and The Salvation Army Peacehaven Nursing Home, is the first of such multi-party collaborations.

Emphasis on primary care

As Singapore's population ages and the prevalence of chronic diseases increases, the Ministry is also looking into team-based care disease management models that tap into valuable existing resources within the community. These include:

- Working with GPs to set up Family Medicine Clinics (FMC) to provide team-based care for patients;
- Setting up Community Health Centres to support GPs and provide allied health services for their patients;
- Developing Medical Centres to provide community-based services for patients who require day surgery and less complex outpatient specialist services; and
- Providing portable subsidies to patients under the Community Health Assist Scheme (CHAS) so that they can enjoy subsidised services at private GPs and FMCs.

With this, the Ministry envisions that more patients will be able to receive affordable, accessible and quality care within the community.



Wider safety net for Singaporeans

The package of measures rolled out as part of Healthcare 2020 collectively provides for more affordable primary and long-term care for Singaporeans.

To start with, the Community Health Assist Scheme (CHAS), which was previously known as the Primary Care Partnership Scheme, now comes with a more relaxed qualifying criteria. The minimum age to qualify has been lowered from 65 to 40, while the per capita household income criterion has been increased from \$800 to \$1,500 per month.

With these changes, more Singaporeans will be eligible to seek treatment at CHAS-registered GPs and dental clinics within their neighbourhoods. (More details on CHAS in the subsequent story)

In addition, to support the care of frail elderly at home, households with a per capita monthly household income of up to \$2,200, and which employ a Foreign Domestic Worker (FDW) to look after an elderly family member who cannot perform 3 or more activities of daily living or has severe dementia, can apply for a monthly grant of \$120 to defray the cost of employing the FDW. This is on top of the monthly levy concession of \$95.

Also in an effort to make intermediate and long-term care more affordable, patients staying in subsidised wards in community hospitals will qualify for enhanced subsidies, with middle-income households receiving between 20 to 50% subsidy, and lower-income patients receiving up to 75%.

Up to two-thirds of households will also qualify for subsidies for home-based, community-based, and nursing home care for their frail elders. Where previously eligibility was based on per capita family income, the means-test criteria will now be based on per capita household income. The income ceiling for eligibility will also be raised from \$1,400 to \$2,200 per capita per month.

Taken together, the Government will spend \$250 million annually, or about \$60 million more on the care of the elderly. This represents an increase of about 30% more subsidies being given out per year, benefiting 30% more elderly, served by around 100 healthcare and eldercare providers. This includes community hospitals, nursing homes, day rehabilitation and day care centres, as well as home-based services like home medical, home nursing or home-help. Overall Government spending on Intermediate Long-Term Care (ILTC) subsidies is expected to more than double by 2016.



Insurance scheme covers more

Also seeing a significant change is Singapore's national health insurance scheme, MediShield. The maximum age of coverage will increase from 85 to 90. The Ministry is also studying the feasibility of expanding the scope of the scheme.

Policyholders will see a one-time Medisave top-up of between \$50 and \$400. Older policyholders will also receive direct and long-term assistance under the GST Voucher Scheme, which will include annual Medisave top-ups of between \$150 and \$450. These regular top-ups can help policyholders with their MediShield premium payments.



More drugs to be subsidised

To make commonly used medications more affordable, the Government provides drug subsidies. The list of subsidised medications, known as the Standard Drug List (SDL), contains drugs that have been assessed to be cost-effective and essential. The price of most SDL drugs is capped at \$1.40 per week for subsidised patients in public healthcare facilities. Other drugs are subsidised at 50% of the retail price.

In a move to further enhance the affordability of medication, the subsidy for higher cost drugs on the SDL used in the treatment of chronic conditions has been raised from 50% to 75%, for patients with a monthly per capita household income of up to \$1,500. In addition, with the Medication Assistance Fund (MAF), Singaporeans who need selected expensive drugs that are not on the SDL, receive up to 75% subsidy, also up from 50% previously. MAF has also been expanded to include additional non-standard drugs, assessed to be clinically necessary for patients.

Twenty new drugs have been added to the SDL and MAF this year, including Olanzapine and Quetiapine for the treatment of bipolar disorders, as well as the antibiotic Co-amoxiclav, better known as Augmentin.

Powering Up the Intermediate & Long-Term Care Sector

By 2020, manpower needs in the Intermediate and Long-Term Care (ILTC) sector, will grow by about four times, from the current 4,000 to about 15,000. Singapore will need more healthcare staff across all levels, from nurses, therapists, medical social workers to healthcare support workers.

The Government will invest in building up the capacity and capability of the ILTC sector, including its ability to attract and retain staff. For a start, up to \$32 million will be channelled into manpower initiatives such as pay enhancements for the healthcare professionals in the sector and enhanced staffing for community hospitals and nursing homes in FY2012. These initiatives are expected to support the sector in attracting and retaining more quality staff.

ILTC institutions will also benefit from the training funds set aside for their staff to enhance their skills. Funding of up to \$11 million over the next five years will be provided to send staff in the ILTC sector for advanced skills training, so as to further deepen ILTC-specific skills and expertise. Another \$10 million will go towards continuing training in the form of short courses, to build up basic competencies in areas such as dementia and palliative care.

To boost productivity, the Government will invest \$96 million over the next five years, to support initiatives such as job and process redesign and to leverage on IT to enhance efficiency.



Mr Kavin Seow

Enhancing job satisfaction

TOUCH Home Care Services, which serves about 520 elderly patients, believes that the effort put into making the job exciting and enriching has helped it to retain staff.

Aside from professional training, senior staff who have gained practical on-the-job experience are also encouraged to share insights with their co-workers. They play an instrumental role in mentoring their juniors, and helping them hone their skills.

With such care and effort being put into the career development of staff, they will continue to be motivated. “Our staff choose to stay on because they find their jobs meaningful and rewarding, and because it gives them a sense of fulfilment which they may not find in another industry,” said Mr Kavin Seow, Director of TOUCH Home Care & TOUCH Caregivers Support.



Homing In on Home-Based Care

The Government is rolling out initiatives to encourage ageing-in-place. This includes the ramping up of home-based care services. Healthscope speaks to one home-care nurse to find out what working in the sector is like.



Ms Goh Swee Eng

Building trust and forging bonds. That is the most important thing home care nurses bring to their jobs, according to Ms Goh Swee Eng, Senior Executive of Medical and Nursing, TOUCH Home Care.

“The special bond and trust a home care nurse shares with her patients is something nurses in the acute care settings may not get to experience to the same degree, since patients there tend to come and go,” she shared.

With 117,000 seniors expected to be semi ambulant or non-ambulant by 2030, a figure more than double that of today, the demand for home care nurses is expected to rise significantly.

A typical day for a home care nurse involves visits to four or five homes, with each visit lasting about an hour. During the visit, she assesses the chronic conditions of the patients, ensures that they comply with treatment orders (e.g. in consuming the right medication and doing regular exercises), and provides nursing care and caregiver education with regards to care of patient.

Home care nurses also need to develop a good rapport with their patients. “If the patient does not feel comfortable enough to trust or rely on you, they might not report their situation to you truthfully,” said Ms Goh.

In addition, home care nurses need to be observant and alert to pick up signs that something may be wrong with their patients, and to coordinate with healthcare professionals in primary and acute care settings as needed. Hence, they need to know what symptoms are associated with chronic conditions, and be able to communicate the medical conditions to other healthcare professionals effectively. This is especially important because home care nurses often provide care in patients’ homes independently.

Asked about the greatest satisfaction she gets from home care nursing, Ms Goh singled out the emotional attachment which develops over time: “It is a wonderful feeling getting to witness your patient’s recovery. You see your patient get better day after day, and they appreciate you being there for them. Knowing that a patient you are responsible for is getting better with your help is deeply fulfilling.”

We put the spotlight on the Community Health Assist Scheme (CHAS) highlighting the new qualifying criteria and how the scheme is tailored for different needs.



“One Family Physician for Every Singaporean.”

Bringing Affordable Healthcare to The Community

Since 15 Jan 2012, more Singaporeans have been able to enjoy the ease and convenience of visiting their family doctor and dentist – while still paying subsidised rates. That’s because the Community Health Assist Scheme (CHAS), which was formerly known as the Primary Care Partnership Scheme, now comes with new qualifying criteria.

Previously, only Singaporeans aged 65 and older and with a per capita monthly household income of \$800 or less were eligible. Now those aged 40 and over, and living in a household with a per capita monthly household income of not more than \$1,500 will be eligible for subsidised care. For households with no income, they will be eligible for the scheme if the Annual Value of their residence is less than \$13,000 which covers most HDB flats. Those eligible for the scheme can enjoy up to \$480 in subsidies for the chronic conditions at participating private GPs and dental clinics, depending on their subsidy tier.

With the more encompassing qualifying criteria, the Health Ministry hopes to bring affordable primary healthcare closer to the community. Better access to subsidised care means Singaporeans can better manage their chronic diseases, and avoid unnecessary complications. Early detection and management will also enable Singaporeans to manage their healthcare expenditure over the long term, since timely treatment will reduce the likelihood of chronic illnesses becoming more severe and costly to treat.

However, enhancing CHAS is just the first step. To truly enable more Singaporeans to receive quality and subsidised patient care closer to home, their family doctors have to come on board the CHAS network. Family physicians operate within the community, and are the patient’s first point of contact. They are strategically placed to better monitor and manage their patient’s medical condition, before it escalates or develops complications.

With more GPs joining the CHAS network, the Ministry’s vision of affordable community-based healthcare will become a reality for more Singaporeans. Staying with their family doctors, will also mean more will benefit from the vision of having ‘One Family Physician for Every Singaporean.’



Tailored for different needs

CHAS offers varying subsidy tiers to meet the needs of patients with different circumstances. There are 2 main tiers – differentiated by the colour of their Health Assist Card.

What would being on CHAS entitle me to?



Subsidy Tier – Blue

The Blue Health Assist Card provides assistance to households with a per capita monthly household income of \$900 and below or households with no income with Annual Value of residence less than \$13,000. It entitles holders to subsidies of up to \$18.50 per visit for acute conditions, and up to \$80 per visit for chronic diseases, up to a cap of \$320 or \$480 per year, depending on their condition. It also covers up to \$256.50 per procedure for dental services.



Subsidy Tier – Orange

The Orange Health Assist Card provides assistance to households with a per capita monthly household income of between \$900 and \$1,500. It entitles holders to subsidies of up to \$50 per visit for chronic diseases, capped at \$200 or \$300 per year, depending on their condition. It also covers up to \$170.50 per procedure for selected dental procedures.

Common illnesses covered by CHAS include flu, cough and fever, while chronic diseases include diabetes, hypertension and dementia. Basic dental services such as fillings, dentures and root canal treatment are also covered.

Cards are valid for two years, and need to be presented at each visit, together with the NRIC, to receive subsidised treatment.

Interested in applying for CHAS? Pick up a copy of the application form at Community Development Councils, Community Clubs, and public healthcare institutions such as hospitals or polyclinics. Alternatively, pop by www.chas.sg for an online form.

If you are a medical service provider...

To be eligible for CHAS, both the medical clinic and the GP providing medical treatment must be accredited under the “Medisave for CDMP.”

Clinics can jointly register for accreditation under the “Medisave for CDMP” and CHAS. Once accredited, the assigned polyclinic will contact the clinic to sign the CHAS agreement.