



MINISTRY OF HEALTH
SINGAPORE

Embargoed until delivery
Please check against delivery

**SPEECH BY MR GAN KIM YONG, MINISTER FOR HEALTH,
AT AIC'S WORLD CONGRESS ON INTEGRATED CARE 2013,
GRAND COPTHORNE WATERFRONT HOTEL, ON 8 NOV 2013, 9 AM**

Dr Jennifer Lee, AIC Chairman,
Dr Jason Cheah, AIC CEO,
Friends and colleagues,

1. Good morning. It gives me great pleasure to be here today at the Inaugural World Congress on Integrated Care.
2. I would like to take the opportunity to congratulate the Agency for Integrated Care (AIC) as well as the International Foundation for Integrated Care (IFIC) and McKinsey & Company for successfully organising today's conference. The fact that so many people – from over 25 different countries no less – are here today is testament to the relevance and timeliness of this conference. Care integration is an important topic as countries around the world embark on transforming healthcare delivery to meet the changing healthcare needs of our populations.

A Call to Action: Providing Patient-Centric Care

3. The landscape for integrated care is evolving rapidly, driven by demographic shifts, ageing populations, changing lifestyles and the increasing burden of non-communicable diseases. Singapore, like many other developed countries, faces the challenge of a rapidly ageing population. By 2030, we expect one in five residents to be above the age of 65, double from one in ten today. This requires us to look beyond our traditional models of



Ministry of Health, Singapore
College of Medicine Building
16 College Road
Singapore 169854
TEL (65) 6325 9220
FAX (65) 6224 1677
WEB www.moh.gov.sg

care which focuses on acute-centric hospital-based care, to the development of our non-acute sector and its integration.

4. An international conference on this is valuable and timely. While every country has different starting points and socio-political contexts, we face similar challenges in balancing between ensuring accessibility to quality care across systems, while keeping costs affordable. The theme of today's conference is "Act, Collaborate, Translate: The Global Response to Care Integration". The abbreviation "ACT" is a call to action for us to collaborate and translate our efforts into better experiences for patients, so they are able to move between appropriate care settings easily to receive good quality care.

Singapore's Plans to Achieve Better Care Integration

5. Singapore is also taking concrete actions to achieve better care integration. We aim to structure healthcare services around the person instead of healthcare institutions. Our seniors' healthcare needs require close collaboration among the primary and intermediate long-term care (ILTC) sectors in addition to our acute hospitals.

Regional Health Systems to Orchestrate Integrated Care

6. One of our key strategies is the development of Regional Health Systems (RHSes). RHSes are tasked to form partnerships and coordinate the delivery of care to meet our patients' needs across healthcare settings. RHSes are anchored by our acute hospitals which partner a network of care providers to deliver care, beyond the acute setting, to patients. These providers include community hospitals, polyclinics, general practitioners, home care providers and other community partners.

7. The RHSes will seek to establish partnerships across care settings and seek to integrate both health and social care services. The RHSes will take a population health approach to design the suite of care services for the population in their regions.



Ministry of Health, Singapore
College of Medicine Building
16 College Road
Singapore 169854
TEL (65) 6325 9220
FAX (65) 6224 1677
WEB www.moh.gov.sg

8. Alexandra Health System's (AHS) Ageing-In-Place (AIP) programme is a good example of how this integrated approach works for patients with complex conditions. Under the AIP, the acute hospital Khoo Teck Puat Hospital (KTPH) collaborates with nursing homes and social Voluntary Welfare Organisations (VWOs) to manage patients who are admitted three or more times in a six-month period. Nurses and community partners work with the patients and their families to reduce risk factors within their homes. These patients' healthcare needs can then be managed at home and within the community instead of at the hospital. The programme has been successful with the readmission rate of this high-risk group falling over time. Such efforts are not limited to AHS. Other acute hospitals like Changi General Hospital (CGH) and Tan Tock Seng Hospital (TTSH) have also introduced their own programmes to manage similar high-risk patients.

9. At the other end, RHCs can also move beyond their walls to work with partners on preventive health. RHCs can deliver health education and help patients manage their chronic conditions within the community such that these patients require minimal acute care. AHS and Jurong Health Services (JurongHealth) are already working with National Healthcare Group (NHG) Polyclinics, Health Promotion Board (HPB), as well as Grassroots Leaders from Sembawang and Choa Chu Kang constituencies to co-create population health initiatives to keep residents there healthy. This includes widespread health promotion to all age groups as well as targeted follow-ups for residents who are identified to be at-risk for chronic disease.

10. RHCs can also design solutions to take care of the needs of discharged patients as the patients move out of the acute setting to facilitate recovery at home. Changi General Hospital (CGH) has done so through its Interim Caregiver Programme, which helps patients transit more smoothly from an acute setting to home post-discharge. CGH identified a social need where patients who can be discharged are unable to go home while they are waiting for a long-term caregiving arrangement. CGH therefore worked with Thye Hua Kwan Moral Charities to provide a caregiving service of up to two weeks to allow patients to return home. The scheme has been successful so far, benefitting 130



Ministry of Health, Singapore
College of Medicine Building
16 College Road
Singapore 169854
TEL (65) 6325 9220
FAX (65) 6224 1677
WEB www.moh.gov.sg

patients from March to September 2013. The programme has been expanded to other restructured and community hospitals.

11. RHCs can also drive care integration across care settings. RHCs already have programmes to integrate care between the acute and primary sectors. SingHealth's Right Siting Programme¹, for example, aims to have patients with stable chronic diseases managed by general practitioners within the community instead of at the hospital. This programme is currently supported by more than 100 general practitioners island-wide. Earlier this year, the National University Health System also partnered the Frontier Family Medicine Group to do likewise. Patients find such arrangements more convenient because general practitioners and family medicine clinics are located in closer proximity within the community.

12. RHCs are also integrating care between the acute and long-term care sectors. Under TTSH's Project Care, the acute hospital sends doctors to various nursing homes within the central region to provide palliative care to patients who are seriously ill. Nursing home patients need not be admitted to the hospital as they can have their pain managed within the nursing home instead.

Integrating care within the long-term care sector

13. Even as RHCs work on integrating care across sectors, we also need to take steps to integrate care within the ILTC sector. One way that we are doing so is the development of Senior Care Centres (SCCs). SCCs provide both health and social aged care services under one roof. With the SCCs, seniors can have their needs taken care of within the same facility. Over time, we aim to co-locate some of our SCCs with nursing homes, and base home care services out of the SCCs. This will further improve the continuum of care "under one roof".

¹ Previously known as the Delivery on Target (DOT) programme.



Key enablers for Care Integration

14. As the national care coordinator, AIC is responsible for guiding patients through our healthcare systems. AIC does this by placing Aged Care Transition (ACTION) teams at six acute hospitals and five community hospitals. ACTION teams facilitate a patient's smooth transition from hospital to home and conduct home visits for a time-limited period to ensure that the patient has transitioned well to a home setting. Where necessary, ACTION teams will also help to arrange community care services for patients. This result in a better patient experience overall, and helps to minimise unnecessary re-admissions.

15. We also want to ensure that our healthcare IT systems are compatible and connected. IT enables care to be integrated across care settings and to be more person-centric. We are therefore developing our National Electronic Health Records (NEHR) to consolidate patient information within the healthcare system so that the information can flow across healthcare institutions. Patients' medical history and information will then "follow" them across care settings, enabling our healthcare professionals to collaborate across settings to provide the most appropriate treatment for the patient.

16. Even while we improve our quality of care through better integration, it is important to ensure that care remains affordable for our patients. We are therefore constantly reviewing our health financing frameworks to ensure that they are robust. In 2012, our ILTC subsidies were enhanced to include up to two-thirds of Singaporeans. Recently, Prime Minister Lee announced that our Community Health Assist Scheme (CHAS) would be expanded. From 1 Jan 2014, the minimum age of 40 years old will be removed. Eligible Singaporeans can start signing up now. With the enhanced CHAS, Singaporeans in lower and middle income households will be able to access subsidised medical and dental care at over 900 private clinics. This will provide greater accessibility to primary care for more Singaporeans.



Ministry of Health, Singapore
College of Medicine Building
16 College Road
Singapore 169854
TEL (65) 6325 9220
FAX (65) 6224 1677
WEB www.moh.gov.sg

Closing Remarks

17. Singapore has made good progress in care integration. However, we need to do more to meet the changing healthcare needs of our population. Many other countries are grappling with the same issues. I am sure there are lessons which Singapore can learn from. This conference is not only a good opportunity to discuss best practices and lessons learnt, but also represents an opportune time to stock-take and consider how we can each improve further. I am confident that together, we can do better to Act, Collaborate and Translate our ideas into better care integration for our patients.

18. I look forward to learning from all of you and I wish you a successful and fruitful conference.



Ministry of Health, Singapore
College of Medicine Building
16 College Road
Singapore 169854
TEL (65) 6325 9220
FAX (65) 6224 1677
WEB www.moh.gov.sg