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

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Key elements of leadership

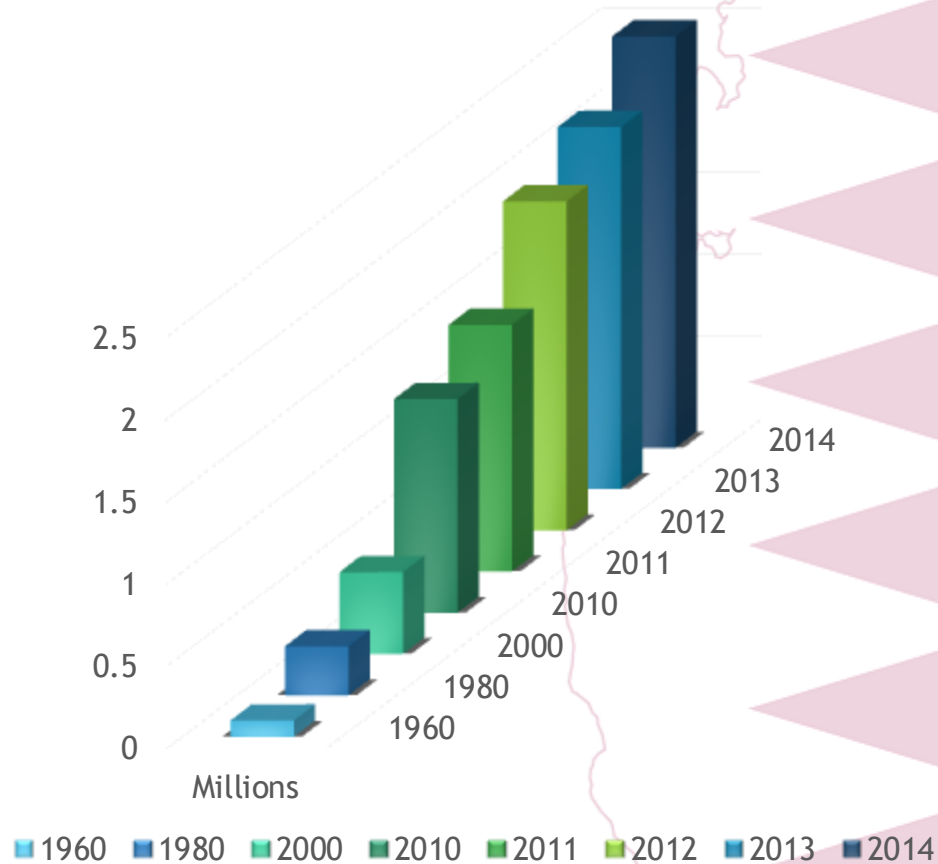Patient engagement and experience as we build a trusting relationship

Evidence based medicine and the monitoring process for our performance

Session Structure

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.

Hamad

64%
Have family history of raised blood pressure of hypertension

70%
Overweight (BMI > 25)
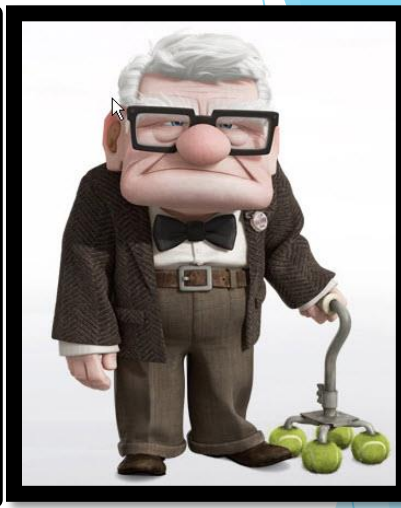
41%
Obese (BMI>30)

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

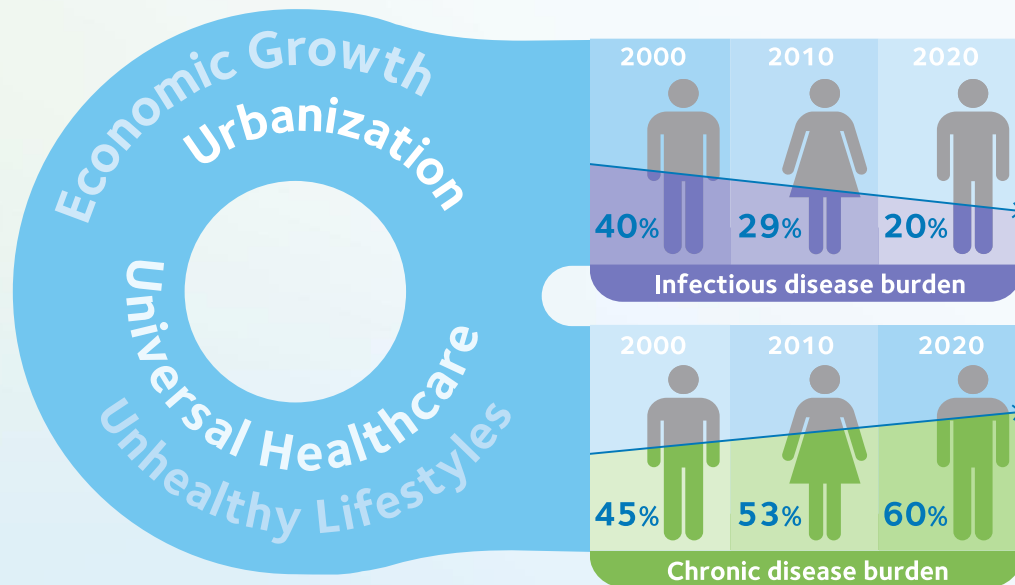# Top 10 Causes of Death in Qatar (%)

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

Economic Growth
Urbanization
Universal Healthcare
Unhealthy Lifestyles

2000	2010	2020
40%	29%	20%

Infectious disease burden

| 2000	2010	2020
45%	53%	60%

Chronic disease burden

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

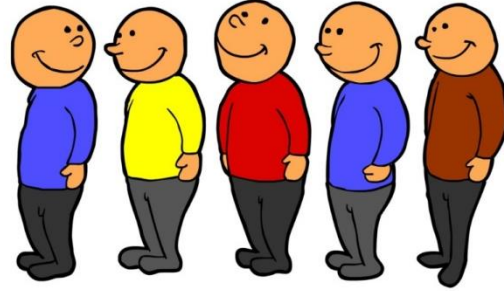# Model of Care for Chronic Diseases: Pre-Implementation

- 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
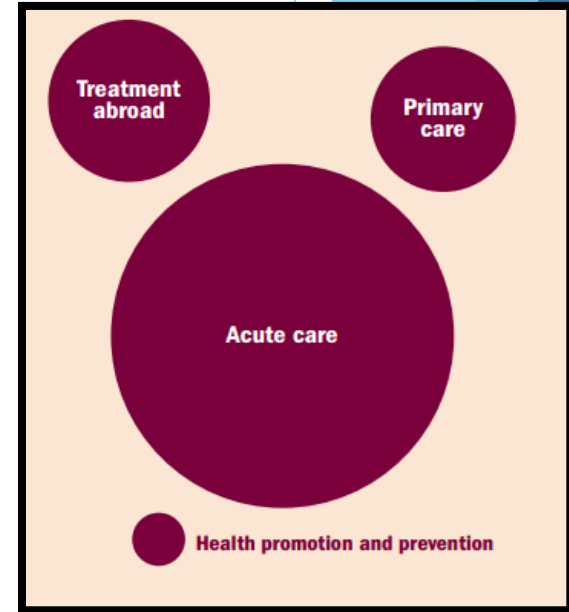
Appointment availability for specialist consultants

Space pressure within existing facilities

Pilot needed for patient centered approach in the ambulatory setting

How we developed the concept

Communication

Daily morning Shora "Huddles"

Weekly meetings

Q2 monthly
report reviews.

3

Establishing daily morning "Shora"- the huddles.

How we lead change

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.

"Providing care that is respectful of and responsive to individual patient preferences, needs, and values, and ensuring that patient values guide all clinical decisions."

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Mr. Patient journey

COORDINATED CARE

SHARED DECISION

PROMOTING HEALTH

EASY ACCESS

CONTINUITY OF CARE

ESTABLISHED CARE

BEYOND CC

I.   Patients' flow

II.   Appointment time

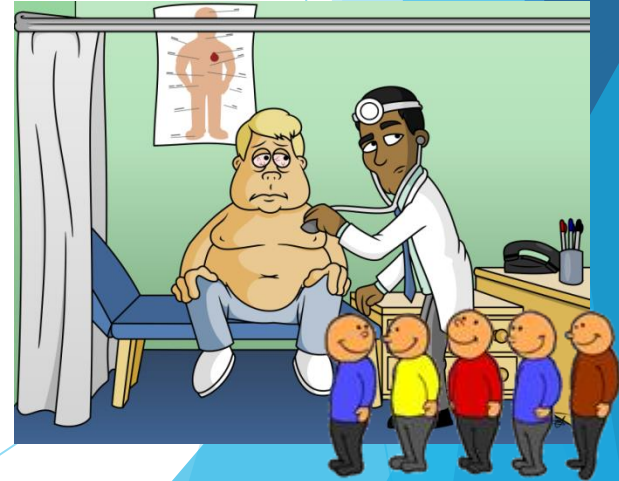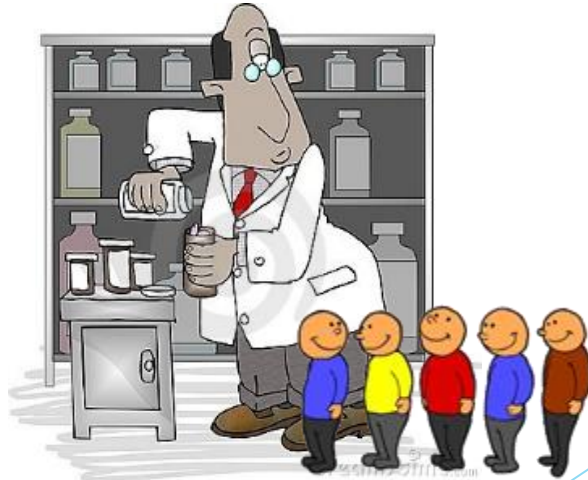III. Shared decision making

IV.   Continuity of care

We have reformed

patient flow/ journey

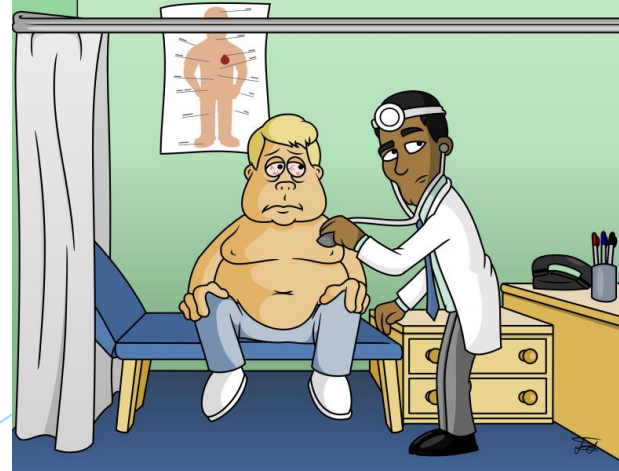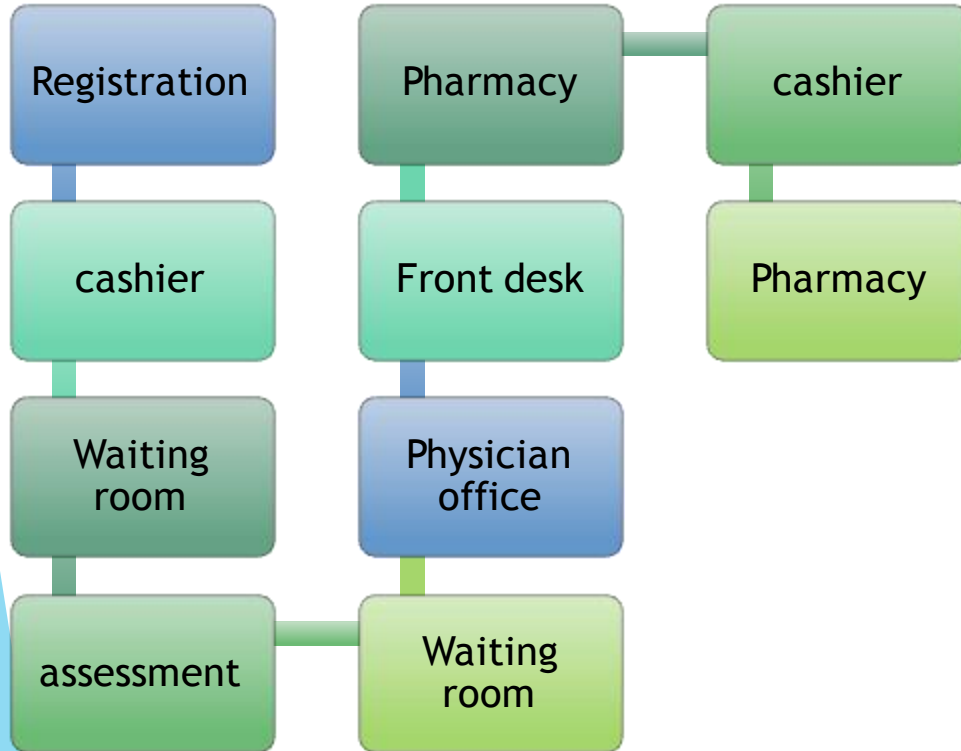Patient appointment time

10 steps

4 steps

Registration → cashier → Waiting room → assessment → Waiting room → Physician office → Front desk → Pharmacy → cashier → Pharmacy

Registration/payment → +/- Waiting room → Physician office → Pharmacy/payment

"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."

▶ 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.
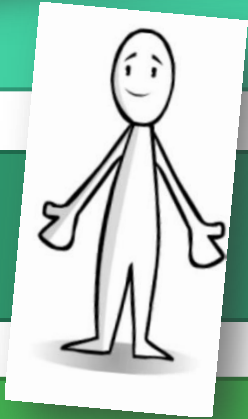
Empowerment

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

Sustaining the Change

Patients recruitment

Staff

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

▶ Continuous and team-based healing relationships

"*Providing care that is respectful of and responsive to individual patient preferences, needs, and values, and ensuring that patient values guide all clinical decisions.*"

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▶Preventive and proactive care

▶Age appropriate preventive screening

▶Adult Immunization

▶ Screening for Osteoporosis

▶ Patient Experience Surveys

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**.
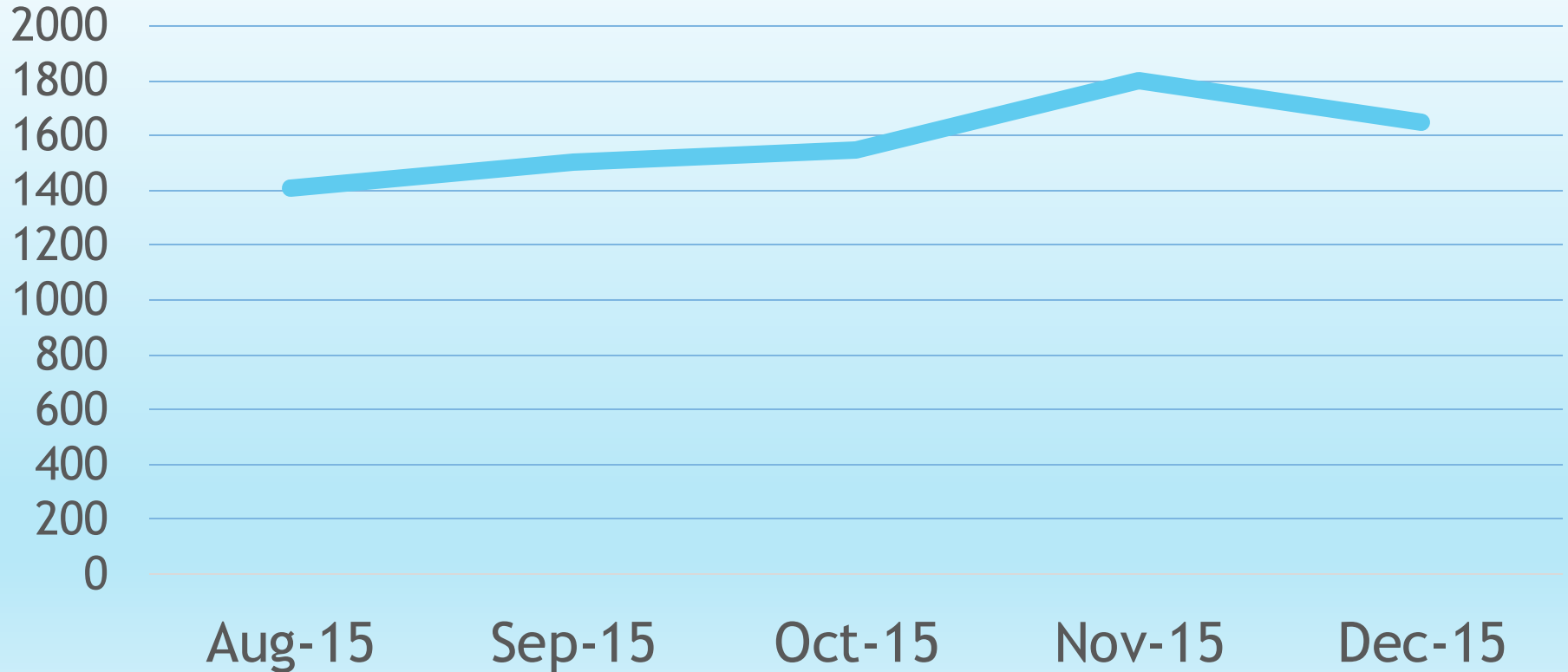
No. of Patients
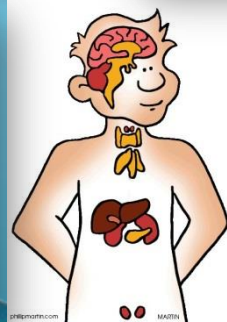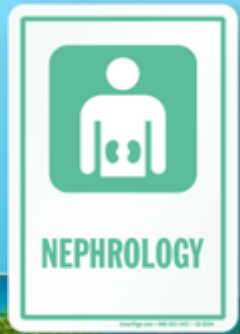
Integrated Key Subspecialty clinics within IMC

Collaborative Projects
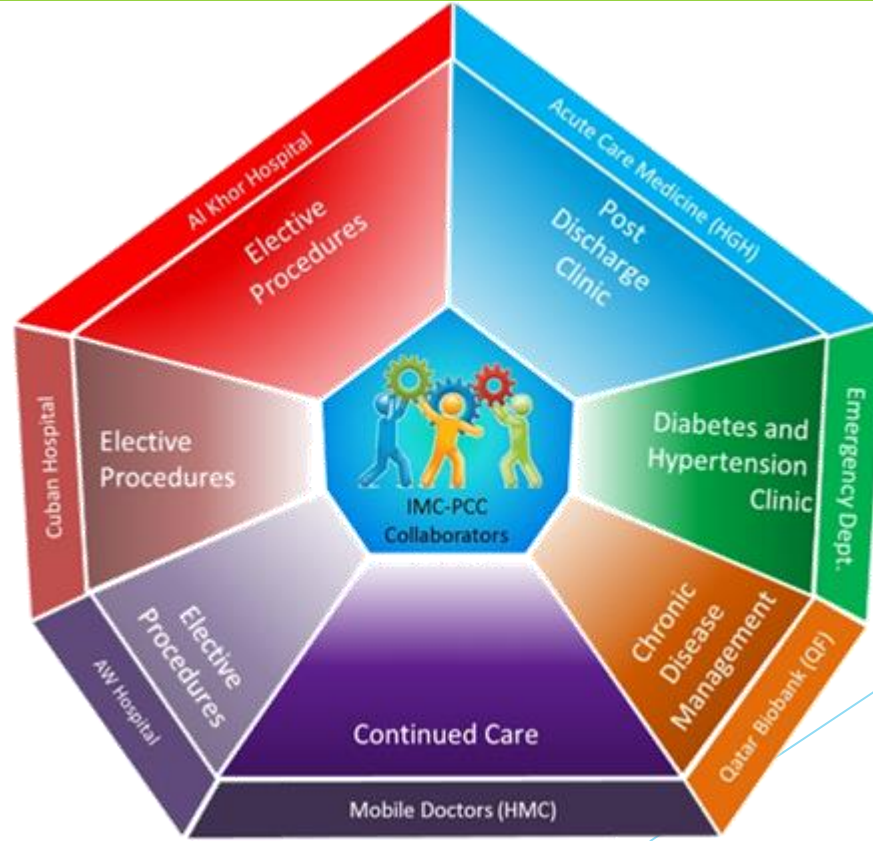
Patient Experience Survey (PES)-Why?

▶ 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

WHERE DOES IT HURT?

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

For every 10 complaints, there are 250 others.
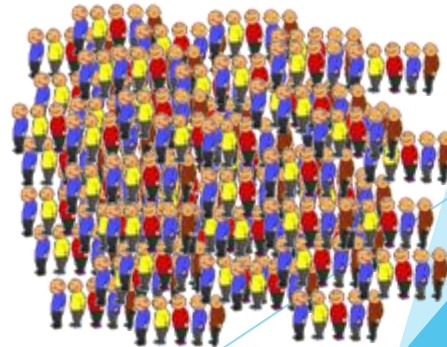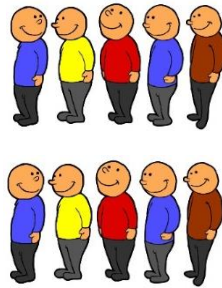
Source: Press Ganey

Patient Satisfaction Equation

▶ Satisfaction = Perception-Expectations

▶ Perception: Service that patient believes he/she <u>actually</u> received

▶ Expectation: <u>Should have</u> received

Patient Feedback-Effect on Clinical Outcomes

High physician trust

⬇

Greater compliance

Reduced patient stress

⬇

Fewer medical complications

Patient Feedback-Effect on Clinical Outcomes

Reduced LOS

(Length of stay)

Improves medical staff satisfaction, recruit and retain high quality staff

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

Use of patient feedback as our guide for delivering improved healthcare:

► 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 he right knowledge, skills and attitude

PHYSICIANS	NURSES	PHARMACY	ADMIN STAFF
Dr. Gamal Attala Farghaly	Maha Elsayed	Eimad Ali	Nilo Martinez
Dr. Aisha Al Kubaisi	Maria Luisa Fuerte	Muhammad Fawwaz	Hussain Al Hayki
Dr. Hind Ahmed	Maribel Tangonan	Navas Salim	Nuha Al Hamood
Dr. Magdi Rahman	Lily Chacko	Das Sivathasan	Muratada Mohamed
Dr. Muhannad Saleh	Maria Arulappan		
Dr. Mohammed Elfatih	Mohammad Abdul Rahmin		
Dr. Jafer Palaki	Bibi Roqia		
Dr. Silas Benjamin	Oumaima Souoyah		
Dr. Rana Zardi	Asha Alex		
Dr. Rania Tamimi	Rani Savio		
Dr. Arif Mutwali	Amira Ahmed		
	Amina Ali		

WE CAN SPEAK

Arabic, English, Dutch, French, Hindi, Kashmiri, Malayalam, Urdu, Tamil Tagalog

- 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

CARE

زيارتي كانت ممتازة جدا من ناحية التقييم العام والدكتور كان جدا ممتاز في الشرح
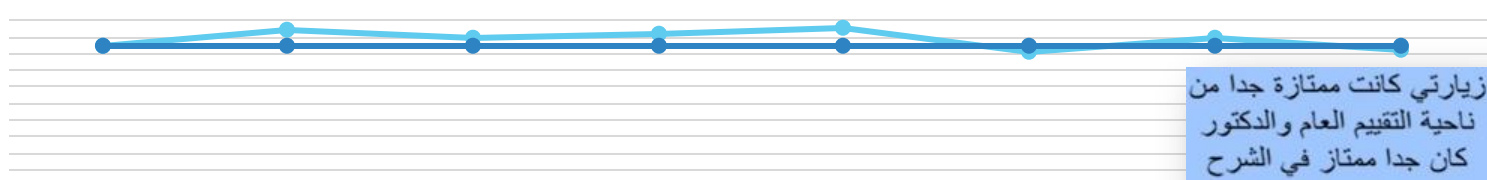
	Benchmark	Mar-Apr	May-June	July	August	Sep-Oct	Nov-Dec	Jan-16
Access to Care	85	94	90	92	95	81	90	82
Benchmark	85	85	85	85	85	85	85	85

Courteous and helpful office staff

معرفة مدة الانتظار المتوقعة واذا كان هناك عدد من المرضي قبلي كم هم ؟
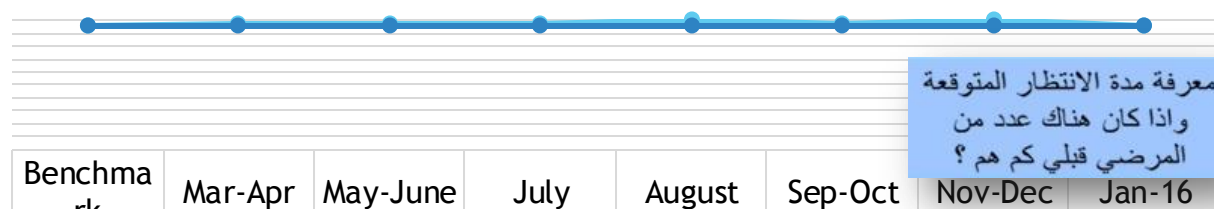
	Benchmark	Mar-Apr	May-June	July	August	Sep-Oct	Nov-Dec	Jan-16
Courteous and helpful office staff	95	97	97	97	100	98	100	95
Benchmark	95	95	95	95	95	95	95	95

Patient Experience Survey Results

Office waiting area

The reception is too small
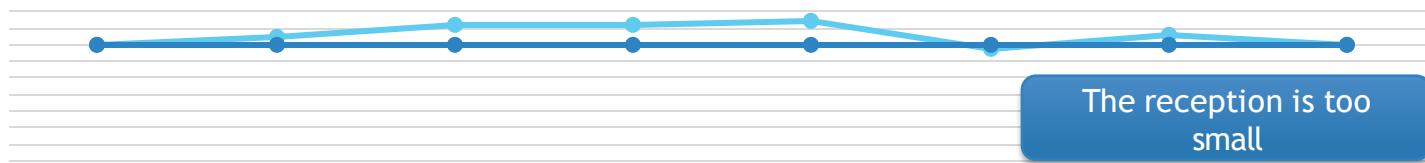
	Benchmark	Mar-Apr	May-June	July	August	Sep-Oct	Nov-Dec	Jan-16
Office waiting area	80	85	92	92	94	78	86	80
Benchmark	80	80	80	80	80	80	80	80

Physician's rating
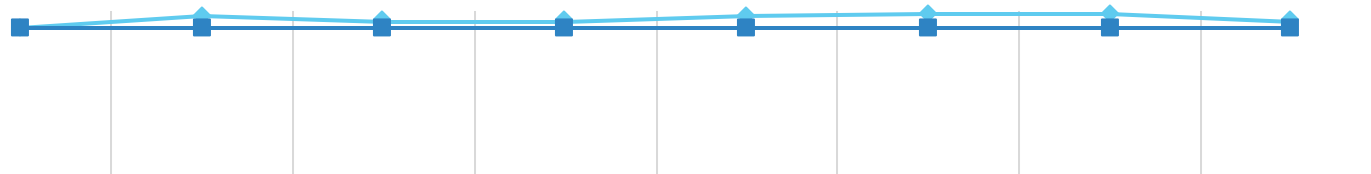
	Benchmark	Mar-Apr	May-June	July	August	Sep-Oct	Nov-Dec	Jan-16
Physician's Rating	90	97	94	94	97	98	98	94
Benchmark	90	90	90	90	90	90	90	90

Patient Experience Survey Results

Physician's trust

	Benchmark	Mar-Apr	May-June	July	August	Sep-Oct	Nov-Dec	Jan-16
Physician's Trust	90	97	97	97	100	100	100	98
Benchmark	90	90	90	90	90	90	90	90
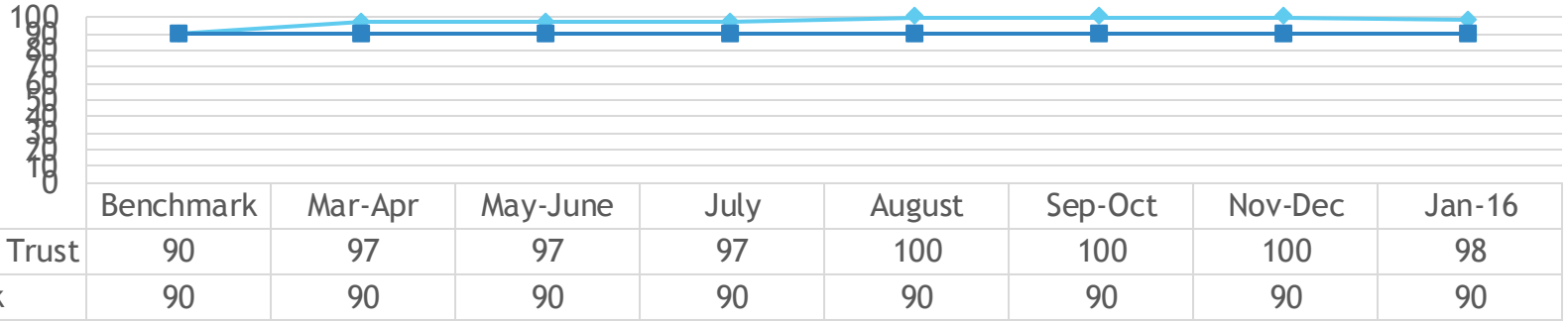
Physician communication

	Benchmark	Mar-Apr	May-June	July	August	Sep-Oct	Nov-Dec	Jan-16
Physician's Communication	90	98	98	98	100	100	100	99
Benchmark	90	90	90	90	90	90	90	90
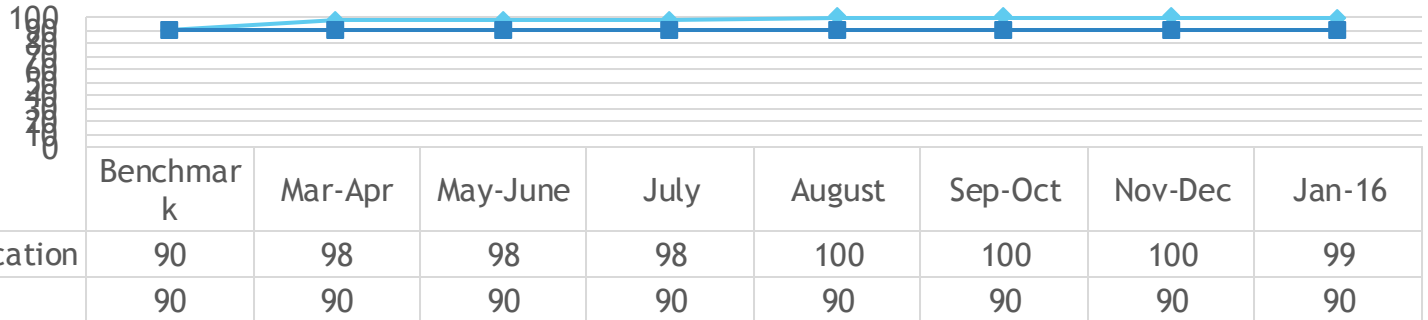
Patient Experience Survey Results

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
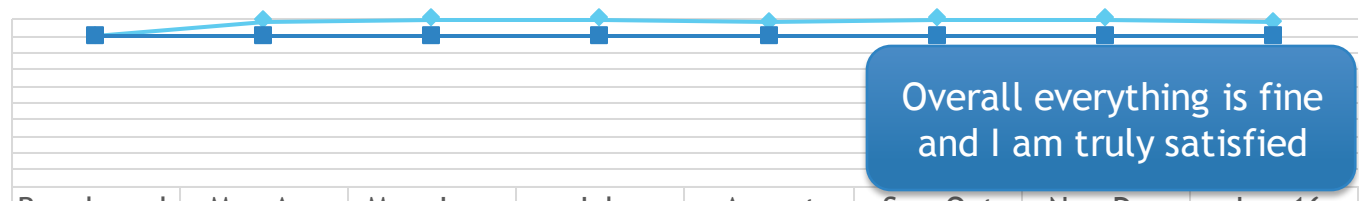
Overall everything is fine and I am truly satisfied

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
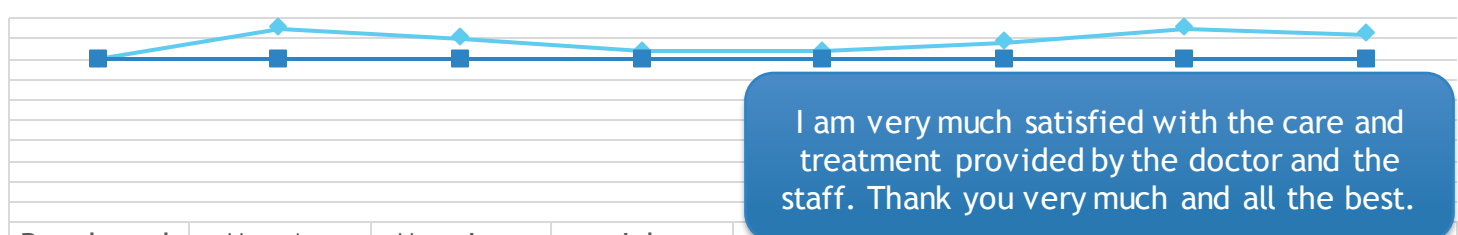
I am very much satisfied with the care and treatment provided by the doctor and the staff. Thank you very much and all the best.

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

PES

BUY IN

PATIENT CENSUS

INCENTI-VES

PROTOCOL IN PLACE

OTHER KPIs
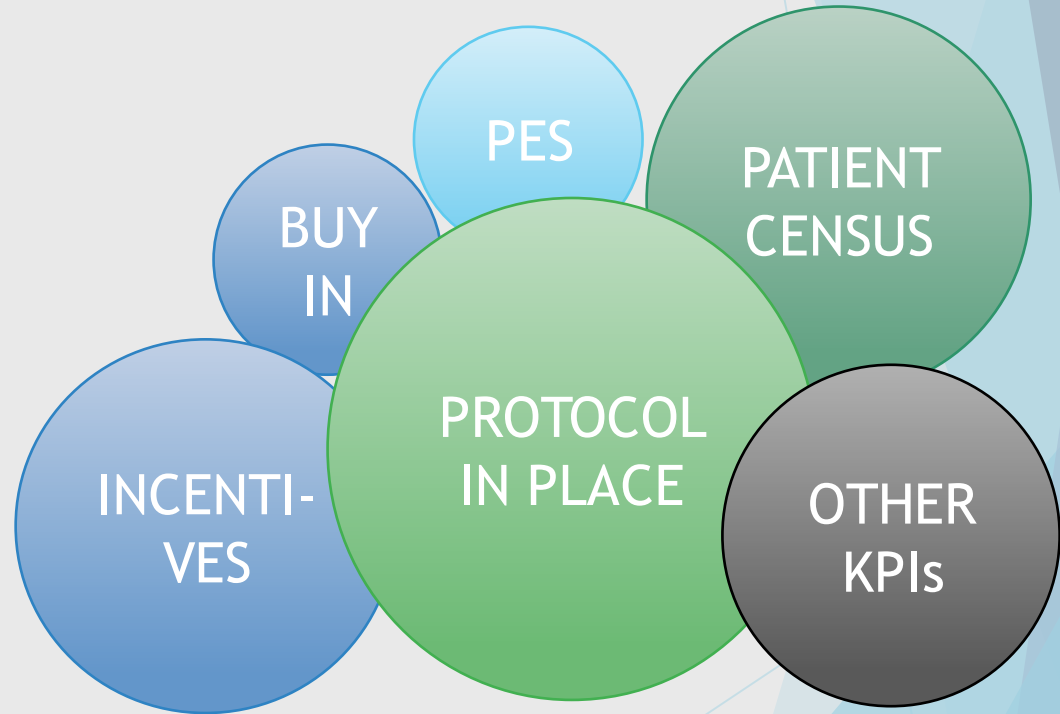
In line with organizational goals

Conclusion

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.

Conclusion.

What patients want from their physicians is a personal relationship, communication, and empathy.

Thank you!