
2023

Implementing a patient engagement framework in the primary healthcare system in Qatar

Nawal Khattabi

Primary Health Care Corporation Qatar

Mohammed Abdalla

Primary Health Care Corporation Qatar

Amal Al Ali MD.

Primary Health Care Corporation Qatar

Mariam Abdul Malik MD.

Primary Health Care Corporation Qatar

Follow this and additional works at: <https://pxjournal.org/journal>



Part of the [Communication Commons](#)

Recommended Citation

Khattabi N, Abdalla M, Al Ali A, Abdul Malik M. Implementing a patient engagement framework in the primary healthcare system in Qatar. *Patient Experience Journal*. 2023; 10(3):74-80. doi: 10.35680/2372-0247.1812.

This Case Study is brought to you for free and open access by Patient Experience Journal. It has been accepted for inclusion in Patient Experience Journal by an authorized editor of Patient Experience Journal.

Implementing a patient engagement framework in the primary healthcare system in Qatar

Nawal Khattabi, *Primary Health Care Corporation, nkhattabi@phcc.gov.qa*

Mohammed Abdalla, *Primary Health Care Corporation, maaabdalla@phcc.gov.qa*

Amal Al Ali, MD, *Primary Health Care Corporation, aalali@phcc.gov.qa*

Mariam Abdul Malik MD, *Primary Health Care Corporation, mabdulmalik@phcc.gov.qa*

Abstract

The healthcare system in Qatar has acknowledged the need for patient-centered care (PCC) in its strategic intentions. The primary care system in Qatar consists of 31 health centers located throughout the country, managed by the Primary Health Care Corporation (PHCC). PHCC sought accreditation through Accreditation Canada, which in 2018 included a priority for PCC, including engaging patients in all aspects of the organization. A formal patient engagement (PE) framework was developed and fully implemented in the primary health care system. The framework involved patients in strategic and operational aspects of all organizational activities at national and health center levels, including participating in committees and activities such as quality improvement projects. Engaging patients in their own direct care was seen as part of the clinical process by our healthcare professional staff. Development of our patient engagement framework included recruiting a significant number of patients, outlining governance for implementation and oversight, documenting all the processes involved, and then implementing the PE framework. The outcomes of implementation of the PE framework include evidence of benefits for the organization, staff, and patient advisors. Although more patients responded to requests to provide feedback on their care, the patient experience data has not shown significant improvement in patients' perceptions of their care experiences in our health centers as a result of engaging patient at service design level. Our experience demonstrates the intricacy of engaging patients in a healthcare system. Implementation of patient engagement in the clinical care process needs to be given equivalent weight in a patient engagement framework.

Keywords

Patient-centered care, patient engagement, consumer engagement, patient experience

Introduction

Globally, patient engagement is becoming a stated goal for healthcare systems.¹⁻⁷ The Lancet Global Health Commission on High Quality Health Systems explained the logic behind the patient engagement movement: *The emphasis on people-centeredness is especially crucial in health care because of the asymmetry of power and information between provider and patient. The focus on people works not only as a moral imperative to protect against the adverse effects of this power imbalance but also as a corrective action that reduces the imbalance through patient empowerment and better accountability... People are necessary partners in providing health care and improving health outcomes; they are not only the core beneficiaries of the health system, but also the agents who can hold these systems to account.*⁸

The health care system in the State of Qatar has acknowledged the need for patient-centered care (PCC). The National Health Strategy aims to establish an integrated health system that values patient experience and empowers patients to have an active role and responsibility for their own health.⁹ The primary care system in Qatar

consists of 31 health centers (HCs) located throughout the country, managed by the Primary Health Care Corporation (PHCC). Primary care in Qatar exists to provide person-centered health care services in the community, focusing on disease prevention, healthy lifestyles, and wellness. PHCC has always placed significant emphasis on providing safe, high quality and person-centered health services.¹⁰

In 2014, PHCC embarked on a rigorous evaluation process with Accreditation Canada's Qmentum International Accreditation program to assess, monitor and improve performance in our health centers on an ongoing basis. Considering the expectations of accreditation, PCC was added to the PHCC corporate strategic plan as a strategic priority area.¹⁰ In the accreditation process implemented in 2018 by Accreditation Canada, PCC became a priority process in governance and leadership standards to be implemented at program and service levels.

These circumstances — the national strategy and the aspiration to maintain accreditation — led to the need for a structured patient engagement framework to nurture a patient-centered culture.

How the patient engagement framework was developed

PHCC’s initial PCC strategy started in 2015 as part of its intent to develop services that are effective in meeting community needs. The initial work was limited to holding focus groups with patients. The newer accreditation requirements in 2018 involved engaging patients in all stages of service delivery from planning to evaluation and monitoring. With the change in accreditation expectations, a new framework was needed to address the requirements, considering the context of a primary care system operating on 31 sites.

A patient engagement function (PE) was created within the PHCC structure with a remit to develop and implement the patient engagement framework. In considering how to develop the patient engagement framework, we learned that there is considerable variation in the definition of patient engagement and its implementation.^{6, 11-17} Some definitions focused on a practitioner’s relationship with an individual patient and how a healthcare practitioner and a patient work together to make decisions for the patient. Others described engaging patients as active partners in leadership and governance of a healthcare organization. Several patient engagement frameworks were reviewed and considered in view of the unique context of primary care in Qatar and the accreditation standards that described when and how

patients are to be involved. Also, we intended that the framework should ensure that the patient’s contribution is of value to him or her as well as to the organization.

Our approach was to ensure that patient involvement was intended to be at both strategic and operational levels. Representatives of members of the public and patients were invited to participate in committees as standing members or in focus groups to discuss a specific topic. In addition, individual health centers were facilitated to provide an opportunity for community-based activities including patient involvement in process and service design. Developing a patient engagement framework for PHCC required developing an engagement model, recruiting a significant number of patients, outlining governance for implementation and oversight, documenting all the processes involved, and planning for implementation.

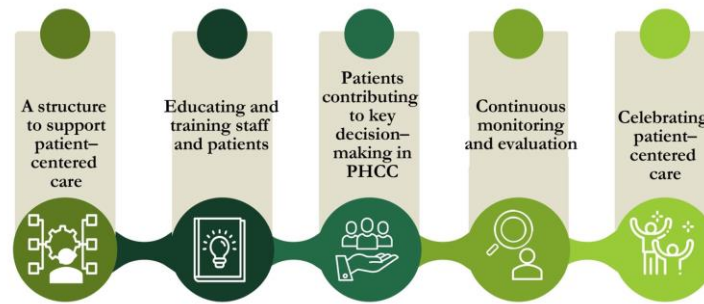
In view of our objectives, our patient engagement framework, therefore, had a patient recruitment policy and process, incorporating an expectation that patients would continue their contributions throughout their commitment period. Also, we acknowledged that our patient partners needed to be equipped with training for participation in the work of health centers, for example, on participating in quality improvement projects.

Key principles, objectives, and content of the framework document

Our Patient Engagement framework is shown in Figure 1. It is driven by the National Health Strategy (referred to as NHS2), the corporate strategic plan (CSP), and

Figure 1. Patient engagement model



Figure 2. Processes implemented in the patient engagement framework

Accreditation Canada standards. NHS2 outlines several changes required for primary care to achieve the vision of being “comprehensive, integrated, person-centered,” and “working in partnership with individuals, families, and communities to advance health and well-being”.⁹

Accreditation Canada Version 4 standards are designed to drive PCC culture in organizations. The PHCC corporate strategic priority area (SPA) 4 addresses stronger partnership with patients, families and communities. In implementing the strategy, PHCC employed an evidence-based approach to designing services in line with the CSP. SPA 4 aims for a service delivery model that is person-centered, with genuine and meaningful patient engagement and involvement.¹⁰ PCC criteria require active partnerships with patients not only in their care but in planning and design and decision-making. The design of PHCC PE framework model is inspired by Ontario Patient Engagement Framework.¹⁸

The PCC requirements from the AC, NHS2, and CSP requirements have four guiding principles:

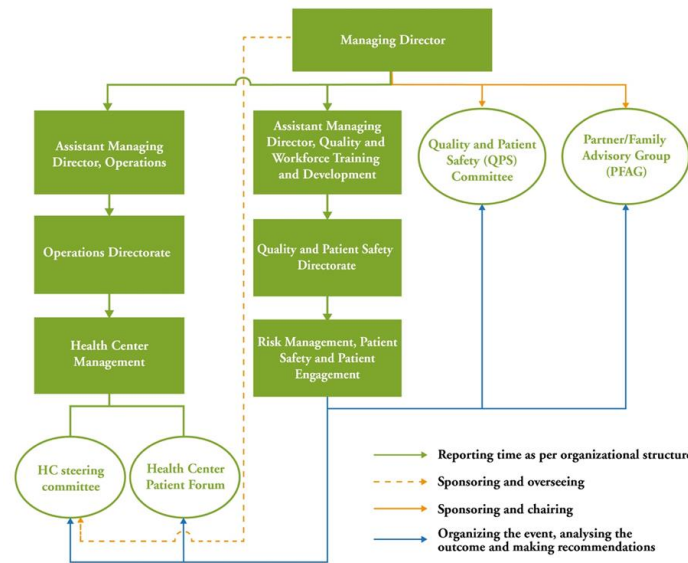
- **Dignity and respect** — Health care practitioners listen to and honor patient and family perspectives and choices. Patient and family knowledge, values, beliefs, and cultural backgrounds are respected and catered for during the engagement activities as well as the planning and delivery of care.
- **Information sharing** — Health care practitioners communicate and share complete and unbiased information with patients and families in ways that are affirming and useful. Patients and families receive timely, complete, and accurate information to effectively participate in care and decision-making.
- **Participation in healthcare** — Patients and families are encouraged and supported to participate in care and decision-making at the level they choose.
- **Collaboration** — Patients, families, healthcare practitioners, and healthcare leaders collaborate in policy and program development, implementation, and evaluation; facility design; research; professional education; and the delivery of care.

To foster a culture of PCC, patients and families should be engaged at all levels including policymaking and strategic planning, execution, and monitoring and review of services and projects as well as working at the local provider level. At each level, numerous channels and platforms to engage patients are made available in addition to inviting patients to be standing members in key committees, such as the Ethics Committee, the Quality and Patient Safety Committee, and the Senior Management Executive Committee

How the patient engagement framework was implemented in all health centers

Implementing a framework for transforming an organizational culture didn’t happen simply by starting new activities; it required thorough and robust rethinking of all organizational systems to reflect and embed a culture of people-centered care. The key implementation steps in Figure 2 were:

1. **Developing a governance structure and engaging leadership** — It was critical to have support for the implementation of the framework. The top leader in PHCC establishing the urgency of PCC transformation and making the current situation sound unpalatable was a driving force for PHCC.
2. **Building capacity for staff and patients** — Having the know-how eases resistance and empowers both staff and patients.
3. **Giving a voice to patients in key committees and decision-making processes** — Ideally more than one patient is involved.
4. **Continuous monitoring through key performance indicators (KPIs) and regular reporting** — It is essential to ensure that we are getting the desired outcome we are looking for or we need to adjust how things are working, including adjusting the governance structure as we gain experience with implementing the framework.

Figure 3. Patient engagement framework governance structure

- Celebrating with staff and patients — Noting every milestone achieved and sharing successful stories from different engagement activities contributes to success.

A governance structure and engaged leadership

The right governance structure is essential. In PHCC context, roles and responsibilities are defined as part of the framework (see Figure 3).

All layers of the organization are responsible for embedding the culture of PCC. Patient engagement strategies are overseen by the PHCC Managing Director who has explicit responsibility for overseeing patient engagement activities and ensuring that organizational services are people-centered, and processes are co-designed with patients and continuously improved by genuine and meaningful PE. The Senior Management Executive Committee is responsible for the clinical, administrative, and financial governance of PHCC. Each Executive Director ensures that patient engagement activities are part of their projects and operational plans. The Quality and Patient Safety (QPS) Committee oversees the quality and patient safety activities within the organization with patients actively participating in committee meetings. The Risk Management and Patient Safety and Patient Engagement Department has responsibility for facilitating meetings involving patients, analysis of patient feedback and making recommendations accordingly, and the implementation of all patient engagement activities and ensuring improvements are made based on patient input.

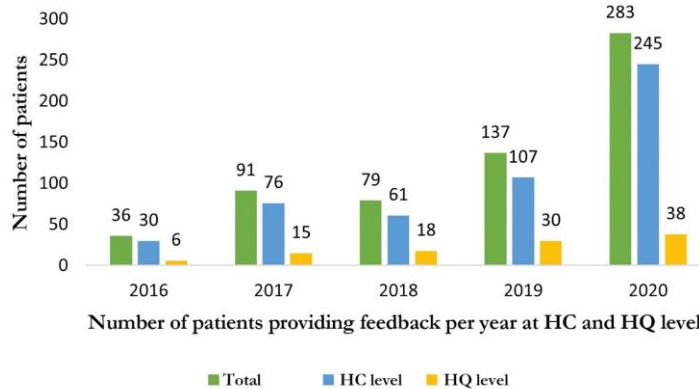
Building capacity and PCC training for staff and patients

Four levels of training were developed:

- PCC orientation delivered to all staff and patients recruited for patient engagement (15 minutes)
- A mandatory PCC e-learning module for all staff to complete at their own pace (1 hour)
- PCC for leaders, delivered face-to-face by an external provider (1 day)
- PCC Specialist certificate training for key staff responsible for facilitating engagement activities or leaders expected to contribute significantly to nurturing the culture of PCC (40 hours).

The in-house orientation and e-learning modules were co-designed, tested, and revised with input from both staff and patients.

In addition to the training, a health center manager's guide was developed to further empower HC managers and equip them to carry out local patient engagement activities. The guide provided tips to effectively engage with patients and families, key engagement activities to be undertaken in the health centers, tips on facilitation skills, and how to best use patients' feedback in enhancing and improving services, which was purposefully intended to bridge the gap between what is provided as care and what is experienced and/or expected by patients. The manager's guide was developed and tested with both health center managers and patients.

Figure 4. Number of patients providing feedback per year

Giving a voice to patients in key committees and decision-making processes

Many committees in health care organizations ensure multidisciplinary representation of the staff involved in care delivery at meso and macro levels. However, patients and families are not just passive recipients of the health care, they are co-producers of their health outcomes.¹⁹⁻²⁰ Therefore, it is key to involve patients in committees where their experiences and quality and safety of care are discussed. Ideally, each committee includes more than one patient or family member, for example, 30 percent of Ethics Committee members are patients.

Continuous monitoring through KPIs and regular reporting

Transforming a culture takes time and requires consistent actions with measurable outcomes. The PCC indicators developed included both process and outcome measures. Process measures are used for activities that will take more time to show the impact. These measures are reported to senior management on a regular basis, which enables managers to identify where PE activities need to be adjusted and also when targets are achieved.

Celebrating with staff and patients

Every milestone in the PE program achieved is celebrated by sharing success stories from different patient engagement activities in the PHCC newsletter or holding an award ceremony for achieving an important milestone. The intent is that each achievement is visible to both patients and staff and acknowledges the impact of their contributions. In 2022, PHCC organized an Excellence in PCC award as part of Patient Safety Campaign, which celebrated a high-impact improvement project that was conducted with patient advisors.

Outcomes of implementation of the patient engagement framework

Initially, PHCC and the health centers concentrated on welcoming and socializing the idea of patient advisors taking part in decision-making at design and planning levels. However, until the PE framework was developed and implemented in 2019, very few patients participated in providing feedback to PHCC and health centers, as shown in the graph of the number of patients providing feedback. (Figure 4)

There has been a steady increase in the number of patients providing feedback over the years leading up to the implementation of the patient engagement framework. Also, patient advisors have provided input on all the different platforms established for their participation. The patterns in the data suggest that patients are more interested in participating, and the organization is more prepared to listen to patients' inputs.

The implementation of the framework has provided several benefits to the organization, the staff and the patients' advisors. However, from data provided by patients who provide feedback on their care experiences, it is less clear if the patient engagement framework is benefiting the larger patient community.

Benefits to the organization

PHCC was commended by Accreditation Canada for developing a systematic and comprehensive approach to embedding patient-centered care throughout the organization. PHCC was first organization to be granted the People-Centered Care Commitment Award by AC. This is a milestone that highlights the success of the framework in supporting the achievement of all accreditation requirements related to PCC.

The governance structure and regular reporting of PCC measures have kept senior leadership informed and

engaged in all aspects of the implementation of PE activities, which enables prompt response and decision-making by PHCC. For example, during the COVID-19 pandemic, it was decided that if PCC is the operational culture in the organization, then PE activities are to continue during the pandemic. PE activities were adjusted to operate as virtual forums. Maintaining engagement with the patient advisors during the pandemic: crystalized the importance of PCC for leaders and all staff; increased the trust with patients; and supported timely adjustments in the pandemic response, especially in terms of patient flow for COVID-19 patients and virtual services.

Benefits to the staff

Busy staff members working in health centers can face many challenges in a working day. Typically, staff adjust to the challenges and stretch to get the work done without escalating or reporting issues. Often, it has been a patient advisor who raises a point that is affecting their experience, while staff are doing their best to cope with circumstances. For example, regarding patient flow in pharmacies early in the pandemic, some health centers coped by having pharmacy staff or nurses deliver medications to patients in an isolation room prior to discharge, even though this practice caused unnecessary occupation of isolation rooms in addition to adding nonclinical work to clinical staff at their busiest times. Patient advisors called attention to long waiting times in the isolation room just to get medication. The solution developed was to initiate a medication home-delivery service, which was appreciated by both staff and patients.

Benefit to the patient advisors

Along with an empowering governance structure, and tools and techniques to equip staff and patients to participate in key organizational decision-making, PHCC activated several patient engagement platforms and initiatives as illustrated in Figure 5.

Patient advisors have expressed several positive feelings about their engagement with PHCC and health centers, especially seeing tangible changes made based on their input. Some patients were vocal about their positive experiences on social media, and some sent written notes to staff. Patient advisors who attended committee meetings expressed how much they learned about the complexity of delivering healthcare services and expressed a better understanding of “being in the shoes of” staff and decision-makers.

Response of the larger patient community

As part of the ongoing evaluation of the primary care system, patients are routinely asked to provide feedback on their care experiences through different platforms and at several opportunities. All patients receive an experience questionnaire after they visit any health center. Although more patients respond to the request to provide feedback, the patient experience data has not shown significant improvement in patients’ perceptions of their care experiences in the health centers as a direct result of the framework implementation.

Conclusion

Our patient engagement framework concentrates on involving patients in our health care delivery system and making contributions to how our health centers work to deliver primary care services. Engaging patients in their own direct care, through motivating and teaching patients to manage their own health conditions, was seen as part of the clinical process carried out by our doctors, nurses, and allied health professionals.

Our experience demonstrates the intricacy of engaging patients in a health care system. One approach — developing and implementing a patient engagement framework — suggests that patients are happily engaged with our healthcare delivery system. Another approach — asking patients individually about their personal

Figure 5. How patients contribute to key decision-making



experiences with our care — provides a different outlook. Patient engagement needs to incorporate all the dimensions identified in the evidence base including direct care, organization design and governance, and policymaking. Our current challenge is to integrate these approaches to PE and to have positive effects from both perspectives of patient engagement. Implementation of patient engagement in the clinical care process needs to be given equivalent weight in a patient engagement framework, working with healthcare professionals to better empower patients to be active participants in their own health care. Our experience provides valuable insight for healthcare organizations: Data on the success of patient engagement at the organizational level may not match data on the success of patient engagement at the individual patient level.

References

1. Department of Health. *High quality care for all: NHS next stage review final report*. London: Department of Health; 2008. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/228836/7432.pdf. Accessed February 24, 2023.
2. Ontario Health Quality Council. *QMonitor: 2009 report of Ontario's health system*. Toronto: Ontario Health Quality Council; 2009. https://books.google.co.uk/books/about/Q_Monitor.html?id=oNTMZwEACAAJ&redir_esc=y. Accessed February 24, 2023.
3. Bradshaw PL. Service user involvement in the NHS in England: genuine user participation or a dogma-driven folly? *J Nurs Manag*. 2008;16(6):67-81. doi:10.1111/j.1365-2834.2008.00910.x.
4. Say RE, Thomson R. The importance of patient preferences in treatment decisions—challenges for doctors. *BMJ*. 2003;327(7414):542-5. doi:10.1136/bmj.327.7414.542.
5. Coulter A. What do patients and the public want from primary care? *BMJ*. 2005;331(7526):1199–1201. doi:10.1136/bmj.331.7526.1199.
6. Bombard Y, Baker GR, Orlando E, et al. Engaging patients to improve quality of care: a systematic review. *Implement Sci*. 2018;13(1):98. doi:10.1186/s13012-018-0784-z.
7. Institute of Medicine (US) Committee on Quality of Health Care in America. *Crossing the quality chasm. A new health system for the 21st century*. Washington, DC: National Academies Press; 2001. <https://www.ncbi.nlm.nih.gov/books/NBK222274/>. Accessed February 24, 2023.
8. Kruk ME, Gage AD, Arsenault C, et al. High-quality health systems in the Sustainable Development Goals era: time for a revolution. *Lancet Glob Health*. 2018;6(11):e1196-21252. doi:10.1016/S2214-109X(18)30386-3.
9. State of Qatar, Ministry of Public Health. *National Health Strategy 2018-2022*. <https://www.moph.gov.qa/english/strategies/National-Health-Strategy-2018-2022/Pages/default.aspx>. Accessed February 24, 2023.
10. Primary Health Care Corporation Corporate Strategic Plan 2019-2023; [https://www.phcc.qa/portal_new/admin/images/documents/2019/Corporate Strategic Plan 2019-2023 English.pdf](https://www.phcc.qa/portal_new/admin/images/documents/2019/Corporate%20Strategic%20Plan%202019-2023%20English.pdf). Accessed February 24, 2023.
11. Carman K, Dardess P, Maurer M, et al. Patient and family engagement: a framework for understanding the elements and developing interventions and policies. *Health Aff (Millwood)*. 2013;32(2):223-31. doi:10.1377/hlthaff.2012.1133.
12. Conway J, Johnson B, Edgman-Levitan S, et al. *Partnering with patients and families to design a patient- and family-centered health care system. A roadmap for the future. A work in progress*. Bethesda MD and Cambridge MA: Institute for Family-Centered Care and Institute for Healthcare Improvement; 2006. <https://www.ihc.org/resources/Pages/Publications/PartneringwithPatientsandFamilies.aspx?> Accessed February 24, 2023.
13. Dukhanin V, Topazian R, DeCamp M. Metrics and evaluation tools for patient engagement in healthcare organization- and system-level decision making: a systematic review. *Int J Health Policy Manag*. 2018;7(10):889-903. doi:10.15171/ijhpm.2018.43.
14. Faber MJ, Vijn TW, Jilissen MCMC, Grim D, Kremer JAM. Implementation of patient engagement in the Netherlands: a stimulating environment within a large academic medical centre. *Healthc Q*. 2018;21(SP):50-5. doi:10.12927/hcq.2018.25638.
15. Sharma AE, Huang B, Knox M, Willard-Grace R, Potter MB. Patient engagement in community health center leadership: how does it happen? *J Community Health*. 2018;43(6):1069-74. doi:10.1007/s10900-018-0523-z.
16. Coulter A. *Engaging patients in healthcare*. New York: McGraw-Hill Education; 2011.
17. Engaging patients to improve science and value in a learning health system. In: Institute of Medicine, Olsen LA, Saunders RS, McGinnis JM, eds. *Patients charting the course. Citizen engagement and the learning health system*. Washington DC: National Academies Press; 2011.
18. Ontario Patient Engagement Framework. <https://www.hqontario.ca/Portals/0/documents/pe/ontario-patient-engagement-framework-en.pdf>. Accessed February 24, 2023.
19. Batalden P. Getting more health from healthcare: quality improvement must acknowledge patient coproduction—an essay by Paul Batalden. *BMJ*. 2018;362:k3617. doi:10.1136/bmj.k3617.
20. Elwyn G, Nelson E, Hager A, Price A. Coproduction: when users define quality. *BMJ Qual Saf*. 2020;29(9):711-16. doi:10.1136/bmjqs-2019-009830.