International Journal of Integrated Care

Yap, J 2020 Bottoms-Up Population Health. *International Journal of Integrated Care*, 20(S1): A123, pp. 1-8, DOI: doi.org/10.5334/ijic.s4123

CONFERENCE ABSTRACT

Bottoms-Up Population Health

2nd Asia Pacific Conference on Integrated Care, Melbourne, 11-13 November 2019

Jason Yap

NUS Saw Swee Hock School Of Public Health, Singapore, Singapore

Background: Like many other developing countries, Singapore is facing the convergence of an ageing population, increasing chronic disease, escalating healthcare costs and increasing complexity in the delivery of health and social care. Also like other countries, Singapore is making the transition from a health system designed for episodic acute care of a relatively young and healthy population to one that must continuously and coherently manage, support and provide health and social care for many persons with one or more ongoing morbidities and varying levels of functional ability through a network of independent care providers within the community and even within their clients' own homes.

While it may be generally accepted that some form of Population Health would have to be implemented, it remains unclear how it can eventually be architected or operated. This is particular so for the community of care providers where the very concept of Population Health is nascent and somewhat vague. Individual persons have the freedom of choice of providers, and many indeed have not only more than one primary care provider (including a private general practitioner for acute coughs and colds and a government polyclinic for cheaper drugs for chronic diseases), the same person may also be seen at more than one acute hospital in both the public and private sectors. A patient register seems to be a far-off eventuality, however critical it is to a true Population Health approach.

The Population Health approach, beyond considering the social determinants of health in addition to the treatment of known diseases, also addresses inequalities of access and utilisation of appropriate health and social care and its outcomes. To measure how a community fares necessarily assumes a definition of that community.

Presentation: This presentation summarises the efforts of one community-based charitable organisation, in the midst of what might be called a Population Health-unfriendly environment, to adopt and care for an underprivileged locality that it defines, enrolling all willing persons within that locality into a care programme that includes health education, lifestyle advice, social support and engagement, regular health screening and follow-up, patient activation, and ongoing care and monitoring of chronic disease, supplemented by more conventional episodic care for incidental acute conditions.

The presentation will then propose how this model of care for one locality can be scaled across different constituencies by this and other organisations under the umbrella of the regional health systems, and potentially gradually transform the foundational construct of the health and social care delivery system.