

The Development of a Primary Health Care system in the State of Qatar

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Abstract

Primary health care plays a vital role in a nation's public health care system. The importance of an effective and comprehensive primary health care system is growing with increasing life expectancy and growing chronic disease burden. We document the recent establishment and development of a primary health care system in the state of Qatar. Primary health care Corporation Qatar is an arm of the Ministry of Public Health and is delivering safe and effective primary health care services to the population of Qatar via its 26 primary health care centers. The development of primary health care services in Qatar can be used as an example to inform development of similar systems in nations, which lack developed primary health care systems.

Background

A developed and integrated primary healthcare system has been shown to be a vital part of a nation's public healthcare infrastructure and integral to promoting health and wellness. A well developed and well-resourced primary health care system can play a vital role in reducing use of scarce secondary care resources, improve early detection of disease and improve outcomes for patients. [1]

Primary health care systems have been well established in countries such as the United Kingdom, Australia and Canada and other nations such as the United States are also recognizing the importance of Primary Care. [2] It is also being recognised that establishment of an effective primary care system is vital for the Gulf Cooperation Council (GCC) countries due to increasing incidence of chronic diseases and life expectancy [3].

The World Health Organization has called for development of strong primary health care systems and in its 2018 Astana Declaration for Primary Health care, reiterated the critical importance of primary health care and stated that primary health care "has proven to be a highly effective and efficient way to address the main causes of, and risk factors for, poor health, as well as for handling the emerging challenges that may threaten health in the future" [4].

This paper aims to document the development of an established primary care system in the state of Qatar and how it is organized and managed to meet the needs of the native and expatriate populations.

Organisational Structure

The Ministry of Health in Qatar gave approval for a comprehensive primary health care system as far back as 1978 and Primary Healthcare Corporation (PHCC) was made an independent body in 2012 responsible for delivering primary healthcare to the population of Qatar. PHCC is a large corporate body with multiple departments and levels of management.

Figure 1: Various Directorates within PHCC

1. Office of Managing Director
2. Corporate Communication Department
3. Legal Affairs
4. Health and Information Systems/Information Technology
5. Administration and Finance
6. Facilities and Engineering
7. Operations
8. Clinical Affairs
9. Work force Training
10. Quality and Patient Safety Directorate
11. Service Development
12. Occupational Health and Safety

Each directorate is in turn responsible for multiple subdivisions, for example the clinical affairs directorate is responsible for clinical audit and clinical guidelines (clinical effectiveness), clinical licensing, research and communicable disease and infection prevention. The quality and patient safety directorate is responsible for quality improvement, risk management, performance measurement and policy management.

The operations directorate oversees the functioning of all health care centres and initiatives such as the school health programme, screening programme and home health programme for house bound patients. Qatar is split into central, western and northern regions for the purposes of primary health delivery, with each region having a director and responsible for health centres within their respective regions. Each health centre in turn is led by a senior family medicine consultant who liaises with the regional director and corporate governing bodies to ensure safe and effective functioning of the health centre. A health centre also has an administrative head responsible for non-clinical staff such as reception staff, customer services support assistants and other auxiliary staff such as cleaners and maintenance teams. Under the leadership of the health center manager, a physician in charge provides a further tier of management to the physicians working in health centres and run day to day affairs such as rota organisation and scheduling of training and appraisals and ensuring policies and directives are adhered to for the functioning of the health center and safe delivery of care.

Accessibility

A typical PHCC health center opens 7 days a week and has both a morning shift of 7am to 2pm and an evening shift of 4pm to 11pm and thus provides good access to services, whilst some health centres provide urgent care services and operate a night shift. Thus patients can access primary care services 24 hours a day if needed.

Studies have shown extended access to primary care services reduces attendance to emergency departments for minor ailments and thus reduces pressure on overburdened emergency departments in secondary care. [5] This is particularly important in the context of health care in Qatar as waiting times in emergency departments can be many hours. Urgent care centers providing access to timely primary care services reduce pressure on secondary care.

Any resident of Qatar can access a primary health clinic by registering for a health card at a health center, which costs 100 Qatari Riyals. Thus, expatriates and residents alike are entitled to comprehensive primary care services upon registering their details. Each health center has a catchment area and thus residents of a particular area are encouraged to register with their respective health center.

In most clinics, appointments with health care professionals can be booked on the phone by calling a centralised booking service or by attending a health center and speaking to a member of the reception staff. The vast majority of patients are seen on the same day they request appointments.

Within the health center, the patient journey is dependent on whether they pre book an appointment or attend the health center without an appointment. Those patients with a pre booked appointment usually have their vital signs recorded and height and weight documented by a nurse before they see a physician. Those patients without appointments are triaged by nurses so they can be allocated to an appropriate physician depending on whether they have a presentation of an urgent or routine nature.

Workforce

Each Health center is staffed with both male and female family medicine physicians who have completed residency in family medicine programmes in western countries and across the world. Indigenously trained family medicine graduates are also entering the work force. There are also doctors who are general practitioners who have been working for many decades with vast experience.

There are numerous other staff in PHCC health centres which include nurses, pharmacists, dieticians, diabetic educators, dentist, cleaners, customer service support staff, reception staff, secretaries, radiographers, radiologist, laboratory technicians, and phlebotomists amongst others.

Having a skilled work force is a vital part of delivering excellent primary care services that are of a reputable standard.

Information Technology

The use of technology is widespread in the primary health care system with all notes being computerised and interestingly, both government secondary care and primary care utilize the same medical software so primary care physicians can see what has occurred with patient care in hospital and vice versa. This is actually an excellent state of affairs as even more developed health systems such as the NHS in the United Kingdom have yet to have uniformity of software between primary and secondary care despite their best efforts. In addition, all referrals are done electronically to the respective hospitals and specialties. All prescriptions done in PHCC are also electronic and no paper prescription is needed unless it is for a restricted item that is intended to be used in a non PHCC pharmacy or is a controlled drug, such as narcotics.

Evidence shows that electronic prescribing is an excellent way of digitalising healthcare and has been shown to reduce prescribing errors.[6]

Furthermore, PHCC utilises IT to have a fully functioning intranet system, which includes a policy portal with clinical guidelines for staff, a learning management system in which staff can register for CPD courses, and an incident reporting portal amongst many other features.

Specialised Services

Despite PHCC being responsible for primary care it also provides specialist clinics in designated health centres. Health centres without these specialist clinics can then be referred to the designated health centres. Specialist clinics include Ear Nose and Throat clinic, Paediatric Clinic, Ophthalmology Clinic and Dermatology Clinic. Other services such as optometry, audiology, dietetics, physiotherapy and health education are also available in designated health centers.

Preventative Approach

The Primary health care corporation also manages the national bowel and breast screening initiative in Qatar. Bowel screening is offered to men and women between the ages of 50 to 74 years and the screening test is recommended annually.

The Breast screening programmes are offered to women aged 45 to 69 years and are repeated 3 yearly. National screening programmes for breast cancer utilising mammography have been shown to result in early detection and reduced mortality. [7] Currently, the majority of colorectal cancers world wide are detected at an advanced stage so national screening programmes for the early detection of this disease is important in an attempt to reduce morbidity and mortality. [8]

PHCC also invites its patients to do routine health checks, which include measurement of blood pressure, BMI, cholesterol and blood sugar amongst other investigations such as ECGs in high-risk patients. This is part of a preventative health care approach to detect and manage disease early.

Accreditation

External regulation and accreditation of an organisation is an integral part of quality control and clinical governance. PHCC is accredited by Accreditation Canada International which is a healthcare accreditation body that has surveyed and visited 25 primary health centres in Qatar and conducted many surveys including patient and staff surveys. PHCC has achieved diamond level accreditation, which is the highest level offered by the organisation and is a good indicator of the quality of healthcare being delivered by PHCC. Staff surveys have also demonstrated the accreditation process has promoted awareness of patient safety and quality issues. [9]

Summary

Primary health care is becoming increasingly recognised as a vital and integral part of a nation's healthcare structure and delivery. Qatar has developed a comprehensive primary health care system and continues to expand its facilities both in number and quality. Its current 26 primary health care centres provide safe and effective primary health care that is responsive to the needs of its service users. It has well established facilities and an expanding highly skilled international workforce to complement the highly respected secondary care system. This article presents Qatar as a model for other nations in the Middle East and North Africa region when developing and enhancing their own primary care systems.

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