

New institute tackles challenges of healthcare management in Asia

It provides platform for professionals to share experiences, learn from one another

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The challenges of managing healthcare operations in Asia are the focus of an institute launched in the Republic on Aug 13.

The Asian Institute for Healthcare Leadership and Management (Asian Heal) will adopt a “for Asia, by Asia” approach to raise the standard of healthcare management in this part of the world and pave the way for future leaders in the industry around Asia.

It provides a platform for healthcare professionals in Asian countries to share their experiences and learn from one another.

For example, developed countries such as Singapore can study developing countries where limited resources have led healthcare professionals there to think out of the box for alternative solutions to challenges.

The institute will also be launching a master’s programme that focuses on both experience-based and practice-based learning.

The part-time programme will

cover critical areas such as risk management and disease preparedness, and health informatics and digital transformation.

The programme, which will run for between 15 and 18 months, will allow for regional site visits to hospitals, providing learners with real-life examples of models of care and health systems in Asia.

Asian Heal will also offer customised programmes for organisations to address specific health system management issues. It will engage the organisations to understand their needs and design a relevant syllabus for them.

The customised programmes already have participants from many countries in Asia, the institute said.

Asian Heal, established under the SingHealth Duke-NUS Global Health Institute (SDGHI), was launched by Foreign Minister Vivian Balakrishnan at the Singapore Healthcare Management Conference 2024.

In his speech, Dr Balakrishnan, an ophthalmologist by training and a former chief executive of Singapore General Hospital, said



Foreign Minister Vivian Balakrishnan speaking at the Singapore Healthcare Management Conference 2024, where the Asian Institute for Healthcare Leadership and Management was launched, on Aug 13. He highlighted three fundamental challenges in healthcare management. PHOTO: LIANHE ZAOBAO

there are three fundamental challenges confronting healthcare management: management during a crisis, such as the Covid-19 pandemic; the challenges relating to cost-effectiveness, safety, reliability and resilience; and the impact of developments in other fields on healthcare.

“Healthcare doesn’t exist in isolation... Fundamental advances in genomics, the potential for editing,

the prospects for individualised, tailor-made, customised medicine, will transform the way we deliver health. All of these things, if not properly managed, come with an enormous price tag,” he said.

Addressing these challenges requires “management, assembling pieces together, assembling the team, organising the incentives and disincentives, and making sure outcomes are obvious and people

are accountable”.

When this is done, Dr Balakrishnan added, “the (advances) in information science and in engineering will percolate into healthcare”.

According to Professor Ong Bi-aw Chi, lead of Asian Heal, hospitals in Asian countries have already been coming together to share their experiences with one another. The institute formalises the process.

“We do not pretend that we know everything (and that) Singapore is teaching everyone else. (The institute is) for people to share and learn from one another. In fact, just by talking to one another, we are sharing information. I am also learning from them,” she said.

Prof Ong cited an example in Nepal of optimising available resources. After babies are born there, the placentas are collected and placed in holes dug in the garden – these placentas are “producing enough methane to run the kitchen (in the hospital)”.

Another example cited was that of Aravind Eye Hospital, a private hospital in India that offers free treatment to the poor. The hospital realised that no one took advantage of the complimentary services when they could afford the treatments because “people have pride,

that they would pay if they could”.

To encourage people to go for treatments there, an amount had to be charged “at that benchmark where people feel they can afford, and that they want to contribute as they know where this money is going to”, Prof Ong said.

“Unless you query a practitioner (there), it will not come out. No research will be able to tell me that.”

Then there is Narayana Heart Centre in India, which offers insight into a possible solution for the challenge of limited manpower in healthcare.

The centre, which runs the world’s largest paediatric cardiac unit, has a uniformed staff member standing in front of each of the intensive care beds.

Clinical Associate Professor Tan Hiang Khoon, director of SDGHI, said: “(At first), I thought this was a good nurse-to-patient ratio – one to one. I found out later that they are not nurses. They are women from the villages who were trained to follow protocol, that if (a patient’s) heart rate were to go up and the BP (blood pressure) down, these are the things they should do.”

Prof Tan said that by doing this, the centre brought down costs, empowered village women with meaningful and impactful jobs, achieved minimal staff turnover, and created a new workforce.

“This is something Singapore can learn as our population ages rapidly,” he added.

Around 2,200 local and overseas healthcare leaders attended the three-day Singapore Healthcare Management Conference, held at Sands Expo and Convention Centre. The conference ends on Aug 15.

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