Academic / Government Partnership: The Development of Academic Medicine in Singapore

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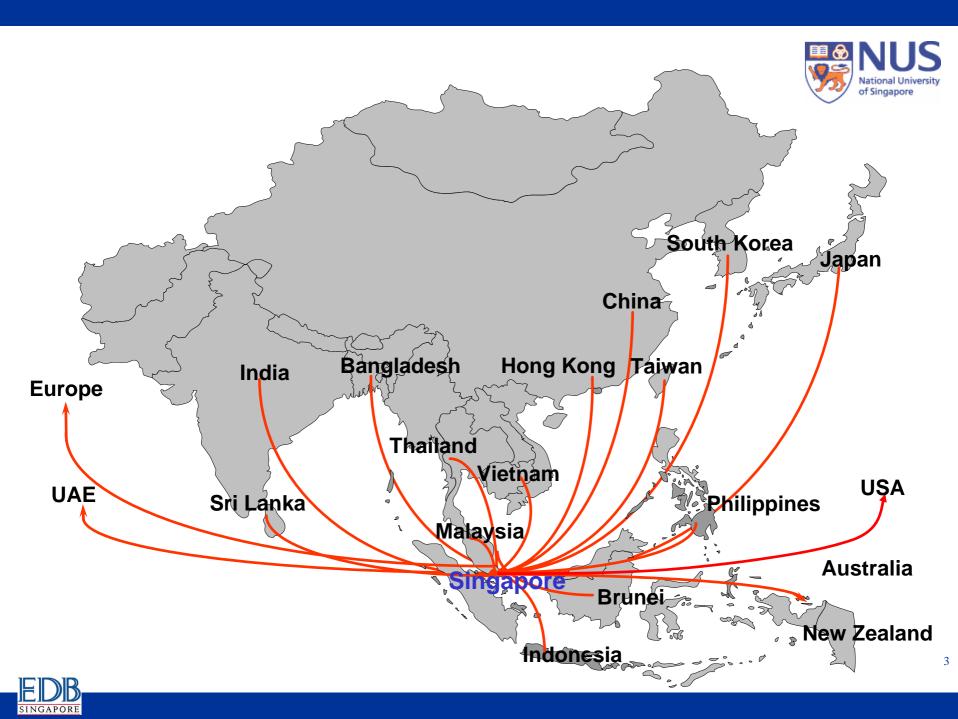
"A New Era of Patient Care"





Outline

- About Singapore
- Medicine in Singapore
- Singapore's transformation from Third World to First World
- Development of Academic Medicine in Singapore





Profile of Singapore

Size: 700 sq km

Population:	4.6 M (3.6M) Chinese: 76%	
	Malay: 14%	
	Indian: 9%	

Language of business and education: English Other official languages: Mandarin, Malay, Tamil



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Profile of Singapore

- General literacy rate (over 15 years of age): 95%
- GDP: US\$161 billion
- Per Capita GDP: US\$ 37,489 (17th in the world)
- Official foreign exchange reserves: US\$ 171 billion



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Medicine in Singapore

- 5 public hospitals; 1 women's and children hospital; 1 mental health hospital
- 80% of public obtain their chronic health care in public hospitals
- Co-payment with Govt subsidy / co-payment with employer / self payment; private insurance being encouraged as "top-up"
- Ranked 6th in world by WHO for quality of health care
- Currently, health care is 3% of GDP; planned to slowly rise to 7% with aging population

Medicine in Singapore: Top 10 Causes of Death



1.	Cancer	28%
2.	Ischemic Heart Disease	21%
3.	Pneumonia	16%
4.	Cerebrovascular Disease	12%
5.	Trauma	5%
6.	Other Heart Disease	4%
7.	COPD	4%
8.	Diabetes Mellitus	4%
9.	Urosepsis	3%
10.	Chronic Renal Failure	3%



Medicine in Singapore

- National University of Singapore Medical School founded in 1905
- The first institution of higher learning in Singapore
- An undergraduate medical school, modeled on the British system, with entry after high school. The degree is an MBBS, or Bachelor of Medicine, Bachelor of Surgery.



Medicine in Singapore

- Medicine remains the most competitive School for University admission in Singapore and the region
- Each year, over 2,000 top students apply for only 250 places



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Singapore's Development: From Third World to First World

- **1965: Geography: Port**
- **1970s:** Petrochemicals, Singapore Airlines
- **1980s: Electronics and Computers**
- **1990s: Financial Services**
- 1997: ?

The Case for Developing Biomedical Sciences in Singapore



- Tilting of world's economic center towards Asia
- Rapidly growing educated middle class want treatment for chronic disease
- By 2020, burden of world's chronic disease will be in Asia
- Major repository of scientific talent especially young talent in IT, engineering, mathematics

The Case for Developing Biomedical Sciences in Singapore



- Asians and Caucasians have differences in biology and drug handling that are not well characterized
- Pharmaceutical industry understands this
- Need for centers of excellence to complement those in the West

Singapore: Unique Features for Biomedical Research



- Compact; easy to get around and meet collaborators
- 80% of population get medical care from 7 public hospitals
- All citizens have unique identifier number when born
- Chinese, Malay, Indian populations
- High degree of IT use
- English is language of education, science, and business
- Supportive government for research, education, and healthcare





Ethnic diversity



76% Chinese
14% Malay
9% Indian
1% Others



The Case for Developing Biomedical Sciences in Singapore

- With the 3 different populations: Chinese, Indian, and Malay, we can:
- help develop therapies relevant to our community and nearly half of humankind

With a supportive government, compact size, and competitive infrastructure, we can:

• help accelerate drug and technology development and attract industry to invest and create high value jobs

Why May Ethnicity and Population Matter?

PHENOTYPE

Toxicity

Response

Patient characteristics

Organ function Nutritional and inflammatory status



GENOTYPE

Drug metabolising enzymes

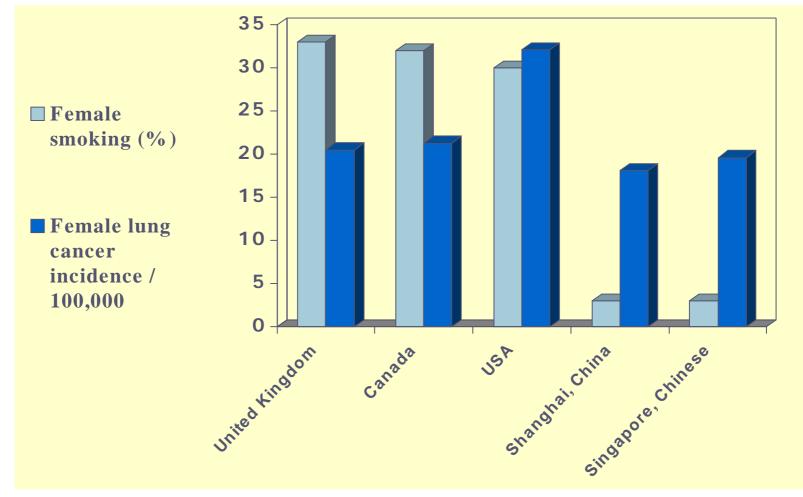
Drug transporters

Receptors

Serum proteins

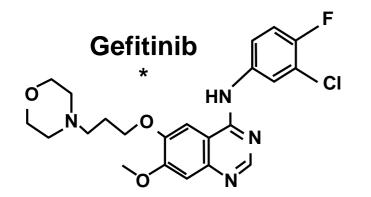


Lung Cancer In Asians May Be Different From North America





EGFR Selective Small Molecule Tyrosine Kinase Inhibitors



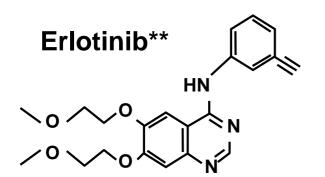
EGFR tyrosine kinase activity requires ATP

Gefitinib and Erlotinib compete for ATP binding

Reversible inhibitors



*Gefitinib = ZD1839, Iressa[®] **Erlotinib = OSI-774, Tarceva^{™ 20}



Factors Predicting Response to lational Univ of Singapore **Gefitinib & Erlotinib Others (314)** Ethnicity Oriental (764) Male (603) Gender Female (380) **Smoking Smoker** (611) status Never smoker (349) **Others (378)** Cell type Adenoca (726) 20 30 40 0 10 50 60

Gazdar; Hong Kong 2004

Data of 5 studies (n=1256)

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The NEW ENGLAND JOURNAL of MEDICINE



ESTABLISHED IN 1812

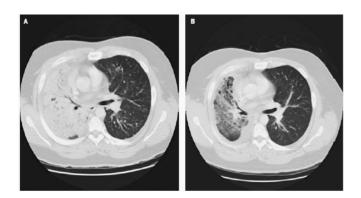
MAY 20, 2004

VOL. 350 NO. 21

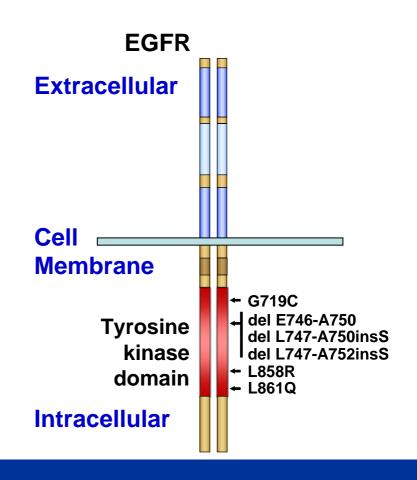
Activating Mutations in the Epidermal Growth Factor Receptor Underlying Responsiveness of Non–Small-Cell Lung Cancer to Gefitinib

Somatic mutations of the EGFR genes was identified in 8/9 pts with gefitinib-responsive NSCLC.

No mutations were detected in 7 pts with no response to gefitinib.



Consistent findings were also reported in Science (2004:vol 304) and PNAS (2004:vol



Help From Friends.....





Ed Holmes



Judy Swain



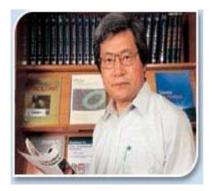
Dan Tenen



Edison Liu



Axel Ullrich



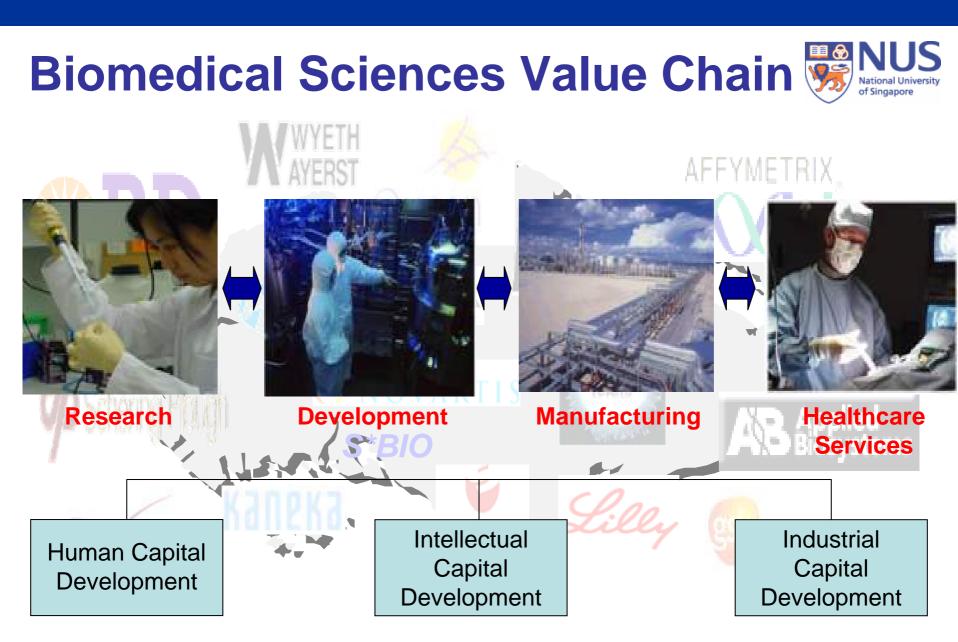
Yoshiaki Ito

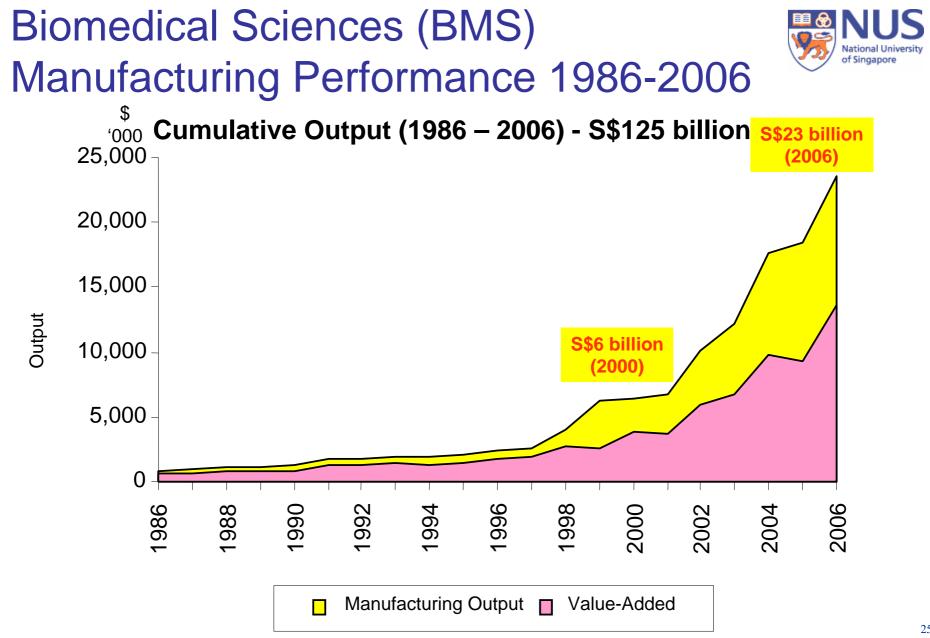


Neal Copeland



Nancy Jenkins

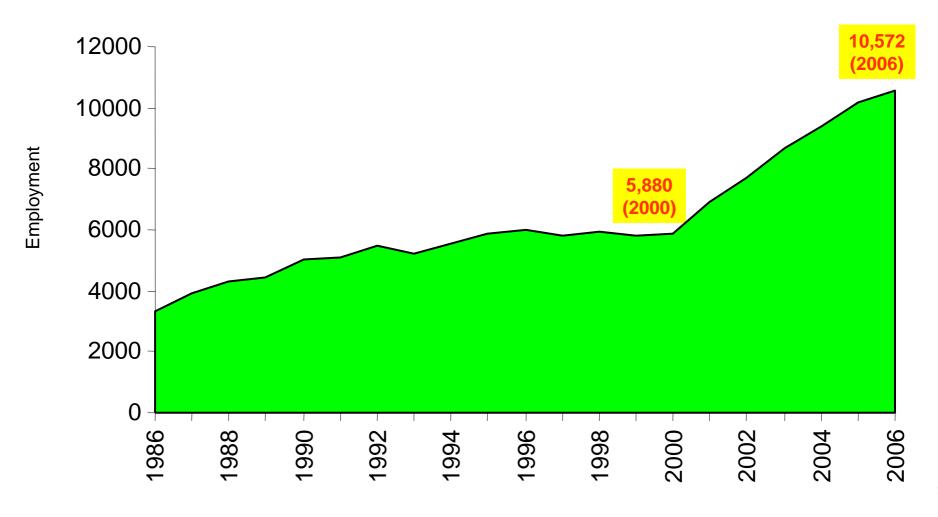




History | KBE | Biomed | S&E | Talent |



Biomedical Sciences (BMS) Actual Employment 1986 - 2006



History | KBE | Biomed | S&E | Talent |

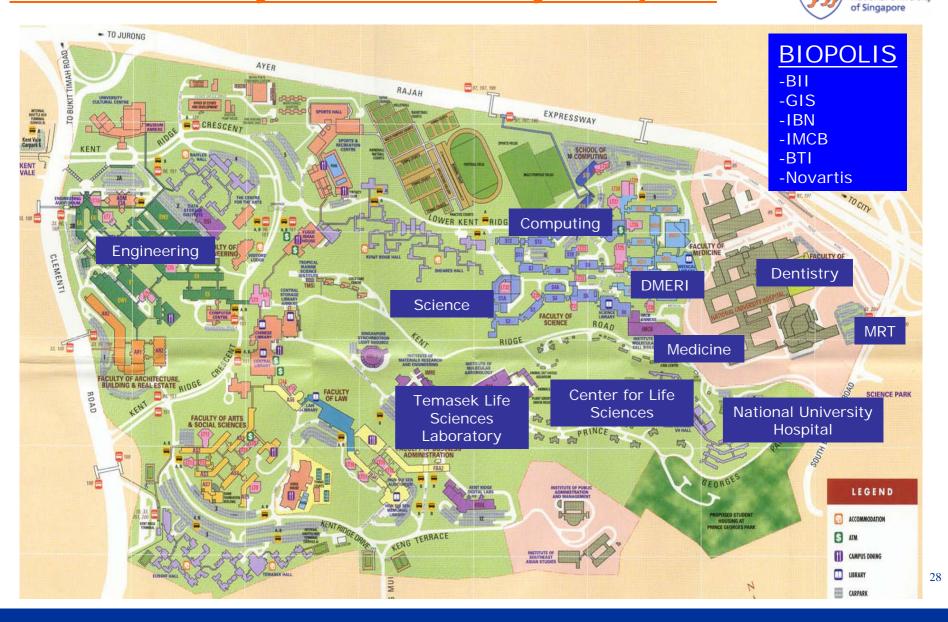
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The University and University Hospital



National University



National University Hospital

- 960 beds
- 58,000 inpatient admissions. Average LoS: 5 days.
- 85-90% occupancy
- 600,000 outpatient attendances
- 115,000 ER attendances
- 560 medical and dental staff
- **1900 nurses**
- 580 allied health

Yong Loo Lin School of Medicine

Full Time Faculty

Full Professors39Associate Professors102Assistant Professors86Total227

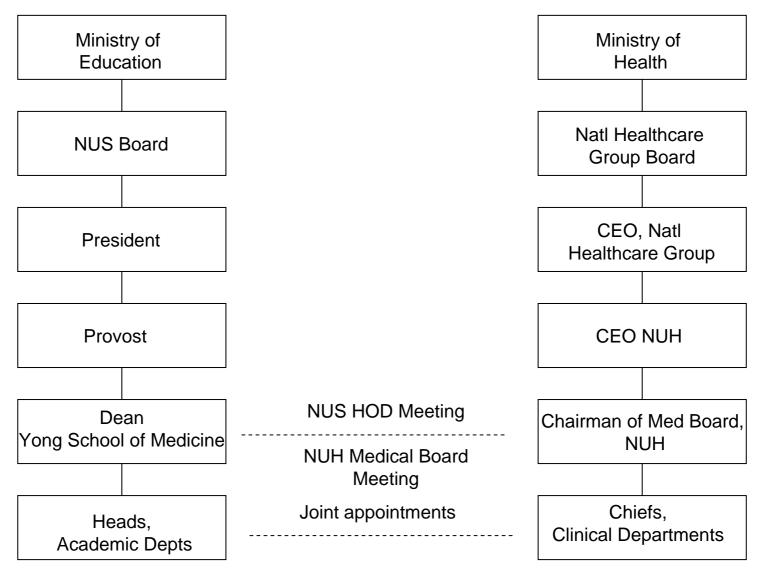
Student Numbers

Undergraduate Medical Students	1,203
Graduate Students	
(MSc, PhD, Grad Diploma, Master of Nursing)	589
Master of Medicine (MMed)	49
Life Sciences Undergraduate Students	1,700+
Nursing Degree Students (2 intakes)	98



Governance NUS and NUH: Pre-2008







Thinking about academic medicine in Singapore

February 2006

The School of Medicine's International Advisory Panel, comprising Ed Holmes (UCSD), Ralph Nachman (Cornell), and Tak Lee (King's College, London) recommend unification of the Medical School and the University Hospital under a common governance and led by an academic physician.

BMS International Advisory Council



Sir Richard Sykes (Chairman) Imperial College (UK)



Dr David Baltimore California Institute of Technology (USA)



Dr Sydney Brenner The Salk Institute (USA)



Dr Leland Hartwell Fred Hutchinson Cancer Research Center (USA)



Dr Peter Gruss Max Planck Society (Germany)



Dr John Reed Burnham Institute (USA)



Dr John Bell University of Oxford (UK)



Dr Colin Blakemore Medical Research Council (UK)



Dr Philippe Kourilsky College de France (France)

Dr Harriet Wallberg-Henriksson Karolinska Institutet (Sweden)



Dr Suzanne Cory WEHI (Australia)



Dr John Mendelssohn (Co-Chairman) MD Anderson (USA)



Dr Stanley N. Cohen (Emeritus) Stanford University (USA)

National University of Singapore



Dr David I. Hirsh (Emeritus) Columbia University (USA)



Dr Susan Lindquist (Emeritus) Whitehead Institute of Biomedical Research (USA)



Dr Paul A. Marks (Emeritus) Memorial Sloan-Kettering Cancer Center (USA)



Dr Alan Munro (Emeritus) University of Cambridge (UK)



Sir Keith Peters (Emeritus) GlaxoSmithKline (UK)



Dr Hans Wigzell (Emeritus) Karolinska Institutet (Sweden)



Dr Axel Ullrich (Emeritus) Max-Planck Institute of Biochemistry (Germany)



Dr John Shine (Emeritus) Garvan Institute of Medical Research (Australia)



(USA)

Dr William Evans

(USA) Dr Tadataka Yamada Gates Foundation

Dr Rolf Zinkernagel University of Zurich (Switzerland)

Sir Philip Cohen University of Dundee (UK)

Dr Alan Bernstein (Emeritus) Canadian Institutes of Health Research (Canada)

Dr Richard Lerner (Emeritus) Scripps Research Institute (USA)

Sir George Radda (Emeritus) University of Oxford (UK)

Dr Samuel Barondes (Emeritus) University of California, San Francisco (USA)

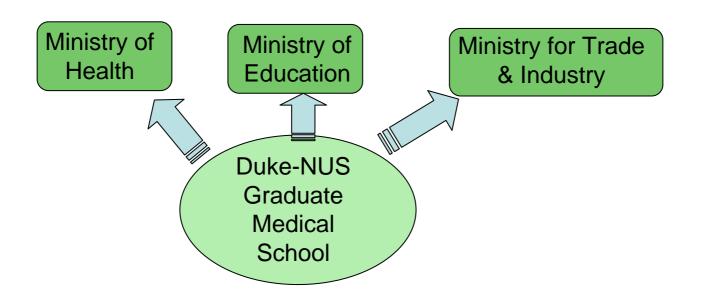
Thinking about academic medicine in Singapore December 2006:



Singapore's International Advisory Council for Biomedical Sciences chaired by John Mendelsohn and Sir Richard Sykes recommends management and governance structures to help advance medical education, research, and healthcare delivery in an integrated fashion. The Council recommends development of Academic Health Centers – hospitals which do not focus solely on clinical service, but whose missions encompass and integrate teaching and research as equally important pillars.



The Second Medical School Duke-NUS Graduate Medical School Developing New Models of Governance







March 2007

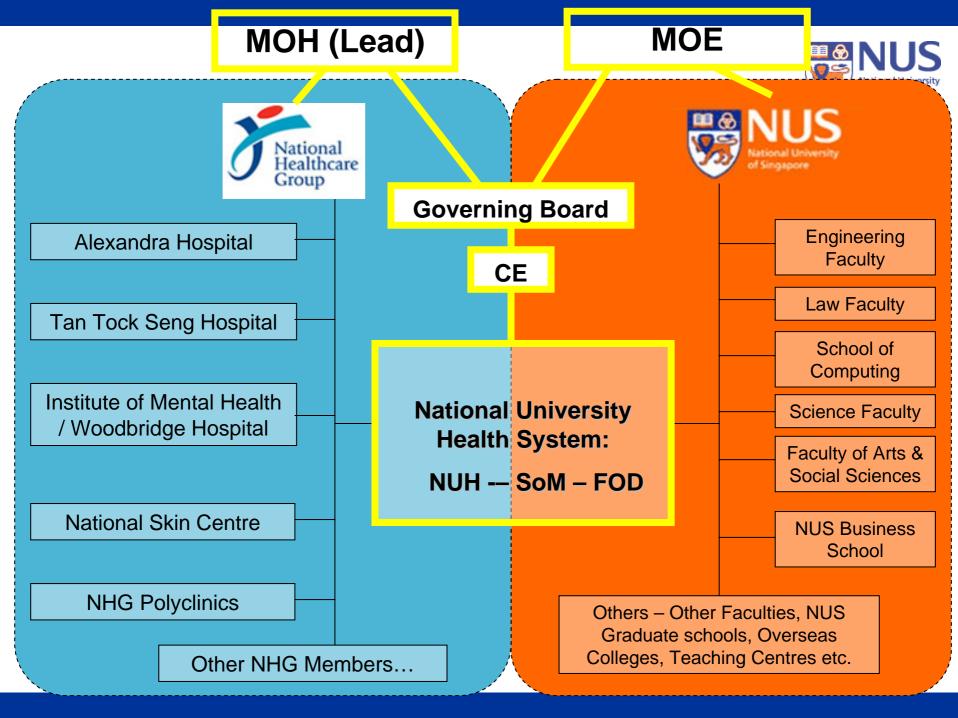
A Study Team, led by the Permanent Secretary of the Ministry of Health, meets with the Association of Academic Health Centers in the U.S. and discusses pros and cons of unified governance between University Hospital and Medical School

Development of Academic Medicine at the National University of Singapore campus



July 2007

The Govt approves the formation of the National **University Health System, unifying the** governance of the National University Hospital with the Yong Loo Lin School of Medicine and the Faculty of Dentistry into an integrated healthcare system with a tripartite mission.



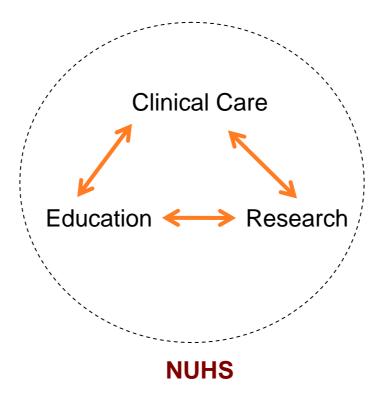


The Tripartite Mission



Four Immediate Platforms

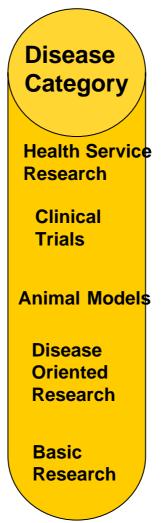


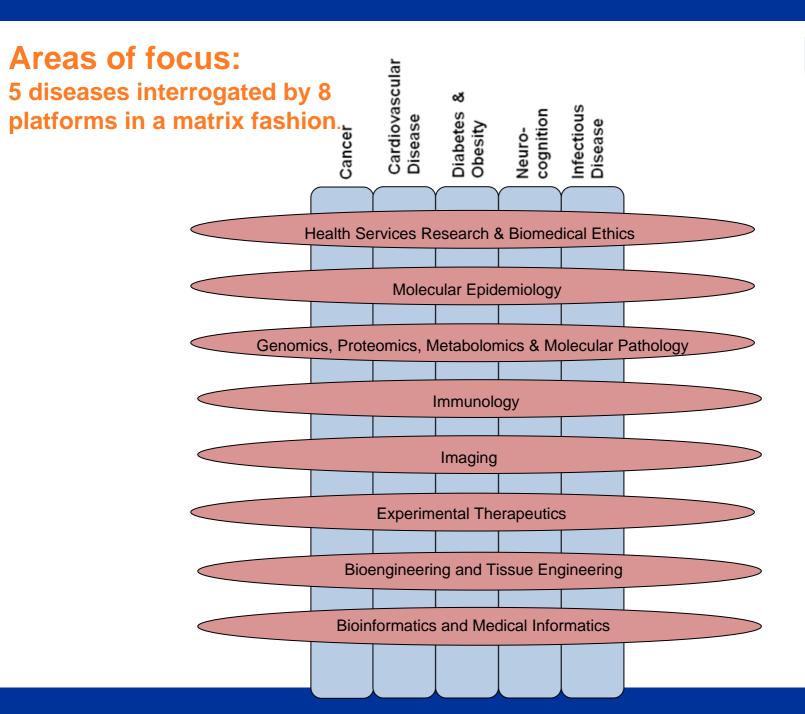


- 1. INTEGRATED strategic planning
- 2. ONE common budget & resource allocation system
- 3. HARMONISED HR framework
- 4. INTEGRATED space management

Components of Academic Medical Research











Ultimately.....

- Can we improve the health of our community?
- Can we shape the practice of medicine?
- Can we attract the best to a career in academic medicine?
- Can we contribute to the nation's economy?

Welcome to NUHS ...





Centre for Translational Medicine

Lecture theatres, seminar rooms, library, patient simulation, Investigational Medicine Unit, molecular pathology, Clinical Imaging Research Center Labs, BSL-3 facility: 40,000m2. Expected Completion: 2010





Thank you