

The Singapore Healthcare System

Evolution and Transformation

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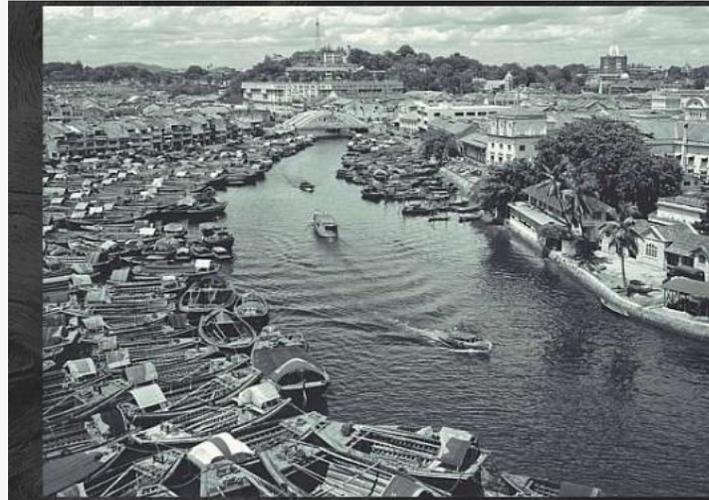


PATIENTS. AT THE HEART OF ALL WE DO.®

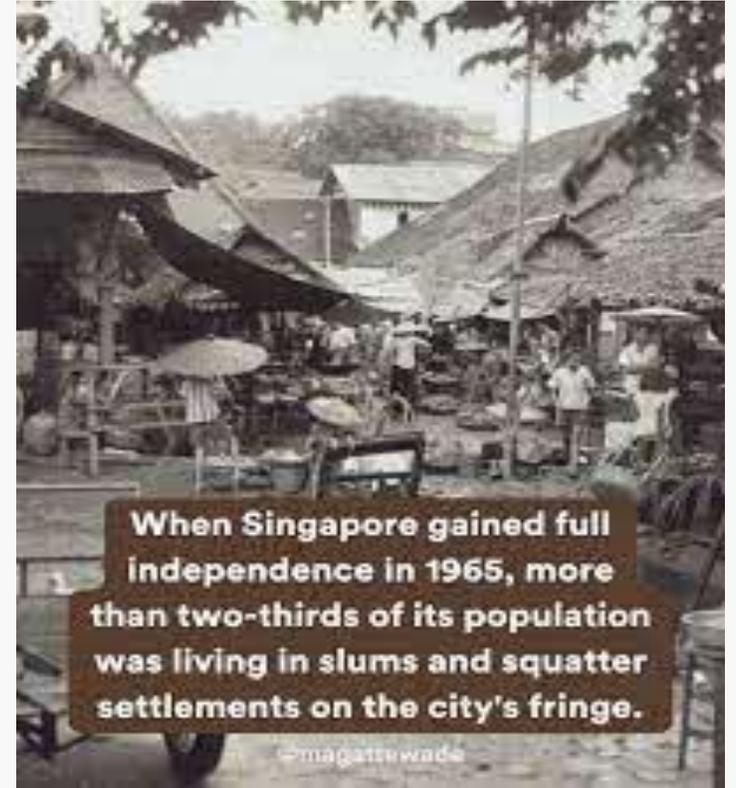


1965

SINGAPORE



In 1965, Singapore's nominal GDP per capita was around US\$500.



When Singapore gained full independence in 1965, more than two-thirds of its population was living in slums and squatter settlements on the city's fringe.

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1960s and 70s – Era of Public Health



Mobile Vaccination Team



School Health Services



Stand Pipes that brought clean water



Paya Lebar Outpatient Dispensary

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Joo Chiat Road Maternal and Child Health Clinic

1960s and 70s Hospitals



PUBLIC HOSPITAL BEDS AVAILABLE IN 1965		
General Hospital Outram Road	1,278	General and acute care Beds
Thomson Road GH	396	
KKMH (Obstetrics & Gynaecology)	443	
TTSH (Tuberculosis)	1,320	
MRH (Sexually Transmitted Diseases)	61	
Middleton Hospital (Infectious Diseases)	250	
Trafalgar Home (Leprosy)	965	
Woodbridge Hospital (Mental Illness)	1,869	
Mental Defective Hospital	45	
Chronic Sick Hospital	70	
St Andrew's Orthopaedic Hospital	120	
Total	6,817	



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1960s and 70s

Progress and Achievements

	Infant mortality rate (%)	Under 5 mortality rate (%)	Life expectancy (years)	GDP per capita US\$
Singapore				
1965	25.41	32.12	67.09	516.3
1980	10.56	13.09	72.19	4,927
UK				
1965	20.34	23.63	71.62	1,850.9
1980	12.05	14.06	73.68	10,032
USA				
1965	23.92	27.68	70.21	3827.5
1980	12.53	14.97	73.61	12,597

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1980s and 1990s – Era of Hospitals



First new hospital to be built following independence – opened 1985



Started operations in 1997



Major redevelopment in late 1970s completed in 1981



Opened in 2000

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Singapore's Healthcare Journey

Choices, Choices, Choices

		Healthcare Delivery	
		PUBLIC	PRIVATE
		Government able to impose direct cost controls on providers, limit to choice	Information asymmetry means limits to competition. Often, difficult to manage costs
Financing	PUBLIC - through social insurance or taxes 😊 Perceived "free" healthcare - comprehensive safety net; peace of mind 😞 But high taxes, and difficult to curb over-consumption 😞 Long waiting times	Insurance and service delivery handled by government e.g. UK, Hong Kong e.g. Singapore	Government pays for services provided by private providers e.g. Germany e.g. US
	PRIVATE - cash/private insurance 😊 Forces individual responsibility/ discipline 😞 No peace of mind and poor safety net due to unaffordability for low-income and cherry-picking by insurers	Cost charged directly to patients for services provided in public facilities	Cost charged directly to patients for services provided in private facilities

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Restructured Hospitals

- **Public hospitals are legally corporatized companies wholly owned by the government**

As owner, the government can shape hospitals' behavior without having to resort to onerous regulations or purchase negotiations

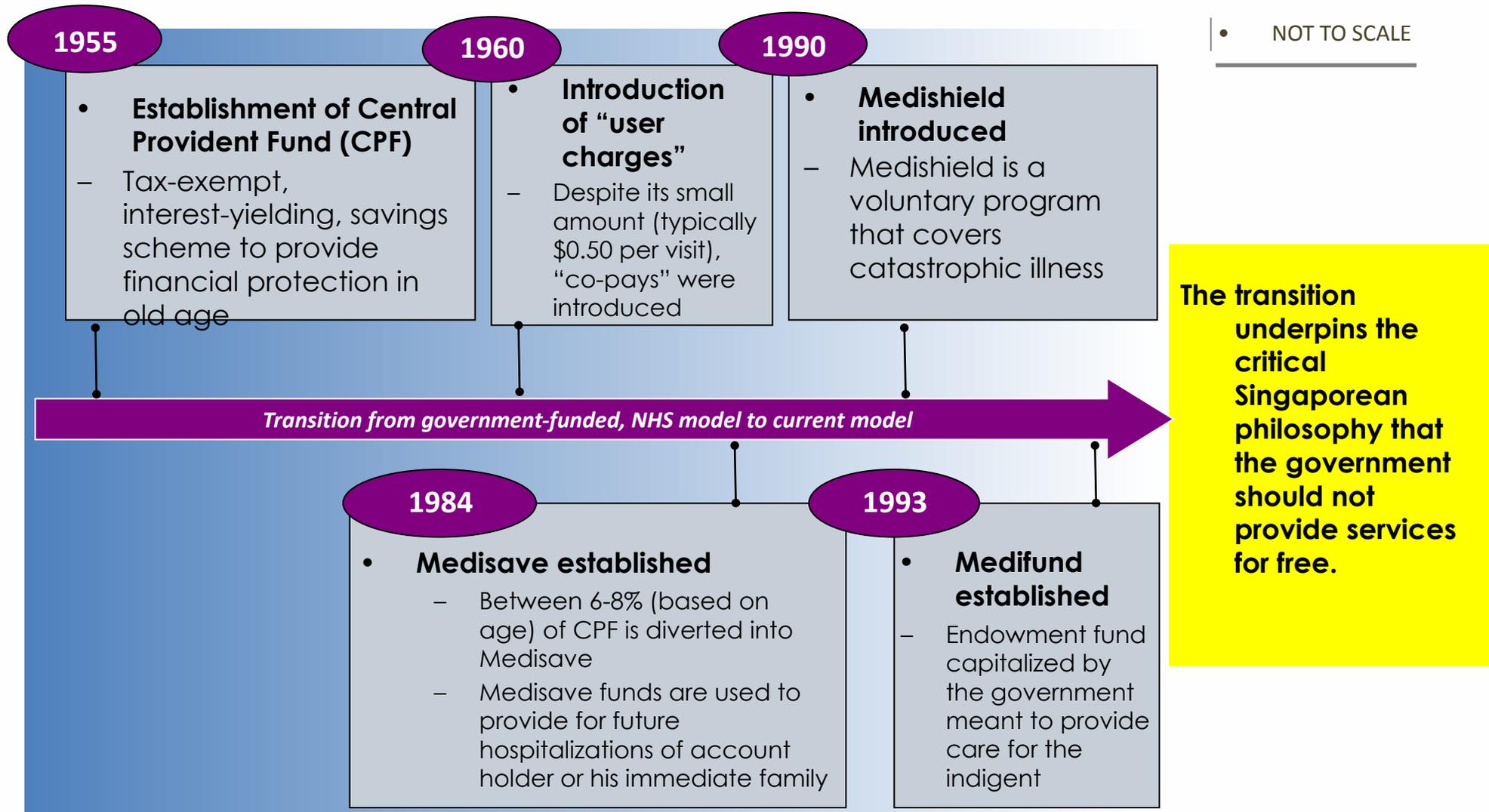
- Ability to reorganize the public health care system to ensure better-coordinated and seamless care

- **Public hospitals are required to meet expenses from government payments and patient fees**

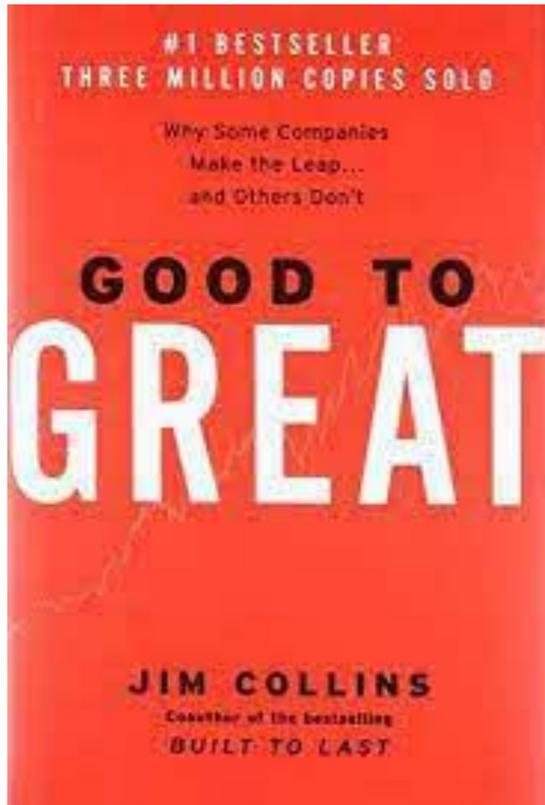
Public hospitals are allowed to keep surpluses but need to meet shortfalls from their reserves, unless there are exceptional circumstances

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Singapore's Patient Financing System



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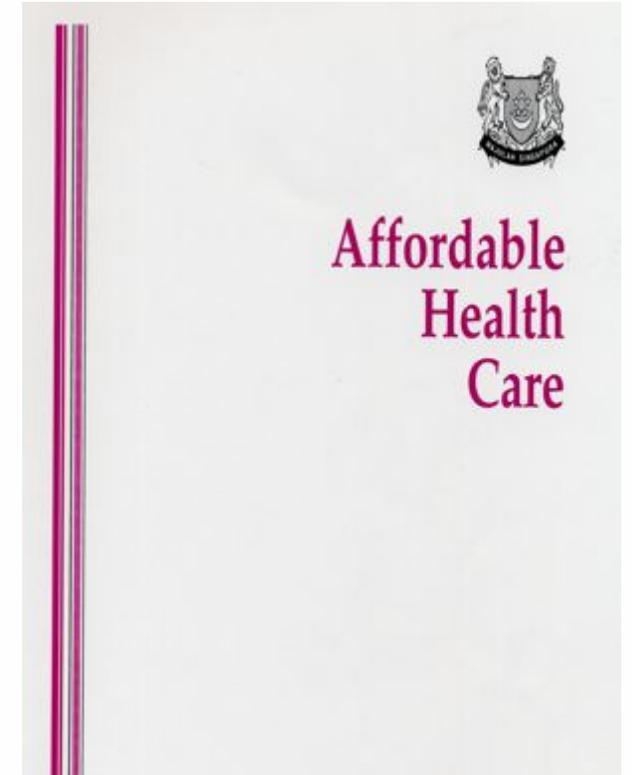
“Every truly great organization demonstrates the characteristics of **preserve the core, yet stimulate progress**. On the one hand, it is guided by a set of core values and fundamental purpose- a core mission that changes little or not at all over time; and on the other hand, it stimulates progress: change, improvement, innovation, renewal. **The core mission remains fixed** while operating practices, cultural norms, strategies, tactics, processes, structures, and methods continually change in response to changing realities.”

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Singapore's Healthcare Philosophy

- To nurture a healthy nation by promoting good health
- To promote personal responsibility for one's health and avoid over-reliance on state welfare or medical insurance
- To provide good and affordable basic medical services to all Singaporeans
- To rely on competition and market forces to improve service and raise efficiency
- To intervene directly in the healthcare sector, when necessary when the market fails to keep healthcare costs down

White Paper on Affordable Healthcare 1993



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2000 and 2010s – Era of Clusters



- Achieve vertical integration in the healthcare sector
- Achieve economies of scale through group purchasing, centralised shared services and sharing best clinical practices
- Re-balance competition and collaboration in the public sector through better service and lower costs for patients



“The latest turning point in our healthcare system is to **integrate our hospitals and polyclinics into two clusters**. The traditional approach of developing hospitals and primary care clinics as individual entities results in the fragmentation of patient-care. To do better, **patient care has to be coordinated across the whole continuum**. This is the main reason why we decided to go for clustering.”

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- Min Lim Hng Kiang, 2000



2000 and 2010s – Era of Clusters

Healthcare 2020



Beyond Healthcare 2020

Regional Health Systems



2012



2017

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Transforming healthcare system for the future

- Make changes and shifts more swiftly and decisively within clusters and across the healthcare system. Each merged cluster
 - fuller range of assets, capabilities, services and networks across different care settings
 - draw from the combined strengths of its two original clusters
 - strong primary care system, critical to key desired shifts
- **For patients** – more comprehensive, integrated and seamless health prevention and healthcare services near their homes
- **For healthcare professionals** – a wider and deeper range of career options and professional development opportunities
- **For the healthcare system as a whole** – better optimise and synergise resources and capabilities, able to respond faster and more decisively to changes

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2020s – Era of Population Health

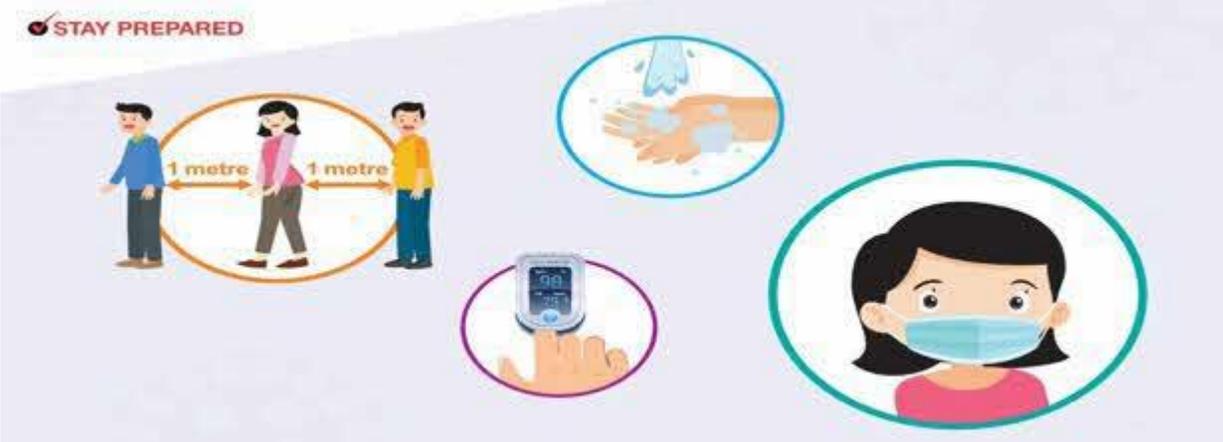


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First Line of Defense

Physical Wellness			
 <p>Drink Well Stay Hydrated</p>	 <p>Eat Well Eat a balanced diet</p>	 <p>Sleep Well Get enough sleep</p>	 <p>Keep Active Take 5K – 10K steps a day</p>
Mental Wellness			
 <p>Be Kind to Yourself Self-compassion practice</p>	 <p>Mindfulness Break 5min mindfulness practice</p>	 <p>Connect Connect with friends & family on social media</p>	 <p>Talk to Someone Call a friend or loved one to catch up</p>

STAY PREPARED



Health Protocols

as of 18 Feb 2022

1 You are unwell

See a doctor. If positive:

- Inform close contacts
- Recover at home, COVID-19 treatment facility or hospital, depending on your GP's advice

You are well, but test positive

Inform close contacts

- First 72 hours: Isolate at home. No need for MC if well
- Thereafter, take ART. End isolation when negative
- Or if still positive, end isolation on
 - Day 7, if fully vaccinated or aged below 12
 - Day 14, if not fully vaccinated
- If at risk (e.g. elderly, pregnant) or feel unwell, see **1**

2 Received Health Risk Notice, or informed by infected person of exposure

- Take ART. Go out only if negative
- If negative after **Day 5**, no further test needed
- If ART is positive, see **2**

More information at: covid.gov.sg




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Second Line of Defense

A Singapore Government Agency Website

gov.sg

Read this in: 中文 | Melayu | தமிழ்

Extended Operating Hours from 25 February 2022 to 10 March 2022 (inclusive)
 Selected PHPCs will open up to 11pm on weekdays, between 2pm and 5pm on weekend afternoons and up to 11pm on weekend nights. Selected polyclinics will also be operating on Saturday afternoons and Sunday mornings.

Back FAQ



Looking for a SASH clinic or PHPC near you?

Search nearby Search by clinic

Enter street name or postal code GO

If you are feeling ill, please see your doctor for treatment.

If you only require a valid Covid-19 test result, please find your nearest test centre at <https://go.gov.sg/community-ART-test>

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If you have any of the following symptoms, visit a Public Health Preparedness Clinic (PHPC) immediately. Your doctor will advise you if you require a swab.

- Difficulty breathing[^]
- Fever
- Runny nose
- Sore throat
- Cough
- Loss of sense of smell

For peace of mind

- Even people with mild symptoms can have COVID-19 and only a swab test can confirm this.
- Early testing means you can get peace of mind if your test is negative, and the right care and treatment if your test is positive.

Subsidised treatment and free swab tests are available at convenient locations

- Pay only \$0/\$5/\$10* for treatment at over 950 PHPCs if you are diagnosed with a respiratory infection. Treatment is also subsidised at all polyclinics.
- If your doctor assesses that you need a swab test, you can get swabbed for free at over 550 PHPCs under the Swab and Send Home (SASH) programme, Regional Screening Centres (RSCs) and polyclinics.

It's quick and easy

- Swabbing only takes less than 1 minute and you will feel only minor discomfort

[^] May be due to pneumonia or other causes that require a referral.
 * \$10 for Singapore Citizens, Permanent Residents or eligible Work Permit holders; \$5 for Merdeka Generation or Pioneer Generation cardholders; \$0 for those under the Public Assistance Scheme

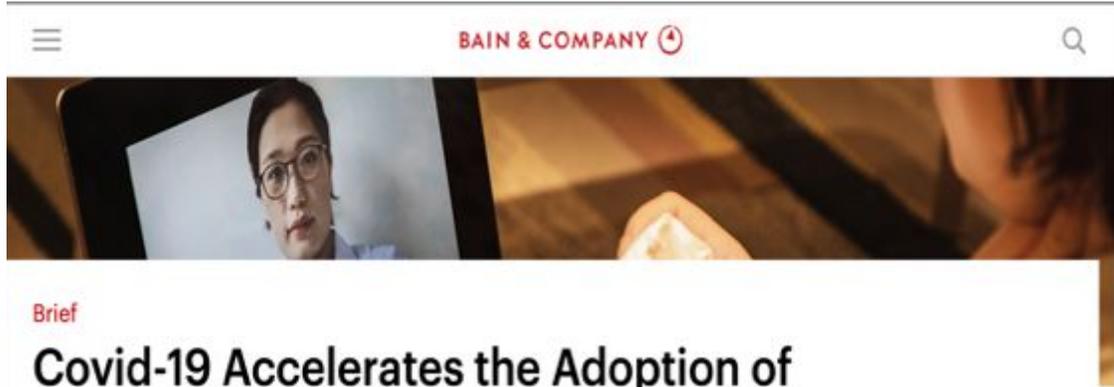
Visit phpc.gov.sg or scan the QR code on the left to find a PHPC near you. For more information, visit www.moh.gov.sg #JustGetSwabbedSG







Reimagining Care Delivery



Brief

Covid-19 Accelerates the Adoption of Telemedicine in Asia-Pacific Countries

The pandemic has removed barriers to digital health tools and changed patient behavior.

By Vikram Kapur and Alex Boulton

April 27, 2020 • 7 min read



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Meet new healthcare Hiro, a robot that disinfects surfaces, reminds polyclinic visitors to put on masks

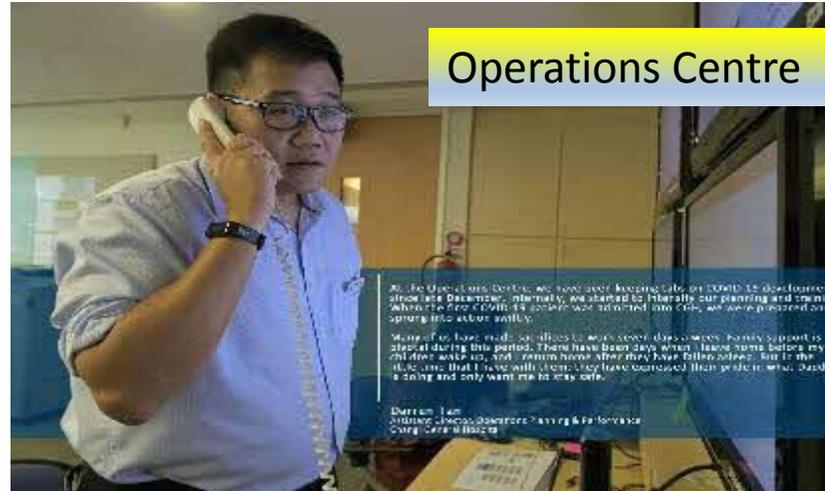
Whole of Society Effort



SIA, SilkAir & Scoot cabin crew deployed in hospitals impress nurses with their service standards

Our local airlines' cabin crew have long been famous for their service levels.

Julia Yeo · May 09, 2020, 12:18 PM



Operations Centre

At the Operations Centre, we have been keeping tabs on COVID-19 developments since late December. Internally, we alerted by liberally our printing and printing. About the first COVID-19 case was identified in Singapore, we were pleased and spring into action swiftly.

Most of us have made sacrifices to work seven days a week. Family support is crucial during this period. There have been days when I leave home before my children wake up, and return home after they have fallen asleep. But it's the things that I have with them that they have increased their preference for, despite it being and only want me to stay close.

Darren Lim
Assistant Director, Operations Planning & Performance
Singapore Airlines



Community spirit among Singaporeans shines through during Covid-19 pandemic, says public service report card



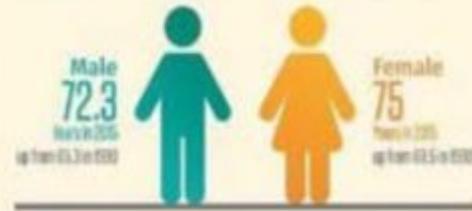
The Covid-19 Migrant Support Coalition provides workers with immediate needs from meals to mobile phones and mental health support. Source: COVID-19 Migrant Support Coalition

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One in four citizens are expected to be 65 and above by 2030, up from one in six today. As people get older, they are more likely to fall sick or suffer from disabilities.

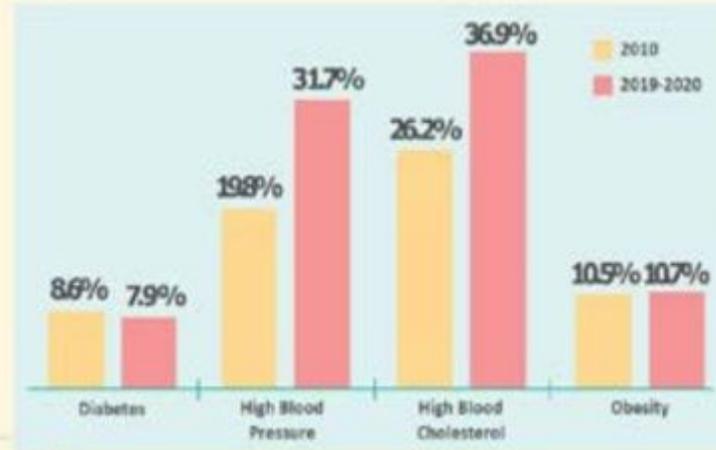
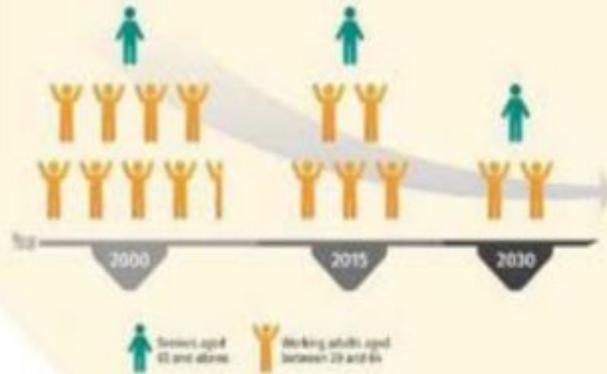
HEALTHY LIFE EXPECTANCY



Healthy life expectancy refers to the average number of additional years that a person of a given age can expect to live in good health, taking into account mortality and years lived in less than full health due to chronic or major health conditions.

Source: Ministry of Health, "Life Expectancy & Healthy Life Expectancy from 1990 to 2019", Ministry of Health, Singapore, 2020.

OLD-AGE SUPPORT RATIO



The prevalence of chronic diseases such as hypertension and hyperlipidaemia has risen to worryingly high levels, at 32% and 37% of our population respectively.

Sources: Epidemiology & Disease Control Division, Ministry of Health, Singapore, National Health Survey 2010; Epidemiology & Disease Control Division and Policy, Research & Surveillance Group, Ministry of Health and Health Promotion Board, Singapore, National Population Health Survey 2018.



Government healthcare expenditure has tripled over the past ten years from about \$3 billion to \$10 billion and may almost triple again to \$27 billion by 2030.

Source: White Paper on Healthier SG

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Healthier Sg 1.0

Healthier SG Strategy 1 2 3 4 5

Mobilise our Network of Family Doctors



Healthier SG Strategy 1 2 3 4 5

Health Plans



- Regular Scheduled Check-ins
- Vaccinations & Screenings
- Chronic Care Management
- Lifestyle Adjustments

Healthier SG Strategy 1 2 3 4 5

Community Partnerships



Healthier SG Strategy 1 2 3 4 5

National Healthier SG Enrolment Programme



One Singaporean, One Family Doctor

Healthier SG Strategy 1 2 3 4 5

Support Structures for Healthier SG

- Manpower**

- Financing**

- IT Systems**


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Regional Health System

2012



2023



- 1 Stronger Mandate for Clusters
 - Accountable for regional health outcomes
 - Build & integrate ecosystem in its region, incl. GPs
- 2 Primary Care Transformation
 - Enable primary care providers (PCPs) to step up and enrol residents
- 3 Activate Community Partners
 - Engage residents to adopt and support healthy living in community

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Extended Roles and Accountabilities of Healthcare Clusters

01 Service Provider

Clinical care provision/services

02 Population Health Manager

Accountable for regional health outcomes

03 Regional Health Manager

Build and Integrate ecosystem in its region

Ownership of Services



Ownership of Patients



Ownership of Population



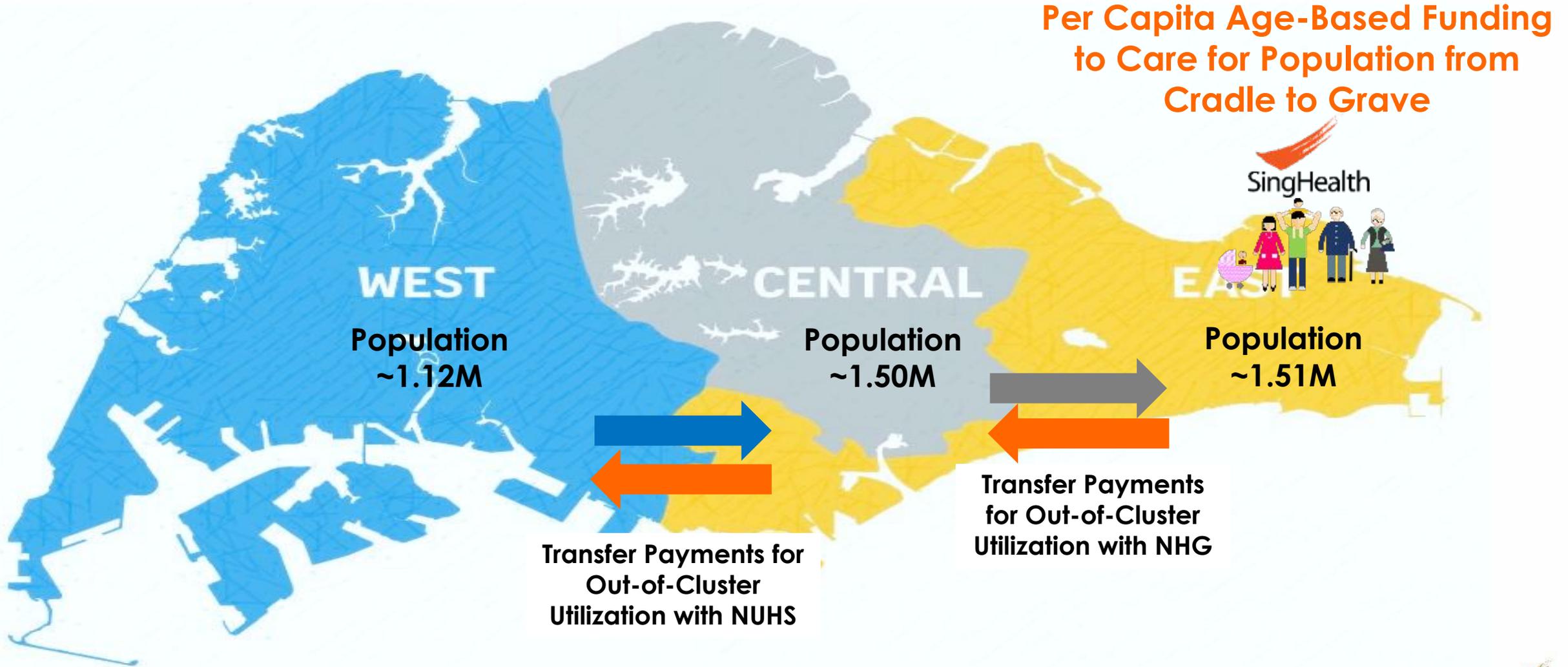
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Align Payor-Provider-Patient interests & incentives



Capitation Funding for Subsidized Services



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Healthier Sg and Age Well SG

Healthier SG as first key step to encourage healthier living

Promoting overall healthier living

Healthier SG Strategy NEW

- Activating network of family physicians
- Care Plans
- Community partnerships
- National Healthier SG enrolment
- Necessary support structures
 - Manpower
 - Financing
 - IT & data



Complemented with efforts to further anchor ageing in communities



Keep seniors socially connected and healthy

Better care at home for frailer seniors



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Encouraging Active Ageing

Expand the number of Active Ageing Centres (AACs) islandwide

AAC 2.0: Evolve operating model of AACs

- Improve outreach
- Enhance quality and range of active ageing programmes
- Reduce social isolation by keeping seniors socially connected

Promote senior volunteerism

Strengthening Support for Seniors with Care Needs

Enhance home-based care for Nursing Home (NH) eligible seniors (HPC+)

Reorganise aged care delivery

- One assessment, one care plan
- One coordinating provider

Improvements to the Living Environment

More assisted living options

E.g. Community Care Apartments

[MND] 'Silver lining' to estate upgrading

[MND] EASE 2.0: Additional elderly-friendly features in flats

[MOT] Friendly Streets

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