



# College of Public Health and Occupational Physicians

## Newsletter Issue 10

June 2017

### President's message



A/Prof Vernon Lee

Dear Fellows,

We have just concluded the successful Annual General Meeting for 2017, which saw many of you participate in the proceedings, share your ideas, and network over dinner. The Council will look into these ideas, which include organizing social events and overseas study trips, and implement them as soon as feasible.

This year marks the 60<sup>th</sup> anniversary of the Academy of Medicine, Singapore, and to celebrate this joyous occasion, we are supporting AMS in organizing the 51st Singapore-Malaysia Congress of Medicine (SMCM) from 21 to 23 July. In

addition, the 12<sup>th</sup> Singapore PHOM Conference will be incorporated into the SMCM as one of the major activities, with two full days of scientific sessions on 21 and 22 July. We strongly encourage all of you to join us at the meeting and also at the Fellows' lunch. This year's meeting will not only provide an opportunity to network and learn from one another, but also with our guests from overseas and Fellows from the other Colleges and Chapters of the Academy.

This year, as a continuation of our CME activities, we have organized two CME activities in the first half of this year. The first was a series of presentations medical information technology by three experts, coinciding with our annual Chinese New Year "Lo Hei" dinner; and the other a talk on fatigue monitoring and management. We have planned more CME activities for the rest of the year, and hope that we will see you there.

I would like to take this opportunity to thank Dr Benjamin Ng, the past President of the College and who will be stepping down from the College Council, for all the support and hard work that he has given to the College over the many years of service. Of the many contributions to the College, one that I will mention is the creation of the Vision, Mission, and Values, which will guide the College for many years to come.

Finally, I would like to thank all of you for your continued support of the College and the College Council, and see you soon at the PHOM Conference and the Fellows' Lunch.

Yours Sincerely,  
Vernon Lee  
President (2016-2018)

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# Changing Paradigms Of Case Management In Singapore'S Regional Health Systems

By Dr Chikul Mittal

Dr Chikul Mittal is a Public Health Senior Resident with an interest in Health Policy and Management. He currently manages Clinical Quality, Quality Assurance and Clinical Services Development at Changi General Hospital.

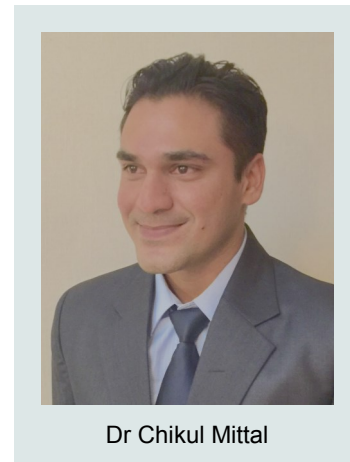
## Introduction

Case Management (CM), a term more readily described than defined in healthcare, is fast becoming a preferred tool for management of patients with complex care needs through the entire patient journey, to help them make a smooth transition back into the community.

The Case Management Society of Singapore (CMSS) defines case management as "a collaborative process that utilises a comprehensive assessment to identify needs, coordinate services, educate, advocate and empower clients and their

support system, with the aim of enabling them to remain in the appropriate setting" (CMSS, 2014).

Case management is practiced across the continuum of acute, sub-acute, post-acute health and social environments and is frequently utilized for patients with high risks of readmission or higher healthcare resource utilization (Powell, 2000; Zander, 2002; Huber, 2000). Most organizations recommend stratification of patient populations to divert resource intensive CM resources towards those in most need. Figure 1 represents a stratification methodology based on care needs.



Dr Chikul Mittal

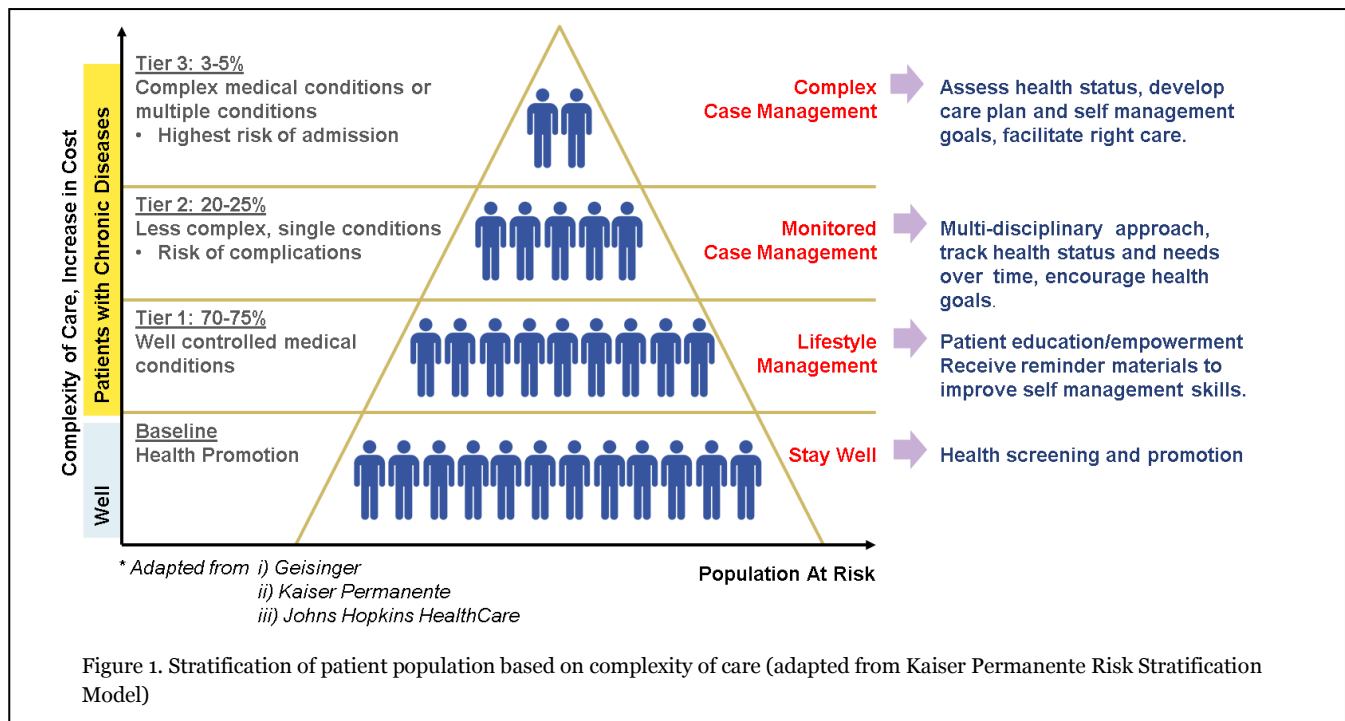


Figure 1. Stratification of patient population based on complexity of care (adapted from Kaiser Permanente Risk Stratification Model)

## History of Case Management

CM as a model of care delivery has its roots in the public health nursing of the 1800s (Faherty, 1990; Huber, 2000). A significant impact in the development of organized services occurred in the United States (US) with the Social Security Act of 1932.

In Singapore, the practice of case management can be traced back to post war

period, when the domiciliary aftercare service was started by the then Kandang Kerbau Hospital in 1954 to cope with the need of post-partum care for baby boomers. It looked after mothers who had been discharged 24 hours after confinement. The patients were carefully selected; midwives would visit them at home and report any abnormality to the hospital for follow-up action. In 1990s, hospital-based CM

programmes were initiated in Institute of Mental Health (IMH), Tan Tock Seng Hospital (TTSH) and Changi General Hospital (CGH). The Case Management Units (CMU) in CGH and NUH (National University Hospital) were introduced in December 1997 and in 1999 respectively for management of chronic diseases and elderly patients with high risk of readmissions.

Following the success of ACTION (Aged Care Transition) programme, which led to reduction in unplanned hospital readmissions and Emergency Department visits by elderly with complex care needs and limited social support through care transition and case management, the Agency for Integrated Care, Singapore (AIC) set up and officially launched the Case Management Society of Singapore (CMSS) on 11 January 2013. CMSS aims to create a national platform for Case Managers from the health and social care sectors to share

best practices and also to upgrade their skills through workshops and talks organised by the Society.

Currently, Case Managers may attend the annual Basic and Advanced Case Management Workshops conducted by CMSS, AIC which aim to equip them with basic and advanced knowledge as well as skills in case management activities.

**Key Elements in Hospital-Based Case Management (Transitional Care) Programmes**

The US National Transitions of Care

Coalition (NTOCC) and the Case Management Society of America (CMSA) published a white paper in Feb 2011 titled 'the Transition of Care Compendium including the Care Transition Bundle – Seven Essential Intervention Categories and Crosswalk'. This bundle of essential case management intervention strategies can be adapted to our local situation by any service provider interested in implementing improvements in care transition and case management (Figure 2).

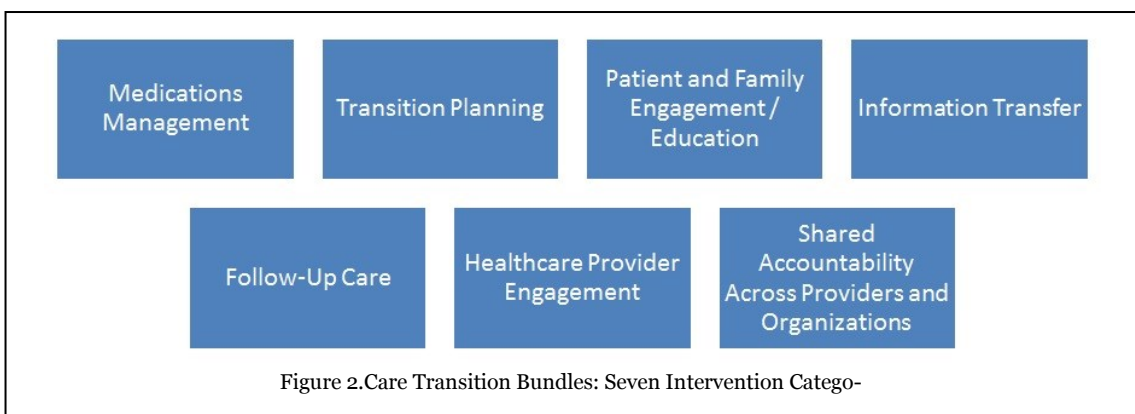


Figure 2. Care Transition Bundles: Seven Intervention Categories

**Need-Based Case Management As a Collaborative Approach Across Domains**

Case management addresses different needs of the patient, be it medical, nursing, functional or social (Figure 3). Current case management models in Singapore vary substantially from a nurse-led phone-based service to a physician-backed integrated care pathway. Currently, most case managers are nursing-trained; while the remaining few have their basic training in social work or allied health.

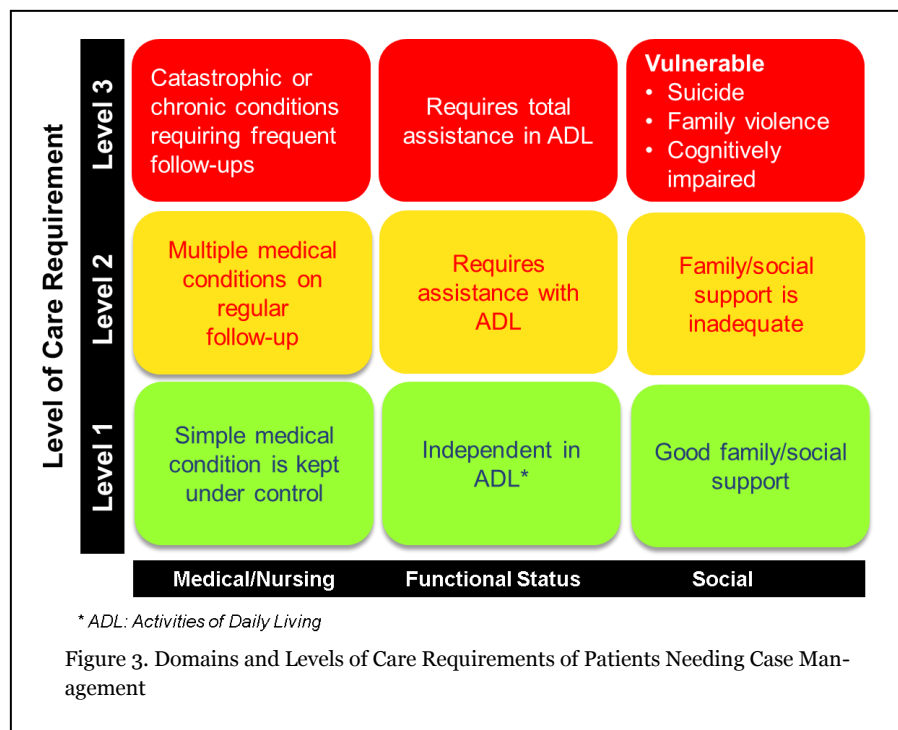


Figure 3. Domains and Levels of Care Requirements of Patients Needing Case Management

## **Challenges**

Based on focus groups and semi-structured interviews of senior case managers from 2 restructured hospitals on challenges faced by case managers in Singapore, two major themes were identified.

- i. Singapore's funding model for case management is disease specific, this enables development of competencies in particular diseases or diagnosis group; but limits sharing of knowledge among case managers from different disease programmes as well as cross-training.
- ii. The current system also faces manpower constraints (similar to most developed economies) with poor influx of experienced healthcare workforce as new case managers.

## **Moving Forward: Case Management in Regional Health Systems (RHSs)**

As hospitals transition into the 3 Regional Health Systems (RHSs) model, case management needs to concurrently transform into an integrated service which eases patient navigation across health and social services and facilitates ageing in place. There is also a need to develop case management as a fulfilling and long term career with competent training and adequate cross domain coverage. A few transformation possibilities as proposed by Case Management Society of America (CMSA) for the US but relevant to our healthcare system are as follows:

### **1. Shift from settings-based CM model to focus on individual needs across settings**

Increasingly, case managers are likely to be responsible for continuum of care of their patients as compared to current location specific involvement (e.g. separate case managers for acute hospital, community hospital stay and subsequently for community). This will entail coordinating the care plan with multiple stakeholders involving intermediate and long term care, community care as well as primary care providers, and continue follow up of patients post-discharge.

Today, some of the key healthcare organizations across the world use concepts of integrated case management in a variety of transitional care or integrated care programs like Kaiser Permanente, Geisenger, Johns Hopkins (US), Nuka Model (Alaska) and HARP (Hospital admission risk program, Victoria, Australia).

### **2. Team-based Case Management**

Multi-disciplinary case management teams comprising of nurses, allied health, Medico-Social Workers (MSWs) and physicians with shared governance will be required as our population ages, and patients' health and social needs become more complex. A range of different skill sets within the team will allow for sub-specialized task allocation depending on patient needs, to support the clinician in carrying out the clinical care plan and

support case management processes during follow ups.

Multi-disciplinary case management teams will enable cross-training of case managers in different clinical pathways; and aid in cross-coverage during leave and periods of manpower shortage.

## **Conclusion**

CM is aligned with overarching policy focus of 'ageing in place'; to keep patients healthy and active in the community closer to their loved ones for as long as possible by identifying their care needs early and providing time-based customized interventions. Case management is envisioned as one of the building blocks for development of every Regional Health System with active participation from community healthcare providers.

## **Further Reading**

If you wish to find out more regarding case management, you may look at the following resources:

- Case Management Society of Singapore (CMSS); <https://www.casemanagement.sg/>
- Case Management Society of America (CMSA); <http://www.cmsa.org/>
- Standards of Practice for Case Management, 2016, CMSA; <http://www.cmsa.org/>

# Around the World in Public Health

By A/Prof Jason Yap

*Disclaimer: This will be one of those articles that would be accompanied by a little paragraph, stuck in a corner after the article, that the opinions expressed are those of the author and not of the organisation at large or its leaders. Let's get that out of the way right at the start. What follows is not only just the views of one person, there would be many who would disagree, perhaps vehemently, with the themes.*



A/Prof Jason Yap

## Introduction

The World Congress on Public Health (WCPH) was held in Melbourne from 3 to 7 April 2017. It was organised by the Public Health Association of Australia (PHAA) under the aegis of the World Federation of Public Health Associations (WFPHA), the umbrella organisation of associations around the world that are dedicated to advancing the health of the population. This event was deliberately scheduled for 2017 to celebrate the 50th anniversary of the WFPHA.

There were more than 2,700 delegates from over 80 countries. The five-day conference had more than 130 sessions with everything normally found in such events (from plenaries called World Leadership Dialogues, oral and poster presentations, discussion panels, hands-on workshops, exhibition booths, small group and societal meetings, to field trips to some of Melbourne's leading research institutions and community-based organisations). In typical offbeat Australian style, there were also more unusual events like art exhibits, storytelling sessions, and a thumping Congress Party.

## Method

My participation at the event was aided by the Travel Assistance Fund of the College. The objectives of the trip were primarily to reach out to our colleagues in Australasia and the world, and to better understand how Public Health and Occupational Medicine is developing in the rest of the world.

I spent most of the time available attending the meetings of organisations with a smorgasbord of acronyms and initialisms. I met doctors from organisations like the Australasian Faculty of Public Health Medicine (AFPHM) of the Royal Australasian College of Physicians (RACP) and their New Zealand (NZCPHM), Malta (MAPHM) and Malaysian (CPHM) equivalents. From the United Kingdom, there was the Royal Society for Public Health (RSPH) and the Faculty of Public Health (FPH), as were the respective national Public Health associations of India (IPHA), Indonesia (IAKMI), Thailand (NHAT), New Zealand (PHANZ), Taiwan (TPHA) and, collectively, Europe (EuPHA). WFPHA has regional groupings as well, and Singapore falls naturally into the Asia Pacific Region.

There were also academic groups like the Asia Pacific Academic Consortium for Public Health (APACPH, of which NUS SSHSPH is a member) and the Council of Academic Public Health Institutions of Australia (CAPHIA). Some groups were more narrowly focused, like the International Society of Environmental Epidemiology (ISEE) and the Australasian Epidemiological Association (AEA).

## Results

What I found was quite beyond my uninformed pre-trip imagination. One would

have assumed there would be a huge community of Public Health practitioners around the world, but while the scale, complexity and intensity of the worldwide Public Health community and their efforts to improve the health of their communities was pleasantly huge, I was surprised by how few doctors there were in this larger ecology.

## Public Health is Multidisciplinary

Everywhere at the conference and around the world, it is taken for granted that Public Health is multidisciplinary and team-based. The sessions were helmed by speakers from diverse specialities, and topics ranged from the usual focus on sustainable development goals, infectious diseases, non-communicable disease, obesity and tobacco control, to politics, governance, religion, security and even finance, trade and investment.

The exhibition booths include practitioners in broad domains like the PHAA itself and academic institutions for Public Health, and in more narrowly defined focus areas like Epidemiology, Infectious Diseases and Nutrition. The delegates came from very different roles and spoke and learnt from each other as peers.

There was of course the medical niche, most evident in the refreshingly enthusiastic Public Health project presentations by students from Australia and New Zealand (including one Singaporean!) for the AFPHM John Snow Scholarship. I was impressed in particular by a presentation on a child oral health project that included a poem entitled "silent medicine" that could strike a chord with students from our own YLL School of Medicine as they do their Fourth-Year Community Health Projects.

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<sup>1</sup>Kindly shared on request by the medical student, who is independent of the views expressed in this article.

## **Public Health Specialist do not have to be doctors**

While we in Singapore have continued to place the doctor at the centre and the top of Public Health organisations and communities, most countries now accept that doctors and non-medical practitioners often play interchangeable roles in public health, with the latter playing roles equal to, and higher than, the medical physicians. Ironically, our College cannot even sign up as a member of the WFPHA because we admit only doctors to our ranks.

In the United Kingdom, the Faculty of Public Health of three Royal Colleges of Physicians now admits non-medical Public Health specialists who complete a specialist training programme that has a common curriculum and exit criteria with the training of Public Health Physicians. The General Medical Council in UK registers specialists in Public Health while the United Kingdom Public Health Register does likewise for the non-medicals.

Our sister organisations in Australasia have like us inherited the original British medical-centric model of the Public Health specialist and have continued with their own training and separate accreditation. Interestingly, both organisations use “Public Health Medicine” to distinguish themselves from the non-medicals, like we do with our “Physicians”. They however work closely with their respective (and highly energetic) national Public Health associations, and in fact were cohabiting their exhibition booths at the congress.

## **Discussion**

### **Singapore needs to rethink the Public Health specialist.**

Of the many people working in various efforts in Public Health, only the medical doctor is currently recognised as a “specialist” in Public Health in Singapore. There are preserves of course where medical training is critical (for example, when an understanding of the underlying physiology or pathology is necessary, or, more importantly, when clinical care must be provided as part of the day’s work in clinical preventive services).

There are many non-doctors in our healthcare system who are in fact doing the work of specialists, sometimes because of a shortage of suitable physicians for those

roles, but often because they can indeed do the work to the same quality. Anecdotally, I have heard of senior management with an eye on the bottom-line questioning the need for doctors in some roles when non-medicals can do as good a job and often at a lower salary.

As a Public Health physician myself, I wondered if the role of the Public Health physician will be eroded over time. At the congress however, I realised that it is no longer a question of if but when this must happen for the sake of our population. As doctors, we cannot place the interest of the patient, and in this case the population, above that of our own and our profession.

### **Singapore needs to rethink the Public Health practitioner.**

Public Health practitioners are working in government ministries, public agencies and healthcare institutions, in the regional health systems, in the voluntary welfare organisations, and, taking Public Health in its fullest sense, in the social services and in the environmental agencies. We can discern at least five natures of practice in Public Health work.

- i. **Public Health Specialists**, medical or non-medical as explained above, who are trained broadly in the principles and across the major domains of Public Health. They are conversant with Public Health research methods, health behaviour and communication, health policy and policy analysis, and may choose to focus on a specific area like epidemiology and disease control, global health, health promotion, or health policy and care delivery. We would include in this group the Occupational Physicians who, like their Public Health colleagues, are advancing the health of (the working) populations. They would generally have a Masters in Public Health or its equivalent, have undergone supervised training and passed an exit accreditation (or are recognised for their long practice and achievements).
- ii. **Public Health Focused Specialists** who are expert in one of the many disciplines vital to Public Health, like Health Economics, Biostatistics, Genomics, Data Sciences, Sociology, and the like. They may perhaps not be trained across the width of Public Health

but grasp the essence of Public Health thinking and should be accorded the recognition due their important contributions. These are specialists in their own right and form part of the Public Health team.

- iii. **Public Health-Related Specialists.** Clinical specialists in Family Medicine, Geriatrics, Infectious Diseases, Endocrinology (especially in our time of war) and many other specialists do their own thing for their patients but must incorporate a good deal of Public Health in their clinical management, both in the hospital and in the community. Designated Workplace Doctors play an important role that would otherwise swamp our Occupational Physicians. Some choose to take on Public Health as a second specialisation.
- iv. **Public Health Practitioners**, for want of a better phrase, are the rest of people working in Public Health. They may have (or are doing) a Masters in Public Health or its equivalent but most of their competencies would be learnt at their workplace.
- v. **Other professionals involved in the health of populations.** There are many other professionals who are not formally trained in Public Health but play important roles in the activities that contribute to the health of people. For example, the general practitioner who gives a medical certificate which states that patients are not fit for work for a period implicitly declares that they are fit for work thereafter, an occupational medical decision. While these would not normally be counted as part of the Public Health workforce, their roles and contributions must be appreciated.

We need to think harder about how to train the Public Health community for the challenges that face the nation. The Masters in Public Health is a first step, but the Preventive Medicine residency has taught me that it takes much more than just an MPH to make a good Public Health specialist. We should not only train more Public Health practitioners, both as specialists who span the whole domain and as subspecialists in critical new skills like Data Sciences, we must also be able to validate and certify their skills and competencies .

## Singapore needs to rethink our Public Health community.

With our putative War on Diabetes, ageing population, escalating costs, and ongoing healthcare reform, there is a dire need for more practitioners equipped with Public Health perspectives and tools. Today, the communities of professional practice centred on the health of the population are just the College and the Occupational & Environmental Health Society. The latter is more inclusive but the former is restricted to medical practitioners. Their collective footprint is relatively limited compared to the advocacy and interventional impact of counterparts in

some of the other countries represented at the World Congress.

What can we as a College, limited to just medical specialists in Public Health and Occupational Medicine, really do to advance the health of our people? Do we, like the Faculty of Public Health in the United Kingdom, need to open our doors to non-medicals? It took them literally decades to get that dispensation from their parent Royal Colleges. Or does Singapore need a parallel Public Health association like in Australia and New Zealand? Perhaps we could form one in time for the next World Congress on Public Health, which is planned for Rome

2020.

## Conclusion

What we do next as a College could have far-reaching impact on the role of Public Health physicians and the health of the people in Singapore in the coming century, for better or for worse. The motto of the College is Populi Salus Summa. In the same way as the clinician's principle is to hold paramount the interest of the patient, "Advancing the Health of Populations" must be the single and highest goal of our College. If we mean what we say, then all other considerations are secondary. To do any less would be to betray our calling.

## silent medicine

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### *Medicine,*

What is it you envision, when one says they practice medicine?  
Is it the white coat and the stethoscope, or the blue scrubs in the theatres?  
Do you see the hospital and the clinics, the St John's and the choppers?  
Do you imagine wheelchairs and stretchers, or pills of all colours?  
But on a slow, quiet day, is that really all there is?

### *Medicine*

Don't you see, that doing nothing is medicine too?  
When you don't smoke and you don't drink,  
When you don't hit and you don't binge,  
When you don't throw away money in a poker game,  
while you watch a child in the corner begging for change!  
Do you not see medicine when you walk down the street?

Five years into med school and in one week that changed,  
From facing patients, to facing colleagues, we aimed for the same,  
Discussions and debates, rejections and considerations,  
The team worked all day, to fine-tune an intervention,  
Really, five hundred thousand dollars can't buy you much freedom!

Serendipity brought our team together,  
From the self-proclaimed critic to the underdog song writer,  
From the quiet powerpoint guru to the conservative cash calculator,  
From the peer-reviewer with no experience,  
To the editor with nothing published in his name,  
We had one from every background and each had a say in the game

Child oral health was our topic that week,  
What's that? Who's responsible? Why us? Where is the dentist?  
Med school definitely didn't prepare us for this,  
So we turned to the community, and the professionals abroad,  
Even the Minister of Health and the Colgate rep was on board

silent medicine (Continued)

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Did you know,  
that forty percent of children by the age of five have caries?  
that this is sixty percent in Pacific Islanders and Māori?  
that you can have twelve acid attacks instead of two if you brush twice a day?  
and that for one toothbrush, a dollar is all you have to pay?

We had our intervention; we believed it could work,  
We hitched hiked it on an established operation,  
Research has shown this enhances participation,  
So we counted it down to the very last penny,  
And even completed it with a song that was catchy.

Smile 4 Life, it was called,  
Three years from age seven, toothbrushes for all,  
It encompasses education and addresses financial barriers,  
It improves access to care and with the family, the more the merrier!  
Tooth decay really could not stay superior

Fourteen groups were the total that day,  
We heard how each team tried to keep their problem at bay,  
There were songs and there were skits,  
There were quotes with quite a bit of wit,  
This way of learning made it such a refreshing week!  
Our idea convinced, it won the judges favour!  
Now if only we can realise this and deliver.

As the week came and went,  
I realised wow, population health, what an event!  
Having taken a backseat at all the clinical sessions,  
This week was valuable; it left quite an impression,  
I now know how to include it in my future profession

*Medicine,*  
Referrals and prescriptions aren't the only options,  
A huge team is out there, advocating for caution,  
It is comforting to know that when we're absorbed in the moment,  
That there are those who stepped back and saw another component,  
Stopping at the beginning was way more potent

*Medicine,*  
You see it when you walk down the streets,  
Your children play with it in their car seats,  
It is in the food that isn't too sweet,  
You inhale it in the air that doesn't stink,  
And it is in most of the water that you and I both drink.

# 4<sup>th</sup> Annual General Meeting of the College of Public Health and Occupational Medicine

By Dr Lim John Wah



College Fellows at the 4th AGM

The College held its 4<sup>th</sup> Annual General Meeting (AGM) at the Tung Lok Seafood Restaurant in Orchard Central on 12 May 2017. This year's AGM was attended by 22 Fellows.

Dr. Vernon Lee, President of College, shared with the Fellows, activities and initiatives conducted over the past one year. The key event was the 2<sup>nd</sup> Singapore International Public Health Conference & 11<sup>th</sup> Singapore Public Health & Occupational Medicine Conference, which attracted more than 500 participants. Based on survey feedback from Fellows, College started organising continuing medical education (CME) activities combined with dinner. The CME activities were aligned with the Mission, Vision and Values of the College, and covered topics such as health insurance, medical information technology and fatigue management. College also sponsored refreshments at the National Preventive Medicine Grand Rounds organised by the National Preventive Medicine Residency Program.

Beyond educational activities, Dr. Lee elaborated on the College role's in advocacy of public health topics of interest. An opinion piece on War on Diabetes in collaboration with Saw Swee Hock School of Public Health was published last year in The Straits Times. He urged Fellows to respond to the recent email sent to Fellows seeking feedback on tobacco control, and welcomed suggestions on new topics.

Dr. Lee also informed attendees of the College's travel assistance grants available to Fellows to attend overseas conference or meetings which could further the mission of the College. He also updated Fellows on the development of the idea of starting

a Public Health Society or Association to engage non-medical public health practitioners, including non-specialist doctors and Fellows alike. Dr Lee highlighted the potential role of the College to shape the development of this new group, e.g. by enhancing the recognition of the profession through advance training programs.

He ended the meeting by thanking Dr. Benjamin Ng, the past-president for his contribution to the College for years. Dr Ng would be stepping down from the Council 1-year after relinquishing the top position of the College. He also thanked Drs. Angela Chow, Kenneth Choy and Mona Toh for continuing as the elected members for the next two years.

The AGM ended at 7.03pm. This was followed by the dinner that saw lively interactions among fellows from various sectors and institutions.



Social interactions at dinner after the AGM

# Lunar New Year Get-Together & CME

13 February 2017

The College celebrated Chinese New Year with a CME talk, jointly organised by the College of Public Health and Occupational Physicians and Johns Hopkins Bloomberg School of Public Health at the Multi-Purpose Hall in Communicable Disease Centre 1. We were honoured to have Dr Jeremy Lim, Dr Clive Tan and Mr Nawal Roy to share their insights on 'Big Data' in Healthcare – Insights from information; Action from Insights'. More than 40 people attended and gathered together to socialize, network, and catch up with friends.



## CME — Aviation Medicine

26 April 2017



The College organised the CME talk on "Fatigue Monitoring and Management – Technology and Readiness" at The Academy of Medicine, Singapore. We were honoured to invite Dr Wong Sheau Hwa to give this talk.

# 51<sup>st</sup> SMCM & 12<sup>th</sup> PHOM Conference

By Dr Clive Tan

In 2016, the College of Public Health and Occupational Physicians collaborated with the Saw Swee Hock School of Public Health to jointly organise the 11th Public Health and Occupational Medicine (PHOM) Conference and 2nd Singapore International Public Health Conference (SIPHC). Organised every 4 years, this 2nd SIPHC conference was themed “Contemporary Challenges, Sustainable Solutions”. The Guest-of-Honour, Dr Amy Khor, Senior Minister of State, Ministry of Health, delivered the opening address and emphasised the importance of multi-disciplinary and multi-sectorial approaches for our health system’s development. The conference saw a series of sharings and discussions around the key threads of infectious diseases, ageing, obesity and rising prevalence of chronic diseases. The PHOM Organizing Committee, led by Asst Prof Dr Eugene Shum, reported that the event saw close to 600 international and local researchers, academics, healthcare professionals, policy-makers and industry leaders from 25 countries in attendance.

Continuing on the path of collaboration and acknowledging the increasing need for multi-disciplinary teams and cross-disciplinary collaboration in medicine, the College of Public Health and Occupational Physicians will be partnering the Academy of Medicine, Singapore, to hold the 12th Public Health and Occupational Medicine Conference in conjunction with the 51st Singapore Malaysia Congress of Medicine (SMCM), from 21 to 23 July 2017. This year’s conference theme “Moving Forward, Staying Ahead” reflects the journey of Singapore’s healthcare system through the years, and draws focus to health system changes and policy decisions over the years that have ensured that our healthcare system continually moves forward and stay ahead.

The conference will cover a broad range of cross-disciplinary topics, such as communicable diseases, non-communicable diseases, ageing, care integration and population-based health, aviation medicine, occupational medicine, health promotion, health technology assessment, healthcare informatics, healthcare economics, and regional health. In addition, there will be sessions dedicated to medical research, medical training, emergency preparedness, psychiatry, cardiology, surgery, family medicine and telemedicine, led by our sister Colleges within the Academy of Medicine, Singapore.

Dr Lam Pin Min, Senior Minister of State, Ministry of Health, will be the Guest-of-Honour for this year’s Public Health and Occupational Medicine Conference. He will be joined by our keynote speaker Professor Fung Hong, President of the Hong Kong College of Community Medicine, who will be speaking on “Rethinking Health System Leadership”.

We look forward having you join us for another exciting and enriching Public Health and Occupational Medicine Conference. Thank you.

Yours Sincerely,



Dr Clive Tan  
Organising Chairman,  
12th Singapore Public Health & Occupational Medicine Conference



**DIAMOND JUBILEE CELEBRATION**  
1957-2017 **60** years  
**ACADEMY OF MEDICINE, SINGAPORE**  
*Committed to specialist education and training since 1957*

**51<sup>st</sup> SINGAPORE - MALAYSIA CONGRESS OF MEDICINE**  
**12<sup>th</sup> SINGAPORE PUBLIC HEALTH & OCCUPATIONAL MEDICINE CONFERENCE**

**Moving Forward**  
21-23 JULY 2017  
GRAND COPTHORNE WATERFRONT HOTEL

**Staying Ahead**

**ORGANISERS:**  
ACADEMY OF MEDICINE SINGAPORE  
ACADEMY OF MEDICINE OF MALAYSIA  
**IN PARTICIPATION WITH:**  
HONG KONG ACADEMY OF MEDICINE  
**CO-ORGANISER:**  
COLLEGE OF PUBLIC HEALTH & OCCUPATIONAL PHYSICIANS

## Special feature on our dually-accredited Fellows A/Prof Lim Poh Lian

My love of infectious diseases (ID) and public health draw from the same deep well of idealism – infections disproportionately impact the most vulnerable and needy individuals in society, and if we care about patients, we can make a huge difference through ID & public health.

My heroes were Marie Curie, Edward Jenner and Louis Pasteur. As an undergrad at Harvard studying biochemistry, my interest deepened through electives like “Public Health of Infectious Diseases in Developing Countries” which convinced me of the tremendous benefits of vaccines. I spent summers doing neurobiology research at Harvard Medical School, and oncogene research at the Whitehead Institute at MIT. I also became fascinated by tropical medicine taking “Immunobiology of Parasites” at the Harvard School of Public Health. But I reveled in liberal arts education as well, taking courses in social psychology, medical anthropology, development economics, linguistics, poetry, philosophy, history, Greek and German – all of which have enriched my life and thinking.

At Columbia, I seriously considered cardiovascular surgery and cardiology. But New York City in 1987-1991 was in the grip of the linked AIDS, MDR-TB and cocaine epidemics. I got a firsthand look at the devastation of injecting drug use through 6 weeks on the AIDS units at Presbyterian Hospital, and volunteering in homeless shelters and caring for infants born to cocaine-addicted mothers in the Boarder Baby nursery. To explore my interest in medical missions, I spent 2 months in Zimbabwe doing an elective in tropical medicine, and a month backpacking on my own in Botswana and Kenya.

I returned to Boston for internal medicine residency. After that, instead of going straight into fellowship for specialist training, I spent 2 years as a primary care internist in a health centre in Boston’s Chinatown, providing care to Asian immigrants and refugees. I wanted to study at

the London School of Tropical Medicine and Hygiene but couldn’t afford it. At that point, I was planning to return to Malaysia because of my commitment as a Christian, and felt called to HIV care because the AIDS epidemic was hitting its peak in Asia. I chose to Tulane for ID training because it offered a one-year MPH in Tropical Medicine, had an HIV ACTG clinical trials unit and transplant ID.

Then I read Laurie Garrett’s “The Coming Plague” and got completely hooked on emerging infections. I wanted to join the CDC as an EIS officer, and regretted missing the Nipah outbreak in Malaysia by a few months. (Be careful what you wish for!) But I had gotten married and we were starting a family, so it didn’t look like I would ever get to be an “outbreak cowboy”. We settled down in the Seattle area, where I worked part-time as an ID physician and enjoyed being on the “mommy track” for 3+ years.

But I still felt called to return to Asia, and in 2003, the door opened for us to move to Singapore instead. I started work on 10 February 2003 at a place called Tan Tock Seng Hospital. Three weeks later, the SARS outbreak started. It was absolutely fascinating – with a novel pathogen for which we had no diagnostic tests or treatment, we had to derive incubation periods and transmission routes from careful clinical histories & epi links, and fall back to first principles of outbreak management: 1) isolate infected cases; 2) contact trace exposed persons and quarantine them; 3) meticulous infection control; 4) command, coordination, and communication.

The subsequent decade has been filled with outbreaks and preparations for outbreaks – H5N1 (2005), dengue (2007), Chikungunya (2008), H1N1 (2009), MERS (2012), H7N9 (2013), Ebola (2014), Zika (2016), yellow fever (2017). Along the way, I started working with the Ministry of Health on various outbreak preparedness efforts, including Sparrowhawk exercises, setting up the SIDPIC project for active



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surveillance of novel pathogens, and setting up the National Antimicrobial Taskforce (NAT) framework for surveillance of antibiotic resistance, utilization, and stewardship.

The Ebola outbreak of 2014 was a watershed event in public health. Unprecedented in scale and spread, it also brought fierce criticism of WHO. Because of my longstanding involvement with WHO’s Global Outbreak Alert and Response Network (GOARN), I was asked to serve on the Advisory Group for Reform of WHO’s work in Health Emergencies, and after that, the UN Global Health Crises taskforce, appointed by the UN Secretary General, Mr Ban Ki Moon.

My other passion has been travel medicine and vaccines, as head of the Travelers’ Health & Vaccination Clinic (THVC) at TTSH, and Site Director for GeoSentinel in Singapore. Surveillance of travel-related introductions of disease is a critical interface for outbreaks & emerging infections. I also spent a decade on HIV clinical trials including Artemis, Esprit, Second-line, and the TREAT Asia HIV database.

As I look back on over 3 decades in medicine, it is a tremendous gift to be able to do work I love, believe in and find fascinating. Infectious diseases and public health has been an amazing and wonderful field of endeavor, and I look forward to the next few decades!

## Special feature on our dually-accredited Fellows

### Dr Wong Ting Hway



Dr Wong Ting Hway

Dr Wong Ting Hway is a trauma and acute care general surgeon at the Singapore General Hospital with an interest in public

health and health services research. She was a trauma fellow at John Hunter Hospital in Australia, where she remembers having brought her yet-to-be-born baby to numerous trauma activations. Those adrenaline-filled times may explain why her kid loves excitement. Prior to her training as a surgeon, she worked with Doctors without Borders and the International Committee of the Red Cross. Between overseas missions, she worked with HCA home hospice care and later served as its volunteer committee chairman.

After returning to surgical training, she went on to read a Masters of Public Health at the Johns Hopkins Bloomberg School of Public Health, with a focus on trauma sys-

tems and access to healthcare. Her research interests include trauma systems development, multi-disciplinary care, and emergency surgery in the elderly.

Aside from the usual medical work, Dr Wong Ting Hway has contributed several articles and poems to various anthologies. The most recent, based on her journey with her mother's dementia, were published in "Grandmother's Garden". When not walking around the hospital, she belly-dances and dances hip-hop with her 2 children.

The College of Public Health and Occupational Physicians warmly welcomes Dr Wong Ting Hway as one of our several dually-accredited fellows in 2017.



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