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**POSTER ABSTRACT****Restructuring Healthcare Financing to Enable Effective Integrated Care and Population Health**

23rd International Conference on Integrated Care, Antwerp, Flanders, 22-24 May 2023

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Singapore faces an aging population and spiraling healthcare costs. To address these challenges, Healthier SG will launch in 2023 to shift towards a population health approach to care for Singaporeans, to keep them healthy, and prevent or slow down disease progression. Residents will be encouraged to enrol with a primary care physician and take on an upstream preventive approach to healthcare. Delivery systems must focus on integrated care. In addition, there is a need to bend the rate of growth of cost curve. NHG, as one of the three public healthcare clusters, will take on the role of a “Population Health Manager” responsible for the health outcomes of 1.5M population assigned.

**Who is it for?** Policy makers, health sector decision makers, health managers, health authorities, health and social care professionals, researchers, academia, health experts, and the staff working on implementation of integrated care, healthcare finance professionals

**Who did you involve and engage with?** Singapore Ministry of Health officials, Chief financial officers of hospitals, healthcare professionals, and clinicians (both specialist and primary care physicians) and community care partners.

**What did you do?** NHG restructured itself organisationally to form an Accountable Care Organisation (ACO). The Health Ministry would be providing funding for subsidised care in the form of capitation funding per assigned resident per year (as opposed to the predominant fee for service funding currently) and additional funding for preventive care and health screening. NHG will aggregate the funds to design payment models that cut across different care setting to integrate care delivery. Incentive payments tied to performance outcomes and indicators will be established. Providers will also part-take in shared savings. NHG will also serve as a network of providers to join up care delivery, with focus on primary and preventive care.

**What results did you get?** What impact did you have? We are in the stages of planning and design. The results we hope to achieve are for residents to enrol with a single primary care provider who will be partnering NHG to oversee the end to end care of the enrolled residents. Some of the indicators to be monitored measure resource allocation, resident enrolment rate, primary care physician enrolment rate with NHG, avoidable ED and hospitalisation rates and total subsidised healthcare cost per resident.

**What is the learning for the international audience?** The learnings to share are the importance of engagement of leadership across the ecosystems, appropriate funding and resource allocation based on care needs of the population, setting up of enablers, including IT and data exchange,

use of incentives to prompt behaviour changes, and the need for change management to get buy-in.

**What are the next steps?** NHG will be rolling out key activities in the areas of primary care enrolment, designing the financing framework for payment and sharing of incentives with the providers, and is also in the midst of implementing key IT system enablers.