

4<sup>th</sup> INTERNATIONAL PRIMARY HEALTH CARE CONFERENCE, QATAR, 2020 ۱۲۸ مؤتمر الدولي للرعاية الصحية الأولية – قطر

A FOUNDATION SET FOR SIGNIFICANCE

19 - 22 FEBRUARY 2020 SHERATON GRAND DOHA HOTEL

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#### EXECUTIVE FOREWORD & WELCOME



**Dr. Mariam A. Abdulmalik**Chair of the Conference Organizing Committee &
Managing Director of Primary Health Care Corporatio

#### Dear Colleagues,

I am delighted to welcome you to the 4th edition of the "International Primary Health Care Conference" Oatar 2020.

In this edition, the conference honors progress and embraces the future of primary health-care, provides a platform to share knowledge, facilitates forums to discuss best practices, and underlines Qatar's legacy of promoting health and wellness by providing excellence in primary healthcare.

We will bring together inspiring speakers and experts from across the globe to share knowledge and best practice through panel sessions, exhibitions and workshops.

We chose our main-embracing theme for this 04th edition to be "A Foundation Set for Significance"  $^{\circ}$ 

We have a great team working together to ensure that this 04th edition of the conference to be a truly memorable event and we will look forward to hearing your feedback and inputs. Finally, we wish you a valuable event and enjoyable time.

Sincerely,
Dr. Mariam Ali A. Malik
Chair of Conference Organizing Committee
Managing Director - Primary Health Care Corporation



#### EXECUTIVE FOREWORD & WELCOME

#### Dr. Hanan Al Mujalli

Chair of Conference Scientific Committee Executive Director of Clinical Affairs - Primary Health Care Corporation

I am pleased to have you join us for the 4th International Primary Health Care Conference (IPHCC) which is organized by the Primary Health Corporation (PHCC), Qatar.

Healthcare systems are under pressure due to a rise in chronic conditions and ageing populations together with increasing availability and demand for advanced healthcare interventions. A strong primary care is often seen as a solution for the challenges that health care systems face. The possibility of research to contribute and make a difference is significant.

The 4th IPHCC provides a forum to discuss the latest research and learn about new innovations to enhance and improve primary care. The theme of conference "A Foundation set for Significance", reflects the importance of primary care as a comprehensive and an effective approach to sustainably solve current health and health sustem challenges.

The presentations on each day will center on sub-themes that are drawn from the conference's overarching theme. Day 1 will include skill-building workshops; Day 2 will focus on effective leadership and governance in healthcare system, and clinical practices updates; Day 3 will focus on health promotion, disease prevention, and integrated models of care; Day 4 will focus on innovations and creativity, best practice in education and quality, risk and safety. The conference also offers opportunities to network, collaborate and build future relationships between clinicians, academics, researchers and policy makers.

This conference is only possible due to the hard work and dedication of a number of individuals who I would like to thank. I am most grateful to the PHCC's managing director Dr. Mariam Abdul Malik for her commitment and enthusiasm in organizing the 4th IPHCC 2020.

I would like to extend my appreciation and support to the members of the IPHCC 2020 Scientific Committee for their dedication and passion. They have played an important role in defining the conference's theme and program. Equally noteworthy is the strong support received from members of the planning committee. I would also like to extend my gratitude to the speakers and facilitators for their valuable contribution to the conference.

The conference is taking place in the beautiful setting of Sheraton Grand Doha Resort & Convention Hotel, giving you the possibility to share information, knowledge and innovative ideas with colleagues from Qatar and internationally. I hope you will find the conference informative and useful and that you will share what you have learnt with your colleagues on your return.

PHCC is committed to promoting research related to primary care to meet its vision of becoming the leader in transforming the health and wellbeing of people's lives in Qatar. I believe that together, we can achieve this by promoting the use of research evidence in developing and implementing interventions, health policies and strategies, and I hope this conference is one step of many in that direction.

#### Dr. Hanan Al Muialli

Chair of Conference Scientific Committee Executive Director of Clinical Affairs - Primary Health Care Corporation

# CONFERENCE ORGANIZING

#### CONFERENCE ORGANIZING

#### **Conference Organizing Committee Members:**

#### Dr. Mariam Ali Abdul Malik

PHCC Managing Director - Committee Chairperson

#### Mr. Musallam Al Nabit

Assistant Managing Director Administrative & Corporate Services - Committee Vice Chairperson

#### Dr. Samya Al Abdullah

Executive Director of Operation - Committee Member

#### Dr. Zelaikha Al Wahedi

Assistant Managing Director Quality & Workforce Development - Committee Member

#### Dr. Hanan Al Mujali

Executive Director of Clinical Affairs - Committee Member

#### Mr. Nasser Obiedan

Executive Director of Managing Director Office – Committee Member

#### Mrs. Huda Bashwar

Executive Director of Corporate Communications – Committee Member

#### Mr. Sherif Sobeih

Director of Contracts & Procurement – Committee Non-Voting Member

#### Mr. Mustafa Sharara

Manager of ICT Applications & Data Systems – Committee Non-Voting Member

#### Mrs. Enas Khattab

Manager of Corporate Assurance & Compliance Management – Conference General Secretary

#### CONFERENCE ORGANIZING

#### Conference Scientific Committee Members:

Dr. Hanan Al Mujalli

Executive Director of Clinical Affairs – Committee Chairperson

Dr. Noura Al Mutawa

Head of Clinical Training & Development - Committee Vice Chairperson

Dr. Mohammed Ghaith

Executive Director of Strategy Planning & Health Intelligence - Committee Member

Dr. Hamad Al Mudahka

Executive Director of Preventive Health - Committee Member

Dr. Amal Al Ali

Executive Director of Quality & Patient Safety – Committee Member

Dr. Mona Taher

Program Director for Family Medicine Residency Program - Committee Member

Dr. Noura Al Kubaisi

Assistant Director of Clinical Effectiveness - Committee Member

Dr. Hamda Qotba

Director of Clinical Research - Committee Member

Dr. Mohammed Hashim

Consultant Family Medicine - Committee Member

Dr. Ahmed Al Hammadi

Division Chief Sidra Medical – Committee Member

Dr. Hadi Yassin

Research Project Manager Qatar University - Committee Member

Dr. Ali Rahil

Senior Consultant for Internal Medicine Hamad Medical Corporation - Committee Member

Dr. Dessie Johnson

Assistant Professor Graduated Program Manager University of Calgary Qatar - Committee Member

Dr. Amal Robi

Director of Research & Compliance Weill Cornell Medicine Qatar – Committee Member

Mrs. Wigdan Abdel Rahim

Senior Preventative Health Coordinator - Committee Rapporteur

#### CONFERENCE ORGANIZING

#### **Conference Logistic Committee Members:**

Mrs. Huda Bashwar

Executive Director of Corporate Communications – Committee Chairperson

Mr. Abdulla Al Mansouri

Executive Director of Administration & Finance – Committee Vice Chairperson

Mr. Nasser Obiedan

Executive Director of Managing Director Office – Committee Member

Mr. Mustafa Sharara

Manager of ICT Applications & Data Systems – Committee Member

Dr. Yasser Morsi

Senior Trainer Pharmacy Services - Committee Member

Mr. Mohammed Shabeneh

Clinical Supply Chain Management Specialist - Committee Member

Ms. Reem Abdul Ghani

Senior Corporate Communications Coordinator - Committee Rapporteur

## ABOUT CONFERENCE & CONFERENCE OBJECTIVES



#### ABOUT CONFERENCE

Primary Health Care Corporation in Qatar is the leader in transforming the health and wellbeing of people's lives in Qatar. It delivers comprehensive, integrated and coordinated person-centered health care services in the community through focusing on disease prevention, healthy lifestyles and wellness.

Primary Health Care Corporation in Qatar is an approved CPD provider by Qatar Council of Health Care Practitioners (QCHP).

The Conference aims at highlighting what has been achieved and the future of primary health care in the State of Qatar.

More than 50 sessions covering a wide variety of topics that are shaping the future of primary health care.

#### **CONFERENCE OBJECTIVES**

- 1. Translate evidence gained from up-to-date knowledge into practice when dealing with common clinical conditions
- 2. Adopt international best practice in effective leadership and governance systems
- 3. Reinforce the importance of patient and family centered care to enhance quality improvement and patient safety initiatives
- 4. Utilize available opportunities for health professionals education and development that match the needs and interest of both individuals and communities
- 5. Understand the importance of innovation in healthcare and take part in enhancing the culture of innovation
- 6. Foster health promotion and disease prevention through integrated models of care

## CONFERENCE PROGRAM

## PRE CONFERENCE WORKSHOPS WEDNESDAY, FEBRUARY 19TH, 2020

Time	Event	Hall Name
4:00 pm – 4:30 pm	Registration  Workshop 1  Wound Management	Salwa 1
	Workshop 2 Learning from Patient Experience Both Past & Present	Salwa 2
4:30 – 6:00 pm	<b>Workshop 3</b> Life Style as Medicine	Salwa 3
	Workshop 4 Travel Medicine	Dukhan
	Workshop 5 How to Conduct Systematic Reviews	Presidential 4
6:00 – 6:30 pm	Prayer & Coffee Break	
	Cont. Wound Management 1. Dr. Hassan Yousef 2. Dr. Mohamed Hashem	
	Cont. Learning from Patient Experience Both Past & Present Ms. Lena Cuthbertson	
6:30 – 8:00 pm	Cont. Life Style as Medicine Dr. Wayne Dysinger	
	Cont. Travel Medicine 1. Dr. Ahmed Bawazir 2. Dr. Elmoubasher Farag	
	Cont. How to Conduct Systematic Reviews 1. Dr. Manoj Mohan 2. Dr. Mohamed Syed	

#### **CONFERENCE PROGRAM**

#### THURSDAY, FEBRUARY 20TH, 2020

Time	Event	Hall Name
7:30 – 8:00 am	Registration	
8:00 – 8:15 am	Opening Ceremony	AlMajlis Hall
8:15 - 8:30 am	MD's Speech	AlMajlis Hall
8:30 – 9:15 am	Key Note 1 "Turning vision into reality through innovation, integration and leadership" Dr. Marc A. Bruijnzeels	AlMajlis Hall
9:15 – 10:00 am	Key Note 2 "Current challenges in health promotion and capacity building in primary health care setting"  Dr. Jeanelle de Gruchy	AlMajlis Hall
10:00 – 10:30 am	Coffee Break	Al Wosail

Effective Leadership & Governance in Healthcare System		
10:30 – 10:50 am	<b>Clinical Governance and Astana Declaration</b> Prof. Salman Rawaf	AlMajlis Hall
10:50 – 11:10 am	<b>Good Leadership Successful Organization</b> Mr. Abdulla Al Jumaily	AlMajlis Hall
11:10 – 11:30 am	Improving the performance of health services: The role of clinical leadership Prof. Sushma Acquilla	AlMajlis Hall
11:30 – 11: 50 am	<b>Health Care Transition in Qatar</b> Mr. Steven Emery	AlMajlis Hall
11:50 – 12:10 am	Panel Discussion	AlMajlis Hall
12:10 - 1:20 pm	Prayer & Lunch Break	

#### **CONFERENCE PROGRAM**

## DAY 1

#### THURSDAY, FEBRUARY 20TH, 2020

Time	Event	Hall Name
	Clinical Practices, Updates & Breakthroughs (	(Part-I)
1:20 – 1:40 pm	Impact of White Coat Hypertension and Masked Hypertension Dr. Hashim Al Seyed	AlMajlis Hall
1:40 – 2:00 pm	<b>Headache Syndromes: Practical Approach</b> Dr. Youssef Nuaf	AlMajlis Hall
2:00 – 2:20 pm	Recent Published Studies in Pediatrics That Could Change the Way We Practice Dr. Ahmed Al Hammadi	AlMajlis Hall
2:20 – 2:40 pm	Updates in Clinical Use of antibiotics in Pediatrics Dr. Eman Al Muslemani	AlMajlis Hall
2:40 – 3: 00 pm	Panel Discussion	AlMajlis Hall

#### **CONFERENCE PROGRAM**

## FRIDAY, FEBRUARY 21<sup>ST</sup>, 2020

Time	Event	Hall Name
CI	inical Practices, Updates & Brea throughs (Pa	rt-II)
1:00 – 1:30 pm	Registration	
1:30 – 1:50 pm	<b>Lipid Management: How Low Should We Go</b> Dr. Ali Rahil	AlMajlis Hall
1:50 – 2:10 pm	<b>Updates in Asthma Care in adults</b> Dr. Hassan Mobayed	AlMajlis Hall
2:10 – 2:30 pm	<b>Updates in Managing Diabetes in Primary Care</b> Dr. Saleh Attal	AlMajlis Hall
2:30 – 3:00 pm	Panel Discussion	AlMajlis Hall
3:00 – 3:30 pm	Prayer & Coffee Break	
	Health Promotion & Disease Prevention	
3:30 – 3:50 pm	Pre-pregnancy BMI gestational weight gain and birth outcome in Lebanon & Qatar Dr. Farah Al Naja	AlMajlis Hall
3:50 – 4:10 pm	<b>Lifestyle: The new trend for preventing and reversing disease</b> Dr. Wayne Dysinger	AlMajlis Hall
4:10 – 4: 30 pm	Immunisation as strategic preventive priority for PHCC Dr. Khalid Elawad	AlMajlis Hall
4:30 – 4:50 pm	Insight into targeted oral health programs, a novel Qatari experience Dr. Asmaa Othman AlKhtib	AlMajlis Hall
4:50 - 5:10 pm	Panel Discussion	AlMajlis Hall
5:10 - 5:30 pm	Prayer & Coffee Break	

#### **CONFERENCE PROGRAM**



Time	Event	Hall Name
li li	ntegrated Models of Care: Delivery and Cha	llenges
5:30 – 5:50 pm	Empowering primary care to innovate & accelerate new models of integrated care Dr. Marc A. Bruijnzeels	AlMajlis Hall
5:50 – 6:10 pm	Integrated model of care: Lessons learnt from the family medicine model Dr. Mohamed Syed	AlMajlis Hall
6:10 – 6:30 pm	Managing care for people with multiple chronic conditions Dr. Muna Taher	AlMajlis Hall
6:30 – 6:50 pm	What can primary care do for mental health? Experiences of integrated models of care Mr. lain Tulley	AlMajlis Hall
6:50 – 7:10	Panel Discussion	AlMajlis Hall
7:10 – 9:00 pm	Dinner	

#### **CONFERENCE PROGRAM**

## SATURDAY, FEBRUARY 22<sup>ND</sup>, 2020

Time	Event	Hall Name
7:30 – 8:00 am	Registration	
lnı	novations & Creativity in Health Care Settin	gs
8:00 – 8:20 am	<b>Innovation in capacity building</b> Prof. Jenny Carryer	AlMajlis Hall
8:20 – 8:40 am	Artificial intelligence and automation of patient assessment Prof. William Ghali	AlMajlis Hall
8:40 – 9:00 am	Using technology to integrate exercise therapy in the clinical setting in Qatar Dr. Mohamed Al Kuwari	AlMajlis Hall
9:00 – 9:20 am	How staffing models can used to deliver high quality care Prof. Nelly Oelke	AlMajlis Hall
9:20 – 9:40 am	Panel Discussion	AlMajlis Hall
9:40 – 10:10 am	Coffee Break	
Best P	ractice in Education, Training & Capacity Bu	uilding
10:10 – 10:30 am	Challenges encountered in capacity building in Qatar (Medical education) Dr. Margret Allen	AlMajlis Hall
10:30 – 10:50 am	Continuing Professional Development: From Capacity Building to Performance improvement. Dr. Jane Tipping	AlMajlis Hall
10:50 – 11:10 am	Building a coaching culture in primary care to enhance employee performance and wellbeing Ms. Sarah Gornall	AlMajlis Hall
11:10 – 11:30 am	Oman Experience: National board in line with Arab board and accreditation requirements Dr. Najlaa Jaafar	AlMajlis Hall
11:30 – 11:50 am	Panel Discussion	AlMajlis Hall
11:50 - 1:20 pm	Prayer & Lunch Break	

#### **CONFERENCE PROGRAM**



Time	Event	Hall Name
	Tripartite: Quality, Risk & Safety	
1:20 – 1:40 pm	<b>People Centered Care: From Vision to Practice</b> Dr. Karin Jay	AlMajlis Hall
1:40 – 2:00 pm	Work as imagined vs. work as done (Safety II) Prof. Jeffrey Braithwaite	AlMajlis Hall
2:00 – 2:20 pm	<b>Quality Improvement: A Bottom up approach</b> Dr. Amal Al Ali	AlMajlis Hall
2:20 – 2:40 pm	Performance measurement for health system improvement Dr. Aurels Brudan	AlMajlis Hall
2:40 – 3: 00 pm	Panel Discussion	AlMajlis Hall
3:00 – 3:15 pm	Oral presentation (10 minutes presentation – 5 minutes Q&A)	AlMajlis Hall
3:15 – 3:30 pm	Oral presentation (10 minutes presentation – 5 minutes Q&A)	AlMajlis Hall
3:30 – 3:45 pm	Oral presentation (10 minutes presentation – 5 minutes Q&A)	AlMajlis Hall
3:45 – 5:00 pm	Closing	AlMajlis Hall







Dr. Marc A. Bruijnzeels

Associate professor at Leiden University Medical Schoo

#### Biography

Marc A Bruijnzeels (1965) PhD is associate professor at Leiden University Medical School – Campus The Hague and the director of Jan van Es Institute, a small expertise center for integrated primary health care in The Netherlands. As a political scientist, he gained a large experience in research, policy, teaching and practice in primary health care and health care organisation. Currently, he develops a master program on Population Health Management for Leiden University at the Campus The Hague. Next he performs various research projects using the PHM approach and methodology. Based on his knowledge and experience he performs several executive and research roles in The Netherlands and Belgium in the transition from volume- to value-based integrated care. He is married and has three daughters.

#### Brief summary of the contributions:

#### Keynote 1:

#### Turning Vision into Reality through Innovation, Integration and Leadership

The epidemiologic transition towards non-communicable diseases and multimorbidity challenges the current organisation of the fragmentation of health care delivery. Next to a solid and firm primary care organisation is a more value based integrated health care organisation more needed now than ever, including the right behavioural incentives for providers and patients. This evolution towards more integration based on the most dominant health care problems requires a shift towards new organisational arrangements (including financial incentives), integrated data-driven health care delivery innovation and a strong interaction between primary care, specialist and social care leadership. In this lecture practical recommendations to make this transition operational will be given.

#### Lecture: Empowering Primary Care to Innovate & Accelerate New Models of Integrated Care

Based on a large international experience, in this contribution I will introduce and discuss several new models of integrated care, regarding the integration between primary and specialist care, with social care, with patients and with payers of care. These new network constellations of care delivery have consequences for the position and added value of primary care in relation to the other forms of care.

These trade-offs between the empowerment of primary care and the contributions to the value of integrated care will be interactively be discussed.



**Dr. Jeanelle de Gruchy**President of the Association of Directors of Public Health (ADPH)

#### Biography

Dr. Jeanelle de Gruchy is President of the Association of Directors of Public Health (ADPH), a well-respected and vibrant voice for prevention and public health in the UK. She is passionate about ADPH advocating for equality in all its forms.

Jeanelle is also Director of Population Health for Tameside in Greater Manchester; she is based in an integrated NHS and Local Authority organisation. She has a role in leading population health system reform developments in Greater Manchester.

Prior to this, Jeanelle was Director of Public Health for the London Borough of Haringey for 8 years and Deputy Director of Public Health in Nottingham before this.

Jeanelle trained and worked as a doctor in South Africa and the UK before specialising in public health in the UK. She was a Research Fellow for the Health and Human Rights Project in South Africa from 1997-1999.

#### **Brief summary of the contributions:**

#### Current Challenges in Health Promotion and Capacity Building in Primary Health Care Setting

It takes a village to raise a child' – this wonderful saying beautifully captures how an entire community of people must interact with children for them to experience and grow in a safe and healthy environment. It encapsulates the interconnectedness of our society, across the generations and across all aspects of our lives. Good quality primary healthcare supports us in bringing the next generation into the world, through to helping us manage old age. It plays a key role in keeping us well and out of hospital, from immunization programmed to preventative medicine. But these programmed alone will not deliver the shift needed for healthy people and communities. This keynote address will explore the principles and approaches needed to deliver a whole system approach to population health.

## SPEAKERS BIOGRAPHIES & PRESENTATIONS OUTLINES



**Prof. Salman Rawaf,** MD PhD FRCP FFPH MFPHM(I) Chair of Public Health Medicine, Director of WHO Collaborating Centre in the Department of Primary Care and Public Health at Imperial College London

#### Biography

Prof. Salman is the chair of Public Health Medicine, Director of WHO Collaborating Centre in the Department of Primary Care and Public Health at Imperial College London and Honorary Consultant Physician at Imperial College NHS Trust. He acquired his qualification in medicine, with training in paediatrics and public health medicine, and spent the breadth of his career in leading roles in the NHS, including 26 years as an Executive Director: County Medical Adviser, Medical Director, District Medical Officer and Director of Public Health. In the latter 23 years of his service in the NHS, he served as the Executive Director of Health in South-West London with full responsibility for the health service in and outside the NHS. In 2009 he moved to Imperial College London. Salman is a globally recognised for his international work and contribution to global health, health systems development, primary care and medical education in research and service delivery. He has published more than 230 scientific papers, five books and international reports and received many awards and recognitions.

#### Brief summary of the contributions:

#### **Clinical Governance and Astana Declaration**

The 2018 Astana Declaration on Primary Care was clear and specific. Government must provide comprehensive health service at the first contact with the health system through modern, accessible and affordable PC for the entire population. This is a major development both logistically and financially for the majority countries, including those with well-developed PC service. Such development requires strong leadership and governance at all levels to ensure that services are proactive, people-centred, needs specific, and delivered by qualified well-trained workforce. At corporate level, people should be engaged in all decision-making process; for finance, transparent and open approaches are needs to minimise waste and opportunity costs; at clinical level health professionals are up to standards, appraised regularly and continuously trained. With these three elements of health governance (corporate, financial and clinical) and aspirational leadership, the key objectives of Astana Declaration in reaching the entire population with effective proactive service that provides gatekeeping, personalised continuous care, around the clock, at no or low cost, can be achieved. With such PC, UHC cannot be achieved, neither the SDG3 targets.



#### Mr. Abdulla Al Jumaily

Head of Product Development & A/Head of Program Admin, Qatar Finance and Business Academu – OFBA

#### Biography

Abdullah AlJumaily, Director of Professional Training at Qatar Finance and Business Academy, is a seasoned practitioner in leadership development and training. He spent many years as an academic at Qatar University, his alma mater, and also obtained an MSc from the University of Glasgow. Other professional positions include former Executive Director for Childhood Cultural Center and co-founder of Qatar Trainers Forum. Over the years he has worked in coordination with a range of government institutions including the Qatari Armed Forces, Ministry of Development, Ministry of Transportation and the Judiciary Supreme Council. He has spent many years developing expertise in professional development, including gaining certification and / or professional certifications from London Business School, Manchester Business School and the American Association for Training and Development (ATD). His training focuses primarily on Strategic and operational planning, change management, corporate performance assessment and leadership development and he participated in a number of regional and international conferences in these fields.

#### Brief summary of the contributions:

#### **Good Leadership Successful Organization**

The spread of leadership concepts from business literature to other sectors, including health care, has increased since the turn of the century and led to a number of competency frameworks developing over the last decade or so. Further, the continually blurring line between generalist managers who lead and clinical practitioners who deliver health care services has led to new demands on leadership development for the latter. A consistent message emerges that effective leadership exhibits a core commitment to the highest standards of patient care, with strong ethics and values consistently emerging in characterization of effective leaders. It requires attention to the development of organizational culture as well as individual leadership, and contextualizing the role and expectation of clinical leaders across different systems. Improved patient care reduces medical errors and patient mortality, but does not sit abstracted from improved care, support and development for those delivering these essential services. This requires distributed leadership in health care organizations and systems that is appropriately directed, aligned and committed within and across teams.

## SPEAKERS BIOGRAPHIES & PRESENTATIONS OUTLINES



Prof. SUSHMA ACQUILLA
Vice Chair of the Global Health Committee

#### **Biography**

Sushma is vice Chair of the Global Health Committee and previously International Faculty Advisor, from 2006-2016, to the UK Faculty of Public Health (FPH) of Royal College of Physicians (RCP). Sushma is leading on the India Special Interest Group in the Faculty. Sushma also represented the Faculty of Public Health (FPH,UK) on the Wellcome Trust funded, UK consortium of Universities with Public Health foundations of India (PHFI) between 2006-2019. She was appointed as International advisor on the board of Indian Journal of Public Health.

Honorary Senior lecturer at Imperial College London and Adjunct Professor at the Public Health Foundations of India (PHFI) and associated Indian Institutes of Public Health (IIPH) & Visiting Professor at the RDGardi, Medical College at Ujjain charitable Trust and Research Centre. She helped develop Competency based training curriculum for MPH in India .

She works as the Independent consultant in Public health, having her own company SDAcquilla Consultancy Limited.

She is a leader and a key influence in the development of the National Public Health Leadership Program for England for over 10 years and was Program Director for the National Public Health Leadership Program, funded by the Department of Health, for Senior Public Health professionals from 2002-2011. She also developed and delivered a Leadership program for senior officers in Odisha.

Sushma has carried out Scoping study and SWOT analysis for the Government of Odisha, in preparation to implementation of the Public Health Cadre in the State of Odisha. She did similar work in the State of MP and developed a road map for the implementation of Public Health Cadre. This has led to her appointment and Role as Project Director for the delivery of MOU between the State of Odisha and the FPH, UK. The project carried out training needs assessment, developed, designed and delivered the trainer development program and Leadership program to senior officers in the State health system in Odisha. She contributed actively to the development of the National MPH Curriculum for India working with the Ministry of Health in India. This has been approved by the Ministry of Health for implementation in Indian State health systems and universities, through UGC as a Standard for MPH delivery in June 2018.

#### Brief summary of the contributions:

#### Improving the Performance of Health Services: The Role of Clinical Leadership

In many areas of the developed world, health care is confronted by workforce challenges, changing consumer expectations and demands, fiscal constraints, increasing demands for access to care, a mandate to improve patient centered care, and issues concerned with levels of quality and safety of health care. The need for good clinical leadership has never been more important. With the major shifts in the UK health and social care policy agendas, clinical leaders will be working on policy development, implementation and evaluation. Clinical leadership relates to policy drivers, and to the less well-defined aspects of service and role developments that enhance patient care. The definition of clinical leadership is wide-ranging and, this presentation, will focus on the improvement of patient care, which involves safe, efficient, effective and person-centred care. The development of the skills and attributes of clinical leadership is essential to the continued enhancement of primary care practice. This may enable you to reflect on your own leadership in clinical practice, so that you can consider the aspects that you may wish to develop.



Mr. Steven Emery BA Econ, ACA. Assistant Managing Director - Strategy, Primary Health Care Corporation

#### Biography

Steven Emery, is a qualified accountant, and a strategic finance and information professional who has worked at senior executive levels in the health care sector in both the state and private sector for over 25 years. Steven joined PHCC soon after its establishment in 2012, as a Primary Care Subject Matter Expert, to develop Qatar's National Primary Health Care Strategy. He now leads the Strategy Directorate, which includes Planning, Business and Health Intelligence, and Preventative Health. He represents the Corporation on all planning and health intelligence across the whole sector.

Steven has previously led the creation of the UK's NHS Information Authority, and was one of its founding directors. At Bristol Primary Care Trust he led the development and implementation of the World Class Commissioning Program, which set a framework for commissioning to achieve world class health outcomes from primary and secondary health providers. He also implemented the UK's first Program Budgeting system, which highlighted the effectiveness of health expenditure by disease classification, and the achievement of health outcomes.

He has always had a deep interest in mobilising resources effectively to achieve the best possible health outcomes for patients. He has led on private sector partnership programs to leverage health innovation and exceptional service standards across state organisation. Steven has also been a senior consultant with Ernst & Young in New Zealand, and now works with Professor Lord Ara Darzi on health improvement programmes.

#### Brief summary of the contributions:

#### **Healthcare Transition in Oatar**

The Primary Health Care Corporation in Qatar was formed in 2012, to strengthen primary health care practice, and improve access and quality of health care for families. In 2018, Qatar launched a new National Health Strategy, Our Health, Our Future, and the World Health Organisation launched the Astana Declaration on Primary Health Care.

Prior to launching its strategy in April, 2019, PHCC reviewed the latest local information on population demographics, health needs, and challenges, patients' feedback and expectations. It looked at lessons learned from best international practice, before developing a clear Vision and Mission, and a strategic framework for delivering the Spirit of Astana in Oatar.

PHCC sets out the importance of leadership in achieving people-centered, high quality care, and how it aims to support Qatar in a whole system change through effective governance and collaboration. PHCC aims to use World Health Organization frameworks to deliver the system transformation, and reports to WHO using agreed system level indicators.





Dr. Hashim Al Seyed

Associate professor at WCMC -Q and senior consultant family medicine

#### Biography

Dr Hashim mohamed graduated from the royal college of surgeons Ireland and is an associate professor at WCMC -Q and senior consultant family medicine .He is an author of books on diabetes ,diabetic foot management and counselling .He has published many articles in peer reviewed journals, an associate editor of scientific journals and is an international speaker on various subjects including diabetic foot, diabetes and family medicine.

#### Brief summary of the contributions:

#### Impact of White Coat Hypertension and Masked Hypertension

In relation to its etiology, epidemiology and clinical significance. It will specifically address the important epidemiological studies, current international guidelines and their impact on daily practice at primary care level.



**Dr. Youssef Nauf**Family Medicine Senior Consultant

#### Biography

Dr Youssef Nauf works currently as Family Medicine Senior Consultant at, Primary Health Care Corporation, Qatar. He is Asst. Professor in family Medicine Clinical Practice at Weill Cornell Medicine - Qatar and does researches in General Practice. Dr. Nauf is Core-Faculty, at Family Medicine Residency Training Program, HMC, Qatar, which is Arab Board accredited since ninetieth of the last century and ACGME-I accredited since 2013. ACGME-I Advance accreditation was obtained recently for the period 2018 - 2022.

Dr. Nauf, After completing his Bachelor degree and internship in Medicine (Tripoli, 1992), he obtained his Swedish Medical degree (Lakar-Examen,1995), Swedish National Board in General Medicine (1997) and Swedish National Board of Family Medicine (2002). Dr Nauf is fully licensed General Practitioner in EU countries since 2004.

Dr Nauf has special interest in musculo-skeletal disorders and has obtained postgraduate training and course certification in Orthopedic Medicine with special orientation in Orthopedic Manual Therapy (SWE & AU). He has special interest in Emergency Medicine also and shared as instructor candidate in Advance Life Support, ALS courses at HMC.

Dr Nauf has significant interest in teaching and served as Director of Family Medicine Residency Training Program at King Faisal Specialist Hospital & Research Center in Jeddah, KSA between 2005 and 2009. Then, he worked as Deputy Chairman for Family Medicine Department between 2006 and 2009 in addition to his regular work as a Consultant of Family Medicine, VIP and Protocol clinics.

Furthermore Dr. Nauf has participated in many national and international conferences workshops as speaker, Moderator and member of both Scientific and Organizing Committees.

#### Brief summary of the contributions:

#### **Headache Syndromes: Practical Approach**

Headache is considered to be the most common disabling neurological cause for physician visits in primary care health exenters. Proper diagnosis is very important and remains the cornerstone of the red flags early identification and appropriate treatment that is based mainly on history and physical examination. In this presentation, we want to put some emphasis on the practical way of diagnosing and managing different types of headaches at primary care setting.

## SPEAKERS BIOGRAPHIES & PRESENTATIONS OUTLINES



#### Ahmed Alhammadi

Chief, Division of General Academic Pediatric at Sidra Medicine -Qatar. Associate Program Director of Pediatric Residency Program, Assistant Professor of Paediatrics - Weill-Cornell Medical College - Qatar (WCM-Q).

#### Biography

Dr. Alhammadi completed his Pediatrics Residency Training at British Colombia children hospital (BCCH) Vancouver –Canada, and a General Academic Pediatrics fellowship at the Hospital for Sick Children-Toronto –Canada; He has worked as a General Pediatrician on staff at Hamad Medical Corporation – Qatar since 2011 when he was appointed Division Chief.

He is areas of interest are medical education, faculty and professional development. He is the co-founder of the Professionalism Course and Workshops conducted at HMC-Qatar. He is involved and has led several medical education workshops locally, nationally and internationally

Dr. Alhammadi, Director of the new multidisciplinary program in Qatar caring for children with technology-dependent and medically complex conditions (Pediatrics Complex Care Program) which offer coordinated care that spans the inpatient and outpatient divide.

He was appointed to the examination board of the pediatrics Arab Board in 2011; He is a member of American Academy of Paediatrics and Canadian Paediatrics Society.

Dr Alhammadi has published over 25 articles in peer reviewed journals, his research interest related to vaccine, UTI in children's, medical education and health promotion in pediatrics

#### Brief summary of the contributions:

Recent Published Studies in Pediatrics That Could Change the Way We Practice

Presentation will discuss the following points:

- To identify new evidence in general pediatrics literature
- To highlight recent guidelines & changes in clinical practice
- To interpret the bottom line from clinical articles

## SPEAKERS BIOGRAPHIES



Dr. Eman A.Rahman Senan Al Maslamani

#### Biography

Dr. Eman A.Rahman Senan Al Maslamani is a Pediatric Infectious Disease Senior Consultant at Hamad Medical Corporation. She is an Assistant Professor of Clinical Pediatrics at Weill Cornell Medical College-Qatar and the Program Director for the Transitional Year Residency Program and Pediatric Infectious Disease Fellowship Program. Administratively, she is the chairman of Infection Prevention & Control Committee of Hamad General Hospital, Chairman of the Exam Committee ACGME-I and assistant Program Director of Pediatric Residency Program. She also represents Qatar in the Arab Board of Health Specialization (Pediatric).

Dr. Eman obtained her medical degree from Arabian Gulf University, Bahrain. She had her Pediatric Residency Training and Pediatric Infectious Disease Fellowship Training at Hamad Medical Corporation.

As a practitioner, Dr. Eman enhances health of infants, children, and adolescents by promoting excellence in the diagnosis, management, and prevention of infectious diseases through clinical care, education, research, and advocacu.

Dr. Eman had a role in establish and implementation of Antimicrobial Stewardship Program in Hamad Medical Corporation and Sidra Medicine and Contribute in the development and implementation of Pediatric Sepsis Program at Hamad Medical Corporation and Sidra Medicine.

#### Brief summary of the contributions:

#### **Updates in Clinical use of Antibiotics in Pediatrics**

Antibiotic resistance is rising to very concerning levels in all parts of the world, threatening the ability to treat common infections. Pneumonia, tuberculosis and infections that affect human, are becoming harder, and sometimes impossible, to treat as antibiotics become less effective.

- When bacteria in the body of a human or animal are exposed to antibiotics, they change to resist the effect of the drug. Where antibiotics can be bought for human or animal use without a prescription, the emergence and spread of resistance is made worse. It is vitally important that we only use antibiotics when necessary.

Improving our antibiotic use is critical to the safety of our patients and the future of medicine, this can improve patient outcomes, save money, reduce resistance, and help prevent negative consequences. Antimicrobial stewardship programs (ASPs) have an important role in the appropriate utilization of antibiotics.

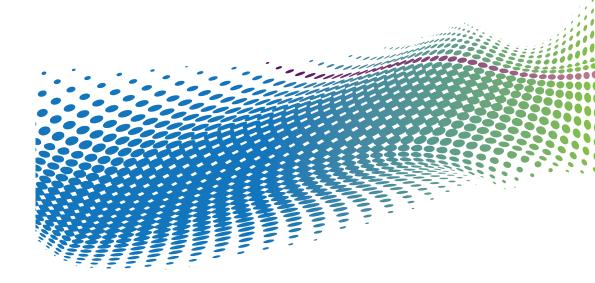




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## Igniting Change, Shaping the Future Together



Dr Ali Ibrahim Ali Rahil

Senior Consultant Physician in Internal Medicine at Hamad General Hospital.

#### Biography

Dr Ali Ibrahim Ali Rahil is the Senior Consultant Physician in Internal Medicine at Hamad General Hospital. He is the Associate Program Director of Internal Medicine Residency Program and responsible for the vbedside teaching, Mock exams). Also He is an advanced Life Support Instructor (ERC), Examiner for both Arab Board of Internal Medicine and MRCP PACES, reviewer of Libyan Journal of Medical Sciences and Quality and patient safety and Chairman of CPG committee of Internal Medicine. He is an active member for the CPG committee of HGH, Corporate CPG committee and Quality committee of Internal Medicine. He published several publications in peer-reviewed journals

#### **Brief summary of the contributions:**

#### Lipid Management: How Low Should We Go

Several studies have shown that reducing LDL cholesterol is associated with decrease in cardiovascular morbidity and mortality. A number of meta-analyses have demonstrated a linear relationship between the magnitude of LDL lowering and cardiovascular risk benefit, with each 1 mmol/l decrease in LDL-C there is an around 20% reduction in incidence of heart attacks, revascularization and ischemic stroke and the benefit did not seem to be attenuated with a particular LDL-C level, in addition, there has been an under treatment to a target and significant physician inertia in managing lipid properly.

## SPEAKERS BIOGRAPHIES & PRESENTATIONS OUTLINES



**Dr. Hassan Mobayed**Senior consultant Allergu and pulmonard

#### Biography

Dr. Hassan Mobayed is a graduate from medical school at University of Mosul, Iraq, 1988. He completed his Residency training in internal medicine, at Hamad Medical Corporation, Doha, Qatar 1999, completed his Clinical Fellowship training in Adult Pulmonary Medicine, at Hamad Medical Corporation, Doha, Qatar 2002 and completed Clinical fellowship training in Adult Allergy and Immunology, at University of Toronto, Canada on 2008.

He was appointed as Senior consultant allergy/pulmonary at Hamad Medical corporation since 2009. He is Core faculty of the Adult Allergy/Immunology Fellowship Program and Internal Medicine residency program at Hamad Medical Hospital, Doha, Qatar. And Assistant Professor, at Weill Cornell Medical College – Qatar, Doha, Qatar. His special interest in severe asthma, anaphylaxis, and hereditary angioedema. He published many articles in pulmonary and allergy.

#### Brief summary of the contributions:

#### **Updates in Asthma Care in adults**

Bronchial asthma is a common chronic inflammatory disease with variable severity. Management of asthma includes patient education, controller and reliever medications, checking technique of inhalation, and regular follow up and assessment. Severity of asthma is classified to mild, moderate or severe asthma. For more than 30 years we use to treat mild asthma with as needed short acting bronchodilators that will treat the bronchoconstriction but not the chronic bronchial inflammation. In the last few years many studies showed that mild asthma is undertreated and associated with frequent flare ups of asthma, hospitalization, ED attendances, and oral corticosteroid administrations. Accordingly, this year GINA has updated the guidelines of asthma management. I will highlight the major update in 2019 GINA guidelines of asthma management with the evidence behind these changes.



Dr. Saleh Attal

Consultant in Family Medicine and Endocrinology and Core Faculty in the ACGMEI-accredited Family Medicine Residency Program of PHCC and HMC

#### Biography

He has been appointed as the Asst. Professor of Family Medicine in Clinical Medicine of Weill Cornell Medicine-Qatar (since 2016 - current). He is currently serving as the Lead of Continuity Care Clinics (since 2016 - current) and supervising Family Medicine residents (since 2013 – current). He holds the Arab Board of Family Medicine (2010) and M.B.B.Ch from the University of Al-Mustansyria in Iraq (2000). He completed his training in Endocrinology and Metabolism at Endocrinology-Internal Medicine department of HMC and was certified in endocrinology subspecialty, MRCP-UK (2013). Currently, he is an active member of the Endocrine Society-USA, Diabetes Sub-committee of HMC, and QDEM Conference Organizing Committee of HMC. He develops a deep interest in endocrinology, diabetes, and obesity and is regularly invited as the speaker in PHCC training activities on the related field. In addition, he published several researches and regularly updated his knowledge by attending numerous educational programs and conferences in the region and abroad.

#### Brief summary of the contributions:

#### Updates in Managing Diabetes in Primary Care

Presentation will cover the following important points:

- Impact of current Diabetes treatments on cardiovascular outcomes
- Safety of Novel Agents (GLP-1 Agonists and SGL2-Inhibitors) in Type 2 Diabetes Management
- · Safety of Old Agents in Type 2 Diabetes Management





Dr Farah Naja

ssociate professor in Nutrition Epidemiology, FAFS, AUB

#### Biography

She earned her doctoral degree from University of Toronto, Canada. Since joining AUB in 2008, Dr Naja has been leading an active research portfolio. Her research focus is to explore innovative approaches to study dietary intake and its association with disease risk as well as with sustainability and environmental footprints. In addition, a main focus of her research is the development and validation of tools to be used in nutrition research. Such tools include, among others, an Arabic Food security assessment questionnaire and food frequency questionnaires for children and adults. Recently, Dr Naja has been leading collaboration between Qatar and Lebanon to launch the first mother and child cohort study in the Middle East and North Africa region, examining the effects of maternal and young child nutrition on birth outcomes and growth patterns. Another arm of Dr Naja's research is in the field of Complementary and Alternative Medicine (CAM), where she has conducted numerous investigations to better understand the prevalence and determinants of use of CAM in Lebanon, both at the national level and among patients with chronic diseases, such as cancer, Diabetes and HIV.

#### Brief summary of the contributions:

#### Pre-pregnancy BMI, Gestational Weight Gain and Birth Outcomes in Lebanon and Qatar: Results of the MINA cohort

Accumulating evidence has highlighted the role of maternal nutritional status on fetal development, birth outcomes and child health. The Mother and Infant Nutritional Assessment (MINA) cohort is a 3-year follow-up study of pregnant women and their children in Qatar (n=147) and Lebanon (n = 194). In this seminar, the early results of the MINA cohort are presented: Overall, 42.1% of women had a prepregnancy BMI≥25 Kg/m2. Only 30.2% of women had adequate gestational weight gain (GWG), while 25.7% and 44.1% of women had insufficient and excessive GWG, respectively. In the cohort 68.7% of infants had a weight adequate-for-gestational age (AGA), 6.7% were SGA and 24.6% were LGA. The proportions of LGA were higher with greater GWG. After adjustment, Qatari women were 3 times more likely to be overweight before pregnancy while a higher education level was associated with lower odds of pre-pregnancy BMI≥25 Kg/m2. Pre-pregnancy BMI≥25 Kg/m2 was a significant predictor of excessive GWG. The high prevalence of pre-pregnancy overweight and excessive GWG among MINA participants underscores the need for culture-specific intervention programs to promote healthy body weight in women of childbearing age, and prevent excessive weight gain during pregnancy



**Dr. Wayne Dysinger**Lifestyle, preventive and family medicine physician

#### Biography

Dr. Dysinger is a lifestyle, preventive and family medicine physician who currently serves as Chief Executive Officer for Lifestyle Medical, a new model primary care concept that is built around Lifestyle Medicine principles. He is also Chair of both the American Board of Lifestyle Medicine and the International Board of Lifestyle Medicine, and Medical Director of the Complete Health Improvement Program (CHIP). He is an active faculty at Loma Linda University and consults, teaches and participates in research on Lifestyle Medicine issues around the world. Dr. Dysinger is a past President of the American College of Lifestyle Medicine, and has worked in various capacities with the American Medical Association, the American College of Preventive Medicine and the Association for Prevention Teaching and Research. He was previously Chair, Department of Preventive Medicine, Loma Linda University, and faculty/co-founder of both the Family and the Preventive Medicine residencies at Dartmouth. He has also worked in faculty, patient care and service capacities in Atlanta and Guam. Dr. Dysinger earned his M.D. degree from Loma Linda University School of Medicine (1986), and his MPH from Loma Linda University School of Public Health (1990). He is a Fellow of the American College of Lifestyle Medicine, the American College of Preventive Medicine, and the American Academy of Family Physicians

#### **Brief summary of the contributions:**

#### Lifestyle: The New Trend for Preventing and Reversing Disease

Lifestyle Medicine is a foundational approach to health care that emphasizes the use of natural interventions for preventing and reversing non-communicable disease (NCD). In this presentation the science behind Lifestyle Medicine will be reviewed, and the rapid growth in the Lifestyle Medicine field will be summarized. Finally, the potential role for Lifestyle Medicine in health care delivery systems and NCD treatment programs will be discussed

## SPEAKERS BIOGRAPHIES & PRESENTATIONS OUTLINES



**Dr. Khalid Elawad**Health protection manager in primary health care corporation (PHCC) – Qata

#### **Biography**

Dr Khalid Elawad have (20) years of international experience in the field of public health, worked in developed and developing countries. Currently working as health protection manager in primary health care corporation (PHCC) – Qatar. play a key role in developing, shaping and assuring the health protection function, which include managing individuals and teams, working closely with partners, and ensuring delivery of high-quality surveillance, response and support systems. He has responsibility for developing and maintaining close working relationships both internally and with partner organisations. In addition, contribute and lead on local and national priorities, including contribution to wider public health initiatives consistent with the centre delivery model and integrated working. He mange to enhance the profile of Health Protection significantly in PHCC corporation with issues such as immunisation, food borne infections, pandemic flu, healthcare associated infection and communicable diseases control. Recently he has been appointed as chairperson for PHCC Antimicrobial Resistance stewardship committee to execute national action plan to control antimicrobial resistance which introduces the key components of the strategy (infection prevention and control, optimising prescribing, engagement and training, surveillance, development of new diagnostics, research and international collaboration). In addition, chairperson for infection prevention and control (IPC) committee which oversees IPC program in 27 health centres (with 7000 employee) across Oatar.

#### Brief summary of the contributions:

#### Immunization as Strategic Preventive Priority for PHCC"

At the beginning of the 20th century, infectious diseases were widely prevalent in the many countries and exacted an enormous toll on the population. For example, in USA, in 1900, 21,064 smallpox cases were reported, and 894 patients died. In 1920, 469,924 measles cases were reported, and 7575 patients died; 147,991 diphtheria cases were reported, and 13,170 patients died. In 1922, 107,473 pertussis cases were reported, and 5099 patients died.

During the 20th century, substantial achievements have been made in the control of many vaccine-preventable diseases.

Dramatic declines in morbidity have been reported for vaccine-preventable diseases for which vaccination was universally recommended for use in children. Morbidity associated with smallpox and polio caused by wild-type viruses has declined 100% and nearly 100 % for each of the other vaccine preventable diseases.

To achieve the full potential of vaccines, parents must recognize vaccines as a means of mobilizing the body's natural defenses and be better prepared to seek vaccinations for their children; health-care providers must be aware of the latest developments and recommendations; vaccine supplies and financing must be made more secure, especially for new vaccines; researchers must address increasingly complex questions about safety, efficacy, and vaccine delivery and pursue new approaches to vaccine administration more aggressively; and information technology to support timely vaccinations must be harnessed more effectively. In addition, the vaccine-delivery system must be extended to new populations of adolescents and adults. Each year, thousands of cases of potentially preventable influenza, pneumococcal disease, and hepatitis B occur in these populations. Many of the new vaccines will be targeted at these age groups. The vaccine-delivery system must routinely include these populations to optimally prevent disease, disability, and death.

More and more health groups and health systems are looking into how to take care of a population of patients, recognizing that it's not only important to treat patients that are sick, but to keep them well. Immunizations offer health systems a cost-effective treatment option that can reduce the instance of high-cost illness throughout a large patient population.

#### Dr. Asmaa Othman AlKhtib

Director of Dentistry in the Primary Health Care Corporation (PHCC) and the Co-Chair of the National Oral Health Strategy

#### Biography

Dr. Asmaa is a Paediatric dentist with a Clinical Doctorate in Pediatric Dentistry (2009). She also holds a PhD in Population Health and Primary Care (2013) both degrees were obtained from the University of Melbourne, Victoria, Australia. She is the founder of the "Beautiful Smiles" Program in Qatar. In 2017 Dr Asmaa completed the Executive Leaders program in Qatar Leadership Centre. Currently, Dr Asmaa is a member in several high levels committees nationally, including the steering committee for the Colleague of Dental Medicine in Qatar University

#### **Brief summary of the contributions:**

#### Insight into Targeted oral Health Programs, A Novel Qatari Experience

Good oral health is influenced by the complex interplay of social, physical, economic and political factors. Oral health promotion addresses these factors focusing on building healthy public policies, creating supportive environments; strengthen community action, developing personal skills and reorienting health services.

Qatar is dedicated to constructing a global-standard, community-focused, integrated healthcare system with policies and care premeditated to meet the needs of its people. Specific preventive activities are best targeted to groups in the population who are sus-ceptible to prevention. This includes oral health promotion for key groups, in conven-ient settings as well as specific clinical preventive services that can be taken to people through outreach activities. There are a variety of oral health promotion programs that have been researched for impact and effectiveness including oral health educational, nutritional programs initiated in early infancy, tooth brushing at school, antenatal oral health care and advice and other interventions. A collection of interventions have been implemented by primary health care corporation in Qatar with promising results.

## SPEAKERS BIOGRAPHIES & PRESENTATIONS OUTLINES



**Dr. Marc A. Bruijnzeels**associate professor at Leiden University Medical School

#### Biography

Marc A Bruijnzeels (1965) PhD is associate professor at Leiden University Medical School – Campus The Hague and the director of Jan van Es Institute, a small expertise center for integrated primary health care in The Netherlands. As a political scientist, he gained a large experience in research, policy, teaching and practice in primary health care and health care organisation. Currently, he develops a master program on Population Health Management for Leiden University at the Campus The Hague. Next he performs various research projects using the PHM approach and methodology. Based on his knowledge and experience he performs several executive and research roles in The Netherlands and Belgium in the transition from volume- to value-based integrated care. He is married and has three daughters.

#### Brief summary of the contributions:

#### **Empowering Primary Care to Innovate & Accelerate New Models of Integrated Care**

Based on a large international experience, in this contribution I will introduce and discuss several new models of integrated care, regarding the integration between primary and specialist care, with social care, with patients and with payers of care. These new network constellations of care delivery have consequences for the position and added value of primary care in relation to the other forms of care. These trade-offs between the empowerment of primary care and the contributions to the value of integrated care will be interactively be discussed.



**Dr. Mohamed Syed**Consultant in Public Health Research Governance and Planning at Prin

#### Biography

He has previously held various academic and executive health service positions in the UK and Europe. Mohamed holds a reputation as an expert in public health medicine in general, and within health services and policy development specifically. He has numerous publications in his expert areas.

#### **Brief summary of the contributions:**

#### Integrated Model of Care: Lessons Learnt from the Family Medicine Model

Globally, health of populations is changing. Healthcare systems are under pressure due to a rise in chronic conditions and ageing populations together with increasing availability and demand for advanced healthcare interventions. Healthcare providers around the world are seeking to manage the rising burden of chronic conditions against a backdrop of both growing and ageing populations as well as greater expectations of health services. This presentation will describe the development of the Family Medicine Model (FMM) to deliver primary health care and to better address some of the healthcare challenges faced in Qatar. An evaluation of a pilot of the FMM developed and its findings will also be discussed

## SPEAKERS BIOGRAPHIES & PRESENTATIONS OUTLINES



**Dr. Muna Taher** Senior Consultant of Family Medicine Program Director of ACCME-1

#### Biography

Dr. Muna Taher Aseel is a Senior Consultant of Family Medicine and the current Program Director of ACGME-I accredited Family Medicine Residency Program (since Apr 2016), West Bay Training Center, HMC-PHCC. Since 2005, she has been Arab Board certified in the field of Family Medicine and has worked professionally until now in the field of Family Medicine under Primary Health Care Corporation. She is currently the Asst. Professor of Family Medicine in Clinical Medicine at Weill Cornell Medical College in Qatar, and holds an M.D. degree from King Faisal University in Dammam, Saudi Arabia (1999). She develops a strong interest in pediatrics, diabetes, bronchial asthma, mental health, medical ethics, medical education, healthcare leadership and management. She co-published several researches on diabetes, obesity, depression, and healthcare management. She is involved in various committees both internally under PHCC and externally. In addition, she regularly updates her medical knowledge and healthcare leadership and management knowledge by attending regional and international workshops and conferences.

#### Brief summaru of the contributions:

#### **Managing Care for People with Multiple Chronic Conditions**

The increasing number of people suffering from multiple chronic diseases and multiple morbidity constitutes a serious challenge to health and social care organizations.

There is a need to shift from disease-centered care towards person-centered integrated care. So my current presentation will provide & describe the occurrence and characteristics of various types of integrated care practices in different countries that target people with multiple morbidity. There are many models of care that are currently being developed to better meet the needs of these people.

The core framework is the holistic understanding of the persons with multi-morbidity in his or her environment. Around the core, concepts are grouped into WHO components of health systems: service delivery, leadership & governance, workforce, financing, technologies & medical products, and information & research.

Within each of these components, micro, meso, and macro levels are distinguished Next, I will focus about the framework, structures model and the strategy which Qatar adopts in integrated care for multi-morbidity. This strategy can be applied by different stakeholders to guide development, implementation, description, and evaluation.



Mr. Iain Tulley
Chief Executive Officer – Mental Health Services – National Health Strategy Head Mental Health & Wellbeing

#### Biography

Mr. lain Tulley spent 35 years in UK Healthcare, 15 years as Chief Executive.

Prior to joining HMC, he was Chief Executive of Avon and Wiltshire Mental Health Partnership NHS Trust, one of the largest mental health Trusts in England. He was previously Chief Executive of Devon Partnership NHS Trust and East Devon Primary Care Trust. Mr. Tulley has held a number of senior healthcare management posts; he also worked at the Department of Health and was involved in developing a National Service Framework for Mental Health in the UK.

He originally trained as a nurse in Scotland before retraining and becoming a manager.

During his time as Chief Executive he has promoted clinical leadership, enabling clinicians to lead and develop services for the benefit of patients. He describes his only priority as improving the quality of the patient experience.

He said that the development of Mental Health Services in Qatar will further enhance the world ranking of our health system.

#### **Brief summary of the contributions:**

What can primary care do for mental health? Experiences of integrated models of care Presentation will discuss:

- Background to Integrated Mental Health Service International Models
- Mental Health & Wellbeing in Qatar -
- Tackling Stigma and Improving Access
- The Importance of primary care in:
  - · Prevention & wellbeing
  - Screening & Assessment
  - Access to Treatment
  - Promoting Recovery

## SPEAKERS BIOGRAPHIES & PRESENTATIONS OUTLINES



**Prof. Jenny Carryer**Professor of Nursing at Massey University, New Zealand

#### Biography

Professor Jenny Carryer, RN, Dip. Counseling, PhD. FCNA (NZ), MNZM

Professor of Nursing at Massey University, New Zealand and Executive Director of the New Zealand College of Nurses, Aotearoa(NZ).

Hold clinical postgraduate qualifications in oncology and cardiovascular nursing and in counseling. Conducted extensive research and publication in the areas of primary health services, development of the Nurse Practitioner role and long-term condition management. Completed over 90 peer-reviewed publications in nursing, medical and health journals. Supervised 12 doctoral projects to completion with nine more in progress.

#### Currently also;

Chair of the Nursing Workforce Advisory Group to Health Workforce NZ Chair of the NZ National Nurse Leaders Group. 2001 Awarded as member of the NZ Order of Merit for Services to Nursing

#### **Brief summary of the contributions:**

#### **Innovation in Capacity Building**

Building capacity in primary health care services is a global challenge as populations age and workforces contract. Making the transition from acute reactive responses to care that is community based and proactive is a long term process. In this presentation I will share the journey New Zealand has undertaken towards trying to reduce hospital admissions and move services closer to where people live.

As nurses comprise the largest regulated workforce in the health sector, considerable development has occurred in developing a service that works at an increasingly advanced level in community settings and also spans the boundaries between primary and secondary services. Key components of such development include the establishment of nurse prescribing, implementation of the Nurse Practitioner role and specialist nurses providing outreach services especially to people with long term conditions



منهاله ۲۰ مارس د د د د قعاماا

Middle East Forum on Quality and Safety in Healthcare

19 to 22 March 2020 DOHA



المبادرة بالتغيير، معاندد معالم المستقبل Igniting Change, Shaping the Future Together









**Prof. William Ghali**Scientific Director, O'Brien Institute for Public Healtl

#### Biographu

Dr. Ghali is the Scientific Director of the O'Brien Institute for Public Health at the University of Calgary. He is a physician, specializing in General Internal Medicine and completed methodological training in health services research and epidemiology at the Boston University School of Public Health.

Dr. Ghali's research program is in the general area of health services research and his work focuses on interdisciplinary approaches to using health information systems to evaluate and improve health system performance. He is co-Director of the University of Calgary World Health Organization (WHO) Collaborating Centre in Disease Classifications and Health Information.

Dr. Ghali has held millions of dollars of peer-reviewed research funding from various agencies and has published over 420 papers in peer-reviewed journals. He has received numerous awards and was featured by the Globe and Mail in April 2012 as the Canadian public health researcher with the highest publication H-index. He has also been in the Thomson-Reuters listing of the top 1% of most highly cited researchers by discipline.

#### Brief summary of the contributions:

#### **Artificial Intelligence and Automation of Patient Assessment**

We are living in a new digital era, where the potential of harnessing data (and 'big data') to inform health care system planning has never been greater. This presentation will discuss trends in the spheres of 'big data' and 'data science', with a focus on both the opportunities and challenges inherent to these domains. Specific initiatives and programs from the University of Calgary will be showcased, with an emphasis on sharing areas for potential collaboration.



**Dr. Mohamed Al Kuwari**Sr. consultant in Preventive medicine

#### Biography

Dr. Mohamed Al-Kuwari is a senior consultant in preventive medicine, he has public health interest in non-communicable disease preventive, health promotion, and epidemiology. He has 20 years experience in public health program.

Clinically, Dr.Mohammed is working in exercises medicine and MSK medicine services. He was founder of the exercise is medicine in Qatar to use the exercise therapy in disease prevention and management. He leads the EIM training and researchers. He published more than 50 papers in epidemiology and disease prevention.

Currently, Dr.Al-Kuwari is the executive Director of the Strategy planning and health intelligence in the PHCC.

#### Brief summaru of the contributions:

#### Using Technology to Integrate Exercise Therapy in the Clinical Setting in Qatar

With nearly half of the adults and 70% of children living in Qatar not able to meet the minimum daily physical activity level. Exercise is Medicine (EIM)-Qatar was founded in 2013 to promote the physical activity (PA) and exercise therapy for disease prevention and treatment for some long-term conditions.

One of the components of the EIM- Qatar program was using the technology to promote the PA clinical consultations and improve the compliance of patients. One of these technologies was the integration of the physical activity vital sign (PAVS) in the electronic medical record, to allow the clinicians to assess the physical activity level of each patient and link it the proper intervention. Also, EIM-Qatar has used technology to visualize the exercise prescription for the patient who prefer to do the exercise therapy independently.

The presentation will cover important findings about using other technologies such as pedometers, mobile phone apps, accelerometers to promote physical activity among different population groups.





Prof. Nelly Oelke
Associate Professor, School of Nursing, Faculty of Health and Social Development,
University of British Columbia, Okanagan.

#### Biography

Dr. Nelly Oelke is a registered nurse and graduated with an Interdisciplinary Studies PhD from the University of Calgary. Dr. Oelke is a health services researcher with expertise in integrated health systems, primary healthcare, patient engagement, mental health, Indigenous health, and health policy. Research skills include qualitative methodology, mixed methods, case study, knowledge translation, deliberative dialogue, and implementation science. Her research focuses on integrated health systems in primary healthcare. Over the last 5 years she has completed significant work in rural mental health.

Dr. Oelke has been working at the University of British Columbia, Okanagan since 2011. From 2016-2019, she was the Academic Co-Lead, BC SUPPORT Unit Interior Centre with an active role in patient engagement in research, knowledge translation, and implementation science. She also is a Technical Committee member for the Health Standards Organization, Canada working on the development of an Integration Standard to support integrated health systems.

#### Brief summary of the contributions:

#### How staffing Models can used to Deliver High Quality Care

Primary healthcare (PHC) redesign continues to be a priority internationally. Team-based PHC models have been developed to improve health outcomes for patients, particularly those with complex needs. Even so, mixed evidence exists on the impact of PHC teams. Furthermore operationalizing such staffing models in PHC settings continues to have challenges. This presentation will highlight various PHC staffing models, drawing from the Canadian experience, the benefits and challenges of models, and important components such as leadership, roles of team members, and communication for implementing team-based care models. Measurement of outcomes will also be reviewed.



**Dr Maggie Allen**Associate Director of Medical Education ,Senior Consultant Rheumatologist - Hamad Medical Corporation , Associate Professor QU College Of Medicine , Assistant Professor Weill Cornell Oatar

#### Biography

Maggie Allen trained in the UK. She was a Consultant Rheumatologist in the NHS for 18 years, combining this with a career in Medical Education in a major teaching hospital, culminating in Director of Medical Education and Associate Professor at Warwick University Medical School. In 2015 she moved to take on the challenges of Medical Education in the Middle East.

Maggie has been involved in many undergraduate teaching roles and leading graduate education from PGY1 through to Specialist Training. Here in Qatar she is Associate Director of Medical Education, looking after both undergraduate and graduate areas and CPD.

#### **Brief summary of the contributions:**

#### Challenges Encountered in Capacity Building in Qatar (Medical education)

Whilst efforts to increase the scope of practice of nurses and allied health practitioners may go some way to reduce reliance on physicians within our individual services, medically trained personnel will continue to play a crucial role in the delivery of Qatar's medical services. Physicians will retain control the use of medical services, such as admission to hospital, use of ancillary services, referrals and prescription medication.

We must therefore continue efforts to advance our physician base, developing sustainable skills alongside organizational structure, and resources. In Qatar we remain heavily dependent on an expatriate health care workforce; a problem exacerbated by high turnover, because we lack sufficient nationally trained professionals.

Our undergraduate and graduate medical educational systems are undergoing a period of rapid development in order to address this issue. I will discuss current and potential strategies for improving and strengthening capacity building efforts in the health care professions particularly for physicians in Oatar. I will also address the challenges involved.





**Dr. Jane Tipping**Educational Consultant, Continuing Professional Education (CPD)

#### Biography

Jane Tipping is an adult education specialist with expertise in continuing professional development. Her background includes faculty development, CPD, instructional design, coaching and program evaluation.

Jane has worked for over 20 years with the University of Toronto Faculty of Medicine and consulted with many national and international organizations. She has presented at many national and international educational meetings and is well known for her skills in educational design and facilitation.

Her accomplishments include several publications on education, a research fellowship from the Alliance of CME, winner of the Decker award for best article and member of the editorial board for the Journal of CME

She is responsible for the creation of an "Essential Skills' course in CPD for the Association of Medical Educators of Europe and the "Foundations in CPD International Program" "Influencing Change and Leadership in CPD" at the University of Toronto which won a Royal College Innovation award.

#### Brief summary of the contributions:

#### Continuing Professional Development: From Capacity Building to Performance Improvement

This session will address several components that influence the effectiveness of CPD. First, we will explore a little of the history and transitions the field has undergone, highlight significant aspects of effective CPD. We will then discuss where the field appears to be going and what is needed for CPD professionals to stay "on top of the game".

Participants will discuss:

- Articulate the components of Continuing Professional Education that ensure translation of theory to practice
- Discuss emerging trends in CPD
- Explore what is needed to continue to serve both individual and systems learning needs



Ms. Sarah Gornall
MA, PCC, NPQH, Dip NLP, Advanced Dip Performance Coaching,

#### Biography

An experienced executive coach and coach supervisor, Sarah is at the leading edge of coaching in the UK. Described by clients as calm, wise and inspirational, she revels in working with leaders who are facing times of challenge and pressure, so they develop strategy and effectiveness and rise to be their best. Sarah set up her business, Coaching Climate, in 2005, focusing on coaching and developing managers and leaders. She works as an associate for JBEC, Korn Ferry and the Institute of Directors, was on the Board of the UK Chapter of the International Coach Federation for 6 years (President 2018 and 2019) and is co-author of highly acclaimed books on coaching and leadership, "The Art of Coaching: A Handbook of Tips and Tools" and "How to Work with People... and Enjoy It".

#### Brief summary of the contributions:

#### Building A Coaching Culture in Primary Care to Enhance Employee Performance and Wellbeing

Having a vision is not enough to establish a strong coaching culture. You need sign up at a senior level, understanding of the role and benefits of coaching and a well thought out strategy of training, implementation and on-going development. Sarah will share international research into the essentials you need before setting up a coach training programme; examples of how coaching has been implemented in the health services in the United Kingdom and the Republic of Ireland; reflections on a coaching approach in action; elements to include in coach training and suggestions for further development and ongoing support.





**Dr. Najlaa Jaafar**Program director of Family Medicine residency in Oman medical Specialty Board (OMSB)

#### Biography

Najlaa Jaafar, Program director of Family Medicine residency in Oman medical Specialty Board (OMSB). Has postgraduate degree in Family Medicine, MRCGP (int) and Arab board. She is practicing as family physician in a primary health care center, Ministry of health in Muscat. Beside her clinical duties, she has served as the head of the health center for several years.

Dr Najlaa has great passion towards medical education. She has done certificate courses in Assessment and evaluation, workplace assessment and Leadership and management from Maastricht University, Netherland.. She is also an affiliated lecturer for college of Medicine, SQU, teaching under graduate medical students.

She has been involved in training residence since 2007. member of exam subcommittee in Arab Board. In 2013 she was nominated to be the program director of family medicine residency program. Her work has contributed to the initial and continued accreditation of the program by the Accreditation Council for Graduate Medical Education (ACGMEi), USA.

#### Brief summary of the contributions:

#### Oman Experience: National board in line with Arab Board and Accreditation Requirement

Accreditation is the process in which certification of competency, authority, or credibility is presented. In postgraduate medical education, defined by World Federation for Medical Education (WFME) as: "the phase in which doctors develop competencies under supervision towards independent practice after completion of their basic medical qualification, Accreditation is a quality sign promoting for continuous improvement and creation of international standards resulting in better patient care outcomes.

In Oman, Family medicine residency program was the 1st to be started. High standard of training were always been important, hence, the program have sought accreditation from different reputable authorities with different focus of accreditation criteria



**Dr. Karin Jay**MA-Vice President, Global Services-Planetree

#### Biography

Karin Jay joined Planetree in June 2011, where she is working to expand the network of Planetree Affiliates internationally, and provide consultation to key stakeholders on the implementation of Planetree's relationship-centered model of care and international certification criteria.

Prior to joining Planetree, Karin spent 22+ years working in the accreditation and international quality/patient safety arena with The Joint Commission and Joint Commission International (JCI).

Karin has been a contributing author on several publications focused on accreditation, patient-centered care, and patients' rights. Karin holds a Master of Arts in Philosophy and Healthcare Ethics from Loyola University, Chicago, and a Bachelor of Arts from the University of Michigan, Ann Arbor.

#### Brief summary of the contributions:

#### Person Centered Care: From Vision to Practice

A growing body of research has demonstrated links between empathic, compassionate provider-patient interactions and safer, better care. Successful initiatives to improve the humanization of care delivered in acute, ambulatory and long-term care settings will be described in this session. Practical examples of patient-preferred practices, and methodologies to support and care for the care giver will be included. The focus will be on practical strategies that participants can use in their own organizations to further humanize care delivery, resulting in higher quality, reduced risk, and improved patient safety.





Prof. Jeffrey Braithwaite

Founding Director of the Australian Institute of Health Innovation, Director of the Centre for Healthcare Resilience and Implementation Science, and Professor of Health Systems Research, Faculty of Medicine and Health Sciences, Macquarie University, Sudney, Australia

#### Biography

Professor Jeffrey Braithwaite, BA, MIR (Hons), MBA, DipLR, PhD, FIML, FCHSM, FFPHRCP (UK), FACSS (UK), Hon FRACMA, FAHMS is Founding Director of the Australian Institute of Health Innovation, Director of the Centre for Healthcare Resilience and Implementation Science, and Professor of Health Systems Research, Faculty of Medicine and Health Sciences, Macquarie University, Sydney, Australia. He has appointments at six other universities internationally, and he is a board member and President Elect of the International Society for Quality in Health Care (ISQua) and consultant to the World Health Organization (WHO).

His research examines the changing nature of health systems, which has attracted funding of more than AUD \$131 million. He is particularly interested in health care as a complex adaptive system and applying complexity science to health care problems.

Professor Braithwaite has contributed over 470 refereed publications and has presented at international and national conferences on more than 914 occasions, including 97 keunote addresses.

#### Brief summary of the contributions:

#### Work as Imagined vs. Work as done (Safety II)

Aiming too high or too low? How to find the balance: Work-as-Imaged versus Work-as-Done.

How often do we write a list of things to do at the beginning of our day, and actually achieve it? Habitually, we set expectations of ourselves aiming for lofty but unachievable goals that get pulled into many unexpected directions. Understanding this 'planning fallacy' – that 'work-as-imagined' is different from the work we actually do – is a powerful lesson. This is particularly true of health systems. People at the 'blunt end' of the system (e.g. policy makers and managers) who design a policy and mandate it with the aim of reducing patient harm are typically in the 'work-as-imagined' realm; those at the 'sharp end' of the system (e.g. nurses and doctors) can have very different experiences of these policies, and highlight how the 'work-as-done' realm is all-too-often poles apart. We need to reconcile these two worlds.

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**Dr. Amal Abdulla Al-Ali**Executive Director of Quality and Patient Safety Directorate –PHCC

#### **Biography**

Dr. Amal Abdulla Al-Ali is Executive Director of Quality and Patient Safety Directorate at PHCC- Qatar and Senior Consultant Family Physician. She is an equally dedicated and passionate Family physician who has been working professionally in the field since 2009 under Primary Health Care Corporation. She is fully competent and enthusiastic in her core fields of interests, including: Clinical Family Medicine, Quality and Safety in Healthcare Management, and Health Professions Education.

Her educational background includes a series of professional degrees from high-profile institutions. Some of these are: Certified Improvement Advisor (IA), for Corporate Improvement Projects, from Institute for Healthcare Improvement (IHI); M.Sc. in Quality and Safety in Healthcare Management from RCSI-Ireland; M.Sc. in Health Professions Education from Maastricht University, the Netherlands; and an Arab Board Specialization in Family Medicine, HMC-Qatar. In addition, she is certified as the Quality Improvement Trainer Level 1 and 2 from FICS, Canada, had Fellowship from The International Society for Quality in Health Care (FISQua) and Certified as Balanced Score Card BSC professional, George Washington institution.

In the specific field of Quality improvement and patient safety, Dr. Amal assumes regularly the role as leader, supervisor, and coach for current on-going and completed Quality improvement initiatives/ projects in the topic of Diabetes, vaccination, accuracy of documentation, medication reconciliation, etc. She also regularly updates her knowledge in Risk Management and patient safety by attending regional and international workshops, conferences and symposiums. Dr. Al-Ali is currently undertaking a Master Degree in Healthcare Risk Management.

#### Brief summary of the contributions:

#### Quality Improvement: A Bottom up approach

Empowering frontline employees to deliver continuous quality improvement

Front-line employees are ideally placed to identify and carry out quality-improvement initiatives but are rarely involved. With training and tools, teams made up of front-line and other staff can become engaged in quality improvement and help create a quality-improvement culture. In addition, a strong facilitator is important to quide, educate and support the team.

Working to foster a quality-improvement mind-set among front-line employees can lead to ongoing, rather than one-off, improvements in quality of care, as well as increased staff engagement and satisfaction, and gaining the buy-in from frontline employee. When gaining buy-in for quality initiatives and everyone engages, that ultimately will lead to improve quality and patient safety and the challenges to improve the processes become less.

Primary Healthcare Corporation takes a different approach to gaining buy-in for quality initiatives: PHCC leaders empower front-line workers to develop and implement strategies to improve quality through bottom-up approach since the staff interact with patients every day and have first-hand experience of what works and what doesn't.

At the end of the session participants will be able to:

- 1. Understand how to empower frontline employees to make quality improvement a part of their day job
- 2. Identify potential quality improvement strategies and tools that can be used by frontline employees.
- 3. PHCC experience in Empowering frontline employees to deliver continuous quality improvement





**Dr. Aurels Brudan**CEO The KPI Institute

#### Biography

Dr. Aurel Brudan is a leading global expert in performance measurement and improvement. Through his activity as the founder and CEO of The KPI Institute group of companies, he transformed the way thousands of organizations use Key Performance Indicators and. Dr. Brudan's professional background combines a mix of roles, as a management practitioner, researcher, consultant and entrepreneur. He has facilitated projects in over 25 countries, on 5 continents. His doctoral thesis explored the integration of performance management systems from organizational to departmental and employee level. In the healthcare industry, Dr. Brudan worked with organizations such as: Qatar Supreme Council of Health, Dubai Healthcare Authority, Saudi German Hospital, International Medical Center, Queen Sirikit National Institute of Child Health, Bangkok and Department of Human Services in Victoria, Australia.

#### Brief summary of the contributions:

#### Performance Measurement for Health System Improvement

Performance measurement is an essential organizational capability for healthcare organizations, due to its enabling role in generating better outcomes for all stakeholders involved. However, it is not easy to navigate through the various options of deploying better performance management systems. This presentation will outline to the audience a possible roadmap on how to revamp existing systems or implement new ones, in line with best practice international approaches. It will address topics such as KPIs, KRIs, analytics, deployment of Balanced Scorecards and OKRs, alignment and integration with ISO, JCI, Six Sigma and productivity improvement measurement initiatives. It will also address how to create the right conditions for such systems to thrive, instead of suffocating organizations or slowly melting in irrelevance.

# PRE-CONFERENCE WORKSHOP

#### PRE-CONFERENCE WORKSHOP

#### 1-How to Conduct Systematic Reviews

#### Aims:

Systematic reviews are key to evidence based medicine as they form the highest levels of evidence. They are designed to provide a complete exhaustive summary of current evidence relevant to a research question. The aim of the workshop is to provide an insight in to systematic reviews and their implementation in healthcare practice by professionals.

#### **Learning Objectives:**

- Gain an understanding of the theoretical aspect of evidence based medicine and to provide a structured approach for systematic review protocol development.
- Develop skills in undertaking a systematic search, and the steps to compile, summarize and interpret the gathered evidence.

#### **Target audience:**

#### This practicum will benefit:

Health care researchers especially clinicians, allied health professionals, postgraduate residents, students who are already familiar with / or involved in research.

NB: This workshop is aimed at mid-career researchers aiming to conduct a systematic review. It is not suitable for individuals seeking to learn about basic research.

#### 2- Lifestyle as Medicine

#### Aims:

Guide the clinician through a thorough and holistic Lifestyle Medicine clinical assessment, including how to understand and document the individuals' environment and their core health behaviour practices.

#### **Learning Objectives:**

- To demonstrate the core tools for implementing therapeutic lifestyle change in individual patients
- Practicing writing lifestyle medicine prescriptions for a variety of conditions, and
- Roles of lifestyle medicine compared to functional and therapeutic medicine in the clinical treatment of patients

#### Target audience:

Community and family medicine doctors, postgraduate residents and medical students

### 3- People-Centred Care "Learning from patient experience both past and present

#### Aims:

To enhance knowledge on people centered care principles and strengthen understanding on the importance and means of involving our patients, families and community members as true partners in both design and delivery of services.

#### **Learning Objectives:**

- How to Embed People-Centred Care culture and develop strategies to implement it within the organization.
- · Using patient experience to drive improvement.

#### Target audience:

- Health Care Executives and Administrators,
- · Physicians, Nurses, Dentists, Pharmacist, ..., etc

#### **4- Travel Medicine Workshop**

Travel medicine practice workshop provides practical guidance in the form of case scenarios and interactive workshop on management of travelers before and after travel, with a focus on pre-travel assessment practice, vaccinations, malaria prevention, and other travel –related health issue.

#### **Target audience**

Physicians who involve in providing care to travelers and physicians provide Communicable disease services, nurses and residents

#### 5- Wound Management Workshop

#### Overview:

This 3 hours Wound Management Workshop is designed as a basic course for Primary Care Physicians and Nurses

Topics include wound management in Primary Care that includes:

- · Basic wound healing physiology.
- Assessment of wound
- Indications of sutures, tissue glue and skin closure.
- Different Types of dressings and how to choose the appropriate one.
- Updates in antibiotics use and tetanus prophylaxis in wound management

The learning atmosphere will be informal and participants will have ample opportunity to discuss points of particular interest together with hands-on opportunity.

#### **Expected outcomes:**

At the end of the workshop, participants will be able to demonstrate the correct wound management techniques and appreciate the theoretical and practical knowledge of Wound management performed in primary care.

#### Methods:

Mini-lecture including Multimedia presentations, Hands-on training, and general discussion.

#### **Target Audience:**

Primary Care Physicians & Nurse Practitioners.

#### PRE-CONFERENCE WORKSHOP



#### Dr. Ahmad Bawazir

Senior Consultant and Faculty of Family Medicine Residency Program, Primary Health Care Corporation (PHCC)

#### Biography

Dr. Ahmad Bawazir is a Senior Consultant and Faculty of Family Medicine Residency Program, Primary Health Care Corporation (PHCC), and Faculty at Qatar University. He holds an MBBS degree from King Abdelaziz University Jeddah (2001), Arab Board of Family Medicine (2007), and Postgraduate Diploma and Faculty membership in Travel Medicine from Royal College of Physicians and Surgeons, Scotland (2017). Having served for more than seventeen years under PHCC, he has developed his passion and interests in travel medicine, psychiatry, clinical research, and medical education. He has published in Travel Medicine and continuously updated his knowledge by attending international and regional conferences.



Dr. Elmoubasher Farag

#### **Biography**

Dr Farag is a Consultant Epidemiologist with more than 15 years' experience in the public health sector addressing issues related to Communicable diseases surveillance and control. Dr. Farag acquired knowledge and hands on practical skills in communicable Diseases program conceptualization, implementation and management at different levels from central to district and sub-district level.

Dr Farag is the Acting Head of Communicable Diseases Control Programs in MOPH since 2011, with direct responsibility of Developing and implementing national policies, strategies and programmes for infection prevention and control at national level

Dr Farag has a number of research projects on the field of emerging and zoonotic diseases such as the ongoing national MERS-CoV sero-survey and national Qatar public health Vector survey.

His main interest is the Surveillance of communicable Diseases specifically the Epidemiology of emerging infectious diseases ,Travel Health and public health during Mass gathering.

Dr. Farag has research experience in Health care professional education, Health System, communication for behavioral impact and in community mobilization for Health.

Dr. Farag has several published articles in his field of expertise in peer-reviewed international journals. he has also obtained several research grants.

#### PRE-CONFERENCE WORKSHOP



**Dr. Hassan Yousef**Senior Consultant Family Medicine

#### **Biography**

Dr. Hassan Yousef is a graduate of Cairo University Kasr AlAini medical school in 1999. He completes his General surgery training in Egypt before finishing his family medicine training in Qatar. Currently, He is a Consultant Family Medicine in PHCC. Also, He is the Instructor of Family Medicine in Clinical Medicine-WCMC-Q, Faculty member of Family Medicine program in Qatar, CPR Instructor in AHA, Basic surgical skills instructor. He is an active member of the following PHCC committees such as the Guidelines revision committee and The Infection prevention and control (IPAC) and the Minor surgical procedures committee. He is involved in many medical talks in different events.



**Dr Manoj Mohan** acting Medical Director of Research, Women's group at Sidra Medicine

#### **Biography**

Dr Manoj Mohan is currently the acting Medical Director of Research, Women's group at Sidra Medicine, alongside being Attending Physician in Obstetrics and Gynecology. He has conducted numerous systematic review workshops in Qatar and has been closely working with PHCC Research Group for delivering teaching methods for clinical research. He has been working in close collaboration with PHCC since his time in Qatar for the past 5 years and has partnered with many research methodology programs. Prior to joining Sidra Medicine he was in the United Kingdom for more than 15 years and was practicing as a Consultant Obstetrician and Gynecologist.

#### PRE-CONFERENCE WORKSHOP



**Dr. Mohamed Sayed**Consultant in Public Health Research Governance and Planning at Primary Health Care Corporation (Qatar).

#### **Biography**

Mohamed is a Consultant in Public Health Research Governance and Planning at Primary Health Care Corporation (Qatar). He has previously held various academic and executive health service positions in the UK and Europe. Mohamed holds a reputation as an expert in public health medicine in general, and within health services and policy development specifically. He has numerous publications in his expert areas.



**Dr. Mohamed Hashim M. Mahmoud** Consultant of Family Medicine

#### **Biography**

Dr. Mohamed Hashim M. Mahmoud is a Consultant of Family Medicine, Faculty of Family Medicine Residency Program, and Senior Clinical Educator for Physicians – Workforce Training and Development, Primary Health Care Corporation (PHCC), Qatar. He holds an MBBS Degree from Sudan (2005), an Arab Board of Family Medicine (2013), and currently completing his Master's degree from Dresden International University, Germany (2019). Having served for more than ten years under PHCC, he has developed his passion and interests in chronic disease management, wound management, clinical research, biostatistics, and medical education. He has published several researches in medical education and chronic diseases, and he continuously updated his knowledge by attending international and regional conferences.

# POSTER PRESENTATIONS:



#### **POSTER PRESENTATIONS**

Poster Code	Poster Title	Author Name
PHC 01	A case control study of asthma and body mass index in children 5-12 years old attending Primary Health Care Centers in Doha, Qatar	Dr. Shajitha Veettil
PHC 07	Assessing nurse's perception, knowledge, and barriers towards evidence-based practice in primary health care corporation, Qatar.	Ms. Jaseela Valiyakath
PHC 21	Effect of introduction of Family Medicine Model on physicians documentation during review of patients with Diabetes at AlKhor Health Center.	Dr. Sanaulla Sheik
PHC 23	Fast Food vs Healthy Food Intake and Overweight/ Obesity prevalence among adolescents in the state of qatar	Dr. Ghazi Daradkeh
PHC 26	Herpes Zoster on the forehead masquerading as an abscess. Complications to look at for: A case report	Dr. Femina Ummer
PHC 27	Home Medication Errors Reported to Qatar Poison Center: Retrospective Analysis to Identify Causes and Prevention Strategies	Dr. Leena Amine
PHC 34	Optimization of health care delivery by blending occupational medicine, primary care and public health through synergistic integration.	Dr. Walid Hassanen
PHC 36	Pharmacist-led Management of Home Poisonings in Qatar: A Quality Assessment Study	Dr. Leena Amine
PHC 38	Prevalence of Metabolic Syndrome in Primary Health settings in Qatar: a cross sectional study	Dr. Mohamed A Syed
PHC 39	Prevalence of non-communicable diseases by age, gender and nationality in publicly funded primary care settings in Qatar	Dr. Mohamed A Syed
PHC 40	Prevalence of postnatal depression among women attending primary health care centers in Qatar	Dr. Rupa Mathew
PHC 42	Re-audit on diagnosis and management of Uncomplicated Lower Urinary Tract Infections in non-pregnant females	Dr. Sharif Khan

#### POSTER PRESENTATIONS

Poster Code	Poster Title	Author Name
PHC 44	Reduction of episiotomy rate in Al wakra hospital, Doha, Qatar	Ms. Zeena Martis
PHC 47	Clinical audit on cervical cancer screening program at Qatar University Health Centre	Dr. Nazia Edathola Kottasseri
PHC 49	Ultrasound appointments' orders: quality improvement project in Qatar University Health Center	Mr. Basil Alshekh
PHC 51	Utilization of Priamry Health Care Services in Qatar by asthmatic children 5-12 years old: Secondary data analysis 2016-2017	Dr. Shajitha Veettil
PHC 53	Epidemiological features of Kawasaki disease in Pediatric population in the State of Qatar	Dr. Manasik Hassan
PHC 54	Clinical re-audit on postpartum depression screening process in PHCC	Mr. Mohammed Asif
PHC 61	Promoting mental health literacy among secondary school teachers in Qatar: a randomized controlled trial	Dr. Rowaida Elyamani
PHC 64	Prevalence of polypharmacy and its associated factors among Qatari elderly patients using the national electronic medical records, Qatar 2017	Dr. Ayman Al Dahshan
PHC 65	The prevalence of non-communicable disease in elderly Qatari patients attending primary healthcare centers, 2017	Dr. Ayman Al Dahshan
PHC 69	Internal Ophthalmology Referral Services in Primary Health Care Corporation, Doha, Qatar. A re-audit report	Dr. Sadia Azher
PHC 72	Prevalence of depression and Predictors of glycemic control among Type 2 Diabetes Mellitus patients at family medicine clinic, Suez Canal University Hospital Egypt	Dr. Mansoura Fawaz Salem Ismail
PHC 73	Quality of Life among Qatari Elderly Attending Primary Health Care Centers in Qatar	Dr. Mansoura Ismail

#### POSTER PRESENTATIONS

Poster Code	Poster Title	Author Name
PHC 76	A Comparison Between BMI, Waist Circumference, Waist to Height Ratio and Total Body Fat% For Identifying Cardio Metabolic Risk in Qatari Adults	Ms. christina lotfy
PHC 79	The effects of lunar cycle on the diurnal variations of short-term maximal performance, mood state, and perceived exertion	Dr. Ismail Dergaa
PHC 83	Is Mindfulness-Based stress reduction effective in reducing stress and increasing level of satisfaction among health care professionals? A Meta-Analysis of RCTs	Alhor F
PHC 84	Risk profile of Qatari women treated for infertility, 2018	Dr. Sarah Musa
PHC 85	Changes in physical activity influencers and use of behaviour change consultations: the "MOVEdiabetes" trial to increase physical activity in diabetes primary care in Oman	Dr. Thamra Al ghafri
PHC 86	Assessment of knowledge, attitude and behaviour of female college students regarding oral health of Qatar University	Dr. Amal Elwadia
PHC 87	An Evaluation of the National Brucellosis Surveillance System in Qatar, 2018	Dr. Ayatullah Mohamed
PHC 88	Effects of Bariatric Surgery on Glucose Control, Weight Reduction and Disease Remission among Patients with Type 2 Diabetes Mellitus: Systematic Review and Meta-Analysis	Dr. Dianne Kristine Joy Closa-Bonsol
PHC 89	Clinical audit report on long term use of proton pump inhibitors among adults in Umm Ghuwailina Health Center (UMG)	Dr. MANSOUR MANSOUR
PHC 91	Impact of a non-consultant, physiotherapist led normal variant clinic in the pediatric orthopedic outpatient department in Qatar - A pilot review	Mr. Keith O Connor
PHC 93	Implementation of the Ambulatory Clinical Pharmacy Training Program in Primary Health Care Corporation, Qatar	Dr. Yasser M Morsy

## POSTER PRESENTATIONS

Poster Code	Poster Title	Author Name
PHC 98	Prevalence of postpartum urinary Incontinence among women attending primary health care postnatal clinics in Qatar	Dr. Muhammad Alam
PHC 99	A Meta-analysis on the Cardiovascular Outcomes of Sodium-glucose Cotransporter-2 (SGLT2) Inhibitors in Patients with Diabetes Mellitus	Dr. Bayan Alemrayat
PHC 101	Dengue fever outbreak & Vector control strategies: Experience from Muscat, Sultanate of Oman.	Dr. Fatma Al Ajmi
PHC 103	An exploratory study of the views of Paediatric Healthcare Professionals in relation to childhood obesity in Ireland	Mrs. Brigid Aylward
PHC 106	Observation of rural healthcare in East African communities: lessons learnt from a comparative analysis of health demographics during voluntary medical camps	Dr. ADEKUNLE OLOWU
PHC 107	A huge haemorrhagic suprarenal pseudocyst, an unusual presentation for a rare condition at AI Thummama Health Centre	Dr. ADEKUNLE OLOWU
PHC 108	Understating Primary Health Care Nurses Knowledge Towards Immunizations: A Quantitative Study	Ms. Ebtesam Jassim
PHC 111	Chidl Abuse and Neglect in a Rapidly Developing Countyr: Parent's Perspectives	Dr. Mohamed Hendaus
PHC 114	Parental Knowledge and Preference of Fluoridated Tap Water: A Report from an Expeditiously Developing Country	Dr. SHAFEEQUE KUNHIABDULLAH
PHC 116	Parental perception of safe storage and disposal of medications in the State of Qatar	Dr. Shereen Darwish
PHC 119	Antibiotics Prescription Patterns In Primary Health Care In Qatar – A Population Based Study From 2017 To 2018	Ms. Hanan Khudadad
PHC 120	Patient experience in Type 2 diabetes (T2D) management in Qatar	Ms. Ioanna Skaroni

## POSTER PRESENTATIONS

Poster Code	Poster Title	Author Name
PHC 123	Involving Parents in Road Safety Decision Making: Keeping our children safe	Dr. Reem Wassef
PHC 125	Antibiotic prescription rate in Upper Respiratory Tract infection at AI Sheehaniya health center, Qatar- A yearly comparitive analysis	Mr. Imad Rajeheh
PHC 128	Evaluation of statin presecriptions in Type2 Diabetes	Dr. Hadia kazkaz
PHC 130	Physical activity assessment among Sultan Qaboos University students using the Health Belief Model	Dr. Aliya Al-Farsi
PHC 135	Human Rabies Exposure and it's Associated Factors in Qatar (2016 – 2017)	Dr. Mohamed Bala
PHC 136	Primary Health Care Patients Managed By Telephone Consultation With the Qatar Poison Center	Dr. Leena Amine
PHC 138	Exclusive breastfeeding rates and barriers among mothers in the state of Qatar	Dr. Shabina Khan
PHC 139	The influence of breast cancer literacy and mammography screening practies in a governmental health care facility in Qatar	Dr. Rowaida Elyamani
PHC 148	Exploring barriers and motivators of appropriate antibiotic prescription from the physicians' and pharmacists' perspectives at Primary Health Care in Qatar: qualitative approach	Dr. Nahla Sharaf
PHC 149	Patient Factors Associated with Enrolment, Adherence, and Change in Cardiac Risk Factors Among Cardiac Rehabilitation Patients in Qatar	Ms. Rahma Saad
PHC 152	Which is more effective in the diagnosis of rib fracture; radiography or ultrasonography	Dr. Servet Kahveci
PHC 155	Understanding breastfeeding practices among the primary health care registered women at Leabaib, Airport, Shamal, and Jumiliyia health centers	Dr. Ahmad Haj Bakri
PHC 156	Understanding the burden of non-communicable diseases and their subsequent risk factors among the primary health care registered population at Leabaib, Airport, Jumiliya, and Al Shamal health centers	Dr. Ahmad Haj Bakri

## CONFERENCE PARTNER & SPONSORS

## **CONFERENCE PARTNER**



## **Hamad Medical Corporation**

Hamad Medical Corporation (HMC) is the main provider of secondary and tertiary healthcare in Qatar and one of the leading hospital providers in the Middle East.

For four decades, HMC has been dedicated to delivering the safest, most effective and compassionate care to all its patients.

HMC manages twelve hospitals – nine specialist hospitals and three community hospitals – as well as the National Ambulance Service, mental health and home and residential care services.

In May 2019, HMC achieved its greatest international accreditation success to date with thirteen of its facilities and services accredited by US-based Joint Commission International (JCI). This included accreditation for the first time for three new hospitals as well as the Hamad Dental Center and Mental Health Service. This represents the greatest number of JCI accredited facilities in Qatar to date and the culmination of HMC's largest ever hospital accreditation program. HMC also remains the only hospital system outside of the United States to achieve corporate Academic Medical Center accreditation for all its hospitals simultaneously

Additionally, the National Ambulance Service, Home Healthcare Service, Stroke Service and Palliative Care, have all received this prestigious accreditation since 2011. To meet the needs of a rapidly growing population, HMC has announced ambitious plans to expand capacity across its network through to 2030.

HMC is leading the development of the region's first academic health system – combining innovative research, top-class education and excellent clinical care – and is committed to building a legacy of healthcare expertise in Qatar. HMC collaborates with key partners who are experts in Qatar and beyond, including Weill Cornell Medical College-Qatar, the Institute for Healthcare Improvement and Partners Healthcare, Boston.

HMC is also the first hospital system in the Middle East to achieve institutional accreditation from the Accreditation Council of Graduate Medical Education – International (ACGME-I), which demonstrates excellence in the way medical graduates are trained through residency, internship and fellowship programs.

## **CONFERENCE SPONSOR**



## **QNB** Group

Qatar National Bank (Q.P.S.C.) (QNB Group) was established in 1964 as the country's first Qatari-owned commercial bank, with an ownership structure split between the Qatar Investment Authority (50%) and the remaining (50%) held by members of the public.

QNB Group has steadily grown to be one of the leading banks in the Middle East, Africa and Southeast Asia (MEASEA) region.

The Group's presence through its subsidiaries and associate companies extends to more than 31 countries across three continents providing a comprehensive range of advanced products and services. The total number of employees is more than 29,000 operating through 1,100 locations, with an ATM network of more than 4,300 machines.

QNB has maintained its position as one of the highest rated regional banks from leading credit rating agencies including Standard & Poor's (A), Moody's (Aa3), Fitch (A+), and Capital Intelligence (AA-). The Bank has also been the recipient of many awards from leading international specialised financial publications.

Based on the Group's consistent strong financial performance and its expanding international presence, QNB is currently ranked as the most valuable bank brand in the Middle East and Africa, according to Brand Finance Magazine.

QNB Group has an active community support program and sponsors various social, educational and sporting events.

## Move ahead at the perfect moment, with the right support behind you.

To build an effective Corporate Banking Relationship, you need a partner that knows your business, spans the globe and that brings expertise to the table. Most of all, you need a partner that cares.





## **CONFERENCE SPONSOR**



عضو في مؤسسة قطر Member of Qatar Foundation

## **Bio Bank**

Qatar Biobank is a platform that will make vital health research possible through its collection of samples and information on health and lifestyle from large numbers of members of the Qatari population. Qatar Biobank, Qatar's long-term medical health initiative, was created to give Qatar's people better chances of avoiding serious illnesses, and to promote better health for our future generations.

## **CONFERENCE SPONSOR**



## **Qatar University**

Launched in January 2017 to provide closer alignment and integration between the health entities at QU (college of Pharmacy , Medicine , Health Science and Dental Medicine ) Areas of collaboration at QU health include : research , graduate studies , clinical affairs , continuous professional development, interprofessional education, engagement and communication, as well as business operation . QU health vision: to be recognized regionally for excellence in interprofessional health education and interdisciplinary health research , a first choice for students and scholars, and national catalyst for innovation in the field.

## **CONFERENCE EXHIBITORS**

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## ABOUT QATAR:

Qatar, officially State of Qatar, is an independent country since September 3rd, 1971. Qatar is a constitutional monarchy ruled by Al Thani Family since last century.

## EMIR OF QATAR IS: H.H. SHEIKH TAMIM BIN HAMAD AL THANI.

Qatar is a peninsula located halfway down the west coast of the Arabian Gulf with capitol in Doha City. The total land area is approximately 11,521 square km with moderate desert climate of long hot summers and short mild winters.

Major towns active in economy development are Doha, Al Wakrah, newly growing Lusail, Dukkha, Al Shamal, and Mesaieed. Economically, country has one of the world's largest natural gas and oil reserves. Qatar's population is currently more than 2 million and its number still increase. Qatar is one of the most conservative societies in the Gulf Cooperation Council (GCC). It is very important for you to learn more about culture of Qatar, what duties and responsibilities you have as a resident of the State.

Arabic is the official language and English is commonly used as a second language. In 2012, Qatar became a member of French-speaking organization, La Francophonie.

Currency: Qatari Riyal (QR) 3.65 = USD 1.00

Time Zone: GMT+3 Electricity: 240 Volt

## Important Events You Should Know:

- National Sports Day (2nd Tuesday of February)
- Holy Islamic Month of Ramadan (9th Month of Hijri)
- Eid Al-Fitr Holiday (follows Ramadan)
- Eid Al-Adha Holiday (Hajj season)
- December 18th (Qatar National Day)

## For more information about Qatar, please visit following websites:

https://portal.www.gov.qa/wps/portal/homepage

https://www.mcs.gov.qa/ http://www.katara.net/en/

















# HEALTH SECTOR IN QATAR

The Health sector in Qatar has made great strides to provide service to meet and, in many areas, to exceed international best practice standards by providing high quality services, the most advanced medical equipment and highly qualified, competent health professionals. The Health services ex-tended to cover the entire country with hospitals and health centers.

The Ministry of Public Health is the highest authority of health care affairs in the country and with the same is regulatory authority for the health sector.

Across the whole country there are many health care providers recognized as public and private. Public Health Care is majority, named Primary Health Care Corporation and Hamad Medical Corporation that is providing secondary health services.

Every resident of State of Qatar should apply for the Health Card that will allow you to use medical services within the country.

Qatar National Vision 2030 (QNV) was launched by the government in 2008. It is the Country's long-term development national strategy which defines goals and provides a framework for the imple-mentation plans. The QNV reflects the aspirations of the Qatari people and the resolve of their political leadership. It is found upon the guiding principles of Qatar's Permanent Constitution, which pronounces that "the State shall foster public health; provide means of prevention form diseases and epidemics, and their cure in accordance with the law"

The QNV "aspires to develop an integrated system for health care, managed according to world-class standards. This system will meet the needs of existing and future generations. It will provide for an increasingly healthy and lengthy life for all citizens. All health services will be accessible to the entire population" National Health Strategy (NHS) was launched in 2011. The NHS outlines in greater details the health care vision within the QNV. The NHS has focus on the importance of shifting the balance of

care "to effectively deliver and integrated model of services for the country. Qatar's health sector must shift the balance of care toward a preventive and community based model of care anchored around capable a trusted primary care"

"A Healthier Future for Our Families"

The Qatar Primary Health Care Strategy Plan (2019-2023) sets for five-year strategic plan which is driven by our strong commitment to PHCC Vision, Mission and Values.

According to NHS Program PHCC becomes Foundation for the Primary Care to successfully achieve the mod¬ernization of the health care system.

The scale of change needed for this to happen is significant. Making all these improve-

ments in care services happen will require changes behind the scenes, such as the establishment of electronic health records, expansion and refurbishments of primary health care facilities. Among all, the most important enabler is people. The potential of the existing staff must be continuously maximized with new ways of working and comprehensive trainings.

The National Strategy contains 64 recommendations which will be implemented as per model of services development. Making the organizational and operational changes described in these ac-tion plans is the critical success factor for all staff working in the Corporation in the journey to achieving a World Class Primary Health Care service for all people in Qatar.



## PRIMARY HEALTH CARE CORPORATION



Primary Health Care Corporation is dedicated to provide the publics of Qatar with the highest level of health care by operating and managing a different Health Centers across the State of Qatar

## **VISION**

To be the leader in transforming the health and wellbeing of people's lives in Qatar.

## MISSION

To deliver comprehensive, integrated and coordinated person-centered health care services in the community through focusing on disease prevention, healthy lifestyles and wellness. In partnership with our stakeholders, we will improve the health and wellbeing of our population

## **GOALS**

Building on the success of the National Primary Health Care Strategy, and aligned to the goals of the NHS 2018-2022 and triple aim framework of better health, better care and better value. PHCC's strategic plan comprises six key priority goals on delivering success in the following areas:

High Quality, Integrated Family Medicine Model of Care

Focus on Preventative Health

Highly Skilled and Motivated Workforce

Enhanced Primary Care System and Collaboration for High Quality Care and Patient Safety Strong Partnership with Patients, Families and Communities

Effective, Innovative Organisations

## VALUES

Our values are the fundamental guiding principles of our organization, they enable us to operate as an elite organization, create a great working environment, and support a capable and empowered workforce to provide the best possible care and support for people and families. The Top 5 Values Are:

Efficiency and Quality Leadership and Collaboration Inclusion and Diversity Teamwork and Respect Empowerment





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