

# ABU DHABI HEALTHCARE SYSTEM: A RATIONAL THINKING BASED ON DATA ANALYSIS

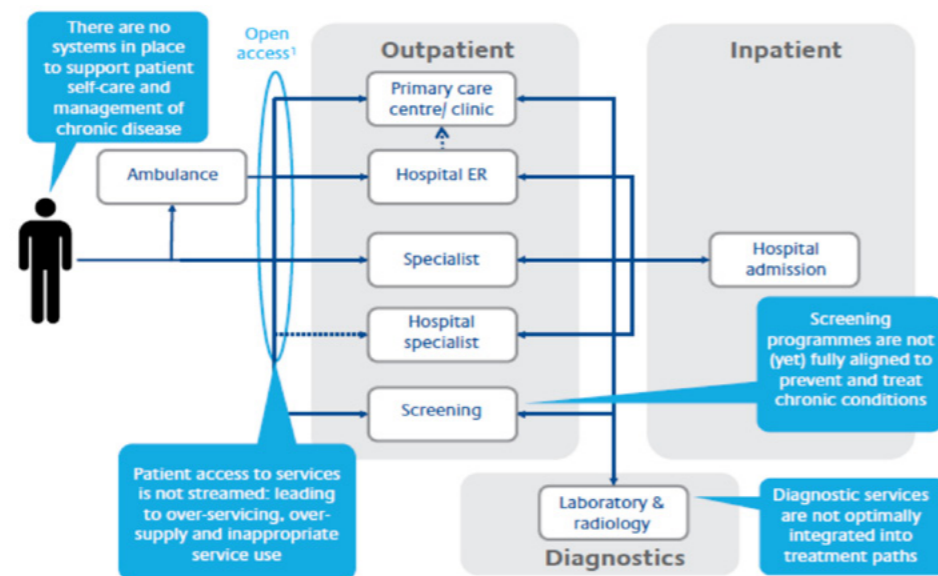


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medicine clinics recently. They operate as walk-in clinics 24/7 with integrated services connected to the public hospitals. Patients can either approach them directly, arrange appointments, or they will be transferred from the main emergency rooms of public hospitals to receive immediate treatment.

While healthcare in the United Arab Emirates (UAE) compares favorably to the rest of the Middle East, its capital, Abu Dhabi, definitely leads the way. With a life expectancy of 76.5 years, Abu Dhabi is far better than most Gulf Cooperation Council (GCC) countries. It also closely matches health indicators in other developed countries like the U.K., which has a life expectancy of 78. Abu Dhabi has even been named the third most popular medical tourism destination in the region by the World Bank.

## The Former Model



The Former Healthcare Model

Abu Dhabi has comprehensive government-funded health services and a developing private health sector. Substantial government investment has enabled this Emirate to make major strides in healthcare. While the Government finances the setting up of the majority of health care facilities, several initiatives towards privatization have recently been launched.

The focus of primary health care centers is maternal and child welfare and health education. An increased emphasis on the provision of primary healthcare throughout the country has led to a consistent increase in the number of primary healthcare centers. This consistent effort over many years has paid-off, resulting in a world class healthcare for people living in Abu Dhabi.

The primary healthcare centers in Abu Dhabi, which come under the Sheikh Khalifa Medical City, have been converted to family



are responsible for the high rates of early cardiovascular death, especially among UAE Nationals.

## 2007 The year of change: New Model

Based on these arguments and some more, the government's decision was to revamp the healthcare system. While all government healthcare facilities had been run by the General Authority for Health Services (GAHS) before 2007, the Abu Dhabi Health Services Company (SEHA) now manages them and the Health Authority – Abu Dhabi (HAAD) regulates health policy.

At the end of 2007 HAAD had established itself as an independent regulatory authority undertaking an ambitious project to improve quality of medical care in the Emirate and to create a “shared language” for collecting data to increase the pertinent investment in healthcare.

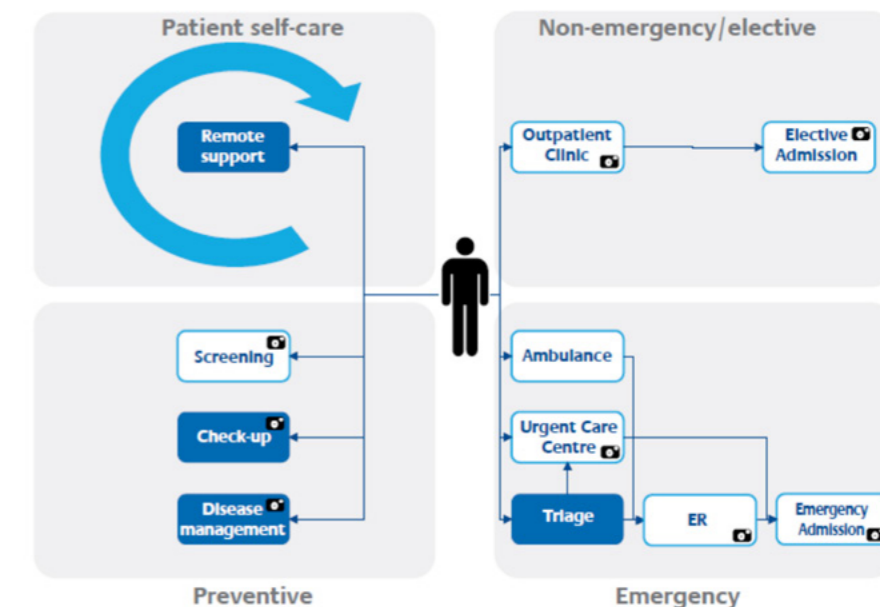
Healthcare in Abu Dhabi faces growing demand for services arising from an expanding population that has a deteriorating health status. The current population is young and has a high rate of chronic diseases that is set to increase as it ages. The former model of care in Abu Dhabi did not adequately support self care, primary care or prevention. Also, patients had undirected access to services and specialty care which led to inappropriate use and, in turn, over-supply of services.

To reach its goals, the HAAD has created a new model for health system that focus on pro-active checkups and convenient routine follow-up which should help prevent diseases.

This new model provides:

On the other hand, while the UAE nationals in Abu Dhabi benefit from free healthcare in public hospitals, many of them were travelling abroad searching for high quality treatment or paying cash for private facilities in Abu Dhabi, as these were perceived to offer better services and shorter waiting time. Even if public hospitals, with their new management partners were working hard to (re)build customer trust with UAE nationals, but their inability to bill for their services disadvantaged them vis-à-vis their private competitions.

An analysis of the available data, showed the most important Public Health Concern, a very high rate of diabetes, the world's second highest rate (World health Organization- WHO 2005) and very high rates of the other cardiovascular risk factors: obesity, high blood pressure, and high cholesterol. These factors



The New Healthcare Model

- A system to support patient self-care and management of chronic disease.
- The access of patients to different health services is well managed and streamed to avoid an over-servicing and an inappropriate service use.
- A screening program to strengthen prevention which minimizes costs on the economy of health.

The clear vision of the Health Authority is providing for everyone to have access to the full spectrum of health services in a system that finances itself through a mandatory health insurance to improve the quality of care. So it became clear that the priority for the health authority and the executive council would for “Mouwateneen” to become enrolled under the insurance system to achieve the following goals:

- Allow for patient choice (public or private)
- Drive quality through better information on the health status of the population
- Allow public hospitals to be self-financing through insurance revenues
- Set (financial) incentives for providers and payers to compete for quality and cost
- Screen the entire adult nationals’ population for cardiovascular risk

In December 2007 his highness Sheikh Mohamad Bin Zayed Al Nayan, Crown Prince of Abu Dhabi launched a Decree that called for HAAD, SEHA and DAMAN, the UAE’s first specialized National Health Insurance Company, to collaboratively work towards that goal. A decision at the executive council was made to drive a mass screening to get an accurate data and to reinforce the Public Health campaign for cardiovascular disease; two programs were implemented in parallel to proceed in the mass screening:

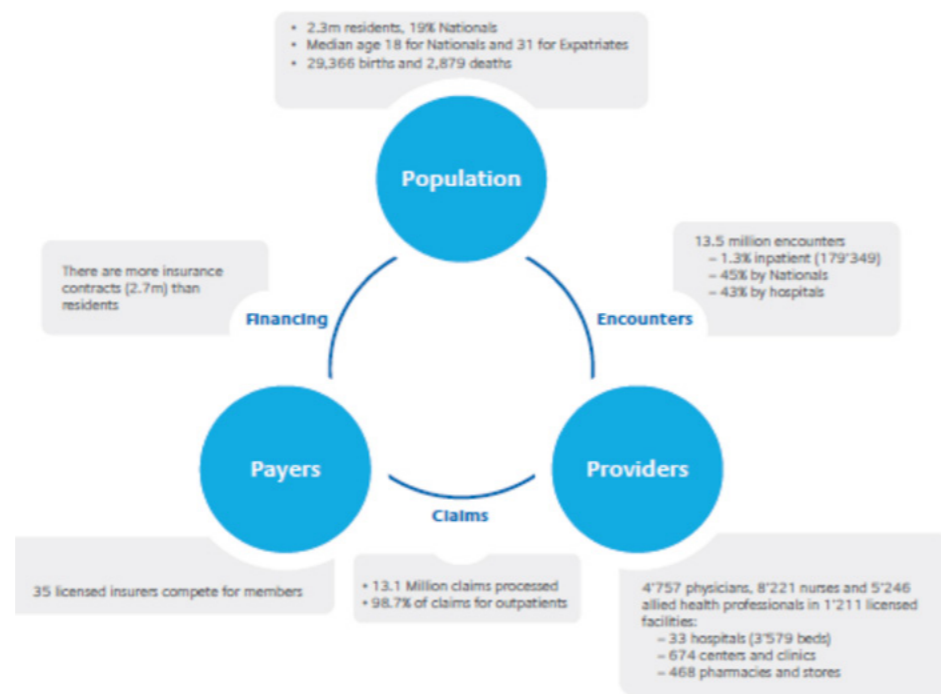
- **THIQA Program:** This program was created by DAMAN to provide all UAE nationals with a Thiqa card, which will replace their existing health card. With this card, every UAE national will have access to a large number of private and public health care providers.
- **WEQAYA Program:** Created by HAAD, it is a screening program that identifies cardiovascular risk factors and assists in improving the individual’s health status. All people over 18 years, UAE Nationals living in Abu Dhabi, are eligible for the screening every

three years. The dedicated website gives access to a personal WEQAYA health report, explanation of screening results and access to information and services directly relevant to health status.

While the health card allowed for access to public providers in Abu Dhabi only, THIQA allowed for all access to the premier network of DAMAN in the whole of the UAE. There is absolutely no co-pay for the patient in Abu Dhabi, irrespective of whether he visits a public or a private facility. In contrast to a regular insurance program, there are no exclusions with the dental, mental health and home nursing coverage. This is reflective of the government’s desire to prove its willing to invest in the health of its citizens for the long-term.

The set goal of enrolling the entire Abu Dhabi population is close reach; the data confirms previous findings of high levels of risk factors to cardiovascular disease, furthermore the data allows the government to indentify which segments of the population are particularly predisposed to specific risk factors, by age and gender.

Overall, the enrollment of UAE nationals in the insurance system solidified Abu Dhabi’s leadership in healthcare for the entire region. Furthermore, Abu Dhabi government has shown an ability to successfully execute the project with innovation and complexity



Business Model

## STRATEGIC ACHIEVEMENTS

### 1. A transparent view to financial performance

The HAAD works continually to provide a true and a transparent view into its financial performance. In order to do so, HAAD implemented a rigorous auditing process on a yearly basis, enlisting the services of a third party private auditing firm. Currently, financial reporting is conducted on cash basis, with a transition to an accrual-based system.

### 2. Insurance Access

As a result of the new project and the new vision, health insurance had been successfully implemented for all expatriates living and working in the Emirate and insurance coverage extended to more than 1.3 million people or more than 90% of the population. For the first time, large parts of the population had access to quality healthcare that was previously unaffordable to them. In 2010, HAAD has therefore followed up on its vision of a health system that “finances itself through mandatory health insurance for all Abu Dhabi residents” to ensure that over 98 percent of the entire population in Abu Dhabi, expatriates and UAE Nationals, are covered by health insurance.

### 3. Enhance Quality of Care

HAAD has simplified health regulations into two levels: Policies and Standards. It is a combination of the relevant international, UAE federal and Abu Dhabi laws, regulations and decrees related to the health system.

All healthcare facilities (hospitals, clinics, pharmacies, etc.) are regularly audited using these policies and standards. Facilities that failed the first audit go through additional audit exercises to ensure that corrective actions have taken place. In 2010, there were 1 211 facilities licensed to operate in Abu Dhabi, including 33 hospitals, 674 health centers and clinics, and 468 pharmacies and drug stores.

On the other hand, before 2007, there were hardly any CMEs/CPEs so it was not surprising to find a practicing doctor with only two hours of continuing education credit. Since implementation of the program, HAAD links the renewal of licenses for all healthcare professionals to prove that they have been attending Continuous Professional Development (CPD) events. For physicians and dentists, this means that they are required to participate in 50 hours



of Continuing Medical Education per year (half of which must be accredited by the American academy of continuing medical education); for nurses and pharmacists, 20 hours are mandated. It is important to mention that 75% of the doctors and dentists, whose continuing education credits were verified, took more than the minimum 50 credit hours, which clearly reflects the quality of offerings provided by HAAD, specially that doctors who have not fulfilled educational requirements will not be allowed to maintain continuing practice within the Emirate of Abu Dhabi.

### 4. Partnerships

First, to achieve its desired goals, HAAD had made partnerships with SEHA and DAMAN, which conducted to WEQAYA Program. This program triggers the new health system and led to the changes designated above.

Second, HAAD’s other partnerships are created in response to specific healthcare issues. For example, when HAAD’s data analysis showed that breast cancer was one of the main causes of cancer deaths in women in the Emirate, it entered a formal partnership with the Susan G. Komen foundation the world’s largest breast cancer awareness organization, to raise public health awareness about the importance of screening for early detection. HAAD also signed an agreement with the Red Crescent foundation to establish donation support for breast cancer patients.

Overall, HAAD’s partnerships are constructed to serve core regulatory and public health functions, and focus on long-term, sustainable collaboration that can be measured, evaluated and improved to the benefit of both parties, and



## PROVIDER MARKET

Government-subsidized SEHA facilities treated 60% of all inpatients (2% gain from 2009) and 32% of all outpatients (4% loss from 2009). International providers have come to Abu Dhabi, generally on the basis of a management service agreement, such as the Cleveland Clinic and Johns Hopkins.

## CONCLUSION

The Emirate is a vast desert with well over 100 islands in the coastal waters, including the island where the city of Abu Dhabi is located. Before the mid 1960s, Abu Dhabi town was a group of clusters of modest dwellings lacking basic services such as electricity and potable water. There were no formal schools, clinics or hospitals.

However, past dreams of modernity have now become a reality. 21<sup>st</sup> century Abu Dhabi continues to grow and evolve, defining pathways towards the future with a metropolis of regional and global influence. The transformation has been extraordinary, from local subsistence to global influence within little more than a single generation

Nowadays, Abu Dhabi's Gross Domestic Product is among the highest in the world, comparing favorably with other economies in the region. In 2008 the Emirate obtained over 60% of its GDP from oil and gas, a sector whose share has expanded in recent years due to increasing worldwide energy demand. However, for decades, Abu Dhabi has invested in the transition from dependence on the finite commodity of oil and gas to an economy that is well diversified and sustainable. Because of these investments, the Emirate's non-oil economy has grown substantially over the last 20 years.

Throughout this article we cannot avoid making parallels with our country. It is certain that oil and gas revenues in the UAE are enormous. But other countries such as Libya, Iraq, Yemen, Venezuela and other OPEC countries did not arrive at a quarter of what Abu Dhabi performs. Good governance and sustainability are proven rather rationality and control spending. Lebanon has huge potential, its oil resume in banking system, tourism, telecommunications, water, intellectual abilities and competencies (not always used wisely), etc... With that we can do at least as much as the UAE but the problem is that we are not only wasting our resources but also by the metastasis of corruption that gnaws us we squander the little income we have last.

that serve Abu Dhabi's population in receiving reliable, and accessible healthcare.

## SUPPLY

There has been significant growth in the number of physicians and facilities. By 2020, it is estimated that up to 3,100 additional doctors and 5,800 nurses will be required. If churn remains at the 2010 level, this requires annual recruitment of some 1,400 doctors and 1,600 nurses. High demand projections also indicate that in 2020 demand for inpatient services may require up to 2,600 additional beds beyond the current 3,600 beds.

However, investors hold 63 Preliminary hospital licenses which signal significant future capacity to meet this demand.

## REIMBURSEMENT

HAAD sets prices for the basic products and services uniformly. Providers negotiate prices with Payers for Enhanced plans, generally as a multiple of Basic product rates. THIQA rates are equivalent to DAMAN's most generous Enhanced plan in order to help public hospitals to invest and subsequently attract patients instead of searching for health services in other countries. Outpatient care prices have been weighted to encourage patients toward prevention. Accordingly, growth in demand has largely been in outpatient services. Inpatient services represent a small and reducing proportion of all encounters (1.9% to 1.3% from 2007 to 2010).



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