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CONFERENCE ABSTRACT

Improving Chronic diseases management through integration, in Jeddah, Saudi Arabia

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Introduction: Prevalence rates of chronic diseases are increasing in Saudi Arabia, contributing almost 60% of all premature deaths in 2016, estimated to rise to 73% by 2020. Of these, diabetes and hypertension are most common with prevalence rates of 23% and 26% respectively. In Jeddah region, at 30% diabetes prevalence is the highest regionally in Saudi Arabia.

A key failing of the Jeddah approach to chronic disease management is the disconnect between primary care and secondary/tertiary services. In an attempt to improve care, Jeddah Department of Health Affairs commenced integration of primary and secondary chronic disease care. We discuss progress on the new integrated approach for diabetes management.

Short description of practice change implemented

A multi-phase integration of chronic disease management through improved co-ordination between primary and secondary care providers and shared case management. Phase 1 aims to improve referral systems and access to specialist care teams for primary care physicians.

Aim and theory of change: To improve health outcomes for patients with diabetes in Jeddah through the improvement of case management by providing primary care physicians with specialist support and access to patient information. The is aimed at encouraging shared responsibility, establishing relationships between primary healthcare professionals and related specialties, and taking specialist care closer to the patient.

Targeted population and stakeholders: The programme targets the 4000 people living with diabetes in Jeddah, includes primary and secondary care providers, and other stakeholders in the local community.

Timeline: Implementation started in May 2017, and it is anticipated that full phase 1 integration will be achieved by December 2018.

Highlights: The targeted outcomes access to care, improved patient's satisfaction, self-management and clinical outcomes with resultant improvements in quality of life and reduced mortality/morbidity. There would also be reduction in emergency department use and readmissions.

Comments on sustainability: The current effort sits within a wider national reform programme providing new integrated care models. The aim is to ensure this programme aligns with the national approach.

However, the planned changes are poorly understood by local leaders and health care workers, with this consequent lack of local ownership a major barrier for sustainability.

Comments on transferability: The current programme sits within the larger national model of care currently being piloted. Formative and (independent) summative evaluations have been built into the approach to allow for transferability through identification of success factors and key learnings.

Conclusions: This integrated system has the potential to provide an enabling environment for the improvement of diabetes management. Primary care physicians now function as part of a wider team, with improved access to specialist services.

Discussions: Whilst there has been improved interaction with specialists, integration of patient records is still not implemented, and use of shared guidelines and protocols have yet to be addressed. This will be key for the next phase.

Lessons learned: Effective integration needs adequate preparation and stakeholder buy-in before the implementation stage. The approach is being amended to empower local stakeholders to own and improve care management.

Keywords: chronic diseases; integration; saudi arabia; jeddah