


[Singapore]

Impact of Global Financial Crisis on the Health System

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“Impact of Global Financial Crisis on the Health System”

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Impact on Singapore’s Health System




Impact on Singapore’s Health System

❖ Hospital Admissions & Public Sector Outpatient Attendances

	2007	2008	Mar09	Apr09	May09	Jun09	Jul09	Aug09	Mar-Aug09
Hospital Admissions¹	429,744	435,750	37,831	37,606	35,685	36,624	37,837	37,163	222,746
Public Sector Hospitals²	325,772	330,071	28,575	28,568	26,675	28,187	28,948	28,144	169,097
Private Sector Hospitals	103,972	105,679	9,256	9,038	9,010	8,437	8,889	9,019	53,649
Public Sector Outpatient Attendances									
Specialist Outpatient Clinics³	3,687,910	3,827,275	347,042	338,884	286,736	334,463	356,774	317,909	1,981,808
A&E Departments	752,122	788,539	68,341	70,534	70,173	68,553	78,644	75,923	432,168
Polyclinics	3,797,953	3,971,589	365,511	360,285	319,073	324,979	380,913	348,825	2,099,586
Dental Clinics⁴	889,210	883,216	80,518	86,990	64,611	56,551	90,385	74,203	453,258


Source: Ministry of Health
¹ Data refer to inpatient discharges for all hospitals.
² Includes specialty centres.
³ Excludes staff attendances.
⁴ Includes dental services in Hospitals, Polyclinics, School Dental Clinics, National Dental Centre as well as dental clinics at Changi General Hospital, Alexandra Hospital & Tan Tock Seng Hospital.



Impact on Singapore’s Health System

❖ Medical Tourism

- Given the global economic slowdown, we expect a drop in medical tourists this year. The H1N1 outbreak has further dampened medical travel demand, especially during the initial months of the outbreak.
- Annual total expenditure of visitors on medical items
2005: S\$561.3M
2006: S\$763.3M
2007: S\$946.7M
2008: S\$1,025.4M
2009: Figures not available yet.
- Nonetheless, our major private hospitals experienced only marginal changes in revenue for Q2 of 2009, compared to Q2 of 2008. This suggests that the impact so far is not as bad as originally projected.



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Healthcare Financing

SMA 1953
2009
Years

Healthcare Financing

❖ Healthcare financing system in Singapore

- Universal healthcare coverage to citizens, with a financing system anchored on the twin philosophies of individual responsibility and affordable healthcare for all.
- Healthcare provided by government and private sector.
- Public sector provides 80% hospital care and 20% primary care; caters to lower income groups and subsidised through general taxation.
- Subsidies in public hospitals:

1-2 bedded (Class A)	- 0% (full cost)
3-4 bedded (Class B1)	- 0% or minimal subsidies
5 or more beds (Class B2 and C)	- up to 65% for B2 and 80% for C, according to ability to pay*

*Means testing applies only to Class B2 and C hospitalisations.

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Healthcare Financing

- We have 18 polyclinics, which are subsidised one-stop health centres, providing outpatient medical care, follow-up of patients discharged from hospitals, immunisation, health screening and education, investigative facilities and pharmacy services. Average consultation fee is about S\$8, well within the means of every Singaporean. Citizens aged 65 and above, children up to 18 years of age and all school children are given up to 75% concession in consultation and treatment fees. Other Singapore citizens are given a 50% concession.
- Charges regulated by government. Sets benchmark for private sector on professional standards & charges.
- In private hospitals & outpatient clinics, fee-for-service basis.
- Financing framework consists of Medisave, Medishield, Eldersshield & Medifund.

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Healthcare Financing

❖ Medisave

- Compulsory savings scheme to help Singaporeans build up sufficient savings for their hospitalisation expenses, especially during old age.
- 6-8% (depending on age group) of monthly salary goes to a Medisave account. Contribution ceiling set at S\$30,000. For self-employed, only those who earn more than S\$6,000 a year need to contribute.
- Can pay hospital bills for self & immediate family.
- Withdrawal limits ensure Medisave conserved for future medical needs.
- For private hospitals, Class A & B1 wards of government hospitals, pay cash out-of-pocket for part of the bill which exceeds withdrawal limits.
- At age 55, minimum of S\$25,000 or actual Medisave balance, must be retained. Excess can be withdrawn.

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Healthcare Financing

❖ Medishield

- Basic & low-cost catastrophic medical insurance scheme. Maximum entry age 75; maximum coverage age 80.
- Pay for catastrophic hospitalisation bills, which cannot be sufficiently covered by Medisave. Medishield will pay 80-90% of remaining claimable amount (after deductible), depending on size of bill.
- Covers charges for normal & ICU wards, specific surgical procedures (e.g. cataract surgery, heart angioplasty, removal of tonsils, etc), surgical implants & approved medical consumables, chemotherapy, etc.
- Medisave can be used to pay Medishield premiums.
- Singaporeans who prefer higher levels of coverage or treatment can purchase Medisave-approved private Integrated Shield Plans on top of Medishield.

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Healthcare Financing

❖ Eldersshield

- Affordable severe disability insurance scheme which provides basic financial protection to those who need long-term care, especially during old age. Provides monthly cash payout to help pay the out-of-pocket expenses for the care of a severely-disabled person.
- Singapore Citizens and Permanent Residents with Medisave accounts are automatically covered under Eldersshield at the age of 40.

❖ MediFund

- To help needy Singaporeans unable to pay their medical expenses, despite MediSave and MediShield.
- Singaporeans receiving inpatient treatment in B2 or C Class wards, or subsidised outpatient treatment in public hospitals may apply.
- Scheme extended to residential step-down care facilities run by Voluntary Welfare Organisations.

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2009
Years

Additional Aid

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2009
Years

Additional Aid

❖ Increased healthcare spending in 2009

- Health budget increased to S\$3.7B, S\$1B more than 2008.
- Subsidies to hospitals and institutions will increase from S\$2B to S\$2.7B, of which S\$2.1B will be used for direct subsidies to patients (polyclinics, public hospitals, specialty centres and step-down care institutions run by voluntary welfare organisations, e.g. nursing homes, community hospitals, day rehabilitation centres for the elderly and hospices) while S\$0.5B will be used for enhancing personnel strength. New healthcare facilities will also be established with the additional capital budget.
- Medifund increased by 10% to S\$80M. (In 2008, the increase was by 50% to S\$74M.) Medifund committees have also been advised to render assistance in a flexible and compassionate manner. The jobless, retrenched and needy elderly will all be helped. Quantum of assistance will depend on financial situation of each case. Common for Medifund to pay outstanding hospital bill in full.

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Years

Additional Aid

❖ Increased subsidised hospital beds

- Number of subsidised beds have been increased to cope with rising demand as a result of expanding population and ageing. We added 133 beds in 2007, 125 in 2008, and 34 in 2009. This will give us a total stock of 3,656 subsidised hospital beds.
- Another 330 subsidised beds will be added when Khoo Teck Puat Hospital opens in 2010 – almost 10% of current stock.
- For patients requiring emergency surgery, there is no waiting. They are promptly attended to upon triage at A&E.
- For subsidised patients requiring elective surgery, waiting time varies with speciality. Almost all elective surgeries are carried out within 40 days, which is not bad.

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Years

Additional Aid

❖ Voluntary Welfare Organisations (VWOs)

- Special once-off S\$15M made available in 2009 budget to support VWOs, of which MOH would receive S\$5M to help charities involved in healthcare service provision to tide over the current economic downturn.
- Enable charities finding it hard to meet their operating expenditure to keep their beds and services open for patients, and not turn them away during this period.

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Other Support Programmes

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Other Support Programmes

❖ Psychiatric / Psychological Support

(1) Health Promotion Board (HPB)

- Workplace mental health education programme "Treasure Your Mind" includes:

* Workshops for working adults to equip them with the skills to manage day-to-day stresses with a practical and positive frame of mind. They will also be taught to understand and recognise depression and anxiety, in order to seek help early.

* Courses for supervisors and union leaders to provide knowledge on how to render support to employees or refer them for appropriate help.

- HPB will also work with Singapore National Employers Federation, National Trades Union Congress, and Ministry of Manpower to reach out to vulnerable employees and their families.

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Other Support Programmes

(2) Employers-led alliance

- Brings together like-minded employers from various sectors to champion workplace mental well-being. They have identified a set of good practices to promote employee mental well-being and will encourage other employers to adopt them.

(3) Community talks, seminars and forums

- Conducted at community clubs, community development councils, public libraries, and other public venues, to address the psycho-emotional impact of the economic crisis on individual, family and community. HPB has also brought together several NGOs to collaborate and implement such programmes.

(4) Public education campaign "Optimism for Mental Resilience"

- Aims to reach every Singaporean with message that "bad times don't last forever" and to motivate everyone to take charge by adopting a positive attitude so that they will emerge stronger from this crisis.

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Thank You