

Right-Siting of Medical Care: Role of the Internist

Leslie Pinheiro,¹*MBBS, MRCP (UK), FAMS (Int Med)*

Abstract

General internal medicine is now an essential service, and may in time be the main vehicle of delivery of healthcare to an ageing population, since resources are finite. One model for an equitable system of healthcare delivery may be the integration of General Internal Medicine as the core matrix, around which the various subspecialties deliver quality care. This is now a reality in many hospitals, where all subspecialists serve for varying periods in general medical wards, some even achieving dual accreditation. This promotes integration rather than fragmentation of services. Subspecialties will thrive, for the general workload will also be shared by internists in an equitable fashion. The obvious beneficiaries are the patients, and the health economics will also benefit the funding bodies. The services provided by internists must also be expanded into new fields, e.g. medicine for disasters, so as to promote cost-effective medical care, research and teaching, and also to achieve right-siting of patient care. It must also be emphasised that the specialties remain integral parts of the matrix, so that all departments complement one another, rather than compete with each other. The collegiality engendered is essential for a more congenial workplace, so as to promote staff retention.

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Introduction

Healthcare expenditure, whether in developed or developing countries, is burgeoning, and its provision is also non-negotiable. Productivity is possible only in a state of good health, and is the key to a meaningful life. The aim of this article is to offer a viewpoint about an established practical and economical model of healthcare delivery. However I must emphasise that it remains a viewpoint, rather than stating that this should be an universal policy, because every perspective has a flip side to it. Since the author works in the field of internal medicine, one must view this article objectively for its merits, before coming to conclusions.

Technological Advances

The natural evolution of medicine resulted in great technological advances after the Second World War, and subspecialties developed to deliver the results of this technology to patients. The costs, which include those of services and overheads of the specialists, and that of the commercial company, must necessarily be passed onto the consumer. In state-funded or subsidised systems, these costs will be borne by the state. Rationing is generally not

a popular word. Therefore, a new slogan for healthcare could be proper utilisation, just like right-siting. This does not mean that technology should not be used just because it is costly. It should just be used judiciously. In the brave new world of block-funding of public hospitals, right-siting of patient care is the only way the model can be financially sustainable. Major conferences have been held in Lean Healthcare, Breakthrough Series, and other methods to improve efficiency and cut waste. The next series of conferences may well be on proper utilisation.

The Basis of Healthcare Funding

Taxation is the basis of healthcare funding by the state. This is generated by full employment. Employment depends upon good health. Thus, healthcare funding is intricately linked to the social fabric. A falling birthrate and an increase in the proportion of the elderly erode the taxation base. Means testing for hospital admissions, home care, eldercare, health insurance and longevity insurance are some measures instituted to restore the balance.

Proper utilisation is an “umbrella” term that covers every aspect of healthcare, and covers providers, consumers, materials management, operational research, logistics,

¹ Department of General Medicine, Tan Tock Seng Hospital, Singapore

Address for Correspondence: Leslie Pinheiro, Department of General Medicine, Tan Tock Seng Hospital, 11 Jalan Tan Tock Seng, Singapore 308433.

Email: Leslie_Pinheiro@tsh.com.sg

human resources management and outcomes. Defining priorities are dynamic activities, and this may well be the new field of research for internists, who are suitably placed to do this by the very nature of their training and holistic approach. For example, internists perform cost-effective analyses every time they order a simple full blood count or an expensive magnetic resonance imaging (MRI).

Quality of Life

Good practices save lives, but often result in artificial prolongation of a life in which there is poor quality. This is not progress. Measures to prevent premature mortality often result in an increase in the elderly segments of the population, and also those who may be dependent on society and caregivers for their basic needs.

Caregiver stress occurs when sorely needed funds are diverted from one's own lives towards loved ones. This places an inordinate burden on the lower-income workers. The whole family is affected. A nation full of dependent persons comes under pressure as they cannot maintain economic viability.

Health Economics

In healthcare terms, "profit" means cost savings, affordability and a better quality of life. Deficiencies in defining priorities and improper utilisation cause an increase in adverse outcomes, while wasting resources. Internists must be the champions driving health economics, for they may be the last line of defence when the money gets over. Oversight by finance committees may only be partially effective, because every test, even a modern positron emission tomography (PET) scan, can be justified for obscure reasons. In industry, the downside of technology is displacement of men by machines. The converse is true in general internal medicine, because productivity and cost-savings are increased when manpower is increased. Therefore, policymakers should institute measures to drive recruitment into the field of general internal medicine. Recruitment from overseas is but a short-term measure, because this is countered by globalisation. Private hospitals actively recruit the best subspecialists, because they generate revenues. Public hospitals therefore need to build up a bulwark of internists to counter this. Keeping staff from leaving may well be the priority, and policymakers need to involve clinicians in policymaking, because of the insights only they can provide. A broad base of internists means the subspecialties have the time to develop their own fields. In a nutshell, the modern needs of healthcare are service, teaching, research and technology and restoring the balance is what general internal medicine is all about.

The Human Element

The unique training of a medical professional instills

medical knowledge, but this is tempered by the intelligence, consciousness, insight, abstract thinking, conscience, spirituality and ego that drives achievement. Also, this process of production is subject to the hopes, fears and anxieties of the individual. Downie,¹ in his article "Personal and professional development: a mind of one's own", states that independence of mind, leads to the development of the distinctive human endowment, whereas individuality of mind leads to the development of the personal uniqueness or individuality. These traits are best exemplified in the practising internist. It is the individuality of the practising physician that can change a poorly functioning or wasteful system, for they are the engines that drive the system. Programmes to improve process, and the use of automation in a healthcare setting, are dependent upon the individual and his team. The clinical "champion" and his/her team can produce and sustain a positive outcome in a project with full support from management.

Role of the Internist

It is a truism that if a person with chest pain sees a cardiologist first, cardiological investigations would necessarily be performed first to exclude cardiac disease. Diagnosis-based funding increases costs, as a large number of referrals to other specialists would be needed for "medicine of exclusion" i.e. exclusion of particular diseases.

The preconceived notions that more tests are better may be due to better hard-selling techniques of products and services, and for many patients, the bill at the end may often be worse than the illness. Internists and trainees in general internal medicine offer a range of specialised services at a tertiary level. They may be construed as a "gate mechanism" in a cost-conscious world. The cure for complex medical conditions often require only an internist's clinical expertise, who may then determine if the skills of another specialist is necessary. All tests depend upon the diagnosis. By seeing an internist first, the cost savings to the individual may be considerable, and if the state was bearing the cost, the extrapolation of this scenario to hundreds of thousands of such individuals translates into the saving of millions of dollars. The value-added case for the internist is in just being an internist! If innovative strategies on healthcare savings have to be devised, one needs to look no further than what is already there. It is in cost-savings in healthcare that internal medicine comes into its own.

The Structure of General Medical Departments

There are several models of general medical departments in teaching hospitals, but in all, the fundamental structure is that of the practice of general internal medicine, with dual expertise in a special area of interest. The internists subserve the bulk of the population with medical illnesses. They play a pivotal role in teaching at all levels. Their

departments have the largest number of staff, and in assigned beds. In a resource-poor environment, this department provides clinical bedside services, and physicians are renowned for their clinical and teaching skills. When the patient is unfit for escalation of therapy or chooses not to have it, in spite of the best “evidence”, it is necessary for the internist to provide the best medical care for the patient. The spirit of collegiality within the department is maintained by mutual need. Funding may be self-generated, or from the state. They may be ward-based or patient-based, age-related or needs-related, and may provide specialist services to neighbouring institutions as well. A broad base of skills is necessary during times of crises, as was exemplified by the severe acute respiratory syndrome (SARS) crisis in Asia in 2003. General Internal Medicine is all about precision, to sift the “wheat from the chaff”, and not “general”, as many seem to believe.

Future Scope

When clinician scientists come on board, they would add more variety to the departments of general internal medicine, for they add the key element of research. The new role of

research in internal medicine could well be in evidence-based medicine, “disaster” medicine, quality indicators, cost-effective outcomes, adverse events, drug utilisation, and on newer means of delivery and audit for equitable healthcare.

Summary

In summary, the pendulum has swung and it may now be essential to promote general internal medicine as the main vehicle of delivery of healthcare services to an ageing population, while still encouraging the development of the other subspecialties. The duty to promote collegiality between the various practising specialist bodies may fall upon the respective colleges.²

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