

A Comparative Analysis of the Old Medical Structure and the ACO Vision 2030 in Saudi Arabia

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Abstract

This article explores the progress of the healthcare sector in the Kingdom of Saudi Arabia over the past two decades. Through continuous coordination and efforts to improve the quality and quantity of health services, the government has significantly increased the availability of health facilities across the nation. This steady growth has allowed the country to maintain an upward trajectory in healthcare sector development in comparison to other countries. The Saudi Arabian government is preparing to implement Accountable Care Organizations (ACOs) as part of their "Vision 2030." By aligning with the goals of this visionary roadmap, the government aims to address the challenges faced by the existing healthcare system under the Ministry of Health (MOH). This strategic move is expected to transform the healthcare sector, positioning Saudi Arabia at par with its international counterparts and bolstering its economic competitiveness. This article highlights the historical context of Saudi Arabia's healthcare system, and compares it with the forthcoming ACO implementation under "Vision 2030." This information provides valuable insights into the trajectory of the country's healthcare landscape and the potential impact of ACOs in shaping the Kingdom's future in healthcare and economic development overall.

Keywords

ACO Implementation, Patient-Centered Care, Vision 2030, Universal Healthcare, Finance Reform, Essential Benefits Package, Supplementary Health Insurance, Healthcare Financing, E-Health

1. Introduction

The Kingdom of Saudi Arabia prioritizes its health care services. During recent decades, the government has continuously coordinated the improvement of health and health services in terms of quality and quantity. Over the last 20 years, the availability of health facilities in all parts of the Kingdom has increased. The major provider of these services at 60% is the Saudi Ministry of Health (MOH). The rest are shared among other government agencies and the private sector. Regardless, the country has maintained an upward trajectory in their health sector development [1].

Accountable care organizations (ACO) in “Vision 2030” are the next implementation by the Saudi Arabian government. By attaining the goals in the vision, the government can patch some of the challenges presented by the old system. This move will revolutionize the Saudi Arabian healthcare sector and put them on par with their counterparts to compete economically. This article explores the history of Saudi Arabia’s healthcare system in comparison to the Accountable Care Organizations in Vision 2030 [2].

2. The History of Saudi Arabia’s Health Care System

Saudi Arabia is one of the richest and fastest-growing countries in the Middle East economically. This growth has allowed the progressive improvement of the health services in the Kingdom. The first public health department was established in Mecca in 1925 based on a royal decree from King Abdulaziz. The establishment’s responsibilities were to sponsor and monitor free healthcare for the population and pilgrims. They achieved this by instituting several hospitals and dispensaries. However, incidents of epidemic diseases persisted because the national income was insufficient in achieving major healthcare advances. The majority of people continued to depend on traditional medicine [3].

The next crucial advancement was the inception of the Ministry of Health (MOH) in 1950 under another royal decree. There were very few medical staff and hospital beds then. The Kingdom has since made significant strides in health care provision. The number of care providers has multiplied in hundreds of hospitals and healthcare centers that have been established around the Kingdom. The government’s spending on health has also notably risen since the budget increase by the Ministry of Health. This step marked the improvement of curative medicine. The hospitals became fully equipped to perform advanced medical procedures.

The 1950s also marked the beginning of preventive services. In collaboration with the ARAMCO oil company and WHO, the MOH was able to control malaria in the eastern region of the Kingdom. Progressively, programs to control bilharzia, tuberculosis and other endemic diseases followed suit in regions of the country [4].

In 1978, the Kingdom adopted the new concept of Primary Health Care (PHC). The Ministry of Health adopted the PHC approach to activate and de-

velop preventive health services. PHC centers supply primary care services, both preventive and curative. Since the services by MOH are divided into primary, secondary, and tertiary, more advanced cases at PHC centers were referred to public hospitals (the secondary level of care), while cases that needed more complex levels of care were transferred to specialized or central hospitals (the tertiary level of health care). This strategic move has also contributed to the immunization of over 90% of children in Saudi Arabia against infectious childhood diseases [5].

Throughout the whole facility's development, medical education also developed considerably. In 1998, over 300 doctors and 80 dentists graduated from five medical colleges and two dental schools. Local literature publications on health were also developed. The outcome promoted a large number of health research projects in various fields of medicine over the last decade and a half, and results were published in more than 10 Saudi medical journals [4].

3. Saudi Arabia's Vision 2030

Saudi Arabia embraced "Vision 2030" as a strategy for economic development and national growth. The Kingdom's objective in the vision is to become a trailblazer globally by becoming a vibrant society with a thriving economy and an ambitious nation. In April 2016, the 96 strategic objectives of "Vision 2030" were launched and governed by several key performance indicators. Vision realization programs were developed under the varying governmental, private and non-profit organizations' implementation processes to achieve that goal [6].

The National Transformation Program (NTP) was launched in June 2016 as a visual realization program involving government agencies. This was to build the capacity and capabilities needed to achieve the goals of the vision. The themes of the NTP are to transform healthcare, improve living standards and safety, ensure the sustainability of vital resources, social empowerment and non-profit sector development, achieve governmental and operational excellence, labor market accessibility and attractiveness, contribute to enabling the sector, and develop the tourism and national heritage sectors [6].

4. Transformation of Healthcare

Goals and Objectives of ACO Vision 2030

The goal of accountable care organizations is to improve patient outcomes while maximizing the value of the services provided [7]. This general goal will be achieved through the use of performance and quality measures that facilitate efficient, cost-effective, evidence-based care. By creating a network connecting primary care physicians, specialists, rehabilitation facilities and hospitals, patient care should be maximized while at the same time, providing appropriate value for the services. It's an attempt to reduce healthcare costs while expanding healthcare access.

The common goals and objectives of ACOs are:

Improve care coordination

Accountable care organizations aim to improve the integration of care across different healthcare settings and providers. Through enhancing communication, information sharing and collaboration, all the professionals involved in a patient's care can work together for the patient's health improvement.

Enhance the quality of care

The network of physicians and specialists is to deliver high-quality healthcare services. Evidence-based medicine, implementing best practices, and monitoring quality metrics ensure that patients receive appropriate and effective care.

Manage population health through patient-centred care

Accountable care organizations have a population health management focus. This involves proactively addressing the health needs of a population by prioritizing the needs and preferences of patients. The objective is to enhance the patient experience through timely access to care and involving patients in decision-making. Additionally, the demographic covers preventive care chronic disease management, and health promotion initiatives.

Foster innovation and technology adoption

ACOs strive to embrace technological advancements and innovative care delivery models. These include the implementation of electronic health records, telehealth services, big data analytics, and remote patient monitoring. These means improve care coordination and decision-making.

Cost savings efficiency and aligning financial incentives

The foundation of ACO is to reduce healthcare costs while improving the quality of care. Preventive care, care coordination, and appropriate resource utilization are emphasized to achieve cost savings. Value-based payment models tie financial incentives to quality outcomes and cost savings. An alignment of financial impetus among participating providers aims to encourage collaboration and shared accountability for patient outcomes [8].

To implement an ACO model, the Kingdom of Saudi Arabia must create global teamwork, create a cost-saving system, improve quality control with best practices, and be able to measure the key performance indicator [9] (Figure 1).

5. Significance of Transforming the Health Care System

Saudi Arabia's healthcare system has made significant progress in its healthcare provision, but not without challenges. One residual challenge that can be tackled by ACO Vision 2030 is the shortage of local healthcare professionals like pharmacists and nurses. The majority of health personnel are expatriates and this leads to a high rate of turnover and workforce instability. The number of Saudi Arabian citizens in the medical workforce is little compared to other countries. It is therefore crucial to formulate and apply practical strategies to attract and retain more citizens into the medical and health profession. Especially the nursing sector. This is a reform needed in the Saudi health care system. New regulations to develop and reorganize medical human resources by the Ministry of Health are urgently required [1].

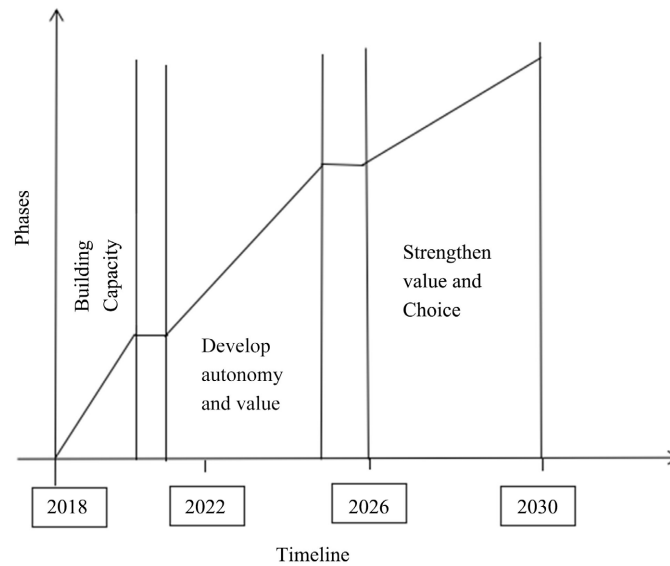


Figure 1. Phases of healthcare transformation [9].

Secondly, the MOH needs restructuring and reorganization to meet the health care needs in the future. The public health sector is financed, operated, controlled and supervised by the MOH. Serious and well-planned steps are dire to separate these multiple roles and distribute them to regional directorates to grant them more authority. The privatization of public hospitals would also provide a means to reform the Saudi healthcare system [10]. While the concept may speed up decision-making and reduce government expenditure on healthcare, privatization may affect the integrated system between hospitals and PHC facilities.

Thirdly, the transformation of the healthcare system will aid in the decentralization of health services and the autonomy of hospitals. As aforementioned the MOH controls the largest portion of the Saudi healthcare system. The regional directorates' functioning has been derailed by the lack of individual budgets and spending authority. Despite autonomy in terms of planning, recruitment of professional staff, and formulating agreements, expenditure must still be authorized by the MOH [11]. The autonomous hospital system for hospital systems is expected to raise the efficiency of their performance in medical functions, and managerial operations and achieve financial and administrative flexibility. Decentralization will also form privatization training and make the transition easier.

Additionally, there is an increasing concern regarding the underutilization of electronic health systems and national health information systems. With ACO seeking to foster innovation and encourage technology adoption, the new healthcare system will help with the use of technology in treatment. It is paramount to emphasize the efficacy of e-health in improving the quality of healthcare delivery. A high level of coordination is needed to have a comprehensive national system for health information [12].

The problem of insurance is another challenge set to be covered by the financial incentives from ACO. The Council for Cooperative Health Insurance estab-

lished in 1999 was to introduce, regulate and supervise a health insurance strategy for the Saudi market. The implementation scheme was planned over 3 stages. However, only the first stage, for non-Saudis and Saudis in the private sector, has been achieved. For non-Saudis and Saudis working for the government and pilgrims hasn't been achieved. A means to equitably finance health care provision while easing the burden on the government is needed.

Finally, the new healthcare system is set to improve accessibility to health services as it forms a new strategy for healthcare services. It is important to diversify funding sources, develop information systems, diversity their workforce, and equitably distribute health care facilities in the nation. Moreover, the integrated healthcare systems will cover all regions of the Kingdom by activating meaningful procurement of services and enhancing societal awareness of traffic safety [2] (see **Table 1**).

6. Comparison of Old Medical Structure and ACO Vision

6.1. Similarities between the Old Medical Structure and ACO Vision 2030

The two systems seek to improve healthcare service delivery.

The systems are approved and implemented by the Kingdom of Saudi Arabia.

The systems facilitated and advocated for access to healthcare services.

Both systems achieved preventive and curative approaches to medicine.

There are also differences between the two systems (see **Table 2**).

Table 1. Summary of the significance of the enablers of the ACO Vision 2030 [2].

Key Enablers	Initiatives
Workforce	<ul style="list-style-type: none"> - Implement strategies to attract and maintain citizens into the medical and health profession - New regulations to reorganize medical human resources by the Ministry of Health
Healthcare Financing	<ul style="list-style-type: none"> - Implement a value-based provider payment system - Set up the other facet of the National Health Insurance rollout phases
Privatization and Autonomy	<ul style="list-style-type: none"> - Privatization of public hospitals to reform Saudi Arabia's healthcare s - Separate the multiple roles of the MOH and distribute them to regional directorates
E-health	<ul style="list-style-type: none"> - Provide digital tools for patient self-services, prevention, and connected care - High-level coordination to have a comprehensive national system for health information
Private sector participation	<ul style="list-style-type: none"> - Increase private involvement by facilitating ownership, or management of MOH hospitals
Governance	<ul style="list-style-type: none"> - Strengthen MOH mandate to lead sector reform with strong oversight over regulatory agencies - Decentralizing it and transforming the role of MOH to be more strategic

Table 2. Differences between the old medical structure and ACO Vision 2030 [2].

Old Medical Structure	ACO Vision 2030
Independent service provision at each facility	Integrated service provision through levels of healthcare provision
The unit-based economy model where a doctor was paid a fee for any service rendered	Value-based financing model that ties healthcare workers' earnings for their services to the results they deliver to their patients
Individualistic knowledge and capability sharing among healthcare workers	National knowledge and capability sharing among healthcare workers
Patient referral between the primary, secondary, and tertiary levels of healthcare	The free patient flow between the accountable care organizations
Basic patient experience of full treatment or referral between the levels of care	Improved patient experience through clear citizen-centric pathways for quality, timely, and accessible services
Heavily dependent and reliant on the Ministry of Health	More autonomy of hospitals and PHC services
Financially burdening on the government because of total dependence on the Ministry of Health	Eases the financial burden on the government because privatization attracts other investors
Workforce instability due to the small number of Saudis in the healthcare force and more expatriates	Workforce stability through diversification of the health workforce using programs to encourage more Saudi Arabians into the system
Underutilization of technology despite advancements witnessed	More technology adoption and utilization in e-health systems and data analytics
Transformation at the facilities and entities levels	Large-scale transformation by regulating and directing a multitude of initiatives towards a common goal

6.2. Finance Reform and Efficiency Gains Discussion

- The Kingdom has reaffirmed its commitment to providing universal healthcare, ensuring that all of its citizens, residents, and tourists would have timely access to healthcare services through insurance without running the danger of going without.
- By creating the program for health assurance and purchasing as a national payer, the newly MOH corporatized providers and other governmental providers will supply beneficiaries with free care.
- Definition of an Essential Benefits Package (EBP), which outlines a fundamental set of services (with specified quality requirements) to which all patients with insurance will eventually be entitled.
- Establishing a system of supplementary health insurance (SHI) that will enable the majority of citizens and residents to augment their EBP. The use of this SHI could improve the breadth, speed, and comfort of their treatment and care.
- As the transformation progresses, expanding the role of private health in-

urers by developing a market of licensed and regulated insurers that will provide SHI products.

- Payment systems that will help the New Models of Care’s deployment and guarantee value at all levels (see **Figure 2**).
- Optimizing the allocation process by examining spending by main program budget at the national and regional levels.

Accountable care organizations aim to reform the healthcare sector by improving coordination, enhancing the quality of care, managing population health, and fostering technology adoption. The autonomy of the institutions of health and the privatization of some of the public healthcare systems will ease financial pressure on the MOH and the government in general [13] (see **Figure 3**).

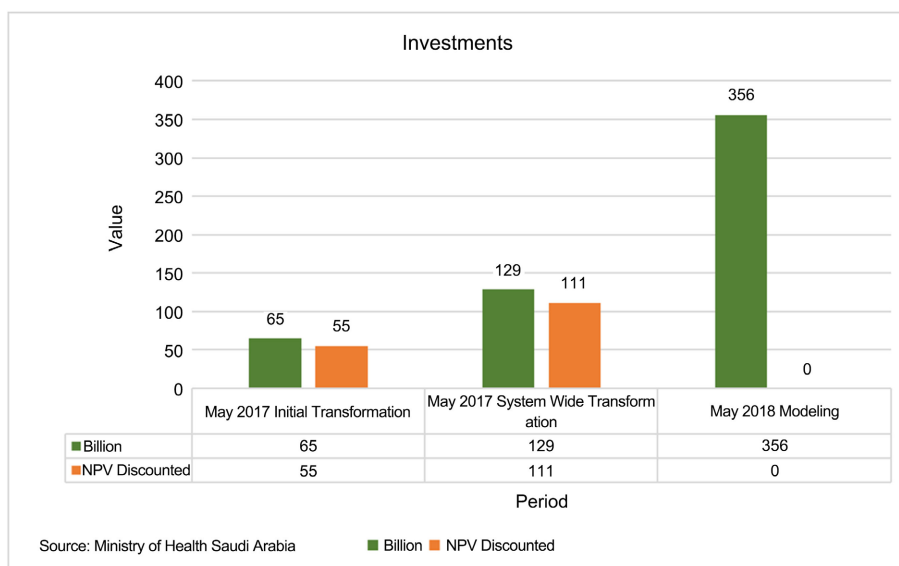


Figure 2. Investments illustration [13].

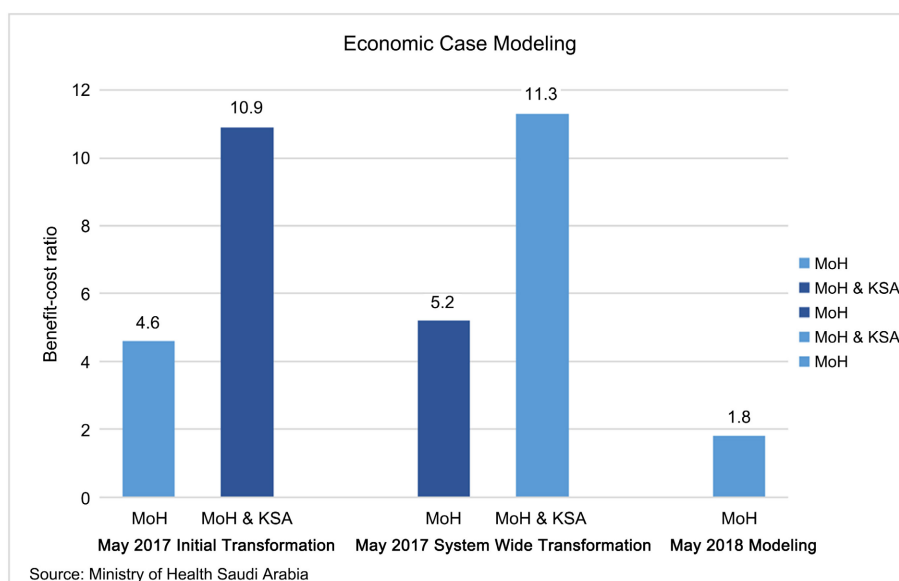


Figure 3. Economic case modeling [13].

7. Conclusion

The Saudi Arabian Kingdom has always implemented the best healthcare practices. The investments and budget allocations have aided in the improvement of systems, development of infrastructure, distribution of resources and adoption of impactful healthcare concepts. As a strategy for more development and national growth, healthcare improvement through ACO Vision 2030 has been covered. As the kingdom has maintained a growth strategy for healthcare provision, the new vision seeks to revolutionize the scene for a healthy nation.

Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

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