Policy transfer and integrated care development in the Outram Regional Health System (RHS) in Singapore

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Introduction: (comprising background and problem statement) In Singapore, as in other parts of the world, the healthcare system is undergoing reform. The thrust towards this is motivated by the global shared experience of a rapidly ageing population, an increasing burden of chronic diseases, decreasing old-age support across the nation, increasing healthcare costs, and a rising demand for healthcare. In response to these changes, and amongst many integrated policies and approaches, the government has looked to global partners, and has explored different approaches to integrated care that have been adopted by countries with similar experiences. This lesson-drawing from other countries, known as policy transfer, provides a framework to understand how integrated care is being developed in Singapore to address the problems that it faces. It refers to the notion of improving policy making by looking abroad and adopting policies from elsewhere as a stock response to addressing policy issues.

In Singapore, where this Project is based, the Regional Health Systems (RHSs) were created in 2010, and they are tasked with implementing the integrated care policy through innovative methods of care coordination. Within this, there is an expectation that the RHSs will demonstrate public sector entrepreneurism and lead in the development of health systems to enhance the quality of care at reduced costs. This same leadership is expected of the other policy agents, such as the Voluntary Welfare Organisations and General Practitioners in the RHSs, which provide services at the community level. However, it is unclear how integrated care is being developed at the RHS level in Singapore, and the extent to which policy transfer in integrated care has taken place. This is likely to be due to the fact that policy transfer of integrated care is largely undocumented, which makes evaluating the policy problematic. The associated challenges in the development of integrated care are also unknown. Some of these challenges may include the influence of the political economy of integrated care, which is often not explicitly considered. The role of constructivism in the micro-political environment of the organisation is also yet to be explored in the local context. Such local political, cultural, social, economic and administrative contexts are however central to the thesis on policy transfer and for appropriate policy adoptions.

The aim of the research is thus to understand how integrated care is being developed specifically at the Outram RHS in Singapore, the extent to which this reflects processes of policy transfer, and the associated challenges involved.
Theory/Methods: This study adopts a qualitative approach as the primary theoretical methodological approach to address the research questions. The qualitative approach could help unravel micro-macro interactions between individuals and social structures and institutions, and connect generic and abstract questions with the individuals' specific experiences.

As policy actors, state, and non-state actors are involved in developing policy ideas on integrated care, the study will adopt an actor-based approach, utilising a two-pronged method to answer the research question. It will involve semi-structured interviews with these policy agents, which constitute an elite group, and document reviews of the existing materials internal to their organisation in relation to integrated care development. The prospective respondents will be purposively sampled with maximum variation from five distinct clusters of policy agents. They include government officials, Singapore Health Services, service providers (Outram RHS), professional associations, and academic institutions/think-tanks.

The data will be analysed using interpretative phenomenological analysis and documentary analysis. The documentary analysis component consists of a two-fold analytic approach: content and textual analyses.

Results: (or ‘progress report’ where results not yet available) Fieldwork will begin in December 2015. Preliminary ideas from the findings will be shared at the conference.

Discussion: Policy transfer as a theoretical framework facilitates the examination of barriers and enablers in the study of integrated care development in Singapore. It goes beyond the institutional-structural concerns, to understanding the global and systemic influences, and their roles and limitations. It furthers the exploration and understanding of the nation-state’s interests and history, socio-cultural values, and politico-administrative structure on integrated care development.

Conclusion: (key findings to date, lessons learned, limitations, suggestions for future research)

This paper, which is part of a PhD work, advances policy transfer as an arguably novel approach to explaining integrated care development; this is distinct from the existing approaches in integrated care theories and frameworks. It seeks to make useful contributions to the debate over the development of integrated care, with specific reference to Singapore, and to wider arguments on integrated care development in other parts of the world.

Keywords: health policy; health politics and policy; health policy analysis; health care policy; public health policy