



# TRANSFORMING HEALTHCARE DELIVERY IN SINGAPORE

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**H**ealthcare delivery in Singapore has been largely centred on episodic care in acute hospitals. While acute care must remain a significant part of all healthcare delivery systems, the growing demands of an aging population and advances in medical science have made the current hospital-centric model unsustainable. We need a system-wide transformation of our healthcare delivery system to meet the challenges posed by increasing demands for healthcare as our population greys.

We envisage this new healthcare delivery system through the development of the Regional Health Services (RHS) framework. The RHS will consist of restructured hospitals (RHs) working in close partnership with other healthcare providers in the region, such as community hospitals (CHs), nursing homes (NHs), General Practitioners (GPs) and home care providers. Together, we can help improve patient care through programmes like the Chronic Disease Management Programme (CDMP) and Primary Care Partnership Scheme (PCPS), and we hope that more GPs will join us in this network.

We have often heard from patients that it is not easy to navigate through the healthcare system. For one who needs continuing care upon discharge from an acute hospital, it can be quite a daunting process. “Should I choose a community hospital, nursing home or day rehabilitation centre?”, “How about Home care?” or even “Where can I go to and who can I approach for help?” We can bring to patients good and right care, at greater convenience, and hopefully also at lower costs, if we can together bring about greater integration of care across the different stages of a patient’s care treatment. To illustrate, imagine a patient convalescing at Ren Ci Community Hospital after being discharged from Tan Tock Seng Hospital, and thereafter going home but enjoying continuity of care through services like day rehabilitation centres, home nursing, GP

follow ups, and so on. To achieve this continuity of care, the Ministry of Health (MOH) will facilitate the link up of all these various partners in the RHS who currently provide within their own area of care independently. MOH has set up the Agency for Integrated Care (AIC) to help patients navigate the entire healthcare system and to help hospitals coordinate patient discharges from the RHs to the CHs and NHs. MOH will need to expand the staffing and services offered by the AIC to allow them to be an effective and efficient matchmaker. Through the RHS and AIC, patient transitions will become more seamless and coordinated.



## History and Overview of AIC

*The inception of Agency for Integrated Care (AIC) dates back to 1992 when MOH established the Care Liaison Service (CLS) as a central body to coordinate and facilitate the placement of elderly sick to nursing homes and chronic sick units. In 2001, as part of MOH’s restructuring exercise, CLS was spun off to be jointly operated by National Healthcare Group (NHG) and Singapore Health Services (SHS), although physically residing in NHG. Then, CLS was subsequently renamed Integrated Care Services (ICS). In 2009, AIC was tasked to be the dedicated entity to promote and facilitate patients to receive the right care at the right place and at the right time across the healthcare continuum; and to realise the vision of a more integrated healthcare system in Singapore. To understand more about the role and services of AIC, please visit: [www.aic.sg](http://www.aic.sg)*

The next step in achieving seamless and coordinated care is through shared access to relevant medical records. For example, an elderly with diabetes will need regular follow-ups so that the doctor can monitor his medication and condition. MOH believes that a system of shared medical records is important, so that the various parties following up on the same patient can access the key medical data relevant to the patient's treatment. Currently all RHs and polyclinics are on the Electronic Medical Records Exchange (EMRX). MOH is working towards extending this capability beyond RHs and polyclinics. The long-term vision for MOH is for the entire nation to be on the Electronic Health Record (EHR), including private hospitals and GPs. Patients will then no longer need to repeat their medical history and re-do the same tests each time they visit a different doctor, hence saving on time and costs.

*Realising the vision of "One Patient – One Medical Record", the Electronic Health Record (EHR) allows clinically relevant patient information to be shared across public and private healthcare providers to support quality patient care. It aims to provide health professionals with the right information, in the right place and at the right time, as the patient moves across care settings in the national healthcare system. The implementation strategy of the EHR covers the following aspects: Clinical Engagement; Privacy and Security Framework; Standards; Enterprise Architecture. By 2010, different institutions can dovetail into the National EHR.*

We are taking concrete steps to achieve this new vision of healthcare delivery in Singapore; MOH is expanding the capacity of CHs and NHs. MOH is building Khoo Teck Puat Hospital, Jurong General Hospital and their adjacent new CHs. MOH also plans to increase NH capacity by 50% by 2020. Another point to note is that although there is a bed crunch currently at Volunteer Welfare Organisation (VWO) NHs, there are vacancies at private NHs, and thus MOH has in place the Portable Subsidy scheme, which may be expanded to include more private NHs if necessary.

#### **MOH portable subsidy scheme for Private Nursing Homes**

*Since April 2003, MOH has extended subsidies to patients who meet the means test criteria and are admitted to accredited Private Nursing Homes. These homes have set aside a certain proportion of their beds for patients who are eligible for MOH subsidies and referred by ICS (now AIC). This allows for greater private sector participation in the provision of MOH-subsidised care.*

MOH is also working with community and primary care providers to upgrade their capabilities and launch new services to address existing gaps in manpower such as in home care. MOH is also looking at the long-term supply of local and foreign healthcare manpower, and will need people to fill about 6,000 jobs between now and 2012.

We are relatively undeveloped in the area of home care, and traditionally families have been relying on domestic helpers or their own family members. We recognise that the demand for home nursing services will grow as our population ages, and we need to further develop this area. Families can tap on the subsidies under the Caregiver Training Grants to attend caregiver training courses by Hua Mei Training Academy or the Asian Women's Welfare Association Centre for Caregivers. MOH will also be working with home care providers such as the Home Nursing Foundation, to scale up and broaden their scope of services. The Tote Board Community Healthcare Fund also provides an avenue for funding for home care providers.

*The Tote Board Community Healthcare Fund is a new funding scheme administered by MOH to support VWOs' initiatives and programmes with the aim to build a healthier nation, enhance the quality of life of patients and improve the affordability and accessibility of healthcare services for the needy and disadvantaged. For more info visit <http://www.moh.gov.sg/mohcorp/forms.aspx>*

This is MOH's plan to further improve on integration of care, but MOH's vision will remain a vision without the commitment and cooperation from all the players in the different healthcare sectors. Changes will not and cannot happen overnight – there are still problems and gaps in the healthcare system that MOH, together with its partners, will need to address. It is a journey MOH hopes to embark on together with the different players in the healthcare system. Together, we can do more to improve the landscape of integrated care. **SMA**

*Any views and comments are welcome, please send your e-mails to [MOH\\_conversation@moh.gov.sg](mailto:MOH_conversation@moh.gov.sg)*



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