





# Turning Crises into Opportunities for Better Healthcare

By A/Prof Chin Jing Jih

**AT THE** recent SMA Lecture 2014, Prof Tan Chorh Chuan, President of the National University of Singapore, delivered a masterclass entitled “Innovating for Future Health”, where he provided an insightful analysis of the challenges confronting healthcare in Singapore, and a comprehensive account of the innovations that the Ministry of Health and various hospitals have embarked on thus far to tackle these issues. He also shared his views on what needs to be done for these efforts to be sustained and fortified. Prof Tan’s cogent arguments, conveyed in a relaxed yet eloquent style, captured the audience’s attention and resonated particularly well with those who were in positions of professional and clinician leadership.

Indeed, healthcare, as a system today, faces shifting disease patterns, higher demand for healthcare services, and inadequate manpower and facilities. However, the key challenge confronting Singapore’s healthcare today is more than just a matter of rising quantitative demand. What is even more daunting is the qualitative aspect of the demand. At both the macro and micro levels, we are facing not just an incessant increase in the demand for healthcare resources, but also healthcare needs that are increasingly complex. The new waves of patients are better educated, rights conscious, technologically savvy, and more demanding in terms of transparency of information and their right to participate in decision making for themselves and their families. With improved health literacy, there is a tendency to seek healthcare services at much earlier stages of illnesses, or suspected illnesses, coupled with unrealistic expectations of what modern Medicine can do for them. The older patients, with their longer life spans, are medically and psychosocially more complex, often presenting with multifaceted needs and challenging ethical and legal conundrums. Like the rest of the

world, the practice of Medicine will have to evolve rapidly with these transformations, whether we agree or disagree with them, in order to remain relevant and effective.

Many doctors take a pessimistic view of these changes. But a lot of these developments test the conventional models of care delivery and provide the much needed stimulus and spur for innovations and change. Innovation breathes new life into the healthcare industry and provides opportunities for the medical profession to consolidate its professional position.

For example, patients' desire to take control of their own healthcare decisions suggests a chance for doctors to empower them so that they can assume greater responsibility for their own health. In chronic disease and preventive Medicine, such partnerships have a greater likelihood of success than the traditional model of medical paternalism where patients tend to be passive and lack motivation. Older patients with complex needs also offer the prospect of greater integration among medical specialists and different healthcare professionals, which should result in better systems of care than each one practising in silos.

Therefore, to convert the impending crises to opportunities for better healthcare and ultimately better health, we need to start doing things differently. Doing the same things over and over again is unlikely to help us master these new challenges simply because the current models of care are not designed to manage these new situations. For example, to achieve better outcomes, we will have to migrate from a model based on episodic and crisis care to one of planned population health and preventive care, and from a disease-centric model to a health-centric one. There is a need for a healthy intolerance for the present state and a spirit of inquiry and improvement that will drive the search for novel and creative solutions to create value, whether they be incremental innovations that significantly improve existing practices, or disruptive or transformative innovations that create fundamentally different models that displace existing ways of delivering care.

### Enhancing innovation

One of the most common problems with innovation is scaling up, defined in a publication by the World Health Organization as *"efforts to increase the impact of innovations successfully tested in pilot or experimental projects so as to benefit more people and to foster policy and programme development on a lasting basis"*. Many of the innovations we see today take the form of "pilots" or small-scale projects designed to test specific services or processes in carefully protected environments. But the overall influence of these successful pilots remains limited, as their impact tends to be confined to the original target areas. Here, the development and application of implementation science, which involves the study of methods to promote the integration of research findings and evidence into healthcare policy and practice, is helpful in catalysing the spread of success in the pilot projects.

Furthermore, for new and better practices to be shared

and adopted widely and rapidly in a sustainable manner, the operating environments need to be supportive. Very often, the existing infrastructure and ecosystems are unable to facilitate the adoption of new innovations. Successful scaling up therefore requires simultaneous innovations in other elements of the ecosystems, with the two key ones being how the innovations are financed and regulations and restrictions which govern clinical responsibilities and professional liabilities.

For example, an innovation which uses telemedicine for more frequent but remote review of stable, homebound diabetic patients from their houses may be an excellent model of care that results in better outcomes and savings in terms of time, cost and manpower. But if there is no change in the financing system to allow telemedical consultations to be charged equitable fees, or to change the existing pay-per-service system to one based on capitation funding, the innovation will probably lead to reduced remuneration from fewer face-to-face consultations. This, in turn, is likely to cause problems in long term sustainability, and thus in implementation and adoption on a wider scale. Healthcare professionals delivering the care at the front line will also need a reassuring clinical governance and regulatory framework. Often, the existing financing and regulatory systems are not a good fit and frustratingly fail to catalyse the scaling up of successful innovations. Furthermore, many researchers and innovators previously designed and tested innovations, and then passed on the task of scaling up to others. There is now a strong call for innovative demonstration projects to be undertaken with the implications of scaling up in mind, rather than turning to this task as an afterthought only when the pilot projects are completed. Policymakers and other stakeholders should be involved early in the process, and the financial and organisational requirements of scaling up must be considered from the outset.

But to put things in the right perspective, the medical profession has been in existence for many years, and is deeply anchored by fundamental values that have served society and patients well. As Prof Tan reminded the audience at the SMA Lecture, we should preserve these fundamental values that have enabled our profession to survive multiple crises. These values include ethical and professional virtues like competency, compassion and altruism, which have ensured that regardless of the threat or turbulence, the profession continues to earn the trust and respect of society by upholding its patient-centric ethos. As we innovate to remain adaptive and relevant, these are the backbones of Medicine that we need to actively preserve and propagate for future generations of doctors. ■



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