



International Consortium for
Health Outcomes Measurement



ICHOM Accreditation ProgramSM criteria updates

Foreword: Having completed the first year of the ICHOM Accreditation ProgramSM, we have undertaken a review of the Accreditation criteria informed by implementation experience and feedback from participating organizations. These refinements ensure that the program continues to reflect the realities of diverse healthcare settings while maintaining ICHOM’s rigorous, best-practice approach to international Accreditation. The updated criteria further support meaningful and comparable outcomes measurement and strengthen the program’s ability to recognize organizations delivering value-based healthcare around the world. Key updates focus on data completeness, patient inclusion, and data analysis. Each level of the ICHOM Accreditation Program is designed to recognize organizations at different stages of their outcomes measurement journey. The following table comprises the updated criteria.



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Dimension	Assessment Criteria	Level 1	Level 2	Level 3
Project Planning	Pilot protocol and/or project plan in place	☑	☑	☑
Implementation Duration	ICHOM Set implemented for at least one full cycle	☑	☑	☑
	ICHOM Set implemented for at least two full cycles	*	☑	☑
Patient Definition and Inclusion	A clear definition of the eligible patient cohort and transparent reporting of included patients with evidence of consecutive, non-convenience patient enrollment.	☑	☑	☑
Data Completeness	≥50% of ICHOM measures used (CROMs and PROMs), ≥30% PROMs response rate (baseline to 1-year follow-up horizon), and at point of data analysis ≥30 patients used or all enrolled patients if n = <30.	☑	☑	☑
	≥80% of ICHOM measures used (CROMs and PROMs), ≥50% PROMs response rate (baseline to 2-year follow-up horizon), and 60-70% of eligible patients enrolled in data collection, with recognition that evidence can be given to justify lower coverage.	*	☑	☑
	≥80% of ICHOM measures used (CROMs and PROMs), ≥70% PROMs response rate (baseline to 2-year follow-up horizon), and 60-70% of eligible patients enrolled in data collection, with recognition that evidence can be given to justify lower coverage.	*	*	☑
Data Analysis	Evidence of analysis of first cycle data	☑	☑	☑
	Stratification of outcomes by case-mix variables	*	☑	☑
	Use of outcomes in clinical practice	*	☑	☑
	Published evidence of successful implementation in peer reviewed papers or items of equivalent quality	*	*	☑
Data Audit	Completion of the ICHOM in-person data audit		☑	☑
PROM Collection	PROMs validated and localized	*	☑	☑
Data Collection Infrastructure	Routine use of digital data collection system	*	☑	☑
VBHC Training	Successful completion of VBHC training by core team	*	☑	☑
Patient Impact	Use of outcomes in shared decision-making	*	*	☑
Global Impact	Active participation in global learning and transparency initiatives	*	*	☑
Data-driven Improvement	Evidence demonstrating data analysis routinely occurs and leads to improvements in pathways or processes	*	*	☑
Patient Partnership	Evidence of a systematic approach to the meaningful involvement of patients in key processes	*	*	☑
Value	Evidence of a systematic approach to evaluating resource utilization or costs in relation to patient outcomes, and using these insights to optimize value	*	*	☑