



EXECUTIVE PERSPECTIVE

The business case for **connected** digital care

Connect the patient journey
Strengthen the business of care

Evidence. Economics. Execution.



Executive perspective

Connected care is an operating investment

Connect patient access, care-team coordination and management visibility around a defined journey. Evaluate delivery, experience and unit economics—and scale where the evidence supports it.

01

Care continuity

Saudi health needs and digital readiness support a focus on ongoing engagement. [1–3]

02

Measurable value

Research supports selected interventions; effects and evidence quality vary. [6–7]

03

Investment discipline

Agree the baseline, total cost and success measures before scaling.

Continuity matters between encounters

18.95%

of adults aged 15+ reported a chronic disease

Saudi Arabia • 2024 • self-reported national survey data [2]

9.1%

Diabetes [2]

7.9%

Hypertension [2]

23.1%

Obesity among the population aged 15+ [3]

Executive implication

Prioritize journeys that need recurring support, coordinated follow-up and clear next steps.

Validate local service demand before committing capacity.

Sources: [2] GASTAT Health Status Statistics 2024; [3] Health Determinants Statistics 2024. Self-reported data. Conditions can overlap; do not add the percentages. These are population statistics, not CareSync results.

Digital readiness

Clinical trust

EY's April 2026 online survey included 1,002 Saudi respondents, within a global sample of nearly 7,700 consumers. [1]

78%

Digital tracking

Had tracked health digitally, recently or previously.

88%

Willingness to share

Were willing to share data from wearables and health apps.

89%

Trust in professionals

Reported trust in healthcare professionals.

Our interpretation

Connect digital engagement to professional care through usable access, coordinated follow-up and accountable service delivery.

Source: [1] EY, Navigating the future of health in Saudi Arabia (2026), pp. 6–7, 15–16. Self-reported attitudes and behavior; these are not CareSync results.

Illustrative imagery.

A system-level opportunity

A local business case

Global spending pressure and Saudi modeling reinforce the need to evaluate digital investments against measurable value.

10–15%

of projected Saudi health expenditure in 2030

Potential economic benefit modeled in a 2022 McKinsey analysis with Saudi Arabia's Center for Improving Value in Health. [4]



How to read the estimate

The model assessed wider adoption across multiple digital solutions. It is a national, forward-looking estimate—not observed savings or a CareSync ROI benchmark. [4]

Where value may arise

Virtual interactions, self-service, decision intelligence, workflow automation and paperless data. Local relevance depends on the service and starting point. [4]

9.3%

OECD average health spending as a share of GDP in 2024, compared with 8.8% before the pandemic. [5]



Leadership implication

Prioritize cost per completed service and the use of team capacity. Test achievable value against the full cost of change.

Sources:

[4] McKinsey, 8 June 2022; modeled 2030 opportunity.

[5] OECD, Health at a Glance 2025, OECD figures are international context, not Saudi benchmarks.

Specific interventions

Measurable outcomes

Intervention evidence supports a focused implementation hypothesis.
It does not establish a universal platform effect.

ATTENDANCE / COCHRANE 2013 [6]

1.14

Attendance risk ratio

SMS reminders versus no reminders.
95% confidence interval: 1.03–1.26.

Seven randomized trials with 5,841 participants supported this comparison. Moderate-quality evidence. This is a relative attendance effect, not a 14 percentage-point gain.

Review searched through August 2012; clinical outcomes and transferability to CareSync were not established.

MEDICATION ADHERENCE / JMIR 2025 [7]

10 of 14

randomized trials reported statistically significant improvements in medication adherence with app interventions.

Trials were published in 2014–2022 and lasted 30 days to 12 months. Results varied by scale; the post-intervention MMAS-4 pooled comparison was not statistically significant.

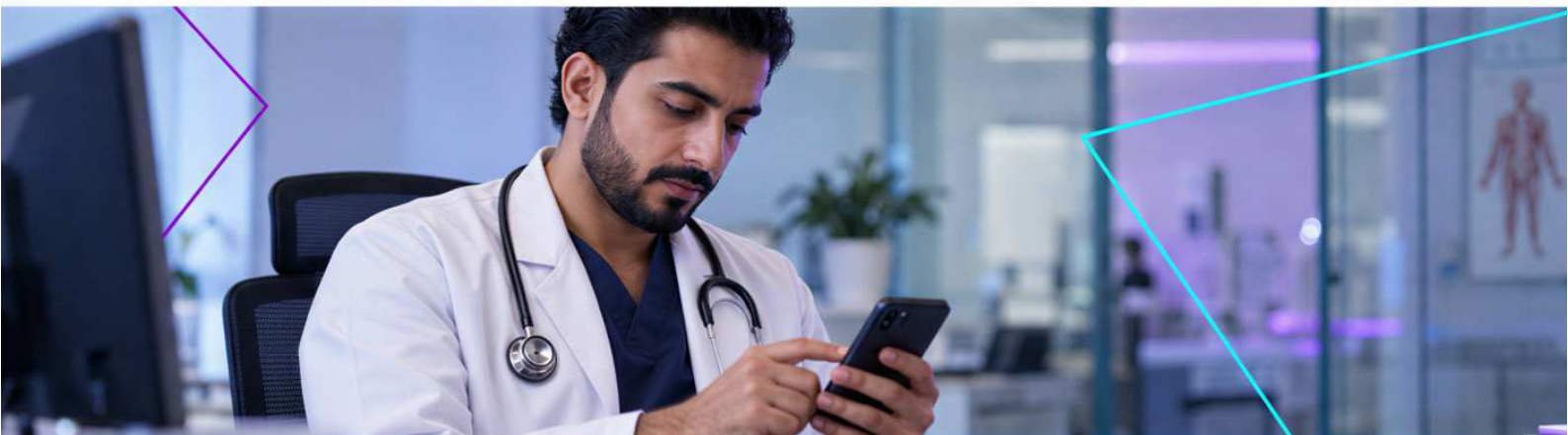
Varied interventions and self-reported adherence limit generalization. App activity is not proof that medication was taken.

CareSync perspective

Validate the effect in the intended patient group and operating setting.

Sources: (6) Gurol-Urganci et al., Cochrane (2013), CD007458. (7) Lanke et al., JMIR (2025), e60822.

Illustrative imagery



Five priorities One connected approach

Proposed value mechanisms to test with each organization.

01

Access and attendance

Connect booking, reminders and rescheduling.

Measure: completed visits, no-show rate and time to appointment.

02

Continuity of care

Coordinate education, communication and follow-up.

Measure: on-time follow-ups and overdue cases.

03

Workforce capacity

Clarify schedules, task ownership and handoffs.

Measure: administrative minutes per case and rework.

04

Management visibility

Capture consistent activity and unresolved actions.

Measure: data completeness and response time.

05

Service expansion

Reuse agreed workflows across services and programs.

Measure: activation effort, uptake and unit cost.

Value becomes real when a team can act.

Assign an owner, a response standard and a measure of completion to every workflow.

Source: CareSync analytical framework. These are proposed evaluation priorities, not guaranteed benefits or measured CareSync results.

Connect the roles Coordinate the journey

A configurable digital application layer for branded patient experiences and coordinated service workflows. [9-10]

Patients

Access, appointments, communication and follow-up

Care teams

Schedules, tasks, coordination and support

Administrators

Configuration, activity and reporting

A modular service portfolio

Patient access

Service discovery and booking

Telemedicine

Virtual consultations and scheduling

Home healthcare

Coordination and provider assignment

Patient engagement

Reminders, notifications and follow-up

Program support

Enrollment and support workflows

Analytics

Service activity and reporting

Fit the existing environment

Integration interfaces, access models, deployment and production modules are confirmed during solution design.

Sources: [9] CareSync Corporate Brochure; [10] PSP Connect brochure.
PSP materials include prototype screens and demonstration data, confirm production scope.



07 / EXECUTIVE PERSPECTIVES

One investment Different accountabilities

Connect strategic ambition with the needs of the people who fund, deliver and experience care.

CEO

/ Growth

Where can a connected journey support differentiation and responsible service expansion?

Validate demand, adoption and incremental contribution.

CFO

/ Economics

Which benefits are financially realizable, and what will they cost?

Separate cash savings, released capacity and incremental contribution.

COO

/ Operations

Can the team complete the journey consistently at the required volume?

Define workload, handoffs, exceptions and ownership.

Clinical

/ Program leadership

Does the workflow support appropriate care and timely follow-up?

Choose clinical and experience measures alongside operational indicators.

CIO

/ Technology

Can the solution operate reliably within the existing environment?

Confirm interfaces, data quality, access, support and lifecycle requirements.

Sources: CareSync executive synthesis. Proposed decision framework not a survey of executives.

Make the investment case testable

Use a consistent evaluation period, verified baseline and complete cost model.



NET FINANCIAL BENEFIT

Incremental contribution

- + Verified cash costs avoided
- Implementation and operating costs

What counts as contribution

Additional completed, appropriate services create financial value when they represent incremental activity, have delivery capacity and generate collected revenue above variable delivery costs.

What counts as cash savings

Time saved becomes cash savings only when expenditure is avoided or reduced. Do not count the same released time as both a cash saving and extra activity.

Financial ROI

Net financial benefit ÷ total incremental cost × 100

Use a nonzero denominator and the same evaluation period. For multi-year decisions, assess discounted cash flows and funding requirements.

Stress-test viability

Vary adoption, rollout pace, service volume, effort saved and integration cost using organization-supplied assumptions.

09

Select the right route Then prove the fit

Compare feasible alternatives before committing to a wider rollout.

01

Improve current processes

Choose when existing tools can support the priority journey. Assess workflow redesign, training and remaining gaps.

02

Extend existing systems

Evaluate incumbent modules and interfaces against fit, usability, licensing and dependencies.

03

Configure CareSync

Assess confirmed production capabilities, integration effort, adoption requirements and total cost.

04

Build a bespoke solution

Evaluate distinctive requirements against delivery capability, security, maintenance and lifecycle cost.

Implementation conditions matter

WHO emphasizes that digital interventions need functioning services, trained workers, suitable infrastructure and governance. Information creates value when the organization can respond. [8]

Decision gate

Agree service ownership, technical readiness, cost and evaluation criteria before implementation.

Sources: CareSync option appraisal; [8] WHO, digital health intervention guidance (2019).

Illustrative imagery



Start focused Expand with evidence

Baseline. Configure. Validate. Evaluate.

Timing depends on scope and readiness.

Attendance

Missed eligible appointments ÷ eligible scheduled appointments.

Continuity

Follow-ups completed within the agreed window ÷ follow-ups due.

Capacity

Measured administrative minutes ÷ completed cases.

Unit economics

Agreed attributable costs ÷ comparable completed services.

Responsiveness

Time from escalation to responsible-team acknowledgment.

Compare like with like

Use consistent definitions and comparable cohorts. Account for staffing, seasonality, case mix and concurrent changes. Review patient experience and clinical quality alongside operational results.

Build your connected care business case

[Book a tailored demo →](#)

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Research foundation

A targeted evidence review selected for institutional credibility and relevance to connected care.

Sources include national statistics, consumer surveys, economic modeling, intervention research and implementation guidance. This report does not present original survey research or an independent CareSync outcome study.

01**EY (2026)**

Navigating the future of health in Saudi Arabia: Consumer insights on AI, digital health and personalized care.

April 2026 online survey; 1,002 Saudi respondents. Methodology p. 6; tracking p. 7; trust p. 15; data sharing p. 16.

02**GASTAT (2024)**

Health Status Statistics 2024.

Official release: 19 December 2024. Adults aged 15+; self-reported National Health Survey data. Chronic conditions may overlap.

03**GASTAT (2024)**

Health Determinants Statistics 2024.

Obesity prevalence among the population aged 15+. Interpret with the publication's self-reported data methodology.

04**McKinsey (2022)**

Ten ways to accelerate the benefits of digital health in Saudi Arabia.

8 June 2022. Analysis with the Center for Improving Value in Health. The 2030 estimate is modeled system-level potential.

05**OECD (2025)**

Health at a Glance 2025: OECD Indicators.

Published 13 November 2025. Spending figure refers to the OECD average in 2024. doi:10.1787/8f9e3f98-en

Evidence discipline

Historical findings and modeled estimates retain their dates. External research is not presented as CareSync performance.

Intervention evidence and interpretation

06

Gurol-Urganci et al. (2013)

Mobile phone messaging reminders for attendance at healthcare appointments. Cochrane Database of Systematic Reviews. CD007458. Eight trials overall; seven underpin the reminder-versus-no-reminder comparison. doi:10.1002/14651858.CD007458.pub3

07

Lanke et al. (2025)

Evaluating the Effectiveness of Mobile Apps on Medication Adherence for Chronic Conditions: Systematic Review and Meta-Analysis. Journal of Medical Internet Research, 27:e60822. Published 31 July 2025; 14 randomized trials. doi:10.2196/60822

08

World Health Organization (2019)

WHO releases first guideline on digital health interventions. 17 April 2019. Service readiness, staff training, governance and the capacity to act on information.

09

CareSync Corporate Brochure

Reviewed 6 October 2026. Supports platform and workflow descriptions. Illustrative screen figures are not customer outcomes.

10

CareSync PSP Connect brochure

Reviewed 6 October 2026. Includes prototype screens and demonstration data; production scope requires confirmation.

How to use this case

Use the evidence to frame a local investment hypothesis. Clinical effects, financial returns and operational improvements require evaluation in the intended setting.

Not affiliated with or endorsed by the cited organizations. People imagery is illustrative and AI-generated.

**CareSync****Connect the patient journey**

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