

# APPROPRIATE AND VALUE-BASED CARE CONFERENCE 2025

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## Implementing Value-Based Care Framework in Mental Health: A Systematic Approach at the Institute of Mental Health Singapore

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### Introduction

The healthcare landscape is experiencing a significant transformation with the emergence of value-based care (VBC), a paradigm that fundamentally shifts focus towards outcomes that matter to patients while carefully considering healthcare costs. In the context of mental healthcare, implementing VBC presents unique challenges, particularly due to the complexity of psychiatric care where care episodes are not always clearly defined and clinical outcomes are more subjective. Recognising these challenges, Institute of Mental Health (IMH) embarked on an ambitious journey to establish a comprehensive VBC framework aimed at cultivating value-based projects that enhance patient outcomes.

### Methods

From early 2024, IMH implemented a step-wise, five-component strategic approach. First, a VBC Workgroup was established for governance and oversight, reporting to the Quality & Value Committee to align with institutional goals. Second, a value framework incorporating Design, Implementation, Monitoring & Evaluation (DIME) principles was developed for programme selection and design, strengthening situation analysis, evidence review, theory of change & logic model development. Third, capability-building initiatives including DIME workshops and webinars were conducted throughout the institution. Fourth, VBC clinics were established to support pilot programmes for proof-of-concept and proof-of-value with the help of VBC champions. The final step is the standardisation and digitalisation of patient-reported outcome and experience measurements (PROMs & PREMs).

Fig. 1: A step-wise, 5-component approach to establishing the foundations of VBC in IMH and to supporting teams in demonstrating value in their projects.

### Results

Implementation of this framework has led to 78 staff members and 14 multidisciplinary teams receiving DIME training, proliferating into 19 active DIME projects at various stages of implementation. Two flagship programmes have shown particularly promising outcomes. The Transitional Care Programme (TCP) has enhanced clinical and patient outcomes through needs-appropriate and integrated home-based care, improving patient engagement and care continuity. Meanwhile, the Choice and Partnership Approach (CAPA) model has successfully reduced wait times and increased accessibility to child psychiatric services through streamlined processes. Additionally, the WHO Disability Assessment Schedule (WHODAS) pilot implementation and completion of PROMs stocktake are but the initial efforts in measurements standardisation.

### Discussion

The success of IMH's VBC implementation stems from its comprehensive approach combining strong governance, extensive capability building, and structured project support. Early results indicate positive improvements in both clinical and patient-reported outcomes, suggesting effective transformation in mental healthcare delivery mindset and evaluation. Despite these early successes, the VBC team in IMH is cognisant that our efforts are but the first steps in the journey of a pivotal transformation. The results from the pilots so far have showed promise in improving clinical outcomes and reducing costs but challenges remain in collecting outcome and experience measures that are truly meaningful to patients. Low uptake rates of PROMs persist, ranging from clinician factors such as limited awareness, difficulty in interpretation, workflow issues; to patient barriers, including time constraints, lack of digital literacy, or survey fatigue. These practical reasons need to be addressed systematically, requiring education and dialogue on both patient & provider fronts.

### Conclusion

The systematic implementation of VBC at IMH demonstrates a promising framework for mental healthcare transformation. The success of initial pilots, evidenced by improvements in clinical and patient-reported outcomes, suggests that this thoughtful approach effectively addresses the unique challenges of implementing VBC in mental healthcare. This framework not only provides a foundation for sustainable value-based care implementation but also offers a potential model for other mental health institutions seeking to embark on similar transformational journeys.

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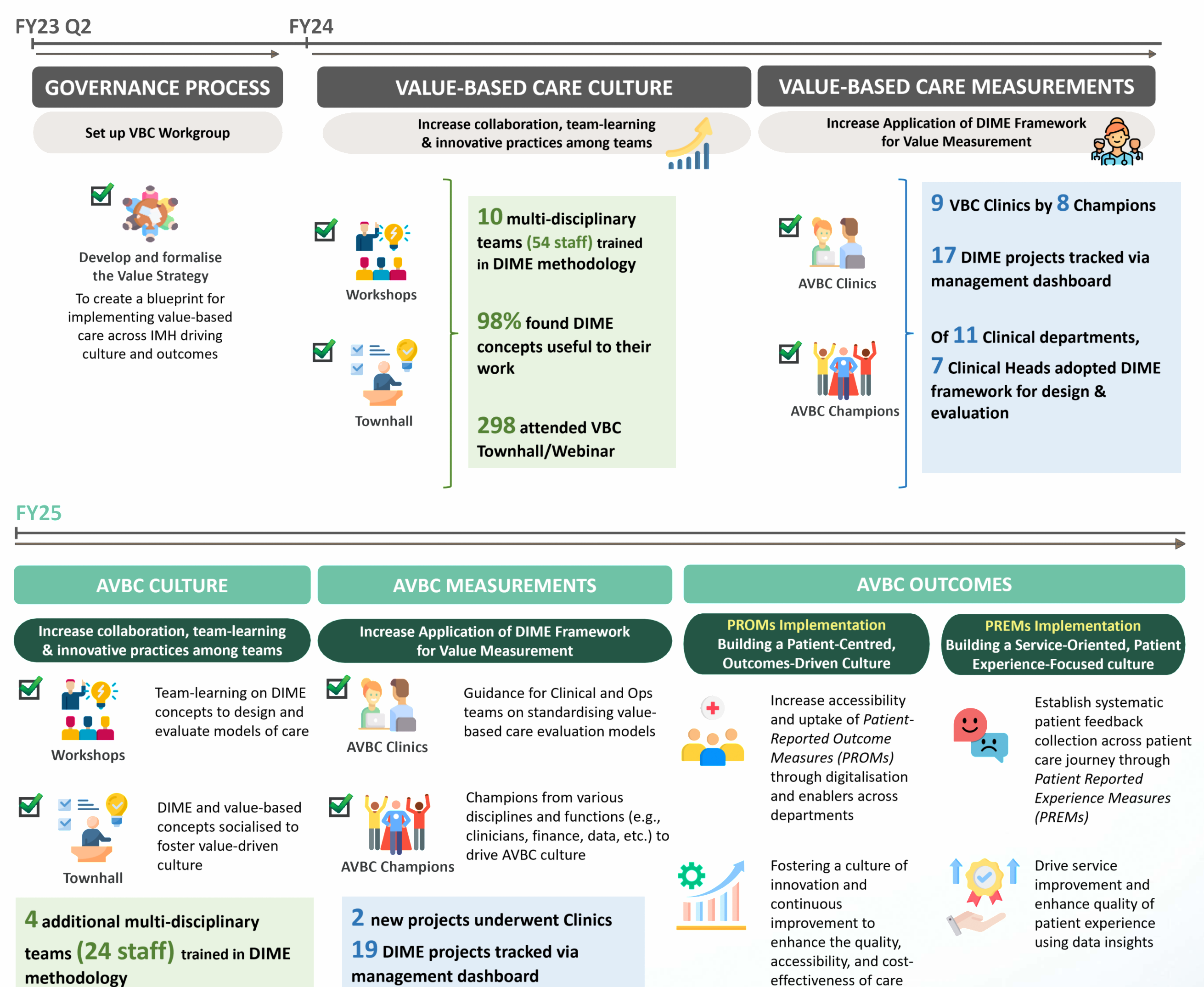


Fig. 2: A timeline summary of the key achievements from FY23 till today, and the standardisation of outcome and experience measurements planned for FY25