

APEC Workshop on Strategies to Enhance Integrated People-Centered Health Care

建構以人為中心的整合式健康照護工作坊

2 September 2025, Taipei



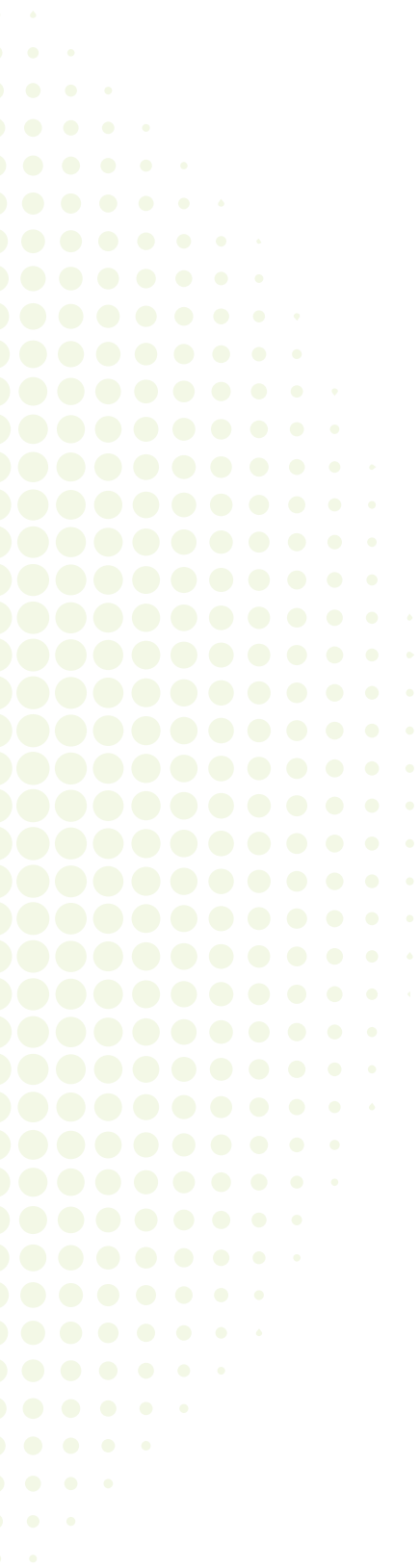
APEC Workshop on Strategies to Enhance Integrated People-Centered Health Care

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Welcome Message	03
Workshop Information	05
Agenda	07
Plenary 1 Best Practices in Governance, Accountability, and Frameworks to Support Integrated People-Centered Healthcare	11
Plenary 2 Empowerment in Healthcare: Using Digital Technologies to Enhance Integrated Care Services and Reduce Health Inequities	31
Plenary 3 Effective Integrated Healthcare Models: Community Engagement, Cross-Departmental Cooperation, Enhancing Quality and Outcomes	47





Welcome Message

On behalf of the National Health Insurance Administration of the Ministry of Health and Welfare, I sincerely welcome experts and representatives of APEC economies and all participants to participate in the “APEC Workshop on Strategies to Enhance Integrated People-Centered Health Care”.

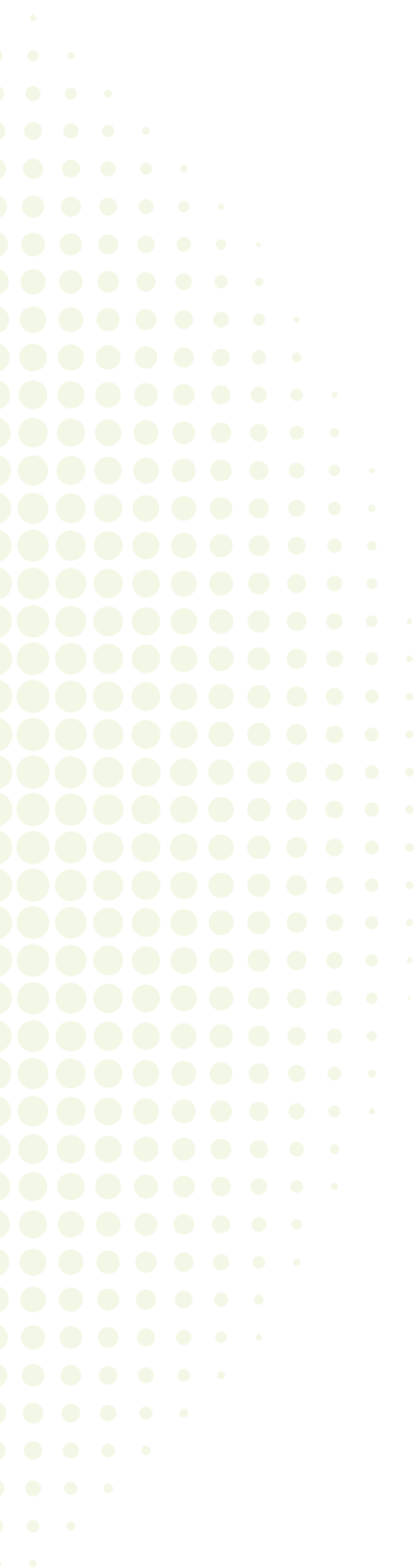
Statistics from the UN in 2022 reveal that individuals aged 65 or older comprise nearly 10% of the global population. As the population ages, the prevalence of chronic conditions and associated healthcare costs escalate, posing significant challenges for health systems. In response to these challenges, an integrated, people-centered approach is essential. This approach aims to not only provide equitable access to quality healthcare services, offer personalized services, and coordinate services to minimize care fragmentation, but also enhances comprehensiveness, safety, and effectiveness throughout the continuum of care while also fostering supportive working environments for competent healthcare professionals. Advancements in technology have further enabled the efficacy of integrated people-centered care initiatives.

Today’s workshop consists of 3 plenary sessions, which are “Best Practices in Governance, Accountability, and Frameworks to Support Integrated People-Centered Healthcare”, “Empowerment in Healthcare: Using Digital Technologies to Enhance Integrated Care Services and Reduce Health Inequities”, and “Effective Integrated Healthcare Models: Community Engagement, Cross-Departmental Cooperation, Enhancing Quality and Outcomes”. We are confident that your participation and the sharing of your expertise will lead to a highly successful and productive outcome.

Lastly, I devoutly thank you all for participating in this important event and wish the workshop a great success!



Chung-Liang Shih, M.D., Ph.D.
Director General
National Health Insurance Administration,
Ministry of Health and Welfare



Workshop Information

Date

2 September 2025 (GMT+8)

Venue

Taipei Marriott Hotel

No.199 Lequn 2nd Road (intersection with JinYE 4th Road), ZhongShan District, Taipei



Website



Agenda & Slides



Evaluation Survey

Organizer

National Health Insurance Administration, Ministry of Health and Welfare

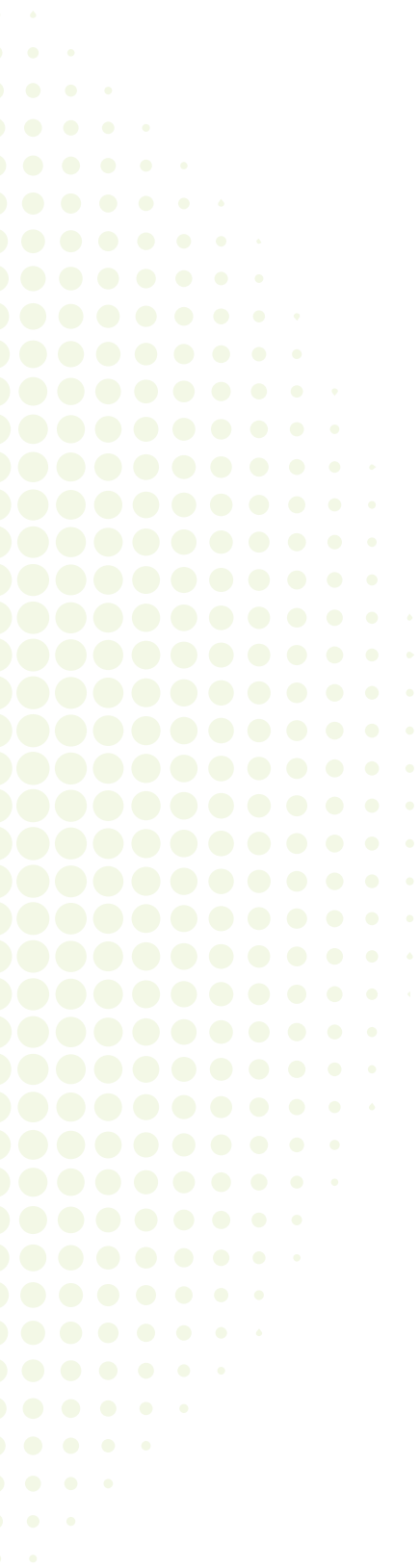
Rules and Regulations

Q&A

All participants who wish to ask questions during the Q&A should clearly identify themselves by stating their name, affiliated institution, and job title before presenting their comments or questions.

Intellectual Property Rights

Please respect the intellectual property rights of all presenters and refrain from taking pictures of the screen during their presentation. To collect or cite, please ask the workshop staff for the availability.





AGENDA

TIME	TOPIC	SPEAKER
09:00 - 09:30	Registration 報到	
09:30 - 09:40	Opening Remarks 開幕致詞	Ching-Yi Lin Deputy Minister, Ministry of Health and Welfare (Chinese Taipei) 林靜儀 衛生福利部政務次長
09:40 - 09:50	Group Photo 大合照	
Plenary 1: Best Practices in Governance, Accountability, and Frameworks to Support Integrated People-Centered Healthcare 主題演講 1: 支持以人為中心的整合式健康照護之最佳治理、問責與框架實踐		
09:50 - 09:55	Moderator 主持人： Ching-Yi Lin Deputy Minister, Ministry of Health and Welfare (Chinese Taipei) 林靜儀 衛生福利部政務次長	
09:55 - 10:15	Implementation of Integrated Holistic Care under the National Health Insurance System 落實全民健康保險制度下的全人醫療照護	Lian-Yu Chen Deputy Director General, National Health Insurance Administration, Ministry of Health and Welfare (Chinese Taipei) 陳亮妤 衛生福利部中央健康保險署副署長
10:15 - 10:35	UHC of the People, by the People, for the People: Thailand’s Journey from Policy to Practice 民有、民治、民享的全民健康覆蓋： 泰國從制定政策到實踐的歷程	Jadej Thammatacharee Secretary General, National Health Security Office (Thailand) 泰國國家健康安全局局長
10:35 - 10:50	Coffee Break 休息時間	
10:50 - 11:10	A New Clinical Governance Model for Australia: The Foundations of High-Quality Care 澳洲臨床治理新框架：高品質照護的基石	Gillian Giles Director, Clinical Governance, Australian Commission on Safety and Quality in Health Care (Australia) 澳洲健康安全與品質委員會臨床治理主任
11:10 - 11:30	Updates to Singapore's Approach towards Integrated Care 當前新加坡的整合式照護策略	Chern Siang Jye Asst Chief Executive, Agency for Integrated Care (Singapore) 新加坡護聯中心副執行長
11:30 - 11:50	Panel Discussion 綜合討論	All Speakers in Plenary 1 主題演講 1 所有講者

TIME	TOPIC	SPEAKER
11:50 - 13:30	Lunch 午餐	
Plenary 2: Empowerment in Healthcare: Using Digital Technologies to Enhance Integrated Care Services and Reduce Health Inequities 主題演講 2: 健康賦權：運用數位科技強化整合式照護服務並減少健康不平等		
13:30 - 13:35	Moderator 主持人： I-Ming Parng Deputy Director General, National Health Insurance Administration, Ministry of Health and Welfare (Chinese Taipei) 龐一鳴 衛生福利部中央健康保險署副署長	
13:35 - 13:55	Digital Health Eco-System Enabling Integrated Patient-Centered Care: From Treatment to Transformation Medicine 數位健康生態系統賦能以病人為中心的整合式照護：從治療到轉型醫學	Samina Abidi Professor, Department of Community Health and Epidemiology, Faculty of Medicine, Dalhousie University, Halifax (Canada) 加拿大達爾豪西大學醫學院社區健康與流行病學系教授
13:55 - 14:15	Cases of Leveraging Digital Technologies to Ensure Empowerment in Healthcare of the Republic of Korea 韓國運用數位科技賦能健康照護的案例	Ki-Shin Lee Director General, Digital Strategy Department, Health Insurance Review and Assessment Service (HIRA) (Republic of Korea) 韓國健康保險審查評價院 (HIRA) 數位策略部主任
14:15 - 14:35	Deployment of Multi-Modal Digital Solutions for Patient Centric Chronic Disease Management on a Mass Scale 大規模部署多元模式數位解決方案，實現以病人為中心的慢性病管理	Ed Deng Co-founder and CEO, Health2Sync (Chinese Taipei) 鄧居義 智抗糖創辦人兼執行長
14:35 - 14:55	Panel Discussion 綜合討論	All Speakers in Plenary 2 主題演講 2 所有講者
14:55 - 15:10	Coffee Break 休息時間	
Plenary 3: Effective Integrated Healthcare Models: Community Engagement, Cross-Departmental Cooperation, Enhancing Quality and Outcomes 主題演講 3: 有效的整合照護模式：社區參與、跨部門合作、提升品質與成果		
15:10 - 15:15	Moderator 主持人： Lian-Yu Chen Deputy Director General, National Health Insurance Administration, Ministry of Health and Welfare (Chinese Taipei) 陳亮妤 衛生福利部中央健康保險署副署長	



TIME	TOPIC	SPEAKER
15:15 - 15:35	Strengthening Health Systems through Research: Malaysia's Experience with People-Centred Integrated Care 透過研究強化衛生體系：馬來西亞以人為中心的整合式照護經驗	Sondi Sararaks Director, Institute for Health Systems Research, National Institutes of Health (NIH), Ministry of Health (MOH) (Malaysia) 馬來西亞衛生部國家衛生研究院衛生體系研究所所長
15:35 - 15:55	Community-Based Integrated Care System for Achieving an Inclusive Society in Japan 以社區導向的整合式照護系統，實現共融社會	Kumiko Igarashi Research Managing Director, National Institute of Public Health (Japan) 五十嵐久美子 日本國立保健醫療科學院首席研究員
15:55 - 16:15	Innovation of Healthcare Delivery at Grassroots Level for Strengthening Primary Health Care in Vietnam 以創新的基層健康照護模式，強化越南初級健康照護	Nguyen Khanh Phuong Director, Health Strategy and Policy Institute, Ministry of Health (Viet Nam) 越南衛生部衛生策略與政策研究所所長
16:15 - 16:35	Culture-Centered, Person-Focused: Building Inclusive Models of Integrated Care 文化為本，全人為心：邁向共融的整合照護模式	Hui-Wen Tien Physician and Director, Xiulin Township Health Center, Hualien County (Chinese Taipei) 田惠文 花蓮縣秀林鄉衛生所醫師兼主任
16:35 - 16:55	Panel Discussion 綜合討論	All Speakers in Plenary 3 主題演講 3 所有講者
16:55 - 17:00	Closing Remarks 閉幕致詞	Chung-Liang Shih Director General, National Health Insurance Administration, Ministry of Health and Welfare (Chinese Taipei) 石崇良 衛生福利部中央健康保險署署長
17:30 - 20:00	Welcome Reception 大會晚宴	



Plenary 1

Best Practices in Governance, Accountability, and Frameworks to Support Integrated People-Centered Healthcare

MODERATOR

Ching-Yi Lin

Deputy Minister, Ministry of Health and Welfare (Chinese Taipei)

SPEAKER

Lian-Yu Chen

Deputy Director General, National Health Insurance Administration,
Ministry of Health and Welfare (Chinese Taipei)

Jadej Thammatacharee

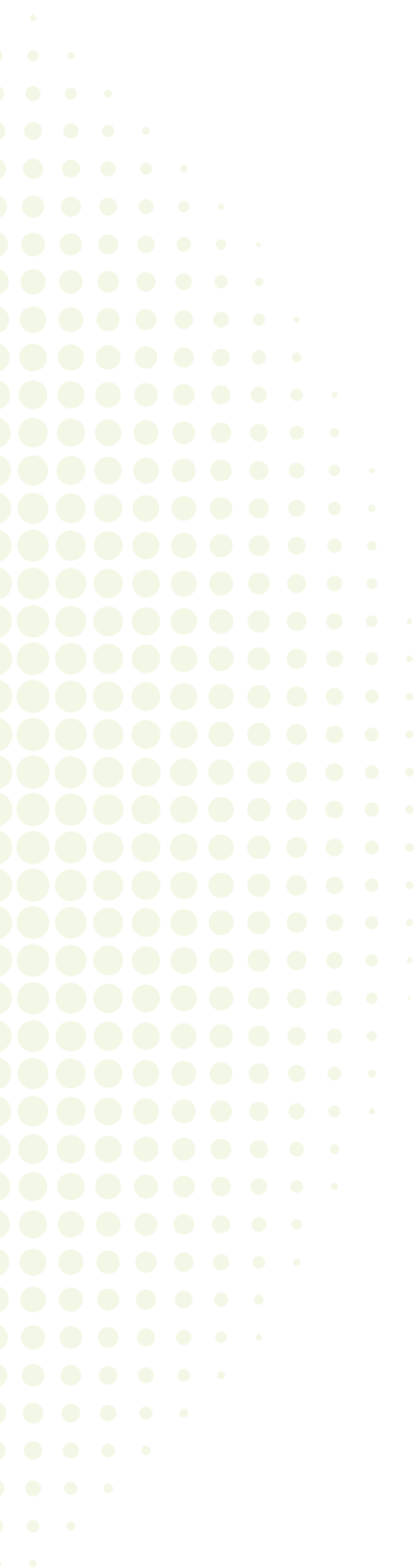
Secretary General, National Health Security Office (Thailand)

Gillian Giles

Director, Clinical Governance, Australian Commission on Safety and
Quality in Health Care (Australia)

Chern Siang Jye

Asst Chief Executive, Agency for Integrated Care (Singapore)





MODERATOR |

Ching-Yi Lin

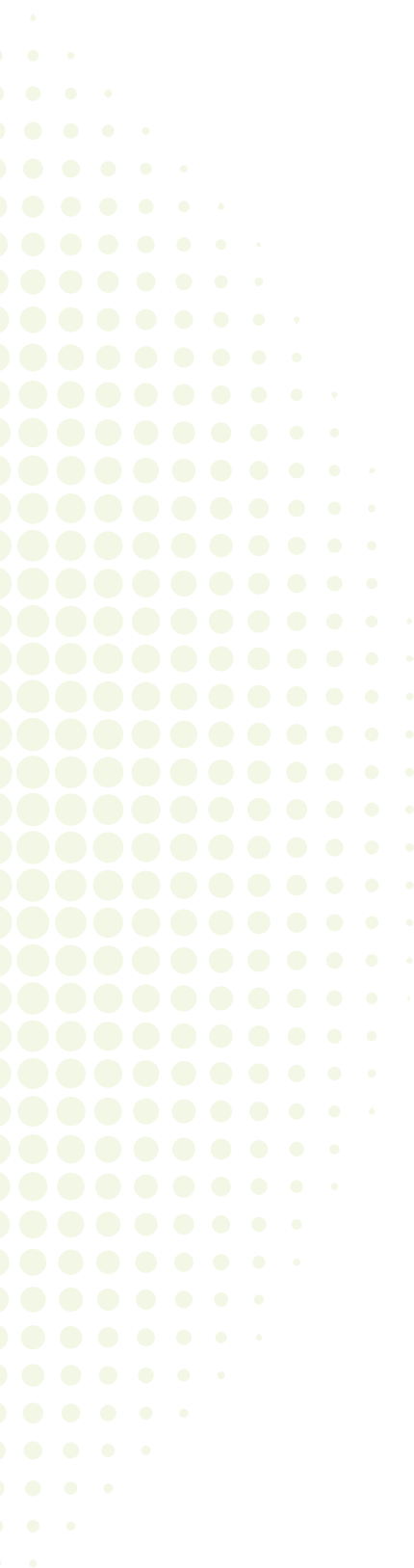
Deputy Minister, Ministry of Health and Welfare

| EDUCATION |

- 2009/09 - 2020/06 Doctor of Philosophy of Chung Shan Medical University, Institute of Medicine
- 2003/09 - 2005/06 Master of National Taiwan University, Institute of Molecular Medicine
- 1999/09 - 2001/06 Master of Chung Shan Medical University, Institute of Medicine
- 1992/09 - 1999/06 Doctor of Medicine of Chung Shan Medical College

| EXPERIENCE |

- 2022/01 - 2024/01 Legislator, Legislative Yuan
- 2020/08 - 2022/01 Director, International Medical Service Center of Chung Shan Medical University Hospital
- 2020/06 - 2021/12 Ambassador at large, Ministry of Foreign Affairs
- 2021/01 - 2022/01 Director, Taipei Institute of Pathology
- 2018/08 Member, International Visitor Leadership Program (IVLP) sponsored by the U.S. Department of State.
- 2016/04 - Present Member, Human Rights Committee, Liberal International
- 2016/02 - 2020/01 Legislator, Legislative Yuan
- 2010 - 2014 Gynecologist, Director, mobile medical mission, Taiwan Health Corps (north India, Nepal, Kyrgyz)
- 2013/01 - 2013/02 Coordinator, Taiwan Medical Mission in Tuvalu, implementing a nationwide cervical cancer screening program and serving as a resident staff member for the Taiwan Medical Mission in Tuvalu.
- 2012 - 2019 Representative, attending the United Nations Commission on the Status of Women Forum and related meetings (NGO-CSW).





SPEAKER |

Lian-Yu Chen

Deputy Director General, National Health Insurance Administration,
Ministry of Health and Welfare

| EDUCATION |

- 2014 Ph.D., Bloomberg School of Public Health, The Johns Hopkins University, USA
- 2006 M.D., National Cheng Kung University

| EXPERIENCE |

- 2024 - Present Deputy Director-General, National Health Insurance Administration, Ministry of Health and Welfare
- 2023 - 2024 Director-General, Department of Mental Health, Ministry of Health and Welfare
- 2024 - Present Adjunct Associate Professor, Graduate Institute of Clinical Medicine, College of Medicine, National Chung Hsing University
- 2017 - Present Adjunct Assistant Professor, Institute of Epidemiology and Preventive Medicine, School of Public Health, National Taiwan University
- 2017 - Present Member, College on Problem of Drug Dependence, USA
- 2021 - 2023 Director, Kunming Prevention and Control Center, Taipei City Hospital
- 2021 - 2023 Secretary-General, Taiwanese Society of Psychiatry
- 2020 - 2023 Council Member, Taiwanese Society of Addiction Science
- 2019 - 2021 Deputy Director, Kunming Prevention and Control Center, Taipei City Hospital
- 2018 - 2020 Secretary-General, Taiwanese Society of Addiction Science
- 2014 - 2019 Attending Psychiatrist, Division of Addiction Science, Taipei City Hospital

Implementation of Integrated Holistic Care under the National Health Insurance System

Lian-Yu Chen

Deputy Director General, National Health Insurance Administration,
Ministry of Health and Welfare

Abstract

The implementation of the National Health Insurance (NHI) system has been ongoing for over thirty years. Our mission is to achieve integrated, patient-centered care on a stable and well-functioning system basis. To this end, the National Health Insurance Administration (NHIA) is integrating the Comprehensive Family Physician Program and Pay for Performance (P4P) Programs, and establishes the Family Physician Platform to compile individual health data, aiming to achieve the "888" goal (achieving 80% admission into care networks, 80% lifestyle counseling, and 80% achievement of ultimate control of metabolic conditions). In addition, the NHIA is promoting home care and acute care at home. These efforts aim to strengthen chronic disease management and integrate it with long-term care services, enhancing the continuity and integration of care. Additionally, the NHIA is advancing the adoption of electronic prescriptions, virtual NHI cards, and the cloud-based Hospital Information System (HIS) to drive the digital transformation of healthcare. Through diverse policies and innovative measures, we continue to strengthen the health protection system for all citizens, moving towards sustainable, high-quality, and comprehensive care.



落實全民健康保險制度下的全人醫療照護

陳亮妤

衛生福利部中央健康保險署副署長

摘要

我國推動全民健康保險制度已逾三十載，如何於制度穩健運作之基礎上，實現以病人為中心之全人整合照護，是我們持續努力的重要方向。為此，健保署結合大家醫計畫及論質計畫，並建置家醫大平台彙整個人健康資料，以達「三高防治 888 計畫」的目標。此外，健保署推動居家醫療與在宅急症照護，強化慢性病照護並銜接長照體系，提升照護連續性與整合性。同時，健保署亦積極導入電子處方箋、虛擬健保卡與 HIS 雲端化，推動醫療數位轉型。透過多元政策與創新措施，我們持續強化全民健康保障體系，邁向永續、高品質的全人照護。





SPEAKER |

Jadej Thammatacharee

Secretary General, National Health Security Office, Bangkok
(Thailand)

| EDUCATION |

- 2009 PhD in health policy, London School of Hygiene & Tropical Medicine
- 1998 Board of General practitioner, Medical Council, Thailand
- 1998 Master of Business administration, Thammasat University, Thailand
- 1995 Board of preventive medicine, Medical Council, Thailand
- 1990 Bachelor of medicine, Chulalongkorn University, Thailand

| EXPERIENCE |

- 2021 - Present Secretary General, National Health Security Office
- 2016 - 2021 Deputy Secretary General, National Health Security Office
- 2014 - 2016 Director General of Policy and Strategic Cluster, National Health Security Office
- 2012 - 2014 Director of Bureau of International Universal Health Coverage and Deputy Director General of Policy and Strategic Cluster, National Health Security Office
- 2009 - 2012 Director of Bureau of Policy and Planning, National Health Security Office
- 2004 - 2009 Deputy director of Bureau of Policy and Planning, National Health Security Office
- 2004 - 2005 Component manager of Hospital management, Healthcare Reform Project phase II (supported by EU)
- 2003 - 2004 Director of Bureau of general administration, National Health Security Office
- 1995 - 2003 Director Bangkruey hospital. Nonthaburi

UHC of the People, by the People, for the People: Thailand's Journey from Policy to Practice

Jadej Thammatacharee

Secretary General, National Health Security Office (Thailand)

Abstract

A strong commitment to inclusiveness, equity, and people-centered governance has shaped Thailand's journey toward Universal Health Coverage (UHC). In this session, Dr. Jadej Thammatacharee will share Thailand's experience in building a Universal Coverage Scheme that strives to be of the people, by the people, and for the people-emphasizing participation at all levels from policy to practice.

The presentation will reflect key milestones, such as establishing the multi-stakeholder National Health Security Boards and structured mechanisms for citizen engagement and feedback. These efforts have helped foster a sense of ownership and accountability within society.

Looking into the future, Thailand continues to learn and adapt. Initiatives to promote self-care, digital innovation, and health literacy are steps toward empowering individuals, but challenges remain in making these efforts inclusive and sustainable. By sharing progress and ongoing struggles, Thailand hopes to contribute to a broader global dialogue on advancing integrated, people-centered healthcare systems.



民有、民治、民享的全民健康覆蓋： 泰國從制定政策到實踐的歷程

Jadej Thammatacharee

泰國國家健康安全局 (NHSO) 局長

單位介紹

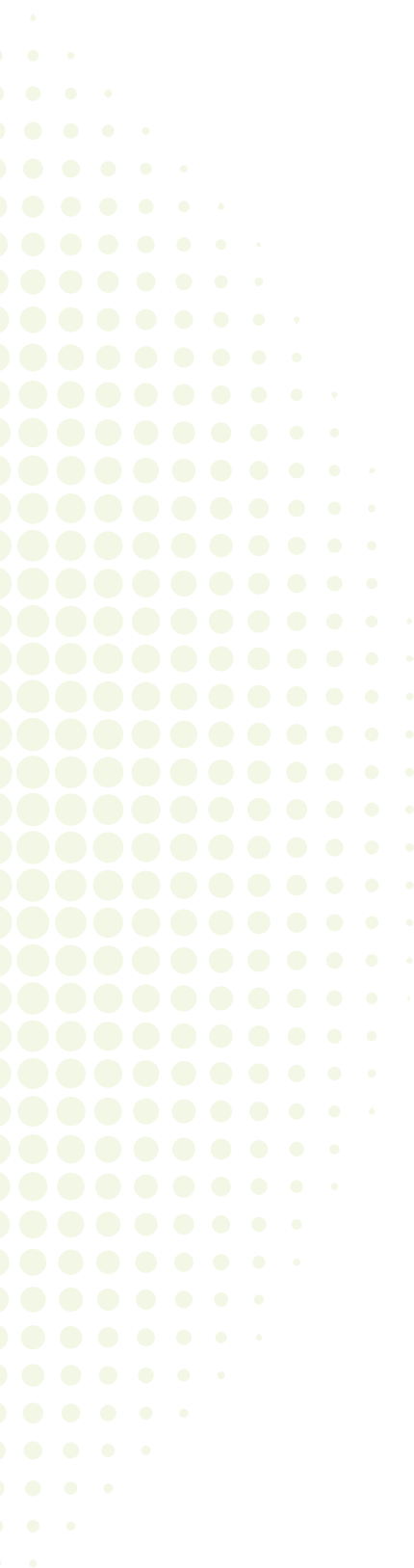
泰國國家健康安全局為 2002 年根據國家健康安全法成立的政府組織單位。主要的目標是管理和推動泰國的全民健康覆蓋計畫，確保所有人都能方便地獲得高效且可靠的健康照護服務，並且能夠根據需要進行登記和獲得相關資訊。

摘要

堅持致力於共融、公平、以人為中心的治理打造了泰國邁向全民健康覆蓋的歷程。在此演講中，Jadej Thammatacharee 局長將分享泰國努力建立民有、民治、民享的全民健康覆蓋計畫的經驗，並強調從制定政策到實踐的歷程中各個層面的參與。

演講將回顧泰國重要的里程碑，包括建立多方利害關係人參與的泰國國家健康安全委員會以及讓民眾參與和回饋的結構機制，這些努力都有助於促進社會中的擁有感及責任感。

展望未來，泰國將持續學習及適應。倡議促進自我照護、數位創新及健康識能是邁向賦權民眾的步驟，但如何讓這些努力具共融性及永續性仍是目前的挑戰。透過歷程及現存困難的分享，泰國希望在推動以人為中心的整合式健康照護模式上，為更廣闊的全球對話做出貢獻。





SPEAKER |

Gillian Giles

Director, Clinical Governance, Australian Commission on Safety and Quality in Health Care (Australia)

| EDUCATION |

- 2022/12 - 2023/03 Graduate Australian Institute of Company Directors
- 2004/02 - 2006/07 Masters of Public Health, University of New South Wales
- 1994/02 - 1997/11 Bachelor of Applied Science (Speech Pathology), University of Sydney

| EXPERIENCE |

- 2024/03 - Present Director, Clinical Governance, Australian Commission on Safety and Quality in Health Care, Australia
- 2020/04 - 2021/11 Head, COVID-19 Inquiry Response Unit, NSW Ministry of Health, Australia
- 2016/05 - 2024/03 Director, Healthcare Variation, Australian Commission on Safety and Quality in Health Care, Australia
- 2015/03 - 2016/05 Project Lead, Australian Atlas of Healthcare Variation, Australian Commission on Safety and Quality in Health Care, Australia
- 2011/08 - 2015/03 Senior Project Officer, National Standards, Australian Commission on Safety and Quality in Health Care, Australia
- 2009/08 - 2011/07 Policy & Planning Officer, Statewide Services, NSW Ministry of Health, Australia
- 2008/01 - 2009/08 Project Officer, Primary Care, Department of Health and Aged Care, Australia
- 2002/01 - 2004/01 Clinical Specialist Speech Pathologist, University College London Hospitals, United Kingdom

A New Clinical Governance Model for Australia: The Foundations of High-Quality Care

Gillian Giles

Director, Clinical Governance,
Australian Commission on Safety and Quality in Health Care (Australia)

Abstract

Integrated care is complex and local approaches focused on person-centred care are needed. The cornerstone for achieving high-quality care is effective clinical governance.

Clinical governance is the combination of culture, systems and processes that enables everyone in a health service to deliver care that is consistently high-quality and improving, and to prevent avoidable harm.

The Australian Commission on Safety and Quality in Health Care provides national leadership on clinical governance to achieve the best outcomes for patients. The Commission is developing a new model that offers national consistency in how Australia defines and understands clinical governance, and that addresses current challenges such as workforce and budget constraints, changing demographics and patterns of disease, and the need for greater integration of care.

The clinical governance model provides the architecture for an organisational approach to excellence in healthcare delivery. It identifies six foundations of high-quality care, and offers practical guidance for setting direction, building culture and developing systems oriented to achieve this. The concept of person-centred, integrated care is woven throughout each foundation, emphasising that responsibility for patients extends across the continuum of care and that boards and leadership teams are accountable for continuous improvement and managing risks at transitions of care.

The national model can be adapted and scaled at local level. It will support health service boards and executives to engage staff in clinical governance, focus on improving patient outcomes rather than compliance, and create an organisational culture where working together and with patients, carers and consumers is everybody's main goal.



澳洲臨床治理新框架：高品質照護的基石

Gillian Giles

澳洲健康安全與品質委員會臨床治理主任

單位介紹

澳洲健康安全與品質委員會是澳洲聯邦政府設立的獨立法定機構，成立於 2006 年，旨在領導和協調全國範圍的醫療服務改善工作，以確保所有澳洲民眾都能獲得安全、高品質且有效的醫療照護。

摘要

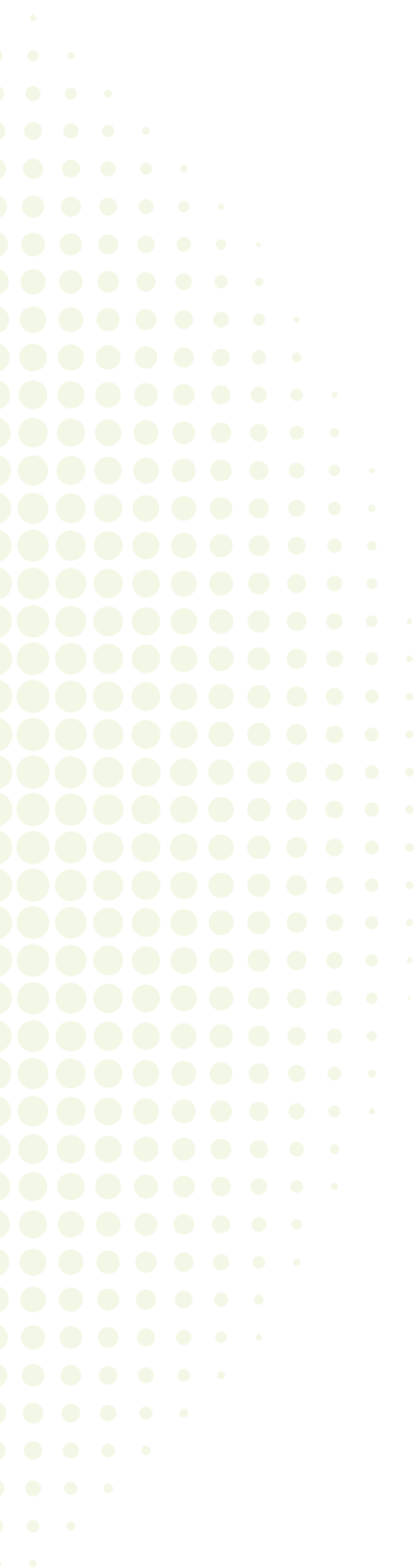
整合式照護是複雜且需要有以病人為中心的在地化方法，而實現高品質照護的基石，就是有效的臨床治理。

臨床治理是文化、系統和流程的結合，使健康服務中的每個人都能提供一致的高品質與持續進步的照護，並預防可避免的傷害。

澳洲健康安全與品質委員會主導全國臨床治理相關工作，以達成對病人最有利的照護結果。該委員會正在開發一種新模型，讓澳洲在如何定義和理解臨床治理方面達成全國性的一致性，以解決目前的挑戰，例如人力和預算限制、人口結構和疾病型態的變化，以及更大的整合式照護需求。

臨床治理模型為在健康照護服務輸送中達成卓越表現的組織方法提供了架構。它訂定了高品質照護的六個基礎，並為實現此目標提供了包括設定方向、建立文化和發展系統的實用指引。以人為本、整合式照護的概念貫穿於每個基礎之中，強調對病人的責任需持續延伸至整個照護過程，且董事會和領導團隊有責任持續改進和管理照護轉介期間的風險。

此國家級模型可以依地方層級進行的調整和擴展。它將支持健康服務的董事會和高階主管讓員工參與臨床治理，專注於改善患者照護結果而非遵從性，並創造組織文化，讓病人、照護者和消費者的共同努力成為每個人的主要目標。





SPEAKER |

Chern Siang Jye

Asst Chief Executive Officer, Agency for Integrated Care
(Singapore)

| EDUCATION |

- Master of Arts with Distinction, Economics, McGill University
- Bachelor of Science with First Class Honors, Economics, London School of Economics

| EXPERIENCE |

- Assistant Chief Executive Officer, Agency for Integrated Care (AIC) - Present
- Director, Strategic Planning & Infrastructure & Development, Ministry of Health, Singapore
- Director, Health Regulatory Policy, Ministry of Health, Singapore
- Director, Strategic Planning, Ministry of Law, Singapore
- Director, Intellectual Property, Ministry of Law, Singapore
- Asst Mgr, Infocomms & Media, Economic Development Board (EDB), Singapore
- Senior Officer, Regional Development, Economic Development Board (EDB), Singapore

Updates to Singapore's Approach towards Integrated Care

Chern Siang Jye

Asst Chief Executive, Agency for Integrated Care (Singapore)

Abstract

While the concept of care integration had been discussed in Singapore since the 1990s, bolder steps in system-level reform began in earnest after 2009. The impetus was the ageing population, which led to a recognition that the then-healthcare system and structure would not serve Singapore well. We will cover key milestones in Singapore's evolution towards improving care integration, the learnings, and how these had shaped the current agenda. We will also discuss upcoming efforts and remaining areas of work and trade-offs, and our approach – i.e. the “how” – to achieve better care integration.



當前新加坡的整合式照護策略

Chern Siang Jye

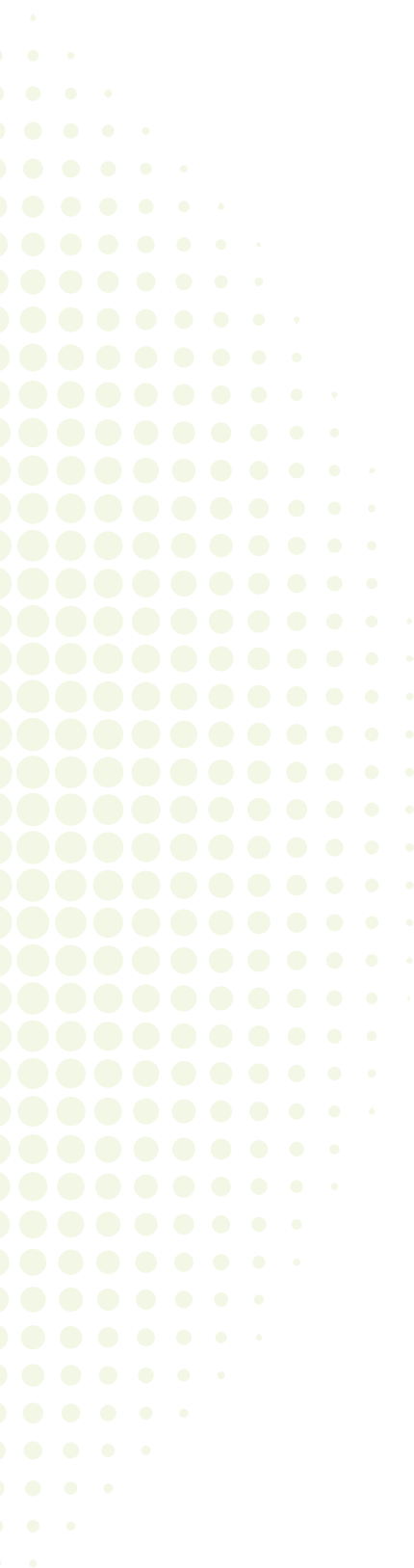
新加坡護聯中心副執行長

單位介紹

新加坡護聯中心成立於 2009 年，隸屬於衛生部轄下，透過廣泛的網絡和協調功能，確保新加坡的醫療照護服務能夠從醫院順利延伸到社區和家庭，實現以人為本的整合性照護。

摘要

新加坡自 1990 年代起已開始討論整合式照護的概念，但更顯著的體系改革是在 2009 年後才真正展開。改革的動力來自於人口老化，使新加坡意識到當時的衛生體系和結構將無法提供良好的照護服務。本次演講將談論新加坡在改善整合式照護方面的關鍵里程碑、學到的經驗，以及這些如何塑造當前的議題。我們也將討論未來努力的方向、剩餘的工作領域與權衡、以及如何實現更好的整合式照護的方法。



Plenary 2

Empowerment in Healthcare: Using Digital Technologies to Enhance Integrated Care Services and Reduce Health Inequities

MODERATOR

I-Ming Parng

Deputy Director General, National Health Insurance Administration,
Ministry of Health and Welfare (Chinese Taipei)

SPEAKER

Samina Abidi

Professor, Department of Community Health and Epidemiology, Faculty
of Medicine, Dalhousie University, Halifax (Canada)

Ki-Shin Lee

Director General, Digital Strategy Department, Health Insurance Review
and Assessment Service (HIRA) (Republic of Korea)

Ed Deng

Co-founder and CEO, Health2Sync (Chinese Taipei)





MODERATOR |

I-Ming Parng

Deputy Director General, National Health Insurance Administration,
Ministry of Health and Welfare

| EDUCATION |

- Master of Public Health, National Taiwan University
- Bachelor of Public Health, National Taiwan University

| EXPERIENCE |

- Director General, Department of Information Management, Ministry of Health and Welfare
- Counselor, Ministry of Health and Welfare
- Director, Medical Affairs Division, National Health Insurance Administration, Ministry of Health and Welfare
- Director, Southern Division, National Health Insurance Administration, Ministry of Health and Welfare
- Deputy Director, Southern Division, National Health Insurance Administration, Department of Health, Executive Yuan
- Senior Executive Officer, Bureau of National Health Insurance, Department of Health, Executive Yuan
- Secretary, Bureau of National Health Insurance, Department of Health, Executive Yuan
- Manager, Taipei Division, Bureau of National Health Insurance, Department of Health, Executive Yuan
- Senior Specialist, Bureau of National Health Insurance, Department of Health, Executive Yuan
- Manager, Bureau of National Health Insurance, Department of Health, Executive Yuan
- Secretary, Taipei City Chronic Disease Prevention and Treatment Hospital
- Officer, Department of Health, Executive Yuan





SPEAKER |

Samina Abidi

Professor, Department of Community Health and Epidemiology,
Faculty of Medicine, Dalhousie University, Halifax (Canada)

Professor, Digital Innovation Program, Faculty of Computer
Science, Dalhousie University, Halifax (Canada)

| EDUCATION |

- 2006/09 - 2010/09 PhD-Medical Informatics, Dalhousie University, Canada
- 1999/09 - 2001/04 MSc-Information Technology, University Sains Malaysia, Malaysia
- 1987/09 - 1992/04 Bachelor of Medicine, Bachelor of Surgery (MBBS), Dow Medical College, University of Karachi, Pakistan.

| EXPERIENCE |

- 2012/07 - Present Professor, Department of Community Health and Epidemiology, Dalhousie University. Canada
- 2024/06 - Present Director, Digital Health Canada Board of Directors. Canada
- 2021/04 - Present Member of College of Reviewers, Canadian Institute of Health Research. Canada
- 2017/05 - Present Professor (Cross Appointed), Master of Health Informatics/ Digital Innovation Program, Faculty of Computer Science, Dalhousie University. Canada
- 2023/07 - 2024/06 Graduate Coordinator, Department of Community Health and Epidemiology, Faculty of Medicine. Dalhousie University. Canada
- 2022/01 - 2023/01 Interim Head, Department of Community Health, and Epidemiology, Faculty of Medicine, Dalhousie University. Canada
- 2018/09 - 2019/06 Director Health Informatics Program, Faculty of Computer Science, Dalhousie University. Canada
- 2013/01 - 2022/05 Director Research in Medicine (RIM) Program, Faculty of Medicine, Dalhousie University. Canada

Digital Health Eco-System Enabling Integrated Patient-Centered Care: From Treatment to Transformation Medicine

Samina Abidi

Professor, Department of Community Health and Epidemiology,
Faculty of Medicine, Dalhousie University, Halifax (Canada)

Abstract

Innovations in digital health are purporting a paradigm shift in the provision of integrated, lifelong, patient-centered healthcare services. Digital health innovations are initiating new healthcare models that are moving us from traditional treatment medicine to transformative medicine that encompasses digital solutions for disease prevention, risk stratification, evidence-based diagnostics and treatments, hospital-home transitions and home-based care. Current digital health eco-systems can monitor, assess, educate, alert, guide and support both healthcare providers and patients to: (a) predict and prevent chronic diseases, (b) provide personalized and standardized care using clinical guidelines, (c) optimize healthcare services to achieve operational efficacy and improved health outcomes, and (d) reduce health inequalities by reaching out to marginalized communities and vulnerable populations. However, to translate the potential of digital health into transformative patient-centered healthcare solutions, there is a need to develop strategies to address challenges, such as health data collection and interoperability, clinical workflow standardization, ethical and legal compliance, outcome evaluation metrics, and importantly stakeholder buy-in. This calls for a systematic symbiosis between digital technologies and healthcare models; a symbiosis informed by global experiences yet tailored to the local context of member economies.

This talk will share the role digital health eco-systems for patient-centered care from a Canadian perspective, focusing on the application of digital health tools to achieve a learning healthcare system that uses data to improve point-of-care digital solutions for physicians and point-of-need digital solutions for patients. In this context, we will discuss digital health strategies applied to improve access to primary and specialist care, including virtual care programs to reach patients in underserved areas, and also self-management tools to empower persons to manage their health. By sharing Canadian digital health developments and experiences, this talk aims to contribute to the digital health initiatives of member economies targeting an integrated, patient-centered and data-informed health system.



數位健康生態系統賦能以病人為中心的整合式照護： 從治療到轉型醫學

Samina Abidi

加拿大達爾豪西大學醫學院社區健康與流行病學系教授

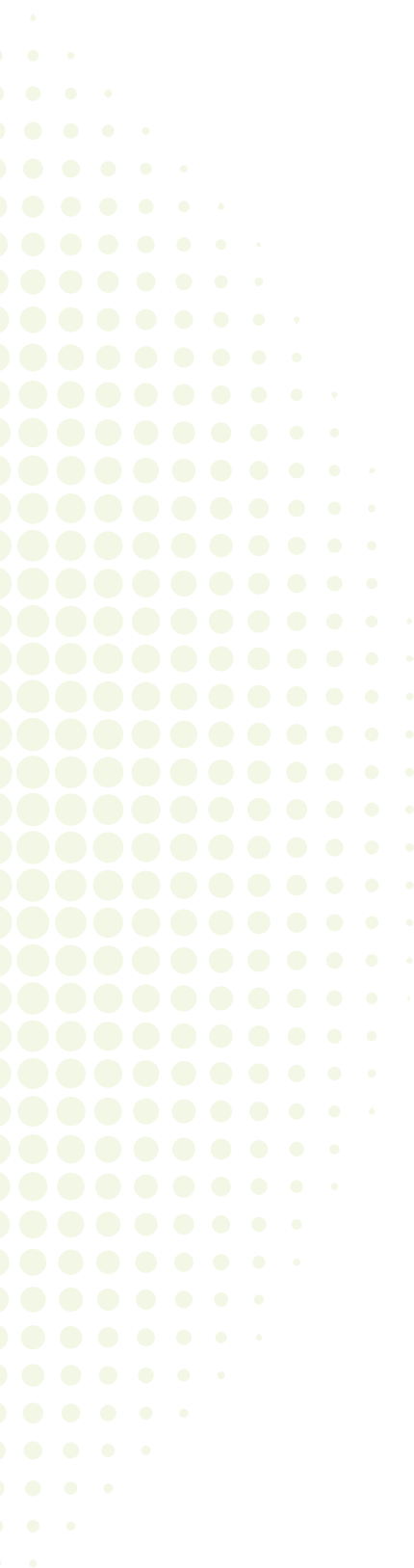
單位介紹

達爾豪西大學是加拿大頂尖的研究型大學之一，其醫學院在全球享有盛譽。醫學院內的社區健康與流行病學系是一個以研究為核心的重要系所，致力於教導透過群體健康、流行病學、衛生服務研究及政策制定等方法，改善社區與全民的健康福祉。

摘要

數位健康的創新正在引發整合式、終身、以病人為中心的健康照護服務方面的典範轉移。數位健康創新正在開啟新的健康照護模式，讓我們從傳統的治療醫學邁向轉型醫學，涵蓋了用於疾病預防、風險分層、實證診斷與治療、醫院到居家間的銜接以及居家照護的數位解決方案。目前的數位健康生態系統可以監測、評估、教育、警示、指引並支持健康照護提供者和病人，以達到：(a) 預測並預防慢性病，(b) 使用臨床指引提供個人化和標準化照護，(c) 優化健康照護服務以達成運作效率和改善健康結果，以及 (d) 透過援助偏鄉社區和弱勢族群來減少健康不平等。然而，要將數位健康的潛力轉化為以病人為中心的轉型健康照護解決方案，需要制定策略來因應挑戰，例如健康資料收集和互操作性、臨床工作流程標準化、倫理和法令遵循、結果評估指標，以及重要的利害關係人認同。這需要數位科技與健康照護模式間建立系統性共生；此共生關係可借鑒全球經驗，但亦需針對各別經濟體的在地情況進行調整。

本次演講將從加拿大的角度分享數位健康生態系統在以病人為中心照護中的角色，著重於數位健康工具的應用，以使用資料改善醫師即時照護和病人即時需求的數位解決方案，實現學習型醫療照護系統。在此背景下，我們將討論數位健康策略應用於改善初級與專科照護可近性，包括為醫療資源匱乏地區病人提供虛擬照護計畫，以及賦能民眾管理自身健康的自我管理工具。透過分享加拿大的數位健康發展和經驗，本次演講將為各經濟體的數位健康倡議做出貢獻，以建立一個整合式、以病人為中心且以資料為依據的健康體系。





SPEAKER |

Ki-Shin Lee

Director General, Digital Strategy Department, Health Insurance Review and Assessment Service (HIRA) (Republic of Korea)

| EDUCATION |

- 2024/01 - Present Director General of Digital Strategy Department
- 2022/07 - 2023/12 Director of Performance Management Division
- 2021/01 - 2022/06 Director of Social Value Creation Division
- 2020/07 - 2020/12 Director of VISION 2040 Division (under the Digital Improvement Department)
- 2018/01 - 2020/06 Director of Hospital Designation Division

Cases of Leveraging Digital Technologies to Ensure Empowerment in Healthcare of the Republic of Korea

Ki-Shin Lee

Director General, Digital Strategy Department,
Health Insurance Review and Assessment Service (HIRA) (Republic of Korea)

Abstract

This presentation would be released in Plenary 2: Empowerment in Healthcare, delineating cases of all its efforts and achievements which have been made by the Republic of Korea to enhance integrated care services and reduce health inequities, with a focus on operational implications and orientation towards the future.

First, it demonstrates the history and current operation of the national health insurance of the Republic of Korea. The presentation also addresses some outcomes of both the shifted results in public health and reduced health inequities based upon before and after the NHI implementation. In particular, there would be cases of leveraging digital technologies conducive to the improvement of public health outcomes and an easy access to medical services in the NHI.

Second, it defines digital technologies in healthcare with cases centering around their merits to advance access to medical services, quality of care, individually tailored health management availability, contending that digital technologies have the potential of being integral to integrated care services.

Additionally, it includes empowerment in healthcare of the Republic of Korea, highlighted by real-life examples in digital technology, by primarily introducing Health E-eum, an integrated care service application serviced by health information for the public sector and Myhealthway, a healthcare information sharing platform. Health E-eum is an integrated platform openly sharing the information of individual treatment and taking-drugs records, with healthcare information accessible to the public. Myhealthway serves as an interlinked platform with individual health information, treated information by health providers, and information provided by public institutions. All the information is provided not only for personalized health care services and but for patients' diagnosis and treatment to support providers, not to mention helping universities and laboratories study advanced health technologies. The presentation also puts forth some latest examples that



spearheads and applies state-of-the-art digital technologies, such as cerebral aneurysm care cases using AI & ML as well as clinical information-based disease-prediction AI model development, both driven by public data.

Lastly, it proposes policy advice to prevention-centered health care, regional health inequity reduction, inclusive healthcare service materialization, in anticipation of digitalized future healthcare direction. The presentation, moreover, puts forward how to harness digital technologies, including health-care need prediction through big data analysis and telehealth, in a move that minimizes health inequities in disproportionately underprivileged regions in healthcare access, putting emphasis on digital transformation, in favor of empowerment in healthcare and health equity strengthening, that is, beyond technological innovation, capable of the central pillar of righteous healthcare materialization.

韓國運用數位科技賦能健康照護的案例

Ki-Shin Lee

韓國健康保險審查評價院 (HIRA) 數位策略部主任

單位介紹

韓國健康保險審查評價院是韓國保健福祉部轄下的核心政府機構，主要職責為審查醫療費用、評估醫療服務品質，並管理全國的健康保險資料，以確保醫療資源的有效利用及提升國民的醫療照護品質。

摘要

本演講將在「主題演講二：健康賦權」中呈現，闡述韓國為加強整合式照護服務和減少健康不平等所做的所有努力和取得的成就，並著重實際執行的影響和未來導向。

首先，這份簡報將展示韓國國民健康保險的歷史和當前運作情況，並探討其在實施前後的公共衛生轉變和降低健康不平等的成果。特別的是，將探討如何運用數位科技來提升公共衛生成效，並讓國民健康保險的醫療服務更可近。

其次，本演講將定義衛生領域的數位科技，並以案例為中心，說明其在提升醫療服務可近性、照護品質、個人化健康管理可及性方面的優點，主張數位科技有潛力成為整合照護服務不可或缺的一部分。

此外，演講內容將包含韓國健康照護的賦權，透過數位科技的實際例子加以突顯，主要介紹由公部門提供健康資訊服務的整合照護應用程式 Health E-eum 以及醫療資訊共享平台 Myhealthway。Health E-eum 是一個公開共享個人醫療和用藥記錄資訊的整合平台，提供民眾可近的醫療資訊。Myhealthway 則是作為將個人健康資訊、醫療提供者提供的治療資訊、以及政府機構發布的公共資訊相互連結的平台。所有資訊不僅用於個人化醫療照護服務，也適用於支援醫療提供者對病患進行診斷和治療，更可幫助大學和實驗室研究先進的健康科技。本演講也將提出最新引領且應用先進數位科技的案例，例如利用人工智慧和機器學習進行腦動脈瘤照護的案例、以及基於臨床資訊的疾病預測人工智慧模型開發，這兩個案例都是透過公共資料所驅動的。

最後，將針對以預防為核心的健康照護、減少區域健康不平等，以及實現包容性健康照護服務提出政策建議，以因應未來數位化的健康照護發展方向。此次演講將更進一步提出如何利用數位科技，以大數據分析和遠距醫療進行醫療需求預測、盡可能地減少醫療資源匱乏地區在醫療可近性上的健康不平等、著重數位轉型、支持賦能健康照護及強化健康公平，這些不僅僅是科技的創新，更是實現公正健康照護的核心支柱。



SPEAKER |

Ed Deng

Co-founder and CEO, Health2Sync

| EDUCATION |

- 2000 Bachelor of Science, McIntire School of Commerce; University of Virginia
- 1996 Taipei American School

| EXPERIENCE |

- 2024 - Present Investor Advisory Board, Digital Therapeutics Alliance; Boston, MA
- 2018 - Present Partner, Verge HealthTech Fund; Singapore
- 2013 - Present Co-Founder and CEO, Health2Sync (智抗糖); Taipei
- 2004 - 2012 Sr. Director of Strategic Sales & Marketing, Fortemedia; Sunnyvale, CA
- 2002 - 2004 Associate at Global Technology Group, Lehman Brothers; Taipei
- 2000 - 2002 M&A Analyst, Lehman Brothers; Menlo Park, CA

Deployment of Multi-Modal Digital Solutions for Patient Centric Chronic Disease Management on a Mass Scale

Ed Deng

Co-founder and CEO, Health2Sync

Abstract

Chronic diseases remain as a growing global health burden, demanding innovative and scalable approaches to care delivery. Throughout Asia, digital disease management is gaining momentum through pervasive sensors, AI-driven analytics, real-time monitoring, engagement via automated digital programs, and supportive policy frameworks. This leads to further adoption of multi-modal digital solutions to enable patient-centric chronic disease management on a mass scale. Governments' investments in digital infrastructure, interoperability policies, regulation, and reimbursement further catalyze scalable, personalized chronic-care ecosystems. When digital programs are deployed, outcomes are demonstrated across the Asia Pacific region and scalable technology will further alleviate for the shortage of clinicians needed for management of chronic diseases. The session will examine real-world implementations, challenges in scalability and data integration, and the future potential of digital ecosystems in transforming chronic disease management at a systemic level.

Using Taiwan as an example, Health2Sync will share experiences in real world deployments and demonstrate the power of multi-modal digital solutions in delivering personalized, scalable, and cost-effective chronic disease management, and how these insights can inform global health innovation.



大規模部署多元模式數位解決方案， 實現以病人為中心的慢性病管理

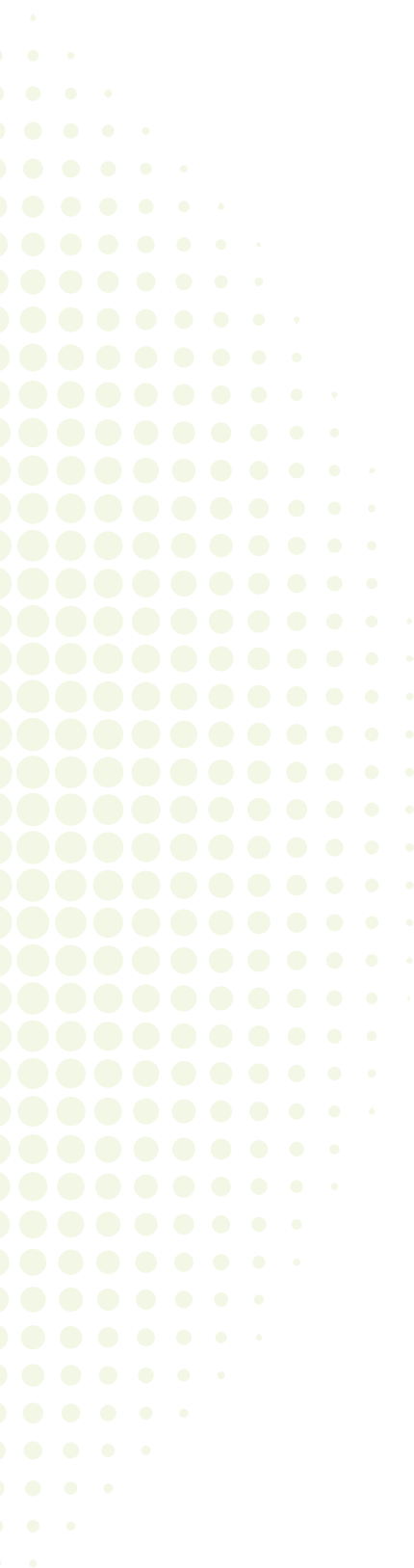
鄧居義

智抗糖創辦人兼執行長

摘要

慢性病仍然是持續成長的全球健康負擔，需要透過創新且可擴展的方法來提供照護服務。在亞洲，數位疾病管理正透過普及的感測器、AI 驅動的分析、即時監控、自動化數位計畫參與、以及支持性的政策框架增加成長驅動力。這也更進一步帶動了採用多模式數位解決方案，以讓病人為中心的慢性病管理可實現大規模化。政府對數位基礎建設、互操作性政策、法規、核銷上的投資，進一步催化了可擴展的個人化慢性病照護生態系統。當數位計畫完成部署時，成果將在整個亞太地區呈現，且其可擴展的科技技術也將緩解慢性病管理所需的臨床醫師短缺。此演講將探討真實世界的應用、可擴展性及資料整合的挑戰、數位生態系統在系統層級上轉變慢性病管理的未來潛力。

以臺灣為例，智抗糖將分享真實世界部署以及展示多模式數位解決方案以提供個人化、可擴展、具成本效益的慢性病管理，以及如何透過這些見解為全球健康帶來創新。



Plenary 3

Effective Integrated Healthcare Models: Community Engagement, Cross-Departmental Cooperation, Enhancing Quality and Outcomes

MODERATOR

Lian-Yu Chen

Deputy Director General, National Health Insurance Administration,
Ministry of Health and Welfare (Chinese Taipei)

SPEAKER

Sondi Sararaks

Director, Institute for Health Systems Research, National Institutes of Health (NIH), Ministry of Health (MOH) (Malaysia)

Kumiko Igarashi

Research Managing Director, National Institute of Public Health (Japan)

Nguyen Khanh Phuong

Director, Health Strategy and Policy Institute, Ministry of Health (Viet Nam)

Hui-Wen Tien

Physician and Director, Xiulin Township Health Center, Hualien County
(Chinese Taipei)





MODERATOR |

Lian-Yu Chen

Deputy Director General, National Health Insurance Administration,
Ministry of Health and Welfare

| EDUCATION |

- 2014 Ph.D., Bloomberg School of Public Health, The Johns Hopkins University, USA
- 2006 M.D., National Cheng Kung University

| EXPERIENCE |

- 2024 - Present Deputy Director-General, National Health Insurance Administration, Ministry of Health and Welfare
- 2023 - 2024 Director-General, Department of Mental Health, Ministry of Health and Welfare
- 2024 - Present Adjunct Associate Professor, Graduate Institute of Clinical Medicine, College of Medicine, National Chung Hsing University
- 2017 - Present Adjunct Assistant Professor, Institute of Epidemiology and Preventive Medicine, School of Public Health, National Taiwan University
- 2017 - Present Member, College on Problem of Drug Dependence, USA
- 2021 - 2023 Director, Kunming Prevention and Control Center, Taipei City Hospital
- 2021 - 2023 Secretary-General, Taiwanese Society of Psychiatry
- 2020 - 2023 Council Member, Taiwanese Society of Addiction Science
- 2019 - 2021 Deputy Director, Kunming Prevention and Control Center, Taipei City Hospital
- 2018 - 2020 Secretary-General, Taiwanese Society of Addiction Science
- 2014 - 2019 Attending Psychiatrist, Division of Addiction Science, Taipei City Hospital





SPEAKER |

Sondi Sararaks

Director, Institute for Health Systems Research, National Institutes of Health (NIH), Ministry of Health (MOH) (Malaysia)

| EDUCATION |

- 1994 - 1996 Master of Community Health, Universiti Kebangsaan Malaysia (National University of Malaysia), Malaysia
- 1986 - 1991 MBBS, University Malaya, Malaysia

| EXPERIENCE |

- 2022 - Present Director, Institute for Health Systems Research, NIH
- 2017 - 2025 Head of Cluster: Universal Access and Quality Healthcare. Ministry of Health Research Fund Grant, Research Priority Setting for Health Systems Research For the 11th & 12th Malaysia Plan.
- 2011 - 2022 Head, Health Outcomes Research Centre, Institute for Health Systems Research.
- 2001 - 2011 Public Health Specialist, Institute for Health Systems Research
- 1996 - 2001 Public Health Specialist, Institute for Public Health

Strengthening Health Systems through Research: Malaysia's Experience with People-Centred Integrated Care

Sondi Sararaks

Director, Institute for Health Systems Research,
National Institutes of Health (NIH), Ministry of Health (MOH) (Malaysia)

Abstract

Malaysia's health system strengthening journey has increasingly focused on operationalising People-Centred Integrated Care (PCIC) as a cornerstone for sustainable and equitable healthcare systems. This presentation traces Malaysia's research experience across four interconnected phases: listening, building, linking, and learning—each contributing to embedding PCIC into the core of health system transformation.

Listening: Guided by global frameworks and grounded in local evidence, Malaysia developed a context-specific Person-Centred Care (PCC) framework for primary care. This phase emphasized uncovering hidden barriers within policy and governance. The Unvoiced Needs project surfaced challenges related to patient-provider communication and institutional responsiveness, prompting system-level changes to better support PCC implementation.

Building: Community-based initiatives such as Kampung Angkat (Adopted Village) exemplify how co-creation with local actors can decentralize and humanize service delivery. These platforms foster trust, adaptability, and sustainability by aligning healthcare interventions with local contexts and priorities. In Langkawi, an integrated care model wove preventive and curative services into a seamless continuum, strengthening cross-sector collaboration.

Linking: The evaluation of Malaysia's colorectal cancer screening pathway demonstrated how patient navigation, data-driven referrals, and inter-agency coordination could enhance care continuity and policy coherence. These linkages reflect broader system efforts to ensure governance, information flow, and service quality.



Learning: Quality systems and initiatives including Quality Assurance (QA) Conventions and the Quality Hub (QHub), institutionalized benchmarking, knowledge sharing, and ongoing professional development. These mechanisms support a culture of co-created quality and continuous improvement across the health system.

Malaysia's experience offers insights into leveraging research for policy and practice, to advance people-centred care—rooted in local realities, systemically integrated, and designed for sustainable growth.

透過研究強化衛生體系： 馬來西亞以人為中心的整合式照護經驗

Sondi Sararaks

馬來西亞衛生部 (MOH) 國家衛生研究院 (NIH) 衛生系統研究所所長

單位介紹

馬來西亞衛生部國家衛生研究院衛生系統研究所透過跨領域的科學研究，為衛生政策制定者與管理者提供實證資料，以強化國家衛生體系，改善全民健康福祉。自 1988 年起更獲世界衛生組織指定為「衛生體系研究與品質促進合作中心」，彰顯其在區域及國際間的专业地位與影響力。

摘要

馬來西亞強化衛生體系的歷程持續著重於落實透過以人為中心的整合式照護為基石，提供永續且公平的衛生體系。此演講回顧馬來西亞 4 大相互扣連階段的研究經驗：聆聽、建構、連結和學習，每個階段都對將以人為中心的整合式照護融入衛生體系的轉化核心做出貢獻。

聆聽：透過全球框架的指引及在地的證據基礎，馬來西亞為初級照護制定了以人為中心的照護框架。此階段強調揭露政策及治理中的隱藏障礙。無聲需求計畫 (Unvoiced Needs project) 顯示了許多病患及健康照護提供者間的溝通與機構回應的相關挑戰，促進系統層面的改革，以更好地支持以人為中心的照護的實施。

建構：以社區導向的倡議，例如認養村 (Kampung Angkat) 展示了如何與在地人共同創造去中心化且人性化的服務。這些平台透過將健康照護介入吻合至在地情況及優先問題，促進了信任、適應性、永續性。在蘭卡威，有一整合式照護模型無縫銜接預防及治療服務，強化跨部門的合作。

連結：馬來西亞結腸直腸癌篩檢路徑之評價證明了病患導航、資料驅動的轉診、以及機構間的協調能夠強化照護的持續性與政策的一致性。這些連結反應了更廣闊的系統層級努力，以確保治理、資訊流通與服務的品質。

學習：品質系統與倡議，包括品質保證協定與品質中心、制度化標竿學習、知識分享、持續的專業發展。這些方法都將成為支持共同創造衛生體系品質及持續進步的文化。

馬來西亞的經驗為參考研究來制定提升以人為中心的照護相關政策及行動提供相關見解，並將強調深根當地、系統性的整合、以及永續成長。



SPEAKER |

Kumiko Igarashi

Research Managing Director, National Institution of Public Health (Japan)

| EDUCATION |

- 2007/04 - 2010/03 Doctor of Philosophy in Medical Science, Graduate School of Medical and Dental Sciences, Niigata University, Japan
- 1999/04 - 2001/03 Degree, School of Sociology, Bukkyou University, Japan
- 1987/04 - 1990/03 Degree, Collage of Nursing, Kansai Medical University, Osaka, Japan

| EXPERIENCE |

- 2024/04 - Present National Institution of Public Health (NIPH), Japan
 - Research Managing Director
- 2020/04 - 2024/03 Ministry of Health, Labour and Welfare (MHLW), Japan
 - Director, Office of Health education and promotion, Department of Public Health, Health Service Bureau
 - Assistant director, Nursing Division, Health Policy Bureau
- 2018/04 - 2020/03 Cabinet Secretariat, Government of Japan
 - Assistant director to the counsellor, Coordination office of Measures on Emerging Infectious Diseases
- 2010/04 - 2018/03 Ministry of Health, Labour and Welfare (MHLW), Japan
 - Assistant Director Welfare Promotion Division, Social Welfare and War Victims' Relief Bureau
 - Assistant Director, International Cooperation Division, International Affairs, Minister's Secretariat
- 2006 - 2010 Director of International Health Research Division, Sakura Medical Research Center, Japan
- 2001 - 2006 Expert in Community Health, JICA Primary Health Care Project in Zambia
- 1996 - 1999 Program Officer in Community Health, WHO-JICA National Malaria Control Program, Republic of Vanuatu

Community-Based Integrated Care System for Achieving an Inclusive Society in Japan

Kumiko Igarashi

Research Managing Director, National Institute of Public Health (Japan)

Abstract

In the face of rapid demographic changes, Japan developed a community-based, integrated care system to ensure that all people, regardless of age or ability, can live with dignity and receive support in their local communities. Based on the principle of people-centered care, this system integrates medical, welfare, and social services to promote a holistic and sustainable approach to aging and inclusion.

A key feature of this model is intergenerational engagement, which fosters collaboration among older adults, individuals with disabilities, families with children, and community residents. Local governments have strengthened Community Comprehensive Support Centers to enhance individual autonomy and community resilience. These centers provide seamless access to health care, long-term care, and social services. These approaches are rooted in age-friendly environments and comprehensive, community-based strategies that maintain local support networks.

Furthermore, securing financial resources is crucial for ensuring the well-being of the elderly. Developing an equitable, inclusive, and sustainable care service delivery system is vital for providing adequate care.

As Japan prepares for 2040, maintaining this system will require adapting policies, continuing to innovate, and fostering stronger community engagement. By integrating medical and social care with citizen-driven initiatives, Japan's model offers valuable insights into the global discourse on people-centered care and provides a path toward a resilient, inclusive society.



以社區導向的整合式照護系統，實現共融社會

五十嵐久美子

日本國立保健醫療科學院首席研究員

單位介紹

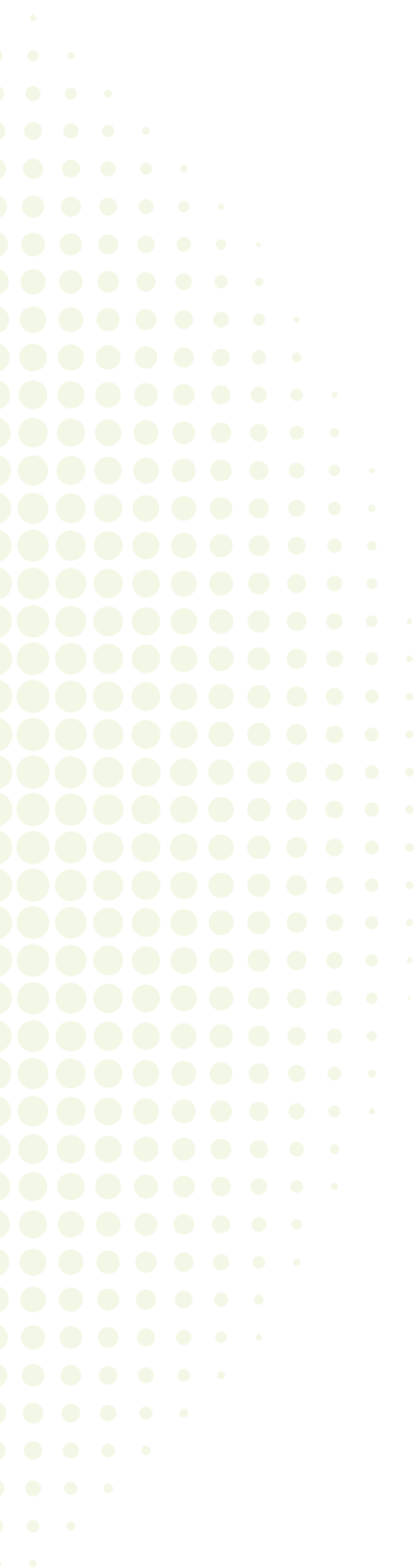
日本國立保健醫療科學院成立於 2002 年，為日本厚生勞動省轄下的核心研究機構。透過科學研究、人才培育及資訊傳遞，為日本的公共衛生、醫療服務、社會福利、政策提供科學根據，並培養相關領域的專業領導人才。

摘要

面對快速的人口結構變化，日本發展了一套以社區為導向的整合式照護系統，確保所有人，不論年齡或能力，都能活得有尊嚴並獲得在地社區支持。秉持以人為中心的照護原則，此系統整合醫療、福利與社會服務，以促進全面且永續的高齡化與社會共融的方法。

此模式的一個關鍵特點是跨世代參與，促進了高齡人口、身心障礙者、有孩童的家庭和社區居民之間的合作。地方政府已強化社區綜合支援中心，以提升個人自主性與社區韌性。這些中心提供無縫接軌的健康照護、長期照護和社會服務，讓這些方法扎根於高齡友善環境和全面性、以社區為導向的策略，以維繫在地支援網絡。此外，穩固的財務資源對於保障高齡人口的福祉至關重要，建立一個公平、共融且永續的照護服務輸送系統，對於提供充足照護來說是必要的。

日本持續為 2024 年的到來做準備，為了維護此系統將需調整政策、持續創新，並促進更強大的社區參與。透過整合醫療和社會照顧與公民推動的倡議，日本模式將為全球以人為中心的照護提供寶貴的意見，並為邁向一個具韌性、共融的社會開闢了一條新道路。





SPEAKER |

Nguyen Khanh Phuong

Director, Health Strategy and Policy Institute, Ministry of Health
(Viet Nam)

| EDUCATION |

- 2004 - 2011 PhD on Public Health, National Institute for Hygiene and Epidemiology, Vietnam
- 1996 - 1997 MSc on Health Economics, Chulalongkorn University, Bangkok, Thailand
- 1989 - 1994 Bachelor of Pharmacy, Hanoi College of Pharmacy, Vietnam

| EXPERIENCE |

- 2023/12 - Present Director, Health Strategy and Policy Institute, Vietnam
- 2024 - Present HTAsiaLink Scientific Board Member
- 2023 - Present Joint Learning Network, Steering Group Member
- 2023 - 2024 Member of the WPRO Technical Advisory Group for Universal Health Coverage
- 2020/03 - 2023/12 Vice Director, Health Strategy and Policy Institute, Vietnam
- 2006 - 2020 Head of Health Economic Department, HSPI, Vietnam
- 2002 - 2006 Deputy Head of Health Economic Department, HSPI, Vietnam
- 1996 - 2002 Researcher, HSPI, Vietnam
- 1996 - Present Having extensive experience in healthcare sector research, having held various positions, including project director, coordinator, senior technical officer, principal investigator, and national consultant. She has contributed to multiple studies that have provided critical evidence for shaping key health policies, such as health insurance and health financing reform.

Innovation of Healthcare Delivery at Grassroots Level for Strengthening Primary Health Care in Vietnam

Nguyen Khanh Phuong

Director, Health Strategy and Policy Institute, Ministry of Health (Viet Nam)

Abstract

In Vietnam, primary health care (PHC) is delivered at the grassroots level, with commune health stations (CHS) playing a central role. While Vietnam has made notable progress in positioning PHC as the foundation of its health system, challenges remain in ensuring equitable access, quality, and responsiveness to evolving population health needs. In recent years, the Ministry of Health has driven innovations in grassroots healthcare delivery to strengthen PHC through integrated, people-centered approaches, in line with the vision of building a healthy Vietnam in the new century, especially in the context of ongoing administrative reforms.

This presentation will provide a situational analysis highlighting key issues that need to be addressed to further strengthen PHC in Vietnam. It will outline major reforms and initiatives, including CHS re-organization, enhanced governance, improved infrastructure and equipment, workforce strengthening, financing reform, and innovations in service delivery through integrated and patient-centered care. Other highlights include the adoption of digital health solutions for patient management and telemedicine, and multi-sectoral collaboration to address social determinants of health.

The presentation will also emphasize enabling factors such as supportive policy reforms, workforce capacity building, sustainable financing mechanisms, and partnerships with local communities and international organizations. These experiences offer valuable lessons for APEC economies seeking to enhance PHC resilience and responsiveness, ensuring that no one is left behind in the journey toward universal health coverage.



以基層創新強化越南初級健康照護

Nguyen Khanh Phuong

越南衛生部衛生策略與政策研究所所長

單位介紹

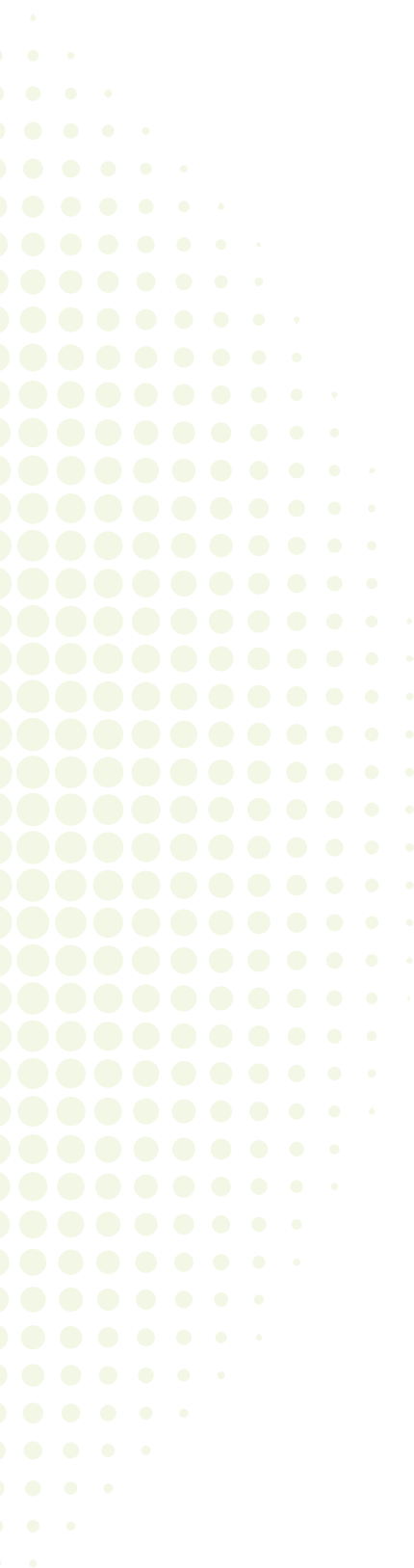
越南衛生部衛生策略與政策研究所的使命為透過全面性的科學研究，為越南衛生部的策略規劃、政策制定、法律建構及管理提供理論與實證資料，是支撐越南衛生體系改革與發展的關鍵官方智庫。

摘要

在越南基層提供的初級健康照護服務 (PHC) 中，社區衛生站 (CHS) 扮演著重要的角色。儘管越南已在將初級健康照護作為衛生體系中的基礎上取得顯著進展，但在確保公平的可近性、品質、以及因應持續變化的民眾健康需求上仍存在許多挑戰。近年，越南衛生部積極推動創新的基層健康照護模式，透過以人為中心的整合性策略強化初級健康照護，以符合在新世紀，特別是持續推動行政改革的背景下，打造「健康越南」的願景。

本次演講將提供越南的現況分析，並將著重於強化越南初級健康照護時需因應的重要議題，內容將概述主要的改革及倡議，包括重組社區衛生站、提升治理、加強基礎建設及設備、強化勞動力、財政改革、以及透過以病人為中心的整合式照護提供創新服務。其他亮點包括採用數位健康方案進行病人管理與遠距醫療，以及多部門協作因應健康的社會決定因素。

本次演講亦將強調關鍵推動因素，例如支持性的政策改革、勞動能力建構、永續財政機制、當地社區及國際組織的夥伴關係。這些經驗將為尋求提升初級健康照護韌性及因應能力的 APEC 經濟體提供寶貴的學習借鏡，以確保在實現全民健康覆蓋的過程中絕不會遺漏任何一個人。





SPEAKER |

Hui-Wen Tien

Physician and Director, Xiulin Township Health Center, Hualien County

| EDUCATION |

- 2021/09 - Present In Progress (Doctoral Program, Graduate Institute of Medical Sciences), Tzu Chi University
- 1983/10 - 1990/06 Bachelor (Department of Medicine), Kaohsiung Medical University

| EXPERIENCE |

- 1997/11 - Present Physician and Director, Xiulin Township Health Center, Hualien County
- 2020 - Present Co-Principal Investigator, Integrated Community-Based Long-Term Care Demonstration Project
Funding Agency : Health Promotion Administration
- 2022 - 2024 Co-Principal Investigator, Holistic Care Implementation Program for Rural and Indigenous Areas
Funding Agency : National Health Insurance Administration, Ministry of Health and Welfare

Culture-Centered, Person-Focused: Building Inclusive Models of Integrated Care

Hui-Wen Tien

Physician and Director, Xiulin Township Health Center, Hualien County

Abstract

In Taiwan's rural and Indigenous regions, delivering healthcare requires more than clinical treatment—it demands cultural understanding and social integration. Xiulin Township, the largest mountainous Indigenous area in Taiwan, has pioneered a culturally grounded model of whole-person integrated care. By linking medical services with public health, long-term care, mental health, and community networks—including the integration of medical and dental services that embed oral health into regular outreach and shared care planning—the local health center has developed an inclusive system that is both culturally respectful and sustainably structured.

This presentation shares practical insights from over two decades of grassroots work, illustrating how culturally safe practices and community partnerships can bridge systemic gaps. The Xiulin experience offers valuable, adaptable strategies for APEC economies seeking to build people-centered and culturally inclusive care models.



文化為本，全人為心：邁向共融的整合照護模式

田惠文

花蓮縣秀林鄉衛生所醫師兼主任

摘要

在台灣의 偏鄉與原住民族地區，提供健康照護需要的不僅止於臨床治療，更需要文化理解與社會整合。台灣最大的山地原住民族地區—秀林鄉，率先開創了一個以文化為基礎的全人整合照護模式。透過將醫療服務與公共衛生、長期照護、心理健康及社區網路相互連結，包括整合醫科與牙科服務，將口腔健康融入常規外展服務與共同照護計畫中，秀林鄉衛生所發展出一個既尊重文化又具永續結構的共融系統。

本次演講將分享超過二十年在基層工作的實務經驗，闡述文化安全實踐與社區夥伴關係如何彌補系統性落差。秀林鄉的經驗可為 APEC 經濟體，在尋求建構以病人為中心、具文化共融的照護模式上，提供寶貴且合適的策略。

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