ICHOM
International Consortium for
Health Outcomes Measurement

An interview with
Dr. Matinee Maipang, CEO Group 1, BDMS

Question 1: From your perspective as a healthcare leader, why is measuring patient outcomes so important to improving the quality and value of care?

As a physician and healthcare leader, I believe the true measure of our work is the difference it makes to a person's life. Clinical outcomes such as survival, complications, and disease control remain fundamental. Alongside them, we need to understand whether patients can move comfortably, regain independence, and return to the activities that give their lives meaning. A technically successful treatment may still leave a patient with persistent pain, fatigue, or emotional distress. Measuring both clinical and patient-reported outcomes makes that fuller picture visible.

This is central to value-based healthcare: understanding the outcomes that matter to patients in relation to the resources and costs required across the full cycle of care. Following outcomes over time helps us assess whether benefits are meaningful and sustained, and where care needs to change. That evidence supports shared decisions about treatment benefits, risks, and burdens, while helping us direct resources towards care that improves patients' lives.

For BDMS, measurement must lead to action. Its value comes when teams discuss the findings with patients, respond to unmet needs, and evaluate whether changes in care make a difference. This turns outcome measurement into a practical discipline for continuous improvement and makes us accountable for the results patients actually experience.

Question 2: BDMS has been working with ICHOM to embed outcomes measurement into clinical practice. What impact have you seen this have on patients, clinicians and the wider organisation?

Our work with ICHOM has helped strengthen a shared focus on the whole person. I see its outcome measurement framework as a quality improvement tool that makes holistic patient care actionable. It connects clinical expertise with patients' physical function, emotional well-being, and ability to participate in everyday life.

For patients, this creates a structured opportunity to express concerns that routine clinical assessments may not fully capture. Patient-reported outcome measures can reveal difficulties with recovery and support conversations about what matters most to each individual. For clinicians, these insights complement clinical findings and help multidisciplinary teams agree on meaningful goals. After a cardiac intervention, for example, successful care includes understanding whether a person can resume daily activities confidently and whether symptoms or anxiety still limit recovery. That broader view can guide rehabilitation, education, and follow-up.

Across the organisation, a common outcomes framework helps align frontline teams and leadership around the same definition of success. It supports shared learning across the BDMS network and meaningful international comparisons when differences in patients' baseline health and disease severity are taken into account. To sustain this approach, measurement needs to be embedded in everyday workflows, with clear responsibility for reviewing results and responding to them. The difference we want patients to experience is coordinated, personalised care that continues beyond treatment, with teams working towards goals the patient understands and values.

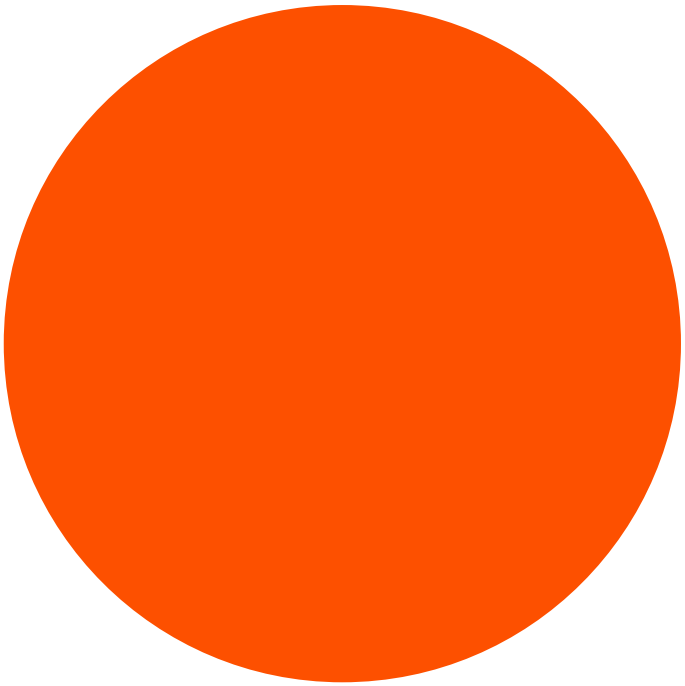
Question 3: Looking ahead, what do you see as the biggest opportunity for patient-centred, value-based healthcare over the next five years? What role will the BDMS Centres of Excellence play within this?

Over the next five years, I see the greatest opportunity in making care a continuous partnership that connects prevention, treatment, and recovery with long-term well-being. This reflects BDMS's core value of Beyond Excellence: continually raising our expectations of what excellent care should achieve for the person receiving it.

This ambition is grounded in the four core values expressed in BDMS: B for Beyond Excellence, D for Deep Empathy, M for Moral Commitment, and S for Service with Thai Hospitality. Together, they unite continuous improvement with understanding each patient's needs, ethical responsibility, and warm, attentive care.

For me, 'Care beyond cure' means taking responsibility for health beyond an episode of illness. Our ambition is to extend health span alongside life span: helping people live longer with the best possible function, independence, and quality of life. This commitment matters equally for people living with chronic illness or conditions that cannot be cured. Their comfort, dignity, and personal goals must remain central to how we define success.

The BDMS Centres of Excellence can turn this ambition into practice by connecting specialist expertise with rehabilitation, primary care, and patients' lives at home. Their role should include developing evidence-based pathways, using clinical and patient-reported outcomes to identify gaps, and sharing improvements across the network. Digital tools can support follow-up between visits, provided that information reaches teams able to act on it. The test of any innovation should be whether it produces a meaningful, sustained benefit for patients. Our Centres of Excellence have a central role in making this standard part of everyday care, so that excellence is reflected in how well people live after they leave the hospital.



> *ICHOM gives frontline teams and leadership a shared language for holistic care, with the patient's goals at its centre.*

Partner with ICHOM

Join a global community of healthcare organisations working to advance patient-centred, value-based healthcare. Through the ICHOM Partner Program, organisations can collaborate with ICHOM, share expertise and help accelerate the adoption of outcomes measurement worldwide.

Contact partnerships@ichom.org for more information.