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### Perspectives in Arabic healthcare

# Patient- and family-centered care in Qatar: A primary care perspective

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## ABSTRACT

Healthcare policies in Qatar place a high value on the concept of *patient and family-centered care (PFCC)* in primary care. The Institute of Medicine raised the concern of patient care in 2001 and Davis et al. advocates of PFCC, promoted the concept. The Primary Health Care Corporation (PHCC) and Hamad Medical Corporation (HMC) in Qatar provide all the government health services of the country at this time. They have sought to integrate PFCC into its systems, while preserving the traditional Qatari way of life. Families in times past were excluded from healthcare involvement as medical specialization progressed, but the undervalued importance of families contributing to healthcare was later realized. Twenty-one established health centers in 2013, are to be augmented by thirty more within five years. By 2011, all Qatar's major hospitals and its Ambulance Service had achieved JCI accreditation. Entitlement to government healthcare is free for Qatari nationals, or at a small charge for expatriates who maintain a valid health card. Patients have access to a physician at health centers, but have to be referred for hospital consultant appointments. A range of services is available, including a pharmacy, at every health center. A *Charter of Patient, Family, and Children's Rights* is in place for HMC supporting family participation in care. The Center for Health Care Improvement (CHCI) was launched in 2008 and focuses on PFCC. Eight core objectives of the CHCI are outlined. Effective patient education with the adoption of sound healthcare policies and fiscal responsibility should help Qatar attain the goals it requires.

**Keywords:** patient- and family-centered care, primary care, Qatar National Vision, JCI accreditation, sustainable, community, patient education

<http://dx.doi.org/10.5339/avi.2013.1>

Submitted: 19 September 2012

Accepted: 20 June 2013

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## INTRODUCTION

Placing the patient at the center of clinical decision-making seems a fundamental right of what it means to be a patient. The State of Qatar, in the Middle East, is no exception. Ask any graduating student of medicine, nursing or an allied health profession if the patient should be involved in the decision-making regarding their care – the immediate response would be: “Why, of course!” Sadly, this has not been the cultural norm for the majority of healthcare facilities throughout the developed world. Instead, the typical experience for both the patient and loved ones is to answer questions when spoken to and be “told” a plan of care. The concept of PFCC is changing this practice. Thanks to landmark reports such as the Institute of Medicine’s *Crossing the Quality Chasm*<sup>1</sup> in 2001, these paternalistic systems of care have been challenged. In primary care, Qatar strives to inculcate patient and family centered care in the development of its rapidly evolving healthcare system, with determination in its approach.

The Institute of Medicine’s report raised a major concern that

*... a chasm exists between the kind of care that patients receive and the kind of care they should have, and calls for fundamental change in the system of care. It further argues that these changes would both be better for patients and make the provision of care more satisfying for clinicians.<sup>1</sup>*

With the advent of patient advocacy groups such as the Picker Institute; Health Consumer Networks; Disease Specific Support Groups, the needs and expectations of patients are now heard. Add to this the increased access that patients have to evidence-based information about their illness and provider/hospital performance, they expect to be involved in determining their plan of care and have their questions answered. Healthcare accreditation organizations, such as the Joint Commission, formerly the Joint Commission on Accreditation of Health Care Organizations<sup>2</sup> and the Joint Commission International Accreditation (JCI)<sup>3</sup> are establishing performance standards to guide healthcare administrators in their efforts to make their healthcare environment and practices more “patient-centered”. The Institute of Medicine also made *patient-centered care* one of its six domains of patient safety and quality of care.

*Patient-centered: providing care that is respectful of and responsive to individual patient preferences, needs, and values, and ensuring that patient values guide all clinical decisions.<sup>1</sup>*

In 2005, Davis et al.<sup>4</sup> proposed seven attributes of patient-centered primary care practices, now actively pursued by Qatar:

1. *Superb access to care* – versatility of appointments, quick responses, efficient use of physician’s time, electronic prescription refills, and a full out of hours service.
2. *Patient engagement in care* – participation as partners in care, advocates for the needy, access to medical records, patient education, and parent counseling for health and development.
3. *Clinical information systems that support high quality care, practice based learning, and quality improvement* – health registries, easy access to laboratory and diagnostic tests, information on treatment plans, and information on health risks, services, and outcomes.
4. *Care coordination* – with referrals, prompt feedback after consultations, communication and prevention of errors between multiple physicians, test result tracking, and appropriate prescribing.
5. *Integrated, comprehensive care and smooth information transfer across a fixed or virtual team of providers* – proper use of the healthcare team, and avoiding duplication of tasks and testing.
6. *Ongoing, routine patient feedback to a practice* – patient centered surveys leading to practice improvements, engaging patients to understand their conditions, and improving the quality of life.
7. *Publicly available information on practices* – enabling a patient to choose their physician after access to physician directories, office location, hours of operation, patient experiences, and peer assessment of physicians.

The American Academy of Pediatrics updated a 1992 policy statement in 2003.<sup>5</sup> It included the belief “that the medical care of infants, children, and adolescents ideally should be accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and culturally effective.”

The Primary Health Care Corporation in Qatar provides the bulk of family medicine services in primary care. Hamad Medical Corporation is a national government healthcare institution in Qatar, providing tertiary care. Both have sought to integrate the concept of PFCC towards improving the benefits of the country's comprehensive health service. Additionally, they want to incorporate this philosophy uniquely, by identifying and celebrating the respected and distinctive style of the Qatari way of life. The leadership in Qatar has reiterated that family units are the cornerstones of Qatari society. Recognition and respect for the significant role of the family in healing means that patients and families must become partners in designing new models of care.

## BACKGROUND

Pormann<sup>6</sup> states that Middle Eastern culture was foundational in the establishment of medical science. The western world had led the rapid technological advances for over 150 years. Domiciliary care began in people's homes. Hospitals were developed, but initially, families had no access to the "care teams". There was even a time when parents could not see their children in hospital more than once a week.<sup>7</sup>

The exclusion of families from healthcare teams went hand-in-hand with medical specialization and the use of technology and rising professionalism.<sup>8</sup> In more recent times, a veritable body of work brought the family back together with doctors, nurses and allied health professionals as partners in the care team.<sup>9</sup>

The Institute for Family-Centered Care in North America<sup>10</sup> has been a pioneer in this field, spurred on by the recognition that families have much to contribute in the form of better facilities and systems. The importance of addressing both patient and family centered needs is paramount across the world.

## PRIMARY CARE IN QATAR

Primary healthcare services started in 1954 with additional specialty services added in 1978. Tertiary care services have developed at an unprecedented rate since then. The government of Qatar has already constructed twenty-one primary healthcare centers throughout Qatar, predominately in Doha itself, with PFCC a major objective at all sites. Care centers operate in other significant outlying enclaves. In June 2013, the Minister of Health announced that thirty new health centers would be constructed within the next five years. All five major tertiary care hospital complexes in Qatar – Hamad General Hospital, Women's Hospital, Al Amal Hospital (now the National Center for Cancer Care and Research), and Al Khor Hospital received Joint Commission International accreditation in 2010. In addition, Hamad Medical Corporation's Ambulance Service also achieved JCI accreditation in 2011.<sup>11</sup> These achievements confirmed the high standards of care sought by the government in targeting quality healthcare.

Considerable expansion of family medicine took place with its recognition as a specialty in 1995. Access to health centers or hospitals is available to all who maintain a health card, purchased annually by expatriates for a fee of 100 Qatari Riyals (Approximately US\$ 27.50), or provided by employers. Qatari national citizens have full entitlement to fully subsidized Government healthcare. Prioritized care in the community includes well women, maternity, and childcare clinics. Otolaryngology, ophthalmology, dermatology, oral hygiene, dental care, and a chronic diseases program are other health center activities. Despite this rapid modernization, the family remains the primary socioeconomic decision making unit. This makes the concept of PFCC an expectation. It actively embraces and integrates the knowledge and information from western medicine into paradigms of Qatar's healthcare.<sup>12</sup> It also provides ongoing support and continued respect for family participation.

Features implemented to demonstrate PFCC in Qatar's health centers include access to a physician whenever required, and automated confirmation of an appointment to hospital outpatients by Short Message Service (SMS). Consultants are based at health center sites as well as hospitals for full assessments; health center appointments are open access for phlebotomy services, radiology, dental care, and chronic disease management. All health centers have a full pharmacy team, who provide guidance as well as medications on an approved formulary between the PHCC and HMC.

Hamad Medical Corporation has a *Charter of Patient, Family, and Children's Rights*<sup>13</sup> supporting the participation of families from the cradle to end-of-life care (Novotny et al.).<sup>14</sup> New facilities designed with the integral involvement of patients and families encourage their contribution to prepare for and deliver better healthcare. The stresses and pressures of modern life consolidate the validity of the family unit and its cultural values. Service provision should be provided in such a way that families

achieve their most highly valued social roles, the care and upbringing of children, looking after the elderly, and caring for the disabled and chronically ill in any community.

When HMC launched the Centre for Health Care Improvement in 2008, the journey toward PFCC began.<sup>15</sup> The Centre's primary objective is to focus on patient- and family-centered care, whilst exploring the culturally meaningful and appropriate ways to more effectively engage the family within the care team.

### CORE ACTIVITIES OF THE CHCI IN MEETING THE PRIMARY OBJECTIVES

1. Recognition and building upon the societal elements already in place. Feedback from individuals and the community is crucial because it continually helps to improve care.
2. An established comprehensive and universal newborn screening program used to test for thirty-two potentially debilitating endocrine or inborn metabolic disorders e.g. homocystinuria, and medium chain acyl Co-A dehydrogenase (MCAD) deficiency. Qatar is one of only four countries in the world that screens for many potentially harmful conditions that may affect a child's health, or life, if not diagnosed and treated early. A collaborative partnership exists between the University of Heidelberg in Germany and Qatar for this purpose.<sup>16</sup> Treatment for many conditions requires a committed relationship between clinicians of all disciplines, and excellent communication with patients' families. Since the establishment of newborn screening in December 2003, over 133,000 newborn children have been screened up to and inclusive of August 2012, with high-dividend yield. Qatar will acquire its own screening capacity as early as the end of 2013. New parents will no longer have to suffer time delays with the anguish of uncertainty, and should obtain a diagnosis expeditiously.
3. Collaboration with other people-centered organizations such as government ministries, academic institutions, and civil society associations locally, regionally and internationally, will raise awareness of PFCC. Leading all of this is Qatar Foundation, a semi-private, non-profit organization, founded in 1995. Its foremost aim is – *to support Qatar on its journey from a carbon economy to a knowledge economy by unlocking human potential*.<sup>17</sup>
4. To continue to develop an existing agreement of collaborative partnership with the Hospital for Sick Children in Toronto, Canada. This will help build high quality pediatric care in Qatar, and build awareness of the importance of the family setting in the host community.
5. Planned to open in 2014, Sidra Medical and Research Center (Sidra) is a women and children's tertiary care teaching hospital. The principle of PFCC will be an integral concept in all of Sidra's activities, inclusive of the design of the hospital and the electronic documentation system. Complementing such activities is the international designation of "Baby Friendly", which includes but is not limited to exclusive breast-feeding and 24-hour rooming-in of newborns, recognizing the power of both communication and parental bonding from birth. The Qatar National Vision 2030 document details the idea of having one program in multiple sites. The care of women and children will be provided collaboratively by the Primary Health Care Corporation, Hamad Medical Corporation, and Sidra, sharing women and children's programs and is an example of forward planning to achieve this objective.<sup>18</sup>
6. Integration of a full "Home Care Program" that expands its services more widely in the community. Families are extremely useful in the safety of communities with long-term medical conditions and elderly people. Ensuring "carers" remain in the community, and enabling patients to remain in their home environments, is evident. Currently, home care services are available for eight hours a day on weekdays. Certified staff carers plan home visits according to care needs. Most patients seen have long-term needs over a wide age range.
7. Recognizing the importance of community based services that help families, such as community midwives and early childhood development programs for children with developmental delays. Dedicated work needs to continue, focusing on initial and continuing care services with other community agencies, to improve these services within Qatar.
8. Learning from recognized exemplars: Organizations and groups that have been walking this road for some time have much to share with Qatar. Role modeling, the Ontario Medical Association policy paper on patient centered care<sup>19</sup> thoroughly discusses integration and access to healthcare.

Patient and Family Centered Care in Primary Care<sup>20</sup> has prospered on the belief that "*the family plays a vital role in ensuing the health and well-being of patients of all ages*".<sup>21</sup>

## CONCLUSION

When patient demand exceeds supply, a country's healthcare system may fail to achieve its objectives, even with the best of intentions. However, healthcare resources are not infinite. Qatar has invested intellect and resources in its healthcare system, and has thoroughly investigated and adopted health policies with financial accountability. Fried<sup>22</sup> talks about “economically sustainable” medicine with a long-term purpose of “maximizing health”. In primary care, for patient and family centered care to thrive in Qatar, the basis will lie in a sustainable doctor-patient relationship. Fiscally-responsible professional policies will be required, eliminating redundant consultations and investigations, and reducing any waste of medical resources. It follows that patient education on these aspects needs to be effective to achieve the ultimate goals that Qatar desires. Patients in Qatar must also have the opportunity to understand their conditions, be aware of the risks of non-compliance, obtain investigative and laboratory tests expeditiously, and receive appropriate prescriptions. They should know about their healthcare practitioners, be aware of the facilities offered at both primary and tertiary care levels, and have access to quality out of hours services. Qatar has made a determined start to achieve these goals.

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