**HealthX Call-for-Innovation**

**Redefining Health Coaching and Patient Education**

Clarification and Responses (18 September 2026)

## Q1. Call-for-Innovation Process: Participation and Evaluation

(a) Who may participate in the CFI, and what consortium, partnership, local presence and delivery team arrangements are acceptable?

**Response:** The CFI is open to both local and overseas companies and startups. Respondents may submit proposals independently or through partnerships, consortiums or other collaboration arrangements where appropriate. Where multiple parties are involved, proposals should clearly describe the roles and responsibilities of participating organisations and demonstrate the collective capability and expertise required to support the proposed solution.

(b) How will submissions be evaluated and shortlisted, and what should respondents prepare for during Pitch Day, demonstrations and subsequent assessment activities?

**Response:** Proposals submitted for the CFI will be screened and reviewed based on the completeness of the proposal with reference to the scope, general requirements and intended outcomes outlined in the challenge statement. Companies of shortlisted proposals will then be informed to participate in the pitch session where evaluation criteria and expectations of the pitch will then be shared with shortlisted companies. Following the pitch day, selected industry company will then be informed for further discussions with the project sponsor on the co-development of POC.

## Q2. Solution Content and Accessibility

(a) What approved content sources, organisational materials, governance processes and content-safety controls should be used to support health coaching and patient education?

**Response:** As outlined in the CFI, all responses should be grounded in approved organisational materials and aligned with relevant clinical guidelines, policies and governance processes. Solutions should support content review, approval, update and retirement workflows and demonstrate how approved organisational materials are maintained and surfaced in a safe and consistent manner. Respondents should describe their approach to knowledge management, content safety, version control and multilingual content delivery, as well as how approved content is surfaced to residents in a safe, consistent and governed manner. For the purpose of POC, all patient education materials can be found here:

Health Library - Health Information and Resources in Singapore (https://www.nuhs.edu.sg/care-in-the-community/health-together/health-library)

(b) What language, dialect, voice and accessibility capabilities are expected to support the diverse resident populations served by PHCC?

**Response:** The CFI highlights the importance of multilingual capabilities to improve accessibility and better serve a diverse resident population. Respondents are encouraged to describe the multilingual, accessibility and engagement capabilities supported by their solution, including text, voice or other engagement modalities where applicable. Solutions should demonstrate how they support inclusive engagement for residents with varying language preferences, communication needs and levels of digital readiness.

**Q3. Solution Specifications and Requirements**

(a) How should the solution support the resident health coaching journey, and what roles should remain with Health Coaches versus the digital solution?

**Response:** The proposed solution is intended to augment, rather than replace, existing health coaching services. As described in the CFI, digital capabilities should support goal setting, behavioural reinforcement, health education, follow-up engagement and progress monitoring while enabling Health Coaches to focus on residents with higher-touch or more complex needs. Respondents are encouraged to describe how their proposed solution supports the intended health coaching journey, continuity of engagement and enables effective collaboration between digital capabilities and Health Coaches.

(b) Is a visual avatar required, or may respondents propose alternative interaction models such as text, voice or multimodal conversational experiences to achieve the intended outcomes?

**Response:** For the purpose of this CFI, the focus is on a human-like digital health coach or nurse. Respondents must propose avatar-based or multimodal approaches, to effectively support the health coaching and patient education objectives outlined in the CFI. The primary consideration is the ability to deliver engaging, accessible, personalised and scalable interactions that enhance resident engagement and continuity of care. No specific avatar design, appearance, voice or persona is mandated at this stage.

(c) How are residents expected to access the solution, and what are the expectations regarding deployment model, operational ownership, support arrangements and site infrastructure?

**Response:** The CFI seeks solutions that provide accessible and scalable health coaching and patient education experiences across appropriate engagement channels and platforms. As described in the CFI, solutions should support on-

demand access through channels such as mobile, web and community-based devices where appropriate. Respondents are encouraged to describe their proposed deployment, operating, user access, and support models and how the solution can be delivered across the intended resident and care delivery environments. Specific implementation and operational arrangements will be considered during subsequent stages of discussions.

(d) What patient cohorts, conditions, pilot scale, implementation scope and outcome measures are envisaged, and how will pilot success be determined?

**Response:** The intended outcomes of the CFI are outlined in Section 6 and include access and reach, workforce augmentation, consistency and safety, resident engagement, operational scalability and population health intelligence. The CFI is centred on population health, preventive care and chronic disease management use cases. Respondents are encouraged to propose meaningful outcome measures, evaluation approaches and success metrics that demonstrate impact across these outcome domains. Pilot success will be determined by the selected industry company and business user based on agreed key performance indicators (KPIs) and scope discussed.

*This is Part 1 of the published clarifications for PHCC CFI - Redefining Health Coaching and Patient Education. Part 2 will be released on 21 September (Monday).*