Introduction

A country in the Arabian Gulf region has prioritized healthcare system growth with a focus on Value Based Healthcare, through expanded collaborations between the Ministry of Health (MoH), Payers and Hospitals, as well as increased registry initiatives. Capadev was brought in as an expert ICHOM partner to implement the ICHOM stroke (STK) and coronary artery disease (CAD) standard sets across healthcare centers in the country.

With the engagement of a national payer, and the national healthcare registries custodian, Capadev recruited and engaged multidisciplinary teams at 10 hospital-based implementation sites, across three cities. (Project Governance **Stricture Graphic**)

This abstract outlines the implementation efforts specific to this project, while site level patient recruitment. Data capture for the pilot phase ended in August 2021 and is currently being analyzed.

Methods

Capadev used learning design experts and VBHC practitioners to create bespoke project-based learning program for VBHC implementation, that started off with interactive eLearning modules on VBHC and PROM's, as well as live in-person training sessions specific to STK and CAD to all sites (Implementation Course Overview Graphic). All site level implementation team members were tested on the foundations of VBHC as learned from the eLearning modules and case studies. Upon successful completion of the initial training, each site received an intensive, one-week of live instruction sessions to cerement VBHC foundation, ICHOM standards sets, PROMs usage, and more importantly to help each team develop a tailored implementation roadmap. Multiple implementation sites were partnered with each other during the live sessions to facilitate knowledge sharing and best practice review. (Pilot Project **Roadmap Graphic)**

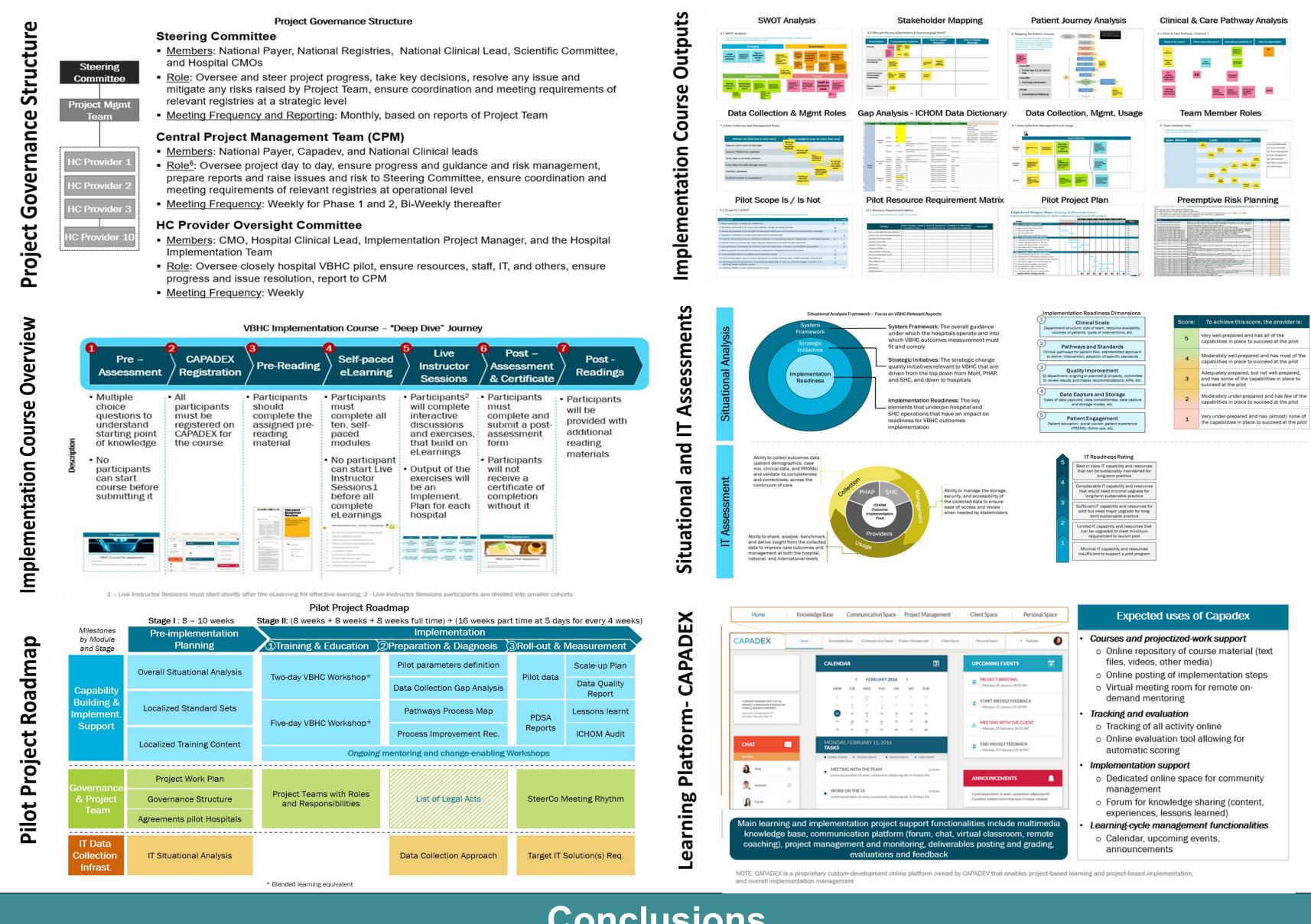
All sites were provided expert implementation mentorship and coaching on a weekly basis, as well as a technology platform (Learning Platform- CAPADEX Graphic) to accelerate their individual implementation and data collection efforts. Payer, Ministry and Site level leadership were engaged in regular steering committee meetings to navigate near and long-term implementation considerations. Data Audit was conducted for quality and ICHOM compliance.

Results

A successful VBHC implementation effort of STK and CAD ICHOM standard sets. Deliverables include:

- Localization of STK and CAD Arabic PROMs
- Creation of 10-13 hours of interactive virtual training content on VBHC
- Training and assessment of ~100 clinicians, nurses, and administrators on the foundations of VBHC (Implementation Course Output Graphic)
- Conducting technical assessments of 10 sites for data and IT readiness (Situational and IT Assessments Graphic)
- Enabling the successful collection and quality audit of STK & CAD ICHOM standard sets data, including PROMs in Arabic
- Training-of-Trainers for VBHC Implementation for 30 healthcare professionals
- Recruitment and management of a multi-player SteerCo

National Implementation of ICHOM Standard Sets in the Gulf Region Fares Saade, Mazen Ferzly, Karen Manasfi, Ishtar Al-Shammari, Zofia Das Gupta PhD, Stephen Flaherty MPH CAPADEV LLP



The readiness for PRO implementation, capture and use was assessed at each of the 10 implementation sites. Variation existed in regard to modality of capture (paper, telephone, standalone v. integrated electronic capture) as well as the IT readiness for data ingestion and use in clinic.

Two major factors accelerated the success of this project: 1- the recruitment of clinical leaders/ champions at individual site levels, 2- the inclusion of strong pre-existing teams at each site with clinical and information capture acumen.

Overall, implementation within a hospital region, which does not currently have a high penetration of PRO tool use, was successful and met with enthusiasm.

courses and to apply to other ICHOM Standard Sets and geographies.



Conclusions