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Session B6

SINGAPORE AT THE FRONTLINE

SPEAKERS

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Agenda

- Overview of the Singapore Healthcare System
- The NHG Strategic Intents for Quality
  - Quality improvement
  - Patient safety
  - Clinical governance
WHERE IS SINGAPORE?

Land Size = 710.2 sq km
Total Population = 4.84 million
Singapore Residents = 3.64 million
Health Expenditure (GDP) = 4.0% (1.5% govt)

Ethnic Composition:
- Chinese: 74.7%
- Malay: 13.6%
- Indian: 8.9%
- Others: 2.8%

Low Birth Rate

Rapidly Aging population
65 yrs & above - 8.7%, projected to reach 29% by 2030.

*All figures reflected as of 2008
Ageing Population

1. Life Expectancy at Birth

<table>
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<tr>
<th>Year</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
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<tbody>
<tr>
<td>Life expectancy at birth</td>
<td>83.9</td>
<td>84.0</td>
<td>84.2</td>
<td>84.7</td>
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2. Infant Mortality under 5 yrs - 3 per 1,000 Live Births
(Similar to Sweden and Japan; USA 8 per 1,000; Canada and UK 6 per 1,000)
Integration through 4 Regional Clusters & 2 Academic Health Systems

Ministry of Health Vision

Championing a healthy nation with our people – to live well, live long and with peace of mind
Healthcare delivery provided by 3P sectors
- Private, Public and People sectors

• **Primary care provision**
  - 80% private GPs
  - 20% Polyclinics in NHG and SingHealth

• **Wellness Care**
  - Mainly private sector
  - Some public sector involvement e.g. HPB

• **Secondary/Tertiary care**
  - 20% private
  - 80% public healthcare

• **Continuing care**
  - approx 70% by people sector, 30% by private sector
  - community hospitals, nursing homes, hospices, day care centres, renal dialysis centre

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Healthcare Financing Model – 3Ms
Universal coverage through multiple layers of protection (3Ms)

- **Tax-based subsidies**
  - Government subsidies across primary, acute, rehabilitative and nursing settings
  - Universal access, but no 100% subsidy to avoid over-consumption

- **Compulsory healthcare savings**
  - Individual medical savings accounts compulsory for all workers – “Medisave”

- **Risk-pooling via insurance schemes**
  - State-run, low-cost catastrophic health insurance scheme – “MediShield”
  - Private health insurance for additional coverage – “Integrated Shield plans”

- **Ultimate safety net for the needy**
  - Endowment fund set up by government – “Medifund”
  - Interest income generated goes towards assisting the most needy

**Ensure affordability of basic healthcare**
- Heavy subvention, universal coverage for basic services, with access to higher levels of services based on willingness to pay

**Instill individual responsibility**
- Patients expected to co-pay part of medical expenses
- Risk-pool for catastrophic illnesses, without undermining the need for individual responsibility and patients’ desire for choice

**National Healthcare Expenditure (NHE)**

- Employer benefits
- Cash
- Medisave
- MediShield & Eldershield
- Medi fund
- Government subvention

Individual financing

Government financing
• Healthcare is heavily subsidized

• To discourage over-consumption, patients pay for part of the medical costs

• Government subsidies + individual financing schemes, to ensure affordable medical care for all

• Need for continual design of incentives for responsible behavior and efficient delivery of services

Introduction to
The National Health Group (NHG)
Over the years, Singapore public healthcare delivery has re-organized to 4 clusters and 2 academic medical centers:

- Alexandra Health System
- National Healthcare Group
- Jurong General Health System
- Eastern Health Alliance
- National University Health System (AMC)
- Singapore Health Services (AMC)

NHG manages two hospitals, a specialty centre and 9 polyclinics.
National Healthcare Group

NHG Statistics

- Headcount
  - Medical/Dental: 966
  - Nursing: 3,459
  - Others: 4,461
- Beds in Service: 3,324
- Inpatient Episodes: 57,554
- Outpatient Episodes: 1,050,931
- Day Surgery Episodes: 43,526
- A&E Attendances: 162,162
- Polyclinic Attendances: 2,426,639
- Annual Turnover: US$1 Billion
Distribution of NHG Staff as at 31 Mar 2010

- Doctors: 11%
- Nurses: 39%
- Allied Health: 14%
- Ancillary: 25%
- Administration: 11%

Total Strength: 11,000

“Quality and patient safety are paramount amongst NHG’s objectives. As a national healthcare provider, we must direct our efforts in making care patient-focused.

For every service we provide, we will do it **Faster, Better, Cheaper and Safer**

Professor CHEE Yam Cheng
CEO, NHG
NHG Quality Strategic Intents

Domains:

1. Quality Improvement
2. Patient Safety
3. Clinical Governance

Thank You