Healthcare Operations - Continuation of NHG Journey

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Fast-ageing Singapore, fewer to support aged; Trend worries experts
Experts fear this will exert pressure on economy, society and governance

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The old-age support ratio - which is the number of citizens in the working age band of 20 to 64 needed to support one older citizen - is decreasing rapidly. It has fallen from 8.4 in 2000 to 5.5 today. -- ST FILE PHOTO

BY TESSA WONG

Singaporeans are living longer and not having enough babies to replace themselves, meaning the swiftly ageing population has fewer working citizens supporting the growing pool of elderly.

Synching healthcare for an ageing population

Increasing the number of acute care hospital beds is not sufficient to address the healthcare needs of Singapore; we must also address factors that influence the flows in and the flows out of hospitals. TODAY file photo
Rethink attitudes to adapt gracefully to ageing population: Gan Kim Yong

BY LINETTE LAI

SINGAPORE - Whether Singapore is overwhelmed by a "silver tsunami" or adapts gracefully to an older population in the next 50 years will depend on how its people view ageing.

For example, said Health Minister Gan Kim Yong on Thursday, both individuals and employers must rethink attitudes towards working.
Climate

- Ageing
- Increasing expectations
- Changing social support
- Manpower constraints
- Rising costs
- Knowledge explosion
- Increasing complexities
- Inconsistency and unsafe care
- Narrow window of opportunities
Where Are We Today

PERC : 2003 3rd
IMD : 2009 4th
WHO : 2010 6th
Bloomberg : 2014 1st
Good at Illness Care

That’s All
It’s Illness Care

It’s Late Care

It’s Expensive Care

It’s Unsustainable Care

It’s Proven Failed Care
RHS: Relationship Based – Healthcare that is Sustainable
Approach

- Principles of Public Health
- Determinants of Health
- Big Ills of Healthcare
Principles of Public Health

- Promote and Live Well: Behaviours, Choices, Habits
- Early Detection: Identify and change Risky Behaviours, Choices and Habits
  - Appropriate Screening
  - Appropriate Case Finding
- Planned Prevention
- Living Well with Chronic Illness
- Efficient, Coordinated and Accessible Acute Care
- Ageing Well, Dying Well
Determinants of Health

Social and Economic Environment
- Income and Social Status
- Education
- Social support Network

Physical Environment
- Physical Environment
- Health Service

Individual Characteristic and Behaviour
- Gender
- Genetics
- Choices
Big Ills of Healthcare

• Medicalised Dying
• Medicalised Unhealthy Behaviour, Choices and Habits
• Medicalised Social Support Needs/Gaps
• Delivery Based on Most Expensive Model
  → Hospitals
  → Doctors
  → Late Intervention
• Exception from “Rule of Industries”
  → Customer Values and Needs
  → Systems and Population Approach
  → Empowering People
  → Learning Organisation
Our Goals

○ Maximize the well-being of our population
○ Maximize the potential of every individual in society
○ Expanding upstream to pre-emptive care and downstream to rehabilitation & active maintenance, empowering primary & community care in addition to curing disease when it is presented
○ Embracing systems & population approaches and seamless integration with partners in our care delivery
○ Quality comprehensive care that’s responsive, reliable and actively engages the population
○ Be truly one, in patient experience and delivery
○ A valued and treasured asset
○ A sustainable healthcare organisation and system
Determinants Of Health Intervention

Building Healthy Behaviours, Habits and Choices

Planned Prevention Changing Choices Planned Prevention Early Detection Risk Population

Current Illness Care

Rehabilitation Reintegration

Community Care

Normalising End of Life

Hospital

Community and Social Support

Primary

T-Health, M-Health, E-Health

Apply System, Population Approach, Learning Organisation and People Empowerment

Relationship Based Healthcare

Hospital

Ambulatory Clinic

Comm Hospitals Nursing Home

Nursing Home

Comm Hospitals Integrated Intermediate Care Hub (IICH) Community Home

Community Home

Home
## Setting Our Intentions

### OUR RESPONSIBILITIES

NHG is a public, not-for-profit healthcare organization, responsible for:

(a) The promotion of health – both physical and mental well-being, for the central region of Singapore;

(b) Leading and working with partners for the mental health and well-being of Singaporeans;

(c) Leading and working with partners to transform and empower primary care;

(d) Leading and working with partners to deliver dermatological care;

(e) The development of our current and future healthcare workforce
### PROMISE TO OUR POPULATION

We will deliver to excellent patient care and work closely with our patients, community and healthcare partners to develop innovative programmes to improve the health and well-being of the people in our region. We will do this by:

(a) Continually striving to provide compassionate, safe, reliable, effective and affordable care

(b) Continually seeking to improve and add value to the health and well-being of our patients and community

### ASPIRATION

Through our relentless innovation, continuous improvement efforts and research, we will help drive the transformation of the healthcare delivery in Singapore and be a positive influence for change.
One Healthcare, One Plan, One Team

Adding Years, Delivering Care
Every Time, Every Place
With You
Early Lessons (Not to be Forgotten)

- Getting the Basics Right
- Engaging the Community
- Getting the Incentives Right
- Maintaining a Delicate Balance
- Saving for Health
- Managing Costs and Patient Expectations
- Excellent Public Healthcare Sector
- Active, Healthy Ageing
- Openness to Talent
Establish Whole of NHG Roadmap

• This is not just an summation of individual roadmaps

• e.g. Clinical Roadmap
  – Where are we today
  – Where we want to be (from optimizing current system, known population and future population)
  – Identify and address the gaps
  – Oversee by workgroups and updated to SMM regularly
  – e.g. AES rate reduction as goals
1. **Clinical Redesign for the Future**
   - Across the whole system as one
   - Get mass buy-in

2. **Patients Point of View – One System, One Care Team**
   - Need only tell us their problems once
   - Pay at one point
   - One subsidy system

3. **Staff Point of View**
   - One system, one RHS
   - Seamless movement between institutions of NHG
   - New roles and TOR for current structures or new structures

4. **Organisational Development**
   - Making the foundation ‘real’
   - Seen through improved NHG wide productivity measured by elimination of waste, optimal deployment of staff, managed manpower growth and minimised cost structure

5. **Training for the Future**
   - Development of current staff
   - Preparing the next generation - engagement of schools
The Process

• Sensing, Evaluate, Interprets, Resource Allocation, Planning Process (collectively as SMM)

• Work themes done by ground

  – Develop a good objective ‘strategic intelligence’/sensing team that review the current status annually and see where we are in the roadmap, how are we delivering on our promise and benchmark and distill learnings with others, e.g. quality groups, HSOR group (reference Qulturum).

  – Based on these inputs, develop the a report card (have we fulfil our goals for last year), can we learn from what others are doing
## Timeframe

### Year 1 (2015)*
- Direction setting, policy review, kick-off
  1. Identification of core competencies and spreading them
  2. Alignment of HR/finance activities and policies, tied to overall goals of One NHG
  3. Visioning and detailing of strategies to achieve goal
  4. Elaboration of care themes and assignment of champions

### Years 2 to 3
- Admin matters e.g. structures, BSC, KPIs, HR and finance practices etc.

### Years 3 to 5
- Clinical redesign programs roll-out

*Engagement of Sequoia to develop the organization development strategic roadmap with the gathering of inputs from all the CEOs and institutions as well as facilitating some of the processes*
Thank You!

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