

TARIPH NEWSLETTER

The Academic Respiratory Initiative for Pulmonary Health (TARIPH)

Bringing Research To Patients Through Partnerships

Issue 7 / June 2026

Welcome to the refreshed TARIPH Newsletter. As TARIPH continues to grow, this newsletter is evolving to better reflect our expanding work and community. Since the TARIPH Lung Patient Network (TLPN) was established in 2023, patients have played a more active role in shaping and participating in our research. Going forward, the newsletter will keep readers up to date on TARIPH's latest research alongside patient perspectives which supports engagement between patients, clinicians and researchers. Alongside updates on relevant studies and collaborations, we will highlight how our research informs practice to advance patient care, drawing on patient experiences, partnerships and shared learning. Together, these perspectives reflect our ongoing effort to improve lung health for Singaporeans through collaboration and evidence-based work.

Featured News



THE STRAITS TIMES

Lung cell bank aims to help Singapore breathe easy in case of outbreak

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Dr Conrad Chan (left) of the Communicable Diseases Agency and Prof Sanjay Chotirmall, vice-dean of research at NTU LKCMedicine, at LKCMedicine's cell tissue culture lab on April 14.

ST PHOTO: GIN TAY

TARIPH and PREPARE formalise partnership to establish Singapore's first national lung cell bank

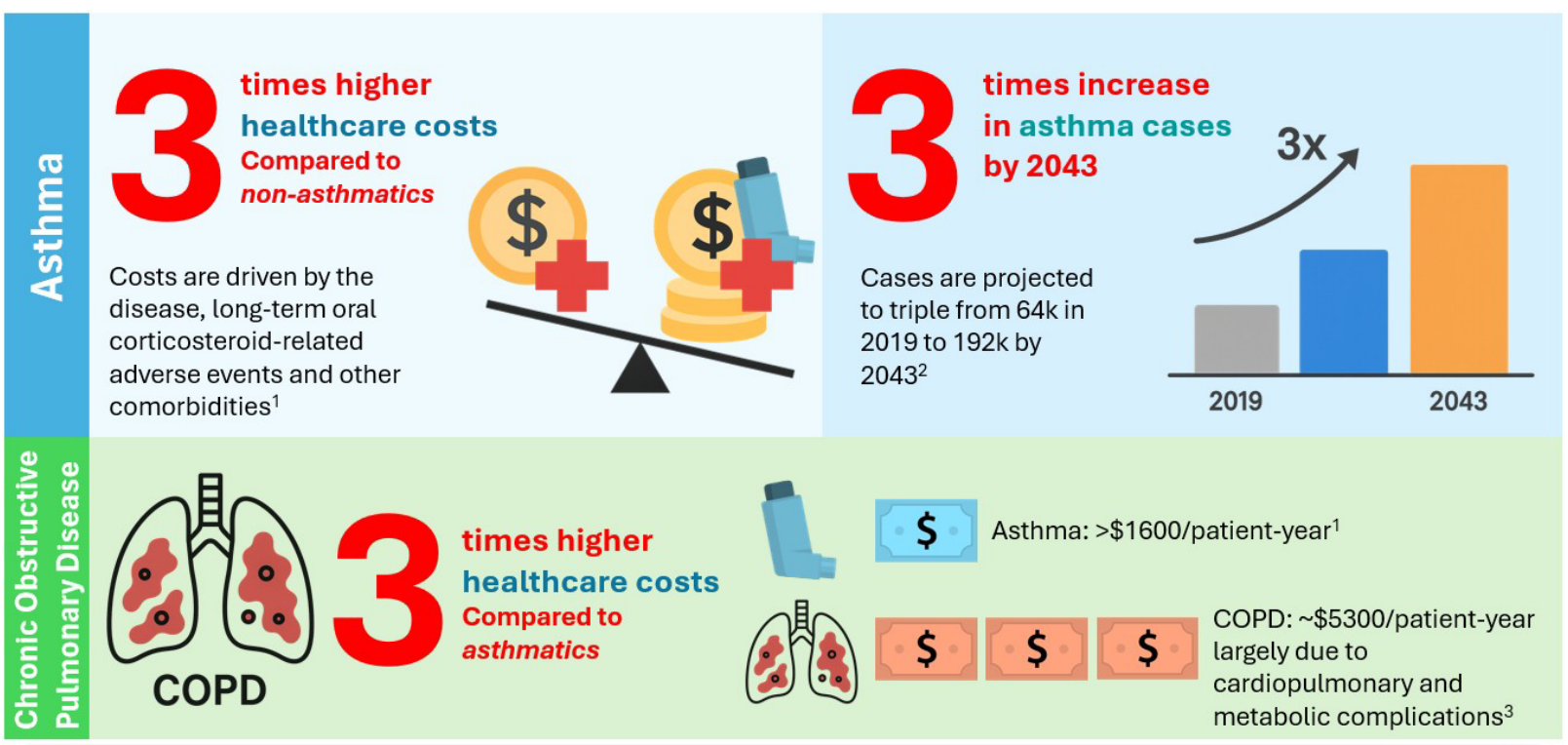
20 April 2026 – TARIPH, under LKCMedicine, NTU Singapore, inked an agreement with the Programme for Research in Epidemic Preparedness and REsponse (PREPARE) to establish Singapore's first national lung cell bank. PREPARE is a national program under the Communicable Diseases Agency that strengthens Singapore's readiness for future outbreaks through coordinated research and infrastructure. The $4 million collaboration ($2 million funded by PREPARE, with a further $2 million from the $10 million Open Fund-Large Collaborative Grant (OF-LCG) supported by the National Research Foundation and administered by the National Medical Research Council) will enable the development of advanced lung tissue models representing multi-ethnic Asian populations. By providing researchers with timely, high-quality lung samples, this partnership will provide model systems to accelerate drug testing, disease modelling and vaccine development—supporting public health responses and better outcomes in the event of future disease outbreaks.

Click HERE to read the full article.

TARIPH Insights

This section shares key developments from the TARIPH community—from scientific discoveries and collaborations to initiatives informed by patient and public perspectives.

At a glance – Respiratory Research through TARIPH



1. Lim, L. H. M., Juang, Y. R., Chotirmall, S. H., Tan, K. B., Koh, M. S., Abisheganaden, J. A., Price, D. B., Tsai, M. J., Liew, M. F., Tiew, P. Y., Yii, A. C. A., & Chen, W. (2025). Economic burden of asthma multimorbidity in Singapore: Shadow costs of steroid use. The World Allergy Organization journal, 18(12), 101146. https://doi.org/10.1016/j.waojou.2025.101146
2. Juang, Y. R., Lim, L. H. M., Chotirmall, S. H., Tan, K. B., Koh, M. S., Abisheganaden, J. A., Price, D. B., Tsai, M. J., Liew, M. F., Tiew, P. Y., Yii, A. C. A., & Chen, W. (2026a). Projecting the 20-year healthcare resource burden of asthma and COPD multimorbidity: insights from Singapore for integrated chronic respiratory care in South-East Asia. NPJ primary care respiratory medicine, 10.1038/s41533-026-00502-9. Advance online publication. https://doi.org/10.1038/s41533-026-00502-9
3. Juang, Y. R., Lim, L. H. M., Chotirmall, S. H., Abisheganaden, J., Koh, M. S., Tsai, M. J., Liew, M. F., Yii, A. C. A., Tiew, P. Y., Price, D., Tan, K. B., & Chen, W. (2026b). Healthcare Costs and Trends of Multimorbidity in COPD Patients: A Population-Based Study in Singapore. International journal of chronic obstructive pulmonary disease, 21, 563620. https://doi.org/10.2147/COPD.S563620



TARIPH Lung Patient Network (TLPN) Year-End Gathering Celebrates Patient Partnerships

28 November 2025 – The TARIPH Lung Patient Network (TLPN) brought together patient partners and healthcare professionals to celebrate a year of collaboration in respiratory research. The gathering included a physiotherapist-led breathing workshop, welcoming of new members, recognition of key contributors and steering committee leaders ending with an appreciation dinner highlighting the central role of patient partnership at TARIPH.



5th TARIPH–Singapore Thoracic Society (STS) Webinar Explores Advances in COPD Care

20 November 2025 – At the fifth TARIPH–Singapore Thoracic Society (STS) joint webinar, international expert Professor MeiLan Han from the University of Michigan shared her insights on the management of chronic obstructive pulmonary disease (COPD). This was complemented by our patient partner Mr Peter Gerard from the TARIPH Lung Patient Network (TLPN) who spoke about his lived experience of living with COPD. The session highlighted the value of integrating clinical evidence with patient perspectives to shape more responsive and effective care.



Acknowledging Our TARIPH Mentors and Fellows that contributed to the 'recommended reading' sections of our past newsletters

With refreshment of our newsletter, we would like to take this opportunity to thank all TARIPH mentors and fellows who have contributed to the "Recommended Reads" section since its inception in 2018. Their time, effort, and thoughtful curation have been instrumental in sustaining this academic initiative.

We extend our sincere appreciation to our outgoing mentors and fellows for their dedication, and are heartened to see many of our fellows progress to consultant roles across institutions nationally.

We would also take to this opportunity to recognize Dr Sharlene Ho's journey from TARIPH fellow to consultant and now mentor. We warmly welcome her in mentoring our next generation of TARIPH fellows who will continue to build on this key section of our newsletter.

<u>Outgoing</u>

Mentors:

- Assoc Prof Mariko Koh, Senior Consultant, Department of Respiratory and Critical Care Medicine, Singapore General Hospital (SGH)
- Asst Prof Tiew Pei Yee, Senior Consultant, Department of Respiratory and Critical Care Medicine, SGH

TARIPH Fellows:

- Dr Phua Chee Kiang Consultant, Department of Respiratory and Critical Care Medicine, Tan Tock Seng Hospital (TTSH)
- Dr Chew Si Yuan, Consultant, Department of Respiratory and Critical Care Medicine, SGH
- Dr Tan Yi Hern, Consultant, Department of Respiratory and Critical Care Medicine, SGH
- Dr Tan Ze Ying, Consultant, Division of Respiratory Medicine, Department of Medicine, Ng Teng Fong General Hospital
- Dr Ho Sharlene, Consultant, Department of Respiratory and Critical Care Medicine, TTSH
- Dr Chua Lee Wei, Brian, Consultant, Department of Respiratory and Critical Care Medicine, SGH
- Dr Puan Youxin, Consultant, Department of Respiratory and Critical Care Medicine, SGH
- Dr Clare Anne Fong Yoke Kum, Consultant, Division of Respiratory & Critical Care Medicine, Department of Medicine, Alexandra Hospital and National University Hospital
- Dr Jan Lee Ya Hui, Associate Consultant, Department of Respiratory Medicine and Intensive Care Medicine, Woodlands Hospital

Current and Incoming

Mentor:

- Dr Ho Sharlene, Consultant, Department of Respiratory and Critical Care Medicine, TTSH

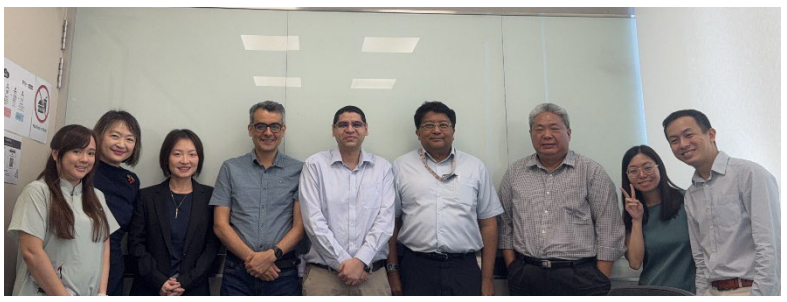
TARIPH Fellows:

- Dr Wesley Loo, Senior Resident, Respiratory and Critical Care Medicine, Singhealth Residency (Representative from SGH)
- Dr Cheryl Ho, Senior Resident, Respiratory and Critical Care Medicine, Singhealth Residency (Representative from CGH)
- Dr Lee Hai Quan, Senior Resident, Respiratory and Critical Care Medicine, NHG Health (Representative from TTSH)
- Dr Christopher Thong, Senior Resident, Respiratory and Critical Care Medicine, National University Hospital



TARIPH's participation in LKCMedicine's Art & Science of Medicine Festival (ASMF) held at Our Tampines Hub

4 October 2025 – TARIPH brought lung health activities to the community at the Art and Science of Medicine Festival (ASMF) 2025, where visitors at Our Tampines Hub could attempt lung spirometry and learn about lung health. The team shared information and welcomed sign ups for an early COPD study, part of TARIPH's NMRC OF-LCG program, which assesses early disease.

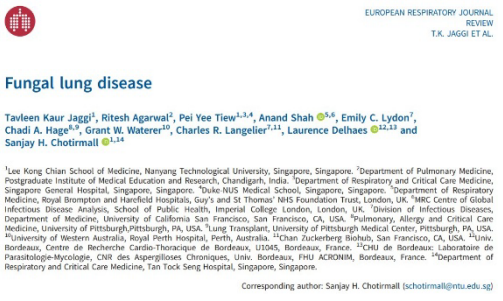


Prof Mohsen Sadatsafavi's visit to TARIPH

24 February 2026 – TARIPH hosted internationally recognised expert Professor Mohsen Sadatsafavi from the University of British Columbia for a visit and discussion session on advancing asthma and COPD research in Singapore and the wider Asian subcontinent. The visit fostered exchange between clinicians and researchers, explored potential collaborations in improving respiratory care and featured a campus tour at LKCMedicine, NTU Singapore.

Publications Portfolio

A curated collection of articles published by TARIPH investigators between April 2024 and March 2026 are highlighted showcasing outputs and collaborative impact of the TARIPH community. Specifically, 5 featured publications are highlighted below, handpicked from a larger collection for relevance and broad interest to our community. A full list of publications can be found here.


EUROPEAN RESPIRATORY JOURNAL REVIEW
T.K. JAGGI ET AL.

Fungal lung disease

Tavleen Kaur Jaggi[1], Ritesh Agarwal[2], Pei Yee Tiew[1,3,4], Anand Shah[5,6], Emily C. Lydon[7], Chadi A. Hage[8,9], Grant W. Waterer[10], Charles R. Langelier[7,11], Laurence Delhaes[12,13] and Sanjay H. Chotirmall[1,14]

[1]Lee Kong Chian School of Medicine, Nanyang Technological University, Singapore, Singapore. [2]Department of Pulmonary Medicine, Postgraduate Institute of Medical Education and Research, Chandigarh, India. [3]Department of Respiratory and Critical Care Medicine, Singapore General Hospital, Singapore, Singapore. [4]Duke-NUS Medical School, Singapore, Singapore. [5]Department of Respiratory Medicine, Royal Brompton and Harefield Hospitals, Guy's and St Thomas' NHS Foundation Trust, London, UK. [6]MRC Centre of Global Infectious Disease Analysis, School of Public Health, Imperial College London, London, UK. [7]Division of Infectious Diseases, Department of Medicine, University of California San Francisco, San Francisco, CA, USA. [8]Pulmonary, Allergy and Critical Care Medicine, University of Pittsburgh,Pittsburgh, PA, USA. [9]Lung Transplant, University of Pittsburgh Medical Center, Pittsburgh, PA, USA. [10]University of Western Australia, Royal Perth Hospital, Perth, Australia. [11]Chan Zuckerberg Biohub, San Francisco, CA, USA. [12]Univ. Bordeaux, Centre de Recherche Cardio-Thoracique de Bordeaux, U1045, Bordeaux, France. [13]CHU de Bordeaux: Laboratoire de Parasitologie-Mycologie, CNR des Aspergilloses Chroniques, Univ. Bordeaux, FHU ACRONIM, Bordeaux, France. [14]Department of Respiratory and Critical Care Medicine, Tan Tock Seng Hospital, Singapore, Singapore.

Corresponding author: Sanjay H. Chotirmall (schotirmall@ntu.edu.sg)

[Fungal lung disease]

This paper highlights a growing and under-recognized cause of lung disease —fungal infections—which affects people with existing lung disease. These conditions are hard to diagnose and treat and this publication details the importance and approach to awareness, new diagnostic methods and treatment.


International Journal of Chronic Obstructive Pulmonary Disease
Dovepress
Taylor & Francis Group

ORIGINAL RESEARCH

Healthcare Costs and Trends of Multimorbidity in COPD Patients: A Population-Based Study in Singapore

Yah Ru Juang[1,*], Laura Huey Mien Lim[1,*], Sanjay H Chotirmall[2,3], John Abisheganaden[2–4], Mariko Siyue Koh[5], Ming-Ju Tsai[6,7], Mei Fong Liew[8–10], Anthony Chau Ang Yii[11], Pei Yee Tiew[2,5], David Price[12–14], Kelvin Bryan Tan[1,15], Wenjia Chen[1]

[1]Saw Swee Hock School of Public Health, National University of Singapore, Singapore, Singapore; [2]Lee Kong Chian School of Medicine, Nanyang Technological University, Singapore, Singapore; [3]Department of Respiratory and Critical Care Medicine, Tan Tock Seng Hospital, Singapore, Singapore; [4]Health Services and Outcomes Research, National Healthcare Group, Singapore, Singapore; [5]Department of Respiratory and Critical Care Medicine, Singapore General Hospital, Singapore, Singapore; [6]Division of Pulmonary and Critical Care Medicine, Department of Internal Medicine, Kaohsiung Medical University Hospital, Kaohsiung, Taiwan; [7]Department of Internal Medicine, School of Medicine, College of Medicine, Kaohsiung Medical University, Kaohsiung, Taiwan; [8]Division of Respiratory and Critical Care Medicine, Department of Medicine, National University Hospital, National University Health System, Singapore, Singapore; [9]Department of Medicine, Yong Loo Lin School of Medicine, National University of Singapore, Singapore, Singapore; [10]Division of Respiratory and Critical Care Medicine, Integrated Medicine Programme, Alexandra Hospital, Singapore, Singapore; [11]Department of Respiratory and Critical Care Medicine, Changi General Hospital, Singapore, Singapore; [12]Observational and Pragmatic Research Institute, Singapore, Singapore; [13]Optimum Patient Care, Cambridge, UK; [14]Centre of Academic Primary Care, Division of Applied Health Sciences, University of Aberdeen, Aberdeen, UK; [15]Ministry of Health, Singapore, Singapore

*These authors contributed equally to this work.

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[Healthcare Costs and Trends of Multimorbidity in COPD Patients: A Population-Based Study in Singapore]

This study demonstrates how individuals with chronic obstructive pulmonary disease (COPD) live with multiple comorbidities, particularly circulatory, metabolic and digestive diseases, that increases healthcare costs and strain on patients and families. By using real world data from Singapore, it highlights the need for earlier, more coordinated care to reduce preventable illness and healthcare burden as the population ages.


Lim et al. World Allergy Organization Journal (2025) 18:101146
http://doi.org/10.1016/j.waojou.2025.101146

WORLD ALLERGY ORGANIZATION JOURNAL
Open Access

Economic burden of asthma multimorbidity in Singapore: Shadow costs of steroid use

Laura Huey Mien Lim, MSc[a*], Yah Ru Juang, BSc[a], Sanjay H. Chotirmall, MB BCh BAO FRCPI FCCP FRCP PhD[b,c], Kelvin Bryan Tan, PhD[a,d], Mariko Siyue Koh, MBBS MRCP[a,d], John A. Abisheganaden, MBBS MRCP MMed FAMS FRCP[b,g], David B. Price, FRCGP[h,i,j], Ming-Ju Tsai, MD PhD[k,l], Mei Fong Liew, MBBS MRCP MMed[m,n,o], Pei Yee Tiew, MD PhD[b,e,f], Anthony Chau Ang Yii, MB BChir MA MRCP[p] and Wenjia Chen, PhD[a]

[Economic burden of asthma multimorbidity in Singapore: Shadow costs of steroid use]

This study reveals how asthma may lead to other serious health problems and rising healthcare costs, especially the rising high costs of adverse events related to long-term oral corticosteroid use even among paediatric patients, highlighting why better long term asthma care improves lives and reduces avoidable harm.

Chronic obstructive pulmonary disease

BMJ Open Respiratory Research

Two distinct healthcare utilisation trajectories prior to a COPD diagnosis in a multi-ethnic Asian population: a comparison of transient and chronic users

Sheryl Hui-Xian Ng[1,2], Pei Yee Tiew[3,4], Sanjay Haresh Chotirmall[4,5], Wenjia Chen[1], John Abisheganaden[2,4,5]

Respiratory Medicine 245 (2025) 108199

Contents lists available at ScienceDirect

Respiratory Medicine

journal homepage: www.elsevier.com/locate/rmed

Original Research

Ethnic variation in South East Asian patients with severe asthma: A first look at the Singapore Severe Asthma Registry (SSAR) and implications on clinical practice

Tunn Ren Tay[a,b,c], Pee Hwee Pang[c], Mei Fong Liew[d,e], Pei Yee Tiew[b,f,g], Mon Hnin Tun[h], Tavleen Kaur Jaggi[g], Anna Lau[c], Hui Fang Lim[d], Genevieve Tan[g], Nicole Yu-Fang Sieow[a,b], Sanjay H. Chotirmall[i,*], Mariko Siyue Koh[b,f,g]

[Two distinct healthcare utilisation trajectories prior to a COPD diagnosis in a multi-ethnic Asian population: a comparison of transient and chronic users]

This study illustrates that many patients who are later diagnosed with chronic obstructive pulmonary disease (COPD) are already repeatedly using healthcare services years before they are formally diagnosed. By identifying missed opportunities for earlier detection—especially in higher-risk groups—it highlights how identifying COPD sooner can improve patient health and reduce avoidable strain on the healthcare system.

[Ethnic variation in South East Asian patients with severe asthma: A first look at the Singapore Severe Asthma Registry (SSAR) and implications on clinical practice]

This paper describes the characteristics of a multi-ethnic cohort in the Singapore Severe Asthma Registry (SSAR), examining differences between the 3 major ethnic groups (Chinese, Malay and Indian) in Singapore. A risk stratification approach to severe asthma management based on ethnic susceptibility to asthma related oral corticosteroids (OCS)-related comorbidities should be considered.

Recommended Reads by TARIPH fellows

The Recommended Reads by TARIPH fellows section features a list of key publications with an accompanying summary that has been selected by a group of nominated junior clinicians in Respiratory medicine from each healthcare cluster across Singapore. These highlighted articles are carefully curated to be read-worthy amidst busy schedules of respiratory researchers, clinicians and fellow residents.

The junior clinicians are supervised by Dr Sharlene Ho, Consultant, Department of Respiratory and Critical Care Medicine, Tan Tock Seng Hospital in the selection of suitable articles for this academic exercise.

Edited By:



Dr Wesley Loo, Senior Resident, Respiratory and Critical Care Medicine, Singhealth Residency



Dr Cheryl Ho, Senior Resident, Respiratory and Critical Care Medicine, Singhealth Residency



Dr Lee Hai Quan, Senior Resident, Respiratory and Critical Care Medicine, TTSH, NHG Health



Dr Christopher Thong, Senior Resident, Respiratory and Critical Care Medicine, National University Hospital

The final list of 5 shortlisted read-worthy articles are:

1. Electrical impedance tomography-guided positive end-expiratory pressure and mortality of patients with the acute respiratory distress syndrome: the EITVent randomized clinical trial (American journal of respiratory and critical care medicine 2026 Mar; 212 (3): 440 – 451)
   This randomised controlled trial evaluated electrical impedance tomography (EIT)-guided PEEP titration versus the ARDSNet lower PEEP/FiO_2 strategy in ARDS. Overall 28-day mortality did not differ significantly. However, EIT-guided strategy assigned higher PEEP with reduced mortality in patients with higher recruitability, as assessed by the recruitment/inflation ratio method.
2. Molecular endotypes predict differential response to immunosuppressant therapy in non-idiopathic pulmonary fibrosis interstitial lung disease (American journal of respiratory and critical care medicine 2026 Apr; 212 (4): 768 – 777)
   This cohort study identified two molecular endotypes in non-IPF ILD with differing responses to immunosuppressive therapy. Class 1 had better survival without treatment benefit, whereas Class 2 had worse survival but improved outcomes with immunosuppression. Findings were independent of ILD subtype, supporting molecularly guided therapy across heterogeneous ILD populations.
3. Inhaled Treprostinil for Idiopathic Pulmonary Fibrosis (The New England journal of medicine 2026 Mar; doi: 10.1056/NEJMoa2512911. Online ahead of print)
   A phase 3 trial in idiopathic pulmonary fibrosis showed inhaled treprostinil significantly slowed FVC decline and reduced clinical worsening versus placebo, supporting a novel antifibrotic approach beyond current therapies. However, cough was common and no significant reduction in IPF exacerbations was observed.
4. Mepolizumab for the treatment of refractory chronic cough in patients with eosinophilic airways disease (MUCOSA): a randomised, double-blind, parallel-group, placebo-controlled trial (The European respiratory journal 2026 Apr; 67 (4): 2501573)
   In patients with refractory chronic cough and persistent eosinophilia despite inhaled corticosteroid therapy, mepolizumab did not improve objective cough frequency, severity or quality of life compared with placebo, despite reductions in blood and sputum eosinophils, suggesting alternate mechanisms of cough.
5. 2026 AHA/ACC/ACCP/ACEP/CHEST/ SCAI/SHM/SIR/SVM/SVN Guideline for the Evaluation and Management of Acute Pulmonary Embolism in Adults: A Report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines (Circulation 2026 Mar; 153 (12): e977 – e1051)
   This guideline introduces a new A–E pulmonary embolism (PE) severity classification, refining risk stratification and management. It emphasizes outpatient management for low-risk PE, DOACs over warfarin, LMWH over UFH, multidisciplinary PE response teams, selective advanced therapies and long-term follow-up for chronic thromboembolic complications.

Activities across our partner hospitals

Highlights from across Singapore's respiratory community, showcasing awards, poster presentations and events in respiratory and lung health.



Tan Tock Seng Hospital World Tuberculosis Day

24 March 2026 – The National Tuberculosis (TB) Care Centre and National TB Screening Centre reached over 400 members of the public and 200 nurses through awareness events and a webinar. Dr Tay Jun Yang and Sister Cheng Hong also shared how artificial intelligence is strengthening TB screening in local media.


THE STRAITS TIMES

Monday, March 30, 2026

ScienceTalk

Delivering value – why appropriate healthcare matters

John Abisheganaden

Not long ago, a patient told me her asthma was "fine".

It was a familiar response – said quickly, politely, almost reflexively. But when we reviewed her asthma questionnaire together, a different story emerged. She was waking up coughing several nights a week and avoiding daily activities she once enjoyed. What she had normalised as "fine" was, in fact, a daily burden.

That short conversation changed the consultation. It shifted my focus from prescribing "just in case" treatments to understanding what truly mattered to her, and how appropriate care could meaningfully improve her life.

Moments like these remind me why appropriate and value-based care (AVBC) should not just be a theory, but a practical and ethical necessity for doctors today.

As a doctor who has spent decades caring for patients and studying healthcare systems, I have seen both the strengths and the growing strains of Singapore's healthcare landscape.

We are rightly proud to have one of the world's most effective systems. Yet we face pressures familiar to healthcare systems everywhere: a rapidly ageing population, rising rates of chronic diseases, escalating healthcare costs and patient expectations, as well as a workforce stretched by demand.

It is because of these challenges that AVBC has become not just timely, but essential.

UNDERSTANDING WHAT AVBC MEANS

Simply put, AVBC is about ensuring all patients receive care that genuinely helps them, at a cost that both the patients and the system can afford.

This means three things.

First, care must be appropriate for the individual.

Being appropriate is not about withholding care, but doing what is medically prudent and meaningful. It means avoiding unnecessary tests, procedures and medications that do not improve outcomes. Sometimes this means doing more; often, it means recognising that less is more.

Second, care must be value-based.

This means achieving the best possible outcomes for patients while using our finite resources wisely.

And the quality of care cannot be sacrificed to reduce cost, and cost cannot balloon without improving results. Value is not cheaper care or more care, but smarter care.

Third, every decision must be what matters to the patient.

This requires understanding patients' goals, fears, what they need to live well, and what a "good outcome" looks like to them, and not simply assuming we already know.

At its heart, AVBC means thoughtful, patient-focused, evidence-based practice.

WHY AVBC MATTERS NOW

Healthcare in Singapore has reached a pivotal moment.

The country's population is ageing at an unprecedented pace, and more people have chronic conditions such as diabetes, lung disease and heart failure. These are not illnesses cured by a single treatment. They require long-term, coordinated and person-centred care, which is precisely what the AVBC approach seeks to achieve.

At the same time, medical equipment and treatments have become increasingly advanced, with some more expensive than others. New tests and therapies can bring enormous benefit, but they can also strain resources if not used judiciously.

If we continue with the traditional way of just adding more beds, tests and referrals, we face the risk of achieving medical excellence but losing long-term financial sustainability.

AVBC is our shared response to this challenge. It allows us to improve outcomes through evidence-based practice, reduce avoidable admissions and complications, and direct resources where they provide the greatest benefit. Furthermore, it empowers patients as active partners in their own care while sustaining our healthcare system.

Around the world, healthcare systems are already making this shift. Singapore is strengthening its own journey to better health, guided by national programmes such as value-driven care, Healthier SG and Age Well SG, and payment models that shift from paying for service to paying for outcomes.

ADOPTING AVBC IN MEDICAL PRACTICE

Transforming care delivery is complex. But AVBC can be put into practice in several ways that guide how we do things on the ground.

The foundation lies in measuring what truly matters. Healthcare improvement is possible when there are good systems that track both medical outcomes and patient-reported measures such as pain levels, daily functioning and quality of life. Such data helps us make better decisions.

Equally important is reducing unnecessary differences in treatment.

When similar patients receive very different care without clear medical reasons, it shows inconsistency instead of informed choice. AVBC addresses this by ensuring standardised, evidence-based care pathways based on established best practices for consistent and effective outcomes.

This approach also focuses on managing costs through medical excellence rather than cost-cutting. Smoother care transitions, fewer unnecessary tests, improved surgical management and cost-effective treatments can together enhance outcomes while managing resources responsibly.

Healthcare sustainability further depends on shifting appropriate care to community settings. Strong primary care, community nursing, and home-based models of care help keep patients well and out of hospital, improving experience and reducing unnecessary hospital admissions.

Patient partnership in decision-making is also essential. Shared decision-making and clear communication ensure that patients are informed, engaged and empowered throughout their care journey.

Finally, building organisational capability and a culture that embraces AVBC is critical to this transformation. Doctors, nurses, allied health professionals, administrators and data teams must be supported through training programmes to change how we work beyond policy directives.

When all these principles work together, AVBC is no longer an isolated healthcare idea. It becomes the default way of how care should be delivered.

WHY PATIENTS' VOICES MATTER

A key shift to AVBC is recognising that patients' voices matter as much as medical test results.

Take, for example, patient-reported outcome measures (PROMs), which ask patients directly about their symptoms, function, mental well-being, and quality of life. These structured questionnaires help us understand whether the treatment given truly improves their daily living. Or patient-reported experience measures (PREMs), which capture how patients experience care, including communication, coordination, respect and trust.

Together, these questionnaires shift the conversation from "What is the matter with you?" to "What matters to you?", strengthening doctor-patient relationships, guiding service improvement, and helping us to direct resources towards patient priorities. In my own practice, they often reveal concerns patients might dismiss as unimportant, or which doctors might otherwise overlook.

Across Singapore, the growing use of these patient tools is already showing encouraging results, including more engaged patients, clearer understanding of patient needs, and better-aligned care.

HOW SINGAPORE IS RESHAPING HEALTHCARE DELIVERY THROUGH AVBC

Across Singapore's healthcare clusters, it is heartening that AVBC is gaining pace across clinics, wards and communities.

Care plans for chronic diseases increasingly focus on evidence-based practice, prevention, and providing care in the right place.

Capability-building through various programmes gives teams practical tools for improvement. Enhanced recovery programmes, prudent use of tests, and imaging optimisation improve outcomes while minimising waste.

Beyond hospital walls, there are programmes that help patients move between different care settings, community nursing and home-based care, as well as partnerships with general practitioners that strengthen ongoing care. PROMs are being added to selected care plans to ensure care decisions reflect patient priorities, even in community care settings.

As funding models evolve, there is also a growing emphasis on prevention, community health, and outcomes that matter over time.

These efforts demonstrate that AVBC is not about doing less, but about doing better, together.

AVBC AS A PROFESSIONAL RESPONSIBILITY

AVBC is neither a way to save money, nor a passing trend. It reflects our professional responsibility to deliver the right care, at the right place, at the right time, for the right outcome that truly matters to our patients.

It challenges us to reflect on our daily practice: Are we ordering tests out of habit rather than necessity? Do we understand our patients' goals? Are our care plans improving meaningful outcomes? Are we learning from what patients tell us? Are we managing resources responsibly for future generations?

This approach cannot be improved by policy alone. It requires the commitment of the whole care team and patients themselves. As with our asthma patient, we improved her inhaler technique, simplified her treatment plan, and adjusted her care plan with new goals that reduced night-time symptoms and helped her to return to her daily activities.

When we checked on her next, she was sleeping better and active again. This was the AVBC approach in practice. With it, Singapore will not only sustain a world-class healthcare system, but will also redefine what person-centred, meaningful, and sustainable care truly looks like for the future.

And that is a goal worth striving for.

• Professor John Abisheganaden is NHG Health's chief of health services and outcomes research. He is also a senior consultant in respiratory and critical care medicine at Tan Tock Seng Hospital.

Rethinking Care Delivery: Aligning Treatment with Patient Needs

30 March 2026 – In a Science Talk feature for The Straits Times, Professor John Abisheganaden, TARIPH's academic co-lead, highlights the importance of appropriate and value-based care in Singapore's evolving healthcare landscape, advocating patient-centred, evidence-based decisions to improve outcomes while ensuring long-term system sustainability.

Click HERE to read the full article.



Respiratory Community Outreach Team (RCOT) Wins Poster Excellence Award at Quality & Innovation Day

1 April 2026 – Changi General Hospital's Respiratory Community Outreach Team (RCOT) received the Poster Excellence Award at the SingHealth Duke-NUS Quality & Innovation Day. The hospital–nursing home partnership showcases improved community respiratory care through specialist support and teleconsultation, achieving notable reductions in hospital utilisation.

5 minutes with...Dr Tiew Pei Yee

The "5 minutes with..." section is a light-hearted series where five short questions are posed to people from our local respiratory community to uncover interesting things about them. In this issue, we have invited Dr Tiew Pei Yee who is a Senior Consultant in the Department of Respiratory and Critical Care Medicine, Singapore General Hospital, SingHealth to share her answers with us.

1. **Did you choose your profession or did it choose you?**
   The profession chose me. I wasn't sure what I wanted to pursue until I witnessed my aunt's illness, which led me to medicine.
2. **What was one of your most defining moments in life?**
   It was when a patient's family member taught me to look past the illness and recognise the individual behind it. It reshaped my perspective on what it means to be a doctor and continues to guide how I care for my patients.
3. **If you could have dinner with anyone, who would it be?**
   It would be interesting to have dinner with Gregory House, for his diagnostic reasoning and unconventional thinking, though I might not stay for dessert :P
4. **Do you prefer coffee or tea?**
   Coffee, more out of habit, and it gives me the sense that it will carry me through the day.
5. **What do you do in your spare time?**
   I value spending time with my family and try to keep those moments separate from work.



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