

QI Power Hour with  
José Delgado &  
Yasmine Saoud

# ICHOM: The Global Movement to Measure What Matters



SASKATCHEWAN  
HEALTH  
QUALITY  
COUNCIL





# **Land Acknowledgement**



## **Let's chat**

Please share your questions, comments, and ideas in the chat during today's session.

# Past sessions

## Unlocking Research Potential with SK Healthcare Data

Speaker: Malori Keller

## Embedding value in care: A roadmap for data-driven and clinically-led transformation

Speaker: Ani Galstyan

[saskhealthquality.ca/training-webinars/qi-power-hour-webinars](https://saskhealthquality.ca/training-webinars/qi-power-hour-webinars)



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# | Introducing



**José Delgado**

Chief Strategic Partnerships

International Consortium for Health  
Outcomes Measurement (ICHOM)



**Yasmine Saoud**

Project Manager

International Consortium for Health  
Outcomes Measurement (ICHOM)

# ICHOM

International Consortium for  
Health Outcomes Measurement

## ICHOM: The Global Movement to Measure What Matters

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# Ample Data About Problems in Costs and Spending...

## Healthcare spending per capita, by spending category, 2021

■ Inpatient & outpatient care
 ■ Long-term care
 ■ Preventive care
 ■ Prescription drugs and medical goods
 ■ Administration
 ■ Other

United States (Total: \$12,197 per capita)



Comparable Country Average (Total: \$6,514 per capita)

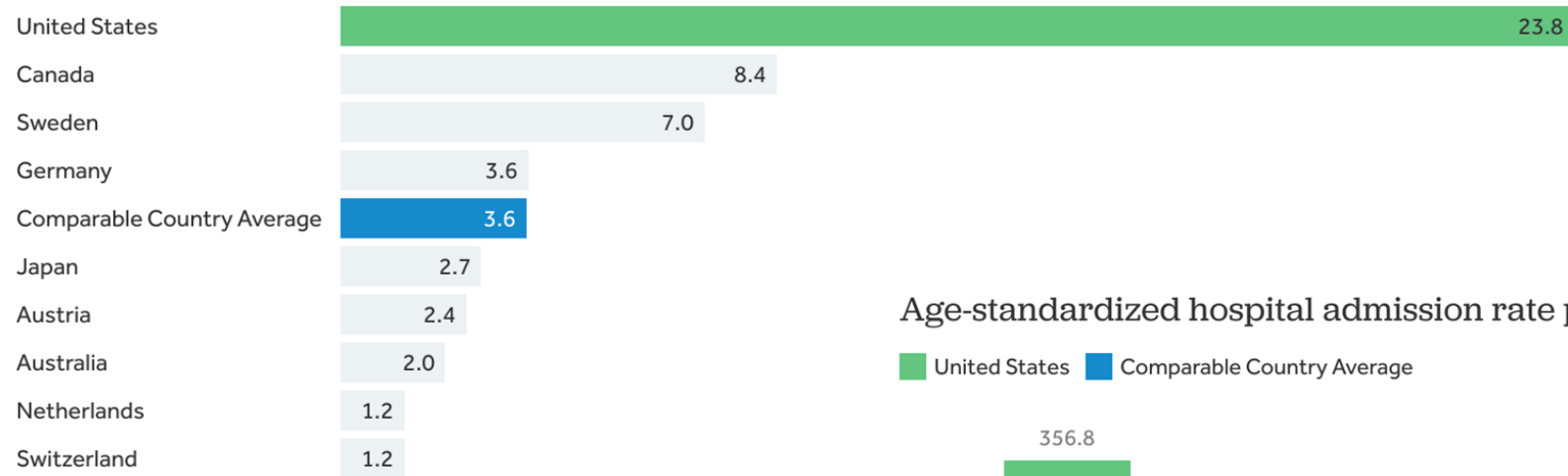


Note: Comparable countries include Austria, Belgium, Canada, France, Germany, the Netherlands, Sweden, Switzerland, and the United Kingdom. Australia and Japan are excluded due to lack of 2021 data.

Source: KFF analysis of OECD Health Statistics

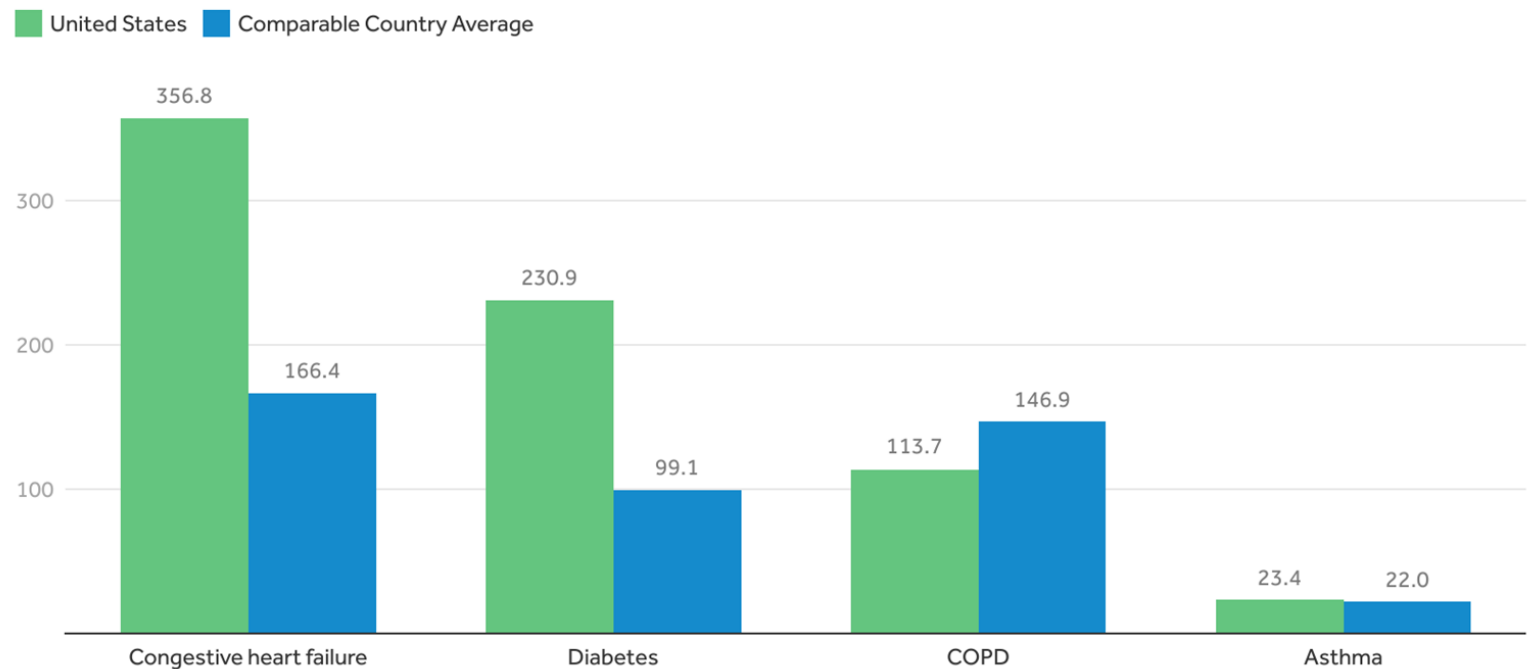
# ...and Poor Results of Care

Maternal mortality rate per 100,000 live births, 2020



Note: Data for Belgium, France, the U.K. are not available.

Age-standardized hospital admission rate per 100,000 population, ages 15 and over, 2020



Note: Comparable countries include Australia, Austria, Belgium, Canada, the Netherlands, Switzerland, and the U.K. Data for France, Germany, Japan, and Sweden are not available. COPD stands for chronic obstructive pulmonary disease.

## VISION

Improved health, and safe, equitable health care, transformed by measuring outcomes that matter to patients.



## MISSION

Standardize and drive global adoption of patient-centered outcomes measurement as the benchmark of health and value.



- Defining global Sets of Patient- Centered Outcome Measures that matter most to patients

- Driving adoption and reporting of these measures worldwide

- Creating better value for all stakeholders through data for action

## Our Thesis: Outcomes Are the Key Element of Value

---

$$\text{Value} = \frac{\text{Patient health outcomes achieved}}{\text{Cost of delivering those outcomes}}$$

### Improve outcomes

---

- Starting point is to measure and improve the health results that matter most for a patient's condition



### Reduce costs

---

- Streamline care delivery to only those services that improve outcomes



### Increase value

---

- Better outcomes at equal or lower cost leads to higher value

## ICHOM Enables the Global VBHC Community of Practice



### 1. Sets

IT-ready, coded to SNOMED, LOINC, FHIR  
**Primary Subsets** for minimal valid data collection

**Learning Collaboratives**

**Case Studies**



### 2. Learning and Support

ICHOM **Partners** help you get started collecting, analysing, improving.

**ICHOM Education**

Webinars



### 3. Community

30,000 ICHOM Strong

**ICHOM Conference**

ICHOM Connect

Partnerships & Patient Partner Alliance




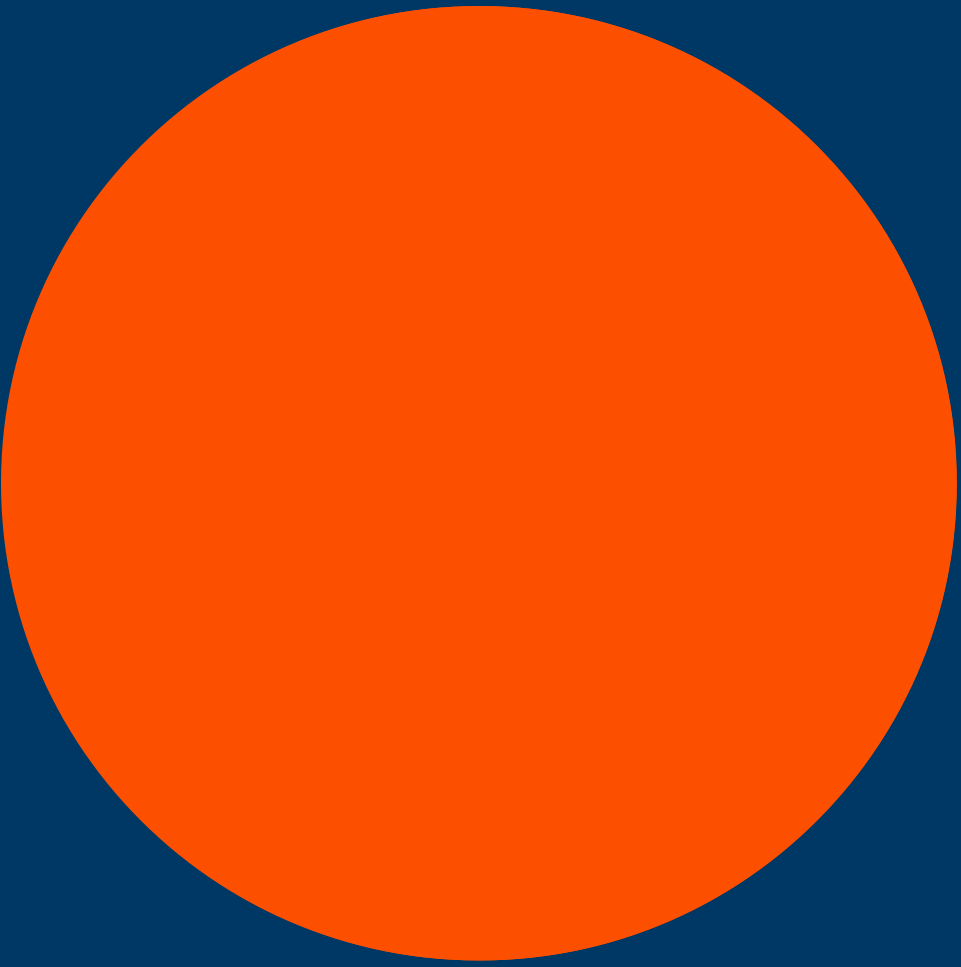

### 4. Recognition

**ICHOM Accreditation Program**

Conference Abstracts

ICHOM-NEJM Catalyst Prize

Conference Speaking and Sponsorship



# ICHOM Sets of Patient-Centered Outcome Measures

# The Key: Patient-Centered Outcome Measures



## Standardized outcomes measurement:

- Ensures that the treatment serves the interests of the patients
- Compares clinical performance, enabling informed choice of provider
- Improves practices based on evidence, allowing informed choice of treatment protocol
- Highlights disparities in health for attention
- Transitions away from fee-for service towards value-focused reimbursement approaches

## 1. Formation

### *International Working Group Recruitment Define Set Scope*

- Open call in our network and social media
- Patient Partner Alliance and condition-specific outreach
- Diversity and representativeness emphasized

## 2. Set Definition and Development

### *~8 calls, document review, Delphi survey participation*

- Patients compensated
- Preparation and Support
- Broader patient and clinician validation surveys for draft Set

## 3. Dissemination

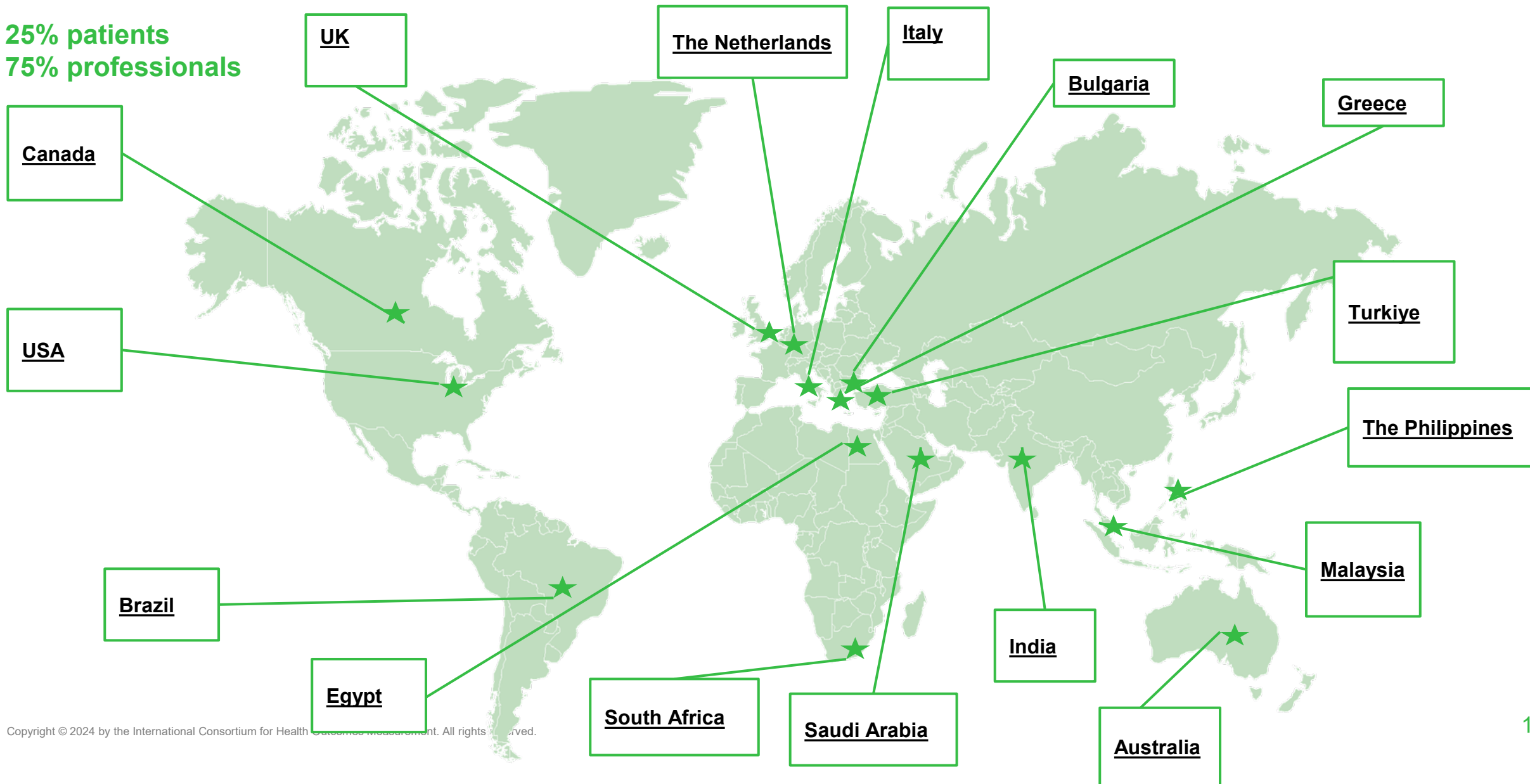
### *Scientific & Lay Publication and Presentations Set Implementation*

- Co-authorship
- Conference speakers (including ICHOM)
- Patient group and Partner Alliance dissemination

# Geographical Representation of Spinal Muscular Atrophy Working Group Members

**ICHOM**

25% patients  
75% professionals





<b>Conditions</b>	All adult patients with obesity where obesity is the primary purpose of care.
<b>Population</b>	Adults (from 18 years of age onwards)
<b>Treatment Approaches</b>	All treatments including pharmacological, non-pharmacological and surgical interventions (excluding experimental treatments).

### Patient-reported Outcome Measures (PROMs) tracked by EQ-5D-5L, BODY-Q Obesity Modules, and STOP-Bang

- Health-related quality of life
- Disease-specific quality of life
- Obstructive Sleep Apnea

### Clinician-reported Outcome Measures (CROMs)

- Glycemic Control
- Lipid Profile
- Hepatic Parameters
- Renal Function
- Blood Pressure
- Nutritional Status

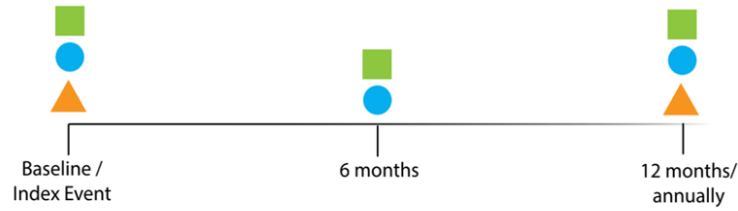
### Case-Mix Variables

- Sociodemographic Factors (Age, sex, race/ethnicity, gender, work status, education)
- Lifestyle and social factors (BMI, obesity classification, comorbidities, smoking status, alcohol use)
- Treatment factors (treatment type, procedure type)

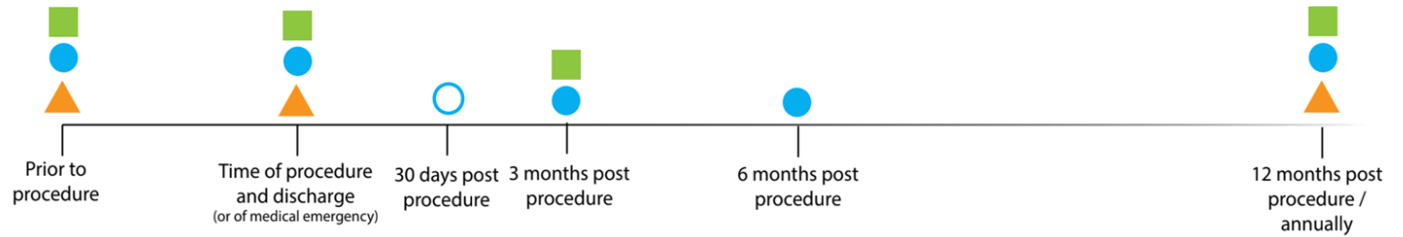
## Example of ICHOM Set – Heart Failure



All patients with Heart Failure, regardless of treatment



All patients with Heart Failure who have undergone a procedure



The following questionnaires should be administered at the indicated time points:

- Patient-Reported Outcome Measures (PROMs)
- Clinical-Reported Outcome Measures (CROMS)
- CROMs: Vital Status and Warning Signs
- ▲ Case-Mix Variables

The timeline is not reset in the case of hospitalization or medical emergency

# ICHOM's 48 Sets span a wide range of clinical areas and account for nearly 60% of global burden of disease

## ICHOM Set Families

Oncology	Cardiometabolic	Ophthalmological	Life-Course	Mental Health	Neurology	Congenital Anomalies	Gastrointestinal and Hepatobiliary
Breast Cancer	Stroke	Cataracts	Older Person	Depression & Anxiety	Parkinson's disease	Congenital Heart Disease	Inflammatory Bowel Disease
L. Prostate Cancer	Coronary Artery Disease	Macular degeneration	Overall Adult Health	Depression & Anxiety CYP	Dementia	Pediatric Facial Palsy	Renal, Urogenital
A. Prostate Cancer	Atrial Fibrillation	Musculoskeletal	Overall Pediatric Health	Psychotic Disorders	Epilepsy	Congenital Upper Limb Anomalies	Chronic Kidney Disease
Lung Cancer	Heart Failure	Lower Back Pain	Adult Oral Health	Personality Disorders	Infectious Disease	Craniofacial Microsomia	Overactive Bladder
Colorectal Cancer	Heart Valve Disease	Hip & Knee O.A.	Maternal & Child health	Addiction	COVID-19	Cleft Lip & Palate	Kidney Stones
	Hypertension	Hand & Wrist	Pregnancy & Childbirth	Autism spectrum			
	Diabetes	Inflam. Arthritis	Preterm & Hospitalized Newborn Health	Eating Disorders			
	Venous Thromboembolism	Major Injury		Neurodevelopmental Disorders			
	Adult Obesity						

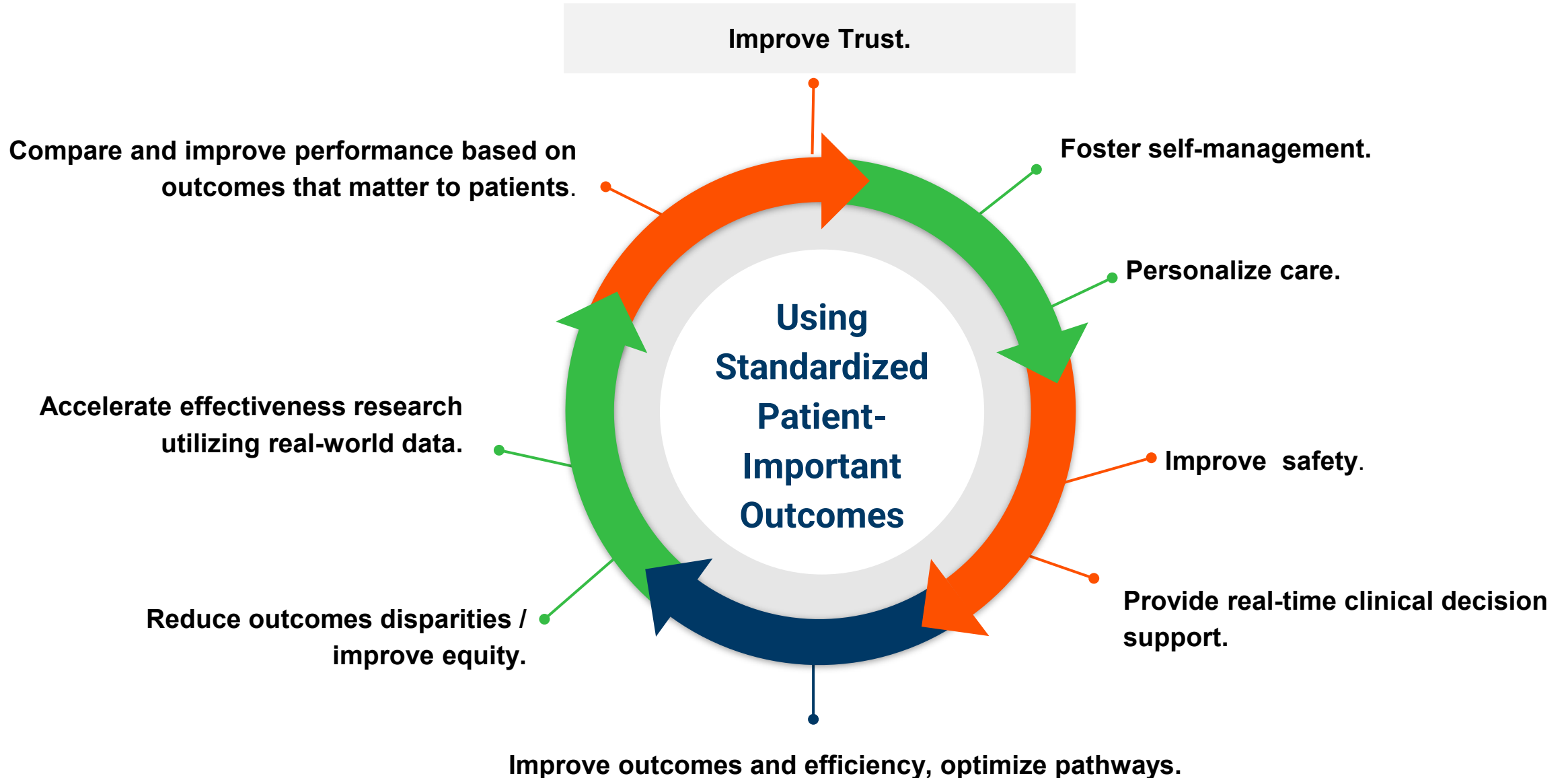
In development:

- **Liver Diseases (in progress)**
- **Spinal Muscular Atrophy (SMA) (in progress)**
- **Bladder Cancer (in progress)**

Examples:

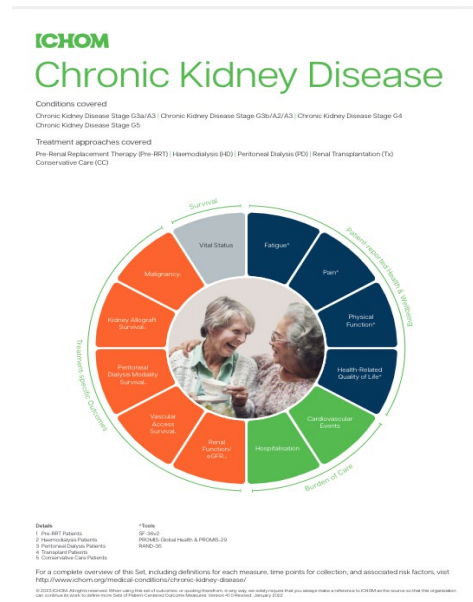


# Standardized Outcomes Measurement Powers the Value Lifecycle



# ICHOM Sets are freely available to promote global adoption

## Flyer



- Two-page overview of ICHOM Set and Working Group

## Reference Guide



- Includes measure definitions, coding instructions, and sample questionnaires

## Scientific Publication



### Development of an International Standard Set of Value-Based Outcome Measures for Patients With Chronic Kidney Disease: A Report of the International Consortium for Health Outcomes Measurement (ICHOM) CKD Working Group

Wouter R. Verberne, Zofia Das-Gupta, Andrew S. Allegretti, Hans A.J. Bart, Wim van Biesen, Guillermo Garcia-Garcia, Elizabeth Gibbons, Eduardo Parra, Marc H. Hemmelker, Kitty J. Jager, Markus Ketteler, Charlotte Roberts, Muhamed Al Rohani, Matthew J. Salt, Andrea Stopper, Türkan Terkivatan, Katherine R. Tuttle, Chih-Wei Yang, David C. Wheeler, and Willem Jan W. Bos

Value-based health care is increasingly promoted as a strategy for improving care quality by benchmarking outcomes that matter to patients relative to the cost of obtaining those outcomes. To support the shift toward value-based health care in chronic kidney disease (CKD), the International Consortium for Health Outcomes Measurement (ICHOM) assembled an international working group of health professionals and patient representatives to develop a standardized minimum set of patient-centered outcomes targeted for clinical use. The considered outcomes and patient-reported outcome measures were generated from systematic literature reviews. Feedback was sought from patients and health professionals. Patients with very high-risk CKD (stages G3a/A3 and G3b/A2-G5, including dialysis, kidney transplantation, and conservative care) were selected as the target population. Using an online modified Delphi process, outcomes important to all patients were selected, such as survival and hospitalization, and to treatment-specific subgroups, such as vascular access survival and kidney allograft survival. Patient-reported outcome measures were included to capture domains of health-related quality of life, which were rated as the most important outcomes by

Complete author and article information provided before references.  
Am J Kidney Dis. XXXX;00: 1-13. Published online Month X, XXXX.  
doi: 10.1053/j.ajkd.2018.10.007  
© 2018 The Authors. Published by Elsevier Inc. on behalf of the National Kidney Foundation, Inc. This is an open access article

- Explains process to arrive at ICHOM Set and motivation for selected measures

<https://www.ichom.org/patient-centered-outcome-measures/#standard-sets>

<https://vimeo.com/111976337>

COMMENTARY  
**Outcomes That Matter to Patients:  
 ICHOM as a Catalyst for Value-Based  
 Care**

Jennifer Bright, MPA, Kevin Wake, Mary Lynch Witkowski, MD, MBA, Daphne Psacharopoulos, MBA, Jamie Heywood, SB, Martin Ingvar, MD, PhD, Stefan Larsson, MD, PhD  
 Vol. 6 No. 4 | April 2025  
 DOI: 10.1056/CAT.24.0483

As the burden of chronic conditions increases worldwide, stretching human and financial resources to the limit, the need for value-based care is clear. Formed in 2012, the International Consortium for Health Outcomes Measurement (ICHOM) has established a global community of more than 1,200 clinical, research, and patient experts in over 60 countries to standardize and promote patient-centered outcomes measurement as a universal benchmark for health and value. Its 46 published standards cover 60% of the global burden of disease. Achieving value-based health systems requires aligning payment models, provider networks, digital infrastructure, policies, and regulations around shared patient-centered goals. Standardized outcome measures and transparency are foundational for this realignment. ICHOM's platform offers the world's most comprehensive solution to the measurement of patient outcomes, grounded in science and lived experience. To enable the scaling of successful local projects into broadly sustainable systemic improvements, ICHOM has identified three strategic objectives for its next decade: to expand the community of practice; strengthen change programs; and analyze, learn, and share for impact. ICHOM plans to deliver on these objectives through meetings, partnerships, and networking; offer methodological advice and technical support, as well as accreditation services; and establish and facilitate global learning networks through independent assessment of results.

Health care costs grow at twice the rate of gross domestic product, but the number of unmet medical needs remains large, and life expectancy is even falling in some of our highest-spending nations.<sup>1-4</sup> It is fair to argue that the marginal return on investment in health care in Western

**Circulation: Cardiovascular Quality and Outcomes**  
 Volume 18, Issue 3, March 2025, Page e000128  
<https://doi.org/10.1161/HCQ.000000000000128>



**AHA SCIENTIFIC STATEMENTS**

**The First International Consortium for Health Outcomes Measurement (ICHOM) Standard Dataset for Reporting Outcomes in Heart Valve Disease: Moving From Device- to Patient-Centered Outcomes**

Emmanuel Lansac, MD, PhD<sup>\*</sup>, Kevin M. Veen, MD, PhD<sup>\*</sup>, Andria Joseph, MSc, Paula Blancarte Jaber, MD, MSc, Frieda Sossi, MSc, Zofia Das-Gupta, PhD, Suleman Aktaa, MD, PhD, J. Rafael Sádaba, MD, PhD, Vinod H. Thourani, MD, Gry Dahle, MD, PhD, Wilson Y. Szeto, MD, Faisal Bakaeen, MD, Elena Aikawa, MD, PhD, Frederick J. Schoen, MD, PhD, Evaldas Girdeauskas, MD, Aubrey Almeida, MBBS, Andreas Zuckermann, MD, Bart Meuris, MD, PhD, John Stott, Jolanda Kluijn, MD, PhD, Ruchika Meel, MD, PhD, Wil Woan, Daniel Colgan, Hani Jneid, MD, Husam Balkhy, MD, Molly Szerlip, MD, Ourania Preventza, MD, Pinak Shah, MD, Vera H. Rigolin, MD, Silvana Medica, Philip Holmes, Marta Sitges, MD, Philippe Pibarot, DVM, PhD, Erwan Donal, MD, PhD, Rebecca T. Hahn, MD, PhD, and Johanna J.M. Takkenberg, MD, PhD

**Background:** Globally significant variation in treatment and course of heart valve disease

European Journal of Cardio-Thoracic Surgery 2025, 67(2), ezae254  
<https://doi.org/10.1093/ejcts/ezae254> ORIGINAL ARTICLE

Cite this article as: Lansac E, Veen KM, Joseph A, Jaber PB, Sossi F, Das-Gupta Z et al. The First International Consortium for Health Outcomes Measurement (ICHOM) Standard Dataset for Reporting Outcomes in Heart Valve Disease: Moving From Device- to Patient-Centered Outcomes. Eur J Cardiothorac Surg 2025; doi:10.1093/ejcts/ezae254.

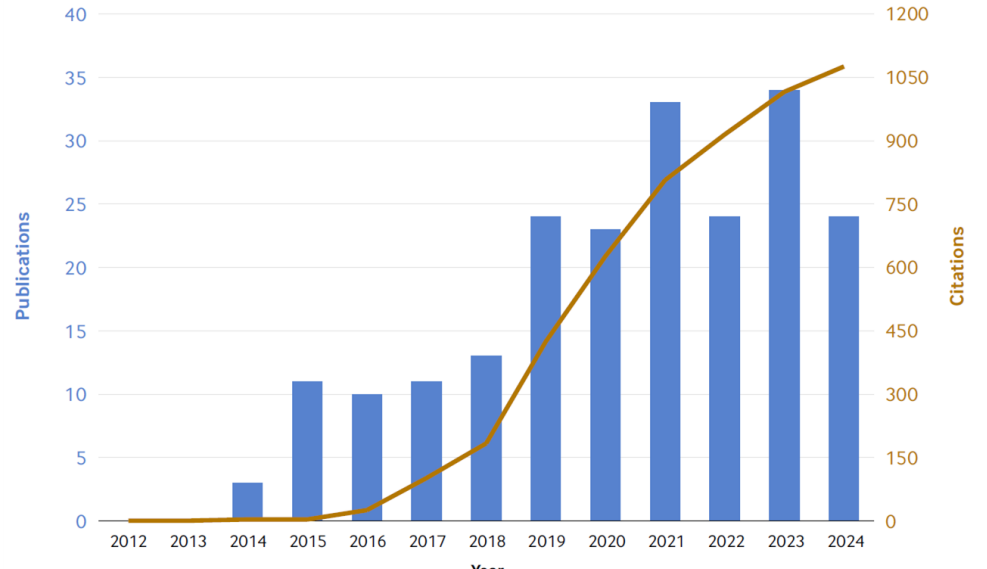
**The First International Consortium for Health Outcomes Measurement (ICHOM) Standard Dataset for Reporting Outcomes in Heart Valve Disease: Moving From Device- to Patient-Centered Outcomes**

Emmanuel Lansac<sup>\*</sup>, Kevin M. Veen<sup>\*</sup>, Andria Joseph, Paula Blancarte Jaber, Frieda Sossi, Zofia Das-Gupta, Suleman Aktaa, J. Rafael Sádaba, Vinod H. Thourani, Gry Dahle, Wilson Y. Szeto, Faisal Bakaeen, Elena Aikawa, Frederick J. Schoen, Evaldas Girdeauskas, Aubrey Almeida, Andreas Zuckermann, Bart Meuris, John Stott, Jolanda Kluijn, Ruchika Meel, Wil Woan, Daniel Colgan, Hani Jneid, Husam Balkhy, Molly Szerlip, Ourania Preventza, Pinak Shah, Vera H. Rigolin, Silvana Medica, Philip Holmes, Marta Sitges, Philippe Pibarot, Erwan Donal, Rebecca T. Hahn and Johanna J.M. Takkenberg

Received 20 June 2024



**ICHOM Citations in Peer-Reviewed Journals, 2012-24**



JACC: ADVANCES  
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**ICHOM STANDARD DATASET**

**The First International Consortium for Health Outcomes Measurement (ICHOM) Standard Dataset for Reporting Outcomes in Heart Valve Disease: Moving From Device- to Patient-Centered Outcomes**

Developed by a multisociety taskforce coordinated by the Heart Valve Society (HVS) including the An

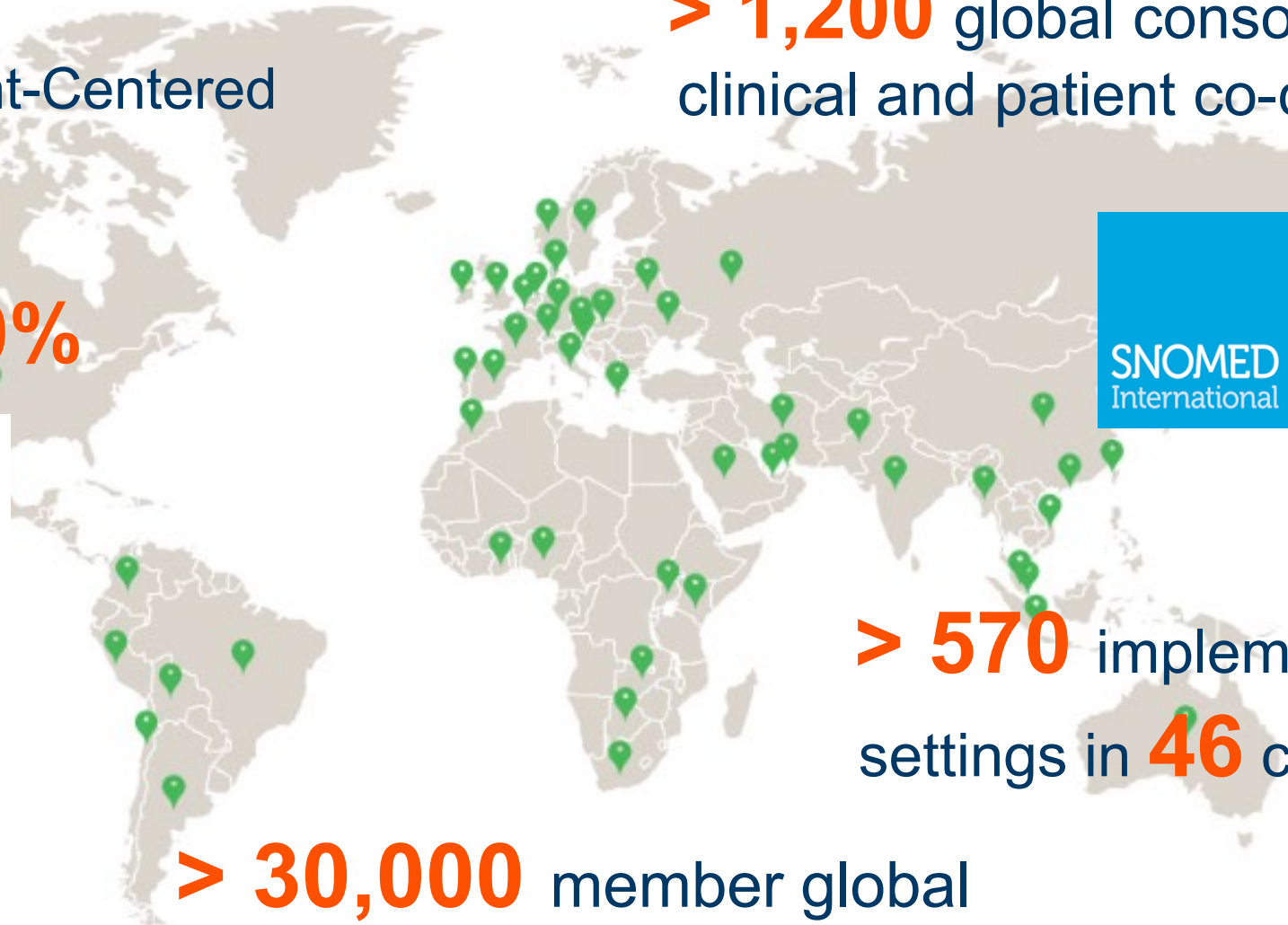


# ICHOM has Over A Decade of Impact

**48+** Sets of Patient-Centered Outcome Measures

**> 1,200** global consortium of clinical and patient co-creators

Measures for **~60%** of disease burden



**> 570** implementation settings in **46** countries

**> 30,000** member global Value-based Healthcare network

# Examples of VBHC Implementation

Providers, Networks, Systems



# CAIPaDi Diabetic Hospital Improved Health & Lowered Costs

## Implementation of ICHOM Diabetes Set

**Average score**  
At baseline: 38.9  
4 years on: 14.8

HbA1c <7% visit #1: 37%  
HbA1c <7% visit #6: 59.3%  
BP 130/80 visit #1: 50.6%  
BP 130/80 visit #6: 68.7%  
LDL-c <100 visit #1: 34.3%  
LDL-c <100 visit #6: 59.3%

Change in Diabetes distress,  
measured using PAID (Problem  
Areas in Diabetes - 20 items)

Change in disease control, measured  
by glycemic control, blood pressure  
and lipid profile control



- ~80% Reduction in **cost per patient**
- >50% Reduction in diabetes distress
- 20% more patients in-range glycemic control
- 18% more patients in-range BP
- 25% more patients in-range LDL

# Real-World Evidence: Prospective Heart Failure Registry in Germany

Implementation of ICHOM Heart Failure Set

The H<sup>2</sup>-Registry: overview, first results and outlook.

## A prospective multicentre registry of patients with heart failure: The H<sup>2</sup> - REGISTRY

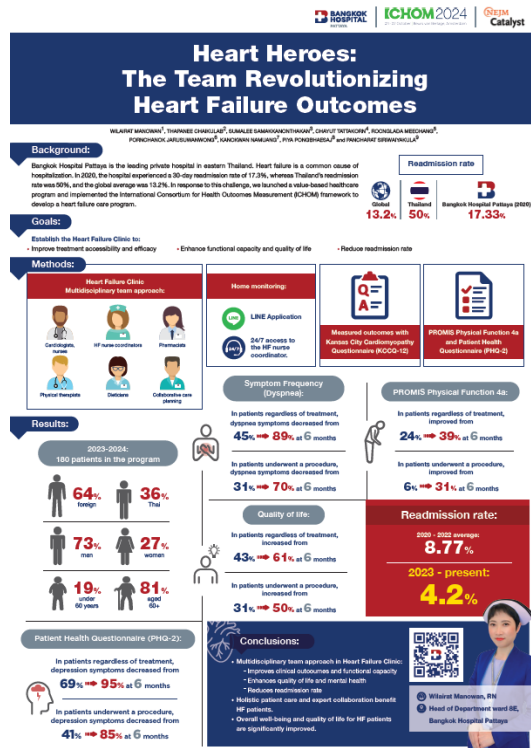
Setting / Cohort	<p>Prospective heart failure (HF) registry</p> <p>10+ centres in Germany, enrolment ongoing</p> <p>Hospitalized patients with acute or chronic HF</p>		<p>2,361 patients enrolled until 31-12-23; mean age 72, 36,9% female</p> <p>6-month /1-year mortality rates*: <b>9.0%</b> and <b>16.2%</b></p> <p>6-month /1-year HF hospitalization rates*: <b>24.4%</b> and <b>43.5%</b></p> <p>*Based on 1,593 patients enrolled until 31-12-2022</p>	Interim analysis
	<p>Variable set according to ICHOM standards</p> <p>Routine FU every 6 months including measurement of patient-reported outcomes (PROs)</p> <p>Outcomes: survival, functional outcomes, psychosocial outcomes, burden of care</p>	<p>Largest ongoing HF registry in Germany</p> <p>The H2-registry will inform on current HF characteristics, treatment strategies and outcomes with specific focus on PROs</p> <p>Infrastructure serves as starting point for registry-based clinical trials and studies</p>	Conclusion / Outlook	

- Largest ongoing Heart Failure Registry in Germany
- >2300 patients age >18 since 2021 across 10+ secondary and tertiary Helios Hospitals
- PROMs used:
  - KCCQ-12,
  - PHQ-2
  - PROMIS GH-10
- Validated tools based on international standards increases quality of real-world evidence



# Bangkok Pattaya Significantly Lowered Readmission for Heart Failure

## Implementation of ICHOM Heart Failure Set

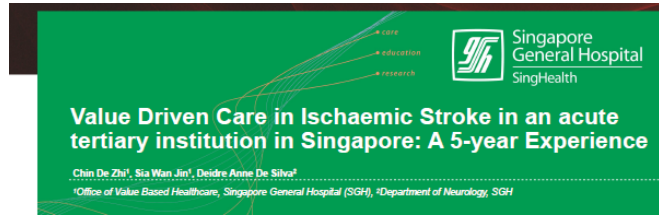


See more [here](#)

- Lowered readmission rates from 17.33% to 4.2%
- Improved Physical functioning (PROMIS) by 15% for all patients and by 25% for patients undergoing a procedure at six months.
- Decreased depression symptoms for patients regardless of treatment (PHQ-2) from 31% to 5%
- Multidisciplinary team heart failure clinic achieved faster, more sustainable results
- Now ICHOM's most Accredited Hospital

# Singapore General Hospital Improved Outcomes for Stroke Care

Implementation of ICHOM Stroke Set



**Introduction**

- Ischaemic stroke represents a significant burden on healthcare systems, associated with substantial morbidity and economic impact.
- In Singapore, the direct and indirect costs attributed to ischaemic stroke are estimated at USD 1.2 billion and USD 2.8 billion<sup>1</sup> respectively.
- The Ministry of Health of Singapore initiated the Value Driven Care (VDC) programme in 2017.
- The Singapore General Hospital (SGH) commenced its VDC programme for ischaemic stroke in 2019.
- We describe here the 5-year experience with this VDC programme.

**Methods**

- Value measures were selected considering evidence based clinical best practices
- Clinical and process data were extracted from electronic medical data warehouse & audits; Cost data were obtained from the finance department.
- Quarterly dashboards were generated using Tableau software for trend analysis of outcomes and costs, enhancing data visualization
  - Poor-performing areas were subjected to in-depth analyses to identify underlying factors and potential interventions
  - Indicators consistently meeting performance thresholds were periodically retired from active monitoring
  - Trends over time were consistently monitored

**Results**

- Data fields collated and dashboard of datapoints are shown below



Examples of Numerous initiatives addressing areas for improvement are described below

Issue	Waste and cost reduction	Outcome Improvement	Reduction of avoidable complication
20% of carotid ultrasound tests were inappropriate and not required Brain MRI was a major cost driver	Modified department protocol Education of junior doctors on appropriate orders for carotid ultrasound Removed MRI sequences not relevant for acute stroke care	70.8% had door to groin time ≤90 minutes in 2022 Multidisciplinary review of specific micro times to streamline processes	>10% in stroke unit have UTI in 2020-2021 Majority with acute urinary retention
inappropriate carotid US reduced from 20% to 6% 1.6M in unit cost of abbreviated MRI 14.3% median investigation cost in total		83.8% of patients achieved door to groin time ≤90 minutes	Reduced UTI rate from 9.6% between Jan 2020 to Jan 2022 to 6.7% between Feb 2022 to Feb 2023

**Conclusion**

- Value-driven approach facilitates continuous monitoring of ischaemic stroke care outcomes, enabling progressive improvements across multiple domains of stroke management.
- SGH has initiated the integration of patient-reported outcome measures (PROMs) into its ischaemic stroke value-based healthcare programme, utilizing the International Consortium for Health Outcomes Measurement (ICHOM) stroke set.
- This comprehensive approach enhances the holistic evaluation of stroke care, advancing the approach to evidence-based, patient-oriented healthcare delivery.



Reduced inappropriate carotid ultrasound from 20% to 6%

Increased to 83.5% (over 10% gain) in number of patients with door to groin time ≤90 minutes

Reduced UTI rate from 9.6% (Jan 2020-22) to 5.7% (Feb 2022-Feb 2023)

See [more](#)



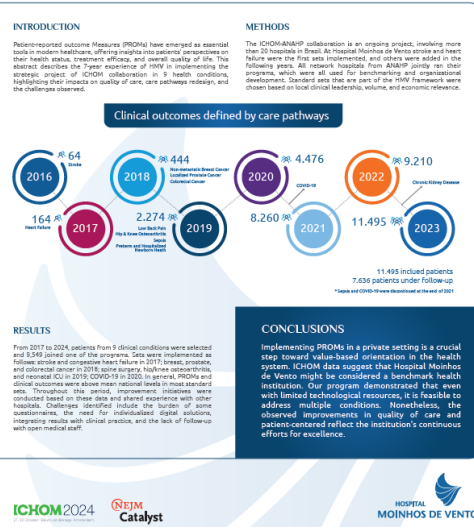
# Moinhos De Vento's 7 Years of ICHOM Set Implementation in Brazil



## Seven years' experience of ICHOM Standard set implementation in a private hospital in Brazil: lessons learned and future perspective

Arthur Pille\*, Jonas Wolf\*, Jucara Gasparetto Maccarri†, Helena Pelek\*, Sheila Martins\*, Daniela Rosa\*, Mohamed Parrini Mullaq†, Luis Antonio Nasif†, Carli A Polanczyk\*

\* Hospital Moinhos de Vento, Porto Alegre, Rio Grande do Sul, Brazil.



See more [here](#)

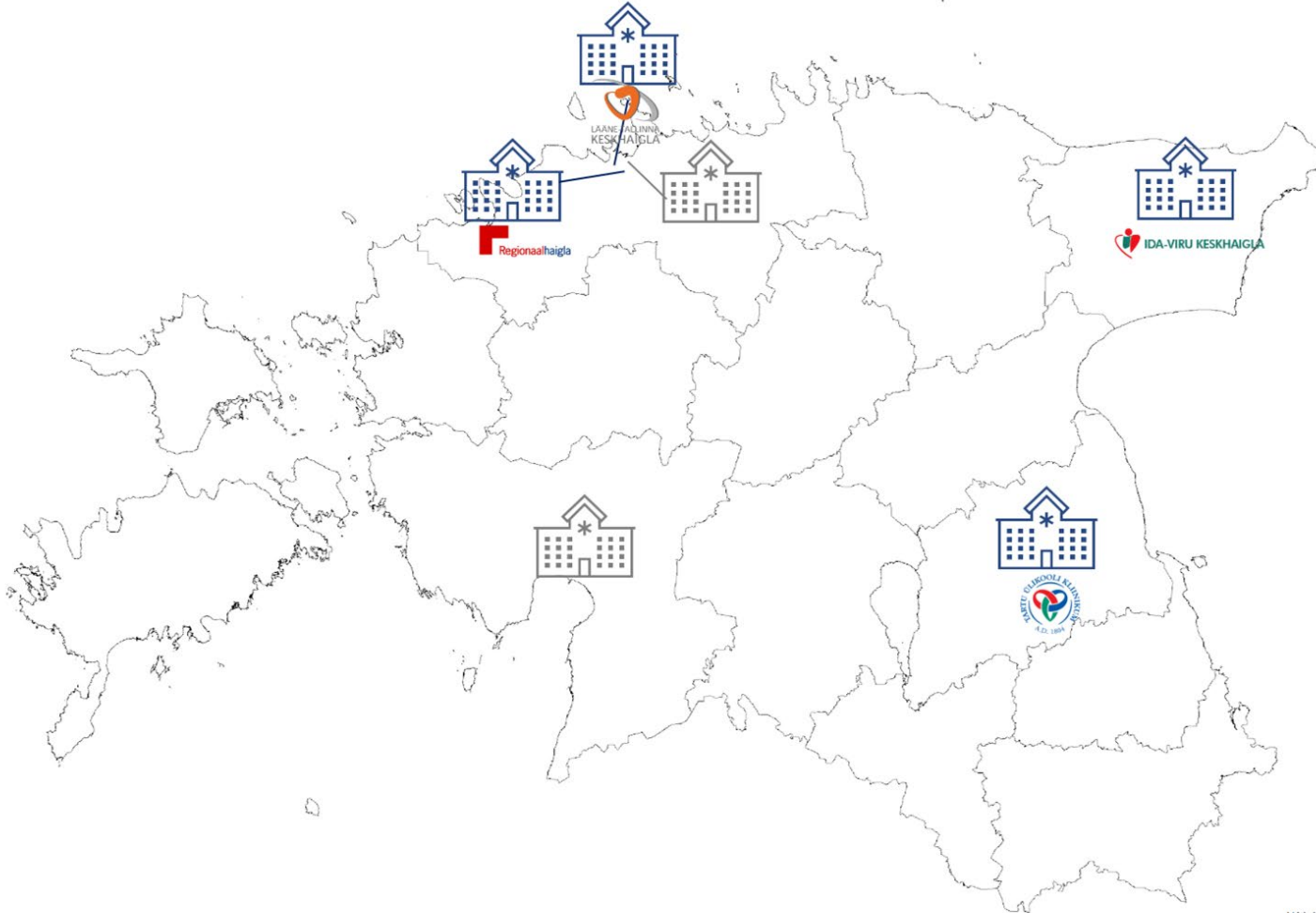
- 20 private hospitals in Brazil
- Joint implementation of ICHOM Sets in 9 conditions
- Reduction of length of stay and mortality for heart failure patients
- 30-day readmission for congestive heart failure dropped from 13% to 7.5%. (Hospital Moinhos De Vento, Brazil)

“Implementing PROMs in a private setting is a crucial step towards value-based orientation in the health system. ICHOM data suggests that Hospital Moinhos De Vento might be considered a benchmark health institution. **Our programme demonstrated that even with limited technological resources, it is feasible to address multiple conditions.**”



# Estonia Stroke Pilot - radical care improvement when consistent outcomes focus applied across national network

## Implementation of ICHOM Stroke Set



Introduced ICHOM Stroke Set across 6 Estonia hospitals

Systematic collection of PROMs

Created visual benchmarking dashboard to track outcomes and costs across hospitals

Piloted Bundled Payment Model aligned with treatment pathways

Identified limitations of current models - complicated disease treatment - rewarded inputs not outcomes

Identified inconsistent and fragmented models across network - confusing for patients

Initiated development of integrated, patient-centered stroke care pathway

See [webinar](#) for more

# ICHOM Initiatives

ICHOM's accreditation focuses exclusively on outcomes - measured through ICHOM Sets - to ensure that standards translate into meaningful results for patients.

## Traditional Accreditation Systems

- Focuses on processes, standards, resources, and skills, and, for most, covers all conditions
- Metrics related to complications, quality of life are either missing or low weight and tend to be general
- Correlation between processes and outcomes metrics is not established

## ICHOM (VBHC) Accreditation

- Based solely on clinical as well as patient outcomes (as defined in ICHOM sets) on one given condition
- Provide progress milestones from sound collection to increasingly advanced and impactful use of outcomes
- Prioritizes outcomes over any other consideration and help connect outcomes to processes and standards

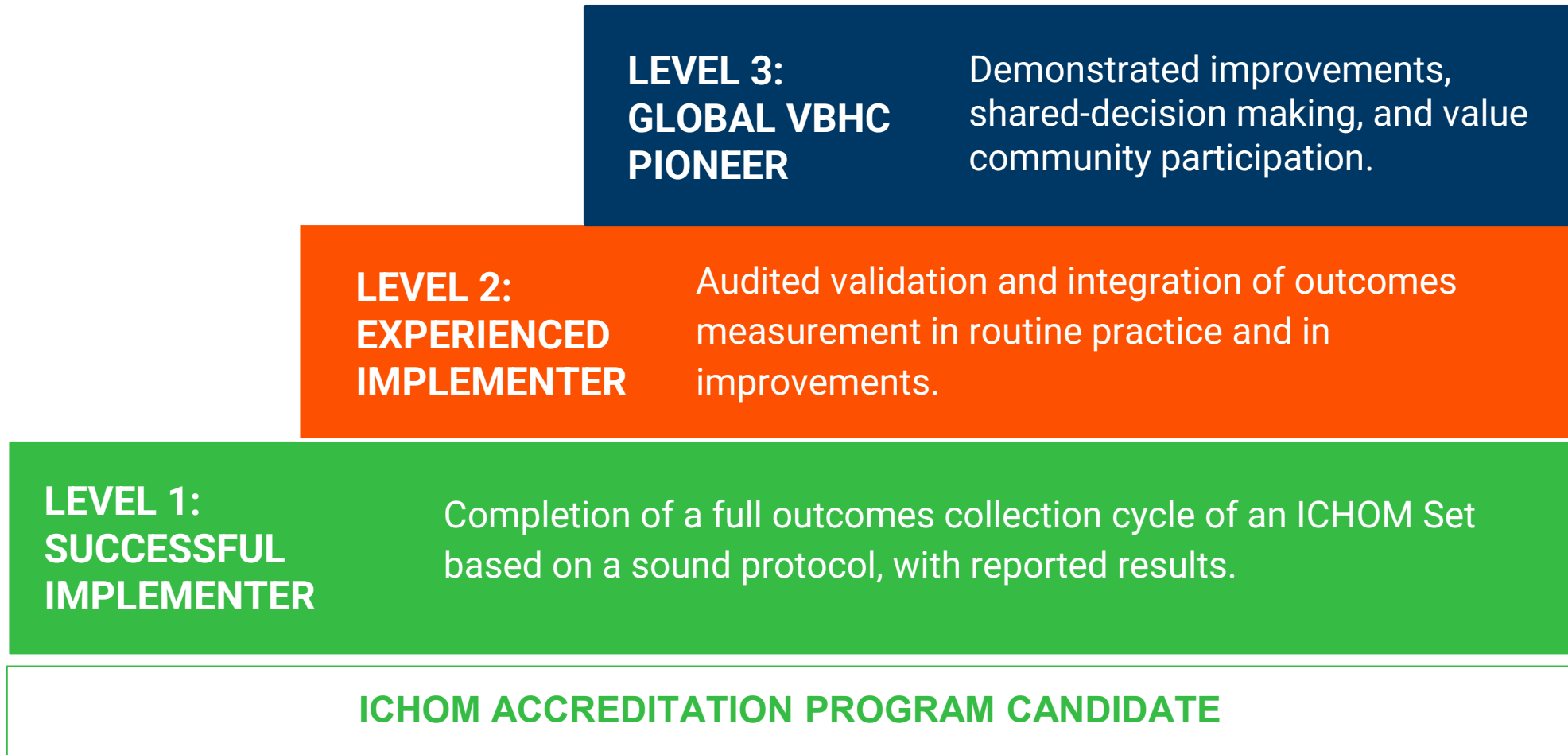
## Bridging the Gap

- Combining both systems drives alignment between processes and outcomes
- Processes and standards are always important and are what we control, but we need to be sure which ones are most outcomes-impactful

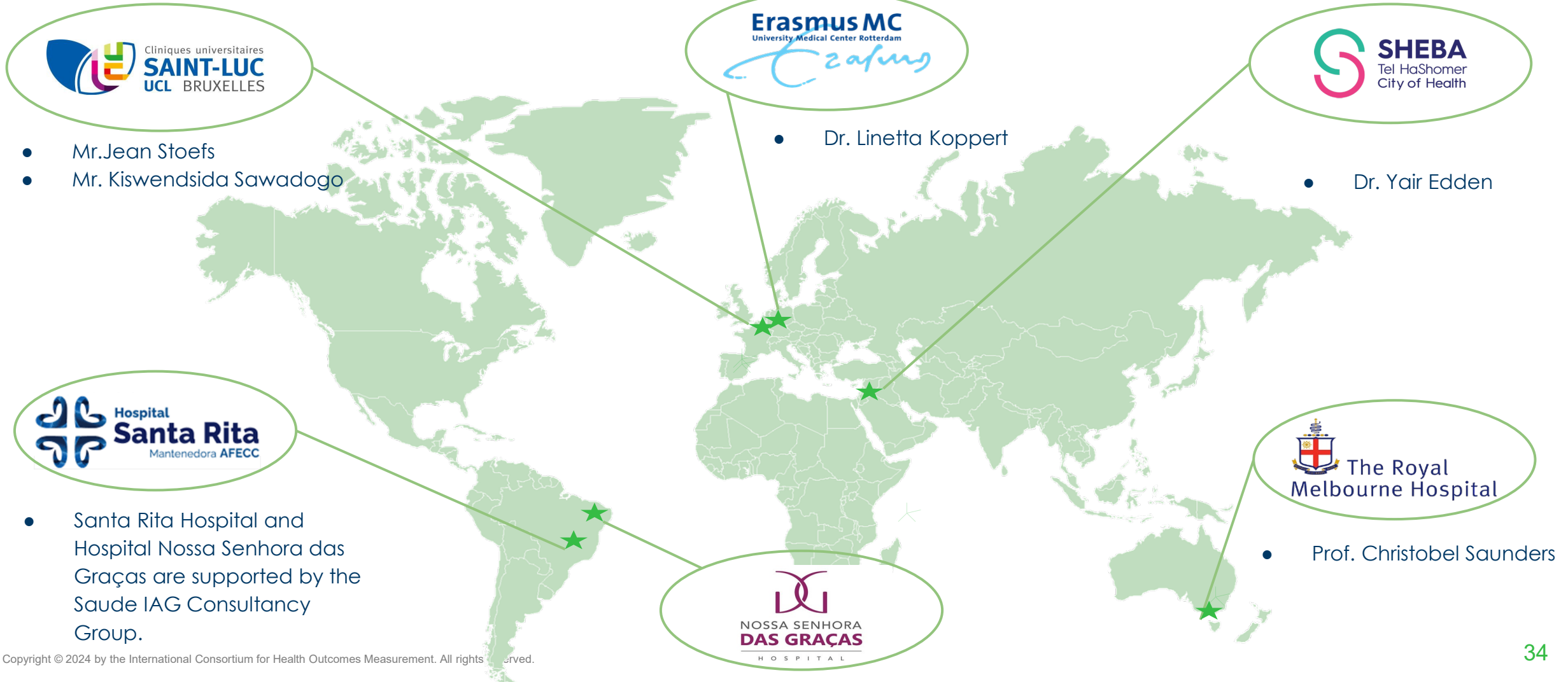
# ICHOM Accreditation Program

## Guiding and Recognizing your VBHC Journey milestones

The ICHOM Accreditation Program is a condition-specific, ICHOM outcomes-focused framework designed to guide and recognize achievements in VBHC



## Phase 1 Breast Cancer Learning collaborative Participant Sites:



- Mr. Jean Stoefs
- Mr. Kiswendsida Sawadogo



- Dr. Linetta Koppert



- Dr. Yair Edden



- Santa Rita Hospital and Hospital Nossa Senhora das Graças are supported by the Saude IAG Consultancy Group.



The Royal Melbourne Hospital

- Prof. Christobel Saunders

Since 2023, ICHOM Sets have played a pivotal role in shaping the rankings for Newsweek's World's Best Hospitals globally

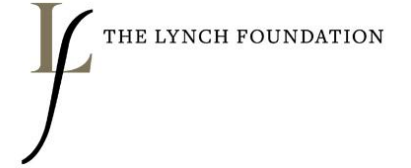


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This collaboration aims to bring together organizations that share ICHOM's vision, promoting the use of ICHOM Sets and emphasizing the importance of patient outcomes across their networks. Together, we can revolutionize patient care and make a real difference.





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**“Inspired by models learned in the course, I have already initiated efforts to introduce new concepts within my organization. I appreciate the training’s emphasis on delivering readily applicable tools, methodologies, and real-world examples which have proven to be immediately actionable.”**

**- Andy DeJesus | Value-Based Care Manager - AirLiquide (Australia)**

## Global Webinar Engagement Overview 2026



2270+  
Registrations



50+  
Countries



Register for our  
webinars here



500+  
Attendees



420+  
Post-Event Views



Scan the QR code to register or visit the ICHOM website

[ichom.org/webinar-series/](https://ichom.org/webinar-series/)

# Effective Implementation and High Participation of ICHOM's Pregnancy and Childbirth Set

-  **Wednesday 22 April 2026**
-  **10:00 EDT | 14:00 GMT | 16:00 CEST (90 minutes)**
-  **FREE to attend**
-  **Receive an ICHOM Certificate of Participation**

# Conference 2026 - Montréal

Palais des Congrès, Montréal, Canada  
7-9 December

ICHOM 2026

7 - 9 December | Palais des congrès de Montréal



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Networking  
Hours

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Countries

**6**  
Continents



## Why Attend?

- **Connect with healthcare leaders** to exchange insights and build impactful partnerships.
- **Gain strategies from experts** through workshops and panels to drive change.
- **Access resources like guides and frameworks** to advance value-based care.
- **Fast-track partnerships** and make valuable connections in just two days.
- **Expand your knowledge with Hospital Site Visits and workshops** on 29 Sep.

“I was struck by the quality and depth of the presentations, exhibitors, and discussions, as well as the rich internationalism of it all.”

**James Mountford, BMJ Leader**

[conference.ichom.org](https://conference.ichom.org)



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We are all ICHOM

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