# Bridging HTA to Practice:
## A Structured Framework to Assess Implementation Readiness in Public Healthcare Institutions (PHIs) for Subsidised Medical Technologies

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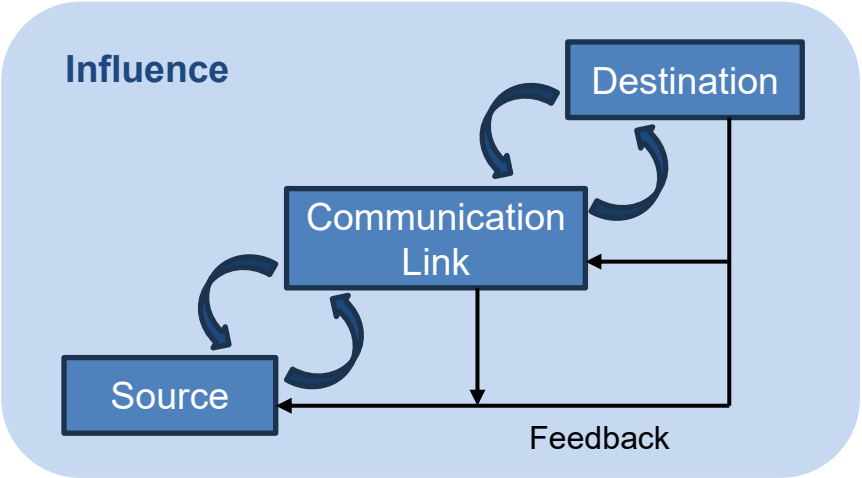
# RATIONALE

***"The potential impact of a policy to advance health equity depends both on the design and its <u>implementation</u>, requiring ongoing evaluation and stakeholder engagement." [1]***




***<u>Figure 1</u>**: A Conceptual Framework for Implementation[2]*

- A **"source"** (e.g. a subsidised MedTech) and a **"destination"** (e.g. healthcare institution implementing the subsidy) alone is insufficient.
- A **"communication link"** (active engagement) and **"feedback"** (informs readiness and challenges) are essential components to bridge the gap.
- When the **"communication link"** and **"feedback"** are established, the overarching **"influence"** (the national policy mandate and patient imperative) drives accountability across all healthcare institutions.

[1]Oh, A., Abazeed, A., & Chambers, D. A. (2021). Policy implementation science to advance population health: The potential for learning health policy systems. Frontiers in Public Health, 9, 681602. https://doi.org/10.3389/fpubh.2021.681602

[2]Fixsen, D. L., Naoom, S. F., Blase, K. A., Friedman, R. M., & Wallace, F. (2005). Implementation research: A synthesis of the literature. University of South Florida, Louis de la Parte Florida Mental Health Institute, The National Implementation Research Network (FMHI Publication #231).

# RATIONALE

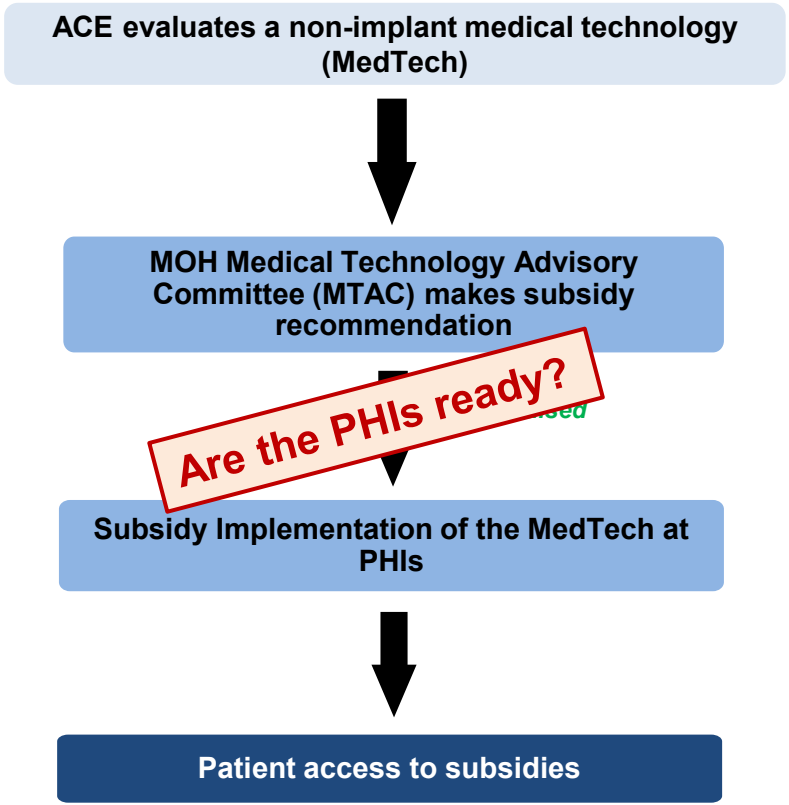



***Figure 1**: ACE's Non-Implant Medical Technologies Subsidy Evaluation and Implementation Process*

**Bridging policy dissemination and ground-level readiness across Singapore's public healthcare institutions (PHIs) is essential to ensure timely and effective subsidy implementation.**

- Each PHI operates with **distinct workflows** involving **cross-function stakeholders.**
- While MOH notifications provide PHIs with the necessary policy guidance, it can be **complemented with more structured engagement** to verify operational readiness or surface potential barriers before implementation.

# OBJECTIVE

**This study describes the development of a structured implementation readiness checklist tool which aims to:**

1. Provide **an adaptable template** with domains that can be **used across different MedTech subsidy implementations**.
2. Facilitate **cross-functional preparation** and alignment within each PHI.
3. Enable **national-level visibility of implementation readiness across all PHIs**, surfacing gaps and challenges to MOH for timely and targeted support ahead of subsidy implementation.

# METHODS

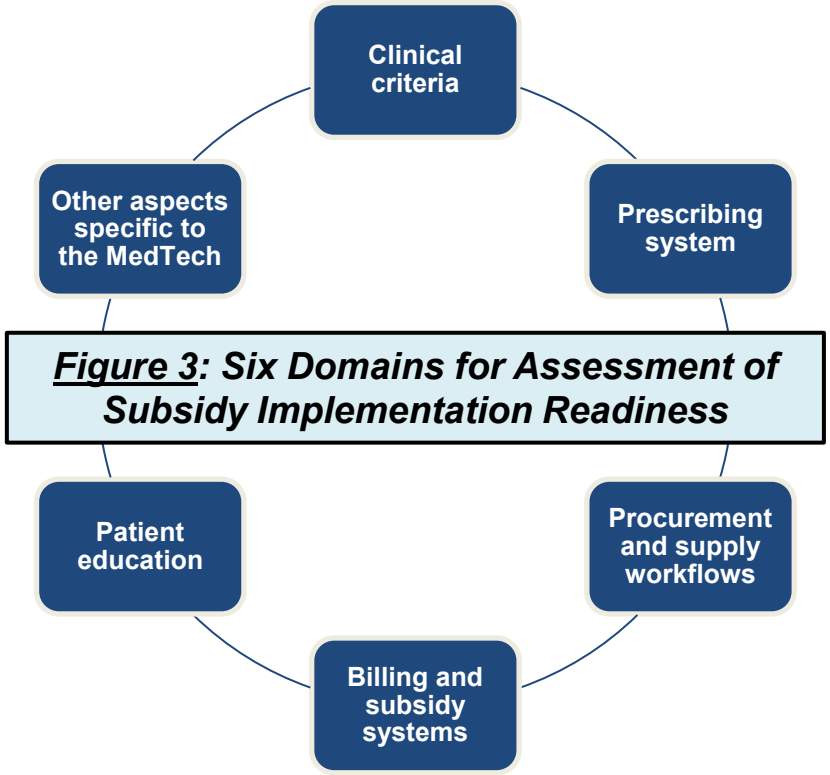



***Figure 3*: Six Domains for Assessment of Subsidy Implementation Readiness**

- A retrospective review was conducted on MedTech subsidy implementations comprising both services and devices between August 2024 and December 2025.
- Recurring challenges and blind spots were identified and grouped into 5 common domains (Figure 3) applicable to all MedTech subsidies.
- A 6th domain was left open to capture challenges unique to each specific MedTech (Figure 3).

**Objective 1: Development of an adaptable template**

# METHODS

- **Positive Airway Pressure (PAP)** devices for obstructive sleep apnoea (OSA) was selected as the pilot technology in view of its then-upcoming subsidy.

- **An implementation readiness checklist with guiding sub-questions was developed based on the 6 domains.**

| S/N | Area/Checklist | Status | If not completed, please provide (1) follow-up actions and (2) target completion date to ensure timely subsidy implementation [1] |
|---|---|---|---|
| **Clinical Setup** | | | |
| 1 | **The institution has a set of established clinical privileging criteria for OSA management** | ☐ Completed<br>☐ Not completed | |

***Figure 4***: *Example Question on the Clinical Criteria Domain for PAP*

# METHODS

- **Active engagement was conducted with stakeholders across 10 PHIs:**

Clear instructions were provided on **reviewing their workflows, completing the checklist collaboratively**, and returning it by a stipulated date.

→

Declaration was required at the end of the checklist on whether they could be ready by the proposed implementation date.

→

ACE reviewed all responses, addressed issues and queries, and confirmed the implementation date was feasible across all institutions.

- Stakeholders identified include:
  - Clinicians
  - Clinical operations
  - Finance and billing
  - Retail pharmacists or supply

# RESULTS AND DISCUSSION

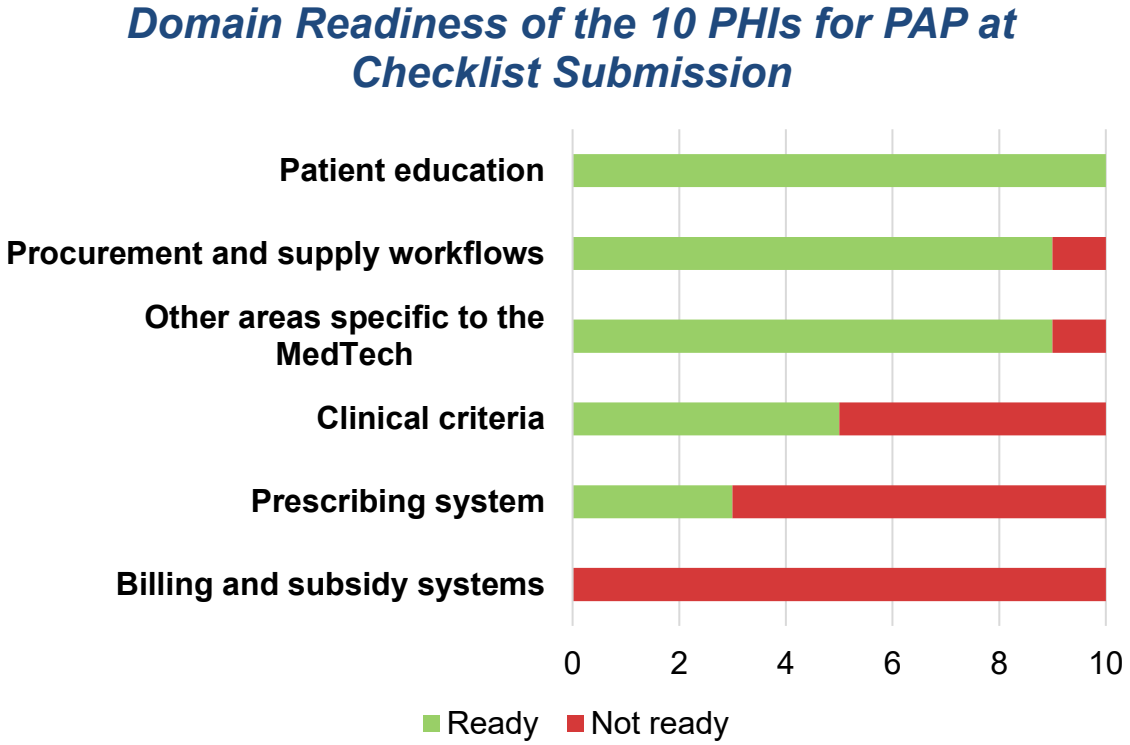



***Figure 5**: PAP Subsidy Implementation Readiness Checklist Results*

- Each PHI worked through the checklist's guiding sub-questions to self-assess their readiness across all domains.
- For areas where readiness had not yet been achieved, PHIs indicated a targeted timeline for completion and surfaced any outstanding questions in the remarks section.
- The overall readiness findings across all 10 PHIs are summarised in Figure 5.

**Objective 3: Enable national-level visibility of implementation readiness across all PHIs**

# RESULTS AND DISCUSSION

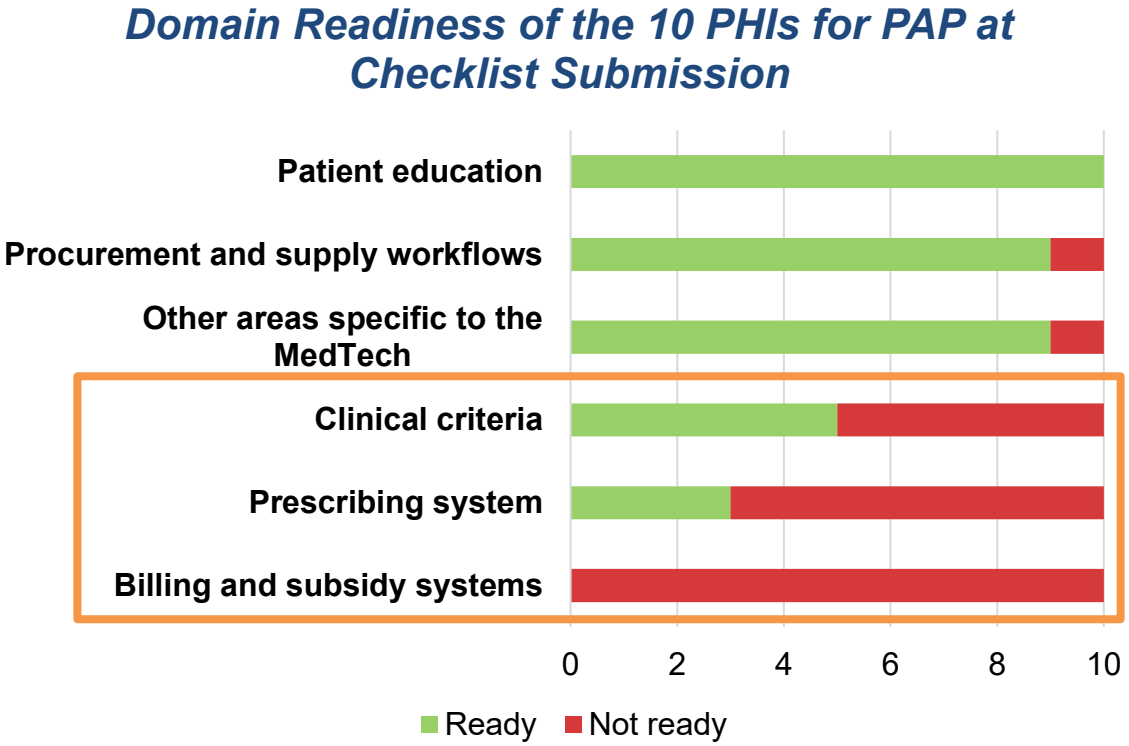



***Figure 5**: PAP Subsidy Implementation Readiness Checklist Results*

**PHIs reported configuration of systems were required, but all would be ready by the proposed implementation date.**

**Objective 3: Enable national-level visibility of implementation readiness across all PHIs**

# RESULTS AND DISCUSSION

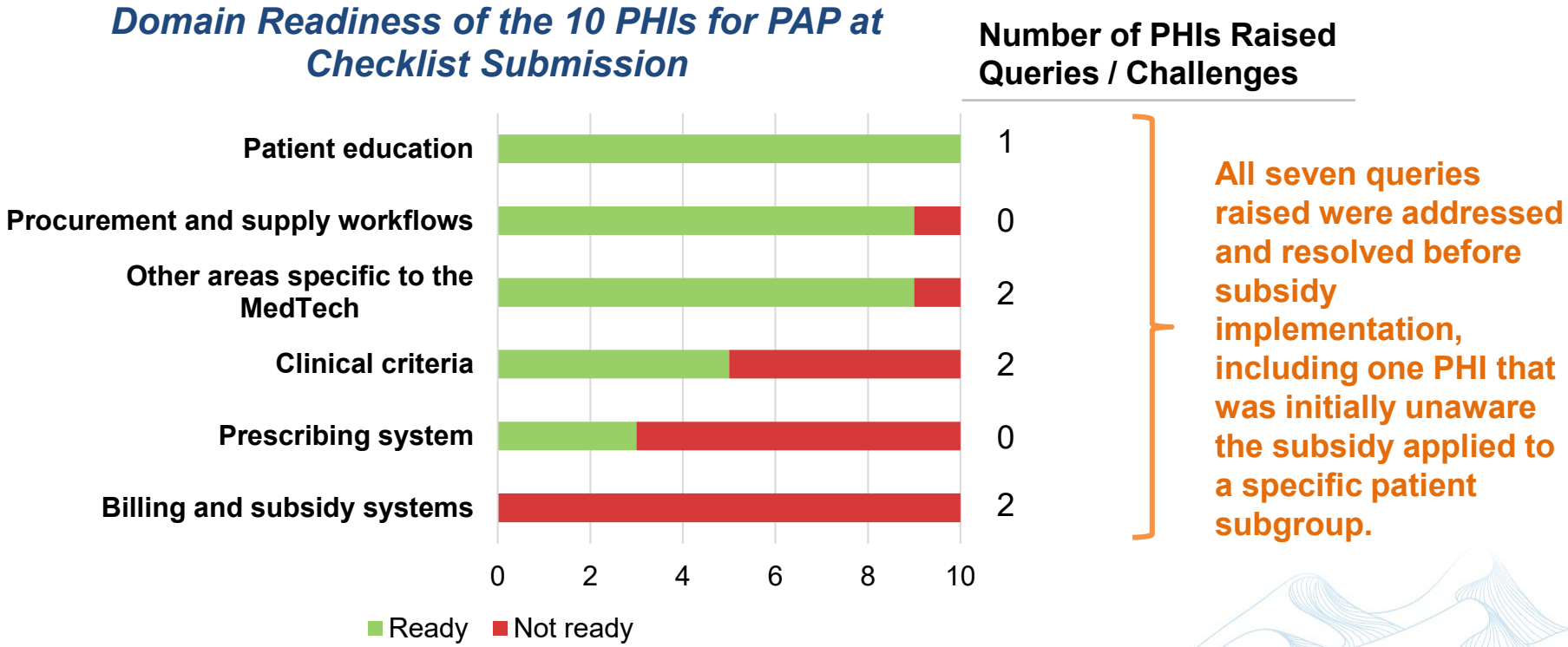



***Figure 5**: PAP Subsidy Implementation Readiness Checklist Results*

**Objective 3: Enable national-level visibility of implementation readiness across all PHIs**

# RESULTS AND DISCUSSION

**All 10 PHIs declared that they would work towards being ready by the proposed subsidy implementation date. This act of declaration served two important purposes:**

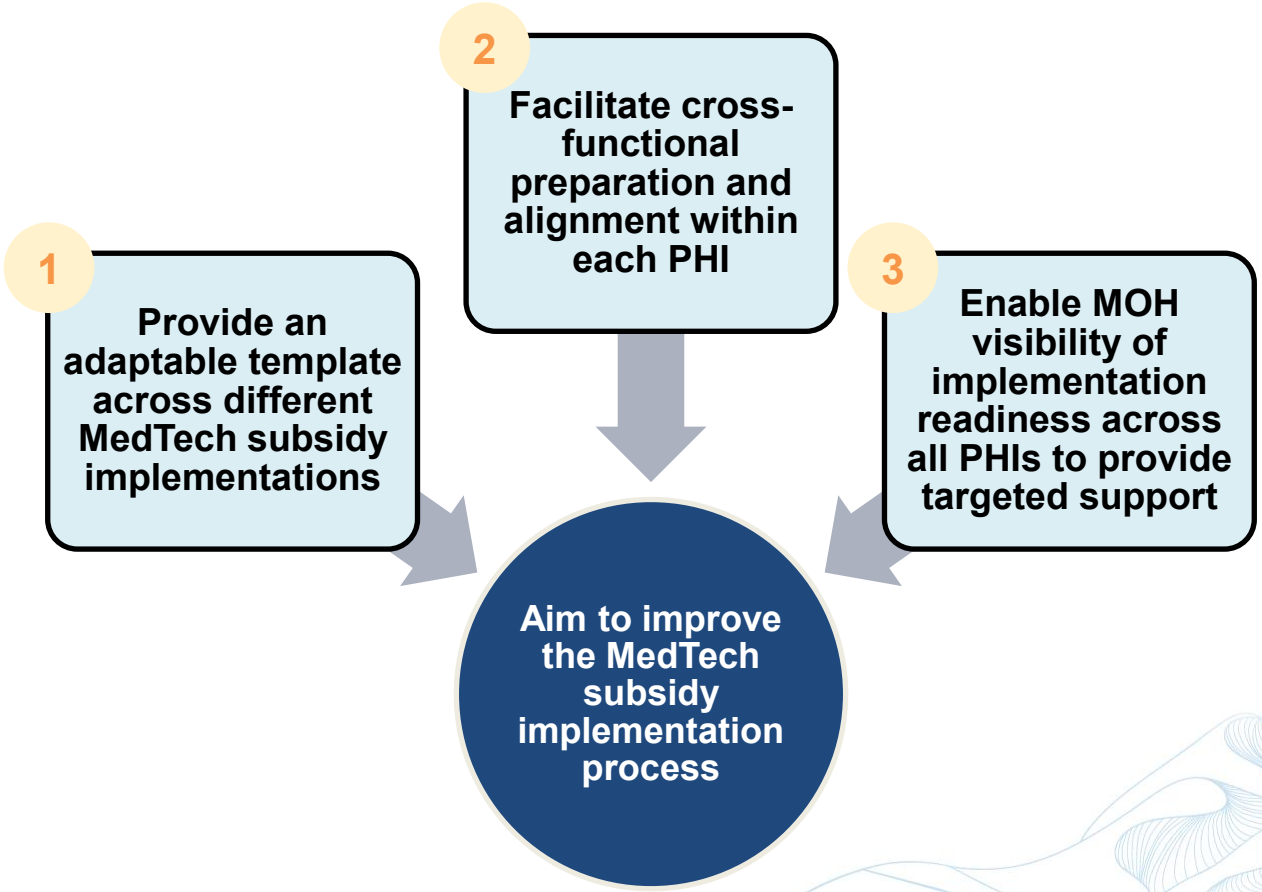
- It provided national-level visibility of implementation readiness across all PHIs, **enabling ACE to assess whether the proposed implementation date was feasible** before it was officially communicated to the public.

- By requiring each PHI to actively commit to a timeline, the engagement potentially **creates a sense of ownership and accountability** that passive, top-down communication alone cannot achieve.

# LIMITATIONS

- The 6-domains checklist was piloted on a single MedTech subsidy.
  - *Its applicability and effectiveness across other MedTech with different complexities needs time to be validated.*
- The checklist domains were based on past implementations of MedTechs, which may not capture challenges unique to future MedTech subsidies.
  - *Iterative refinement of the checklist are required over time.*
- The checklist is designed for use in public healthcare institutions in Singapore only, as government subsidies do not extend to the private setting.
  - *Should the tool be adapted for use in a private setting, modifications would be required.*
- Readiness declarations were self-reported by PHIs, there is a risk that declarations reflect intent rather than confirmed operational readiness.
  - *Dedicated implementation workgroups at PHI-level can be explored to strengthen accountability.*

# CONCLUSION


2
Facilitate cross-functional preparation and alignment within each PHI
1
Provide an adaptable template across different MedTech subsidy implementations
3
Enable MOH visibility of implementation readiness across all PHIs to provide targeted support
Aim to improve the MedTech subsidy implementation process

# THANK YOU

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