CONFERENCE ABSTRACT

Engineering the transition to people-centred care - Singapore's ongoing journey

22nd International Conference on Integrated Care, Odense, Denmark, 23-25 May 2022

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Introduction: Singapore’s recent ongoing journey of health system transformation was marked by key milestones such as War on Diabetes (2016) and the Three Beyonds (2018). In 2022, there will be a new population health narrative, vision and paradigm announced that will drive Singapore’s health system transformation for the next decade and beyond. The healthcare sector had been extensively planning and preparing for this tectonic change and new journey.

Description: Three key planning considerations are highlighted: Developing an inclusive and shared vision – changing how we perceive health and enable every citizen to stay healthy. In this next stage of the nation’s health sector developments, the national-level shared vision and values builds on the previous iterations to further the concept of healthy communities, and people as partners in health and healthcare. It will further emphasise preventive care and require that the healthcare providers include residents who do not have yet health issues or healthcare needs, as part of the population that they need to plan for and engage with.

Making health and healthcare local – by engaging with and understanding the local residents’ needs and building a community of care amongst providers and residents. In this new model of care, healthcare providers will have a strong mandate and responsibility to understand the health needs of their local community, build a network of integrated care providers, and pursue strong community activation for health. There will be stronger emphasis on health and social services integration – and providers will have a common digital platform to communicate and share information.

System wide change for health systems, governance and leadership – starting with the healthcare sector DNA. This fundamental change in the healthcare system is centrally led by a national Population Health Steering Committee. Furthermore, we will use technology and digital health solutions to make healthcare services accessible and person-centric, improve avenues for health information and behavioural change, and make it easy for providers to connect with the patients and with one another. Payment-wise, there will be a phased transition from the traditional fee-for-service payment model, towards a progressively capitated model. These changes in the DNA of the health system will shape how we design health systems, develop programmes and consume health services in the future.

Discussion: Healthcare sector leaders in the midst of this massive and long-term system change understand that we are progressing towards a healthcare system that is more people-centric, community-based and on where patients and the community are more engaged.
While this engineered change takes a top-down approach and is well-planned, one observation is that the front-end strategic planning process has not been heavy on patient engagement and consultation.

**Conclusion:** In the Singapore context, this new narrative is a big step towards a more people-centred health system. We expect the change to take more than a decade, but the first three years will be critical. Healthcare sector leaders will need to work closely with politicians, patients, providers and the social sector to produce long lasting and sustainable change for the system.