



Beyond Hospital to Community:

Reflecting on My Experience Across the Public, Private and Long-Term Care Sectors

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Dr Lee, MBBS (NUS), GDFM (NUS), MPH (Harvard), is a public health specialist and Cluster CEO of St Andrew's Nursing Home, with seven homes across Singapore and four more in the pipeline. He started his medical career in internal medicine at Changi General Hospital and still sees patients regularly at St Andrew's Migrant Worker Medical Centre.



My journey in medicine began as a student at the National University of Singapore, followed by clinical training in internal medicine. Driven by an interest in how macro-level decisions shape bedside care, I went on to pursue a specialist traineeship in public health and completed my Master of Public Health at Harvard University on a Fulbright Scholarship.

That professional foundation opened doors to a diverse healthcare management journey. I served in policy

at the Ministry of Health (MOH) and in acute hospital operations as Assistant Director of Operations and Deputy Director of Clinical Services at Changi General Hospital. Subsequently, I led in the private sector as General Manager, Chief Operating Officer and eventually CEO of Thomson Medical Centre. Today, I serve in the not-for-profit (NPO) long-term care sector as Cluster CEO of Singapore's largest NPO nursing home operator, overseeing seven homes across Singapore, with four more developments in the pipeline to reach 3,500 operational beds by 2030.

Having worked across these three distinct sectors – public acute care, private for-profit care and NPO long-term care – I have gained a holistic appreciation for the spectrum of patient needs across the care continuum. I have seen how women and children's care leverage operational agility and contextualisation, how acute hospital systems move towards value-based and population health transformation, and how long-term geriatric and psychiatric care demands a deeply integrated model of clinical and psychosocial empowerment. Most importantly, it has shown me how health financing,

regulatory frameworks and policy decisions directly shape clinical delivery and patient health on the ground.

The imperative of systems thinking

These three sectors are not isolated silos; they are interconnected components of a single ecosystem supporting a person across his/her lifetime. Patients do not experience wellbeing or ill health in administrative compartments, nor do diseases respect sector boundaries. Poorly managed chronic conditions or neglected preventive care in early life inevitably manifest as acute crises later, ultimately inflating the long-term burden on community care.

Because the relationship between payor, provider and patient is tightly linked, financing models heavily dictate patient behaviour. When health insurance structures or funding frameworks incentivise episodic or high-cost care, demand shifts unpredictably (or rather, expectedly) between the public and private sectors.

Here, we must be discerning about health economics: a cost saving achieved in one sector is not necessarily a win for

the nation or Singaporeans if the burden is simply shifted to another sector.

When financial incentives reward rent-seeking behaviour or unconstrained profit maximisation for some parties, the resultant negative externalities – such as rising overall health expenditure, fragmented care and patient dissatisfaction – are borne by the entire system. True efficiency requires us to look at the total cost and quality of care across a patient's entire disease life cycles, rather than chasing localised, short-term financial metrics.

Addressing these systemic challenges also requires strong governance and regulatory oversight. In this regard, the Government plays a critical role as regulator of services for both providers (eg, hospitals, clinics, doctors) and payors (eg, insurance companies). The Chandler Institute of Governance recently highlighted the strong pillars of leadership, foresight and strong institutions in the Singapore Government (which it ranked as top in the world). We are thankful to have wise and capable leaders in policy design, and we must never take this advantage for granted as demographic pressures accelerate.

Singapore is now a super-aged society. By 2030, nearly one in four citizens (24%) will be aged 65 and above. On top of this, our old-age support ratio,

which stood at 4.9 working-age adults per senior in 2019, is projected to halve by 2030. To meet this shift, national strategies must work in tandem. The Healthier SG initiative establishes the primary care foundation, shifting our focus upstream towards preventive health to keep residents well and out of hospitals. The Age Well SG programme complements this by addressing the social determinants of health – upgrading physical infrastructure, enhancing Active Ageing Centres and enabling safer, supported living in the community.

At the same time, MOH is expanding physical infrastructure to meet rising demand. Hospital capacity is growing through upcoming acute hospitals in Tengah (Tengah General and Community Hospital) and Bedok North (Eastern General Hospital), while nursing home capacity is scaling rapidly from 16,300 beds in 2020 to over 21,000 in 2025, heading towards 30,000 and more beyond 2030.

Crucially, the planned introduction of a new private NPO hospital in the eastern part of Singapore (joining Mount Alvernia Hospital as the second such facility) presents a valuable structural opportunity. As a flagship, it is set to be a potential game changer. Beyond adding 300 to 400 acute beds, this new non-profit private model provides a

unique space to innovate care models in the current reality, implement balanced medical manpower remuneration structures and deploy alternative financing strategies that align provider incentives with long-term value for the payor. Such initiatives are essential if we are to attempt to bend the national healthcare cost curve.

Leading beyond boundaries

Stewarding care beyond the hospital into the community requires public, private and long-term care sectors to operate as a cohesive and responsive entity.

As physician-leaders across clinical practice, management, financing and policy, we must resist the seduction of low-hanging fruits or quick fixes that only offer short-term convenience at the expense of systemic stability. We must have the resolve to look past artificial boundaries, evaluate the downstream impacts of our decisions and address root causes that matter.

With doctors serving across every tier of Singapore's healthcare landscape, our leadership role invariably extends beyond clinical delivery. We must lead adaptively, courageously and ethically, to ensure that our healthcare ecosystem remains equitable, sustainable and always grounded in the best interests of our patients. ♦

