Implementing a patient centered care model for chronic disease management in Qatar

Elizabeth Ann Thiebe
A/Chief Executive Officer
Rumailah Hospital
Hamad Medical Corporation, Doha, Qatar
ethiebe@hamad.qa

Aisha Al Kubaisi MD, DABFM
Consultant
Department of Medicine, Hamad Medical Corporation, Doha, Qatar
AAKubaisi10@hamad.qa

Nasseer A Masoodi MD, MBA, FACP, CMD, CPE
Asst. Chair/Senior Consultant
Department of Medicine, Hamad Medical Corporation, Doha-Qatar
nmasoodi@hamad.qa
Key elements of leadership

Patient engagement and experience as we build a trusting relationship

Evidence based medicine and the monitoring process for our performance
Population of Qatar

- 1960
- 1980
- 2000
- 2010
- 2011
- 2012
- 2013
- 2014

- Millions

- 0
- 0.5
- 1
- 1.5
- 2
- 2.5

1960: 0
1980: 0.5
2000: 1
2010: 1.5
2011: 2
2012: 2.5
2013: 3
2014: 3.5
Burden of Disease in Qatar

As a country, we must tackle the causes of disease upstream to create a healthy population and reduce on acute health science.

64% Have family history of raised blood pressure of hypertension

70% Overweight (BMI > 25)

41% Obese (BMI > 30)

17% Involved in road traffic crash in last year (4% serious injured leading cause of years of life less)

Source: Qatar Stepwise report 2012, SCH and various
Top 10 Causes of Death in Qatar (%)

- Traffic: 16.94%
- CAD: 13.65%
- DM: 8.31%
- HT: 6.59%
- Kidney: 4.61%
- Other: 3.63%
- Stroke: 3.23%
- Lung: 3.03%
- Congenital: 2.97%
- Other: 0.9%
Why start a chronic disease management clinic?
Changing patterns of disease

We are seeing a shift from communicable to non-communicable disease, which requires different models of care.

Meanwhile, we still face a major burden from trauma injuries and we need to be prepared for potential pandemics of infectious disease.

Source: Qatar data in Global Burden of Disease project, WHO
Model of Care for Chronic Diseases: Pre-Implementation

- Fragmented care
- Overloaded sub-specialty clinics
- Limited care-access
- Long wait times hence impacting their care-quality
- Patient satisfaction issues
- In-efficient use of resources
Drivers to the development of our vision

Appointment availability for specialist consultants

Space pressure within existing facilities

Pilot needed for patient centered approach in the ambulatory setting
How we developed the concept
How we organize ourselves
How we organize ourselves
Leadership at many levels

Daily morning Shora “Huddles”

Weekly meetings

Q2 monthly report reviews.
Organizing ourselves - Micro level leadership

Establishing daily morning “Shora” - the huddles.
How we lead change
Key elements of leadership

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Evidence based medicine and the monitoring process for our performance
Focus

Goal 1: Patient centered team
To provide a comprehensive patient centered team based care led by a physician, based on best practices through a coordinated team work that reflects the needs, preferences, and goals of patients.

Goal 2: Streamline
To streamline and coordinate patient’s access to subspecialty clinics for chronic disease patients that require intervention, follow up and continued care.

Goal 3: Integration
To decrease the unnecessary movement of patients across the system by providing integrated key subspecialty clinics within the CDM Clinics and hence improving patient experience and outcomes.
Different from the usual routine...
“Providing care that is respectful of and responsive to individual patient preferences, needs, and values, and ensuring that patient values guide all clinical decisions.”

Institute Of Medicine-2001
Mr. Patient journey

- Coordinated care
- Shared decision
- Continuity of care
- Established care
- Promoting health
- Beyond CC

I am an IMC patient.
Patient Centered Care
Towards Accomplishing
Patient-Centered Team Based Care

I. Patients’ flow
II. Appointment time
III. Shared decision making
IV. Continuity of care
We have reformed patient flow/journey

Patient appointment time
How it was before (10 steps)
How we do it today (4 steps)
10 steps

Registration

cashier

Waiting room

assessment

Pharmacy

Front desk

Physician office

Waiting room

cashier

4 steps

Registration/payment

Pharmacy/payment

+/- Waiting room

Physician office
Shared decision making
Shared decision making

“It is a process in which clinicians and patients work together to make decisions and select tests, treatments and care plans based on clinical evidence that balances risks and expected outcomes with patient preferences and values.”
Continuity of care (Empanelment):

- Linking each patient or family with a specific provider.
- IMC ensures that patients are provided care by the same clinician and care team over time.
Empowerment

Patients
- Shared decisions making
- Patients’ experience
- Shared medical appointments

Staff
- Listening
- Open access
- Ideas box
Meeting the challenges

Physical space

People and managing behavioral changes

Patients recruitment

Sustaining the Change
Challenges - Physical space
Challenges - Change management

Staff

- Recruiting right people for IMC project—it involved a major change management to the usual practice.

- Continuous and team-based healing relationships
Challenges - Patients recruitment
How do we sustain this improvement?

- Engagement of all stakeholders
- Formalize and standardize the changes
- Measurable Improvement

In line with organizational goals
Key elements of leadership

Patient engagement and experience as we build a trusting relationship

Evidence based medicine and the monitoring process for our performance
IMC Model of Care for Chronic Disease

- Tertiary and Quaternary Care
- Continuining Care
- Chronic Disease Management
- Prevention
- Primary Care

Circles interconnect to show the interrelated nature of these care levels and management.
“Providing care that is respectful of and responsive to individual patient preferences, needs, and values, and ensuring that patient values guide all clinical decisions.”

Institute Of Medicine-2001
Measuring Performance at IMC.

- Preventive and proactive care
- Age appropriate preventive screening
- Adult Immunization
Measuring Performance at IMC.

- Screening for Osteoporosis
- Patient Experience Surveys
Measuring Operational Performance at IMC: Streamline And Coordinate Patient Journey

Tasks completed:

**Operational clinics** running (Internal Medicine Clinics-IMC) providing comprehensive, coordinated, team based care to patients.

**IMC-PCC collaboration with other HMC/non-HMC facilities** to offer early appointment to our patients for investigational procedures like endoscopies etc.

Monitoring our monthly patient census/utilization, which has seen a **consistent increase**.
Measuring Operational Performance at IMC: Integrating Care

Integrated Key Subspecialty clinics within IMC
Collaborative Projects

Measuring Operational Performance at IMC: Streamline And Coordinate Patient Journey
Patient Experience Survey (PES)-Why?

BUILDING CONFIDENCE AND TRUST
IMPROVE EFFECTIVENESS OF CARE

CARE AND CONCERN YOU EXPECT FROM OTHERS
Patient Experience Survey (PES) - Why?

- Metric to measure patient perception.
- It’s the right thing to do.
- Consistent with HMC’s philosophy and mission

“Our patients are the reason we are here and we all have a role to play in making the difference to the experience they have whilst being cared for by us.”
PES matters!

96%
Of dissatisfied customers don’t complain

Dissatisfied customers tell 8-10 people, twice as many as satisfied customers.

For every 10 complaints, there are 250 others.

Source: Press Ganey

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Dissatisfied customers tell 8-10 people, twice as many as satisfied customers.

For every 10 complaints, there are 250 others.

Source: Press Ganey
Patient Satisfaction Equation

- Satisfaction = Perception - Expectations

- Perception: Service that patient believes he/she actually received

- Expectation: Should have received
High physician trust ➔
Greater compliance

Reduced patient stress ➔
Fewer medical complications
Patient Feedback - Effect on Clinical Outcomes

- Service Excellence
  - Reduces complaints and faster healing
  - (Placebo effect).

- Reduced LOS (Length of stay)
  - Improves medical staff satisfaction, recruit and retain high quality staff
Use of patient feedback as our guide for delivering improved healthcare:
Our Survey Tool

- Developed over 2 months.
- Shared with providers what the survey is about.
  - Understand what patients are being asked about.
  - Specific focus on patient comments.
- Buy in from the providers (most)!
Example: Communication with Providers

10. How well did your provider listen to your needs?
   - Extremely well
   - Very well
   - Moderately well
   - Slightly well
   - Not at all well

11. How well did your provider answer your questions?
   - Extremely well
   - Very well
   - Moderately well
   - Slightly well
   - Not at all well

12. How well did your provider explain your treatment options?
   - Extremely well
   - Very well
   - Moderately well
   - Slightly well
   - Not at all well

13. How well did your provider explain your follow-up care?
   - Extremely well
   - Very well
   - Moderately well
   - Slightly well
   - Not at all well
Survey Methods: Finding the Right Team

High-quality outcomes depend on the right mix of staff competencies with the right knowledge, skills and attitude.

<table>
<thead>
<tr>
<th>PHYSICIANS</th>
<th>NURSES</th>
<th>PHARMACY</th>
<th>ADMIN STAFF</th>
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<tbody>
<tr>
<td>Dr. Gamal Attala Farghaly</td>
<td>Maha Elsayed</td>
<td>Eimad Ali</td>
<td>Nilo Martinez</td>
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<tr>
<td>Dr. Aisha Al Kubaisi</td>
<td>Maria Luisa Fuerte</td>
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WE CAN SPEAK

Arabic, English, Dutch, French, Hindi, Kashmiri, Malayalam, Urdu, Tamil Tagalog
Survey Methods (Contd.)

► Physician and a Nurse Lead:

► Provide support and mentoring
► Review and evaluate teams work to ensure progression towards the goals.
► Confront resistance and remove barriers that impede project success.
► Selected motivated individuals who believe in improving patient experience.
► Follow up on action items
► Provide feedback to the team
Patient Experience Survey Results

**Access to Care**

<table>
<thead>
<tr>
<th></th>
<th>Benchmark</th>
<th>Mar-Apr</th>
<th>May-June</th>
<th>July</th>
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**Courteous and helpful office staff**

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Patient Experience Survey Results

Office waiting area

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Physician’s rating

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The reception is too small
Patient Experience Survey Results

**Physician’s trust**

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**Physician communication**

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Patient Experience Survey Results

Overall Patient Experience

Benchmark | Mar-Apr | May-June | July | August | Sep-Oct | Nov-Dec | Jan-16
---|---|---|---|---|---|---|---
Overall Patient Experience | 90 | 99 | 100 | 100 | 98 | 100 | 100 | 98
Benchmark | 90 | 90 | 90 | 90 | 90 | 90 | 90 | 90

Net Promotor Score

Benchmark | Mar-Apr | May-June | July | August | Sep-Oct | Nov-Dec | Jan-16
---|---|---|---|---|---|---|---
Net Promotor Score | 80 | 95 | 90 | 84 | 84 | 88 | 95 | 92
Benchmark | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80

Overall everything is fine and I am truly satisfied

I am very much satisfied with the care and treatment provided by the doctor and the staff. Thank you very much and all the best.
Patient Experience Survey Results
How Do You Sustain This Improvement?

Local measurement and ownership is key.

A balance is required - local and organizational activity.

Staff will need support to assist them in their work to improve patient experience.

Must avoid project from becoming a ‘tick-box’ activity.

The approach adopted needs to be evidence based, well designed, be simple and easy to implement and people to take part in.
How Do You Sustain This Improvement?

- Engagement of all stakeholders
- Formalize and standardize the changes
- Measurable Improvement

In line with organizational goals
To develop a Patient-centered care for CDM, replacing a physician centered system, requires engagement from all stakeholders. It requires patient engagement, buy in from healthcare team, and an engaged leadership
Physician’s practicing patient-centered care improve their patients’ clinical outcomes and satisfaction rates by improving the quality of the doctor-patient relationship.
What patients want from their physicians is a personal relationship, communication, and empathy.
Thank you!