Management Of Care Processes

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Introduction

The term "health services planning" is being used more frequently these days, indicating the increased interest in the topic as we enter the twenty-first century. However, different people interpret the term differently. Health care delivery systems throughout the United States are employing the triple aim (improving the experience of care, improving the health of populations, and reducing per capita costs of health care) as a framework to transform health care delivery. In some circumstances, it could relate to a hazy concept of social engineering in healthcare. It could apply to something as precise as the operation of a certificate-of-need process or the architecture of a health institution in some cases. Understanding and effectively managing population health is central to each of the aim's three elements.

Care management is a series of steps taken by a professional care manager to help solve the problems of older people and others facing heath care challenges and their families. The care manager may be a doctor, nurse, social worker or a gerontologist, or another human service professional. He/ she uses classic social work and nursing tools, including client assessment, care planning, service coordination, and referral and monitoring.

Care management has emerged as a leading practice-based strategy for managing the health of populations. It is also a preventative service that helps older people, and their families see the long view of their problems to prevent issues before they come up and that advises older people on how to age well through the decrements of life. A survey of the planning literature reveals a wide range of definitions in use, as well as occasions when the author provides no definition at all. Indeed, experts disagree on how to define health planning, and the notion is constantly being redefined as planning attempts to "find itself" in the new millennium. Although the plan is the tangible result of the planning process, this definition oversimplifies the relevance of a plan. The plan's formal codification should be represented by the printed product that arises from the planning process. It establishes the environment for planning and should serve as a roadmap for achieving a certain objective or set of goals.

Question (1):

The fast pace by which technology is evolving creates a competitive challenge to health care services providers, furthermore, the complexity of healthcare processes and the autonomy of healthcare independent practitioners blended with the stringent need to provide a patient centred care shapes the need to develop a careful, comprehensive, and flexible healthcare planning mechanism to ensure a satisfactory healthcare system.

  a. **Identify these determinants as well as other factors that may play an influential role in shaping an effective health care planning. Discuss the influences of these determinants as well on the outcomes of healthcare care planning process.**

a.   Health planning is a multifaceted process with at least three distinguishing characteristics (health being a labour-intensive sector, complex relationships between different actors, and the balance between clinical and public health perspectives). Values, techniques, and power connections amongst different groups all go into planning. Health planning is a continual process and creating a plan should be viewed as an intermediate stage rather than the final product. Approaches to planning will differ depending on societal decision-making principles. The health planning cycle has several stages, each with its own set of iterations. Health planning is currently confronted with a lot of obstacles and challenges, and it is ultimately an art of manoeuvring within existing circumstances to reach the intended outcomes. The healthcare industry has seen a significant and positive transformation because of technological advancements. Patients now have access to some of the most advanced diagnostic equipment, cutting-edge treatments, and a wide range of minimally invasive procedures that result in less discomfort and faster recovery. Remote consultations with specialists, focused therapies, and the availability of user-friendly mobile apps have all resulted in better patient care and an overall better healthcare experience. Furthermore, the availability of innovative medical technologies that result in better outcomes has improved patients' quality of life. (Dowdeswell, 1998). Technology has had a significant influence in determining successful health-care strategy: A health care sector has dramatically expanded because of the effective use of technology in health systems; health care practitioners deliver adequate and quality patient care via the use of technology. The determinants and other factors are many to discuss, however the followings are some of the factors that should be investigated in the evolving pace of the technology in health care including:

- Digitization of Health Records

- Mobile App Technology in the Medical Field

- Improved Patient Care

- Telemedicine/Telehealth

- Electronic Medical Records

- Big Data and the Cloud

- Information and Communication Technology

b. Propose strategies to address two challenges that you had identified in the course of your synthesis

b. The followings are two of the challenges that were identified in the above course of synthesis with the strategies to address them:

1.Mobile App Technology in the Medical Field

Patients can use their mobile devices to not only acquire rapid and accurate medical information, but they can also utilize applications to keep track of doctor's visits and get reminders to take their meds. Health and fitness apps assist people in being healthy by keeping track of their food intake and exercise levels and providing personalized solutions.

These apps can also aid physicians in high-stress occupations by cutting down on time spent filing, maintaining records, and other mundane chores. To help prevent side effects and interactions, address difficulties, and improve diagnosis, mobile apps enable access to drug information. Doctors can speak directly with their patients, properly record their vital signs, keep track of their visits and consultations, and improve the efficiency of their procedures. ("HealthCare: How Technology Impacts The Healthcare Industry", 2021)

2.Telemedicine/Telehealth

Telemedicine is the next logical step in the digitization of healthcare, allowing patients to consult with specialists almost anywhere in the world. This is a type of technology that is used in the healthcare system to help overcome distance obstacles and provide essential care in emergency situations, potentially saving lives. Patients can now use telemedical devices to obtain home care and support via various applications and video telephony thanks to telemedicine. The store-and-forward feature in telemedicine aids in the transmission of bio signals, medical pictures, and other data to an expert, allowing for asynchronous

consultations (consultations that don't require both parties to be present and online at the same time). Patients will have less time to wait because of this, and therapy will be delivered faster. Telemedicine allows healthcare professionals to watch patients from a distance. With the use of various apps and gadgets, this can help manage chronic diseases effectively and affordably. Patients can also communicate with healthcare providers electronically via real-time interactive services. This is essentially video conferencing that aids in the diagnosis, management, counselling, and monitoring of patients. (Reardon, 1999)

Question (2):

Health Pro is a regional professional enterprise that owns a chain of hospitals. As being a central corporation supervising the overall operations, the company had formulated a health care plan in response to a recent decline in its profits and operational efficiency. The plan focused on addressing the rising number of complaints and sentinel events resulting in a series of malpractice lawsuits. As a result of the scope of the formulated plan, the corporate initially began to achieve improvements in patient safety while the financial performance remained unchanged despite tremendous efforts to solve these issues. However, the pattern of rising events of serious patient safety issues returned to emerge in the course of the year.

a. Discuss the focus of this plan (problem based or goal oriented) and critique its efficiency.

a. Every country's government strives to preserve a healthy country by implementing an extended health-care service plan in the community. Human health has long been seen as a fundamental human right. According to WHO, health has become a key priority in both developed countries and those which are in an ongoing development, focusing on providing the entire population with high-quality health services that are safe, feasible, and acceptable to all.

The care services are supplied to suit the public's health care demands, depending on the resources available and the knowledge of how to implement health care services. The health-care plan is based on the government's management sector and the health-care provider's institution. The followings are two important examples for providing health services:

1. Population-based health-care delivery: Population based health care Planning Methodology Population-based health care planning can be defined as assessing a group's or population's health care needs, analysing those needs, and making decisions for the entire population rather than an individual Health-care services in every country or community should meet the requirements of the entire population and should include a full spectrum of preventative, promotion, curative, and rehabilitation treatments.

2. Institutional health care services: Institutional health care services refer to collaborative public health care provided by
    o Primary health care (primary health center)
    o Secondary health care (sub district hospital and referral units), and c. tertiary health care (tertiary health plan) (by specialty hospitals, Medical colleges etc.,)

- Institution health care methodology: Institutionalized health-care technique is one of the most recent approaches to be established and followed in many nations. A certain government department, organization, profession, or service can discover a method to support the individual inside that community. There have been numerous growing health difficulties and the prevalence of non-curable communicable diseases like (AIDS) in the society for a long time in the recent era of research and development and the advancement of technology. These diseases should be treated in institutions if they cannot be treated in the community or through public health care. The introduction of institutional-based health planning is critical in determining the most effective therapy for people hospitalized with unknown diseases.

- As discussing the most essential factors in health planning in a developed or in an ongoing   development country, it is important to find out whether the individual is better off because of the country's health programs.

The primary focus in health planning will be institutional-based health planning to improve health sectors and integrate innovative technologies for disease treatment. If the government focuses on good institutional methodologies of health planning by changing health care policies such as (changing hospital infrastructure, feasibility, availability of health care). if the institutional health care methodologies are implemented in an effective manner, the country will be able to operate effectively. It is important that the client is able to afford financially his health care needs. Other communicable diseases can be controlled using this institutional health care strategy. The government's main goal in health planning policy should be to take note of

the population's significant problems and build institutionalized health care and needs in order to promote a healthy country. (Singh & Raizada, 2018)

Question (3)

3- Referring to a recently published article (Koornneef, Robben & Blair, 2017) Between 2011 and 2015 healthcare spending in the UAE grew by 10% to US$ 11 billion, as a result of this fact, this stressing strategy mandates the government's commitment to patient safety. While the published review serves as the basis of the scope of this query, other literature sources are recommended to be sought to answer the following questions:

a. Describe in detail the health care system and population health in UAE.

a.   The UAE's healthcare is regarded as among the best in the world. There are 181 doctors per 100,000 people living in the city. Furthermore, medical sales in the UAE were AED 12.1 million in 2018, up 5.5 percent from the previous year. The Ministry of Health and Prevention (MOHAP) oversees managing healthcare in the country; however each Emirate's health authority is normally in charge of that. Healthcare has expanded at a rapid pace. In fact, according to the most recent figures (from 2012 to 2017), the number of physicians and dentists nearly doubled, while pharmacists quadrupled. There are new state-of-the-art centres and facilities as a result of the rising healthcare provision. In addition, qualified healthcare workers from all over the world have arrived in the UAE to give top-notch care. Medical tourism is likely thriving in the country due to the high level of healthcare. Consider Dubai: by 2020, 500,000 people will visit the city for medical treatment. Expats prefer private health care to state health care. Medical professionals in this country tend to all speak English. After completing their training in their native countries, many of them have become expats themselves. Both the federal and emirate governments oversee healthcare. Healthcare spending was AED 50.3 billion (3.4 percent of GDP) in 2018, and it is predicted to increase to AED 53 billion in 2019. This is funded by taxes collected (even though the UAE has no income tax) ("The healthcare system in the United Arab Emirates", 2021). There are four different regulatory bodies for healthcare throughout the United Arab Emirates:
- The Ministry of Health and Prevention (MOHAP)
- Emirates Health Authority (EHA)
- Health Authority Abu Dhabi (HAAD)

-       The Dubai Health Authority (DHA)

The population of the United Arab Emirates is youthful and rapidly rising. The UAE population pyramid stands out for its youth and high number of male expatriates. The median age in the UAE is 30, but 79 percent of UAE nationals are under the age of 35, despite the fact that they only make up about 11 percent of the population. Expatriates are normally of working age, however the majority are under the age of 35. The UAE is undergoing a demographic transition marked by lowering birth and death rates, which, combined with strong net in-migration, has resulted in significant population increase. In recent decades, the UAE has experienced a second health shift, an epidemiological transition, marked by a decrease in communicable diseases and an increase in non-communicable or chronic diseases such as heart disease, diabetes, and cancer.

b. Discuss the Abu Dhabi health reform system in terms of its planning efficiency and scope of focus. Is this reform program problem based or population oriented?

  b.   The Abu Dhabi government began a major health-system reform effort in 2006, with a strong focus on the restructuring of the healthcare financing and regulatory system. The regulatory function (which is the duty of the Abu Dhabi Health Authority) was separated from the provision of services (the responsibility of the Abu Dhabi health service company, SEHA). Due to market regulation, the new system also requires everyone to have private health insurance and provides a centralized platform for automated claims processing as well as an improved level of accountability and transparency. One study found significant disparities in healthcare utilization rates between UAE nationals, who used outpatient clinical services once per month on average, and expats, who used them 3–4 times less frequently. It's difficult to measure success in terms of one-to-one results when substantial healthcare reforms are implemented. However, based on a number of favourable customer satisfaction survey results, it appears that faith in the system is steadily rising. The considerable growth in private sector investment in the provision sector is perhaps a more tangible impact. The insurance claim format was uniquely redesigned as a result of the reforms, and now contains the majority of the critical clinical information available in the health record: all diagnoses, procedures, drugs, investigations (including key results, such as cholesterol or HbA1c tests), and treating clinicians are all encoded in each claim. The regulator can soon become the true informed voice of the public and guardian of patients' interests by comparing doctors and hospitals in a uniform

and fair manner. Between 2010 and 2013, as new international institutions began offering specialised therapies, the number of patients accepted for treatment abroad by the HAAD dropped, demonstrating the enhanced system's recognized competency. After the introduction of mandated health insurance in 2006, the UAE, which had been advocating for provider accreditation to global standards for some time, stepped up their drive. Since then, some hospitals have gone through three accreditation cycles, mostly with the Joint Commission International (JCI), a non-profit organization established in the United States. So date, 131 healthcare organizations in the UAE have acquired a JCI Gold Seal, accounting for 16 percent of the JCI's global accreditations spanning 70 countries; prior to 2006, only one accreditation had been granted (Joint Commission International [JCI], 2016). The JCI has also aided the HAAD in the development of its hospital license requirements. In terms of accessibility, nearly all citizens now have health insurance and may thus obtain the basic healthcare they require while having the freedom to choose their provider. By 2012, 95 percent of residents had access to healthcare. The number of hospital beds increased by 21% (681 beds) between 2009 and 2013. Increased market rivalry encouraged the creation of new services and improved the efficiency of current ones. With a 20 percent increase in emergency physicians and a 41 percent increase in neonatologists in just one year, the service/specialty gaps had narrowed by 2013. In the previous five years, ten new private hospitals have opened. Over the last five years, the number of doctors per 10,000 people has climbed by 9%, while the number of nurses has increased by 24%, with the private sector accounting for 74% of the increase in physicians. (Admin, 2021)

> The reform orientation was a result of both problem rise and populations changes. Decentralized funding, decision-making, and separate health bodies for Dubai and Abu Dhabi arose from early 2000s reforms to the UAE health system, which included devolution of healthcare regulation. A variety of causes influenced the major reforms. First, there were increases in per capita healthcare spending due to population growth fuelled by immigration as well as the rising burden of lifestyle diseases and chronic diseases induced by sedentary lifestyles and aging. Second, there was a lack of faith in local healthcare systems, as well as a belief that UAE healthcare was inferior to that of many wealthy nations. Even when the procedures were available in the UAE, many Emiratis decided to go to the West for treatment (especially to Germany, Switzerland, and the United States). The costs of transporting Emiratis abroad for lengthy treatment regimens posed a number of difficulties. In addition, the UAE 2021 Vision set lofty

goals to raise healthcare quality to international best practice levels. (Kornet et al., 2021)

c. Describe and evaluate the strategies that have been implemented as part of the health system reform program in UAE?

c-   We discussed some of the key elements of Abu Dhabi's health system in terms of population, payer, and provider in the preceding questions. We'll now look at the current scenario in Abu Dhabi and see if the various reform elements have had the desired effect in terms of reaching the desired outcomes: enhancing quality, increasing accessibility, and assuring affordability. Even though international organizations such as the World Health Organization (WHO) and the Organization for Economic Cooperation and Development (OECD) have conducted numerous comparative reviews, the evidence of the impact of health system reforms remains inconclusive, as healthcare costs continue to rise, disparities persist, and health outcomes remain unchanged. The Australian government recently established a Commission to study the health system and make reform proposals. The Commission discovered that health-care systems are notoriously resistant to reform, owing to competing goals of access, quality, and affordability. Although Abu Dhabi's health system reform is still relatively new, it is time to assess if the three key aspects of the reform have resulted in the expected outcomes after 5-6 years. Health insurance, enhanced competition, and Centralized regulatory system. Although stakeholders in many nations have differing opinions on the most effective vehicle for reform, there appears to be agreement on the overall goals: inexpensive, high-quality healthcare that citizens can freely access. The Abu Dhabi government's goals parallel the priorities of health-system reform in other nations, ensuring that the community has access to high-quality, affordable, and sustainable healthcare.

In terms of the first goal: enhancing access to healthcare, considerable gains have been made since over 95 percent of the population (expatriates and nationals) are now members of a healthcare insurance program. However, policyholders' use rates differ significantly. Lower-income policyholders underutilize healthcare services, which poses challenges about how to establish an equal distribution of healthcare services based on health requirements. Despite the fact that the UAE's healthcare spending is relatively low (2.7 percent of GDP) in comparison to other countries, the Abu Dhabi

administration has made the long-term sustainability of healthcare funding a top priority. However, no research has been done on the affordability of care from the perspective of an individual insurance card holder, and it is too early to say whether the health-care reforms have had the expected effect on the affordability of care. Finally, the regulatory body has begun to assess the reform's impact on healthcare quality, which has been done in a variety of methods. The Health Authority of Abu Dhabi, for example, hired an outside firm to conduct a comprehensive patient satisfaction survey in 2010. Over 34,000 people were polled, with an overall satisfaction rating of 83 percent for outpatients and 86 percent for inpatients across all 37 participating facilities. ("Healthcare in the United Arab Emirates - Wikipedia", 2021)

Question (4)

4. **Dubai Health Authority had established a mission "Towards a healthier and happier community". While aiming to achieve this, conduct a SWOT analysis for the healthcare sector in Dubai. Propose strategies to overcome the identified threats and weakness key points. Support and cite for each element of SWOT analysis, when possible, with supportive evidence from suitable sources in the literature.**

Strengths	Weaknesses
- A well-regulated private sector that is playing an increasingly important role in the health-care delivery system - A multi-sectoral approach to health's broader social and economic causes - Implementing a Public-Private Partnership to Improve the Health-Care System's Quality - The UAE's national health policy is aligned with global health policies and the United Nations Sustainable Development Goals. - The government backs health-care innovation. - Universal health care for nationals and ongoing reform of health insurance plans to encompass non-nationals are supported by a strong economic foundation.	- Health-Care Workers Migrating - A health information and management system that isn't up to par. - The health system's public health orientation is insufficient. - Insufficient operational, epidemiological, and scientific research to inform health and development decisions.

- The national health policy is based on the overarching government strategy for 2014–16 and UAE Vision 2021, with a focus on population health. - To increase the quality of care, an effective health-care regulatory function is required. - A sufficient amount of resources, particularly financial resources and a well-developed health-care infrastructure. - At the basic, secondary, and tertiary levels, a well-functioning health-care system.	
Opportunities	**Challenges**
- A more steadfast commitment to achieving universal health coverage for all people. - A decentralized health-care delivery system that works Integrated health care services (preventive, promotive, curative, rehabilitative, and palliative services) are getting more attention. - Ongoing transmission of information and skills on hospital administration and environmental health from a prestigious academic institution. - Opportunities and methods for intra- and intersectoral coordination have been developed between the federal Ministry of Health and relevant health authorities and other sectors. - In collaboration with local governments and other key sectors, the MOH&P is taking the lead in strategic planning and policy creation. - A national ID system that can serve as a population and civil registration is available.	- A high prevalence of noncommunicable diseases, resulting in high mortality and morbidity. - Road traffic accidents are still a problem and one of the top causes of death. - Increasing the number of UAE nationals trained in important health-care specialties such as public health, field epidemiology, and epidemic management. - A diverse workforce from all over the world, with the necessary standardization and enforcement of national policies.

- Creating a single platform for the National Unified Medical Record.	

There are several strategies to overcome the threats and weakness key points which can be pointed out, by improving the health-care governance function by focusing on evidence-based policy and planning creation, regulation, and legislation. Also, by better collaboration between Emirate health officials and the federal Ministry of Health can lead to effective decentralization. Increasing efforts to build human resources, with a focus on the development of local health workforces could be also a great approach to deal with. Additionally speaking, non-communicable disease surveillance, prevention, and control should be consolidated and expanded. Moreover by Setting relevant criteria and guidelines to improve the quality of care and certification of health facilities and institutions. Improving the prevention and control of developing and resurfacing infectious illnesses and Increasing national initiatives to address road safety and injury prevention would be example of strategies to overcome the weaknesses. (2021)

Conclusion

A variety of reasons can be claimed to justify the construction of health-care plans, while the validity of some explanations for planning is still being debated. Finally, it may be claimed that planning is a virtue in and of itself, and that this should be sufficient reason. Even if no formal plan is ever implemented, there are numerous advantages to going through the planning process. However, this information alone would rarely be sufficient to warrant the start of the procedure. The plan is an effective tool for allocating resources. Indeed, the proper allocation of resources for future demands could be considered to constitute the raison d'être for planning. There are always more demands for resources than accessible resources, and there are certainly more chances than resources to exploit them in today's climate. While the plan does not directly specify how resources will be distributed, it does provide a framework within which resource allocation decisions can be made.

References

Healthcare in the United Arab Emirates - Wikipedia. En.wikipedia.org. (2021). Retrieved 20 October 2021, from https://en.wikipedia.org/wiki/Healthcare_in_the_United_Arab_Emirates.

HealthCare: How Technology Impacts The Healthcare Industry. Medium. (2021). Retrieved 20 October 2021, from https://healthcareinamerica.us/healthcare-how-technology-impacts-the-healthcare-industry-b2ba6271c4b4.

The healthcare system in the United Arab Emirates. Expat Guide to United Arab Emirates | Expatica. (2021). Retrieved 20 October 2021, from https://www.expatica.com/ae/healthcare/healthcare-basics/the-healthcare-system-in-the-united-arab-emirates-71767/.

Abu Dhabi Healthcare Guide. Retrieved 20 October 2021, from https://www.abudhabihealthcareguide.com/2021/10/19/.

Koornneef, E., Robben, P., Al Seiari, M., & Al Siksek, Z. (2021). *Health system reform in the Emirate of Abu Dhabi, United Arab Emirates*. Retrieved 20 October 2021, from.

Dowdeswell, B. (1998). Strategic planning for health care in developing countries. *Haemophilia*, *4*, 41-45. https://doi.org/10.1046/j.1365-2516.1998.0040s2041.x

Birkland, J. (2019). The Digitalization of Healthcare: Electronic Records and the Disruption of Moral Orders. *Journal Of Enabling Technologies*, *13*(1), 51-52. https://doi.org/10.1108/jet-03-2019-071

Rusinova, K., & Darmon, M. (2018). Focus on improved patient management. *Intensive Care Medicine*, *45*(4), 539-541. https://doi.org/10.1007/s00134-018-5488-y

Radio Frequency Identification RFID. U.S. Food and Drug Administration. (2021). Retrieved 20 October 2021, from https://www.fda.gov/radiation-emitting-products/electromagnetic-compatibility-emc/radio-frequency-identification-rfid.

Reardon, T. (1999). Handbook of Telemedicine. *Telemedicine Journal*, *5*(3), 315-316. https://doi.org/10.1089/107830299312078

Singh, U., & Raizada, A. (2018). Assessing Operational Methodology of Health Care Organizations With Reference to Patient Care. *Journal Of Advances And Scholarly Researches In Allied Education*, *15*(6), 247-251. https://doi.org/10.29070/15/57905

Rho.emro.who.int. (2021). Retrieved 20 October 2021, from https://rho.emro.who.int/sites/default/files/Profiles-briefs-files/UAE-Health-System-Profiles-2018.pdf.