

(Download ebook) Affordable Excellence: The Singapore Health System

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William A. Haseltine

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William A. Haseltine : Affordable Excellence: The Singapore Health System before purchasing it in order to gage whether or not it would be worth my time, and all praised Affordable Excellence: The Singapore Health System:

16 of 16 people found the following review helpful. A solid study of an important health care system. By sien Affordable Excellence (2013) by William Haseltine looks at a truly remarkable story in healthcare, namely that of the Singaporean Health Care System. Singapore has the equal fourth longest life expectancy in the world and yet spends only 4% of GDP on health care, making it only the 32nd highest spender on health care. Singapore's healthcare system is not experiencing rapidly rising costs that threaten the financial viability of the state as are most developed

countries. How this is being done should be of critical importance to anyone interested in world affairs. This book covers the whole medical system in detail. It's not a light read but is fairly short. Singaporeans have a system called Medisave where 6.5-9% of their income is put aside into a medical savings account. This can be used for their own health care or that of their immediate family. In addition the government provides catastrophic cover. The government and private industry then provide health services and people are able to choose what sort of service they want but much of the money comes from their own Medisave account so people care about the cost of the service they are receiving. People also have means testing for the subsidy they get for care. The end result of all this has been a medical system that is, in many ways, world leading. It's remarkable that no one has emulated this system unlike Singapore's compulsory savings system that has been copied by Australia. The book looks at the end products of the system, how the payment system works, how costs are controlled, how it's financed, the history of the system, research done in Singapore and has a Q A session with Singapore's Ministry of Health. One thing worth noting is that the quality of the graphics in the Kindle version is seriously substandard and they are very difficult to read. The book is a dry, technical, somewhat difficult read but it does cover a really important health system. Singapore shows that high quality health care can be provided at low cost. It's really worth reading for anyone interested in health policy.

2 of 2 people found the following review helpful. America's Leaders Really Need to Read and Take This Seriously By Loyd Eskildson

The U.S. spends more on healthcare than every other nation - now about 18% of GDP on healthcare, projected to hit 20% by 2020. Singapore, on the other hand, spends less than one-fourth (4% GDP) that of the U.S., and about half that of Western European nations. As for outcomes, Singapore ranks 6th in the world, well ahead of many developed nations, including the U.S. Singapore has one of the lowest under-five mortality rates in the world, cancer survival rates are similar to Europe's, and its cardiovascular disease death rate is half that of the rest of the Asia Pacific region. A Singaporean woman can now expect to live until 84, versus 66 in 1960; men up from 62 in 1960 to 79 years. The newborn mortality rate/1,000 live births decline from 5 in the 1990s to 1 in 2009; the U.K., Australia, and Canada also had a mortality rate of five in the 1990s, declining to three in the U.K. and Australia, and four in Canada and the U.S. Maternal mortality rates fell from 86 in 1950 to 12 in 1975 and 3 in 2008. Singapore has fewer doctors/10,000 than the U.S., about the same # of hospital beds. Heart-attack rates are higher in Singapore. While achieving these healthcare results, Singapore also was in the process of transforming itself from a low-income country with poor health outcomes to one with one of the highest per capita incomes in the world. Its healthcare approach is that of individual responsibility, supported by an enabling state, vs. a mixture of private and public insurance in the U.S., a state approach to both healthcare finance and operations as in the U.K., and public-private partnerships of Germany and Japan. A central issue for any approach is providing excellent care for the elderly at an affordable cost. The People's Action Party (PAP) has been in power since its 1965 independence from Malaysia, creating sustained political stability, and constancy of purpose and action throughout government. At that time its population was heavily urbanized and totaled 2 million, now in 2016 it is almost 6 million. Author Haseltine asserts that he's also observed an unusual degree of cooperation among governmental departments that made possible formulation of policies that reach across departments. Population health was not a top priority at the start of independence. International recognition of its independence, a strong defense program, and the economy were - health ranked sixth in priorities, also behind housing and education. The initial focus was on public health - first proper sanitation, controlling infectious diseases, and clean water, then implementing a vaccination program, and access to basic medications and clean food. GDP grew from just under S\$8.5 billion in 1964, to over S\$50 billion in 1983, and almost S\$300 billion in 2011. As part of the social fabric, the government also built a system that promotes a sense of fairness and well-being. Subsidies were provided for education, housing and public health, as well as medical care and pensions. During British colonial rule the Central Provident Fund (CPF) has been set up as a compulsory savings program for workers' retirement. Individuals put 5% of wages into the fund, matched by their employers. The accumulated money could be withdrawn at age 55. After independence, contribution levels were increased (16% for employers, 20% for employees - decreasing after age 50) and funds were allowed to be used for home-buying (boosting political and social stability). The CPF helps control costs by instilling in patients a sense of responsibility about their healthcare spending. Those funds have since also been supplemented by a medical insurance program and a safety net. The Education Ministry also took the lead in educating young women about important health topics. Another early action was developing a network of satellite outpatient dispensaries and maternal/child health clinics - one-stop centers for immunizations, health promotion, health screening, well-women programs, family planning services, nutritional advice, psychiatric counseling, dental care, pharmaceutical, x-ray, clinical laboratory, and even home-nursing and rehab services for non-ambulatory patients. Now the clinics are increasingly focused on chronic disease management, and home-nursing/rehab care have been moved to community hospitals and private nursing homes. Originally services were free, but that changed per Lee Kuan Yew's experience with NHS in the U.K. A 50 cent fee was imposed, doubled during public holidays. Before 1960, there were less than 50 medical specialists to serve Singapore's two million citizens. This has since been augmented by the government sending the best public-sector doctors to the best medical institutions around the world for training. In 2009, 1,750 doctors practicing in Singapore were foreign trained, half of newly-recruited doctors are foreign-trained. Prior to independence, many lived in unhygienic and crowded squatter settlements. Only 95 lived in

government flats. Today, almost 85% live in government-provided flats. Starting in the mid-1980s, Singapore began focusing on disease prevention through healthy lifestyles. Exercise corners were built in all public housing, smooth pavements for people to walk and jog on. The government regulates the number and type of doctors who can practice in the country, as well as the type and number of private insurance programs available. (First-dollar coverage is frowned upon.) Public hospitals are allowed to compete against each other; they're still owned by the Ministry of Health. The Ministry of Health publishes hospital bills for common illness on its website.⁶ of 6 people found the following review helpful. This system would work in the USA but only if we get rid of the medical mafia profiteers. By H. Temple Singapore's health care plan seems like an excellent system of health care funding that could actually work in the USA, except for the chapter on CONTROLLING COSTS. The medical mafia is currently harvesting billions or trillions of dollars by keeping hospital costs as high as possible. High costs fund huge "Wall Street" salaries and bonuses for hospital administrators and fund lucrative kickbacks for hospital supplier chains which are more often than not, family businesses of the hospital administrators or their relatives. For example a toothbrush may cost a hospital \$10.00, a bottle of shampoo might cost \$15.00. The real cost to the supplier is .25 cents and 90 cents respectively. These exorbitant costs are passed on to the consumer, the patient, and the health care program and the mafias get the profit. No mafia easily gives up power because power=profit. By these methods it is possible for a man with little education to make as much money as a highly skilled doctor. His job is eventually passed on to another family member, so the big money can be kept within the control of the family. This is how US hospitals are run today. Singapore has evidently found ways to make such nepotism transparent by posting hospital bills online. They have also managed to somehow protect their investigators from assassination by the medical mafia. Perhaps someone needs to write a book on how US hospitals get away with this and how we can eliminate future medical mafias.

This is the story of the Singapore healthcare system: how it works, how it is financed, its history, where it is going, and what lessons it may hold for national health systems around the world. Singapore ranks sixth in the world in healthcare outcomes, yet spends proportionally less on healthcare than any other high-income country. This is the first book to set out a comprehensive system-level description of healthcare in Singapore, with a view to understanding what can be learned from its unique system design and development path. The lessons from Singapore will be of interest to those currently planning the future of healthcare in emerging economies, as well as those engaged in the urgent debates on healthcare in the wealthier countries faced with serious long-term challenges in healthcare financing. Policymakers, legislators, public health officials responsible for healthcare systems planning, finance and operations, as well as those working on healthcare issues in universities and think tanks should understand how the Singapore system works to achieve affordable excellence.

"William Haseltine's comprehensive account of how Singapore laid the foundation for an equitable, affordable, accessible, and sustainable quality healthcare system should be on the reading list of anyone designing healthcare systems for the 21st Century. It is a fascinating read, even for someone who grew up within this system." John E.L. Wong, National University Health System, Singapore
About the Author William A. Haseltine is President and Founder of ACCESS Health International dedicated to promoting access to high-quality affordable healthcare worldwide, and is President of the William A. Haseltine Foundation for Medical Sciences and the Arts. He was a Professor at Harvard Medical School and was the Founder and CEO of Human Genome Sciences.