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Access amplified:

Technology solutions for improving  
healthcare access in Asia Pacific

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# Foreword

Asia Pacific's healthcare landscape reflects significant progress with improvements in key health indicators and universal health coverage, but persistent structural challenges remain. Geographic diversity, economic inequality, fragmented health systems, workforce shortages, and shifting demographics are among the factors driving uneven access to care. Across the region, health outcomes are still shaped more by circumstance than by need.

These issues converge across four interconnected levers – demand, supply, cost and quality – defining health access for more than 4.8 billion people.<sup>1</sup>

Digital health and technology-enabled care now offer some of the most effective means to tackle these barriers. Agentic AI, automation and virtual care are transforming delivery models – allowing providers to expand reach, personalise care, and improve outcomes, often without increasing costs. At scale, technology can reduce demand by empowering people to stay healthier, increase supply by serving more people, drive down costs through efficiencies, and improve quality through data-driven insights.

This report showcases how organisations across Asia Pacific are using technology to close gaps in care – from telehealth and electronic health records to Physical AI and smart hospitals. We share these examples to spark practical initiatives and collaboration among providers and policymakers. Yet, technology alone is not sufficient. Effective policy and strong leadership are essential to guide adoption and ensure technology advances equity, rather than deepen disparities. We offer key considerations for those committed to sustainable, inclusive health access.

We are pleased to launch the Deloitte Asia Pacific Health Institute with this report. Through our global network, we support meaningful change in healthcare delivery, share evidence-based insights, and foster cross-border collaboration to strengthen health systems across the region. We invite you to join us in shaping a future where all people in Asia Pacific can achieve their full health and wellbeing potential. Addressing these challenges is not just essential for our region – it is vital for global prosperity.



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# Healthcare access challenges in Asia Pacific

Asia Pacific faces a convergence of systemic challenges that shape access to healthcare. For policymakers and providers, understanding these factors is crucial to designing effective, equitable solutions.



## Geographic diversity and climate impact

Outside its densely populated cities, the region's vast distances, remote terrain, and dispersed populations make service delivery across rural, mountainous, and island regions logistically complex. These challenges intensify workforce shortages, contribute to elevated rates of chronic disease, and longer wait times for care.

Climate change compounds these issues, threatening healthcare infrastructure through service disruptions, power outages, and damaged transport links. Rising temperatures and extreme weather events are increasing admissions for heat-related, respiratory, and cardiovascular conditions, while also altering patterns of infectious disease and undermining food and water security. Vulnerable populations and island nations are most at risk, and mental health burdens are growing.



## Health system fragmentation and affordability

While some economies have established robust primary care, many are still developing accessible, community-based health services. Where primary care is lacking, patients face higher costs, delayed diagnoses, and inconsistent quality of care. This fragmentation limits system efficiency and equity.



## Workforce shortages

A lack of doctors, nurses and allied health professionals restricts service capacity and weakens health system performance. Overwork and administrative burdens are fuelling burnout and attrition, particularly in urban-centric systems where resources are concentrated in major cities. Rural and remote communities remain underserved, with vulnerable groups in low-income and isolated areas facing the greatest gaps.



## Entrenched income inequality

Asia Pacific is home to both some of the world's wealthiest and poorest populations. Despite rapid economic growth, income disparities persist: nearly half the region's population (49.5% or 2.1 billion people) are expected to live on less than US\$8.30 per day in 2025.<sup>2</sup> Inequality restricts equitable access to care – especially for those without insurance or with limited health literacy. Research from high- and middle-income countries alike shows that poverty predicts poor healthcare access, with barriers including distance, appointment availability, wait times, and out-of-pocket costs.<sup>3</sup>



## Demographic shifts

Population ageing is intensifying demand for chronic disease management and long-term care, placing further strain on healthcare systems. Conversely, younger countries continue to face challenges in maternal health and child mortality, underlining the diversity of health needs across the region.

These challenges are interlinked and are reflected across four dimensions – demand, supply, cost and quality. Addressing them requires coordinated action and innovation.

The following chapters explore how technology can drive transformative change, with solutions and policy recommendations that expand supply by reaching more people faster, improve efficiency to reduce costs, enhance care quality, and even help lower demand by keeping populations healthier.

# The role of technology in driving change and amplifying access

Asia Pacific's healthcare challenges manifest across four closely interrelated domains: demand, supply, quality and cost. Using technology solutions to target these levers offers the greatest opportunity to address these issues and broaden access for all.



## Increasing demand for healthcare

The region's rapidly ageing population and escalating prevalence of chronic and complex diseases are stretching health systems and increasing demand. By 2050, up to 40% of citizens in Japan and Korea will be aged 65 or above, intensifying the need for chronic disease management and long-term care.<sup>4</sup> India faces rising rates of diabetes, cardiovascular disease, and cancer<sup>5</sup>, while in Taiwan, noncommunicable diseases account for nearly 80% of all deaths.<sup>6</sup> New Zealand expects the cost of type 2 diabetes to reach NZ\$3.5 billion by 2040 unless effective interventions are implemented.<sup>7</sup>

## Technology to keep people healthier

Access to health information, consumer technologies, remote patient monitoring, patient portals and mobile health (mHealth) apps help manage demand, enabling proactive care, early intervention and population health management – reducing pressure on hospitals and clinics.



## Limited supply and provision of healthcare

Healthcare supply is constrained by infrastructure gaps, underinvestment and workforce shortages. The WHO projects a global shortfall of 11 million health workers by 2030.<sup>8</sup> Competition for talent is fierce with clinicians moving nationally, and around the region, for higher salaries, leaving rural locations disproportionately affected and forcing patients to travel long distances for basic services. Migration for better pay and conditions further exacerbates shortages and inequity.<sup>9</sup>

## Technology to increase supply and serve more people, faster

Telehealth platforms connect remote patients with clinicians, while AI-powered triage systems focus resources where they are needed most. Smart rostering, workflow automation and AI agents further optimise staffing and reduce administrative burden – enabling health systems to do more with less.



## Rising healthcare costs

Rising healthcare costs are driven by inflation, new medical technologies, a decline in funding of public healthcare systems and medical system design, which in some Asia Pacific economies has little or no cost-sharing.<sup>10</sup> In addition to squeezing public budgets, healthcare inflation – projected at 12.3% in 2025<sup>11</sup> – is putting pressure on out-of-pocket expenses and insurance coverage, threatening access even for middle-income populations. Many in the region face high out-of-pocket expenses, with the 'missing middle' in India lacking insurance altogether.<sup>12</sup> Cost barriers impact access, especially for low- and middle-income populations.

## Technology to deliver efficiencies

Electronic health records centralise patient data and reduce duplication, while robotic process automation streamlines billing and scheduling. AI agents optimise patient flow and supply chain management, digital prescriptions improve medication safety, and automated rostering enhances staff scheduling – collectively, lowering costs for providers and patients., and automated rostering enhances staff scheduling – collectively, lowering costs for providers and patients.



## Health quality and outcomes are not increasing in line with escalating costs

Despite rising expenditure, health outcomes and quality of care remains inconsistent. There is a surge in chronic, non-communicable diseases and public health spending is often below international benchmarks. In India, for example, it stands at 1.9% of GDP, below the targeted 2.5%.<sup>13</sup> Even in advanced economies, there is underinvestment in physical facilities and in technology solutions. New Zealand's small population limits economies of scale, keeping healthcare spending above OECD averages.<sup>14</sup> Despite this, Māori and Pacific peoples still face lower life expectancy and earlier onset of chronic conditions.

## Technology to deliver better care

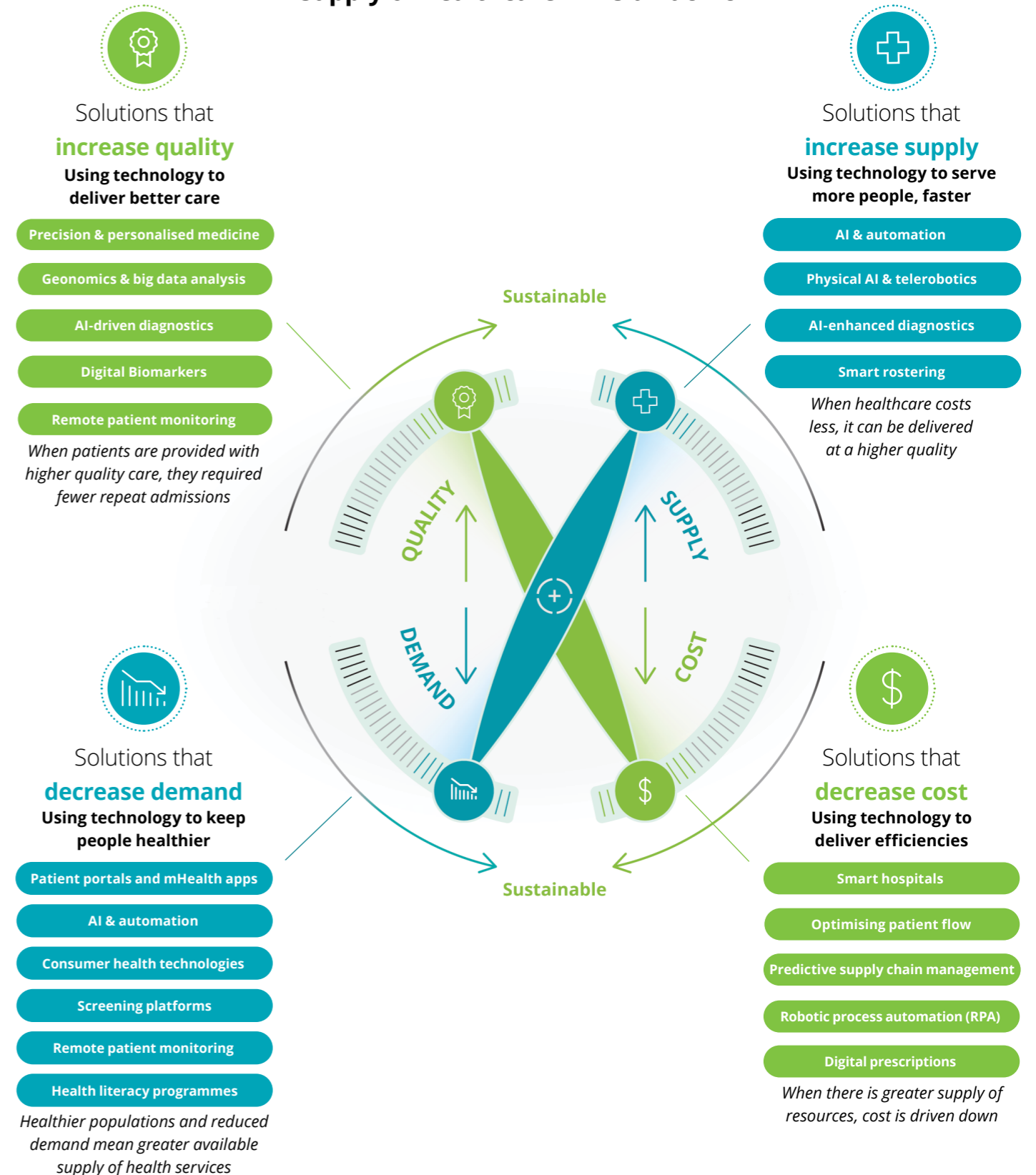
Genomics and big data analysis, precision and personalised medicine, Physical AI, digital biomarkers, and integrated health records drive improvements in care quality and outcomes – reducing the need for repeat admissions – reducing the need for repeat admissions.

The four pressures – increasing demand, limited supply, rising costs and uneven quality – create a tightening spiral for health systems across Asia Pacific. Public policy that deliberately aligns incentives, regulation and investment with targeted digital levers can break that spiral, improving access and outcomes.

In the following chapters we share examples from across the region to learn from others across the region and provide policy considerations to guide direction, enable adoption and scale impact.

# Technology solutions for amplifying healthcare access

## How technology can reduce costs and demand, while improving care quality and supply of healthcare in Asia Pacific



# Driving down demand

## Using technology to keep people healthier


With increasing disease complexity and disparities in health, growing demand for healthcare services is outpacing supply. Investing in population health is vital to help reduce demand for clinical services. Digital tools can help strengthen population health, reduce pressure on services and open access to more people through self-service and remote monitoring.

Governments can support this by prioritising preventive programmes and supporting scalable digital prevention and self-service tools that empower people to manage their health, stay healthier and require fewer clinical services. By subsidising patient facing technologies – mHealth apps, remote monitoring, AI self triage and wearable based interventions – and embedding them within population health strategies, policymakers can shift care upstream, improve health literacy and reduce costly downstream utilisation.

### Digital technologies for self-service Access to healthcare information

Studies indicate that providing patients with access to timely and accurate health information contributes to higher patient satisfaction and improved health outcomes. Digitalised personal health records play an important role in providing convenient, secure access to health information anytime and anywhere. They enable people to track their medical history, medications, and test results, support informed decision-making, and facilitate communication with healthcare providers. This improved access increases health literacy, encourages self-management, and ultimately helps people take a more active role in their own care.

Patient portals and mobile health (mHealth) apps empower patients by providing direct access to their health information and test results, and the ability to book appointments, order prescriptions, and communicate with providers. This increases patient engagement and autonomy in managing their own health. Hospitals throughout the region are increasingly adopting "digital front doors" – apps and AI agents that integrate directly with hospital information systems to allow scheduling, viewing lab results, and virtual visits – cutting wait times and improving satisfaction scores.


 Australia's My Health Record system provides individuals with a secure online summary of their key health information. Managed by the Australian Digital Health Agency, the platform centralises important documents like hospital discharge summaries, medication history, and pathology reports, giving individuals and their authorised healthcare providers timely access to a more complete picture of a patient's health. Individuals remain in control of their record, with the ability to manage privacy settings and see who has accessed their information.<sup>15</sup>

Taiwan leverages My Health Bank 2.0, the National Health Insurance Administration's (NHIA) personalised cloud-based service, to enable patients to access comprehensive medical records without paperwork, providing a clear and accurate picture of their health status. By empowering users to play an active role in monitoring and managing their own health, My Health Bank 2.0 supports a gradual shift toward a greater emphasis on proactive self-management at the system level, while complementing traditional treatment-centric care models.<sup>16</sup>

### AI & automation for self-service care

AI-enabled assistants are helping alleviate pressure on clinical services by handling queries that don't require direct clinician interaction. They offer 24/7 personalised interaction (including offering linguistically and culturally appropriate communication), knowledge surfacing and service navigation or triage.

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 In Australia, SiSU Health Stations are self-service kiosks that allow the community to measure key health metrics like blood pressure, weight and body composition in minutes. By providing immediate, easy-to-understand results and digital tracking, the stations are located in a popular pharmacy store chain giving people free and convenient access to their personal health data, empowering them to monitor their wellbeing proactively.

In New Zealand, the Headstrong app supports youth mental health and offers te reo Māori content, ensuring it meets the needs of Māori rangatahi and providing culturally relevant, accessible, around-the-clock mental health support.<sup>17</sup>

### Consumer health technologies


People are increasingly using wearables to better track and manage their health changes or seek care earlier, leading to more empowered and informed populations. Leveraging digital biomarkers (datapoints collected through digital sensors) to provide health insights, the smart wearable health devices market was valued at US\$13.8 billion in 2020 and is expected to grow to US\$37.4 billion by 2028.<sup>18</sup>

 The ShuKang App in China is an NMPA-certified digital therapy platform used by more than 80,000 individuals with chronic conditions and injuries. It combines remote assessment, personalised exercise and nutrition programmes, and wearable hardware for continuous health monitoring and direct patient-provider communication, fostering long-term engagement and improved compliance.

## Digital technologies for prevention

### Digital platforms for screening and prevention

Digital platforms are a key enabling technology for screening and prevention, enabling more proactive care.

 In India, Niramai's<sup>19</sup> AI-powered thermal imaging platform is used for early breast cancer screening. The technology is non-invasive, portable, and cost-effective, making it suitable for community health centres and rural outreach. By detecting cancer at earlier stages, Niramai is expanding access to life-saving screening and improving public health outcomes.


New Zealand's Consumer and Population Identification and Registration platform (CPIR)<sup>20</sup> is a digital tool developed to help healthcare providers identify and communicate with individuals who are eligible for specific health services, such as breast screening and immunisation. By combining multiple data sources with geospatial and demographic insights, it enables targeted, personalised outreach – such as text or email campaigns – it reduces administrative burden and improves contact accuracy, saving time and money while enhancing equity. With over 2 million messages sent across national health campaigns, CPIR is proving its value in reaching priority groups and supporting proactive, data-driven healthcare. It's a foundational tool for making health services more inclusive, efficient, and responsive.

Singapore's national HealthTech agency, Synapse, developed the "Assisted Chronic Disease Explanation using AI" (ACE-AI) tool to analyse patient data to identify individuals at high risk of developing diabetes or hyperlipidemia within the next three years. By identifying high-risk individuals before disease onset, the system can prevent serious cardiovascular events and reduce long-term costs. This tool will be rolled out to all Healthier SG GP clinics and polyclinics by early 2027.<sup>21</sup>

### Remote patient monitoring (RPM)

Technologies are changing the nature of what is possible outside of hospital environments. Physical AI uses intelligence from autonomous software agents into robotics, sensors and medical devices to enable real-time monitoring. Integrated digital biomarkers enable continuous monitoring and earlier intervention, driving better health outcomes outside of clinical settings and can reduce unnecessary and costly emergency room visit.

Physical AI is transforming patient care in disease management and rehabilitation. For chronic conditions like diabetes and hypertension, mobile apps and wearable devices empower patients to self-manage through medication reminders, health tracking, and connected monitors. A more advanced form of this is Digital Therapeutics (DTx), which uses evidence-based software to deliver interventions for managing conditions like depression and diabetes. In rehabilitation, Virtual Reality can provide immersive and gamified environments for patients recovering from strokes or musculoskeletal injuries, making repetitive exercises more engaging. These tools enhance patient engagement and facilitate better communication with providers, leading to more personalised care.

 Singapore's Ministry of Health remote monitoring programme enables patients with chronic conditions such as hypertension and diabetes to use connected devices at home. The idea was spurred on by the success of the national telehealth programme that emerged during the COVID-19 pandemic, which has allowed users to gradually warm to telehealth medicine and apps. With the remote monitoring programme, patient data is shared in real-time with care teams, which has contributed to reduced hospital readmissions and improved chronic disease management.<sup>22</sup>

### Health literacy programs

Digital health literacy programmes empower individuals to understand and manage their health, leading to greater prevention of illness and healthier behaviours. By improving knowledge and confidence in using digital health tools, these programmes help people make informed choices, reducing the incidence of preventable conditions and ultimately lowering demand for healthcare services.

 Particularly popular in China, short video platforms, social media and WeChat have become a major source for people to obtain health-related knowledge. With the rapid development of smart healthcare, healthcare professionals and pharmaceutical companies are using their clinical expertise to produce easy-to-understand short video content that translates complex medical knowledge into digestible health tips from medication guidance, healthcare stories, and everyday science education. According to data from the National Health Commission, the national health literacy level increased from less than 10% in 2014 to 30% in 2023 – attributed to the rise of online information.<sup>23</sup>

# Driving up supply

## Using technology to serve more people, faster, with limited resources

Across Asia Pacific, limited supply and provision of healthcare is largely due to inadequate infrastructure, investment and workforce shortages. Funding alone will not fix the problems without using technologies such as Agentic AI and workflow automation to support healthcare systems to do more with limited staff and resources.

Governments should consider prioritising policy choices that expand capacity through AI agents (“digital FTEs” or “digital teammates”) by investing in digital infrastructure, funding digital upskilling, and reforming scope of practice and reimbursement rules so technology can safely substitute or extend clinical capacity. Clear regulatory standards, funding for pilot-to-scale pathways and incentives for adoption will help maximise the impact of AI, telehealth and smart rostering to serve more patients faster with the same or fewer resources.

### Addressing clinical supply

Accelerating domestic growth of the clinical workforce is challenging for a number of reasons. Establishing more tertiary institutions for clinician training is a viable long-term strategy, but requires significant lead time and funding, and is unlikely to meet immediate needs. Recruiting overseas clinical staff appears intuitive – and is a widely used approach – however competition across and within Asia Pacific economies means supply is limited and uneven.

Therefore, growing the workforce via domestic and international sources to address shortages, must be complemented by increased efficiency through technology. Deploying “digital FTEs” or “digital teammates” helps boost output and reduce administrative burdens, making healthcare roles more attractive and sustainable.

### AI & automation

AI provides much-needed opportunities for increased efficiency – and improving the clinician experience. Generative AI tools, like Nabla, Lyrebird and Heidi, automate clinical documentation to enable healthcare professionals to focus more on patient care. SingHealth has piloted Note Buddy, to transcribe conversations in English, Mandarin, Malay and Tamil.<sup>24</sup> Other AI tools are improving, not just the patient experience, but their next-of-kin as well. Singapore’s Sengkang General Hospital is exploring using GenAI to interpret medical shorthand and automatically generate SMS updates for next-of-kin notification regarding a patient’s location, procedure status or discharge<sup>25</sup> – addressing a significant operational bottleneck: the time clinicians spend communicating routine updates to families.

India has undertaken one of the world’s largest digital health infrastructure initiatives through the Ayushman Bharat Digital Mission (ABDM), led by the National Health Authority.<sup>26</sup> The programme is building a nationwide interoperable digital health ecosystem that enables citizens to create unique digital health IDs and securely link medical records across providers.

As of August 2025, over 800 million citizens were onboarded, with the network connecting around 670,000 healthcare professionals and more than 400,000 health facilities across India, supporting the delivery of interoperable digital health services.<sup>27</sup>

AI is being positioned as a core enabler of China’s “Healthy China 2030” agenda, shifting healthcare from experience-driven to data-driven decision making. Policy direction has moved from experimentation to scale, with a clear target to achieve near-universal AI-assisted diagnostics at the primary care level by 2030. Beyond efficiency gains, AI is expected to support system-wide transformation – from reactive treatment to proactive health management through data integration and early intervention. Key applications already emerging include AI-assisted diagnosis, surgical robotics and large-model support for complex disease identification. Overall, AI is evolving from a point solution into a foundational capability to improve accessibility, quality, and equity across the healthcare system.<sup>28</sup>

### Telehealth platforms

Telehealth and remote health services can significantly improve access to healthcare for rural, remote and under-served populations, the elderly, and those with mobility issues by reducing travel time and costs and supporting follow up care and chronic disease management. As telehealth evolves, we are seeing emerging innovation in telerobotics – which combine digital channels and robotics to enable local machines to be operated by remote clinicians, with current applications in ophthalmology and dermatology.

New Zealand’s 24/7 Digital Health Service was launched in July 2025 and provides virtual consultations with NZ-registered doctors and nurses anytime, anywhere, removing barriers like travel, clinic hours, and workforce shortages. Particularly valuable for rural communities, shift workers, and those with limited mobility or childcare, it offers timely care through phone or video and helps prevent minor issues from escalating and reduces pressure on emergency departments. The service also supports continuity by linking patients to prescriptions, referrals, and follow-up care. Ultimately, it makes primary healthcare more flexible, equitable, and responsive to modern needs.

Telehealth has expanded rapidly in India, particularly through the Government’s national telemedicine platform eSanjeevani. The platform connects patients and doctors through both doctor-to-doctor and patient-to-doctor teleconsultations and operates across all states and union territories. As of early 2026, it has served more than 456 million patients and connects roughly 156,000 public health facilities, significantly expanding access to care in rural and underserved areas.<sup>29</sup>

Japan’s national telerobotics pilot programme aims to address rural healthcare gaps, with the University of Tsukuba deploying remote-controlled robotic ultrasound systems. This allows specialists in Tokyo to perform diagnostic procedures for patients in isolated prefectures, reducing patient travel by up to 80% and accelerating treatment for conditions such as diabetic retinopathy.<sup>30</sup>

Taiwan’s 5G remote abdominal ultrasound service expands specialist diagnostic capabilities to underserved regions. Using low-latency, high-bandwidth 5G networks, specialists at Mackay Memorial Hospital in Taipei conduct real-time ultrasounds for patients in rural Jiashi Township without the need for travel. As Taiwan’s first cross-county 5G tele-ultrasound programme, the initiative brings specialist expertise from large medical centres to rural areas, improving access to essential diagnostic services. With more than 90% patient satisfaction, the initiative highlights how digital infrastructure can make specialist services more widely available and help bridge urban–rural healthcare gaps.<sup>31</sup>

### AI-enhanced diagnostics

Beyond healthcare efficiency, AI is being used to enhance diagnostics.

In South Korea, Yonsei University Health System’s Dr. Answer AI platform supports clinicians with diagnostic decision-making and has demonstrated reductions in administrative burden and diagnostic times. Dr. Answer is now entering phase 3.0 with 26 institutions using the technology, and AI-Based prognosis management services are being developed for 10 different disease categories.<sup>32</sup>

Mayapada Healthcare in Indonesia is transforming its medical imaging data management by teaming up with Siemens. Its AI-powered solution streamlines workflows, eliminates costly redundancies, and reduces ownership costs by consolidating software across departments, while patients gain direct access to their medical information.<sup>33</sup>

Singapore’s AimSG platform aims to simplify adoption and reduce diagnostic wait times by providing shared infrastructure to help hospitals access a variety of AI models across multiple imaging modalities.<sup>34</sup> In practice, AimSG has demonstrated significant throughput – processing 40,000 cases in its first six months (about 700 per day) with an average turnaround of 45 seconds per case.<sup>35</sup> This rapid processing supports effective triage of urgent cases.

Indian social venture, Glocal Healthcare Systems<sup>36</sup>, is demonstrating how AI can deliver high-quality, low-cost healthcare through a pioneering a “phygital” (physical and digital) model. Its network of tech-equipped “digital dispensaries” – some as small as 64 square feet and operated by local workers – incorporates the Internet of Things (IoT), point-of-care devices, and an AI-driven clinical decision support system. This model provides comprehensive care, including remote doctor consultations, diagnostics, and medication from in-clinic vending machines for the equivalent of about US\$3, without needing costly infrastructure or on-site specialists. The system’s AI is capable of delivering timely and accurate diagnoses to remote doctors. By increasing productivity so efficiently, this model proves that robust, high-quality healthcare can be delivered at a low cost, making it an accessible reality for rural and low-income populations.

India’s Ai Health Highway has an AI-powered stethoscope, AiSteth<sup>37</sup>, that integrates signal processing and machine learning to help clinicians “see” heart and lung sounds as visual waveforms on a smartphone, providing early and accurate distinctions between normal and abnormal sounds. It used advanced noise cancellation to allow data to be recorded and shared for remote diagnosis. By empowering non-specialist health workers to conduct advanced screenings, the device has been used to screen over 53,000 patients across more than 18 states.<sup>38</sup>

### Smart rostering

Smart staffing tools, such as AI-enabled rostering and capacity management platforms, are already being deployed across the region to address workforce shortages and uneven demand.

In Japan, health systems working with technology firms have piloted AI agents that analyse historical admissions, seasonal illness patterns and staff availability to dynamically adjust shift allocation and reduce overtime burdens while maintaining safe staffing ratios.<sup>39</sup>

Similarly, India’s large private hospital networks are using predictive analytics to anticipate patient surges, automate scheduling and redeploy clinicians across facilities, helping manage high patient volumes without proportional workforce growth.<sup>40</sup>

These examples demonstrate how AI-driven workforce optimisation can expand functional capacity by smoothing demand, minimising idle time, and allowing scarce clinical expertise to be distributed more efficiently, creating scalable hospital management systems that support, rather than replace, frontline healthcare workers.

# Driving down cost

## Using technology to deliver efficiencies

Healthcare systems worldwide face mounting financial pressures driven by factors such as inflation and workforce shortages and compounded by operational inefficiencies. Technology has the potential to reduce operational expenditure in healthcare by streamlining processes, enhancing efficiency and reducing waste.

Governments can drive down costs by aligning policy levers, such as procurement standards, health technology assessment requirements and payment models, to reward prevention, efficiency, and digitally-enabled care. Prioritising investments in interoperable electronic health records (EHRs), smart hospital infrastructure, predictive supply chain tools and automation, alongside clear procurement and scaling pathways, will reduce waste, streamline operations and ease financial pressures while protecting quality and access.

### Smart connected hospitals

Smart hospitals integrate the Internet of Things (IoT), Physical AI and robotics to enhance patient care, operational efficiency, and resource management. The global smart hospitals market was valued at US\$100 billion in 2024 and is expected to be worth five times that by 2034.<sup>41</sup> Examples include Singapore's Ng Teng Fong General Hospital which employs AI-powered predictive tools to optimise patient flow


#### Key features of smart hospitals, include:

- EHRs: streamline patient information sharing across facilities, reduce duplication, improve continuity of care and informed decision-making and medical errors
- Asset tracking: tracks optimal use and timely maintenance of medical equipment
- Integrated diagnostic tools: imaging devices, lab equipment, and monitoring systems with automatic data upload capability
- Smart beds: hospital beds equipped with sensors to monitor patient occupancy
- Environment sensors: reduce utility costs by maintaining constant temperatures
- Automated inventory management: continuously monitor inventory levels and automate reordering processes
- Predictive maintenance: monitor the condition of medical equipment, predicting maintenance needs before breakdowns occur
- Workflow optimisation: digital tools streamlining workflows and accelerating task allocation

### Optimising patient flow

Workflow optimisation can streamline patient journeys and expedite patient flow through the hospital, eliminating costly bottlenecks. Integrated bed management systems can track bed availability in real time, ensuring efficient use of bed space and reducing patient wait times, improving bed turnover rates, and


maximising hospital capacity. Other systems can manage waitlists and optimise scheduling, leveraging predictive analytics to forecast admissions and discharges, staff assignments and equipment usage to prevent backlogs.

 An example of this can be found in China, where the government is actively leveraging digitalisation to enhance healthcare efficiency, a core component of its 'Healthy China 2030' strategy. Through "Hospital + Internet" and "Internet + Hospital" models, hospitals use telemedicine, online scheduling, and automated check-in kiosks to streamline patient flow. Efficiency gains also come from augmented reality (AR) navigation and service robots that reduce queues and support seamless patient journeys within hospitals, optimising bed and resource utilisation.

Singapore is pioneering the use of digital twins – virtual replicas of hospital environments – to optimise patient flow and resource management through its SingHealth National Smart Hospital project. By integrating the Twinalytx platform across eight facilities, administrators can model and refine complex workflows, achieving significant outcomes such as a 92% reduction in medication errors via robotic-twin coordination.<sup>42</sup> At Changi General Hospital, a digital twin of the Emergency Department is allowing staff to simulate and test new staffing models or triage configurations before physical implementation. This "virtual rehearsal" capability is a critical risk-mitigation tool, ensuring operational changes are proven effective in a simulated environment first.<sup>43</sup>

### Predictive supply chain management

Predictive analytics can be applied across the healthcare supply chain including maintenance and equipment management. Equipment downtime can be reduced through identifying potential failures before they occur, and supply chain operations can be streamlined, accurately forecasting the demand for medical supplies.


 In Taiwan, the National Health Insurance Administration (NHIA)'s MediCloud 2.0 platform integrates data visualisation and active reminder functions to support clinical decision-making and improve workflow efficiency. By enabling healthcare professionals to access consolidated patient information and receive alerts on issues such as drug interactions and repeated tests, the system has generated measurable cost savings. MediCloud is estimated to have reduced repeated drug expenses by NT\$10.97 billion between 2014 and 2021 and reduced the cost of repeated examinations by 1.64 billion NHI reimbursement points from 2018 to 2021, illustrating how national-level health data integration can support resource efficiency and reduce unnecessary utilisation.<sup>44</sup>

In Singapore, the public healthcare system leverages predictive analytics to enhance its supply chain management. ALPS, the central supply chain agency for Singapore's public

healthcare sector, operates a state-of-the-art warehouse that uses its own proprietary IT systems to centralise inventory planning and demand forecasting. By analysing data in real-time, the system can predict the need for medical supplies across the nation's public health institutions, ensuring that stock levels are optimised and essential items are delivered where they are needed most. This data-driven approach allows for the effective management of potential supply chain disruptions and improves overall efficiency.<sup>45</sup>

### Robotic Process Automation (RPA)


RPA and Agentic AI can be leveraged as part of streamlined workflows to automate repetitive, rule-based tasks, removing human oversight so that healthcare professionals can focus on patient care – saving on administrative costs. The market for RPA in healthcare is currently valued at US\$2.05 billion and is expected to reach US\$6.05 billion by 2032.<sup>46</sup> Applications include appointment scheduling, billing and claims processing, data entry and management and prescription management.

 In New Zealand, Healthcare Holdings Limited has implemented RPA to reduce costs by optimising Accident Compensation Corporation (ACC) invoicing and receipting at Mercy Radiology. The virtual worker, known as 'Matilda', completes tasks in two hours that previously required two employees working three to five hours daily. Additionally, Matilda has decreased error rates by 10% and expedited cash flow by enabling daily submissions to ACC, replacing the former weekly schedule.<sup>47</sup>

Implementing RPA in SingHealth's Business Office saved 4,300 work hours annually, increasing job satisfaction by allowing staff to focus on higher-value work. By automating 90% of the manual effort spent monitoring submission deadlines, the team is freed to concentrate on urgent tasks and strategic process improvements, enhancing both efficiency and employee development.<sup>48</sup>

### Digital prescriptions

Digital prescriptions help hospitals cut costs and boost efficiency by automating medication management, reducing administrative workload and minimising errors. They streamline workflows, enable real-time checks for drug interactions and allergies, and integrate with electronic medical records, allowing clinicians to make faster, safer decisions. Direct transmission to pharmacies speeds up patient discharge and reduces staff time spent on paperwork, while digital records support better analytics and continuous process improvement.

 In China, e-commerce platforms have enabled real-time drug delivery by integrating advanced logistics with traceability technology. Leveraging its established e-commerce and logistics infrastructure, Alibaba provides rapid pharmaceutical delivery, including 30-minute services in key cities and one-hour "urgent drug delivery" options. This capability is supported by AliHealth's "Ma Shang Fang Xin" platform, which assigns a unique QR code to every drug package for complete origin-to-destination tracking. Patients can scan the code, instantly accessing real-time supply chain data and verifying the medication's authenticity and distribution history.

# Driving up quality

## Using technology to deliver better care

The characteristics of high-quality healthcare are ever changing. Where antibiotics were once the pinnacle of medical treatment, clinicians now have detailed genomic insights, AI diagnostics, advanced surgical techniques and more data than ever before at their disposal. Although access to medical care and the quality of care remains uneven across Asia Pacific – and within economies – the opportunity to harness these technologies, has the potential to improve health outcomes and, in turn, reduce the strain on our healthcare systems.

Governments can support by investing in interoperable data infrastructures to enable AI agents and AI-driven analysis and supporting workforce upskilling. Regional cooperation and data sharing plays a key role, and governments and healthcare providers can work together across borders to share and analyse health data to allow cross-jurisdiction benchmarking and early detection of quality variation.


### Precision & personalised medicine

#### Genomics & big data analytics

The growing collections of biomedical omics-data (genomics, proteomics, etc.) and structured collection of clinical data, present opportunities to enable data-driven decision making and analysis, including the ability to:

- Research by specific and individual genetic variability
- Accelerate drug discovery
- Enhance disease surveillance
- Identify risk factors and determinants of health
- Leverage population-wide insights around drug efficacy for specific presentations

Asia is quickly becoming a leader in genomics and big data analytics, propelled by large-scale population sequencing, sophisticated bioinformatics and a strong emphasis on precision medicine. The region is addressing the underrepresentation of Asian genomes in global databases, aiming to enhance disease diagnosis and develop treatments better suited to its diverse populations.

 Singapore has emerged as a leader in precision and personalised medicine in Asia Pacific. The NPM programme, spearheaded by the Ministry of Health and A\*STAR, is building one of the region's largest repositories of genomics and multi-omics data, integrating information from over 100,000 Singaporeans.<sup>49</sup> This initiative supports research into genetic variability, accelerates drug discovery through partnerships with major pharmaceutical companies, and enables the identification of disease risk factors across different ethnic groups. The resulting data platform also enhances disease surveillance, supports tailored clinical decision-making, and helps uncover population-wide insights into drug efficacy and adverse reactions.

Singapore's approach demonstrates how genomics and big data analytics can drive data-driven healthcare transformation at both the individual and population level.

The Taiwan Precision Medicine Initiative (TPMI)<sup>50</sup> is a government-funded national program led by Academia Sinica in collaboration with 33 medical institutions to integrate large-scale genomic data with the electronic medical records of more than 500,000 participants. By generating population-specific insights – including the development of polygenic risk score models across 265 diseases – TPMI provides a foundation for improved risk stratification, more precise disease prediction, and the application of pharmacogenomic insights tailored to the Taiwanese population. These data-driven approaches help inform earlier disease detection, reduce the risk of avoidable adverse events, and support more efficient use of healthcare resources, illustrating the potential of population-scale genomics to advance precision health at the national level.<sup>51</sup>

#### AI-driven diagnostics

AI can consume more data and derive insights from enormous data sets, identifying patterns that human practitioners might miss. AI agents can analyse medical images to inform diagnosis (many times more accurately than a human)<sup>52</sup> and identify the most appropriate medications (or the one that will lead to fewer side effects) for a particular patient (e.g. based on specific genetic mutations present in a tumour). Predictive AI can use historical data to anticipate patient outcomes, compare images, optimise resource allocation, and inform personalised treatment plans. Organisations, such as Tempus AI (Chicago-based which offers a big data repository specific to cancer) offer molecular and clinical data libraries or AI engines trained on specific patient populations.

 In 2024, the Beijing Municipal Government released the Action Plan for Coordinated Innovation in Medicine and Health (2024–2026), explicitly supporting the development and application of large medical models. By 2025, the Beijing Children's Hospital, Baichuan Intelligent, and Xiaoe Fang Health Technology will jointly create an "AI Paediatrician," integrating clinical experience from over 300 renowned paediatric experts and decades of medical records to enable multidisciplinary consultations. Meanwhile, Peking Union Medical College Hospital and the Institute of Automation of the Chinese Academy of Sciences are jointly developing the "Concord-Taichu" rare disease model, now officially in clinical use. It is the world's first rare disease model tailored to the Chinese population.<sup>53</sup>

India has also seen the emergence of globally deployed AI healthcare innovations such as Qure.ai, which develops AI tools to assist clinicians in interpreting medical imaging such as chest X-rays and CT scans. These solutions support early detection of diseases including tuberculosis and stroke, helping address shortages of radiologists and improving screening efficiency. Evaluations in India show that Qure.ai's TB screening solution improves detection accuracy while

also reducing programme costs, demonstrating the potential for AI-enabled diagnostics at scale.<sup>54</sup> In FY 24-25 alone, the qXR solution screened 7 million people for tuberculosis and flagged 650,000 people at risk.<sup>55</sup>

### Digital biomarkers and remote patient monitoring

#### Digital biomarkers


Digital biomarkers are quantifiable datapoints collected through digital devices, such as wearable sensors that can provide real-time monitoring of physiological, behavioural, and environmental changes in a person's health, such as heart rate, activity levels, sleep patterns, glucose levels, or even cognitive function.

Applications for digital biomarkers are increasing due to improvements in sensor technology, the widespread adoption of connected digital devices, enhanced data-consolidation capabilities, and powerful analytics, which together enable comprehensive data collection and insightful integration with other health datasets. The global digital biomarkers market was valued at US\$5.09 billion in 2025 and is projected to grow to approximately US\$32.37 billion by 2034.<sup>56</sup>

Whilst predominantly used in research and pharmaceuticals at this stage, digital biomarkers are expected to become integral to public healthcare provision, enhancing overall care quality by enabling:

- **Care in the home:** Fall detection sensors and vital signs monitors can enable older people to safely remain at home for longer, which has a positive impact on health outcomes.
- **Tracking disease progression:** Continuous data allows for more accurate tracking of disease progression, enabling timely adjustments to treatment and better management of health over time. One example is Parkinson's disease and using an accelerometer or gyroscope to measure movement.
- **Monitoring patient adherence:** Offering a more accurate assessment than self-reported information and ensuring treatments are followed correctly for optimal outcomes.
- **Holistic healthcare:** Offering a comprehensive view of a patient's health by tracking multiple factors over time, providing a richer picture of their condition compared to occasional in-clinic assessments.
- **Holistic clinical trials:** By enabling continuous real-time data flow remotely, the effect of a treatment or intervention can be measured across a longer time period in more standard conditions, enhancing the evidence base behind novel treatments.

Examples around the region include:


 New Zealand-founded Toku Eyes<sup>57</sup> uses standard retinal images to provide real-time assessments of biological age, cardiovascular risk and chronic kidney disease risk. It harnesses AI to analyse scans from routine eye exams and detect underlying conditions like chronic kidney disease and cardiovascular disease – enabling early detection and saving billions in cardiovascular disease management.

South Korea is at the forefront of integrating digital biomarkers into mainstream healthcare, particularly through its national "Smart Senior Care" initiative. Led by the Ministry of Health and Welfare and Seoul National University Bundang Hospital, this programme provides wearable sensor devices such as smartwatches and fall detection sensors to older adults living independently at

home. These devices continuously monitor vital signs, activity levels, sleep patterns, and detect falls in real time. Data is transmitted securely to care teams, enabling immediate intervention when risks are detected and allowing ongoing tracking of health status. The initiative has demonstrated improved patient safety, reduced emergency admissions, and enabled more personalised care plans. Korea's approach highlights how digital biomarkers are moving beyond research into integrated, preventative public healthcare, supporting ageing-in-place, and holistic health management approaches.<sup>58</sup>

#### Remote patient monitoring

To improve treatment adherence, pharmaceutical companies are developing digital patient support programs.

 In China, Novartis collaborated with Tencent to develop a digital health app, that leverages the WeChat social media platform to make it easier for patients with heart failure and other cardiovascular disorders to manage disease progression. It delivers customised educational content, sends periodic medication reminders, and enables patients to track their health status through daily interactions, with the insights shared with physicians to inform prescriptions.

Digital ecosystem disruptors, such as China's Ant Afu, are also entering the market, driving patient experience to the next level. The platform leverages AI for chat-based health inquiries and features over 500 expert healthcare AI avatars, answering more than 10 million daily health questions. It creates a comprehensive patient experience by integrating with smart devices like Continuous Glucose Monitors and watches to manage health records, connecting to internet hospitals for remote consultations, and linking with DTP services and online pharmacies. This model is powered by extensive data insights from the broader Alibaba ecosystem, including medical insurance and online consultation data.

# Considerations for policymakers and healthcare providers

Improving population health and access to quality, affordable care requires ongoing focus from policymakers. Digital health technologies – telehealth, remote monitoring, precision and personalised medicine, smart hospitals – offer significant potential to improve healthcare access and health outcomes.

Adopting and scaling these tools needs to be driven by long-term strategic planning that focussed on prevention and broadening health access – or technology can risk deepening existing disparities. A patient-centric model where governments, policymakers, healthcare providers, technology providers and the private sector align around solutions that drive down demand, drive up supply, drive down costs, and drive up quality is crucial to building a healthy, sustainable health system.

## Drive up quality

Increase quality and uneven care through genomics, precision medicine, digital biomarkers, standards and clinical support to narrow quality gaps, improve clinical outcomes and increase public trust in digital care.

- **Support workforce capability and clinical support:** Invest in clinician upskilling to imbed AI-driven insights.
- **Create robust data protection frameworks:** Define clear standards for consent, data privacy, cybersecurity, algorithmic transparency, accountability and redress for AI and automated tools to maintain trust and patient safety.
- **Mandate common data formats, APIs and secure data-sharing protocols:** Enable predictive analytics, smart rostering, virtual care and continuity across providers and settings.
- **Regional cooperation and data sharing:** Governments can work together across borders to share and analyse health data to allow cross-jurisdiction benchmarking and early detection of quality variation while protecting patient privacy.



## Drive up supply

Deploying AI agents, “digital FTEs” or “digital teammates” is a key driver of productivity. Expand and optimise clinical supply through Agentic AI and automation, secure telehealth platforms, Physical AI such as telerobotics and wearables, and AI-enhanced diagnostics to increase productivity, save clinical time and extend specialist expertise.

- **Leverage predictive analytics:** Adopt smart rostering tools, to support better alignment of supply with demand.
- **Invest in digital workforce skills and core infrastructure:** Fund national upskilling and change readiness programmes and invest in automation and AI tools using public-private partnerships where needed and keeping public oversight of standards and access.
- **Invest in solutions that extend remote care:** Improve supply to remote communities, improving access to health services while reducing the need for physical infrastructure.
- **Update scope-of-practice and payment rules:** Recognise digitally enabled care by allowing task shifting (e.g. nurse led virtual clinics), creating payment codes for teleconsultations and AI assisted work, and remunerate “digital FTE” activities such as AI documentation and AI-triage.



## Drive down demand

Address rising demand with digital self-service and digital prevention tools and programmes to reduce acute care demand, detect conditions earlier, and shift care from hospitals to community and home settings – improving access for remote and underserved populations.

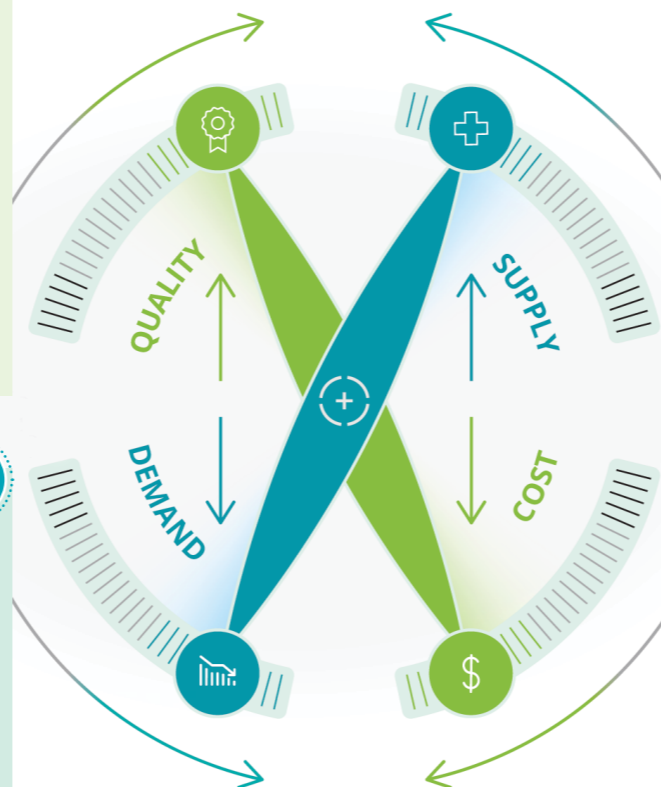
- **Invest in patient access and digital health literacy:** Rollout user-friendly patient portals and automated self-service to alleviate pressure on clinical services, and fund multilingual, co designed education on self care, triage and digital tool usage.
- **Fund prevention and screening:** Fund population health programmes and digital approaches like mHealth, national screening registries and remote patient monitoring that facilitate care in the community and improved primary care outcomes, driving down demand for specialist and tertiary services.
- **Support self-management for high-risk and underserved groups:** Subsidise or lend wearables and home devices that connect to patient records for proactive follow up, early intervention and community based management.
- **Embed equity and evaluation from the outset:** Pilot digital tools using clear metrics, assess impacts on vulnerable groups and ensure hybrid options so digitally excluded patients are not left behind. Link funding to proven outcomes, scaling only solutions that demonstrably reduce hospital visits and improve population health. Invest in change management and education to support patient-facing rollouts, prioritising equity and user-centred design.



## Drive down costs

Contain rising costs by using technology to drive efficiencies. Enhance patient care, operational efficiency and resource management with smart hospitals, workflow optimisation, predictive analytics and robotic process automation to reduce waste and lengthy admissions.

- **Invest in interoperable data and smart technologies:** Fund EHR integration, IoT, predictive analytics and asset tracking to optimise patient flow and reduce equipment downtime.
- **Use automation to cut administrative waste:** Promote RPA and Agentic AI for billing, scheduling and claims, and incentivise digital therapeutics and AI-driven resource planning.
- **Invest in data collection and evaluation:** Enable smarter and more effective AI initiatives, and implement measurement frameworks for safety, outcomes, patient experience, workforce impact and cost effectiveness.
- **Pilot, measure and scale:** Fund targeted pilots of smart hospital innovations with standard metrics for safety, outcomes and cost effectiveness, and expand technologies that demonstrate measurable savings and improved patient outcomes.



**Five cross-cutting actions to ensure technology increases access to healthcare, rather than entrenching existing disparities.**



**Improve health literacy and digital inclusion**

Evolving technology solutions present key opportunities to empower consumers to actively engage in their healthcare and support themselves more autonomously. To help people make more informed decisions and seek clinical support at the right time, governments and healthcare providers can invest in accessible public education that teaches practical skills – finding reliable health information, using patient portals, understanding privacy and consent, and spotting misinformation. These solutions need to be co-designed with vulnerable populations, older adults, rural communities, migrants and other underserved groups (addressing language, literacy, connectivity and affordability), while keeping non digital options available.

**Invest in universal connectivity and high-quality interoperable data**

Universal access to high-quality, interoperable data is essential for realising the full potential of healthcare technologies. Data fragmentation, access barriers, and inconsistency limit the ability to harness insights across the care continuum. Interoperable systems are essential to unify these sources and enable AI to deliver meaningful and impactful results.

**Prioritise prevention and primary care funding**

Providing increased care in the community or home-based settings will be key to reducing hospital congestion, prioritising inpatient beds for those who need them most. Policymakers can align incentives to reward population health outcomes, community-based care and early intervention enabled by digital tools.

**Prepare the workforce and reskill staff**

Preparing the healthcare workforce and reskilling staff is crucial to successfully integrate technology into clinical workflows. By selecting tools that reduce administrative burdens, organisations preserve valuable clinician time – enabling more meaningful patient contact and improving overall care quality. This approach ensures clinicians are equipped to adopt new solutions, supports retention, and importantly maximises the impact of technology on patient outcomes.

**Establish governance frameworks for clinical AI**

Robust governance and regulation are essential for safe and effective AI implementation, mitigating risks and maintaining public trust. Policymakers can define clear regulatory pathways, clinical validation standards, bias monitoring and audit mechanisms to ensure AI tools used in healthcare are safe, effective ethical and equitable while maintaining transparency and public trust. The recently released Strategy for Artificial Intelligence in Healthcare for India<sup>59</sup> provides an example.

## Final thoughts

Technology alone will not solve the four pressures – increasing demand, limited supply, rising costs and uneven quality – when public policy sets the strategic direction, enables adoption, and ensures accountability, digital levers become powerful enablers.

The combined effect – prevention and remote care lowering demand, workforce augmentation and smarter resource use expanding supply, workflow optimisation containing costs, and data-driven insights lifting quality – can amplify access and deliver better health outcomes across Asia Pacific.

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