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Research Article

Integration of Palliative Care into Primary Health Care - Model of Care Experience, Saudi Arabia

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Abstract

Objective: World Health Organization (WHO) has recognized access to palliative care as a basic human right. Even though, palliative care service had been established in Saudi Arabia over two decades, it is still limited to secondary and tertiary health institutions. Despite the fact that the primary care level is the first line in Saudi health system and covering larger number of populations, palliative care is still far from implementation at this level.

Objectives this study is aiming to evaluate the outcome of integration of palliative care service at the primary health care level and to assess patient's satisfaction in relation to the service provided from primary health care center.

Results: Total of 200 s participated; new patients were 50 and 150 were existing patients for follow up. 110 patients in addition to 200 caregivers attended the clinic. 20% were on active oncology treatment. No show rate was 45%. The overall satisfaction score was 90%.

Conclusion: Palliative service integration into primary care is beneficial to improve access to early palliative care, and subsequently, improving symptom control, compliance with cancer treatment, quality of life and overall satisfaction. This model will be implemented in all the PHCCs in Saudi Arabia.

Keywords: Palliative Care; Pulmonary disease; Cancer

Introduction

The Prevalence of chronic disease is rising worldwide. According to the World Health Organization (WHO) report on the year 2001, stated that chronic diseases were responsible of, approximately, 60 percent of the 56.5 million reported deaths cancer is among leading health issues that contribute profoundly to the global morbidity and mortality [1]. Furthermore, the prevalence of the non-communicable disease and number of aging populations is steadily rising [2,3]. All these factors together, will add a huge burden on the health systems and health care providers. Also, it will contribute, in a way, to poor health system promotion around the Globe. If we take the palliative care service as an example, it is estimated that only 14 percent of people in need of that service receive it [3]. Saudi society is not secluded from the international situation; in fact, the prevalence of national cancer rate in the kingdom is similar to that in the Western countries that might be due to alteration in the people demography and lifestyle [2]. Therefore, expansion of palliative care services to be incorporated in all levels of the health system is imperious.

Palliative care is the branch of medicine that focuses on those patients with chronic life-threatening illnesses [4]. Not only cancer which is under the umbrella of palliative, but also a wide spectrum of long-term health problems that eventually will interfere with the patient's wellbeing and his/her life expectancy. Heart failure, obstructive pulmonary disease, Alzheimer, AIDS and many other health problems are under the scope of palliative care. Even though, Palliative is a relatively, new subspecialty in medicine, it has become well recognized and advocated by the WHO as one of the basic human rights. Nevertheless, 40 million people worldwide need palliative services including 5.5 million patient with terminal cancer and one million of end stage AIDS, a considerable number of whom suffer of moderate to severe pain without having access to pain medication like morphine, although morphine is not an expensive drug being cost only few cents per unit [3]. The main goal of palliative care is to alleviate suffering caused by the chronic illness in addition to help patients and families cope during the difficult times as the disease progresses. In order to enhance quality of life, a wholistic multidisciplinary framework is adopted in palliative promotion. Palliative care deals with the patient's suffering in a comprehensive approach which ingrates all possible impacts of a given disease aiming to deliver fair symptoms control, relief and, achievement of a better outcome. Its targets not only the physical symptoms, but encompasses the psychological, social and spiritual issues that might complicate a chronic disease.

Palliative care in Saudi Arabia Palliative care services were first introduced in Saudi Arabia over twenty years ago at King Faisal Specialty and Research Center Hospital in Riyadh [2]. Since then the field has grown gradually. Now there are several secondary and tertiary care hospitals that run palliative service inform of inpatient units and consultation services, besides, outpatient clinics and home care teams. However, cancer rate in Saudi Arabia is expected to rise in the coming few years due to demographic changes [2]. Thence, the need of palliative care service expansion in Saudi Arabia is fundamental.

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Scope of palliative care service: [1,4], Provides continuing assessment and management of pain and other distressing symptoms. Ability to identify main complaints and perform a comprehensive assessment for the patient's symptoms in order to manage them appropriately is an essential part of the palliative care practice, there should be a valid tool for symptoms assessment, therefore, any training program should focus in this area [2]. Asserts life and addresses dying as a natural process, nevertheless, it never aims to expedite or stall death. Palliative care deals with the symptomatic part of a given disease to ensure that the patient can live at the best possible integrity. Death eventually will come, but it should be perceived within its natural context. Palliative care service should not interfere to hasten nor stall it [3]. Offers a support system to help patients live as actively as possible, until the time of their natural death. As it mentioned before palliative role is to boost the quality of life to the best expectation of the patient and family, by utilizing all available facilities [4]. Support family coping throughout the course of the disease and bereavement. Taking care of patients with chronic lethal problems is really a distressing task the immediate family member and the care giver. They are in true need for a combined support system throughout the disease progression and after patient's death [5]. It is applicable early in the disease course, in alignment with other therapies of curative plans such as chemotherapy and radiation. In addition to any required investigations. It is now an evidence-based practice to Incorporate palliative care service early in the disease course, i.e. soon after the diagnoses are established. It is found to have a profound impact on the outcome later in the course of the disease and towards the end of life [4,6]. Continuous education and training for the palliative care staff in order to help palliative care providers [1,5], maintain their competence and stay aware about the developing areas of their field. Health care sector in Saudi Arabia is undergoing tremendous positive transformation as part of the vision 2030, Model of Care (MOC) project. In order to achieve this transformation and in conjunction with the WHO recommendations, it is essential to implement palliative care service at the level of primary health care that facilitates delivery of palliative care services early in the disease and ensure accessibility to target population. One hindrance to this goal is the limited number of well-trained providers who can accommodate current and future needs in the country [6], and customer satisfactions care.

Though waiting time depends on a lot of factors, like the doctor's specialty, the kind of patients he or she consults the area where he or she practices, and the efficacy and availability of the supportive staff. The amount of time the patient spends in the waiting emergency or outpatient clinics plays a major role in determining the outcome of patient satisfaction. With increase of medical care facilities and advanced medical technology so many choices available. Therefore, few people will visit back a doctor who has no respect for their time [7]. In addition, patient satisfaction maintains organization's reputation, and in return transform's into improving healthcare service and patients trust [8,9].

Inadequate information have been a marked as a contributing factors for cancer survivor's psychological emotion anxiety and depression [10-12]. Providing clear and adequate information that corresponds to patient's health and treatment is a key factor for supporting palliative care and cancer patient during follow-up care and in prove their quality of life [10]. Previous study revealed that patient who received information about their cancer therapy potential late effects, and risk-based screening recommendations, their reactions to receiving the information was positive and the tension and anxiety did not increase (Figure 1) [12].

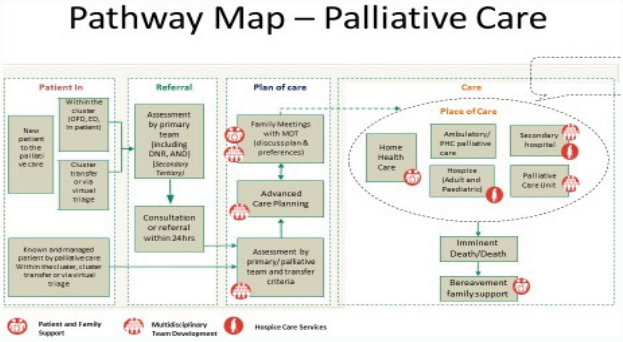

Figure 1: Palliative care pathway in Saudi Arabia.

Objectives this study is aiming to evaluate the outcome of integration of palliative care service at the primary health care level and to assess patient's satisfaction in relation to the service provided from primary health care center.

Methods

A cross-sectional study was conducted from March 22, 2018 to March 22, 2020. A total of 200 participants were randomly selected, the experience and satisfaction Survey were used, PHCC in the in an outskirt district of Riyadh was identified. Family physicians who work at the PHCC were trained for 3 months in basics of palliative care. The clinic operated every Thursday for 5 hours in the morning. Patients who are living close by were referred to palliative clinic, after each clinic the patient or the caregiver were asked to fill patient experience and satisfaction questions there were four questions with five options to each, ranging from extremely satisfied to extremely unsatisfied, the patient/care giver responded to each question by putting a tick on the fields best describes his/her opinion MOC project officer collected all completed question. Inclusion, all cancer survival patients, Family member/ care giver accompanied the patient, Exclusion, none cancer patients Statistical analysis.

Descriptive statistics were used to analyze participants' sociodemographic age, education. Frequencies and percentages were used. All statistical analyses were performed using SAS software, V9.1.

Results

Total 110 participants responded to the survey. Female 45%, average age 56 years. Palliative patients 70% and caregiver 30%, the overall participants satisfaction rate was 88% (Table 1).

In response to the question about waiting time before the clinic, 58 participants (represent 83%) were extremely satisfied. 10 participants (9%) were just satisfied and only one participant who was approximately comprising (1%) of the total number of the sample was unsatisfied with the waiting time at the clinic. The education about the purpose of the palliative clinic and whether the information given were appropriate, 98(89%) were extremely satisfied, only 4 participants (4%) were neutral, and none had complained about the information provided. This was an indicator of the efficiency of the education given at the primary health care level. The question about respecting patient's dignity during the clinical encounter, 106(96%) participant were extremely satisfied with the way they had been treated by the primary health care staff at the clinic. No one had a negative comment regarding this issue. For the overall palliative care clinic evaluation 93(84%) participants were extremely satisfied with additional 3(3%) who were just satisfied and only 1 patient who was

Table 1: Palliative care overall satisfaction in PHC.

No	Scale	Extremely satisfied, n	%	Satisfied n	%	Neutral n	%	Dissatisfied n	%	Extremely dissatisfie d n	%
1	Are you satisfied with the waiting time prior to consultation?	91	83	10	9	8	7	0	0	1	1
2	Were you provided with sufficient information today to understand the purpose of and service being provided during	98	89	8	7	4	4	0	0	0	0
3	Were you treated with dignity and respect?	106	96	3	3	1	1	0	0	0	0
4	How would you rate the overall palliative care clinic services?	93	84	3	3	10	9	3	0.03	1	1
			88		5		5		0.01		1

unsatisfied. at the end participants satisfaction rate was 88% with the palliative care clinics at the PHCCs.

Discussion

This study revealed the Integration of palliative care into primary health care has impact to the survivor patients. Hence e clinic waiting time is one of the determinants of the patient satisfaction worldwide, though it depends largely on the availability of health care providers and institutions structure. Previous studies reveled waiting time ranges from 60 minutes to 180 minutes and patient satisfaction was 89.3% [5,7], this findings supports our result from the participants who attend primary health care. Waiting time was satisfactory to our customers, less time they spend at the health center unlike to referral hospitals. Therefore, assessing patient satisfaction can help to improve and retain the quality of service delivery in primary health care.

The information given were appropriate, 89% were extremely satisfied, correspondent to previous study patient who received information about their cancer therapy, potential late effects, and risk-based screening recommendations, their feedback were positive and the tension and anxiety did not increase [12]. This was an indicator of the efficiency of the education given to our patients at the primary health care level.

Conclusion

Findings of this study show that integration of palliative care into primary healthcare increases the quality of life and patient's satisfaction. Integration of palliative care into primary healthcare is more beneficial for patients with advanced cancer than palliative care consultations offered on demand from referral healthcare institution. Also, assist patient to adhere to compliance with cancer treatment, a improve quality of life and patient satisfaction through education. This model can be generalized in all PHCCs in Saudi Arabia.

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