



# EJADAH: Implementation of Value-Based Healthcare in Emirate of Dubai

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## BACKGROUND

- Dubai Health Authority (DHA) is pursuing the **implementation of the EJADAH program, a performance management framework**, designed to help transform current practice from Volume Based Care to Value Based Health Care.
- This will be achieved through **developing and implementing local Key Performance Indicators (KPIs) based on guidelines** which will support healthcare professionals and healthcare systems adopt practices to optimize outcomes and reduce expenditure.
- The ultimate objective is to **enhance the efficiency of health care**, improve clinical outcomes as well as improve patient experience.

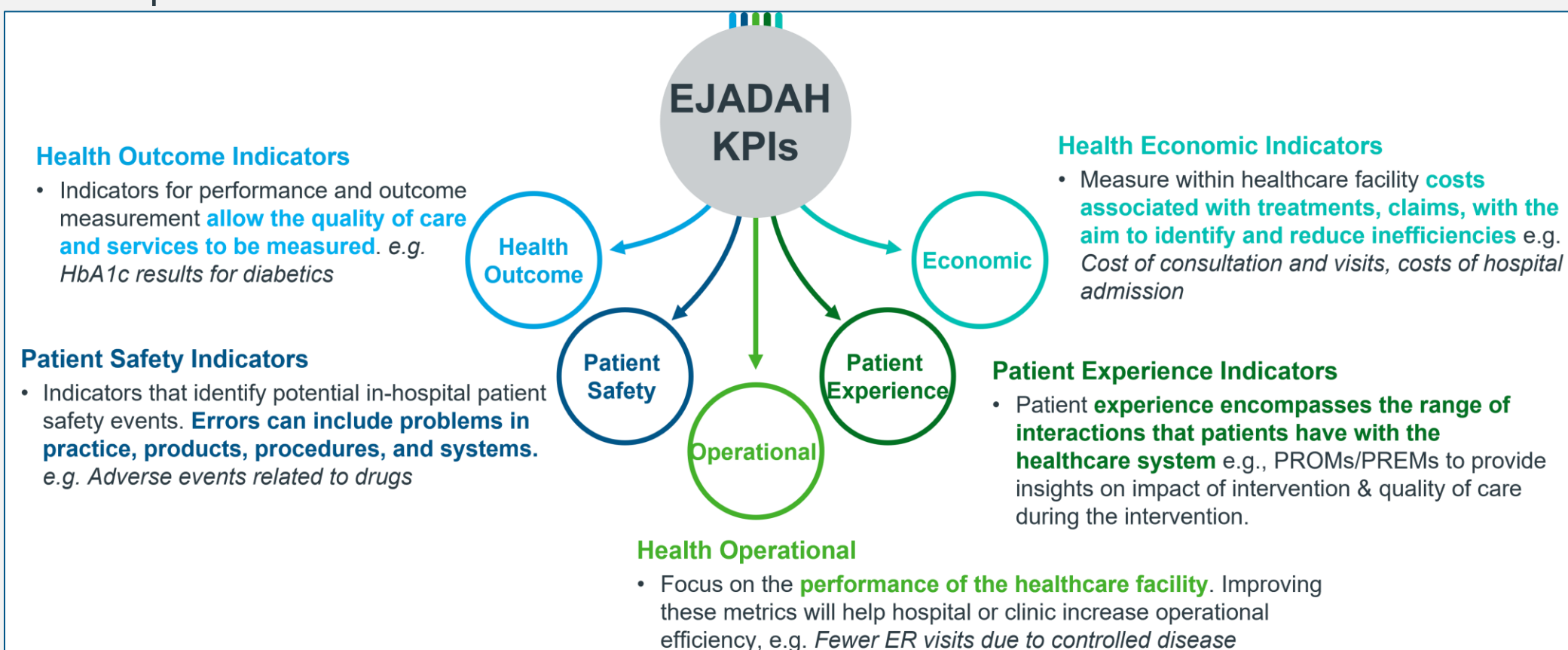
## OBJECTIVE

- Develop and implement local KPIs** based on a robust evidence base which will support healthcare professionals and systems to adopt guideline-based practices.
- A series of well-defined KPIs** will be developed, enabling the monitoring of healthcare activities across Dubai.
  - This will cover **clinical, economic & humanistic KPIs**, including, clinical outcome, operational, safety, patient experience, and financial metrics.
  - Defined KPIs will be used to monitor the uptake of guidelines** and aid in behavior change in clinical management.

## METHODS

### 5 Pillars of EJADAH

- EJADAH will track quality indicators and ratings** for physicians, facilities and insurance companies based on information collected by DHA from providers, payers and patients.



ER, Emergency room; PREM, Patient-reported experience measures; PROM, Patient-reported outcome measures

## Key Therapeutic Indications

- Top **major diagnostic categories (MDCs) and priority therapeutic indications (TIs)** were identified using the claims data (volume and value) & validated with the epidemiological burden from the period 2020 to 2022 in alignment with DHA healthcare vision.

Identification of Major Diagnostic Categories	2022 (6 Indications)	2023 (8 Indications)	2024 (8 Indications)	2025 (8 Indications)
Criteria for MDCs • Number of Patients • Number of Claims • Expenditure	Asthma	COPD	PUD	Gallstones
	Diabetes	IBD	RA	Osteoporosis
Identified Key Therapy Indications	GERD	Osteoarthritis	Obesity	Thyroid disease
	Maternal care	Hyper and Hypothyroidism	PCOS	Dermatitis
Burden determined by: • Total claims • Total unique Pts • Total expenditure • Epidemiological estimates	Low Back Pain	AD	Acne	Psoriasis
	Respiratory Infections	UTIs	BPH	CHD/MI
		Migraine	Arrhythmia	Renal Failure

AD, Atopic dermatitis; BPH, Benign Prostatic Hyperplasia; CHD, Coronary heart disease; COPD, Chronic obstructive pulmonary disease; DVT, Deep vein thrombosis; GERD, Gastroesophageal reflux disease; HTN, Hypertension; IBD, Inflammatory bowel disease; MI, Myocardial infarction; PCOS, Polycystic ovarian syndrome; PUD, Peptic ulcer disease; RA, Rheumatoid Arthritis; UTI, Urinary tract infections.

## Clinical Guidelines and Key Performance Indicators

- Clinical Guidelines and KPIs were selected through targeted literature review
- KPIs were further segmented according to EJADAH pillars to evaluate the performance (outcomes vs expenditure)

HbA1c Control (Uncontrolled T2DM)		Health Outcomes Indicators	
<b>Description title</b>	Poor A1c control (>7%) in patients with T2DM	<b>Definition</b>	The percentage of adults ≥18 years with T2DM with most recent HbA1c level >7% (poor control) in last 6 months, testing to be done once every quarter
<b>Numerator</b>	Number of adults ≥18 years with T2DM with most recent HbA1c level >7% (poor control) in last 6 months, testing to be done once every quarter	<b>Denominator</b>	Total number of adults ≥18 years with T2DM
<b>Exclusion criteria</b>	Members who do not have a diagnosis of diabetes, in any setting, during the measurement year and who had a diagnosis of polycystic ovarian syndrome, gestational diabetes or steroid-induced diabetes, in any setting, during the measurement year	<b>Reporting frequency</b>	Dynamic
<b>Unit of measure</b>	Percentage (Numerator/Denominator x 100)	<b>Measure Target and/or Threshold</b>	Lower is better
<b>Rationale</b>	Inadequate glycemic control is associated with the development of macrovascular complications (cardiovascular diseases [CVD], stroke, myocardial infarction [MI], and angina pectoris) and microvascular complications (retinopathy, nephropathy, and neuropathy).	<b>Segmentation* of KPIs according to Ejadah Pillars</b>	

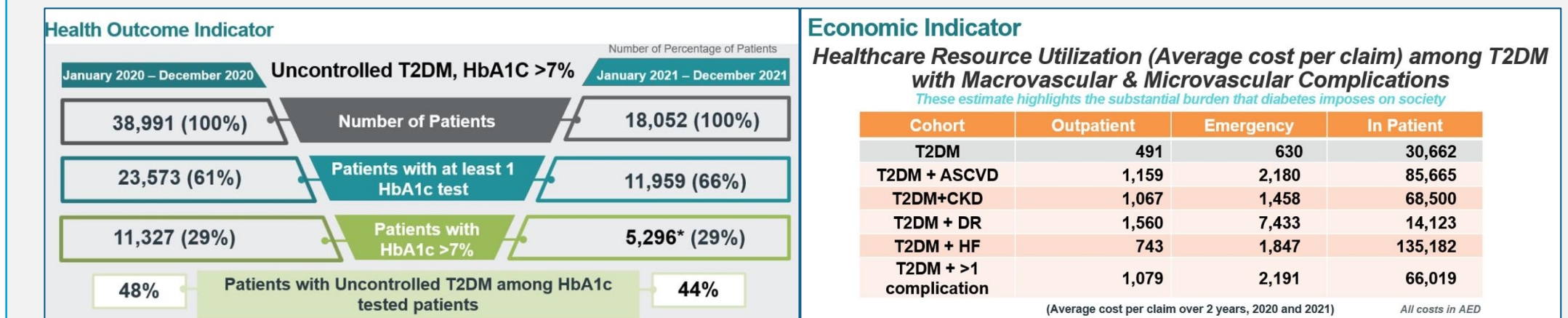
Indication	Health Outcome	Health Economic	Health Operational	Patient Safety
Diabetes	18	7	6	6
GERD	7	3		
Asthma	16	2	2	1
URTI	18	7	6	
Low Back Pain	4	2	1	
Maternity	21	6	4	7

\*Note that single KPI may be segmented in multiple pillars like biologics usage in clinical outcome and financial pillar

CVD, Cardiovascular disease; GERD, Gastroesophageal reflux disease; MI, Myocardial infarction; T2DM, Type 2 diabetes mellitus; URTI, Upper respiratory tract infection.

## Value Based Healthcare Training And Baseline Analysis

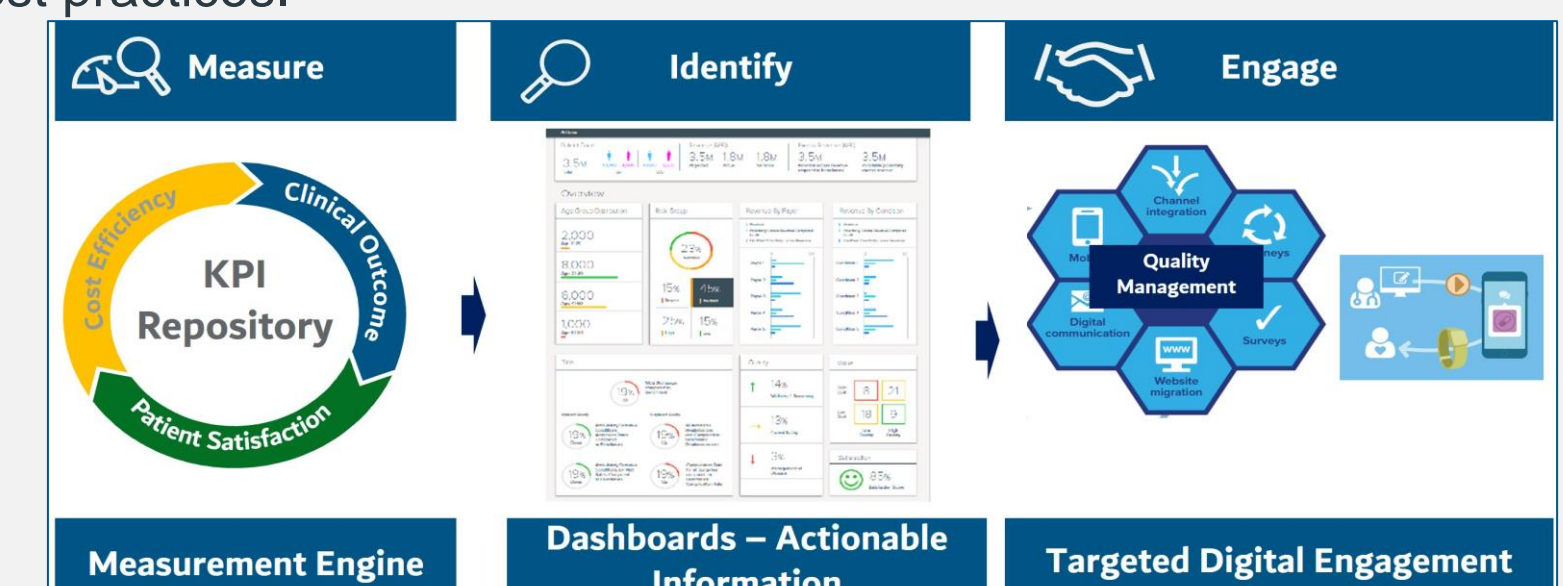
- 12 Training sessions** covering VBHC were conducted with the market stakeholders.
- Baseline status of care quality indicators for each TI** have been reported across various EJADAH pillars.



## Implementation of MDS360 CQIs

**Health Insurer and Provider Benchmarking using MDS360:** Big data driven Dashboard

- EJADAH implementation will be enabled through advanced technology** and analytics platforms designed to effectively monitor & manage the Quality of Care provided by healthcare providers.
- The ultimate objective is to **deliver standardized, comparative quality scoring & benchmarking** that will enable the DHA to measure performance that is outcome based, statistically sound and checked against global clinical standards, protocols, and best practices.



## CONCLUSION

- EJADAH will improve government oversight of healthcare services enhancing efficiency of health care, improve clinical outcomes, economic metrics as well as patient experience.
- It will further establish Dubai's position as a global medical destination by introducing value-based, integrated high-quality service delivery system.

## ACKNOWLEDGEMENT

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