

# INAUGURAL EIS 2023 SINGAPORE SYMPOSIUM ROUND-UP

**How and why do patients, healthcare organisations and the broader population behave the way they do? And how can we translate evidence about ensuring the best health outcomes into routine practice in the real world?**

To answer these questions and more, the Centre for Behavioural and Implementation Science Interventions (BISI) held its first-of-its-kind event, **Implementing Evidence for Real World Impact in Health: EIS 2023 Singapore Symposium** on October 13. The symposium brought together nearly 150 attendees from across the spectrum of policy makers, scientists, practitioners, and organisation leaders to discuss how well-implemented and high-quality evidence can improve the quality and delivery of healthcare in Singapore.



The event followed the recent announcement of Singapore’s aspiration to become a Blue Zone 3.0 – a longevity hotspot that closes the gap between the average lifespan and the average health span. “Evidence is necessary, but certainly not sufficient, to drive behavioural change,” said Professor Chong Yap Seng, Dean of the National University of Singapore Yong Loo Lin School of Medicine. “We need to know what organisational support will change practices and what incentives will nudge populations to adopt healthier lifestyles.”

Closing the 17-year implementation gap (or the “know-do gap”) is vital to ensuring money is not wasted and to delivering the best quality care whether in public health or acute care, noted Professor Nick Sevdalis, BISI’s Academic Director. BISI was launched to improve population health and well-being by applying human psychology to shift individuals’ behaviour, as well as that of organisations and society.

**“ We’re drowning in research and analysis ”**

said Professor Sevdalis in his opening presentation. “There’s been huge progress in healthcare – take antibiotics, scarless surgery, or precision medicine. But there’s also been a consistent failure to translate what is known to work into routine practice. Our aim is to describe, with quantitative and qualitative measures, how implementation works and how it fails.”



The symposium was co-hosted by the Centre for Behavioural and Implementation Science Interventions (BISI) at the NUS Yong Loo Lin School of Medicine, the Centre for Evidence and Implementation, and Monash University. The symposium was a special extension of the **Evidence and Implementation Summit**, held in Melbourne, Australia, and online, 9-11 October, an expert global gathering focused on intersections between research, policy and practice. Leading local and international voices urgently explored how to accelerate the sustained deployment of evidence-based practices in Singapore. During the 12 keynotes and panel discussions, three key themes emerged:

## 1 The science-to-service nexus: Connecting the dots

**Bridging high-end science, product and service development, and policymaking to translate research into impact for populations was a recurring theme of many presenters.** Keynote speakers emphasised the need to establish a two-way conversation between researchers and policymakers. Researchers must have avenues to influence public policy, and policymakers must convey their priorities so scientists can get the evidence on urgent issues into their hands in a timely manner. Given the sheer volume of research underway to improve care and services, it has never been more vital to turn now to implementation, many observed.

While speakers acknowledged the importance of small-scale experiments, panellists also emphasised the problem of a myopic focus on pilot projects. The need to change gears from whether interventions can work in Singapore, to how to make them work in Singapore, was a key moment of realisation, according to some panellists. Dr Serene Koh, Director of the Behavioural Insights Team, warned against “resting on the laurels of a successful pilot”. Meanwhile, Professor Kenneth Mak, Director-General of Health at Singapore’s Ministry of Health, observed that pilot projects designed with scalability in mind would greatly help strengthen the jump from research to practical policymaking. He advised researchers to keep value and sustainability at the forefront when considering whether to deploy resource-intensive implementation strategies or not.

A talk from Dr Stephanie Ko, Clinical Lead of National

University Hospital Singapore’s hospital-at-home programme, illustrated how they tackled so-called “pilot-itis”. Starting with just three beds in 2020, the NUHS@Home project increased bed capacity ten-fold by 2022 by using the Covid-19 pandemic to test and refine scalability; the programme’s goal is 100 beds by 2025.



**Hard-wiring change was the subject of several presentations, examining the context and external factors that influence whether practices get implemented routinely or not.** Speakers noted that most research projects focus on individual behavioural change and have only started to scratch the surface of organisational and system perspectives, such as organisational readiness or funding structures. To this point, Professor Mak described the ministry’s use of surveys and focus groups to engage clinicians and hence increase uptake of MOH’s clinical guidances, while system-level interventions such as IT reminders can overcome opportunity barriers.

## 2 More than the cherry on top: Growing the capacity of implementation science

**Several speakers focused on the need to integrate implementation science from the outset of research and break free from academic silos.**

Too often behavioural and implementation science is bolted on as an afterthought to clinical research, contributing to failure. Deputy Director-General of Health and Executive Director of the Agency for Care Effectiveness, Dr Daphne Khoo's keynote highlighted some of the reasons why quality improvement projects fail. She noted, among others, lack of leadership support, lack of experience in change management, and not-invented-here syndrome.



“Implementation involves changing things – whether that’s changing the intervention itself, changing the practice setting, or changing the policy setting – and it’s very difficult to do that from the outside,” commented Professor Robyn Mildon, Founding Executive Director of the Centre for Evidence and Implementation. “When seen as an external input, ideas for change are easily dismissed or ignored.”

A panel on Future-Proofing Healthcare delved into ways to build behavioural and implementation interventions into project design to get to better health outcomes faster. Professor Lee Chien Earn, SingHealth's Deputy Group CEO, described how one of the healthcare group's projects embedded an ethnographer into its research team to fully capture the project's learnings and failures. A further recommendation related to academic collaborations and training clinicians in implementation science skills. Such professional development could, for instance, deepen clinicians' knowledge of evaluation techniques that hail from the social sciences.

**A keynote illuminated the maturing field of behavioural and implementation science.**

Dr Bianca Albers from the University of Zurich's Institute for Implementation Science in Health Care traced the field's two-decade evolution and research gaps. She described theories of implementation determinants (barriers and enablers), strategies (such as training and audits), and outcomes (including acceptability and fidelity), but noted there remains scope to advance the field. One area requiring more research is mechanisms of change – understanding why different techniques lead to successful implementation, or not.



# 3 Community collaboration: Co-creating success

A recurring theme of the symposium was the need to engage communities in research and commit time, attention and funding to stakeholder engagement. Several speakers observed that communities – whether general practitioners, community nurses or civil society organisations – are well-placed to guide researchers on how to make practices stick. During the panel on strengthening community collaboration, speakers cited “listening-

-at the feet of the community” as vital to accelerating the uptake of evidence-based practices. Dr Christopher Lien, Senior Consultant at the Department of Geriatric Medicine, Changi General Hospital, summed up the importance of co-creation: “It is the iterative conversations with community partners in real-time on what works and what doesn’t that improve interventions.”



Dr Tong Wen Ting, Senior Lecturer at the Department of Primary Care Medicine, Universiti Malaya, presented learnings on encouraging doctors to use patient decision aids (PDAs). The project, looking at insulin treatment for type 2 diabetes, identified nearly 50 reasons why doctors and patients may resist PDAs. Dr Tong emphasised that, by giving all stakeholders an equal vote in ranking the top barriers, it was the stakeholders themselves that guided the project to use the most appropriate implementation strategies.

Finally, keynote speakers and panellists agreed on the necessity of harnessing trusted community relationships to enhance the effectiveness of interventions. Working through and with community partners enables all voices to be heard, catalyses the transfer of knowledge, and can help overcome patients’ research fatigue.

Integrating qualitative feedback as part of project design is one way to collaborate with communities. Another is leveraging community partners themselves to deliver interventions. A case study of the latter came from Mr Danvic Rosadiño, Head of Programs and Innovations at LoveYourself, a community-based organisation in the Philippines. LoveYourself spearheaded a trial to roll out pre-exposure prophylaxis to those at risk of HIV infection. The intervention’s success was down to LoveYourself’s trusted reputation among, and relationships with, target patients, commented Mr Rosadiño: “We know the market because we are the market.”

In his closing remarks, BISI Academic Director Professor Sevdalis committed the centre to doing more to give patients and members of the public a say. BISI will set up a residents and patients’ advisory board to get patient voices in the room more meaningfully, he announced.

## Conclusion

The inaugural BISI EIS 2023 Singapore Symposium was about bringing together policy makers, organisational leaders, scientists, practitioners and providers to break down silos, share experiences, and advance strategies that support the implementation of healthcare policies and programmes.

Commenting on the way ahead, Professor Chng Wee Joo, Vice President (Biomedical Sciences Research), National University of Singapore neatly summarised the opportunity for behavioural and implementation science to improve population health and well-being. "It's noticeable how few research publications translate into impact for people on the ground," he said. "This shows that there is a breakdown in the value chain from research to practices that benefit people's health and lives. BISI will help complete this value chain."

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*Eager to learn more? To collaborate, learn with us, or hear more about the Centre for Behavioural and Implementation Science Interventions (BISI), please get in touch with [bisi@nus.edu.sg](mailto:bisi@nus.edu.sg)*

