

# WHITE PAPER ON HEALTHIER SG



An initiative of

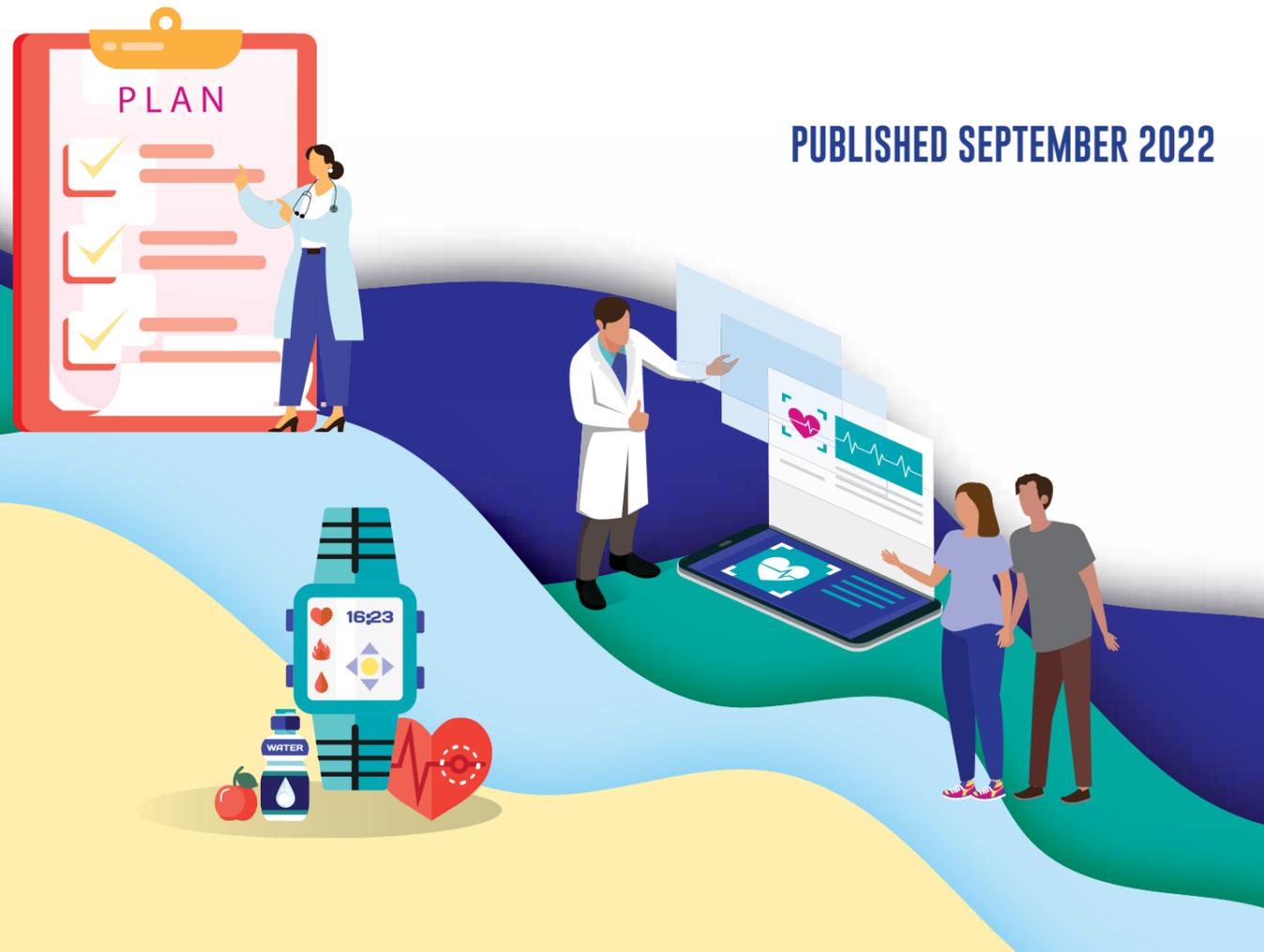
**FORWARD** 

# CONTENTS

---

<b>EXECUTIVE SUMMARY</b>	<b>p5</b>
<b>CHAPTER 1: BETTER HEALTH FOR ALL</b>	<b>p11</b>
<b>CHAPTER 2: SUPPORTING OUR RESIDENTS</b>	<b>p21</b>
<b>CHAPTER 3: STRONGER PRIMARY CARE</b>	<b>p33</b>
<b>CHAPTER 4: COMMUNITY CARE PARTNERS</b>	<b>p45</b>
<b>CHAPTER 5: MAKE HEALTHIER SG HAPPEN</b>	<b>p59</b>
<b>CHAPTER 6: CONCLUSION AND NEXT STEPS</b>	<b>p65</b>
<b>APPRECIATION</b>	<b>p71</b>

**PUBLISHED SEPTEMBER 2022**



---

# EXECUTIVE SUMMARY

# EXECUTIVE SUMMARY

Healthier SG is a major transformation of our healthcare system. We are shifting our emphasis from reactively caring for those who are sick, to proactively preventing individuals from falling ill. The key is for our population to reshape their health-seeking behaviours and lifestyles.

To achieve this, we need to anchor Singapore residents with a family doctor, and foster community support for healthier lifestyles. Healthier SG will prevent or delay the deterioration of health, reduce the burden on loved ones, extend healthy life years and improve residents' quality of life. It will also moderate the increase in healthcare expenditure over time.

Since March 2022, we have consulted more than 6,000 residents, and extensively engaged stakeholders such as private General Practitioners (GPs), employers and community partners to design the key features of Healthier SG, as described in this White Paper.

## BUILDING UPON STRONG FOUNDATIONS

We are building Healthier SG on strong foundations. Over the years, we have expanded the capacity of our healthcare system across primary, acute and long-term care; strengthened the capabilities of our healthcare workforce by expanding education and training opportunities; and kept healthcare accessible and affordable by enhancing healthcare subsidies and introducing MediShield Life and CareShield Life.

We have also achieved very good health outcomes. Life expectancy in Singapore is among the highest in the world, and we have kept our healthcare expenditure as a percentage of Gross Domestic Product (GDP) at a sustainable level. Clinically, the performance of the healthcare system is improving, as shown by the reduction in hospital re-admissions.

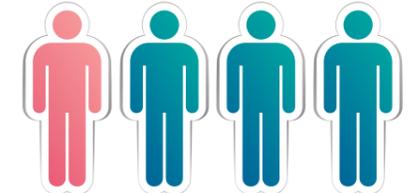


## OUR FUTURE CHALLENGES

However, two major challenges lie ahead:

### Ageing

**One in four citizens are expected to be 65 and above by 2030, up from one in six today. As people get older, they are more likely to fall sick or suffer from disabilities.**



### Rising impact of chronic disease

Putting age aside, the prevalence of chronic diseases such as hypertension and hyperlipidaemia has risen to worryingly high levels, at 32% and 37% of our population respectively.

Together, these challenges will cause significant health, emotional and financial burden on individuals and families in the coming years.

We must take decisive action now to prevent or delay the onset of ill health, and slow or even reverse these trends. We cannot prevent the rise in disease burden or healthcare expenditure, but we can potentially slow down the rate of increase.

## KEY FEATURES OF HEALTHIER SG

Healthier SG is designed with these objectives in mind. There are **five key features**. We will first, mobilise family doctors to deliver preventive care for residents; second, develop health plans that include lifestyle adjustments, regular health screening and appropriate vaccinations which doctors will discuss with residents; third, activate community partners to support residents in leading healthier lifestyles; fourth, launch a national enrolment exercise for residents to commit to seeing one family doctor and adopt a health plan; and finally, set up necessary enablers such as IT, manpower development plan and financing policy to make Healthier SG work.

MOH will work closely with the healthcare clusters, family doctors, and community partners to implement these features.

What Healthier SG means to various stakeholders is as follows:

## 1 Residents

Individuals who visit a regular family doctor are generally healthier and have fewer visits to the emergency departments and hospitals. However, most doctor-patient relationships today are transactional and episodic, with residents visiting doctors to get medication for acute symptoms or medical certificates.

Under Healthier SG, residents will be encouraged to choose and enrol with a family doctor. Residents will have some flexibility to change their family doctor to take into account changes in their life circumstances. The family doctor will serve as the first point-of-contact to holistically manage the residents' health.

To encourage residents to follow their health plan and to seek care with their enrolled family doctor, we will:



- Fully subsidise nationally recommended screenings and vaccinations for Singapore Citizens;
- Waive the requirement for residents to co-pay part of their bills in cash when using MediSave for chronic care management;
- Introduce a new Community Health Assist Scheme (CHAS) drug subsidy tier for a whitelist of chronic disease management drugs so that their prices at private GP clinics are comparable with those at polyclinics; and
- Leverage the health points system under the National Steps Challenge to offer rewards to residents for enrolling and completing their first consultation with their selected family doctor and for leading active and healthy lifestyles.

## 2 Family doctors

We will mobilise our network of family doctors to provide holistic care, focused on prevention and improved chronic care.

We will ensure a consistent and evidence-based level of care delivery across the diverse primary care landscape. By the time we launch Healthier SG, we, together with primary care leaders, would have developed 12 care protocols to guide family doctors on providing screening and vaccination and managing key chronic conditions. We will develop more of

such protocols in consultation with primary care doctors and cover areas such as mental health.

We will pay family doctors in private practice to take on additional responsibilities in improving preventive and chronic care. They will receive annual service fee payments for Healthier SG enrollees each year, based on the health risk profile of each enrolled resident, scope of required care and the progress made in terms of preventive care or chronic disease management.

We will also provide a one-off grant to family doctors involved to offset the costs of IT adoption to facilitate sharing of clinical notes, monitoring of patient outcomes, collation and sharing of data.

## 3 Community partners

Improving our health goes beyond a doctor's visit. Family doctors will be able to make social prescriptions and encourage residents to adopt healthier lifestyles.

Healthier SG will make it easier for residents to consciously connect to the wide range of activities provided by agencies such as Health Promotion Board, Agency for Integrated Care, People's Association, Sport Singapore, and community partners.

Additional support will be made available for seniors through our Eldercare Centres (ECs). By 2025, we can expect both the network and the service offerings of all ECs to be expanded and enhanced.



## 4 Regional health managers

To bring all these features together, our three healthcare clusters - National Healthcare Group (NHG), National University Health System (NUHS) and SingHealth (SHS) - will step up as regional health managers to look after the health of their population in their respective regions.

Each healthcare cluster will care for approximately 1.5 million residents and work with family doctors and other partners in the region to reach out to as many residents as possible. They will coordinate the efforts of various partners, guide the development of referral pathways, review the needs and health outcomes of residents and encourage stronger relationships across partners so as to serve residents better.

## 5 Strengthening system enablers

The use of IT and electronic medical record systems varies across the primary care sector. As such, we will enhance our healthcare IT infrastructure to improve data submission and sharing. We will also bolster our data governance frameworks and cybersecurity capabilities. This will enable clusters, family doctors and partners to work more closely together to serve residents better.



We will augment mobile applications, namely HealthHub and Healthy 365, positioning them as the “digital front-doors” of Healthier SG. Residents participating in Healthier SG will have a digitally enabled health plan on HealthHub, where they can access the key points of their discussions with their family doctor and track their health outcomes.

Healthy 365 will be enhanced to better track physical activities and diets, as well as support access to community activities. It will be made inter-operable with many other digital health apps, which can encourage and nudge residents to adopt healthier lifestyles.

The funding model of the healthcare clusters will shift from a workload-based model to a capitation-based model, where clusters get a pre-determined fee for every resident assigned to them based on geographical boundaries. This shift in funding model will give clusters the mandate and incentive to improve population health within their regions and focus on preventive care.

We will monitor the progress and outcomes of Healthier SG through a list of key performance indicators. They are short-term process indicators such as rate of resident and GP enrolment, to medium-term ones such as level of physical activity, as well as long-term outcomes such as the prevalence of chronic diseases and health care cost.

## CONCLUSION

The White Paper encapsulates our vision for Healthier SG and outlines the key actions to be taken. We are investing in and changing the healthcare system, to support individuals to chart their own journey towards better health. Under this refreshed social compact, we can make ourselves a healthier and happier people, as we take Singapore Forward.

## CHAPTER 1

# BETTER HEALTH FOR ALL

# BETTER HEALTH FOR ALL

All of us want to live well, long, and with peace of mind. To achieve this, the Ministry of Health (MOH) has provided accessible and quality public healthcare to Singaporeans through our polyclinics and public hospitals, which work alongside private healthcare providers. We have put in place a strong healthcare safety net, comprising subsidies, MediShield Life, MediSave, and MediFund.

However, our population is ageing rapidly, and older people are more susceptible to developing serious diseases. Our people are becoming less healthy, and the prevalence of chronic diseases, such as hypertension and diabetes, is rising. This can be attributed to unhealthy lifestyle habits, such as unbalanced diets and low physical activity levels.

Due to these reasons, the health, emotional and financial burden on individuals and families, and the impact on the healthcare system will increase significantly in the coming years. The traditional approach of treating and curing diseases through hospitals is not enough.

As a people, we need to take charge of our own health. Hence, MOH is embarking on Healthier SG – a multi-year strategy to transform the way we deliver healthcare. We will place much stronger emphasis on proactive preventive care, compared to reactive curative care. We will set up systems and incentives, to empower individuals to chart their own journey towards better health.

## HEALTHIER SG WILL BE BUILT ON STRONG FOUNDATIONS

We are building on a good foundation. Since the launch of the Healthcare 2020 Masterplan in 2012, we have expanded healthcare capacity across primary, acute and long-term care.



### PRIMARY CARE

**5** NEW POLYCLINICS  
OPENED SINCE 2017

TOTAL OF **23**  
POLYCLINICS.

This will expand to  
**32** by 2030.

- We mobilised more family doctors in private practice to provide subsidised primary care under the Community Health Assist Scheme (CHAS).

THE NUMBER OF PARTICIPATING  
PRIVATE FAMILY DOCTOR CLINICS

Increased from around **500** in 2012 to  
more than **1,200** clinics today.

### ACUTE CARE

Increasing public  
hospital capacity  
by almost

**30%**



- We opened two new hospitals – Ng Teng Fong General Hospital and Sengkang General Hospital.
- Moving ahead, we will open Woodlands Health Campus by 2023, and the Eastern Integrated Health Campus at Bedok North will open by 2030.

### LONG-TERM CARE

THE NUMBER OF  
NURSING HOME BEDS

Increased from about  
**9,700** in 2012 to over  
**16,000** in 2020

Number of day places in senior care  
centres **tripled** from **2,250** in 2012  
to **8,100** in 2020, while home care  
places more than **doubled** from  
**4,500** in 2012 to **10,000** in 2020



In tandem, we strengthened the capabilities of our healthcare workforce.



A large part of this is contributed by the expansion of healthcare-related education and training opportunities. The Institute of Technical Education, Nanyang Polytechnic, Ngee Ann Polytechnic, Singapore Institute of Technology and National University of Singapore expanded their nursing and allied health intakes. The Singapore Institute of Technology started its nursing degree top-up programme, while the Nanyang Technological University established Singapore’s third medical school. We also expanded pathways for adult workers to make mid-career switches into the healthcare sector.

We will continue to upgrade the skills of our healthcare workers. The National Nursing Academy was launched in 2020 to support the continuing education and training of nurses. We also stepped up training for Advanced Practice Nurses through the Master of Nursing programme, and established the Community Nursing Competency Framework to define the roles and professional competencies of community nursing and provide a skills development roadmap for nurses working in community-based settings.

We enhanced healthcare subsidies substantially to ensure that healthcare remains affordable. We launched the CHAS in 2012 to help Singaporeans from lower- and middle-income households access more affordable medical and dental care at private family doctor clinics and dental clinics. We extended CHAS in 2019 to enable all Singaporeans to receive subsidies for chronic disease treatment. We also expanded the Chronic Disease Management Programme to make it easier for residents to use Medisave to pay for chronic care.

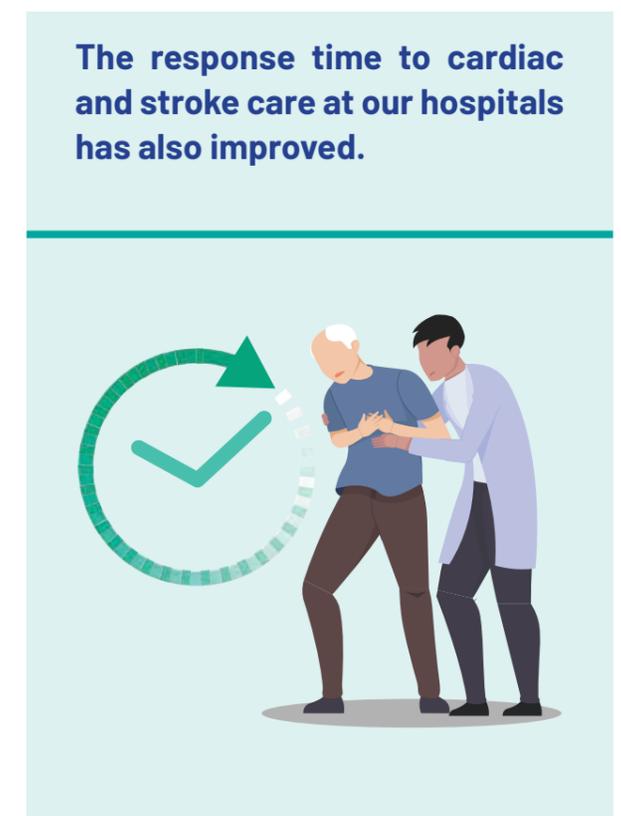
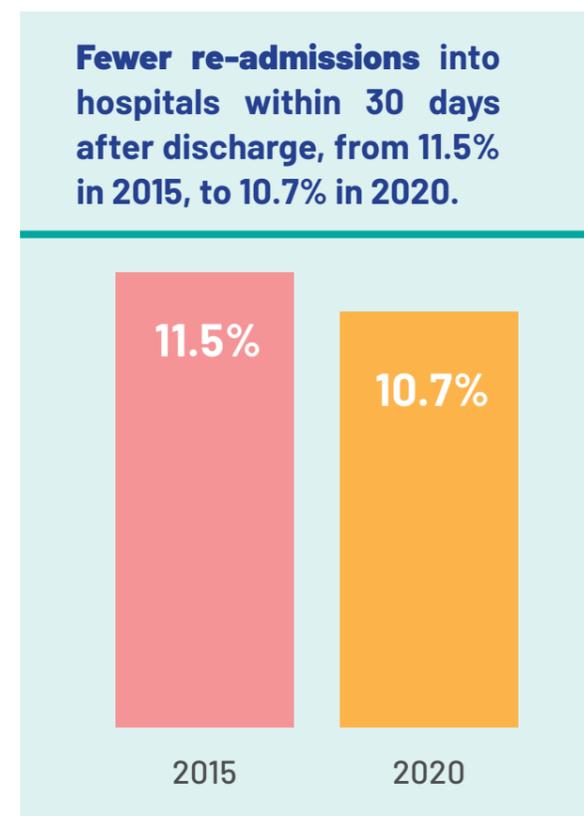
To relieve the healthcare expenses of older Singaporeans who contributed to nation-building, we introduced the Pioneer Generation and Merdeka Generation Packages in 2014 and 2019.

We gave Singaporeans greater peace of mind over affordability of hospital care through universal insurance coverage when MediShield Life was introduced in 2015. It was a significant enhancement of MediShield, providing improved coverage for life instead of up to a certain age. We also enhanced subsidies for community hospitals and drugs on the Medication Assistance Fund, with the latest round taking effect in 2022.

We made long-term care more affordable with the launch of CareShield Life in 2020. CareShield Life will progressively become universal and provide improved coverage for life for long-term care expenses, as compared to ElderShield which was specifically for those with severe disability. We also extended subsidies to more long-term and palliative care services over the years.

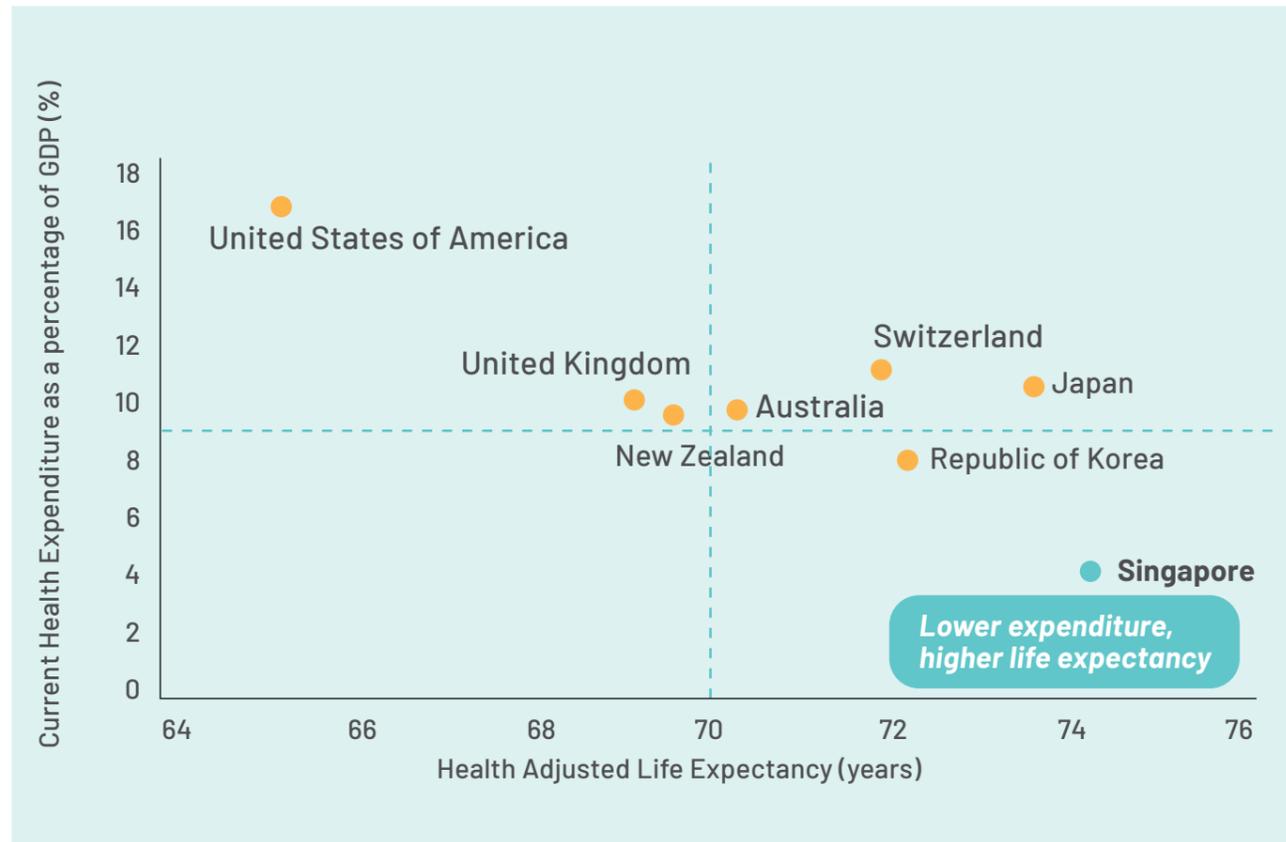
To improve the take-up of preventive care, we provided subsidies for nationally recommended screenings under Screen for Life at CHAS clinics since 2017. We enhanced subsidies for nationally recommended vaccinations for adults and children as well as full subsidies for Childhood Development Screening at CHAS clinics in 2020.

Over the years, the performance of Singapore’s healthcare system has improved.



Overall, Singapore has been able to achieve good health outcomes and improve our healthcare system, without incurring substantially higher levels of healthcare expenditure. For example, we have achieved higher life expectancy with lower healthcare expenditure as a percentage of Gross Domestic Product (GDP) as compared to many countries (See Figure 1).

**Figure 1: Singapore achieved higher life expectancy with lower healthcare expenditure as a percentage of GDP, compared to many other developed countries.**



## FUTURE CHALLENGES

However, this situation may not last. Two major factors will contribute to a higher disease burden on families and our healthcare system.

The first factor is ageing. Today, about one in six citizens in Singapore are seniors aged 65 and above. By 2030, that proportion is expected to increase to one in four. With ageing comes a greater likelihood of illness and disability, and an increased need for healthcare services.

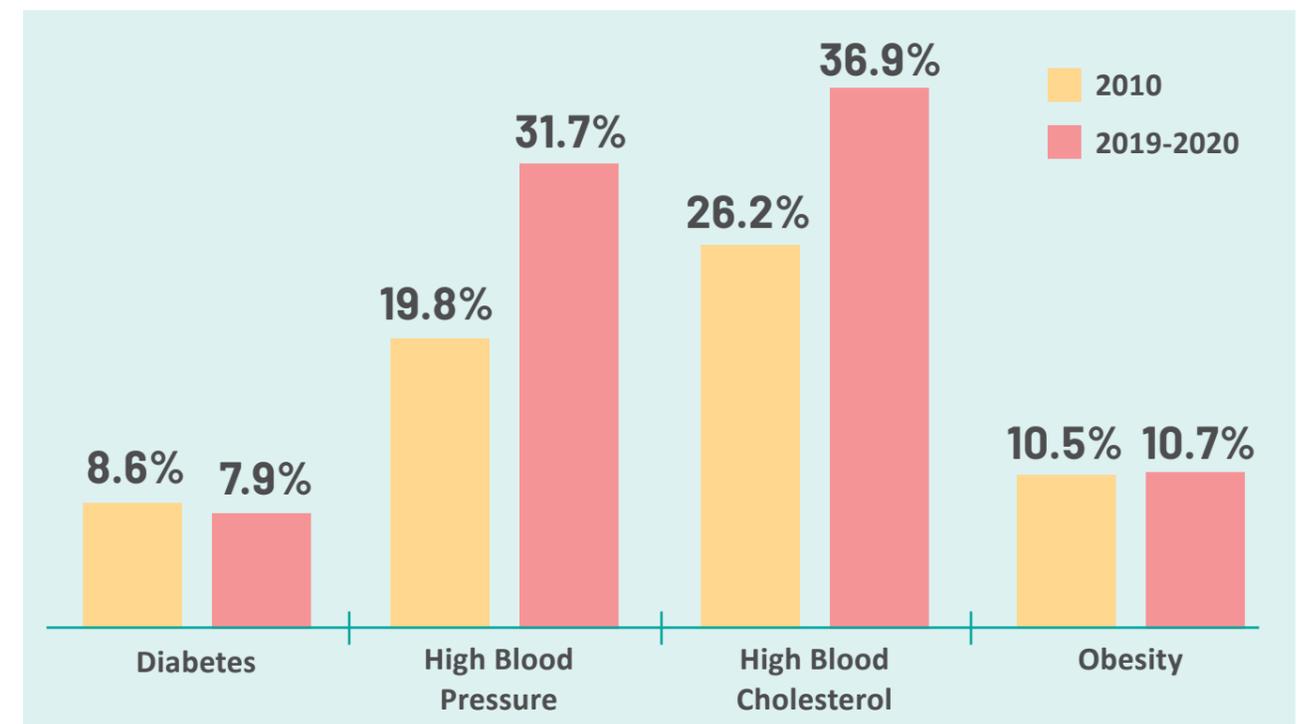
Accompanying these concerns is our falling old-age support ratio of the resident population, which has dropped from 6.7 in 2012 (or about 6.7 working persons for every

elderly) to about 4.0 today and is expected to decline further to 2.7 in 2030. There will be fewer working people supporting and taking care of older people who may no longer be economically active.

The second factor is the rising impact of chronic disease. The prevalence of chronic diseases, such as hypertension, hyperlipidaemia and obesity, have risen over the years across many age groups, including the young. On a hopeful note, the prevalence for diabetes has decreased slightly between 2010 and 2020, after adjusting for age (See Figure 2).

These chronic diseases are driven by lifestyles, especially the lack of physical activity and unhealthy diets. If lifestyle risk factors remain unchanged or worsen, we can expect a higher disease burden, greater healthcare needs and higher healthcare expenditure. Government healthcare expenditure has tripled over the past ten years from about \$3 billion to \$10 billion and may almost triple again to \$27 billion by 2030. This expenditure will have to be paid for by all of us, one way or another.

**Figure 2: Prevalence of Chronic Diseases and Obesity in Singapore**



Sources: Epidemiology & Disease Control Division, Ministry of Health, Singapore. *National Health Survey 2010*. Epidemiology & Disease Control Division and Policy, Research & Surveillance Group. Ministry of Health and Health Promotion Board, Singapore. *National Population Health Survey 2020*.

This will affect all of us. We must take action together to slow or even reverse these trends, to reduce illness-related suffering for individuals and families. While we cannot prevent an overall increase in healthcare expenditure, our investments in preventive care and improving population health can put our healthcare system on a more sustainable financial footing.

## HEALTHIER POPULATION, HEALTHIER SG

The key is for each of us, and collectively our population, to become healthier, by changing our health seeking behaviour, and making adjustments to our lifestyles, with the help of the regular family doctor of our choice.

Increasing our focus on becoming healthier requires a major shift in healthcare delivery, involving structural adjustments in how we plan and deliver healthcare, with a greater emphasis on preventive instead of curative care.

It means taking a population approach to enhancing health—going beyond the clinical aspects of health to address the social, environmental, and behavioural determinants of health, and understanding how these factors affect different segments of society.

It means moving healthcare away from acute hospitals to the community, leveraging our wide network of family doctors, as well as community partners and service providers like coaches and organisers of activities, to help people stay healthy.

This major transformation plan is called Healthier SG, which will comprise the following **five key features**:

### First, mobilise our network of family doctors

Currently, only three in five Singaporeans have a regular family doctor. We will grow this number by bringing more family doctors on board Healthier SG, work with them to enhance their capabilities and encourage residents to develop a trusted relationship with them with a focus on improving their health.

### Second, develop health plans

Based on an individual's health condition, the family doctor will develop an appropriate health plan which can include adjustments to lifestyles, regular health screening and recommended vaccinations. The family doctor will also have a brief annual check-in with their enrolled residents on their health plan, to find out their overall health and discuss their adherence to the health plan and progress in achieving their health goals.

### Third, activate community partners

Following a health plan needs to happen outside clinic visits, and in our daily lives.

Healthier SG will empower residents to chart their own journey towards healthy and active lives, supported by community partners such as the Health Promotion Board, Agency for

Integrated Care, People's Association, Sport Singapore, National Parks Board, who run various activities and programmes, from brisk walks, qigong and community gardening to ball games and workouts with coaches.

### Fourth, a national Healthier SG enrolment program

By enrolling into Healthier SG, a resident will commit to seeing one family doctor and adopting a health plan, to help them improve their health and quality of life. Residents will be able to choose whether to enrol into the programme, and which family doctor to enrol with.

While family doctors will serve as the first point-of-contact to holistically manage the resident's health, the national enrolment programme will be coordinated by our three healthcare clusters, i.e. National Healthcare Group (NHG), National University Health System (NUHS) and SingHealth (SHS). Each cluster will look after approximately 1.5 million residents, and work with family doctors and other partners in the region to reach out to as many residents as possible, and drive population health in their respective regions.

To build the participation base progressively, enrolment will open to residents aged 60 years and above in the second half of 2023, followed by those in the 40-59 age group in the next two years.

### Fifth, set up the necessary key enablers to make Healthier SG work

There are critical support structures to ensure that Healthier SG works as intended. Our healthcare manpower needs to be suitably sized and equipped with the right skills. IT systems should ensure seamless sharing of data to facilitate integrated care. Financing policies must incentivise all healthcare providers to place greater emphasis on preventive care, while ensuring that needed treatment continues to be delivered.

Our healthcare clusters will function as regional health managers, working with MOH to shape the social determinants of health, namely non-medical factors such as early childhood development, employment, built environment and social networks, that influence health through the way people are born, grow, live, work and age.

The following chapters will cover the detailed Healthier SG proposals for residents (Chapter 2), the primary care sector (Chapter 3), community care partners (Chapter 4) and the key enablers for Healthier SG (Chapter 5).

**CHAPTER 2**

**SUPPORTING OUR  
RESIDENTS**

# SUPPORTING OUR RESIDENTS



Engagement Session on Healthier SG | Credit: Ministry of Health

For residents, the centrepiece of Healthier SG is the national enrolment programme, which will be rolled out in phases from the second half of 2023. MOH will invite Singapore residents aged 60 years and above to enrol with a family doctor in mid-2023, followed by those in the 40-59 age group in the next two years.

The enrolment programme aims to shift patient-doctor interactions from being transactional and episodic in nature, to a long-term relationship based on familiarity and trust. Family doctors can then understand the circumstances of residents, serve as confidants and guides to improve their well-being, and empower them to take steps towards better health.

## KEY DESIGN PARAMETERS

We identified four key parameters in designing the national Healthier SG enrolment programme:

### First, minimise disruption to existing patients

For residents who are healthy or experiencing early onset of chronic illness, Healthier SG will support them in remaining healthy. For residents who already have chronic diseases like diabetes and hypertension, Healthier SG will support family doctors to help them prevent or delay illness progression into advanced disease and medical complications like kidney failure or stroke. For residents who are more ill and regularly visit specialist doctors, their family doctor could also work with their specialist doctors to better manage their chronic conditions.

### Second, preserve individual choice

Residents will be given a choice as to which clinic they wish to enrol with. Through our survey with over 4,500 residents on Healthier SG, we found that about eight in ten Singaporeans would choose a doctor or clinic located near their home, while others may choose a clinic near their workplace, or one located further away from where they live but whom they have known for many years.

This will be the first time many Singaporeans are being asked to enrol with a clinic and some may need more information before making their choice. Others have shared that they need the reassurance that they are not permanently bound to the clinic they choose and can switch when needed.

We will support one change of enrolled clinic in a year to accommodate personal preferences and changes in life circumstances, e.g. families who move house. As some residents may need more time to find a clinic that they are comfortable with at the start, we will support up to four changes for the initial enrolment period.

Residents may continue to visit other clinics if the need arises, e.g. when their enrolled clinic is closed or if they require a second opinion. However, residents are encouraged to visit their enrolled clinic for continuity of care, especially for the treatment of any chronic condition.



Engagement Session on Healthier SG  
Credit: Ministry of Health

## WHAT ABOUT RESIDENTS WITH EMPLOYER HEALTH BENEFITS?

Many Singapore residents already have employer health benefits and may be seeing a panel doctor specified by their employer. To give employees greater choice and assure them of quality healthcare coverage, we urge employers to encourage panel doctors to participate in the Healthier SG enrolment programme. This way, employees can see the same doctor to enjoy both employer and Healthier SG benefits.

While Healthier SG will provide some benefits which are similar to what employers provide to employees, such as free health screening, we encourage employers not to reduce their expenditure on health benefits for their employees, and enhance medical benefits in other ways, such as providing free exercise classes for employees.

Alternatively, employees may still choose to see a panel doctor for episodic care, despite enrolling with their regular family doctor for their preventive and chronic consults.



### Third, build strong relationships

In many of our interviews, residents agree that there are benefits to enrolling with one family doctor. As health is a very personal matter, we want our family doctors to behave as our friends and coaches, who understand our conditions and needs, and with whom we share mutual trust. We respond best to those who understand and support us, and this will enable us to take responsibility for our own health and work towards better health outcomes.

A trust-based relationship with a doctor is not something we can forge overnight; it has to be developed and nurtured over time. It requires us to adjust our health-seeking behaviour, to stay with one doctor or clinic to build a strong relationship. Our enrolment programme will support this and enable patient-doctor relationships that are long-term, holistic and trust-based.



*Credit: Agency for Integrated Care*

“ I started seeing my GP because in my 20s, I saw him for gastric issues and duodenal ulcer. He managed to nurse me back to health. I used to live in the Teck Ghee area and he was my GP then. He has all my history and knows what conditions I have, medications I can take or cannot take.

**Resident, 52 years old, female**

### Fourth, structural support

Our environment and community must support residents in taking charge of their health, and overcome barriers preventing us from adopting healthier lifestyles. For example, we may be too busy and pre-occupied with other priorities in life, find it too inconvenient to sign up for community activities, or feel nervous about joining something new.

We cannot address all the barriers, but we can make it easier for everyone to access suitable health promoting programmes through online and offline channels. Hopefully, more people can find something that suits them and be prompted to take a small step forward. We will pay special attention to seniors, through our Eldercare Centres, to provide additional access points, support and guidance.

## THE HEALTHIER SG JOURNEY

With the key design parameters in place, the Healthier SG journey for a resident will comprise the following elements:

### Enrolment

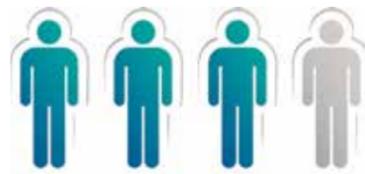
Residents will use HealthHub to choose their preferred clinic and enrol in Healthier SG. Those who already visit a regular clinic are encouraged to stay with it. Assisted enrolment via helplines and on-site support will be available to those who need it.

### First visit

Upon successful enrolment, residents can schedule a face-to-face onboarding health consultation, which will be fully paid for by the Government. However, residents who choose to change the clinic they had enrolled with will have to pay for the second and subsequent onboarding health consultations.

The family doctor will assess the resident's medical history, health needs and concerns. For residents with no chronic conditions, the doctor will advise them on the appropriate preventive measures as part of the health plan, such as health screenings and vaccinations. The doctor may make referrals to community programmes that could help residents to stay healthy and active. For those with chronic conditions, doctors will work with the residents on follow-up management.

**Based on the Healthier SG engagement survey, three in four felt that a health plan would help them stay healthy, and that their doctor is the appropriate person to discuss their health plan with them.**



Family doctors will also encourage residents to complete their recommended cardiovascular and cancer screening through Screen for Life, to facilitate early detection of disease. In addition, they may explain the importance of nationally recommended vaccinations to residents, including any potential side effects.

## WHAT WILL A HEALTH PLAN LOOK LIKE OVER TIME?

- An overview of the resident's key health parameters.
- A set of health goals, such as weight loss or improvement in chronic conditions.
- An action plan, including follow-ups such as health screening, diet adjustments, exercise regime.
- A living reference document to support a doctor-patient conversation on desired health outcomes, action plans and care preferences.



### Check in by doctor

The family doctor will check in with the resident digitally, such as by phone, or opportunistically when the resident stops by for other checks. The family doctor will find out about the resident's progress in following his health plan and meeting his own health goals, and provide reminders on preventive health, such as vaccinations. This brief annual check-in for preventive health will be subsidised by the Government.

Those with chronic conditions would typically require two to four follow-up consultations annually with a doctor. Prevailing subsidies, such as the Community Health Assist Scheme (CHAS), will apply for their visits and treatment. Additional Healthier SG benefits will apply, for residents seeking treatment of chronic conditions from their enrolled doctor.



Engagement Session on Healthier SG | Credit: Ministry of Health

“ This care plan is good. I think it takes a lot of effort (to follow). It’s not that people are not concerned about their health, but just that they are somewhat reluctant or simply don’t bother.

**Resident, 37 years old, male**

“ I don’t know what vaccinations are required, and all that. So if someone is tracking this, it is fantastic, I don’t have to keep looking at the health buddy to check this and that.

**Resident, 49 years old, female**

“ So maybe the GP will be good to advise? Like, let’s say, I don’t have good quality of sleep. Who do I look for?

**Resident, 52 years old, female**

### Tapping on community support

In between consultations with family doctors, residents are encouraged to take proactive steps to adhere to their health plan. Community support is useful in this regard, to support an active lifestyle and good diet. This will be elaborated on in Chapter 4.

## ENHANCED SUBSIDIES AND BENEFITS

Enrolling in Healthier SG, committing to one family doctor or clinic, and adhering to a health plan are inherently beneficial to the long-term health of any individual. During our public engagements, it was evident that the great majority of residents appreciate this.

Yet, not enough individuals are doing this. Healthier SG aims to change the current care-seeking behaviour and how primary care is delivered.

Today, residents enjoy primary care subsidies such as CHAS and polyclinic subsidies, and MediSave coverage under the Chronic Disease Management Programme (CDMP). To encourage residents to make better health choices, we will enhance these financing options that are directly related to Healthier SG.

We will make drug prices at participating private family doctor clinics more comparable to those at polyclinics through a combination of enhanced drug subsidies and drug price limits. We will introduce a new subsidy tier to CHAS for common chronic drugs. Singapore Citizens who are CHAS, Pioneer Generation or Merdeka Generation cardholders can opt to obtain these drugs at the private family doctor clinic which they have enrolled with. Details will be announced later.

We will also promote preventive care more strongly. Nationally recommended vaccinations and screenings will be fully subsidised for enrolled Singapore Citizens when they visit their family doctor.

Enrolled residents will also have more flexibility in using their MediSave when they visit the family doctor they are enrolled with. We will remove the need to co-pay in cash when enrolled residents use their MediSave under the CDMP at their family doctor.

Today, under the National Steps Challenge, residents who are physically active can earn health points, which can be used to exchange for vouchers from participating merchants such as NTUC FairPrice or TransitLink. To encourage residents to exercise more, we will enhance the health points for residents who are enrolled to Healthier SG, and use digital technology to gamify physical activities.



Participants of National Steps Challenge™ Season 5 Mega Roadshows | Credit: Health Promotion Board

In summary, residents will enjoy the following benefits at the private family doctor clinic they enrol in Healthier SG:

- Bonus health points upon successful enrolment with a family doctor and health plan discussion.
- Fully subsidised first onboarding health consultation.
- Improved MediSave coverage for chronic conditions so that there is no need for cash co-payment.
- Fully subsidised national health screenings and vaccinations.
- Chronic drugs at prices comparable to polyclinics.
- More health points for living an active lifestyle.

In the next three to five years and with more evidence, we will explore how completion of milestones in Healthier SG could translate into lower health insurance premiums.

## HOW DO HEALTH POINTS WORK?

Health points are awarded under the National Steps Challenge and the Eat, Drink, Shop Healthy Challenge by the Health Promotion Board. For example, clocking 10,000 steps a day will earn an individual health points, which can be used to exchange for vouchers from participating merchants, such as NTUC FairPrice or TransitLink.

To participate in the National Steps Challenge and accumulate health points, one must download the Healthy 365 (H365) app. Today, 700,000 residents or about one-fifth of our adult population, have already downloaded the app.

We will leverage H365 to help residents monitor their activities and fulfillment of their health goals. H365 will be the front window for residents to gain digital access to all available community programmes that support their healthier lifestyles.

We will upgrade the H365 app to develop more online functionalities to support a wider spectrum of care goals, beyond just counting of steps, so that it can award health points for a range of physical activities and even adherence to diet plans.

This will require us to work with various community partners and health providers to support its usage. To illustrate, at a Zumba class, participants may need to do a simple scan to clock the work out in the app. They can do likewise when they attend health screenings.

H365 will therefore be a rich source of information on the lifestyles of residents. We will encourage residents to share the data with their family doctor during their scheduled check-ins, so that the doctor can review their progress and improve their health plans.



## SUPPORTING OUR RESIDENTS TO STAY HEALTHY

All of us have a stake in working towards better health. While MOH brings together our healthcare providers and community care partners to support residents to stay healthy and active, individuals must do their part and take charge of their own journey towards healthier and happier lives.



## CHAPTER 3

# STRONGER PRIMARY CARE

# STRONGER PRIMARY CARE

Primary care, delivered by family doctors, is the critical first touchpoint in a patient's care journey. Family doctors provide accessible care in the community and coordinate the delivery of healthcare, while patients entrust the doctors with their well-being. These long-term relationships collectively enhance the health and well-being of the population.



Credit: Agency for Integrated Care

During the COVID-19 pandemic, we saw how family doctors played critical roles in our public health response. Similarly, family doctors, both in private practice (known as General Practitioners (GPs)) and polyclinics, will play a central role in the success of Healthier SG.

However, only three in five Singaporeans visit a regular family doctor. Most visit a doctor only when they have common ailments or need a medical certificate for school or work. This is not ideal. Family doctors can do much more. Hence, Singaporeans and family doctors can work more closely together to improve their health.

## THE NEXT PHASE OF PRIMARY CARE

Over the last decade, we have made significant investments in primary care capacity. We introduced and enhanced the Community Health Assist Scheme (CHAS) and the Chronic Disease Management Programme (CDMP) to involve family doctors in private practice in providing subsidised primary care. We significantly boosted the Screen for Life programme and introduced subsidies for nationally-recommended adult and childhood vaccinations.

As many private GP clinics are solo practitioners, MOH has worked with them to form Primary Care Networks (PCNs). The PCNs hire nurses and coordinators for chronic disease management, upgrade the IT systems and provide supporting services for member clinics. The number of clinics forming PCNs has grown from 340 clinics in 2018 to 670 clinics today.

## MOH'S JOURNEY WITH FAMILY DOCTORS

2000

Primary Care Partnership Scheme was introduced

2006

Chronic Disease Management Programme was introduced

2012

Primary Care Partnership Scheme was replaced by CHAS

2017

Screen for Life subsidies were enhanced so that all Singapore Citizens only pay \$0/ \$2/ \$5 for nationally-recommended cardiovascular and selected cancer screenings

2014

Special CHAS subsidies were introduced for the Pioneer Generation

2018

Primary Care Networks were launched – 10 networks formed

2019

- CHAS Green was introduced so that all Singapore Citizens can qualify for chronic disease subsidies
- Special CHAS subsidies were introduced for the Merdeka Generation

2020

Vaccination and Childhood Developmental Screening subsidies at CHAS clinics were introduced. As part of this, nationally recommended childhood vaccinations and Childhood Developmental Screenings were made free for Singapore Citizen children.

2023

National Healthier SG enrolment programme will be launched



Engagements with Family Doctors | Credit: Ministry of Health

Singaporeans have told us that they recognise the benefits of having a long-term relationship with their family doctor, who would typically know their conditions and circumstances well. Similarly, family doctors value having a strong relationship with their patients to help their patients become healthier and improve their health outcomes.

“...at one point where I had sudden onset of asthma and I kept going back... he said ‘ok, let’s do this’ and I went back the next time and he goes like ‘ok, it’s not helping. I need to put you on stronger (medicine), you know steroid path?’... there’s someone monitoring you through your process, and they understand.

**Patient, 41 years old, female**

“Generally, I’m strongly in support of Healthier SG. It’s a great concept. GPs have been asking for something like this for a long time. Looking forward to make it work.

**Family doctor**

“Healthier SG can be our great leap forward for primary care and preventive pre-emptive care for chronic medical conditions.

**Family doctor**

Healthier SG aims to build on these foundations and aspirations, to develop the next phase of primary care in Singapore, where:

- Care for chronic diseases is embedded within the community, and is proactively managed by family doctors and their care teams;
- Health plans are well-coordinated through common care protocols, interoperable IT systems, and shared data;
- Care is supported by local and community stakeholders, with coordination from the healthcare clusters; and most importantly;
- Singaporeans do their part in preventive care and to stay healthy, through lifestyle adjustments.

## CARE PROTOCOLS AND APPROACH

Preventive care delivered by family doctors in the community must consider the varied care needs of the population. Yet, an individual with say early onset of diabetes may find the care approach differing greatly among family doctors. The approach for preventive care for various chronic diseases needs to be effective, consistent and well-coordinated.

To this end, we are developing the Clinical Service Roadmap for Primary Care with our healthcare clusters, leaders from College of Family Physicians Singapore, Singapore Medical Association, PCNs, and National General Practitioner Advisory Panel. It will be a multi-year effort, with clear priorities at each stage.

For the initial launch, the roadmap will include care protocols for three of the most common chronic conditions: diabetes mellitus, hypertension, and lipid disorders. The protocols will cover recommended health screenings, medications, lifestyle adjustments, and escalation to specialist and acute care when necessary. That way, residents can be assured that critical care elements are consistently carried out regardless of which doctor they choose to enrol with under Healthier SG. Care protocols will also be developed for key lifestyle related areas such as cigarette smoking cessation and weight management.

After about a year, as the initial changes stabilise, we will broaden the care protocols to cover other common chronic conditions as well as specific screenings required for seniors.

Subsequently, we will progressively cover other complex chronic conditions, such as mental health and end-of-life care. The roadmap will be reviewed from time to time with family doctors and healthcare clusters to ensure continued relevance.

For chronic conditions covered under the CDMP, Singapore Citizens who are eligible for subsidies can be referred by CHAS GPs directly to Specialist Outpatient Clinics for subsidised care, without going through a polyclinic.

We will also scale up team-based care to harness the expertise of different professionals to deliver stronger primary care.

The polyclinics and PCNs have started a team-based approach in primary care, largely focusing on chronic disease management. Under Healthier SG, we will strengthen these team structure and resources.

## ROLE OF MEMBERS IN TEAM-BASED CARE APPROACH

### • FAMILY DOCTOR

Lead care team to build a long-term relationship with residents and help them stay healthier through preventive care.



### • NURSE

Counsel, assess, teach patients self-management skills, manage stable chronic conditions and vaccination services.



### • CARE COORDINATOR

Recommend suitable activities for patients, facilitate referrals to healthcare professionals including pharmacists and allied health professionals or community partners, support patients to follow through their health plan.



### • PHARMACISTS AND ALLIED HEALTH PROFESSIONALS

Part of the care team that will collaborate with other healthcare professionals to optimise health outcomes and healthcare for residents.



## IT AND DATA SHARING ENABLEMENT

Family doctors and healthcare clusters will need to share data to coordinate patient care as a team. For example, family doctors should be able to understand residents' adherence to health plans including lifestyle changes, and completion of regular health screening. Healthcare clusters need to be able to aggregate residents' health data, analyse trends, identify gaps in patient coverage, and review the effectiveness of interventions to improve care protocols.

This will require improved IT capabilities in private GP clinics. Today, most family doctors have implemented Clinic Management Systems (CMS) to support their operations. However, they are concerned about the integration between their clinics' IT system with the National Electronic Health Record (NEHR) system.

With Healthier SG, these issues will be progressively resolved. Family doctors will be able to submit patient data to the NEHR through their CMS, after we put in place enhanced applications and appropriate cybersecurity protection. Family doctors will, in turn, be able to review the health data of residents and health plans during their regular check-ins.

“ IT systems should help reduce the administrative workload of GPs, not add to it... and they should be geared that way.

Family Doctor

“ ...[your] medical records are there... the doctor would know if let's say it's a recurrent condition... he may be able to recommend you to do further checks if it keeps happening.

Resident, 45 years old, female



Engagement Session on Healthier SG | Credit: Ministry of Health

“ I think it’s definitely important for the doctor to see your medical history so that [they] can assess you better, and give a more meaningful diagnosis.

**Resident, 54 years old, male**

In the initial phase, MOH will provide a one-off IT support grant to ensure family doctors in private practice are digitally enabled to deliver integrated care required under Healthier SG.

## STRENGTHENING THE BUSINESS MODEL OF FAMILY DOCTORS IN PRIVATE PRACTICE

With Healthier SG, over time, ad-hoc visits to the clinic will gradually be replaced by regular visits to a familiar family doctor for preventive care. The responsibilities of the family doctor will broaden to include following up on their patients’ health plans, submitting patient data to NEHR, and keeping residents healthy while maintaining a long-term relationship with their patients.

To reach there, we need to address two existing issues. First, it is more affordable to visit a polyclinic than a private clinic, notwithstanding CHAS, mainly because of the difference in drug subsidies. In Chapter 2, we explained how we intend to encourage residents to enrol with a family doctor by narrowing the difference in drug subsidies across polyclinics and private clinics.

“ Value of care/drugs varies to patient. That plays a huge role in health seeking behaviour. There should be a moderated perceived differentiation between polyclinic and GPs. As a (family doctor), I can see the entire family with multiple opportunities for preventive care. But I lose older patients to polyclinic due to cost. Would be great to consider this in the long term.

**Family Doctor**

“ As a polyclinic-based (family doctor), I see many patients who transfer care to polyclinic when previously they have seen the same GP for many years, but cost becomes an issue when they retire and are no longer eligible for company medical benefits. Healthier SG will also need to look into this aspect as well, so that such patients can still maintain care under the same (family doctor).

**Family Doctor**

Second, we need to ensure that family doctors are fairly remunerated for preventive care delivered under Healthier SG. Such remuneration is not new, as MOH has been extending service fee payments to family doctors in private practice under CHAS and PCNs for care management, and for undertaking public health responsibilities, such as during the COVID-19 pandemic.

Under Healthier SG, family doctors in private practice will now receive an annual service fee for the time and effort taken to care for and manage each enrolled resident. The fee will be tiered based on the health risk profile of each enrolled resident, scope of required care and the progress made in terms of preventive care or chronic disease management.

## WHAT ARE THE CRITERIA FOR A FAMILY DOCTOR IN PRIVATE PRACTICE TO PARTICIPATE IN HEALTHIER SG?



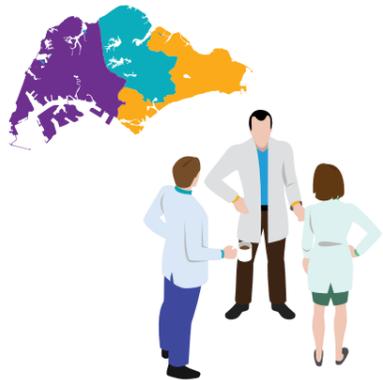
### PARTICIPATE IN CORE GP SCHEMES

Family doctors must participate in CDMP, CHAS, Screen for Life, and national vaccination programmes. Family doctors must also be a Public Health Preparedness Clinic if and when activated.



### PCN

Family doctors who are not in a PCN would need to join one, to partner a healthcare cluster, and receive access to peer support and team-based care.



### PARTNER A HEALTHCARE CLUSTER

This means establishing a contact point with the partner healthcare cluster; continuing to refer patients to the health institution of the patient's choice; and working with the partner healthcare cluster to address local population needs and enhance the clinic's capabilities.



### DIGITALLY ENABLED

Family doctors must use Healthier SG-compatible Clinic Management System within a year of the launch of Healthier SG enrolment.



### FAMILY PHYSICIAN

Each GP clinic must have at least one family doctor registered as a family physician within seven years of the launch of Healthier SG enrolment.

## STRONGER PRIMARY CARE FOR A HEALTHIER SINGAPORE

A strong primary care system that takes care of people before they fall ill is the most defining feature of our future healthcare system. We are therefore expanding the scope, scale, skills and support for family doctors, and revamping the financial incentives surrounding remuneration for family doctors in private practice, to enable a more sustainable and meaningful patient-doctor relationship that is rewarding for both patients and family doctors.



**CHAPTER 4**

**COMMUNITY CARE  
PARTNERS**

# COMMUNITY CARE PARTNERS

Social and environmental factors are major determinants of an individual's physical and emotional well-being. Good health is sustained through everyday choices and habits, which take place outside healthcare facilities.

While a family doctor can prescribe social interventions and point out the ways individuals can improve their health during a consultation session, it is family, friends and the community who encourage and prod residents to make adjustments to their routines on an on-going basis.



Engagement Session on Healthier SG | Credit: Ministry of Health

We will therefore rally community partners to support residents in leading healthier lives.

## FULFILLING SOCIAL PRESCRIPTIONS

The idea of social prescriptions was first popularised by the United Kingdom's National Health Service. They are referrals to community assets and services, to improve patients' social, mental and physical well-being. This is achieved through interaction with non-medical professionals, treatments, and community activities, in non-clinical settings.

To fulfill these social prescriptions, our healthcare clusters and various agencies such as the Health Promotion Board, Agency for Integrated Care, People's Association, and Sport Singapore will work together to further enhance the range and accessibility of activities which promote healthier living. These can include aerobics, brisk walking, ball games, community gardening, cooking classes, etc.

These activities will support residents in their journey of living healthily and adhering to their health plan. Residents with higher clinical risks will be able to participate in structured programmes such as weight management or smoking cessation programmes under the guidance of healthcare professionals.

While doctors can prescribe activities, it will only work if residents take personal ownership of their health and lifestyles and follow through with their health plans.



Credit: Ministry of Health





Engagement Session on Healthier SG | Credit: Ministry of Health

During our public engagement, many residents reflected that they were keen to receive information about suitable healthy living programmes near their homes, and they wanted to be able to choose whether and what to participate in based on their schedules and interests. A number of residents emphasised the importance of intrinsic motivation as the main driver to pursue and sustain a healthier lifestyle. Supportive family and friends will help to spur them on, but they do not wish to be compelled or coerced to participate.

“ Sometimes we may not be aware of what’s available around us that we can take part in.

**Resident, 45 years old, female**

“ Recommendation is good enough but [I] want to make the choice on my own because we have different preferences.

**Resident, 47 years old, male**



Engagement Session on Healthier SG  
Credit: Ministry of Health

“ Need somebody to drag me to workout... Difficult to start exercising. I've found videos to workout at home and even bought those indoor shoes for walking but it is not sustainable.

**Resident, 48 years old, female**

Three aspects will contribute towards the success of social prescriptions in enhancing population health: key community convenors, digital tools and Intermediate and Long-Term Care (ILTC) partners.

## KEY COMMUNITY CONVENORS

Healthcare clusters will play a vital role. Over the years, they have steadily built relationships with a wide range of community partners to roll out programmes for residents and facilitate integration of services across different care providers.

Under Healthier SG, healthcare clusters as the regional health managers will actively coordinate and oversee these partnerships and activities for residents. Over time, they will gather more data and develop a deeper understanding of the health and social needs of their sub-population. We will leverage the work of the following government agencies:

### Health Promotion Board (HPB)

HPB has been actively supporting healthcare clusters to promote good health amongst residents. This is done primarily through self-directed, virtual and classroom-based programmes, involving physical activities, good diet, tobacco control and enhancing mental well-being.



Credit: Ministry of Health

HPB's workplace programmes have reached close to 40% of Singapore's working population. HPB's programmes have also reached out to children and youth through close collaboration with schools and education institutions.



*Credit: Health Promotion Board*

### Sport Singapore (SportSG)

Its Active Health initiative educates residents on how healthy lifestyle habits correlate with better health. This includes personalised guidance from coaches at Active Health Labs.

These Active Health coaches conduct multi-disciplinary functional performance assessments for residents and customised coaching on health and wellness. At the Labs, residents are encouraged to take small steps towards the necessary lifestyle changes such as exercising more or practising better screen time management. Residents typically check in with their coaches every three to six months. Many go on to become active members of sports interest groups.



*Credit: Sport Singapore*

### People's Association (PA)

The staff and network of volunteers at PA organise a vast array of health and wellness lifestyle activities, interest groups, and courses catering to a broad range of preferences and interests. While PA activities are aimed primarily at fostering social cohesion and stronger community bonds, there are also significant health benefits from the activities. Under Healthier SG, PA has the opportunity to further increase its outreach to residents to participate in its programmes.

HPB, SportSG and PA will deepen their partnerships with the healthcare clusters and family doctors, to strengthen the programme-referral and follow-up process under Healthier SG. The care protocols developed for family doctors under Healthier SG and the health plans for residents will be essential bridges between healthcare providers and community-based partners and providers, to ensure care continuity and coordination.



*Credit: People's Association*

## CASE STUDY: USING ARTS AND HERITAGE FOR HEALTH AND WELL-BEING

A study conducted in 2017 by the National Arts Council (NAC) on 'Arts for Ageing Well' found that seniors who attended arts events experienced increased social support, physical health, and cognitive functioning. In addition, international and local research projects and pilots have found that museum experiences are beneficial for dementia and stroke rehabilitation.

NAC has partnered with other agencies to make arts and wellness programmes more accessible, through a network of Arts and Culture Nodes. The National Heritage Board (NHB) and local museums also provide intergenerational heritage experiences for seniors with dementia and their care partners. These typically include hands-on activities to help seniors share memories and personal experiences with their care partners and other participants. Such programmes foster social connection and can help address conditions associated with sedentary lifestyles and social isolation.



A special mention should be made about mental health. While most residents recognise the importance of physical activity and diet on their physical health, many also shared concerns about addressing mental health.

MOH has convened an Inter-agency Taskforce on Mental Health and Well-being, which has been leading a Whole-of-Government effort to promote mental health and well-being. The Taskforce has been working on interventions, such as improving overall access to mental health resources, including enhancing community resources on top of clinical services, and strengthening training and competencies for different groups of care providers.

We will continue to address health holistically. Various aspects of healthy living, including physical activities, adequate sleep, good diet, healthy use of devices and social interactions, are critical drivers of mental and emotional well-being. Taking a preventive approach in mental health is fully aligned with the objectives of Healthier SG.

## LEVERAGING DIGITAL TECHNOLOGY

A family doctor may guide a resident once every six or 12 months; community activities may occupy the resident a couple of times a week; and digital technology can be a faithful, constant and helpful healthcare companion to support us.

Technologies such as smart phones and artificial intelligence are driving a proliferation of consumer digital health apps and wearables. Sensors are now incorporated in watches, rings or even clothing. Apps receive and process the data, and then deliver real-time advice or nudges to users, to encourage them to be physically active and consume the right food.

These technologies are progressively extending into health diagnostics that are used as part of clinical care. Pulse oximeters were useful in measuring oxygen level in our blood during the COVID-19 pandemic. In time, wearables are likely to be able to measure blood sugar, blood pressure and cholesterol, and detect anomalies.

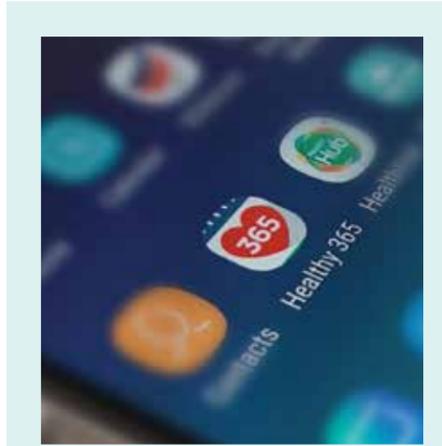
In Singapore, we have had a head start in the use of health apps and wearables. For instance, a fifth of adult residents, numbering 700,000, regularly use the Healthy 365 (H365) app to participate in the National Steps Challenge, the Eat Drink Shop Healthy Challenge and other active ageing programmes.



Participants of National Steps Challenge™ Season 5 Mega Roadshows  
Credit: Health Promotion Board

Under Healthier SG, H365 can be the digital window to an even wider range of programmes organised by partners such as PA, HPB and SportSG. We will upgrade H365 to monitor other aspects of healthy living and make the app available in all four national languages. H365 will also be configured to be inter-operable with a range of digital health apps and wearables. As it is, it is already compatible with apps and wearables from Apple, Fitbit, Garmin, Samsung, etc.

With these improvements, H365 will enable residents to individually track and consolidate lifestyle data such as stepcount, duration of moderate to vigorous physical activity, diet, and sleep quality. As residents monitor the progress of their own physical health closely and actively, they can use the information to update their family doctor during their scheduled check-in.



*Credit: Health Promotion Board*

## DIET LOGGING TOOL

**A diet logging tool will be included on the enhanced H365 for residents to track their daily caloric intake from food and drinks.**

**The tool will have a photo recognition function and will be powered by a comprehensive calorie and nutrient library of over 3,000 commonly consumed local food and drinks. By taking a picture of our meal, the app can estimate the caloric intake.**

**Over time, H365 will be able to provide personalised feedback based on an individual's dietary patterns. Dietary information can also be combined with physical activity data to provide insights on calorie balance as part of weight management.**



## OUR INTERMEDIATE AND LONG-TERM CARE (ILTC) PARTNERS

Our ILTC partners, such as nursing homes, hospices and respite care service providers, will play important roles in taking care of the elderly and vulnerable members of our society. Our ageing society is driving up demand for ILTC services. While we will continue to expand their capacity, we also need to moderate the rapidly rising demand for these services by keeping people healthy.

Our ILTC partners recognise the benefits of anchoring care in the community, and integrating social services and healthcare. They are keen to collaborate with family doctors and the healthcare clusters to co-create programmes that better serve our seniors.

ILTC partners also expressed the need for data sharing and upgraded IT systems to strengthen care coordination between healthcare clusters, family doctors and community partners. This will be further elaborated on in Chapter 5.

Another important set of community partners are those who operate our network of Eldercare Centres (ECs). We will enhance the EC network in two ways.

The first is to expand the EC network. ECs are located within communities, and provide activities and services tailored to the needs of seniors. There are currently 119 physical ECs across Singapore, constituting the largest national network of ground assets for seniors.

We plan to expand the network to 220 by 2025. By then, we estimate about eight in ten seniors will have an EC in the vicinity of their homes.



*Credit: Lions Befrienders*

Lions Befrienders Active Ageing Centre (AAC)@Mei Ling is an Eldercare Centre that serves about 50 seniors daily. Seniors can participate in a variety of activities such as physical exercises, mind-stimulating activities and games, cultural events, and lifelong learning activities like learning languages.



As part of Befriending and Buddying, centre staff and volunteers regularly visit socially vulnerable seniors, checking on their well-being and ensuring that they stay connected with the community. For seniors who require assistance navigating the socio-health ecosystem, Lions Befrienders AAC @ Mei Ling also provides Care Information and Referral services.



The second is to expand service offerings. Under Healthier SG, ECs will serve as a community connector for seniors, to help them follow through with lifestyle interventions as recommended by their family doctors. For example, seniors can approach the staff at their assigned EC to sign up for suitable programmes.

ECs will also offer community-based monitoring of selected vital signs, such as blood pressure, which seniors can tap on in between visits to the family doctor for better chronic disease management. The monitoring of additional vital signs will follow the care protocol requirements and may be progressively rolled out in later phases of Healthier SG implementation.

Healthcare clusters will leverage ECs' physical spaces to roll out other health initiatives such as end-of-life planning, basic health screening for early detection of risk of dementia or loss of muscle mass, and community health events. These preventive care services can be led by community nurses, allied health professionals and pharmacists to anchor care in the community.

## AGENCY FOR INTEGRATED CARE (AIC) AND SILVER GENERATION OFFICE (SGO)

The AIC will work together with the healthcare clusters to help ECs train their staff and uplift their overall capabilities to take on expanded roles.



*Credit: Agency for Integrated Care*

The SGO is supported by a team of about 3,000 Silver Generation Ambassadors. They have played an instrumental role in the rolling out of Pioneer Generation and Merdeka Generation Packages, by reaching out to seniors and explaining the details of the packages to them.

Since April 2022, the SGO has adopted a targeted approach based on seniors' frailty status, level of social support and age. Key information on schemes and programmes relevant to seniors is packaged, for their door-to-door preventive health visits to seniors. Moving forward, the SGO will use the preventive health visits to explain the features of Healthier SG and encourage enrolment with family doctors.

## HEALTH STARTS IN THE COMMUNITY

The shift to leveraging community support for better health is a significant move. It will require close coordination among multiple sectors, agencies, and organisations. Healthcare clusters will actively collaborate with community partners to implement programmes, collate data, review effectiveness, drive population health and strengthen the ecosystem of care centred around residents.



*Credit: Agency for Integrated Care*

# CHAPTER 5 MAKE HEALTHIER SG HAPPEN

# MAKE HEALTHIER SG HAPPEN

We need critical enablers – support structures and systems for effective implementation – to make Healthier SG succeed.



Credit: National University Health System

## EXPAND AND DEVELOP MANPOWER

The first enabler is manpower, both size and capabilities. In particular, we need to build up and further optimise our primary and community care workforce. Today, a fifth of doctors and nurses are in primary and community care. By 2030, we will need to increase this to at least a quarter, to support the implementation of Healthier SG. Correspondingly, we need to grow the number of allied health professionals and pharmacists in the community too.



Credit: National Healthcare Group

We need to work with family doctors to continually update their knowledge and refresh their skills, to enable them to manage a wider range of complex conditions. Family medicine and preventive care will feature even more strongly in the curriculum of our medical schools.

The healthcare clusters will partner Primary Care Network Headquarters (PCN HQs) to support the professional development and training of the members of their care team. These include cross-training opportunities supported by professional bodies, hospitals, family doctors from the private practice, polyclinics and the community sector.

Our goal is ultimately for all family doctors participating in Healthier SG to be accredited as Family Physicians, a higher, prescribed level of professional training. MOH will work closely with the College of Family Physicians Singapore and the relevant Family Medicine training committees to ensure sufficient training capacity.

For nurses and other healthcare professionals, such as allied health professionals and pharmacists, we will broaden inter-disciplinary training. With the emphasis on preventive care, we will empower them to lead community care initiatives, take on greater responsibilities and practise at the top of their licences.

We will also train more 'lay extenders.' These are non-medical personnel who can undertake basic tasks such as arranging the initial health screening, and coordinating referrals to community programmes. They will play an important role to allow medical personnel to focus on clinical care.

## BRIDGING GAPS IN THE IT SYSTEMS

The second enabler is our IT systems. We already have well established data and IT systems in the healthcare clusters, and in other parts of the wider healthcare system. However, a number of gaps remain.



Credit: SingHealth

Healthier SG will require close collaboration among family doctors, healthcare clusters, and a wide range of community partners. However, the use of IT and electronic medical record systems varies across these settings, which hinders data and IT connectivity and coordination among care providers. For example, if a family doctor is still using manual records, and his patient requires emergency treatment at a hospital later, hospital staff will not be able to access the patient's medical data.



We need data flows and sharing in these extended networks to be easy and seamless. We are addressing these gaps, through the National Electronic Health Record (NEHR) system.

The NEHR captures summaries of patients' medical records in a central platform that is accessible by licensed healthcare providers and authorised health personnel across healthcare settings. The NEHR will be enhanced to improve data sharing among family doctors and healthcare clusters, and community care.

Patients will also have access to relevant information from the NEHR through an enhanced HealthHub over time, with expanded access to records such as their screening results, health plan etc. With the COVID-19 pandemic, most Singaporeans have become active users of HealthHub.

As part of the enhancement of the NEHR, we need to accelerate the digitalisation of the primary care sector, by upgrading the IT systems of private family doctor clinics and enhancing the digital skills of family doctors. This will reduce the load family doctors and their care teams currently spend on manual data submission, and free up time for care delivery. While some family doctors may find the transition challenging, we will work with the Agency for Integrated Care to make the process as smooth as possible.

MOH will, in 2023, table in Parliament the Health Information Bill. This will establish the framework to govern the safe and secure collection, access, sharing and use of health data across the healthcare ecosystem to facilitate good continuity of care. The Bill will mandate licensed healthcare providers to contribute patients' summarised medical records into the NEHR, so as to enable access to patients' health data by their care teams across different settings. It will also mandate data governance, IT and cybersecurity capabilities by healthcare providers and data intermediaries. These will strengthen public trust in the protection of their healthcare data.

We will study making provisions in the Bill so that patients can choose to limit the sharing of data in NEHR due to specific concerns. We will also implement clear and stringent safeguards to ensure proper handling of health information. Any party that mishandles data will be subject to severe penalties.

## RESTRUCTURING HEALTHCARE FINANCE

Capitation funding has been implemented in many countries, for different objectives. We are setting a long-term direction to move towards capitation funding for our healthcare clusters, to create an inherent incentive for healthcare providers to focus on preventive care and right-siting of patients.

In Chapter 3, we described how we will pay family doctors a new annual service fee for each enrolled patient, as opposed to paying them solely for each service they provide. This is a form of capitation funding.

We are also making changes to the basis of calculating the healthcare clusters' budgets without affecting the size of their current budgets. We will work with them to review their key performance indicators, so that they will focus strongly on preventive care and upstream interventions, while continuing to provide good treatment services. From here, we will study how to cascade the incentives and discipline of capitation funding to other parts of the healthcare delivery system.

### WHAT IS CAPITATION FUNDING?

**Capitation is a payment model where the healthcare provider receives a pre-determined amount of funding for each resident they are to look after. This pre-determined amount reflects the intended scope of care for the resident and considers the different risk profiles of population segments. Typically, infants and seniors attract higher capitation funding.**

**Various healthcare systems overseas have adopted capitation to varying degrees, covering specific care settings. In Europe, capitation commonly covers primary care, i.e. family doctors receive pre-determined payments based on the patients under their care.**

**In New Zealand and the Accountable Care Organisation model in the United States, capitation payments are provided for both hospital and primary care of the population that the healthcare providers are responsible for. In these systems, the family doctors become the important first point of contact for all patients and refer patients to hospitals only when they need it. In other words, family doctors play a gate-keeping role for hospitals.**



## WHAT IS CAPITATION FUNDING?

In Singapore, we want our family doctors to work closely with the healthcare clusters, to implement measures to keep people healthy. We are therefore moving towards capitation funding of our healthcare clusters for a start, given their role as regional health managers to drive better health outcomes of the residents within their region. They will receive an annual budget based on the total number of residents they are in charge of and manage their operations within this budget. As for family doctors, MOH will pay them annual service fees to manage the care of their enrolled Healthier SG residents.

Adopting a capitation model does not affect the subsidies received by patients today. Patients can also continue to use MediSave or MediShield



Life per the prevailing policies. Singaporeans who need further financial support will also be eligible for MediFund assistance at our public healthcare institutions. As the largest payor and provider of healthcare services through the healthcare clusters, MOH will ensure that no Singaporean is denied appropriate healthcare due to the inability to pay.

While capitation funding provides budgets to healthcare clusters based on the geographical population under their charge, residents can continue to seek care from any of the three healthcare clusters. MOH will make the necessary adjustments when residents use healthcare services outside of their cluster.

## CHAPTER 6

# CONCLUSION AND NEXT STEPS

# CONCLUSION AND NEXT STEPS



Credit: Ministry of Health

The previous chapters set out the vision of Healthier SG and how we are implementing the preventive care strategy.

It will be a long-term, multi-year effort, as it takes time, probably eight to ten years, to see the initial results of a healthier population. Notwithstanding, we will monitor the progress and outcomes of Healthier SG through appropriate outcome indicators in the short, medium and long term, and review these indicators over time. The key ones are as follows:

## SHORT-TERM ( 1 to 3 years )

- Resident enrolment rate
- Proportion of General Practitioner (GP) clinics offering enrolment
- Screening rates for chronic disease, cancer, etc
- Vaccination rate
- Proportion of diabetes mellitus patients with appropriate screening done
- Level of physical activity
- Active usage of Healthy 365 app

## MEDIUM-TERM ( 3 to 10 years )

- Proportion of enrolled residents who stay with selected family doctor
- Proportion of healthcare clusters' capitation budgets allocated to health promotion and primary care
- Proportion of diabetes mellitus, hypertension and dyslipidemia patients with optimal control, e.g. HbA1c, blood pressure, low-density lipoprotein
- Healthier eating habits
- Obesity rate
- Health plan completion rate
- Growth rate of healthcare real unit cost
- Avoidable emergency department attendance rate
- 365-day re-admission rate (overall, asthma, acute myocardial infarction, congestive heart failure, chronic obstructive pulmonary disease, diabetes mellitus, stroke, pneumonia)
- Growth rate of age-specific utilisation of healthcare services
- Average bed days per capita
- Admission rate of fall-associated injury among elderly

## LONG-TERM ( > 10 years )

- Proportion of elderly with Clinical Frailty Score > 6
- Disease prevalence for diabetes mellitus, hypertension, dyslipidemia, dementia and poor mental health
- Disease incidence for stroke, acute myocardial infection, cancer

Healthier SG is a major transformation of our healthcare system. Everyone involved, including healthcare providers, the Government and residents will need to do things differently.

Healthcare providers, including clinicians, will need to constantly think of ways to prevent residents from falling sick, against instincts trained to treat as many suffering patients as possible. They must also constantly embrace the use of technology, innovation and digital solutions to help patients improve their health and quality of life.

When conducting upstream health screening, we will have to deploy less precise but more scalable solutions, to identify residents in the population who have higher risks of falling ill.

Policy planners need to think long term, to develop and evaluate programmes and initiatives across a multi-year budget cycle, consciously investing in preventive care now to avoid years of pain and suffering later.

Every player in the system needs to work closely, increasing the extent and depth of integration of their services. Together with investments in critical support systems such as IT, we will ensure seamless and holistic care across all settings.

Most importantly, Healthier SG represents a refreshed compact between the Government, healthcare providers and the people. The Government and healthcare providers will do their part, but ageing will effect a complex and far-reaching change to our society. We will need more than just spending more on public health programmes and expanding healthcare capacity. All hands must be on deck.

Individuals must take charge of their own health, adopt healthier behaviours, build relationships of trust with their family doctors, and manage their chronic diseases proactively. Concurrently, healthcare providers will re-orientate towards preventive care, while the Government sets up systems, programmes and incentives to support individuals' effort. Nonetheless, the success of Healthier SG ultimately rests on whether and how individuals change their social and health seeking behaviour.

It is similar to how Singapore responded to the COVID-19 pandemic. Individuals took responsibility to observe the rules on safe management and got themselves vaccinated; healthcare providers did their best to take care of those who fell sick; while the Government led with policies and strategies, beefed up healthcare facilities, and communicated with the people openly to bring everyone on board.

Ultimately, trust underpins everything that we do as a people. With trust, everyone can play our part in our social compact, knowing that our effort and sacrifice will be reciprocated and reinforced. With a tight compact, we can achieve much as a people. This includes making ourselves a healthier and happier people, as we take Singapore Forward.



---

# APPRECIATION

# THANK YOU FOR YOUR CONTRIBUTION!

MOH thanks all residents who took the time to share your experiences and views with us. Your feedback and insights have helped to shape the key strategies and moves to better support Singaporeans in taking care of their health. We thank all Government agencies, as well as all facilitators and note-takers who supported our public and stakeholder engagement sessions.

We also thank all healthcare and community partners as well as all other stakeholders who provided your meaningful inputs for this White Paper. We look forward to engaging you further in shaping Healthier SG.

## Healthcare Clusters

National Healthcare Group

National University Health System

SingHealth



## Healthcare Professionals

We acknowledge the feedback and support given by the leaders and members of:

Academy of Medicine Singapore

College of Family Physicians Singapore

Exercise is Medicine Singapore

Healthier SG Implementation Main Workgroup and Sub-workgroups, MOH

International Society of Prosthetics and Orthotics Singapore

National General Practitioner Advisory Panel, MOH

Pharmaceutical Society of Singapore

Podiatry Association (Singapore)

Primary Care Networks Council

Saw Swee Hock School of Public Health, National University of Singapore

Singapore Association of Occupational Therapists

Singapore Association of Social Workers

Singapore Medical Association

Singapore Nurses' Association

Singapore Nursing Board

Singapore Nutrition and Dietetics Association

Singapore Pharmacy Council

Singapore Physiotherapy Association

Singapore Psychological Society

Singapore Society of Radiographers

Society for Audiology Professionals Singapore

Speech and Language Therapy Singapore

Traditional Chinese Medicine Practitioners Board

All councils, associations and organisations who provided views, including those serving

Allied Health Professionals

Dental Practitioners

Doctors

Nurses

Pharmacists



**Other Partners and Organisations**

Adept Health  
 Alliance Medinet  
 Ang Mo Kio Family Service Centre Community Services Ltd  
 Apple  
 Asian Women’s Welfare Association Ltd  
 Blossom Seeds Ltd  
 Brahm Centre Ltd  
 Breast Cancer Foundation  
 Care Community Services Society  
 Care Corner Seniors Services Ltd  
 Caregiver Alliance Ltd  
 Clarity Singapore Ltd  
 Club HEAL  
 ConnectedLife  
 Dementia Singapore  
 Diabetes Singapore  
 Fei Yue Community Services  
 Filos Community Services  
 Fitbit  
 Free Food For All  
 Fullerton Health  
 General Insurance Association of Singapore  
 Google  
 Home Nursing Foundation  
 Integrated Health Information Systems  
 iXchange  
 Jamiyah  
 Indian Muslim Social Service Association

Integrated Health Plans  
 Kampong Kapor Community Services  
 King George’s Avenue Senior Activity Centre  
 Kwong Wai Shiu Hospital  
 Lakeside Family Services  
 Life Insurance Association of Singapore  
 Limitless  
 Lions Befrienders  
 Loving-Heart Multi-Service Centre  
 M3@Tampines  
 M3@Woodlands  
 Majlis Pusat  
 Methodist Welfare Services  
 MHC Asia Group  
 Movement for the Intellectually Disabled of Singapore  
 Montfort Care  
 Muhammadiyah  
 Majlis Ugama Islam Singapura North Mosque Cluster  
 Majlis Ugama Islam Singapura West Mosque Cluster  
 Muslim Healthcare Professionals Association  
 Muslim Kidney Action Association  
 Narpani Pearavai Council  
 Narpani Youth  
 National Trades Union Congress

NTUC Health  
 O’Joy Ltd  
 PA Malay Activity Executive Committees Council  
 PA Women’s Integration Network Council  
 Persatuan Pemudi Islam Singapura  
 REACH Community Services Society  
 Singapore Anglican Community Services  
 Singapore Association for Mental Health  
 Singapore Business Federation  
 Singapore Cancer Society  
 Singapore Kadayanalur Muslim League  
 Singapore National Employers’ Federation  
 Singapore Muslim Women’s Association  
 Society of Malay Heritage Medicine Practitioners  
 St Luke’s Eldercare Ltd  
 Sunlove Abode for Intellectually-Infirmed Ltd  
 Tsao Foundation  
 The Salvation Army Peacehaven Nursing Home  
 Thye Hua Kwan Moral Charities Ltd  
 TOUCH Community Services  
 United Indian Muslim Professionals  
 Viriya Community Services  
 Women Empowered for Work and Mothering





**MINISTRY OF HEALTH**  
SINGAPORE