

Re-designing hospitals for the future

Asian developing countries can avoid making the health care mistakes the West is now trying to reverse



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Hospitals in Asia have undergone a remarkable transformation in structure, financing and organisation. Despite the explosion of information at one's fingertips, the allure of tele-health and the miniaturisation of technology, hospitals will continue to be dominant in the Asian health-care landscape.

In many Western countries, there have been active steps to reduce the number of hospitals and hospital beds. Pundits have heralded the 'demise' of the hospital as we know it, citing the exorbitant costs coupled with rapid advances in technology which today enable many therapies to be offered in an ambulatory setting, first in an outpatient clinic and soon in the home.

We beg to differ. The future is exceptionally bright for Asian hospitals – especially the ones

that have not been built. But to understand where hospitals in Asia are and should be going, it is important to first understand how we got here, to stand on the legacy of the past to peer into the future.

Three milestones in the evolution of the Asian hospital can be teased out from the morass of the last two centuries: Firstly, rudimentary, largely urban hospitals (with neglect of rural populations) of colonised Asia; which were revitalised post-independence, signalling the second milestone, to reflect the political priority of healthcare to new, largely socialist-leaning governments.

Both phases were followed by market reforms amid economic prosperity and a growing belief in the power of markets in the 1980s and 1990s which encouraged corporatisation of hospitals and increasingly high-technology facilities and specialised services to cater to the newly affluent and sophisticated populations.

The happy recipients of substantial government and private investment in infrastructure and training, many of today's Asian hospitals – led by Bumrungrad Hospital and Parkway Health – are embracing the economic opportunities presented by medical tourism.

However, the transition of hospitals has been uneven, giving rise to a patchwork of hospitals spanning simple rural ones with just a handful of healthcare professionals, to the thousand-bedded full-specialty hospitals with transnational patient networks.

The backlog of investment and pent-up demand in less developed countries, coupled with re-structuring in developed countries to cater to international patients (private hospitals) and populations afflicted with chronic diseases (public hospitals), are further critical considerations.

India is estimated to need over 3 million hospital beds just to catch up with the rest of the world, while Singapore's health minister is exhorting hospital leaders to care "far beyond the hospital walls, going deep into the community at large" and help healthy people avoid complications and unnecessary hospitalisations".

This diversity makes Asian hospitals a difficult constellation to consider collectively, but some key themes emerge to guide regional policy makers as they re-design hospitals for the future:

NEW MODELS OF CARE

Despite the generally lower cost of healthcare in Asia, hospitals have still found it necessary to disdain traditional tertiary care models and develop new ones to provide "better, faster, cheaper and safer" care.

Indian providers such as Arvind Eye Care System or Narayana Hrudayalaya Hospital (called the Henry Ford of heart surgery by the Wall Street Journal) have revolutionised eye and cardiac surgery respectively with innovative high-volume, low-cost models which are being adapted throughout Asia. Size still does matter here, and only hospitals can offer the economies of scale needed.

In Singapore, while reorganising into regional health systems, hospitals are also increasingly carving themselves up into acute, sub-acute, convalescent and community divisions in efforts to 'right site' and 'right price'.

HOLISTIC DEVELOPMENT OF THE HEALTH SYSTEM

The primacy of hospitals, their sophistication (and commensurate costs) and their preponder-

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ance in urban settings, give rise to concerns of worsening inequities between rich and poor, and urban and rural regions.

What is needed is a holistic population- and patient-centric design and development of the health system as a whole – critically examining the role of hospitals vis a vis the rest of the health system, balance between growth of the private, public and people sectors; and integration of the different levels of care, from prevention through cure and rehabilitation to palliation with a strong community orientation.

Asian developing countries can exploit their 'laggard' status and avoid making the mistake of heavy capital investment in hospitals and, consequently, tertiary care bias that developed countries, especially in the West, have made and are now trying to reverse.

LEAPFROGGING WITH TECHNOLOGY

New technology could serve as the great enabler to successfully navigate the demographic and epidemiologic transitions which all Asian countries face.

Telephony could be the mental model to adopt in seeking to leapfrog the developmental gaps and avoid huge infrastructural capital outlays. Hospitals must not become the 'fixed lines' that constrain, and should instead become the liberating platform with new models of care akin to the applications loaded onto smart phones.

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FINANCING

Recent health sector reforms indicate a convergence of financ-

ing models using co-payments and mixed sources of funding including public-private partnership models. These arise for three main reasons: Increasing inability of public hospitals to retain clinical manpower and serve public needs, growing recognition of the enormity of financing needed, and finally, the realisation that adroit use of financial incentives can be a powerful mechanism to encourage cost-saving by both patients and providers and facilitate holistic care for chronic diseases.

Who pays is important, but what is paid for is even more crucial. Governments must transform their financing models to support cost-sustainable retention of the most complex and sophisticated services within the hospital's four walls, while actively creating and enabling complementary structures in the community to offer care that does not need to occur on hospital premises.

Asian nations now stand at the crossroads of health system reform. Amid the rapid transitions, the hospital in Asia must continue to evolve to be cost-effective, technologically adaptable, culturally acceptable and environmentally sustainable, synergistic with the broader continuum of care to serve the changing needs.

We see a future where the hospital is simply where the experts are for the most complex cases and on consult availability for other providers – a future where hospitals are the central node in an effectively networked health system, and a force multiplier for community healthcare in its locale. By its three-pronged agenda of research, high-level policy forums and leadership programmes, NUS Initiative to improve Health in Asia hopes to contribute significantly to this vision. ■

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