ANNEX A

THEME BRIEFS FOR 6th HSR GRANT CALL

Proposals submitted under the thematic grant call should aim to study new models with scientific rigour, with key focus on **population-based outcomes** and **interventions that are practical and sustainable** (e.g. the inclusion and exclusion criteria should not be so restrictive that the benefits accrue to only a small population). The type of research should be more **action-oriented** rather than lab-based research. The proposals should also incorporate **new elements** outside of traditional healthcare such as **Behavioural Science** and **Human Factors**. Proposals involving **cross-cluster collaboration** will be given higher priority.

Proposals related to **Patient-Reported Outcome Measures (PROMs)** are welcome. Proposals could include the development of **self-reported instruments** that can measure the outcomes of patients (including research on validity and reliability of self-reported outcomes vis-à-vis clinician assessed instruments), potential measures and incentives to **improve reporting of patient outcomes**, **localisation of PROMs** developed elsewhere (especially the testing of PROMs in the vernacular), and **innovative ways of capturing PROMS** (wearables, IT and other methods). Instruments developed should have a **specific area of deployment** and should also **identify clinicians who are willing to enrol patients** in the collection of PROMs.

The 6th thematic grant call is open to proposals that fit the following themes:

1. Diabetes

In Singapore, diabetes has one of the highest disease burdens, where one in nine Singaporean residents aged 18-69 years are affected by diabetes[1]. Diabetes poses an increasing healthcare and economic cost to the country, with research suggesting that the total cost of diabetes for the entire working-age population will more than double from about $1 billion in 2010 to beyond $2.5 billion in 2050.

Out of the various aspects to be tackled, the most pressing and current issues in diabetes care include: (i) the identification of diabetes patients late after the onset of disease, (ii) faster rate of deterioration of local diabetes patients compared to other countries', and (iii) expensive acute-centric model of care that prolongs lives in disability after patients require acute intervention.

To address these issues, proposals submitted under the diabetes theme can cover HSR in any or all of these areas:

i. new models to better pick up and manage pre-diabetics,
ii. new models of primary or shared care to better arrest the rate of deterioration and reduce acute episodes, and
iii. more cost-effective care across the spectrum of the disease, including elements of secondary and tertiary care aligned with primary prevention efforts.

2. Community mental health:

This theme seeks to fund HSR into new models that enable sustainable end-to-end care that (i) allows for early detection, (ii) enables treatment compliance, and (iii) enables patients with mental health conditions, including dementia, to be cared for and stabilised in the community. New models that partner community providers are encouraged.

3. Healthcare Manpower Sustainability

With a demographically ageing population and increasing chronic disease burden, the demands on the healthcare system are set to further increase, and we need to ensure that the healthcare system remains

[1] National Health Survey 2010, SCs and PR, aged 18 – 69 years

sustainable in terms of healthcare manpower. This theme seeks HSR to improve the sustainability and efficiency of our limited healthcare manpower, including studies that seek to understand and improve healthcare manpower productivity, explore new manpower deployment models and new models of using alternative workforce (e.g. lay extenders), improve labour force participation rates for older workers and out-of-practice groups, and improve sustainability and effectiveness of informal workforce engagement (e.g. volunteers).

4. <u>End-of-life care:</u>

Another potential source of high healthcare demand, this theme will seek new models to tackle early decision-making and cross-sector palliative care models especially for non-cancer patients (i.e. frailty) with the best use of limited healthcare manpower.