



FUNG HEALTHCARE

LEADERSHIP SUMMIT 2016

Leadership & Innovation in Healthcare

23 - 24 September 2016 | Grand Hyatt Singapore

The Proceedings



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CONTENTS

Fung Healthcare Leadership Summit 2016	4
About The Victor and William Fung Foundation	5
Session Highlights	6
Welcome & Opening Keynote	
Multiple Opportunities for Reform And Change in Healthcare	8
Sponsor Welcome	9
Opening Keynote Presentation	
Is Leadership & Innovation Enough to Address Global Healthcare Challenges?	10
Leadership & Innovation in Asia Public Healthcare	
Panel Discussion	12
Lunch Keynote Presentation	
Tomorrow's Healthcare - Better Quality, More Affordable, More Accessible	16
Innovative Approaches to Health & Disease Management	
Visual Storytelling Transforming Personal Health	18
Patient-Centered, Sustainable Wellness with Chinese Medicine	19
Data Analytics for Disease Management	20
Dinner Keynote Presentation	
One Belt One Road - Implications for China, Asia and the World	22
Leading Change in Healthcare Economics	
Innovation in Healthcare Business Models	24
Disruptive Innovation to Bend Healthcare's Cost Curve	25
Can We Have Healthcare Reform Without Supply Chain Reform?	26
Health Treasures for Better Living	
Living Better Electrically	27
Hidden Health Role of Gut Microbiome	28
Health Treasures from The Jungle	29
Photo Gallery	30
Participant's Thought	36
About IDS Medical Systems Group (idsMED)	38

Fung Healthcare Leadership Summit 2016



The Fung Healthcare Leadership Summit 2016 was held in Singapore on 23 – 24 September 2016, following the highly successful inaugural event which was also held in Singapore in June 2015.

The Fung Healthcare Leadership Summit is sponsored by the Fung Foundation and organized by IDS Medical Systems Group (idsMED), both members of the Fung Group, a multinational corporation headquartered in Hong Kong with business operations in trading, logistics, distribution and retailing in over 40 economies. idsMED is the leading integrated medical solutions provider of equipment, supplies and services in Asia.

The Fung Healthcare Leadership Summit aims to bring together internationally recognised innovators in Healthcare leadership, education and infrastructure from around the world to engage in a dialogue with leading practitioners, senior management of healthcare and educational institutions, government officials and business leaders from the Asia-Pacific Region.

New and significant demands are being made on the healthcare infrastructure of ASEAN countries, with the

population almost doubling between 1990 and 2012. The adverse shift in demographics that governments everywhere are facing has created new sets of challenges and opportunities. ASEAN governments are trying their utmost to keep pace with rising costs and the new demands of an increasingly affluent population expecting better, cheaper and more responsive healthcare. The theme of the Summit, “Leadership & Innovation in Healthcare” saw our eminent speakers address a myriad of issues, opportunities & challenges, and innovations & trends emerging in healthcare.

The event had speakers from across the world presented the following:

1. Leadership & Innovation in Asian Public Healthcare
2. Innovative Approaches to Health & Disease Management
3. Leading Change in Healthcare Economics
4. Health Treasures for Better Living

The event was attended by over 300 delegates including healthcare practitioners, senior management of healthcare and educational institutions, government officials and business leaders from the Asia-Pacific Region.

Eminent Speakers at the Summit



About the Victor and William Fung Foundation

The Victor and William Fung Foundation was set up in 2006 to commemorate the Centenary of the Fung Group (formerly known as the Li & Fung Group). The Foundation is supported by Dr. Victor Fung, Group Chairman and Dr. William Fung, Group Deputy Chairman of the Fung Group with their personal funds to promote (i) leadership development principally through sponsoring programs in partnership with universities, and (ii) thought leadership principally through think tanks and educational institutions.

FUNG (1906) FOUNDATION

Fung (1906) Foundation was established in commemoration of the centenary of the Fung Group in 2006. The Foundation is supported by Dr. Victor Fung, Group Chairman and Dr. William Fung, Group Deputy Chairman of the Fung Group with their personal funds to support colleagues within the Fung Group around the world to engage in and contribute to their communities. The focus of the Foundation is on disaster relief, community-building programmes, entrepreneurship development and environmental initiatives, initiated by our people. We believe that our communities and our people grow, develop and transform through community

engagement activities. Community engagement is a key part of the Foundation's strategy and integral to building sustainable communities that will thrive for generations to come. We provide resources and support for volunteering, share our knowledge and skills and raise funds to support important initiatives and campaigns. We work closely with community partners worldwide around a strategic focus for impact. Key global partners include Business for Social Responsibility (BSR), Captivating International, CARE International, Habitat for Humanity, Red Cross/Red Crescent, Room to Read and World Wide Fund for Nature (WWF). We also work with a large variety of partners in each of our local communities.

For more information, please visit: <http://www.funggroup.com/eng/sustainability/foundations.php>

Session Highlights



SESSION 1: Opening Keynote

Spending on healthcare is growing globally, with a growing economic burden borne out of aging populations and a rising rate of chronic diseases. At the same time, healthcare costs are increasing at unsustainable rates.

Breakthrough innovations in medical treatments, finance and delivery models have the potential to provide better quality care to people in need, when they need it. However, they come with the risk of driving healthcare costs even higher. Moreover, the best practices used in supply chain management for other industries have not yet been applied universally in healthcare systems.

Leaders in healthcare should look towards prevention and health literacy to increase population health while lowering healthcare costs. One of the ways to do this sustainably is to engage different segments of populations by sending them health literacy messages that have deep resonance within their cultures.

SESSION 2: Leadership & Innovation in Asian Public Healthcare

Life expectancy in Asia has radically increased in just 30 years. Yet, Asian healthcare systems are based on Europe and U.S. models, which took hundreds of years to achieve the same result. The different growth trajectories mean that healthcare systems in Asia must innovate to adapt to their context.

Higher chronic disease burdens, and rising demands and expectations from a growing Asian middle class will place stress on Asian healthcare systems to deliver better quality healthcare. New ways of financing healthcare as well as new forms of healthcare institutions will have to be considered as well.



The greatest uncertainties faced by Asian public healthcare systems were identified as infectious diseases, multi-drug resistance, the consequences of climate change, weak economic growth, income disparity, social determinants of health and their effect on politics, ensuring secure protection of personal data, and war.

Outreach programmes are the key to reducing the main factors driving healthcare spending in Indonesia, such as birth complications, chronic diseases, and primary care. In the Philippines, cloud technology and data analytics have been identified as important tools for tweaking policy and financing decisions that affect the delivery of quality healthcare to a population scattered across thousands of islands.

Sharing of incentives and risks by patients, providers and buyers can reshape the focus of healthcare systems from treating diseases to preventing diseases and increasing population health. Healthcare systems need to be driven by the learning cycle, which uses research data to influence treatment in a virtuous cycle. There will also be an increasing focus on precision medicine and data sharing to enable prevention of diseases.

SESSION 3: Innovative Approaches to Health & Disease Management

People respond to complex healthcare messages better if they can visualise what is happening to their bodies. Online platforms like MyWellnessStory provide these tools, together with integrated personal health records that enable people to tell and share their life stories with each other. These communities increase engagement, and through integrated planning and tracking tools, can improve population health.

Sustainable Wellness is a programme started by the Yo San University Foundation that utilises Chinese medicine



concepts to increase health holistically. Integrating Chinese medicine into the Western model of medicine has great potential for increasing health literacy and wellness, reducing healthcare spending and increasing longevity.

SpineZone utilises rigorous data-driven models to decide on treatment modalities for its patients, with the goal of reducing unnecessary surgeries and improving outcomes. The amassing of data from their patients allows them to be at the forefront of therapy, technology and treatment research, and conduct clinical studies on the fly to enhance physicians' decision-making processes.

SESSION 4: Leading Change in Healthcare Economics

Healthcare business models must innovate to keep up with increasingly more personal medical treatments that relegate fatal diseases to chronic diseases. Wearable devices will result in more direct care, thus reducing the reliance on health institutions. Health inequity can widen due to therapies which can save lives, at the expense of life-long, cost-prohibitive treatments. Technology has to be embraced while balancing costs; and reimbursements for sicknesses and delivery models have to change to incentivise wellness, thus improving healthcare equity.

General Electric (GE) is lowering healthcare costs by redesigning medical equipment to suit the unique needs of developing countries. Filtering down of advanced technologies means that these machines can be as safe as their high end ones. GE is also using its global connections to help bring medical innovators to new markets and build ecosystems, and starting investment in biologic factories and technologies that analyse healthcare data to find data-driven insights.

Supply chain management can be better optimised to lower healthcare costs and reduce supply chain risks. In order to do



so, physicians must become supply chain literate to reduce the conflicts between buyers (hospitals) and providers, and more research must be done to compare the effectiveness of various medical devices.

SESSION 5: Health Treasures for Better Living

Cardiac electrophysiology is a medical specialty with a number of technological advances that have removed heart disease from its position at the top of the mortality list in the U.S. The latest advances include Cardiac Resynchronization Therapy, leadless pacemakers, robotic assisted ablation, LVAD (left ventricular assist device) and noninvasive cardiac ablation.

The gut microbiome contains over 100 trillion microbial cells which influence physiology, metabolism, immunity and health disorders. Methods of ensuring normal gut microbiome include the consumption of probiotics, prebiotics and fermented foods.

Rainforests contain the greatest biodiversity in the world. There are many undiscovered plants with immense medical potential. However, they are under threat from deforestation, climate change and indiscriminate use of pesticides and herbicides. Reforestation aims to restore rainforests in Borneo using sugar palm trees, while providing native populations with a sustainable means of making a living in the process.

Multiple Opportunities for Reform and Change in Healthcare



Mr. Ben Chang

Executive Director
Fung Holdings (1937) Ltd. &
Group Managing Director
IDS Medical Systems Group (idsMED)

EXECUTIVE SUMMARY

- Spending on healthcare is growing globally, yet healthcare costs are accelerating at an alarming, unsustainable rate
- Breakthrough innovations in healthcare medical solutions have the potential to both inflate and reduce healthcare costs
- There are multiple opportunities for reducing healthcare costs by applying better supply chain management practices in the healthcare industry

Global Healthcare Cost Trends

Global spending for healthcare is at about USD\$6 trillion annually, and will double to almost USD\$12 trillion in the next 10 years. Yet, annually more than 100 million people fall into the poverty line because of the catastrophic amount the average person has to pay for healthcare.

At the same time, medical entrepreneurs, professionals, academic researchers and businesses all over the world are creating or identifying a multitude of breakthrough medical solutions.

Nanotechnology, for instance, is already converging with biomedicine to deliver the most advanced bioengineered drugs, directly to the molecules that need them in the patients' bodies. Biotechnology is creating a new era of personalised medicine. Through advanced wireless services and the Internet, many medical solutions will be disruptive in nature with the potential of reaching every person in the furthest reaches of the globe.

However, this rapid acceleration of breakthrough solutions may not result in cheaper, better and more responsive healthcare

Making Better Healthcare More Affordable

Some of the best opportunities to improve the quality and the cost of healthcare lie in low-cost, universally applied supply chain management practices. These supply chain management practices have brought better, faster and cheaper products to consumers, and transformed the competitive landscape of almost every single industry in the last two to three decades.

Yet these practices have not been applied in the healthcare industry. The healthcare industry's supply chain management lags far behind consumer goods and other industries in all of the key metrics. Hence there exist multiple opportunities for the healthcare industry to lower costs and make healthcare more accessible, through better supply chain management.

To bring about reform and change, the movers and shakers of the healthcare industry need to have wisdom, mindfulness and the heart to work together, break through resistance to change, and change old practices and habits.

Sponsor Welcome



Dr. Victor Fung

Group Chairman
Fung Group

EXECUTIVE SUMMARY

- There have been immense changes in ASEAN in the last 22 years which have resulted in new challenges to healthcare infrastructure
- Through the Fung Clinical Fellowship and other scholar programmes, the Fung Group has been funding graduates and post graduates from 8 economies around the region to enable cross-cultural learning
- The Fung Group hopes that these experiences will result in a new crop of global leaders who will work together to meet the region's healthcare challenges heads on

ASEAN Healthcare Challenges & Opportunities

In just 22 years from 1990, there has been a 100% growth in population in ASEAN countries.

Moreover, the region also experiences better accessibility, the rise of infectious diseases due to climate change, aging populations, and an increasingly affluent population. These factors have given rise to new and substantial challenges to the healthcare infrastructure of each country.

The Fung's ASEAN Scholar Programmes

Singapore has been the Fung Group's regional headquarter in the ASEAN region since 1973. In the late 1990s, Integrated Distribution Services (IDS) and subsequently its medical division joined the Fung family of companies, making Singapore even more important to the Group.

About a decade ago, in marking the Group's centennial anniversary, the Fung Group set up an educational foundation and started building close relationships with Singapore universities, with the aim of nurturing future global leaders through education. Today, the Group has a full scholar programme that enables more than 4,000 graduates and post-graduates, from about 30 tertiary institutions in 8 economies, to pursue learning outside their own cultures.

A year ago, the Fung Group announced the foundation of the Fung Clinical Fellowship, with an endowment of S\$3 million. The fund is used for sending faculty members from National University of Singapore's Yong Loo Lin School of Medicine, the National University Hospital, and the National University Health System to share clinical best practices and conduct training with doctors in ASEAN. The fund is also used to invite doctors from other ASEAN countries and China to Singapore for training.

The Group hopes that these interactions will enable talented young people to cultivate global networks, which in turn will help the region's economies meet their healthcare infrastructure challenges heads on.

Is Leadership & Innovation Enough to Address Global Healthcare Challenges?



Dr. Richard H. Carmona

17th Surgeon General of the United States
Distinguished Professor, University of Arizona

EXECUTIVE SUMMARY

- The majority of the U.S. national healthcare budget is spent on caring for people with preventable chronic diseases
- Healthcare spending can be lowered by engaging people through their respective cultures, increasing chronic disease prevention and improving health literacy
- The aim is to achieve sustainable behavioural changes that can reduce the cost of healthcare while increasing quality of life for the largest number of people.

Prevention is the equal part of care. This is the business and clinical case for why it is essential that this becomes part of our daily understanding.

A couple of decades ago the U.S. healthcare sector embarked on a quest to merge and acquire (M&A) hospitals, medical practices and health related businesses. This was allegedly in order to achieve economies of scale, to be able to buy better services, and be more efficient and more effective.

We found out that bigger is not always better. Centralisation was not the panacea that it was thought to be. Hence, if all the speakers here today, and all the honored innovators and entrepreneurs are successful, and their collective intellectual property makes it to market, will it be enough to decrease the disease and economic burden that is increasing globally?

It will not.

The biggest challenge facing healthcare leaders today is how to deliver the timeliest care to the most people, at the least cost.

Even if we can optimise and achieve the ideal infrastructure in health organisations while controlling for practice variability, that is still an elusive end point.

The economic burden of chronic diseases is on an increasing trajectory globally, despite rapid innovations and great progress in medical treatments and solutions. Without changing the behavioural causes of diseases, the greatest healthcare innovations of tomorrow may mean that healthcare systems are only able to get better at managing an ever increasing number of sick and ageing people, while healthcare costs continue to rise.

Lessons from A Surgeon General

The first item in Dr. Carmona's portfolio as 17th Surgeon General of the United States was prevention. A large part of the healthcare expenses is going towards care for people who make bad behavioural decisions throughout their lives.

For example, the United States is spending about 19% of its GDP, or close to 3 trillion dollars a year on healthcare. Analysis reveals that 75 to 80 cents of every healthcare dollar is being spent on chronic diseases.

Until we can figure out how to effectively engage the populations that we have the privilege to serve, all of the technologies, efficiencies, effectiveness and infrastructure of health organisations are only going to make us better at managing sicker people.

Health disparities were another priority. The United States is a nation divided by our health metrics. People of Spanish, Native American, African American origins, and poor people have less care, have more health complications, get less access to care, die sooner and cost society more money.

Cultural Competence is the Key to Change

Cultural competence means translating the complex science of healthcare in a culturally appropriate and health literate manner, in order to affect sustainable behavioural change in a population. This requires the delivery of a message that distills the most complex science the world has ever known, so that people at the lower end of the social determinants of health understand what they should be doing to prevent chronic diseases.

One of the biggest challenges will be to figure out how to provide messages that resonate with the target population, thus inspiring them to change their behaviours. Cultural competence goes beyond language; it is about understanding the people's culture. Different cultures have different beliefs; their people eat different food, and prepare food in different ways. Hence, there is no one-size-fits-all strategy.

Engaging populations so that they understand what they are doing to their health is the key to achieving sustainable behavioural change. With this, regional healthcare innovators and leaders will finally be able to reduce costs of healthcare, and increase quality of life.

Panel Discussion



Prof. Rifat Atun

Professor of Global Health Systems
Department of Global Health & Population,
Harvard T.H. Chan School of Public Health



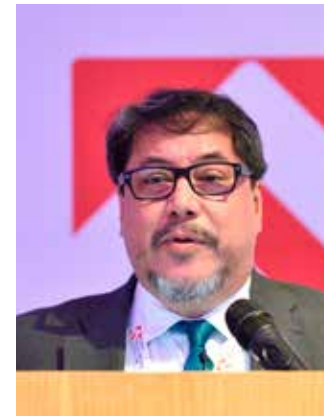
Prof. John Eu-Li Wong

Chief Executive
National University Health System,
Singapore



Prof. Ascobat Gani

Professor of Public Health
Faculty of Public Health,
University of Indonesia



Prof. Dr. Teodoro Herbosa

Professor
College of Medicine,
University of the Philippines, Manila

Panel Discussion moderated by



Assoc Prof. Donald Low

Associate Dean (Research and Executive Education)
Lee Kuan Yew School of Public Policy, Singapore

Assoc Prof. Donald Low set the stage for the panel discussion by challenging the four panelists to address three questions.

First, how public health systems in Asia should respond to rising longevity, the rise of a demanding Asian middle class, and the development of new and potentially transformative technologies.

The second question was to identify the areas where leadership and innovation are most needed and more likely to happen.

Lastly, he challenged the panelists to identify areas where better data is needed to get a better handle of what healthcare systems should do to adapt to the new operating environments.

Challenges Driving Innovation in Health Systems

Prof. Rifat Atun explained that there has been an unprecedented gain in life expectancy in Asia of over 29.2 years, attained in just 30 years. However, many healthcare systems are still locked in trajectories that were established centuries ago by Europe and America. Hence, there is

asymmetry between contextual changes and health system changes.

Moreover, rapid changes in the Asian context, such as aging populations, a rise in chronic diseases and multi-morbidities, and higher expectations from citizens are merging together to create three distinct challenges: higher burden, demand and expectations placed on healthcare systems; higher expenditures coupled with fiscal constraints; and the challenge of increasing productivity.

Radical changes and innovations in policy making, financing and providers are needed. Institutional innovation involves adopting a more performance- and result- oriented, competitive and customer-focused mindset.

Healthcare financing innovation involves better understanding of costs and outcomes to optimize expenditure, and sharing of accountability, risks and rewards between funders and providers. New forms of care along the care continuum also need to be developed, such as hybrid organizations like autonomous hospitals that can rapidly respond to changes in demand.

Enable, Integrate and Optimise the Healthcare System

According to Prof. John Wong, to prepare public healthcare systems for aging populations that have increasing demands and expectations, we have to enable an integrated and optimal “end to end” healthcare system that covers the scopes of prevention, screening, primary care, acute care, rehabilitation, home care, intermediate and long term care facilities, and finally, hospices.

To do so, there needs to be effective governance and partnerships. The best treatments cannot become possible if as a society we cannot afford it. On the other hand, driving costs down to such a low figure that affects outcome is not desirable either.

That in turn brings up the issue of sustainable financing. Unfortunately, healthcare is one of the least productive fields in terms of manpower. Aging populations usually have manpower shortages, so informatics and analytics have to be used as feedback loops to guide purchasing and financing decisions.

He identified the greatest uncertainties as infectious diseases, multi-drug resistance, the consequences of climate change, weak economic growth, income disparity, social determinants of health and their effect on politics, secure protection of personal data, and war.

Dealing Effectively with Healthcare Cost Drivers

Prof. Ascobat Gani discussed cost inflation as one of the most important problems facing healthcare currently. He outlined that Indonesia started to move towards universal health coverage in 2014. It covers 150 million people, and is the largest scheme in the world. 86.4 million people have received premium subsidies to join the scheme.

However, the scheme is faced with a substantial deficit of 6.8 trillion rupiah, or around USD \$566 million. Within just three years, the scheme has come under threat. Prof. Gani then outlined factors driving the deficit crisis and possible solutions.

First, about 20% of healthcare expenditure goes to primary care. Outreach programmes may reduce this amount. Next, 8% goes to managing infections; again more outreach

Panel Discussion



services in the community can reduce this expenditure. About 7.3% goes to birth complications, which can be reduced with family planning measures. Then come chronic diseases, which account for 10.5%. Screening for diseases in their early stages can reduce the cost.

He emphasised that “insurance is not panacea”, and that it only prevents financial impoverishment. Measures such as strengthening public health interventions, creating accountable medical care, and promoting healthy life styles play important roles as well.

Delivering Quality Healthcare in an Archipelago

Prof. Teodoro Herbosa described the healthcare challenge in the Philippines as unique in the world: how do you provide quality healthcare to 110 million people spread out over 7107 islands? The geographical isolation in the region makes access to healthcare a problem.

He then outlined a brief history of healthcare in the Philippines: the government has decentralised healthcare; however, it resulted in a fragmented healthcare system. Healthcare costs were lowered by cheapening drugs through the use of generics, and a national healthcare program was launched. The Philippines managed to raise the money needed to fund this program by imposing a tax on tobacco.

Prof. Herbosa has also started the Philippines Health Information Exchange, an e-health strategic health framework, so that appropriate financing and policy decisions can be made in response to timely data.

Q&A Discussion

A participant shared that in Australia, an experiment is being undertaken: Rather than encourage compliance, the government has started to enforce, for example, regulations regarding vaccinations. The government is taking away child care allowance and prohibiting unvaccinated children from access to day care facilities. This is working, but there is huge public debate: is this a public health infringement on personal liberty or is this for the common good?

Prof. Herbosa shared that the problem developed in the Philippines is the transportation of the child to the health centres where the vaccine is free. His view is that enforcing regulation is not the only way to improve public health. There are many other factors that can influence compliance.

Prof. Atun shared that instead of penalties, incentives can also be used to encourage mothers to get their children vaccinated. He emphasised that Asia has to innovate because the transitions we are facing are so rapid that there is no prior experience to fall back on. This is an important takeaway for this Summit.

One participant shared that in advanced hospitals in his developing country, it is difficult to continue offering certain services because funding is limited. In this system, how will advanced medical costs be funded?

According to Prof. Atun, the artificial division between primary care and secondary care has become a strait jacket. Value-based health care means transition to managing population health. In this model, the purpose of funding is to elevate population health. Besides treating diseases, the systems should network providers and optimise their delivery models to improve health and manage disease at the same time.

Lastly, another participant asked if innovation is resulting in the disproportionately high costs of care during the last years of old age, especially with multi-morbidities and disabilities.

Prof. Atun said disabilities and multi-morbidities in old age can be managed effectively, but it would require a system that manages different segments of the population differently. To do that, we have to identify patients who have different needs, and deliver healthcare services according to their needs.

Prof. Wong said that it is important for the medical profession to have conversations with patients who are dying about their goals, expectations and financial tradeoffs they are willing to make. This can reduce wastage and also enable them to leave this world in a dignified manner.

Tomorrow's Healthcare - Better Quality, More Affordable, More Accessible



Prof. Victor Joseph Dzau
President
National Academy of Medicine

EXECUTIVE SUMMARY

- The Iron Triangle of access, affordability and quality remains enduring challenges globally; no country has been able to address all three
- Compounding the problem, the healthcare sector leads all other industries in terms of inefficiency
- To achieve the global vision of lowest cost, highest quality care accessible to all, healthcare system reforms, integration of primary and community care, and a focus on population health and healthcare innovations such as precision medicine are potentially transformative strategies

The Future of Global Healthcare

A United Nations resolution was unanimously passed on 12 December 2012, which endorsed universal health coverage as a pillar of sustainable development and global security. In 2014, more than 500 leading health and development organizations launched a coalition to accelerate access to universal health coverage.

To reach these goals, health systems are relooking the way they deliver care. The care continuum spans from acute care in the hospital all the way to community care. Care coordination and management is a key part of these. Increasingly, primary care and public health are working more closely together with an emphasis on

community health and improvement of the health status of the population.

Alignment and Accountability

There is also a need for alignment and accountability, which comes from the sharing of incentives and risks in the responsibility for outcomes. The focus is to manage patients through the continuum, and look at disease management as a shared responsibility (payer, provider, industry) where the patient has shared accountability for his own health.

The emerging model in the US is Accountable Care Organizations (ACOs), which are groups of doctors, hospitals, and other health care providers who come together voluntarily to give coordinated high quality care to their patients. Multiple providers assume joint accountability to improving health care quality and slowing the growth of health care costs.

The Need for a Learning Health System

To sustain the vision of best care at lower costs, there is also a need for a continuously learning health system, driven by the learning cycle. The cycle begins with patient-clinician interactions. Data from these interactions are routinely captured electronically and combined across patients, time, and settings, thus allowing for comparative studies. Findings



from these comparative studies, coupled with existing biomedical research, add to the knowledge network. This is the database of current knowledge that is relevant to improving the health and care of patients and populations.

Quality improvement methods, such as pre-visit planning individualized to each patient, are used to ensure that this evidence is applied to meet the needs of patients. When the learning cycle is fully operational, research influences practice and practice influences research in a virtuous cycle.

Transformation Through Innovation

There is a wide range of innovation relevant to health care delivery: discoveries, novel medications, devices, diagnostics and technology platforms, new delivery models, new models of business and new approaches to supporting innovation.

Current health care systems are focused on the disease, not the patient. In order to promote health and well-being, healthcare delivery systems must put patients at the center and figure out how to accurately deliver preventive care, diagnose early, and offer targeted treatments.

The full promise of personalized and precision medicine extends beyond targeting therapies for patients who are already ill. It enables prevention by identifying individuals

at risk of disease. The future health benefit to reduction of disease incidence by 50% in the US is worth \$607 billion for heart disease, and \$312 billion for cancer.

Vital Directions for Health and Healthcare

Better health and well-being throughout the whole life cycle, and addressing health disparities and social determinants of health will be important focal points for healthcare leaders and innovators. This includes improving physical activity, nutrition and other disease prevention programs, integrating mental health and substance abuse services throughout care, and developing high value health care services to shift payments from volume to value and outcomes.

There will also be an increasing focus on precision medicine through advances in genomics, proteomics, and distributing information to empower patients, families, as well as communities in the democratization of health care.

Strong science and technology, such as information technology interoperability and use for better care and evidence, as well as data sharing, curation and use will also enable a continuously learning health system, and require training of the healthcare workforce for 21st century science.

Visual Storytelling Transforming Personal Health



Mr. Alexander Tsiaras
Editor-in-Chief and Founder/CEO
TheVisualMD, LLC

EXECUTIVE SUMMARY

- Beautiful images and videos are a proven way of engaging people on healthcare topics
- There is currently no software solution that allows consumers the ability to both store and manage personal health data in a single integrated application, and enables them to clearly understand the “Story” that their personal data reveals
- MyWellnessStory is conceived as a platform that can store, track, understand and plan health and wellness paths from the moment of conception through advanced age

Visualising Data and Story-telling

Stories give soul to data. Without a story, the myriad points of data are merely terabytes of ones and zeros with no context to engage an audience. Data is of even less significance to a general population who do not understand health information, much less the specialized language used by healthcare professionals.

Broadly speaking, MyWellnessStory is an interactive online platform that provides authoritative graphic and video resources to empower people with an understanding of how their bodies work. It is creating over a thousand health centres that answer every question about every disease in the National Institutes of Health (NIH). This is the biggest visual and visceral library of every disease, about every aspect: prevention, symptoms, diagnosis.

In addition to having a reference library of beautiful and engaging visual and video content, users can now read any kind of health news, and using the health centres’ content, understand them visually. It aims to show them the consequences of ignoring bad lifestyle habits: what would happen to their bodies if and when they don’t change their behavioural trajectories.

It also provides a singular platform for people to access their life-long health records, understand the meaning of their medical test results, plan and track their wellness goals, and get easier access to health and wellness professionals. The system will incorporate reminders and notifications as well, allowing users to manage their health appointments all from one platform.

By marrying these disparate resources which are traditionally silo’ed and splintered, it is possible to get people to share public and private conversations about their health and wellness with their friends and families. They can also build communities which give them the support to change their health for the better.

The affordable cost of access to MyWellnessStory, coupled with a self-sustaining business model, makes it appealing to healthcare systems which want to raise health literacy in their respective populations by engaging people with their own life stories.

Patient-Centered, Sustainable Wellness with Chinese Medicine



Dr. Mao Shing Ni
Co-Founder and Chancellor
Yo San University of Traditional
Chinese Medicine

EXECUTIVE SUMMARY

- The current trend of Western medicine with its disease-centric focus and ever more expensive drugs and procedures is unaffordable and unsustainable for the majority of the people and governments
- A new healthcare paradigm of Sustainable Wellness combines the disease intervention model of the West with the patient-centered, preventive and natural medicine of the East
- It has a strong emphasis on personal responsibility and patient-provider partnership to achieve disease eradication while promoting health and wellness

Introducing the Chinese Medicine Model

The conventional, allopathic Western medicine is less than a hundred years old. The discovery of antibiotics and vaccinations has eradicated epidemics and deaths due to infections. Surgery has repaired the wounded and saved many lives from wars, accidents and injuries. Medical technology has improved detection, diagnosis and treatment of diseases. The Western medicine model is superb for acute medical incidents.

On the other hand, the Chinese medicine model has five thousand years of continuous use and refinement, and is based on a paradigm of prevention, balance & harmony. It emphasizes self-care and personal responsibility as well as effective Patient-centered chronic disease care, and has natural and holistic modalities including acupuncture, bodywork, herbal and nutritional therapies, meditation, tai chi, qi gong and life coaching.

The goal of Chinese medicine is to enable the active pursuit of the best level of functioning and balance of an individual’s whole being: body, mind and spirit through good diet and nutrition, regular exercise and bodywork, mind-body practices, a supportive environment, therapeutic treatments like acupuncture, and herbal and nutritional therapies. All those factors are crystallised in the Sustainable Wellness paradigm.

The Sustainable Wellness Program

Sustainable Wellness enables people everywhere to enjoy and afford long, healthy and productive lives. It aims to increase performance on health outcomes, increase quality and quantity of life, delay onset and decrease occurrence of chronic diseases, help people remain productive, active and healthy into old age, decrease healthcare spending in both out-of-pocket expense as well as percent of GDP, and to celebrate longevity as a blessing.

The Yo San University Foundation/Tao of Wellness, in partnership with the Venice Family Clinic/Wise & Healthy Aging in the West Los Angeles area selected 52 subjects at random for the Sustainable Wellness Program. At the end of the program, the study found an average reduction of out-of-pocket medical expenses of \$851, an average increase in Wellness Score of 16 points, and potential future savings in expensive medical intervention, as compared to control group subjects.

The program’s success shows there is potential to promote Sustainable Wellness as an essential paradigm for better health outcomes. A greater effort should be made to integrate Chinese medicine and Western medicine collaboratively in our healthcare systems, which will increase health literacy accordingly.

Data Analytics for Disease Management



Dr. Kian Raiszadeh
CEO and Co-Founder
SpineZone

EXECUTIVE SUMMARY

- With chronic diseases, we are dealing with more data inputs of various contributing factors over a lifetime
- Payers, medical groups, doctors, and patients all still expect a quick fix
- Healthcare needs to be data-driven, invested in patient's behavior change, and incentivized solely on patient outcomes

SpineZone Successes

SpineZone has a clear mission. The idea is to eliminate unnecessary surgery, medications and injections, and improve outcomes. Their vision is to offer patients a trustworthy pathway, based heavily on evidence-based science and the best practices, using well-sourced data to reverse the epidemic of overtreatment.

Tracking Desired Outcomes Improves Results

SpineZone tracks Patient Centered Outcomes, which ask patients the three main activities that they would like to function better in, and to rate from 1 to 10 their current performance of that activity.

Patients who wanted to play tennis improved from 1.7 to 4.2, or over two times. In another example, those who wanted to sleep better through the night improved from an average of 2.3 to 5.7 (about 150%), with similar results for those wanting to walk more or play a strenuous sport.

For active strengthening, SpineZone uses a technology known as MedX to measure strength and customize treatment. Over 80 peer-reviewed journal articles have

shown that MedX is able to reliably strengthen patients and rehabilitate them from advanced back disorders.

Moreover, while most nonsurgical programs for back pain, such as traditional physical therapy, acupuncture, and chiropractic care, result in 8% of the patients having surgery, SpineZone's data-driven program has reduced that by over 90%, to a 0.5% rate of surgery for their patients.

Analytics Enables On-the-fly Clinical Studies

Today, SpineZone operates 4 clinics in San Diego with over 300 referring physicians. This operation serves as a laboratory for testing new therapies, technologies, business models, and treatment delivery channels. Whenever a new exercise protocol, software update, wearable device, or operational efficiency is ready, SpineZone is able to launch it amongst their patients who become early adopters.

Within this laboratory-like environment, SpineZone can test various interventions and immediately see whether or not they work. For example, it can tag a cohort of patients who have had a certain intervention and then compare the result to their own historical controls. This way SpineZone can perform clinical studies on the fly.

While there are a lot of grey areas in the business of treating chronic diseases, SpineZone believes healthcare professionals can do a better job of providing patients with the correct treatment, at the correct time, no more and no less, if data is obtained, evaluated and acted upon intelligently.



One Belt One Road - Implications for China, Asia and the World



EXECUTIVE SUMMARY

- Consumption patterns are shifting to developing countries
- New models of supply chain infrastructure will emerge to service these markets
- Jobs will be lost due to disruption, which may affect the rate of adoption of disruptive innovations

About 35 years ago, China started opening up its economy, which marked the start of an important trend in the world: 1.5 billion Chinese workers joined the global workforce, followed by workers from ASEAN countries as well. This has caused prices of consumer products to be depressed within one generation. It was the beginning of globalization in the production sense.

Initially, production was split between Hong Kong and Shenzhen, with Hong Kong producing lower end consumer goods, such as garments and textiles, while labour-intensive manufacturing moved to Shenzhen. This became the “radical outsourcing” global supply chain model, which replaced the previous vertically integrated production model that located supplies for manufacturing near to the producers, conglomerates and consumers.

Radical outsourcing has allowed the emergence of small and medium enterprises, and facilitated the participation of developed countries in globalization.

Today, globalization is not only used in the production sense of the word, but also used to symbolise the empowerment of the consumer. As recently as 5 years ago, China was the factory of the world, but most consumption was still focused in Europe, America and the OECD countries.

However, the pattern of consumption is shifting with the rise of the middle-class in developing countries. In 2008, Asia had about 500 million middle-class people. By the 2030s, there will be 3 billion middle-class consumers added to Asia. This middle class will be empowered by technology, resulting in an even greater shifting of consumption patterns.

Developing countries will soon make up the majority of consumers in the world. This gives rise to many questions for businesses. Where will the new consumers and markets be located? How will global businesses now orchestrate their supply chains and how will they be run?

One Belt, One Road

“One Belt One Road” was first described in 2013. It has a simple romantic concept: the revival of the connectivity between Asia and Europe, or the Silk Road. The belt and road concept connects about 62 countries and accounts for four billion people in the world, who produce 37% of the world’s Gross Domestic Product.



Is there a platform to access these markets? They are much more complex than OECD markets – which are mature in terms of market structure.

Since 2013, other important developments have emerged. New institutions have been created, such as the Asian Infrastructure Investment Bank (AIIB), joined by every country in the world except the United States. Created by China as an alternative to the World Bank, it is an example of multilateral organizations, modernized for today.

Other new institutions are sure to follow. The rest of the world will develop strategies to cope: in the form of either blocking or helping these initiatives. If this belt and road concept really links up 62 countries and begins to develop new trade zones along the way, it is going to be a new force that can change the architecture of trade flow in the world.

Disruptive Changes to Supply Chain Management

A lot of innovation will be brought about by this belt and road concept. The people who live along this route will make up the majority of the consumption in the world. In terms of healthcare, what are the healthcare services that they want, and what is the access to these services going to be like?

In terms of physical goods supply chain, merchandise may be sent to a multitude of small depots spread out

in dense local networks, with demand being met with individual deliveries, first to smaller shops and then to homes.

This would create a new model of hyper-localisation where the needs of consumers and how to satisfy them overlap with the innovations in the healthcare area. These innovations include information technology, which is empowering whole populations through smartphones.

Because of smartphone technology, there is no longer a digital division between social classes. The cost of computing is now nearly zero. For example, Kenya has leapfrogged brick and mortar banking straight to mobile banking. Technologies like 3D printing, where besides food, almost anything can be printed, will disrupt the manufacturing scene.

In the midst of all that, many jobs will be displaced as a result of disruption. This is going to become a social issue. At the end of the day, the speed at which societies are willing to adopt some of these innovations may be dependent on how fast we can create new jobs.

Innovation in Healthcare Business Models



Dr. Tan See Leng
Managing Director and
Chief Executive Officer,
IHH Healthcare Berhad

EXECUTIVE SUMMARY

- Longer life expectancy, increase in chronic diseases' incidence rate, advancements in medicine such as new cures and better drug treatments, an affluent population and globalisation have contributed to pushing medical costs up
- Under these circumstances, disruption to existing hospital-centric service delivery models is certain
- Healthcare business models too must innovate to keep up, alongside with financing and regulations

The Rapid Rate of Healthcare Innovation

There are four major forces driving the future of healthcare services delivery. The first is that there will be an exponential growth in geriatric medicine because of increasing longevity.

The second driving force is that life threatening, serious illnesses will be relegated to chronic illnesses. Third, healthcare services delivery will become more and more personalised in terms of drug treatments.

Fourth, lifestyle technologies like fitness gadgets will converge with pre-emptive and wellness medicine, resulting in more direct care at the point where it is needed and providing data for predicting outcomes. Under these circumstances, disruption to existing hospital-centric service delivery models is a given.

Widening Health Inequities

As we continue to progress and invest in research, there will be a widening chasm between the haves and the have-nots, and in health inequity created by breakthrough therapies which can be life-long and cost-prohibitive.

For example, Gleevec, introduced in 2001 to treat chronic myeloid leukemia (CML), has transformed CML from a lethal disease to one that is usually chronic but manageable, and with little side effects. However, the median annual cost of Gleevec was more than USD\$90,000 in 2014.

Impact on Healthcare Business Models

The advent of personalised medicine means more can be done by less qualified care providers. More treatments can be right-sited, and done outside traditional clinical settings, and patients will become more empowered to take control of their health choices.

Healthcare business models must innovate to keep up. We need to embrace technology while balancing costs, develop new delivery models and reimbursement mechanisms, and collaborate across geographical boundaries and industries.

Financing and regulations too must keep up by incentivising wellness instead of reimbursing sicknesses, and ensure healthcare equity. Meanwhile, regulations must keep pace with technology licensing and approvals. Information must be interoperable and interchangeable, and patient data security must evolve along with these.

Disruptive Innovation to Bend Healthcare's Cost Curve



Ms. Terri Bresenham
President and CEO
Sustainable Healthcare
Solutions, GE Healthcare

EXECUTIVE SUMMARY

- GE is exploring a multitude of innovative ways to make healthcare technology result in more accessible, affordable and desirable outcomes
- It is rethinking the ways technology is designed and used, both in developing economies and in countries with sophisticated healthcare systems
- The transformations in digitalising and data represent the most exciting opportunities in healthcare

Reducing Costs by Relooking Design

General Electric (GE) has reduced the cost of Computed Tomography (CT) machines by designing machines that deliver only the top 100 most common uses for the technology. In India alone, 300 of such CT machines have been installed in places that never had a CT machine. This machine is also designed to run on half the electricity, because electricity is a problem in many developing economies.

As a company, GE has a lot of proprietary technologies, such as software algorithms. Hence, GE is able to implement a very high end construction algorithm in its low cost machine that reduces the radiation dose of the patient, making it just as safe as the high end machine, at zero cost.

Enabling Innovation by Sharing Resources

GE also has a very large life-science business, and one of the most important healthcare transformations is personalised medicine. Biologics are far more expensive than the small-molecule, chemical drugs that have been the main drugs for many years.

GE is working on creating factories to design and manufacture biologics, which run on a modular and per-need financing and production basis, the first of which was launched recently in China. GE is also using its market presence globally to help bring new healthcare innovators into other markets with the launch of incubators.

GE has also started investing in cloud technology, which takes all the disparate information coming out of a healthcare system to help find insights that humans cannot find themselves.

GE believes that the opportunity to really rethink healthcare is available now. Healthcare will be far more affordable and accessible, and more equitably distributed for everyone around the world.

Can We Have Healthcare Reform Without Supply Chain Reform?



Prof. Eugene Schneller

Professor of Supply Chain Management
Department of Supply Chain Management,
W. P. Carey School of Business, Arizona State University

EXECUTIVE SUMMARY

- Supply chain costs consume a large part of hospital costs, and are growing faster than inflation
- Apart from cost control, many other risk factors underline the need for better supply chain management in healthcare systems

Supply Chains Have Great Impact on Healthcare

Supply chain consumes 25% to 30% of hospital costs, and supply chain costs are growing at more than double the inflation rate. Yet, supply chain decision-making has not been coordinated or leveraged at the executive suite level.

The truth is, supply chain management has become a mission critical administrative function. However, in most hospitals, physicians control product choices, having strong preferences for the products they use. Yet, those products are paid for by the hospital, not the physicians. This creates an adversarial relationship between the payer and the supplier.

There are also challenges such as a large number of discrete medical products, many different buyers and payers, a lack of aligned goals and trust and a lack of price transparency. There are great price discrepancies for the same products within the healthcare supply chain that are not tolerated in other industries.

Better Supply Chain Management Needed

Counterfeiting, global product shortages, infected products, supplier business failures, inventory management errors, natural disasters, wrong product labeling, and post-merger integration conflicts are some of the risks that require supply chain management attention to ameliorate.

To tackle the runaway costs inherent in the supply chain, there is a need for physicians to be trained in principles of supply chain management to ease the tension between suppliers and the hospital administrators. This can be helped along by promoting supply chain managers into the executive suite.

Living Better Electrically



Dr. Steven Higgins

Chairman, Department of Cardiology
Scripps Prebys Cardiovascular Institute,
Scripps Memorial Hospital

EXECUTIVE SUMMARY

- Heart disease is still the number one killer in the United States, with obesity, cigarette smoking, an aging population, and genetics as the leading causes
- Ejection fraction is more important than cholesterol levels for preventing heart disease
- Heart disease mortality is improving, with advancements in diet, exercise, statins, stents and the use of novel technologies in cardiac electrophysiology

Novel Advances in Cardiac Electrophysiology

Cardiac Electrophysiology is a specialty of cardiology that deals with heart rhythm disorders, which represents 50% of U.S. practice today. Cardiac Implanted Electrical Devices (CIEDs) include Pacemakers and Defibrillators (ICD). The latter is a more advanced version of a pacemaker. Over the last 30 years, ICD implants have grown to nearly 250,000 yearly.

To prevent heart disease, it is more important to know ejection fraction (EF) rather than cholesterol levels. The Multicenter Automatic Defibrillator Implantation Trial in the 90s found a 54% decrease in mortality with ICD ($p=0.009$).

The latest in device therapy is Cardiac Resynchronization Therapy (CRT), which can prevent heart failure. In selected patients, CRT improves EF an average of 5%, improves activity an average of 1 NYHA class and decreases mortality, even with just the pacemaker version.

Novel Trends in Cardiac Electrophysiology Treatments

The Leadless Pacemaker is a single chamber pacemaker. It has a battery that lasts 15 to 25 years and creates no surgical scars. It does not require the use of wired leads to provide an electrical connection between the pulse-generating device and the heart.

Robotic-assisted ablation procedures allow catheter ablation of cardiac arrhythmias performed by an electrophysiologist using a robotic system.

The LVAD (Left Ventricular Assist Device) is a surgically implanted mechanical pump that is attached to the heart. An LVAD is different from an artificial heart. An artificial heart replaces the failing heart completely, whereas an LVAD works with the heart to help it pump more blood with less work. It does this by continuously taking blood from the left ventricle and moving it to the aorta, which then delivers oxygen-rich blood throughout the body.

There is also a way to treat brain tumours non-invasively using a CyberKnife, a new frameless robotic radiosurgery system. Similar systems are being proposed for Noninvasive Cardiac Ablation which utilise no catheters.

Hidden Health Role of Gut Microbiome



Lisa Powell, MS, RDN
Director of Nutrition
Canyon Ranch Resort in Tucson, Arizona

EXECUTIVE SUMMARY

- Our gut harbours a complex community of over 100 trillion microbial cells which influence human physiology, metabolism, nutrition and immune function.
- Disruption to gut microbiome has been linked with a multitude of health disorders.
- Strategies to improve the composition of gut microbiome include the consumption of probiotics, fermented foods and prebiotics.

The Many Functions of the Gut Microbiome

The gut microbiome performs many functions, amongst which are digestive functions such as the fermentation of indigestible carbohydrates and production of short-chain fatty acids. It contributes approximately 30% of our daily energy, as well as Vitamin K and biotin.

Gut microbiome also plays a role in obesity and diabetes mellitus type 2, and works in opposition to micro-organisms which could cause diseases, by preventing adhesion to the gut wall and competing for resources via colonization. Gut microbiome supports immune function by participating in GALT formation, reducing inflammatory cytokines, decreasing allergic response, supporting detoxification and improving gut barrier function.

What is Normal Gut Microbiome?

Dysbiosis is defined as the imbalance between beneficial and potentially pathogenic micro-organisms, and disruption of the microbiota with resulting physiological shifts. Conditions associated with dysbiosis include inflammation, compromised immune function, inflammatory/Irritable Bowel disease, nutritional deficiencies and allergies.

There can also be neurocognitive changes, depression, obesity, type 2 diabetes, increased oxidative stress, and increased cancer risk. Animal studies suggest that diet-induced changes in microbiota are reversible in one generation. Over multiple generations, however, progressive decrease in diversity is not reversible with dietary changes.

Boosting Gut Microbiome

Gut microbiome can be boosted through consumption of probiotics, fermented foods and prebiotics. Probiotics interfere with the growth or survival of pathogenic micro-organisms in the gut lumen, improve mucosal barrier and immune function, and extend an influence beyond the gut through the systemic immune function. Prebiotics are non-digestible fibers which improve digestion, stimulate development/activity of beneficial bacteria, enhance immune function, and improve absorption of dietary minerals.

Health Treasures from The Jungle



Dr. Willie Smits
Founder and Chairman
The Borneo Orangutan Survival
Foundation & Masarang
Foundation

EXECUTIVE SUMMARY

- The natural biodiversity found in Bornean rainforests is disappearing at an alarming rate
- Mindful reforestation, coupled with sustainable practices that help native populations make a living, can restore the rainforests
- Sugar palm, used in reforestation efforts, has a multitude of health benefits over refined sugar

Indonesia has vast areas of rainforests, the most biodiverse ecosystems in the world. Unfortunately, those ecosystems are suffering greatly. The biodiversity which contains many potentially life-saving plants is under threat from deforestation, climate change, slash and burn agriculture practices and the heavy use of herbicides and pesticides.

Masarang is an Indonesian non-profit foundation that aims to protect existing rainforests and reforest destroyed ones. While doing this, the foundation encourages the improved use of the ecological and economic potential of the rainforests. Sugar Palm tree is of great value to Masarang due to the tree's ability to convert solar energy into healthy sugar, and thus is at the heart of Masarang's social re-forestation initiatives.

Research suggests that palm sugar has a number of advantages over other sugars. For example, people who consume palm sugar suffer less from heart disease, diabetes and stroke.

The mixed tropical forest where sugar palm and other food crops grow also provides the local population with sustainable jobs. Finally, the forest provides clean drinking water, so the local population does not have to buy expensive water in supermarkets, or walk for miles to find clean drinking water.

Within the first year of reforestation efforts, jobs are created for local residents by having them plant saplings and reforest the land. By year 2 and 3, they can derive incomes from tending to the crops planted.

By years 4 and 5, biodiversity has been reestablished in the area, with concurrent restoration of carbon and water. By year 8: air temperatures have come down, humidity has increased, cloud cover is increased by 11.5% and rainfall by 25%; and there were 137 species of birds, 8 species of primates, and 3000 people deriving income from the land.







Participants' Thought

Richard H. Carmona, M.D., M.P.H., FACS

17th Surgeon General of the United States
Distinguished Professor,
University of Arizona

The Fung Health Summit was an outstanding meeting of international health experts who shared information to improve global health through science, innovation and entrepreneurialism. Dr. Fung's leadership and vision has united us around peace, prosperity and global health.

Dr. Tri Wisesa Sp.B BTKV(K) MARS

National Cardiac Center Harapan Kita, Indonesia

I want to compliment you on a job well done. I had a wonderful time. The event was well organized. The staff of idsMED were very pleasant and helpful. The conference was awesome and the speakers gave a great topic to discuss. Thank you for organizing the event. I'm sure the process is complex and tedious, but you did an outstanding job.

Prof. Eugene Schneller

Professor of Supply Chain Management
Department of Supply Chain Management,
W. P. Carey School of Business, Arizona State University

Stimulating sessions of thought provoking ideas aimed at assuring that both patients and those who finance health services receive value for the money invested in the health sector. The symposium revealed a combination of efforts related to prevention, technology design, innovation and health system organization necessary to meet the challenges of growing and diverse populations. A thoughtful exploration of the end-to-end value chain of care methodologies, organizations and human resources needed to meet patient expectations and population health goals.

Prof. Dr. Teodoro Herbosa

Professor
College of Medicine,
University of the Philippines, Manila

The Fung Healthcare Leadership Summit had a long list of excellent speakers in the different fields of healthcare. It was my first exposure to this meeting and would definitely not miss the next one. I also enjoyed discussing health issues with several participants during the breaks and social sessions. I also spoke to several of the speakers who were approachable and engaging. The Summit is an excellent one and covers my interests.

Laksma, dr Janti Undari

Rehabilitation Center of Indonesia Ministry of Defense

I have heard nothing but praise from all who attended the conference. The presenters were well prepared and the sessions were well attended. Everyone felt that you did a superb job organizing the conference, selecting a thought-provoking topics, and even getting us a great new knowledge about leadership. Congratulations for idsMED team, and I hope idsMED can be a partner to make a better solution for healthcare industry.

Mr. Alexander Tsiaras

Editor-in-Chief and Founder/CEO
TheVisualMD, LLC

Personally - I thought the Greeks were the most hospitable people in the world...the hosts of the Fung Healthcare Leadership Summit...humbled my people's famed reputation for hospitality! Professionally - The speakers and the audience were of the highest caliber and "Health Solutions" oriented. I learned more at the Fung Healthcare Leadership Summit than almost any conference I have attended. If you are from the West...the Fung Healthcare Leadership Summit is a must, especially if you wish to quickly plug into an understanding of the rapidly developing changes in health, wellness and medicine in the East. If I am honored with an invitation....I would definitely go back!!

Ms. Terri Bresenham

President and CEO
Sustainable Healthcare Solutions, GE Healthcare

Sincere thanks to the Fung Foundation and idsMED for the invitation and opportunity to speak at this year's Healthcare Leadership Summit among so many accomplished experts within the medical field. The future of technology and innovation in healthcare, particularly in the Asia region, is incredibly promising, and I look forward to the next opportunity to connect with industry leaders at future events.

Prof. Cenon Alfonso

Ateneo De Manila School of Medicine/ The Medical City

The conference provided me the opportunity to zoom out and see the global health big picture and affirms many of our current initiatives of change as it did compel me to start FGD's and even instructional design revisions. I cannot thank the Foundation enough for this opportunity including all the kind people behind its success. Together with those whom I have networked, I hope we can make the difference for the benefit of the next generation.

Dr. Kian Raiszadeh

CEO and Co-Founder
SpineZone

The Fung Healthcare Leadership Summit of 2016 was one of the best conferences I have attended. It was a compilation of experts from various countries that shared their views on the current state and future of healthcare. The environment created by the summit allowed for excellent connection and collaboration between all the speakers and attendees. The conference was incredibly well organized and clearly the entire staff knows how to pull off an amazing conference. I strongly recommend this to anyone who is looking to learn from and collaborate with the experts and the foremost leaders in healthcare.

Lisa Powell, MS RDN

Director of Nutrition
Canyon Ranch Resort in Tucson, Arizona

The Asian Healthcare Summit was an impressive gathering of some of the best minds in medicine in the region, with an acute grasp on healthcare issues and priorities for the Asian population. From the public health macro-view to a discussion of the microbiome, health and well-being were addressed across a full spectrum with applications for the participants as well as their patients.

About IDS Medical Systems Group (idsMED)



idsMED Malaysia office

IDS Medical Systems Group (idsMED) is a member of the Fung Group – a Hong Kong-based multinational group of companies whose core businesses are trading, logistics, distribution and retailing. The Fung Group employs over 45,000 people across 40 economies worldwide, with total annual revenue of US\$24.8 billion in 2015.

The idsMED Group was created through the privatization of the Medical Distribution business of Li & Fung Limited in July 2011.

idsMED is one of the largest integrated solutions providers of medical equipment, supplies and services in Asia. It has an extensive distribution network covering various healthcare institutions including government and private hospitals, day surgery centres, specialist and primary care clinics, laboratories and nursing homes. In line with its expansion program in the region, idsMED now successfully operates in 8 geographies: Singapore, Malaysia, Indonesia, Hong Kong, Philippines, Thailand, Taiwan and Vietnam.

idsMED has emerged as a leading Asian brand in medical



idsMED Vietnam Symposium 2016

distribution with a new scalable and sustainable business model built on People & Technology and strong regional business partnerships.

The origin of idsMED dates back to the 1950's when the business was first established in Singapore. After a series of acquisitions through the 80's and 90's, the business was consolidated under Inchcape Marketing Services. In 1999, Inchcape was acquired by the Fung Group. The medical business, together with logistics, consumer distribution and contract manufacturing businesses, became Hong Kong public-listed IDS Group in 2004. IDS Group was later merged with Li & Fung Limited in 2010.

idsMED represents world-leading medical brands, providing one-stop solution covering marketing, sales, biomedical engineering services and clinical support. Leveraging on its single, regional IT platform, idsMED also offers effective inventory management and logistics services. It provides a comprehensive and integrated solution to customers with a focus on a number of key specialty segments including Critical Care, Infection Control, Surgical Workplace, Diagnostic Imaging, Patient Support System, Cardiovascular and OBGY & Perinatal.



idsMED Healthcare Forum 2016, Malaysia

The Group also has well-trained and qualified team of Biomedical Engineers across the region providing installation, testing & commissioning, preventive maintenance and ad hoc repair services.

Besides distribution and biomedical engineering services, the idsMED Group is also keen on applying its expertise in supply chain management to improve the efficiency of medical supply chain through cutting down logistics costs, shortening delivery lead time, and reducing inventory along the way. Continued Medical Education is a key aspect of the medical industry to enhance the skills and knowledge of practitioners for better patient outcome. With a strong focus on Healthcare learning & education, the Group has also developed Healthcare Education Centres in many countries. Of particular note is the Healthcare Education Centres in Malaysia and Indonesia which support continued education in healthcare. The team consists of clinically trained personnel who work closely with Associations on the workshops facilitating training at the Education Centres.

Besides the Fung Healthcare Leadership Summit which is a regional event involving healthcare professionals from



idsMED Healthcare Forum 2016, Indonesia

all the eight markets covered by the idsMED Group, the Group also organizes country-based idsMED Healthcare Forums, a one or two-day education event involving leading medical professionals and practitioners for sharing and exchanging knowledge and experience. This event encourages interactions among participants and provides a forum for the interchange of ideas. The idsMED Healthcare Forum has been held annually in Singapore, Indonesia and Malaysia and will continue to be rolled out to other countries.

Going forward, the idsMED Group will continue to expand into new markets in Asia, delivering integrated medical solutions to the healthcare industry to improve quality of life.

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