



# INNOVATE

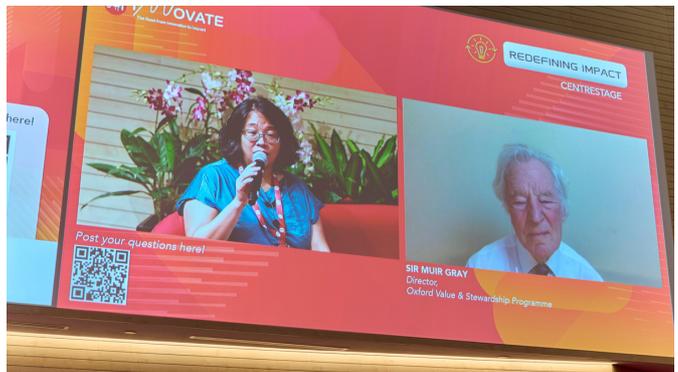
The Road from Innovation to Impact

## REDEFINING IMPACT: WHAT IS A SUCCESSFUL INNOVATION? HOW DOES AN INNOVATION BECOME OF VALUE AND IMPACTFUL?

*CHI INNOVATE 2022 concluded a year-long series of events with its Flagship Day on 4 November, featuring 3 Centrestage and panel sessions, each focused on their respective areas of discussion: Scaling Impact, Redefining Impact, and Mobilising for Impact. In this article, we share the learnings from the 2nd of three Centrestage sessions. By Tjut Rostina, CHI*

Continuing from the previous issue of PULSE@CHI, the second Centrestage session of CHI INNOVATE 2022's Flagship Day on 4 November, focused on Redefining Impact.

Sir Muir Gray, Director of the Oxford Value & Stewardship Programme features as the Centrestage speaker for this session, and was joined by Dr Joanne Yoong, CEO of Principal Economist & Behavioural Scientist, who was also the moderator and speaker for the panel discussion.



*Dr Joanne Yoong with Sir Muir Gray teleconferencing from UK*



*From left to right: Ong Yunn Shing, Prof Jose Maria Valderas Martinez, Ellil Mathiyan, Ron Loh, and Lynette Leong.*

The panel featured:

- Lynette Leong, CEO, Environmental, Social and Governance (ESG) Funds & Stewardship, Capitaland Investment
- Prof Jose Maria Valderas Martinez, Head, Department of Family Medicine, National University Health System (NUHS)
- Ron Loh, Assistant Chief Executive, SG Enable
- Ellil Mathiyan, Co-Founder & President, Ostomy Association of Singapore, Mentor, SingHealth Patient Advocacy Network (SPAN)
- Ong Yunn Shing, Chief, Strategy, Research and Data Division

Beyond clinical and cost impact, this segment features the different perspectives of impact from healthcare practitioners, economists, patient advocates, community and social care as well as from the sustainability sector. This session is set to broaden your mind examining the 'truth' and 'purpose' of impact in innovation, as well as to bridge the gap between an aspirational outcome vs practical outcome. Discuss in great detail the different levels – the healthcare system, operationalising the patient and provider directions, the patient viewpoint, the centre level, and the macro-outcomes.

## **THE VIEW ON THE MACRO LEVEL**

In redefining impact, start by taking on a macro level view of sustainability strategies: planet health, where climate affects health, the workforce well-being, assets building, governance and social impact. Be intentional in driving impact with clear strategies to achieve the goals across all levels in the system.

The current constraints within healthcare were the supply chain disruption of medical equipment, insufficient hospital beds and finite healthcare manpower. In the future, expected challenges will be issues caused by carbon footprints, as such shaping "zero carbon healthcare" as the next paradigm after value driven care.

Increase of GDP in health spending is beyond those related to demographics. For example, technological innovation in healthcare that creates other cost pressures is highly correlated with income growth, while successful technological shifts can increase healthy life expectancy.

Key problems in healthcare are:

- o Unwarranted variation in utilization of health care services that cannot be explained by variation in patient need or patient preferences
- o Overuse and waste where interventions have gone beyond the point of optimality

## **MESO LEVEL**

It is challenging to neatly define and measure impact the community, where outcomes such as quality of life are more difficult to quantify and are affected by factors beyond control such as family dynamics. Meaningful work, including relationship building is often hard to measure. Collective impact can be achieved through common desired outcome, common impact measurement, mutually reinforcing activities, shared learnings and enabler that creates opportunities for collaboration and shared platforms.

Care models and the treatment of condition it corresponds to:

- Infectious disease: One condition, one agent, one treatment
  - o Care model: Disease specialist uses sequential model 1) diagnosis 2) Treatment 3) Follow-up
- Chronic disease: One condition, multiple agents, multiple treatments
  - o Care model: Multidisciplinary team uses the cycle model 1) Diagnosis 2) Treatment 3) Monitoring
- Multimorbidity: Multiple conditions, multiple agents, multiple treatments
  - o Care model: Multidisciplinary teams that apply a system model 1) Trade-offs 2) Define Goals 3) Develop Networks

With the multidisciplinary care model, it can be seen that it has the most patient centredness consideration in the way care is delivered. The patient has multiple conditions and require multiple agents to provide the required treatments. As such, the model recognises trade-offs, shared goals and a network of support.

With a value driven care agenda, there is a need to:

- Define population sub-groups based on patient's diseases with a common need and allocate resources optimally.
- Design the system for each population sub-group through reduction of inequality, optimal use of resources, research and outcome measures publication, so that people can adapt and reverse their condition.
- -Deliver value for the population and all the individuals in need equitably through networks

## MICRO LEVEL

Drilling down to the micro level, the session highlights the relationship and models to address the patients and their individual issues. Good health outcome measures should include both the:

- Biomedical model: clinical management, disease focus, measurement, and standardised Patient Reported Outcome Measures (PROMs)
- Psychosocial Model: Patient centered care, whole person approach, goal setting, individualized PROMS

It should be noted that speaking the same lingo helps facilitate communication between patients and healthcare workers.

As a result, value creation is achieved through better user experience. When driving innovation, adopt a design thinking approach and have the patients/users at the heart of the innovation. Be inclusive in considering those who are less savvy with technology.

We are advised to move away from the inertia of doing things, to reframe our mindset to op-out instead of op-in when it comes to establishing patient care outcomes, and to ensure that each individual makes decisions that optimise their personal value.



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