

Value Based Healthcare Transformation at BUPA Arabia

Deployment of Outcome Measurement Collaboration for Maternity



In alignment with Kingdom of Saudi Arabia VBHC vision and National PROMs (NPROMs) strategy outlines by the Council of Health Insurance (CHI) to enable VBHC implementation in the private sector, Bupa Arabia initiated a pilot project focusing on Maternity based on the ICHOM standard set across four hospitals sites. The project aims to create a learning transparent environment while focusing on the National VBHC strategic goals. This pilot was conducted in partnership with the support of Capadev, a licensed ICHOM implementation partner.

Why Pilot with Maternity

- ✓ A prioritized condition in the NPROM's strategy.
- ✓ Highly feasible, well-defined ICHOM standard sets availability.
- ✓ Significant impacts, recognized problems and variations that could gain from standardization.
- ✓ High value/high volume condition.

Maternity VBHC Pilot Focus

<p>01</p> <p>Develop VBHC capabilities in capturing PROMs, PREMs, and CROMs</p>	<p>02</p> <p>Establish the necessary data infrastructure for benchmarking, and create centers of excellence based on VBHC criteria</p>	<p>03</p> <p>Use collected data to drive continuous value creation initiatives aimed at improving maternity care delivery</p>
<p>04</p> <p>Leverage lessons learned to scale VBHC principles to other conditions in the future and inform broader value-based care initiatives</p>	<p>05</p> <p>Explore opportunities for innovative payment models, such as value-based bundled payment approaches</p>	<p>06</p> <p>Contribute to the ongoing VBHC transformation in the Kingdom</p>

The pilot was structured into six phases

<p>Pre-Launch Planning</p> <ul style="list-style-type: none"> Four providers were selected out of nine nomination based on volume, cost, IT readiness and leadership support. Site Rollout Teams (SRTs) were formulated at each provider. Each SRT includes maternity care multidisciplinary team of physicians, nurses and data or quality representative. 	<p>Site Rollout Preparation</p> <ul style="list-style-type: none"> 32 SRTs finalized VBHC E-learning modules. SRTs were trained and guided on mapping their patient journey, mapping through lead of CAPADEV experts and Bupa Arabia expert team. The training included international clinical perspectives on improving journeys and outcomes. Selections of relevant outcomes. 	<p>PROMs Selection and Patients Inclusion and Exclusion Criteria Development</p> <ul style="list-style-type: none"> Ten PROMs instruments were selected for this project as part of the ICHOM standard set covering: <ul style="list-style-type: none"> General health (EQ-5D-3L) PROMIS sexual functioning), mental state (PHQ-2, Edinburgh postnatal depression) urinary incontinence (ICIQ), stool incontinence (Wexner), birth satisfaction (BSS-R), mother-infant bonding (MIBS), breast feeding (BSES), social support (SIMSS). Tools were localized based on ISPOR guidelines to fit the Saudi culture.
<p>E-PROMs/PREMs Data Collection Solution Launch</p> <ul style="list-style-type: none"> Collection system was configured on a locally compliant and proprietary digital platform. The platform streamlines collection by sending relevant questionnaires to patients through the preferred channel (SMS, WhatsApp, email). System allows aggregation of data, including CROMs, and subsequent data analysis and dashboarding. 	<p>Outcomes Rollout</p> <ul style="list-style-type: none"> Implementation guide was shared with each SRTs as a reference. PROMs, PREMs and CROMs were collected and uploaded in line with ICHOM standards. Expert mentoring, data monitoring, and site-specific actions ensured any challenges in the rollout were addressed. Bupa Arabia team worked closely with the SRTs to go through used cases on how PROMs can be used in the day-to-day activities. 	<p>Dashboarding and Ramp-up</p> <ul style="list-style-type: none"> SRTs were guided to ensure data quality "at the source", thereby enhancing the chances of passing the data audit and obtaining the accreditation. Dashboards are designed to enable comparison and support data interoperation. Data will be used to identify initiatives that deliver greater value, i.e. better outcomes and reduced costs.

Results

Maternity Patients Reported Outcomes collection was rolled out in **four** providers and over **200** patients have been enrolled, demonstrating early engagement in the pilot and the ability to ultimately reach the minimal datasets needed to draw conclusions from the study.

<p>241</p> <p>Enrolled Pregnant Women</p>	<p>40%</p> <p>Response rate for the 1st Touch Points</p>	<p>20%</p> <p>Response Rate for the 2nd Touch Points</p>
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Initial Comparison Between Provider Data at First Touchpoints: Early data from different providers indicated variability in patient outcomes and care experiences, creating opportunities for benchmarking best practices and improvement.

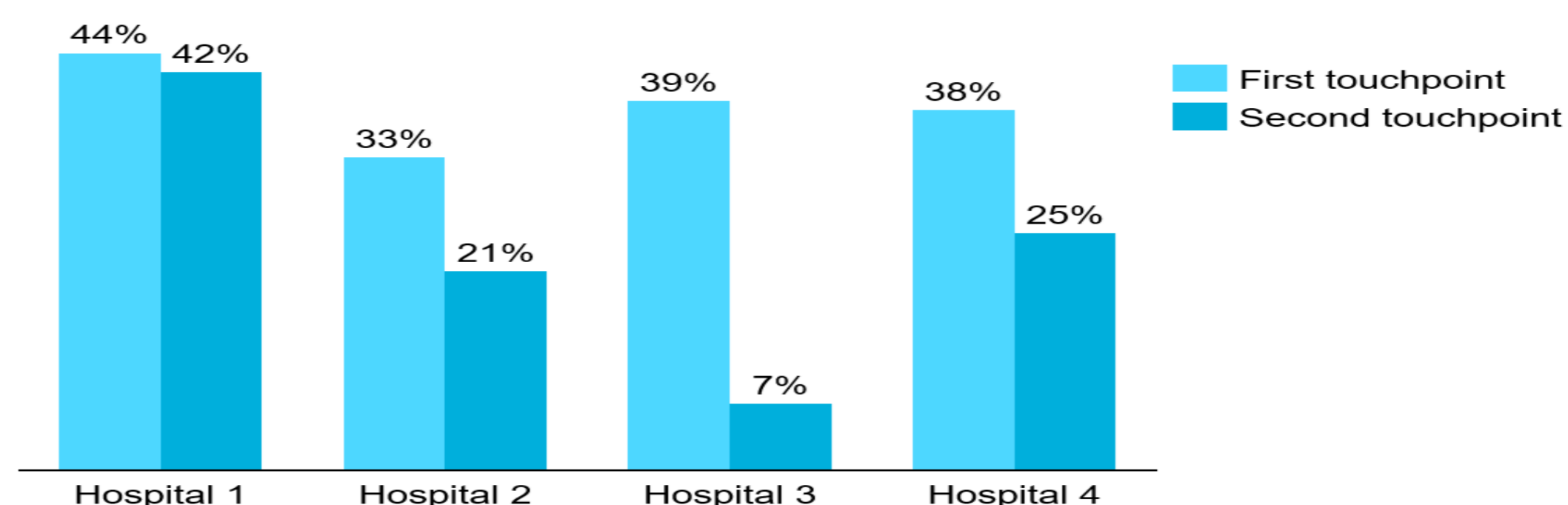
Patient Response Rates: Preliminary data from the first touchpoint revealed differences in response rates reflecting different levels of patient engagement process. It was noticed that providers where the department heads were actively engaged in patient onboarding and follow up, showed the highest response rates among patients.

We did not include any PROMs response data in this analysis as the data has not yet undergone audit. Furthermore, the sample sizes from each provider are still too small and not significant yet to generate valuable insights

Variation in Maternity Care Delivery Between Providers: The pilot identified variation in maternity care practices between participating providers, implying a significant potential for value improvements and standardization.

Different Levels of Understanding of VBHC and PROMs Benefits: Different providers had different levels of awareness and understanding of VBHC principles and the utility of collecting PROMs and PREMs. A comprehensive learning journey combining e-learning and live training ensured a common understanding of VBHC.

Lack of Utilization of Digital Channels in Maternity Care Delivery: The pilot revealed limited use of digital channels and tools in Maternity care delivery.



General Insights

- **Collaborative Payer-Provider Environment:** Establishing a safe learning environment between Bupa Arabia, the payer, and the providers was critical to succeed. Early on, the pilot involved providers in decision-making, such as the selection of outcomes and patient journey mapping.
- **Structured Patient Onboarding and Communication:** The response rate after the first touch point was dropped and no significant improvement were noticed. Therefore, clear and consistent communication with patients played a vital role in their continued engagement, particularly with onboarding initiated by their providers. This ensured that patients understood the importance of their involvement.
- **System integration is a crucial element:** integration of the collection system to the EMR or HIS systems is very important to facilitate smoother collection, ensure data synchronization, and enable the use of PROMs data in the day-to-day physicians' activities and decision making.

Conclusion

Collaborative initiatives between payers and providers in Saudi Arabia are set to grow as value-based healthcare gains momentum.

Success requires building capabilities, fostering a shared understanding of what VBHC means, establishing clinician and patient engagement strategies, and ensuring a safe learning environment.

Providers' concerns in these situations are natural, as they associate any initiative with payers with rates and payment models.

This Maternity care pilot laid the groundwork for scaling up VBHC across all maternity providers and for other future value-based initiatives in other conditions.

Bupa Arabia is poised to expand VBHC across the provider landscape in its providers' network.