



ضمان

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Council of Health Insurance

# White Paper

Assessing Market Readiness:  
Implementing Patient Reported Measures  
in the Healthcare Private Sector.

# Editorial Team

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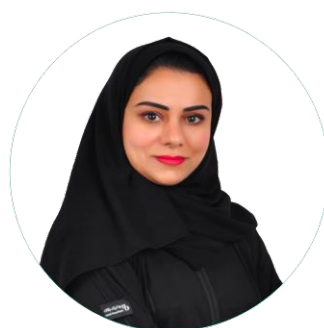
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Source:

Feasibility Study 2024 executed by CHI in collaboration with Press Ganey

Value Based Healthcare Knowledgebase CHI: vbhc.chi.gov.sa

# Preface

As the healthcare landscape in Saudi Arabia continues to evolve, it becomes increasingly important to adopt strategies that ensure effective, transparent, and patient-centered outcomes for all stakeholders.

In alignment with the Kingdom's healthcare transformation agenda, we are committed to advancing Value-Based Healthcare (VBHC). This shift not only prioritizes patient outcomes but also requires collaboration across organizations and stakeholders within the healthcare sector. By working together, we can enhance the efficiency of our efforts, share best practices, and foster a culture of continuous learning and improvement.

In 2023, we launched the CHI PROMs Strategy to serve the entire healthcare ecosystem in Saudi Arabia, in collaboration with the Center for Value in Health and other sector stakeholders. To support the implementation of this strategy and integrate Patient-Reported Outcome Measures (PROMs) into clinical practice, we conducted a Feasibility Study in partnership with Press Ganey and HealthLinks. The study assessed the market's maturity and the system's readiness to achieve the strategic objectives of the PROMs initiative.

By systematically capturing and acting upon the outcomes that matter most to patients, we can improve care coordination, reduce costs, and enhance overall health outcomes. This white paper outlines our current position and proposes a comprehensive implementation framework to guide the successful transformation toward measuring what truly matters to patients.

As we embark on this important journey, we remain committed to ensuring that our collective efforts deliver meaningful benefits for all stakeholders. The successful implementation of the CHI PROMs Strategy will serve as a cornerstone for achieving value-based outcomes, ultimately contributing to a healthier population and a more effective healthcare system in Saudi Arabia.

Sincerely yours,  
supporting protection of all our  
Beneficiaries.

**DR. SHABAB ALGHAMDI**  
Secretary General  
Council of Health Insurance





# Executive Summary

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This whitepaper presents a case for strategic direction and next steps for the private healthcare sector in the Kingdom of Saudi Arabia (KSA) to expand its efforts in building a Value-Based Healthcare (VBHC) program and implementing the Patient-Reported Outcome Measures (PROMs) strategy.

With the anticipated rise in the number of privately insured individuals, a corresponding increase in healthcare utilization is expected. Private sector healthcare spending is projected to grow significantly over the next six years. The Council of Health Insurance (CHI) aims to establish a strategy that leverages the private sector's growing maturity in implementing VBHC programs, designs supporting payment models to deliver value, and standardizes Patient-Reported Measures (PRMs) to drive improvements in patient outcomes and overall value of care.

**As part of its VBHC vision and strategy, CHI is committed to transitioning from the current volume- driven model with its misaligned incentives toward a pay-for-performance and outcomes-based system. CHI's transformation journey focuses on three key commitments:**

1. Designing healthcare around the patient
2. Improving health outcomes for all
3. Developing innovative healthcare payment schemes

Value-based initiatives have gained momentum since Porter and Teisberg\* introduced the concept of value-based competition, in response to the escalating costs of healthcare and the limited success of prior reforms in improving health outcomes and controlling expenses

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\* Redefining Healthcare (2006) Michael E. Porter, Elizabeth Olmsted Teisberg.

## What is value?

Outcomes are directly related to value in healthcare as represented in the following formula

$$\text{Value} = \frac{\text{OUTCOMES}}{\text{Cost}}$$

From a patient's perspective, improving value involves optimizing the balance between healthcare costs and outcomes. Value can be increased either by enhancing health outcomes or by achieving the same outcomes at a lower cost of care.

## What is an outcome?

An outcome is two-fold:

### OUTCOMES

Clinical outcome + patient's perceived state

- A clinical outcome of a treatment
- Patient-Reported Measures (PREMs and PROMS)



No Value Based Healthcare without Patient Reported Measures



## Components Measuring Value

### PROM Strategy

The CHI PROMs strategy, published in 2023 in collaboration with the Value in Health Center, was developed with input and consensus from a broad range of leaders across the healthcare system. Recording and measuring outcomes in terms that are meaningful to patients is a key way in which the Kingdom of Saudi Arabia (KSA) is enhancing the quality, efficiency, and sustainability of its healthcare system. (<https://vbhc.chi.gov.sa/en/knowledge-base/>)

### Outcomes Measurement: A Foundational Principle of VBHC

By focusing on outcomes measurement as the ultimate goal, KSA can prioritize resource allocation to ensure the long-term sustainability of healthcare services as demand grows. Significant developments include the establishment of the Value in Health Center and the CHI's Value-Based Healthcare program.

### Patient-Reported Experience Measures (PREMs)

The most widely used Patient-Reported Experience Measures across providers in the KSA healthcare sector are the Press Ganey survey instruments, administered by HealthLinks. These are designed as a set of structured questions that capture patients' perceptions and experiences of the healthcare services they received.

### Standardizing Patient-Reported Outcomes Measures (PROMs)

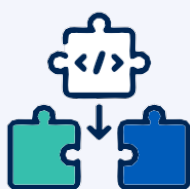
In recent years, PROMs have been strongly promoted as a means of assessing and improving the quality of care. However, at both national and international levels, no formal consensus on which PROMs instruments should be adopted. The variability in existing tools limits efforts to compare care consistently across practices and organizations using a standardized set of PROM instruments.

# Background

The Value-Based Healthcare (VBHC) program was established by the Council of Health Insurance (CHI) in alignment with the Kingdom of Saudi Arabia's Vision 2030 national initiative and healthcare sector transformation goals. This initiative forms part of the broader Healthcare Sector Transformation Program. Collectively, these reforms are designed to regulate the expanding private healthcare market with evidence-based quality performance standards that address the health needs of the population.

Under the oversight of the Value-Based Healthcare Committee, CHI engaged Press Ganey to conduct a Feasibility Study. The objective was to assess the readiness and maturity of both the healthcare system and market to begin implementing Patient-Reported Measures (PRMs) within a structured framework, supporting the successful achievement of CHI's PROMs objectives. The findings of the Feasibility Study will serve as the foundation for CHI to develop a comprehensive road map for the implementation of the VBHC program across the Kingdom of Saudi Arabia.

**This Feasibility Study seeks to assess the maturity of the provider organizations and the Market towards adoption of the following three PROM strategic objectives:**



Design and integrate  
PROMs into care  
delivery



Develop PROMs data  
collection Infrastructure and  
capabilities



Leverage PROMs insights to  
empower patients, enable  
organizational performance  
benchmarking, and support  
value-based healthcare  
incentives

## Where are we today?

At the core of the Electronic Patient-Reported Measurement (ePRM) framework is the standardized collection of patient-reported outcomes. CHI is currently focused on developing and implementing this standardized measurement practice.

In late 2023, CHI proposed a methodology for ePRM, aimed at gathering patient data on health-related quality of life, physical function, and symptoms (e.g., pain). This end-to-end electronic approach is not yet widely adopted in the market and would require provider organizations to develop the capability to electronically collect and report PROMs data.

PREMs measures were introduced in 2015 across the healthcare sector in KSA with a wide and fast adoption. PREMs measurement was further strengthened by a joint Ministry of Health (MOH) and CHI initiative in the second half of 2021. Currently, 95% of private hospitals participate in PREMs measurement, either through MOH-supported programs or independently. PREMs are typically collected via Call Center and electronic Surveys.

In early 2024, CHI launched a Feasibility Study in partnership with HealthLinks and Press Ganey to assess the readiness of private healthcare providers and the broader market for adopting PROMs.

Several hospitals involved in the study had already independently started measuring patient-reported outcomes to link patient experience, clinical care pathways, and anticipated health outcomes together.

However, these hospitals reported that PROMs data collection and reporting remained largely manual. As part of the Feasibility Study, a PRM pilot tested an integrated PREMs and PROMs instrument to validate a generic, non-disease-specific PROMs tool. The combined instrument allowed for reporting on both patient experiences and outcomes. The pilot study was conducted at 15 hospitals, with survey distribution managed via SMS by HealthLinks.

In 2024, CHI deployed a pilot program for a disease-specific PROMs instrument focused on cataract surgery patients at five hospitals. The goal was to validate the instrument and provide clinical data to support the VBHC program. Data for the study was collected through the National Platform Health Insurance Exchange Services (NPHIES) and the electronic Claims (eClaims) system.

In 2025, CHI plans to initiate measurement by deploying instruments for generic and disease-specific PROMs for the entire private sector. Disease specific PROMs will be initiated for the following conditions:



**Cataract surgery**



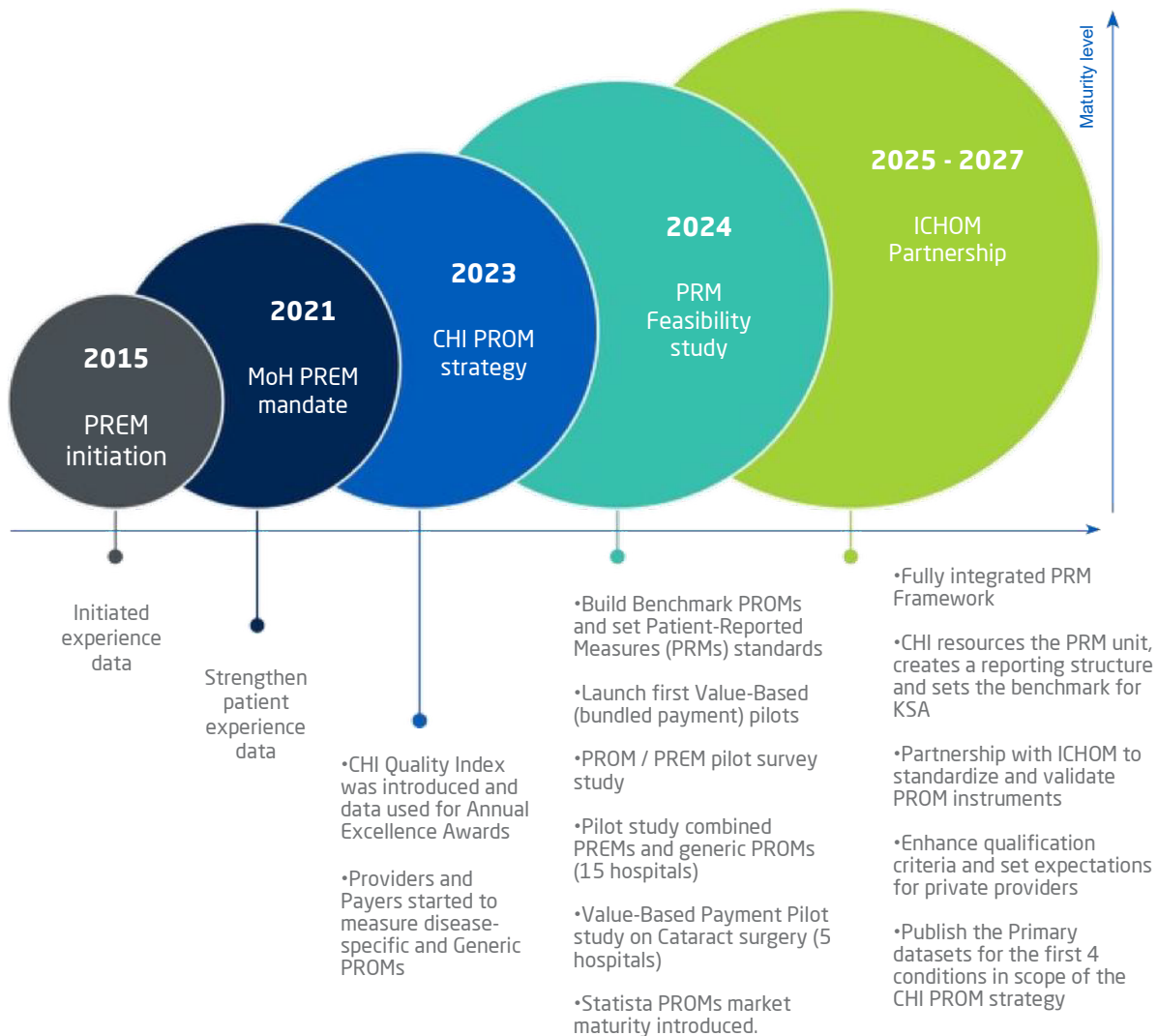
**Obesity surgery**



**Diabetes**



**Pregnancy &  
Childbirth**





**PREMs:** Patient-Reported Experience Measures (SMS survey) launched 2015



Current market compliance  
Private Providers: **95%**

**PROMs:** Patient-Reported Outcome Measures

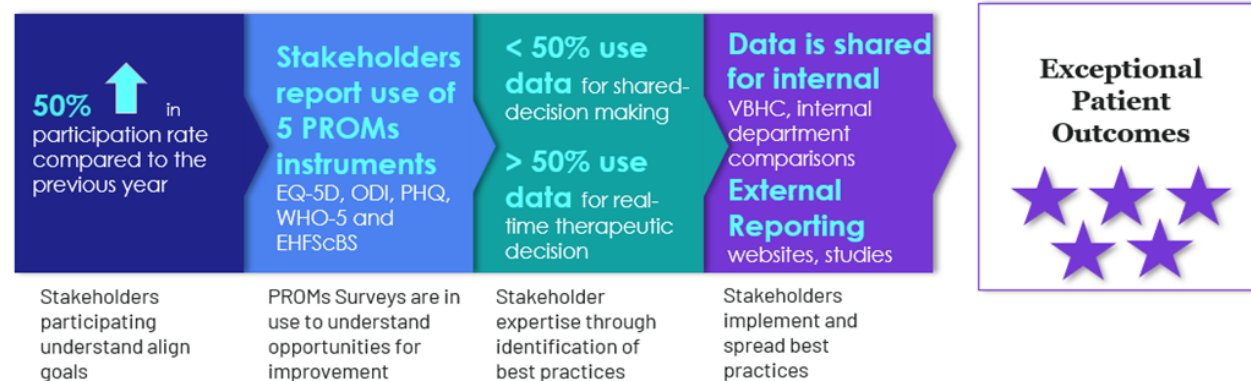


Newsweek Global Hospital  
Ranking Private providers  
(Statista data):

\*\*\* 2 Hospitals

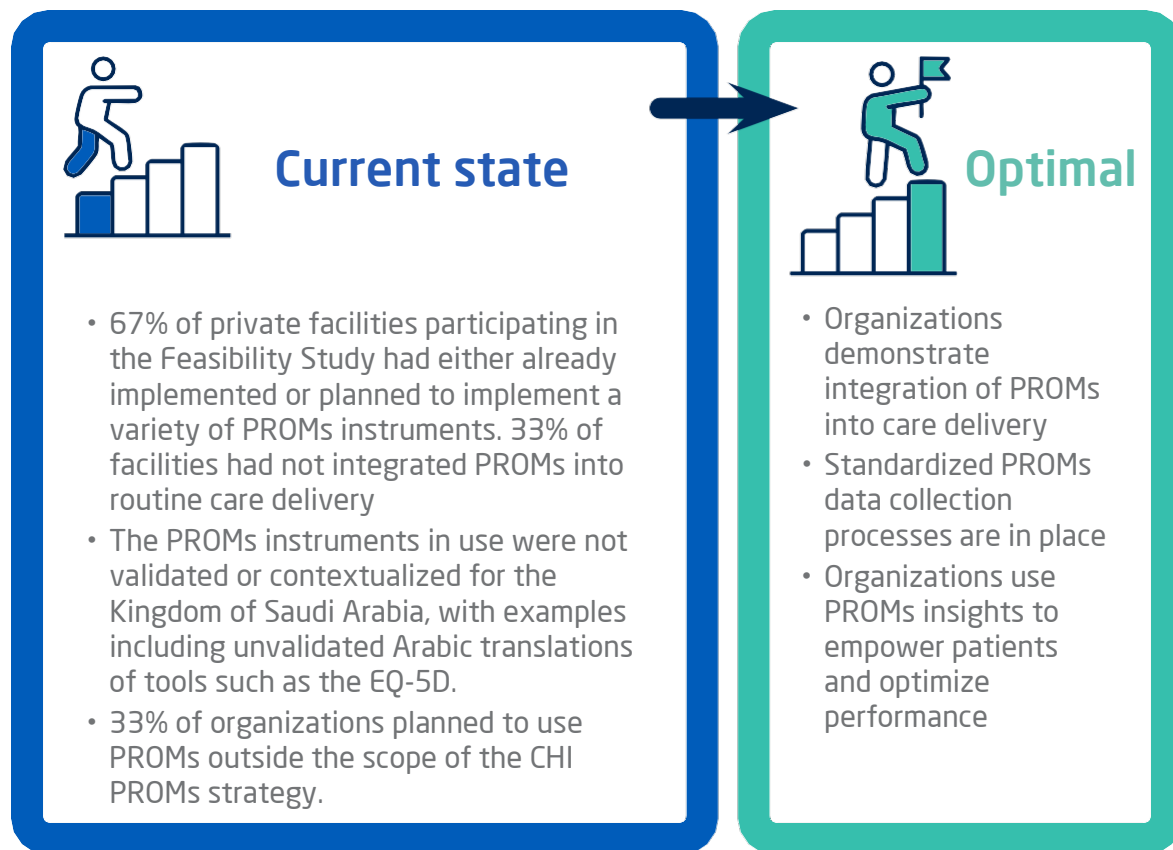
\*\* 8 Hospitals

## STATISTA PROMS IMPLEMENTATION SURVEY INSIGHTS




# Feasibility Study Overview

The goal of the Feasibility Study is to identify key milestones for achieving the optimal implementation of CHI PRM strategy.



To conduct the Feasibility Study, the study team interviewed stakeholders across the healthcare ecosystem. Participants included clinicians, hospital and clinic leaders and staff, payers, integrated information systems organizations, and other CHI partner organizations committed to advancing digital health and VBHC.

The interviews and data collected identified specific opportunities to progress toward an optimal CHI PROMs strategy. The opportunities are defined as a set of milestones necessary to achieve the successful implementation of this strategy.









The findings of the Feasibility Study led to a supplemental pilot study jointly designed by Press Ganey, HealthLinks, and CHI. The respective teams collaborated to deploy and analyze an integrated PREMs and PROMs survey. The pilot study accelerated learning and informed the implementation of the VBHC program. It also confirmed the validity of the integrated instrument and demonstrated the feasibility of electronic measurement of patient-reported outcomes in KSA, as outlined below.

### Summary of Market Maturity based on Stakeholder Assessment Tool

The Feasibility Study Maturity Scale is defined below. Each of the six areas of opportunity has definition rubric that establishes optimal state or the widespread presence of the best practices that are used to establish market maturity. This rubric is available in Appendix 4.

1	2	3	4	5
Opportunity	Awareness	Beginning Stages	Impactful Structures	Widespread Best Practices

## Maturity Score

	Domain	Score	Recommendations
	Market Digital Readiness	2.0	Develop minimum data set and definitions and share with provider organizations.
	Data Infrastructure & System Interoperability	1.9	Prioritize quality index creation and definition standardization. Prioritize data definitions for NPROM collection.
	Data Governance, Privacy & Security	2.0	Focus on identifying data definitions and standardization in the previous steps in to develop road map for scalable and sustainable data governance.
	ePRMs Technology Assessment	1.3	Focusing on grass root definitions and stakeholder maturity would quickly yield moves in this domain.
	Drive Stakeholder Engagement	1.9	Reviewing stakeholder maturity and establishing tiered governance would quickly yield much higher maturity level.
	Allocate Required Resources	1.5	Identify how resource allocation would apply to maturity model for all including funding, workforce, process and technology

A summary of market maturity based on the Stakeholder Assessment tool is outlined below, showing a need to focus the next phase of strategy deployment on infrastructure, ePRM framework, and technology and resource needs.

To further explore opportunities to advance maturity and help solve for challenges in data infrastructure and ePRM measurement, an ePRM pilot study was undertaken. The purpose of this study was to determine the feasibility of a generic PROM tool that could be launched nationally to measure experience and health outcomes, separately from the disease-specific pilots being managed by CHI.

## Pilot Study Summary of Findings : Validation of Generic Core PROM and PREM Tool

A pilot study was conducted in collaboration with HealthLinks/Press Ganey and CHI to explore integrating Patient-Reported Outcome Measures (PROMs) and Patient-Reported Experience Measures (PREMs) into a single, comprehensive instrument. The study aimed to assess the feasibility and validity of this combined tool, as well as to compare the suitability of two PROMs—EQ5D and PROMIS-10 Global Health (PROMIS-10-GH)—for capturing health-related outcomes in the Kingdom of Saudi Arabia (KSA).

### Study Objectives and Context

The combined instrument aims to measure both patient experience (communication, access, satisfaction) and health outcomes (physical health, mental well-being, quality of life). A valid tool could improve understanding of the links between patient experience and clinical outcomes, supporting more patient-centered care.

### Challenges Identified:

- Longer surveys may reduce response rates and introduce bias.
- The tool must be validated and adapted for the Saudi market.
- Respondent demographics may not reflect the care-receiving population.
- No existing external benchmarks for the combined instrument.
- Initial private-sector focus could skew data.
- Adjustments needed for demographic and disease burden differences.
- Requires development of appropriate sampling and demographic correction methods.

### Key Findings:

- PROM and PREM can be successfully combined into one valid survey instrument.
- Survey length did not negatively impact response or data completeness.
- Age was a reliable predictor of health outcomes.
- Both EQ5D and PROMIS-10 showed comparable sensitivity to outcomes.
- PROMIS-10 effectively distinguishes between Physical and Mental Health components, enabling better case mix adjustment (CMA).
- PROMIS-10 demonstrated stronger discriminative ability, while EQ5D showed a ceiling effect and was less responsive to change.

## Instrument Comparison

Tool	Length	Sensitivity	Condition severity	Case Mix Adjustment
PROMIS Global (MCS & PCS)	Similar response rate. Not a factor	Similar	Differentiated	Can create CMA based on both, condition severity and disease burden
EQ-5D	Similar response rate. Not a factor	Similar	Results show no differentiation for condition severity	Can create CMA based on disease burden

To conclude with, the PROMIS-10-GH emerged as a robust, versatile tool for measuring patient-reported outcomes, particularly for stratifying between physical and mental

health dimensions. Although EQ5D remains a valid option, its ceiling effect limits its sensitivity compared to PROMIS-10. Organizations may prefer PROMIS-10 for its nuanced insights and ability to inform care strategies through clear differentiation in health status. The pilot supports the tool's potential national application, pending further review and stakeholder engagement.

Outcomes and initial assumptions of this study are being reviewed and discussed before research paper will be published.

## Hospitals that participated in Pilot Study

We extend our sincere appreciation to all the hospitals that participated in the Pilot Study. Your commitment to delivering high-quality care and supporting the study has been instrumental to its success. We value your collaboration and look forward to continuing our partnership to further advance patient outcomes in the future. Thank you for your invaluable contributions.



دلتة الصحة  
Dallah Health



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DR SULAIMAN AL HABIB  
المجموعة الطبية  
medical group



المانع  
almana



مستشفى جاما  
Gama Hospital

## Participating healthcare systems

Based on the findings from the Feasibility Study and the pilot study, the study team identified major milestones and developed key deliverables to support the implementation of the CHI PROMs strategy.

# Conclusion



## Measure Market Maturity and Stakeholder Value Proposition

The initial findings of the Feasibility Study led to the development of a Stakeholder Assessment Tool. Using this tool, stakeholder groups were classified based on their specific value propositions. The classification process recognizes that each stakeholder group will engage in PROMs activities according to the value proposition most relevant to them. Understanding these distinct value propositions is essential for ensuring effective stakeholder engagement in the implementation of PROMs.

## Integrate PREMs and PROMs for Standardized ePRM Data Collection

This activity was conducted by combining the existing PREMs tool with two PROMs instruments to identify the most suitable PROMs instruments for use. The pilot study also provided evidence supporting the validity of the combined instrument. The two PROMs instruments evaluated were the Patient-Reported Outcomes Measurement Information System Global Health (PROMIS Global) and the EuroQol Group Five Dimensions of Health (EQ-5D) instrument, developed by the Dutch EuroQol Group. The study followed a defined protocol and was administered in August and September 2024.



## Create Roadmap for Market Maturity and Compliance

The implementation roadmap provides CHI with guidance to prioritize actions and allocate resources based on proposed milestones and key deliverables for the rollout of the CHI PROMs strategy and the broader VBHC program. CHI has worked diligently to evaluate and prioritize the recommendations from the Feasibility Study while continuing to identify pathways to bridge existing market gaps and develop fit-for-purpose, sustainable solutions.

## Identify Roadblocks to Implementation

During the Feasibility Study, the study team identified key barriers to successful ePRM implementation. These challenges were primarily attributed to market readiness and the absence of standardized processes. Based on the findings, CHI has developed and initiated targeted actions to address these barriers.





# Market Maturity Assessment

The initial findings of the Feasibility Study led to the development of a Stakeholder Assessment Tool. This tool was used to classify stakeholder groups and define their specific value propositions within the CHI PROMs implementation framework.

The guiding principles for CHI's PROMs implementation were developed to align with stakeholder expectations:

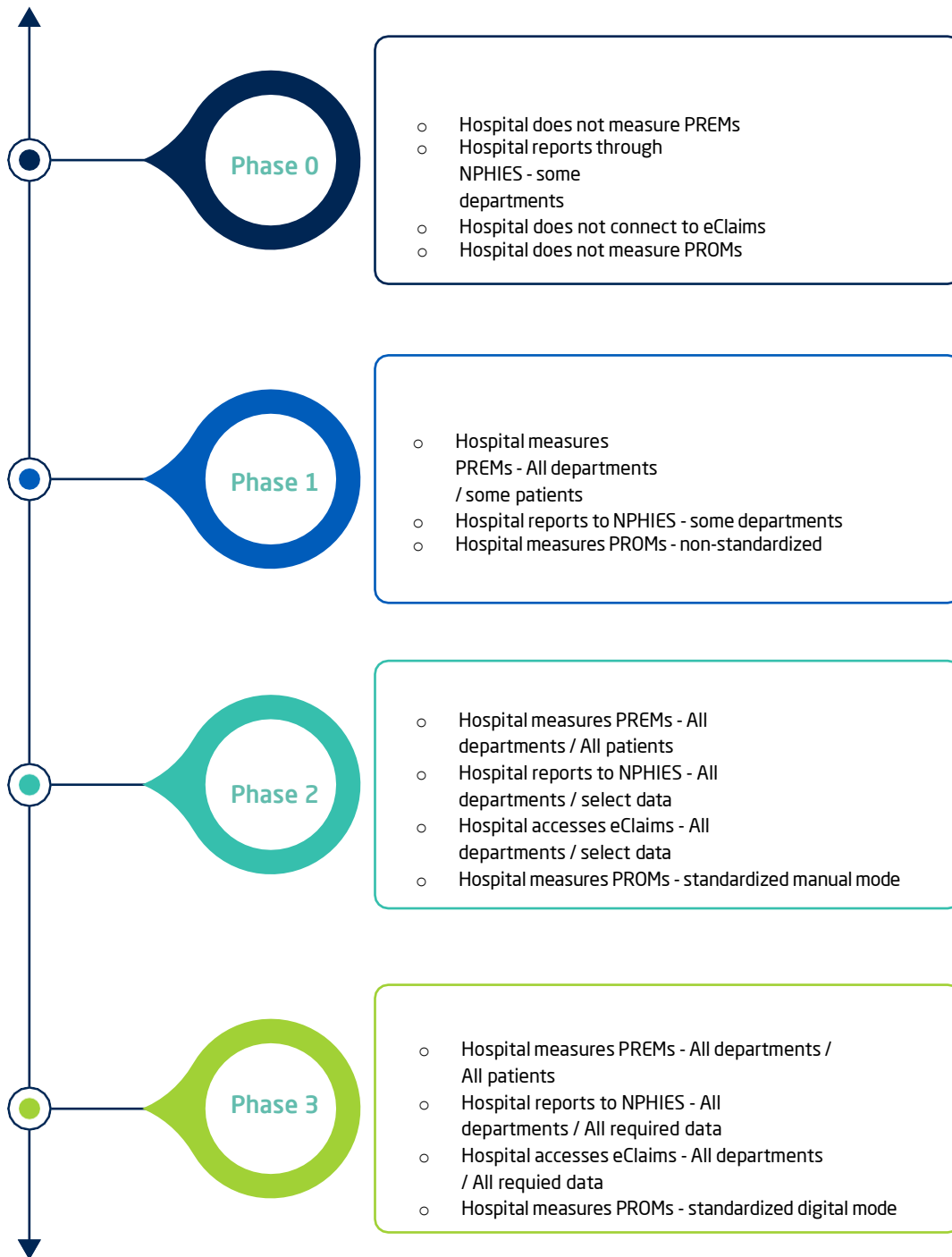
- Data is collected once, with a clearly defined sampling protocol
- Data meets the requirements of each stakeholder group as defined under the PROMs value column
- Data definitions are standardized and clearly communicated to all stakeholders
- Data is shareable at macro, meso, and micro levels, with interoperability ensured by and for clinicians

## Based on the stakeholder assessment during the Feasibility Study, a stakeholder classification was created

STAKEHODLER GROUP	PROMS VALUE PROPOSITION
1. Patients and Clinicians	» <b>Individual patient and shared care decision-making:</b> Facilitate individual patient-centered decisions to prioritize, treat, and monitor disease symptoms and health status; support shared care decision-making.
2. Hospital Leaders and Clinicians	» <b>Quality improvement and regulatory/mandatory reporting:</b> Monitor and improve aggregate patient outcomes compared to national benchmarks; report quality indicators as required by CHI.
3. Payers, Insurers and Hospital Leaders	» <b>Support value-based payment models:</b> Measure outcomes relative to costs and utilization; identify clinician-level performance; provide feedback and identify areas for education and improvement.
4. Researchers, Policy makers, and International Health Organizations	» <b>Advance population health and research:</b> Generate evidence for best clinical practices across patient populations to optimize long-term health outcomes.
5. Third-party vendors that participate in data collection and analysis	» <b>Data management and reporting:</b> Support data collection, analysis, and reporting infrastructure to ensure data quality and usability across all stakeholder needs.

## Proposed Market-wide Stakeholder Readiness Milestones

Based on the current roadmap and the goals established by the CHI PROMs strategy, the study team developed a set of milestones to assess stakeholder maturity and align implementation activities.



## Implementation Challenges

During the Feasibility Study, Press Ganey identified key barriers to successful ePRM implementation, primarily related to market readiness. Based on these findings, CHI has developed and initiated targeted actions to address the identified barriers.



### Several private facilities have independently adopted a variety of non-standard instruments that have not been translated, validated, or contextualized for the local market

- Hospitals tend to prefer instruments already in use within their organizations
- Insurance companies often favor instruments that align with cost considerations and population health indicators



### Clinical reported measures are not yet standardized, and some are difficult to extract from existing data sources

- Digital reporting infrastructure exists, but standardization of reporting requirements remains limited
- Interpretation of personal data protection regulations has slowed progress in clinical data sharing efforts



### Market digital readiness currently lacks clearly defined criteria and milestones

- Mature stakeholders are generally able to meet digital readiness expectations, while less mature stakeholders continue to face challenges



# Addressing Challenges

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The following challenges were identified during the Feasibility Study, along with proposed countermeasures from CHI:

## **Challenge 1: Lack of standardization of PROMs instruments and conditions measured across the private sector**

Payers and providers currently favor different PROM instruments based on cost, existing usage, and population health indicators.

### **CHI's suggested counter measures:**

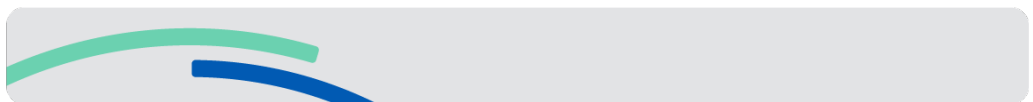
- Review and enhance the Qualification Criteria for private providers to better align with CHI's VBHC program and ecosystem partner expectations.

## **Challenge 2: Use of non-validated PROMs instruments not translated or contextualized for the KSA market**

Hospitals have adopted a variety of PROMs instruments that have not been standardized for local use.

### **CHI suggested counter measures:**

- CHI has signed a partnership with the International Consortium for Health Outcome Measures (ICHOM) to align the process of standardization with the Global ICHOM sets.
- CHI is investing in piloting the instrument for cataract surgery along with testing and validating. The instrument is being contextualized and validated for the local KSA market.





### **Challenge 3: Lack of standardization and difficulty accessing Clinical Reported Outcome Measures (CROMs)**

CROM data is often unavailable or difficult to extract from current sources such as NPHIES and hospital systems.

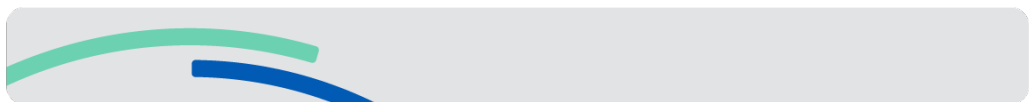
#### **CHI suggested counter measures:**

- Align CROM standardization and create a Minimum Data Set (MDS) within the NPHIES framework.
- Develop a standardized data reporting infrastructure and procedures that comply with KSA personal data protection regulations.
- **Challenge 4: Limited clinical and patient-reported outcomes data reporting in KSA, resulting in gaps in benchmarking and transparency**

The absence of consistent reporting limits opportunities for performance benchmarking.

#### **CHI suggested counter measures:**

- CHI is planning to implement a project with mature providers and payers to exchange data through a trusted healthcare portal. For this project, the infrastructure and policy need to be developed based on best international examples and standards.



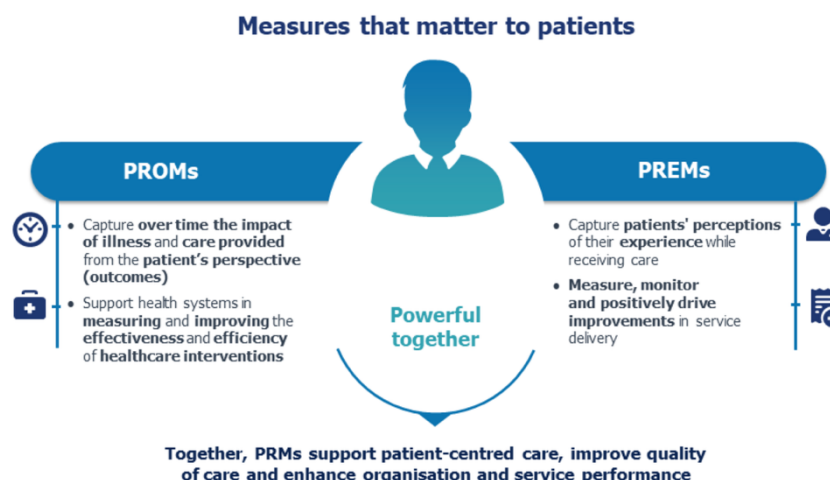
# Implementation Roadmap - Where do we go from here?

The Feasibility Study focused on six key aspects of market readiness to accelerate the adoption of the VBHC program in the Kingdom of Saudi Arabia.

The proposed implementation roadmap prioritizes actions to support CHI in establishing its role and mandate for the PROMs strategy. In collaboration with Press Ganey, a roadmap and the following key deliverables were defined:

- Develop a program guide for hospitals
- Develop an accreditation guide for hospitals, vendors, payers, and other stakeholders
- Develop policy and a quality performance program guide for hospitals
- Strengthen governance (Policy and Structure) at macro and meso levels, with the involvement of Providers and Payers in the decision-making process.
- Implement market education initiatives to promote market maturity and facilitate full program adoption

The implementation roadmap provides CHI and stakeholders with a structured guide to effectively prioritize resources for the successful rollout of the VBHC program.



Five Aspects of Market Readiness	PROMs Strategy Correlation
<p>Market Supports Beneficiary/Patient Centric Programs</p> <p>Enables optimal access to quality care for all beneficiaries/patients</p>	<p>» The program establishes a foundation to assess not only the cost of healthcare delivery, but also the value perceived by patients and caregivers in relation to clinical and operational efforts</p>
<p>Market Facilitates Healthcare Sector Improvement</p> <p>Enable payers and providers to improve their services to beneficiaries/patients with progressive data-informed policies</p>	<p>» Data-informed care enables the identification of investments that deliver the highest efficiencies and effectiveness in providing healthcare to citizens</p>
<p>Market Enables Value-Driven Healthcare Sector</p> <p>Drive value and innovation in the healthcare sector</p>	<p>» Value is realized when appropriate goals and corresponding key performance indicators (KPIs) are used to measure progress</p>
<p>Market is Overseen by a Progressive Regulator</p> <p>Regulator operates as a reliable, lean and learning regulator to support the entire ecosystem</p>	<p>» The regulator defines a program that supports the critical elements of transparency and continuous learning, validated by data to enhance credibility and build confidence among citizens and caregivers</p>
<p>Market Supports Digital Excellence</p> <p>Digital transformation of the healthcare sector to accelerate end-to-end data sharing</p>	<p>» Maximizing the utility of interconnected technologies is foundational to the success of the program</p>

**Ongoing countermeasures to improve the adherence to the CHI PROMs strategy and increase market compliance**

<b>Design and integrate PRMs into care delivery</b>	<b>Develop PROMs data collection infrastructure and capabilities</b>	<b>Leverage PROMs insights to empower patients, enable organizational performance benchmarking, and support value-based healthcare incentives</b>
<ul style="list-style-type: none"> <li>» Facilitate market-wide interoperability survey to accurately measure gap in readiness</li> <li>» Deploy combined PREM and PROM survey to pilot measurement outcome and devise optimal framework for a future</li> <li>» Set up partnership with ICHOM to validate and localize international PROM and CROM datasets</li> </ul>	<ul style="list-style-type: none"> <li>» Allow for multiple ways by which organizations can collect and report data</li> <li>» Evaluate interoperability of existing tools and publish minimum data set</li> </ul>	<ul style="list-style-type: none"> <li>» Educate market, providers and stakeholders by publishing findings of pilot studies and other quality data</li> <li>» Create tiered governance structure to include Chapters, Joint Clinical and Operational Committees, Centers of Excellence</li> </ul>



Targeted areas for improvement	1: PRM Maturity & compliance	2: PRM tools & primary data	3: Digital Transformation	4: Value-Based Payment
Activities with partners and experts	<p>Advising regulator to establish appropriate classification criteria</p> <p>Certify eligible providers based on maturity</p>	<p>Support PROM set integrity</p> <p>Develop MDS per condition</p>	<p>Advise and support to enhance the MDS for NPHIES</p>	<p>Consultancy support to enhance the VBP solutions</p>
Outcome / Deliverables	<p>CHI VBHC Classification criteria framework</p> <p>Providers Certification program</p>	<p>KSA validated PROM &amp; Primary data sets available for partners at one central point</p> <p>Roadmap for next conditions with NPROM strategy</p> <p>Providers / Payer specific PROM sets on demand outside scope NPROM strategy</p>	<p>IT-ready KSA PROM &amp; Primary data sets</p> <p>Data infrastructure to insource PRM data into CHI VBHC data warehouse</p> <p>Accreditation and support 3rd party ePRM vendors</p> <p>NPHIES MDS compliance with PRM primary sets</p>	<p>Unified and standardized data for the VBP solution</p> <p>Reporting and data sharing framework on Macro, Meso and Micro level.</p> <p>Enhanced dashboard Operational and AI center CHI</p>
Operations / Implementation	<p>Annual evaluation classification criteria CHI</p> <p>Annual progress report based on PROMs maturity assessment</p> <p>Develop and operate provider certification program</p>	<p>Create one single source for providers for all patient centered data sets</p>	<p>CHI and Technology partner to develop an operational plan for central and decentral data collection</p> <p>Future operations completely run by Technology partner</p> <p>CHI to certify ePRM partners</p>	<p>Operations within CHI with partners VBHC ecosystem</p>

# Conclusion

Stakeholder organizations involved in the Feasibility Study expressed familiarity with the concepts and framework of ePRM, but noted that details around implementation remain unclear. All stakeholders viewed the Feasibility Study as an important first step toward successful engagement and collaboration. Notably, two-thirds of hospital stakeholders indicated that they already actively measure patient-reported outcomes within their organizations.

The Feasibility Study findings highlighted that, while there is broad interest in collaboration, stakeholders foresee significant challenges. Chief among these is the lack of clear regulation and governance for VBHC implementation resulting in inconsistent communication between hospitals and regulators regarding expectations of standards and requirements. Additionally, stakeholders reported limited hospital electronic medical records (EMR) capacity to exchange data electronically with regulators. There was general agreement that addressing these challenges will be essential to prepare the healthcare system for successful VBHC program implementation.

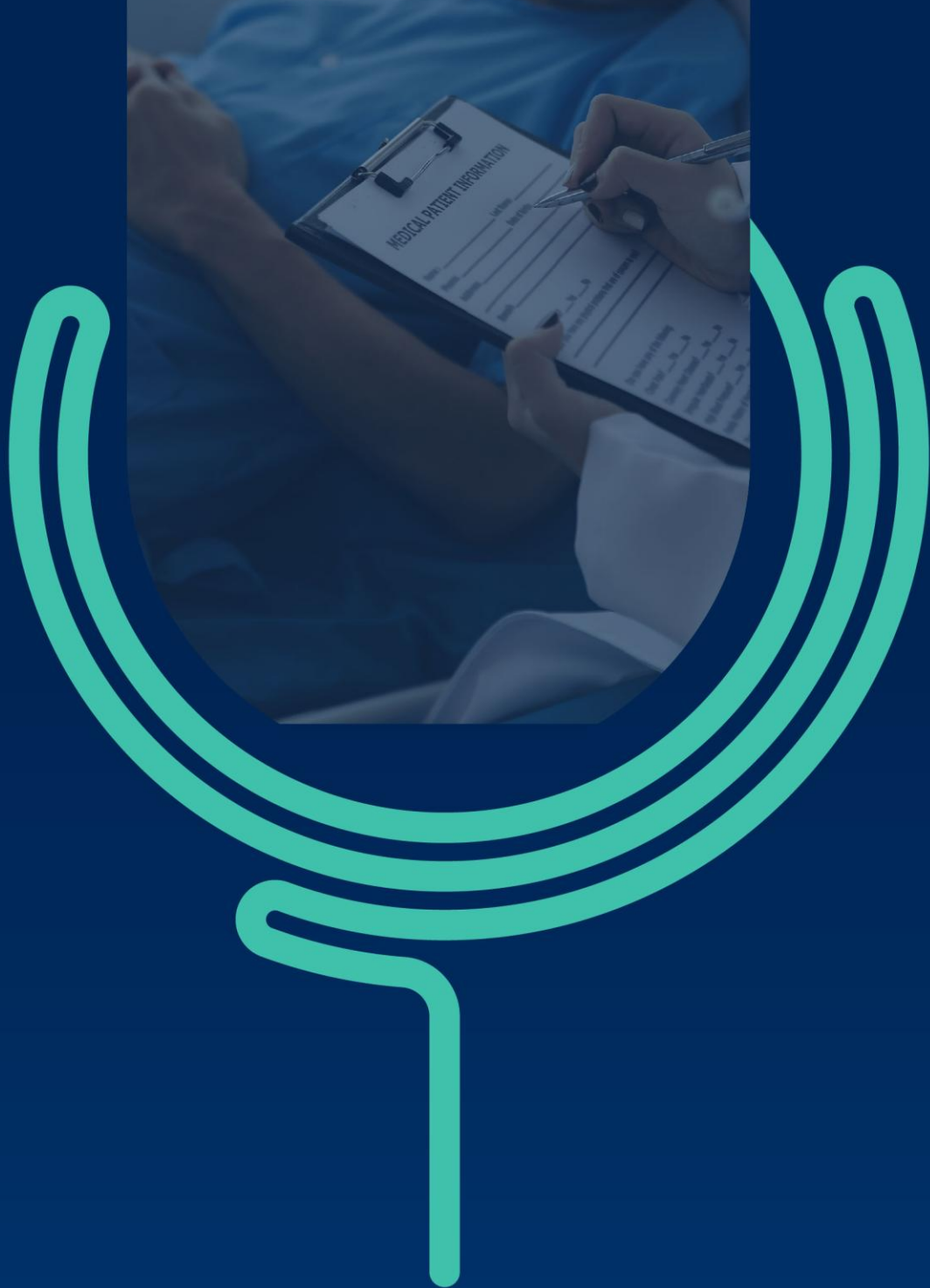
Several market strengths were also identified as accelerators for ePRM implementation. The Unified National Healthcare Model, which processes claims and related clinical data through a single central authority, provides a solid foundation. This includes participation in the NPHIES, which facilitate data sharing. The existing, well-established PREMs infrastructure is also considered a strength and can serve as a platform for scaling PROMs measurement in the near term.

Hospital leaders, physicians, and staff expressed strong support for improving clinical care pathways through patient-reported outcome measurement. NPHIES and data-sharing mandate is expected to enhance clinical quality data collection and further strengthen the national health care system.

# Reference

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