



HCM-500-12957-201810 - (CURRENT SEMESTER - الفصل الحالي) HCM-500: HEALTHCARE SYSTEMS 12957-RIYADH-MALES



Module 14: Critical Thinking

Rasheed Aldosari on Tue, Dec 04 2018, 9:47 PM



89% highest match

Submission ID: 535f7712-905c-4ce2-8023-7b800ba7e0da

Regulations and Healthcare A...

Word Count: 1,659

Attachment ID: 245161247

89%

Citations (12/12)



- 1 Another student's paper
- 2 <https://bmjopen.bmj.com/content/5/6/e007801.full>
- 3 Another student's paper
- 4 Another student's paper
- 5 Another student's paper
- 6 Another student's paper
- 7 Another student's paper
- 8 Another student's paper
- 9 Another student's paper
- 10 Another student's paper
- 11 Another student's paper
- 12 Another student's paper



1 REGULATIONS AND HEALTHCARE ACCESS IN SAUDI ARABIA

Critical Thinking Student Name: Rasheed Aldosari Student ID: S180004991

Instructor: Dr. David Milen Course: HCM – 500 Healthcare systems 12957 Riyadh - Males Date 12/04/2018

Introduction In the Kingdom of Saudi Arabia (KSA), healthcare is offered for free to Saudi citizens through more than 2000 primary healthcare centres and 420 hospital (SA Monetary Agency).

Saudis do not make use of periodic health examinations despite their cost-free availability. For instance, among women eligible for breast cancer screening, only a low percentage are actually screened (El Bcheraoui et al, 2015).

The Saudi Ministry of Health has invested considerable to prevent disease and promote health, with a special focus on non-communicable diseases.

However, demographics show that more than 1.9 million (15.2%) and 1.7 million (13.4%) Saudis aged 15 years or older are hypertensive and diabetic, respectively (El Bcheraoui et al, 2014).

2 FURTHERMORE, 57.8% AND 43.6% OF THOSE AFFECTED HAVE NOT BEEN DIAGNOSED WITH HYPERTENSION AND DIABETES, RESPECTIVELY, WHILE AMONG THOSE DIAGNOSED, 31.1% AND 9% ARE NOT TREATED. AMONG THOSE TREATED, 55.0% AND 29.1% DO NOT HAVE THEIR CONDITION UNDER CONTROL (EL BCHERAOU ET AL, 2014).

Distance to healthcare settings and types of healthcare settings have been reported to impact on patients' healthcare-seeking behaviour (Buzza et al, 2011).

3 EVOLUTION OF HEALTHCARE IN SAUDI ARABIA THE HEALTH

SERVICES BEGAN WITH LIMITED RESOURCES AND VERY SMALL CLINICS, AND GRADUALLY REACHED HIGHLY SOPHISTICATED MODERN HOSPITALS, MEDICAL CENTRES AND CITIES.

THE RAPID GROWTH OF HEALTH SERVICES HAS ALSO BEEN ACCOMPANIED BY A WELL-PLANNED SAUDIZATION PROCESS IN MANPOWER, TO RUN SUCH SERVICES.

THIS WAS REFLECTED BY INVESTING IN SCHOLARSHIPS, TRAINING COURSES AND FINALLY ESTABLISHING THE SAUDI COUNCIL FOR HEALTH SPECIALTIES, WHICH PROVIDE STRUCTURED TRAINING PROGRAMS.

PAEDIATRIC SURGERY IS ONE OF THE YOUNGEST SPECIALTIES TO GROW IN KSA. IT ONLY RECEIVED ATTENTION AFTER 1980 AND HAS RAPIDLY GROWN TO BECOME A WELL-RECOGNIZED SPECIALTY WITH APPROXIMATELY 50 PAEDIATRIC SURGERY SPECIALISTS AND CONSULTANTS PRACTICING IN THE FIELD (AL-RABEEAH, 2003).

4 EFFORTS TO ESTABLISH SUCH COLLEGES ARE IN ACCORDANCE WITH TRAINING PROGRAMMES THAT AIM TO SUBSTITUTE THE LARGELY EXPATRIATE WORKFORCE WITH QUALIFIED SAUDI ARABIAN NATIONALS IN ALL SECTORS, INCLUDING HEALTH (TUMULTY, 2001).

THE BUDGET ALLOCATION FOR TRAINING AND SCHOLARSHIPS HAS INCREASED AND MANY MOH EMPLOYEES ARE OFFERED A CHANCE TO PURSUE THEIR STUDIES ABROAD (HEALTH SYSTEM PROFILE).

5 STRUCTURE OF HEALTHCARE AND CHALLENGES TO ACCESS TO HEALTHCARE THE MOH PROVIDES HEALTH SERVICES AT 3 LEVELS: primary, secondary and tertiary (Health Statistical Year Book, 2009).

6 PHC CENTRES SUPPLY PRIMARY CARE SERVICES, BOTH PREVENTIVE AND CURATIVE, REFERRING CASES THAT REQUIRE MORE ADVANCED CARE TO PUBLIC HOSPITALS (THE SECONDARY LEVEL OF CARE).

Cases that need more complex levels of care are transferred to central or specialized hospitals (the tertiary level of healthcare).

2 NEITHER DISTANCE TO NOR TYPE OF HEALTHCARE CLINIC ARE BARRIERS TO DIAGNOSIS, TREATMENT, OR CONTROL OF TWO LEADING CHRONIC DISEASE IN KSA.

ACCESS TO HEALTHCARE IS AN IMPORTANT DETERMINANT OF HEALTH. SEVERAL STUDIES HAVE SHOWN THAT THE AVAILABILITY OF FACILITIES WITHIN ACCESSIBLE DISTANCE IMPROVES HEALTH.

STRUCTURE OF HEALTHCARE AND CHALLENGES TO ACCESS TO HEALTHCARE SAEED ET AL (2001) FOUND THAT THE LONGER THE DISTANCE TRAVELLED TO PRIMARY HEALTHCARE CENTRES IN RIYADH, THE LOWER THE PATIENTS' SATISFACTION, WITH 39% OF PATIENTS CONSIDERING THE PRIMARY HEALTHCARE CENTRE (VARY) FAR STUDIES ON PATIENT SATISFACTION WITH HEALTHCARE FACILITIES AND SERVICES IN KSA AND WERE FOCUSED ON THE SAUDI MINISTRY OF HEALTH PRIMARY HEALTHCARE CENTRES.

MOST STUDIES SHOWED A HIGH RATE OF DISSATISFACTION AMONG USERS. OF FACILITY CHARACTERISTICS, DISTANCE TRAVELLED, FACILITY WORKING HOURS, ABSENCE OF SPECIALTY CLINICS, WAITING TIME, WAITING AREA STRUCTURE AND CONFIDENTIALITY MEASURES, WERE THE NEGATIVE FACTORS MOST IMPACTING PATIENTS' SATISFACTION(AL-DOGHAITHER, 2004).

STRUCTURE OF HEALTHCARE AND CHALLENGES TO ACCESS TO HEALTHCARE STAFF CHARACTERISTICS, SURGEONS' SERVICES, LANGUAGE BARRIERS WITH PHYSICIANS AND COMMUNICATION ABOUT HEALTH STATUS, WERE THE FACTORS MOST CORRELATED WITH DISSATISFACTION. AS FOR PATIENTS' CHARACTERISTICS, WOMEN AND THE LEAST EDUCATED SEEM TO BE MORE SATISFIED THAN MEN AND MORE EDUCATED PATIENTS, RESPECTIVELY (AL-DOGHAITHER, 2004).

ALAHMADI (2010) RESEARCH ON PATIENT SAFETY CULTURE IN SAUDI HEALTHCARE FACILITIES FOUND THAT INTEREST OF MANAGEMENT AND PATIENT SAFETY PROCEDURES ARE ONLY TRIGGERED AFTER AN ADVERSE EVENT HAS OCCURRED.

7 THE MEDICALLY UNDERSERVED POPULATION

Despite this relatively high expenditure on health (5% of GDP) (Saudi Arabia, 210) most of the facilities in the healthcare system remain largely concentrated in the three main and most densely populated cities, namely:

Riyadh, the political capital with 18% of the Ministry of Health (MoH) hospitals and 18% of the Primary Health Care Centers (PHCCs) for 6.2 million people;

Jeddah and Makkah with 9% of the MoH hospitals and 7.5% of the PHCCs for a population of 4.9 million;

The Eastern Region, including Dammam and Qasim, which has 15% of the MoH hospitals, and 13.4% of the PHCCs for a population of 3.4 million (Saudi Statistical Year Book, 2010).

The above implies other rural population remain largely underserved because of this structural failure

7 FINANCING OF HEALTHCARE

Oil-derived wealth has funded free public sector services, including healthcare, for all citizens, without collecting taxes or contributions (Al-Hanawi et al, 2017).

8 THE SAUDI MINISTRY OF HEALTH PROVIDES 60% OF THESE SERVICES FREE OF CHARGE, WHILE OTHERS, INCLUDING THE PRIVATE SECTOR, PROVIDE THE REMAINDER.

2 THE MINISTRY CONTINUES TO INVEST IN BUILDING INFRASTRUCTURE THROUGHOUT THE KINGDOM. The 2014 Ministry of Health budget calls for building 34 new hospitals.

7 FINANCING OF HEALTHCARE

1 DESPITE THE SUBSTANTIAL RESOURCES THAT THE GOVERNMENT IS CURRENTLY ABLE TO ALLOCATE TO THE HEALTHCARE SYSTEM, THE SYSTEM IS INCREASINGLY UNDER STRAIN AS A RESULT OF THE MOST PERTINENT CHALLENGES FACED BY PUBLICLY FUNDED HEALTHCARE SYSTEMS, LEADING TO RAPID INCREASES IN EXPENDITURE AND DEMAND WHILE RESOURCES REMAIN FINITE.

THESE CHALLENGES INCLUDE RAPID DEMOGRAPHIC CHANGES, AN AGEING POPULATION, AN INCREASE IN SEDENTARY LIFESTYLES, RISING COSTS, INCREASING USER EXPECTATIONS, AND CHANGING DISEASE PATTERNS (AL-HANAWI, 2017).

9 HEALTHCARE POLICY SAUDI ARABIA'S PUBLIC HEALTH SECTOR IS 'OVERWHELMINGLY FINANCED, OPERATED AND MONITORED BY THE MINISTRY OF HEALTH (MOH).

10 TO MEET THE CHALLENGES OF THE SAUDI HEALTH CARE SYSTEM AND TO IMPROVE THE QUALITY OF HEALTH CARE SERVICES, THE

MOH HAS SET A NATIONAL STRATEGY FOR HEALTH CARE SERVICES

This strategy focuses on:

11 DIVERSIFYING FUNDING SOURCES;

6 DEVELOPING INFORMATION SYSTEMS;

DEVELOPING THE HUMAN WORKFORCE;

ACTIVATING THE SUPERVISION AND MONITORING ROLE OF THE MOH OVER HEALTH SERVICES;

ENCOURAGING THE PRIVATE SECTOR TO TAKE ITS POSITION IN PROVIDING HEALTH SERVICES;

IMPROVING THE QUALITY OF PREVENTIVE, CURATIVE AND REHABILITATIVE CARE; AND , DISTRIBUTING HEALTH CARE SERVICES EQUALLY TO ALL REGIONS (ALMALKI ET AL, 2011).

THE NATIONAL STRATEGY FOR HEALTH CARE SERVICES IS TO BE IMPLEMENTED BY THE MOH IN COOPERATION WITH OTHER HEALTH CARE PROVIDERS AND IT WILL BE SUPERVISED BY THE COUNCIL OF HEALTH SERVICES (ALMALKI ET AL, 2011).

7 VISION 2030 HEALTHCARE PROPOSALS

8 STUDIES HAVE IDENTIFIED THE WEAKNESSES OF THE EXISTING SAUDI HEALTH-CARE SYSTEM AND OFFERED METHODS TO ACHIEVE COST-EFFECTIVE, QUALITY HEALTH-CARE SERVICES.

12 STUDY BY SEBAI ET AL (2001) FOUND THAT SAUDI ARABIA IS INCURRING HIGH COSTS, AS WELL AS FACING CONCERNS ABOUT QUALITY OF CARE.

8 TO RESOLVE THESE ISSUES, THE GOVERNMENT PLANS TO RESTRUCTURE AND REFORM THE HEALTH-CARE SYSTEM THROUGH ITS VISION 2030.

THIS INCLUDES THE PLAN TO INVOLVE THE PRIVATE SECTOR AND INCREASE ITS SHARE FROM 25% TO 35% IN THE COMING YEARS (GOVERNMENT OF SAUDI ARABIA, 2016A).

To achieve successful implementation, the government has reserved 6 billion SAR to support the transformation of the health sector (Government of Saudi Arabia, 2016a)

7 ROLE OF THE NATIONAL TRANSFORMATION PROGRAM IN HEALTHCARE

8 TO COPE WITH FUTURE CHALLENGES SUCCESSFULLY, THE SAUD HEALTH SYSTEM IS EXPECTED TO UNDERGO TRANSFORMATION AND CHANGE BY 2020.

7 THE GOALS OF THE NTP 2020 INCLUDE:

INCREASING THE SHARE OF THE PRIVATE SECTOR THROUGH ALTERNATIVE FINANCING AND SUPERVISION; INCREASING THE EFFICIENT USE OF EXISTING RESOURCES;

IMPROVING THE EFFICIENCY AND EFFECTIVENESS OF HEALTH CARE WITH INFORMATION TECHNOLOGY AND DIGITAL TRANSFORMATION;

IMPROVING GOVERNANCE IN THE HEALTH-CARE SYSTEM THROUGH ACCOUNTABILITY MECHANISMS; ADDRESSING THE QUALITY OF PATIENT SAFETY ISSUES; AND, IMPROVING THE INFRASTRUCTURE AND SAFETY STANDARDS IN HEALTH-CARE FACILITIES AS WELL AS IN FACILITY MANAGEMENT (GOVERNMENT OF SAUDI ARABIA,

2016B).

12 IMPEDIMENTS TO AN ORGANIZATION'S READINESS TO CHANGES SUCH AS THOSE IN NTP 2020 MAY INCLUDE THE LACK OF POLITICAL WILL AND SUPPORT FROM LEADERSHIP, LEGAL HINDRANCES, LACK OF FUNDS FOR CHANGE, AND POOR COORDINATION AMONG THE PEOPLE RESPONSIBLE FOR IMPLEMENTING REFORMS.

2 PREVENTATIVE MEASURES ENACTED BY GOVERNMENTAL AND NONGOVERNMENTAL ENTITIES DESPITE AVAILABILITY OF HEALTH FACILITIES AND THE FREE HEALTHCARE SYSTEM IN KSA (EL Bcheraoui et al, 2015), SAUDIS DO NOT SEEM TO SEEK PREVENTION OR CARE UNTIL AFTER DEVELOPING DISEASE SYMPTOMS OR REACHING AN ADVANCED STAGE OF ILLNESS.

HOWEVER, THE SAUDI MINISTRY OF HEALTH INVESTS CONSIDERABLE FUNDS IN PREVENTION AND HEALTH PROMOTION CAMPAIGNS (SAUDI MINISTRY OF HEALTH).

6 IMPLEMENTATION OF E-HEALTH AND ELECTRONIC INFORMATION SYSTEMS HAS ALREADY STARTED IN A NUMBER OF HOSPITALS AND ORGANIZATIONS SUCH AS THE KING FAISAL SPECIALIST HOSPITAL AND RESEARCH CENTRE, NATIONAL GUARD HEALTH AFFAIRS, MEDICAL SERVICES OF THE ARMY FORCES AND UNIVERSITY HOSPITALS (ALTUWAIJRI, 2008).

2 CONCLUSION ACCESS TO HEALTHCARE IS AN IMPORTANT DETERMINANT OF HEALTH. SEVERAL STUDIES HAVE SHOWN THAT THE AVAILABILITY OF FACILITIES WITHIN ACCESSIBLE DISTANCE IMPROVES HEALTH. Therefore, in some countries, including KSA, distance to health facilities is considered when planning on building new health facilities.

2 IT IS CRUCIAL FOR THE MINISTRY TO UNDERSTAND WHY SAUDIS ABSTAIN FROM USING PREVENTIVE SERVICES, INCLUDING PERIODIC HEALTH EXAMINATIONS AND SCREENINGS FOR PREVENTABLE DISEASES.

GIVEN THE LACK OF INFORMATION ON THIS IN KSA, FORMATIVE RESEARCH THROUGH QUALITATIVE RESEARCH METHODS IS NEEDED, AS NO ASSUMPTIONS EXIST REGARDING THE REASONS BEHIND SEEKING HEALTHCARE, OR THE LACK OF CARE-SEEKING, AMONG SAUDIS.

HOWEVER, THE FOCUS ON INDIVIDUAL FACTORS IS NOT ENOUGH.

SYSTEM-BASED FACTORS SHOULD ALSO BE QUESTIONED TO UNDERSTAND RELEVANT ASPECTS OF THE SYSTEM, INCLUDING THE QUALITY OF CARE.

FINDINGS FROM SUCH STUDIES CAN HELP MODIFY AND IMPROVE THE SYSTEM IN ORDER TO INCENTIVISE THE SAUDI POPULATION TO BENEFIT MORE FROM THEIR FREE HEALTHCARE SYSTEM.

References

References

References

References