<table>
<thead>
<tr>
<th>AGENDA ITEM</th>
<th>FACILITATOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welcome and Introductions</td>
<td>Dr. Salwa Bitar</td>
</tr>
<tr>
<td>PHCP Overview</td>
<td>Dr. Salwa Bitar</td>
</tr>
<tr>
<td>Discussion of PHCP Systems</td>
<td>Team Leads</td>
</tr>
<tr>
<td>Question and Answer</td>
<td></td>
</tr>
</tbody>
</table>
Demography of Palestine

**Total Population**
- West Bank: 4,682,467 (61.1%)
- Gaza Strip: 1,939,533 (38.9%)
- Virginia: 8,412,000

**Total Area**
- West Bank: 6,160 km²
- Gaza Strip: 360 km²
- Virginia: 110,785 km²

**Population Density**
- West Bank: 408 inh/km²
- Gaza Strip: 3,806.5 inh/km²
- Virginia: 79.8 inh/km²
PMOH and Non-PMOH

PHC CLINICS
TOTAL: 767
- WEST BANK: 604
- GAZA: 163

SECONDARY HEALTH CARE SERVICES
TOTAL HOSPITALS: 81
- GOVERNMENT HOSPITALS: 27
- WEST BANK: 14
- GAZA: 13
TOTAL BEDS: 6,146 (54% PMOH)

NON-PMOH
TOTAL: 50 NATIONAL PRIVATE, NGO HOSPITALS
- EAST JERUSALEM HOSPITALS
- ISRAEL HOSPITALS
- JORDAN HOSPITALS
- EGYPT HOSPITALS

82% of Palestinians are covered by Government Health Insurance
Access is still the main obstacle in providing health care services
PHCP Key Information

- **Agreement**: Associate Cooperative Agreement under USAID’s Global Health Capacity Plus
- **Project Start Date**: March 4, 2013
- **Extension Granted**: September 2017
- **Project End Date**: September 30, 2019
Evolution of PHCP

Start: March 2013

- AA Capacity Plus

Extension September 2017

End: September 2019


HRM in PMOH

- Juzoor HCW CPD

Referrals

No $

Juzoor HCW CPD

HIS

HIS Assessment

Start: March 2013

End: September 2019
# PHCP Partners and Counterparts

## Partners

- United States Agency for International Development (USAID)
- IntraHealth International
- Juzoor

## Counterparts

- Ministry of Health
- World Health Organization
- The World Bank

## Stakeholders

- NGO Hospitals
PHCP’s Three Health Systems

- Supporting Referral Reform
- Strengthening Health Professional Education and Development
- Strengthening Health Information Systems
Project Goal: Improving the quality and coverage of health care at all levels in the West Bank

**Referral Reform**
- Improvement in the appropriateness of referrals to Israeli hospitals
- Referral Committee members, Referral Section health workers, and SPU health workers trained and oriented on the referral process and procedures
- Clinical referral protocols and procedures guide developed to standardize and support the referral decision making process
- Signed agreements/MOUs between the PMOH, Israeli hospitals, and Palestinian non-governmental hospitals
- Decrease in deductions by Israeli hospitals

**Health Education and CPD**
- Undergraduate nurses using the revised Critical Care Nursing Curriculum
- Selected hospitals implemented an orientation/education program for in-service Critical Care Nursing
- Surgery and Pediatric Curricula revised and used to improve knowledge and competencies
- Faculty and clinical preceptors trained in evidence-based updates to support teaching the revised curricula
- Residents enrolled in Surgery and Pediatric residency programs using the revised curricula

**Health Information Systems**
- HIS system established in Tulkarem and Tubas Hospitals
- PMOH IT staff trained on Datacenter handover and HIS implementation
- Improved PMOH ownership and governance of HIS
SUPPORTING REFERRAL REFORM
Trends in Referrals 2003-2017

<table>
<thead>
<tr>
<th>Year</th>
<th>Outside Palestine</th>
<th>Inside Palestine</th>
</tr>
</thead>
<tbody>
<tr>
<td>2003</td>
<td>9,318</td>
<td>10,916</td>
</tr>
<tr>
<td>2004</td>
<td>12,100</td>
<td>20,663</td>
</tr>
<tr>
<td>2005</td>
<td>14,921</td>
<td>16,789</td>
</tr>
<tr>
<td>2006</td>
<td>9,765</td>
<td>13,120</td>
</tr>
<tr>
<td>2007</td>
<td>10,453</td>
<td>21,178</td>
</tr>
<tr>
<td>2008</td>
<td>10,184</td>
<td>32,863</td>
</tr>
<tr>
<td>2009</td>
<td>8,161</td>
<td>37,536</td>
</tr>
<tr>
<td>2010</td>
<td>11,442</td>
<td>41,310</td>
</tr>
<tr>
<td>2011</td>
<td>12,998</td>
<td>43,073</td>
</tr>
<tr>
<td>2012</td>
<td>9,892</td>
<td>45,794</td>
</tr>
<tr>
<td>2013</td>
<td>11,269</td>
<td>49,969</td>
</tr>
<tr>
<td>2014</td>
<td>10,322</td>
<td>63,948</td>
</tr>
<tr>
<td>2015</td>
<td>12,120</td>
<td>74,481</td>
</tr>
<tr>
<td>2016</td>
<td>14,987</td>
<td>76,937</td>
</tr>
<tr>
<td>2017</td>
<td>16,143</td>
<td>70,554</td>
</tr>
</tbody>
</table>
Reduction in Referral Cost to Israeli Hospitals
Referrals and Patients to Israeli Hospitals

Analysis of the Number of Referrals and Patients to Israeli Hospitals (2013-2017)

- 2013: 8,137 Referrals, 4,537 Patients
- 2014: 7,758 Referrals, 4,442 Patients
- 2015: 10,299 Referrals, 4,077 Patients
- 2016: 13,160 Referrals, 4,484 Patients
- 2017 (Jan-Nov): 14,868 Referrals, 4,723 Patients
Supporting PMOH for Referral Reform

Vision

1. Rationalize and Nationalize Referrals
2. Increase Appropriateness of Referrals
3. Raise the Level of Efficiency in the Local Health Sector
4. Conduct Medical and Financial Audits
5. Improve Public Awareness

OVERALL IMPACT:

120 million ILS (33 million USD) in savings per year, compared to 2014.
Supporting Referral Reform

PILLARS FOR EFFECTIVE COORDINATION OF REFERRAL REFORM STRATEGIES AND ACTIVITIES

**Standard Protocols & Guidelines**
- Predefined referral protocols
- DRGs and case management criteria established and used
- Referral protocols matched to facility capacity and locations

**eReferral System and Customer Service**
- All authorization and approvals processed through eReferral
- Access to Health Insurance and HIS
- Information available to end users linked to patient ID
- Details of treatment/procedure documented

**Contractual Relationship with Providers**
- Standard MOUs and contracts linked to DRGs
- Identified conditions and principles for contracts (billing, prices)
- Authorized providers registered in the system

**Billing and Financial Audit Systems**
- Medical and financial audits conducted
- Dates, procedures, and treatments match complete invoices
  - Complete payment information
  - Check information against contracts
  - M&E planned in the contract

**Organizational Structure and Re-Engineering**
- Creating a more conductive business environment
- Revised organizational structure
- Clear guidelines and procedures on the referral application process
- Adequate business tools that take advantage of the eReferral System
Support Referral Reform
Achievements and the Way Forward

- Revised Referral Documentation
  - Referral Policies/Guidelines: Referrals Manual to Israeli Hospitals and Non-PMOH Local Hospitals
  - Protocols: Oncology, Hematology, Cardiology, Ophthalmology, Neurology and Neurosurgery and Nephrology
  - Financial Manual
- 7 Palestinian non-PMOH/6 Israeli MOUs signed
- eReferral System
- 4 Customer Service Centers established
- SPU Organizational Reform

Minister of Health Dr. Jawad Awwad at the MOU signing ceremony. 2017.

Hospital representatives at the MOU signing ceremony. 2017.
Support Referral Reform
Achievements and the Way Forward

• **Impediments Assessment**: Develop Action Plan to address priority issues

• **Economic Assessment** of referrals (cost, invoice, payments) to East Jerusalem hospitals
Support the development of a national pricing schedule for purchase of tertiary care services

Support select reforms of Governmental Health Insurance system (e.g. define essential package of services)

Execute action plan for select referral bottlenecks (e.g. communications, internal transfers, supply chain procurement cycle)

Improve customer service and awareness of referral system
- Improved utilization of procedures and guidelines for handling complaints and establishing grievance and redress mechanism
- Develop a referrals communication strategy that aims to change behavior and public perceptions
- Raise public awareness of patients’ rights, formal complaints channels, as well as the mechanisms to appeal referral decisions
PMOH has started taking a leading role on:

- Endorsement of protocols by senior management and dissemination to all end users (political commitment)
- Compliance per endorsed policies and guidelines
- Proper integration and utilization of eReferral System by all referral levels and referral facilities
- Full compliance of signed MOUs (terms and conditions)
- Transparent and objective audit system at SPU (financial and medical)
- Segregation of duties as per endorsed organogram
  - Strengthening of SPU organogram based on functions and responsibilities and SPU vision and needs
• SPU capable to independently produce, interpret, and utilize the required analytical reports

• Appropriateness of referrals is maintained at a level of more than 95%

• The cost of referrals is controlled through close monitoring of the MOU terms and conditions implementation
STRENGTHENING HEALTH CARE PROVIDER EDUCATION AND PROFESSIONAL DEVELOPMENT
Strengthening Health Care Provider Education and Professional Development

• Undergraduate and post-graduate training and education

• Continuous professional development

Residents participating in the Basic Skills in Surgical Competency training. February 2017.

Residents and consultants at the BSSC quality improvement collaborative meeting. February 2017.
Strengthening Health Care Provider Education and Professional Development Achievements and the Way Forward

- National CPD system and accreditation guidelines established
- Establishment and utilization of the ORCs and online courses
- Critical Care Nursing Curriculum/Orientation Program rolled-out
- Well-trained CCN faculty members and clinical preceptors
- Integration of patient safety: communication skills, ethics, infection prevention

More than 600 undergraduate nurses will benefit from the updated curriculum on an annual basis
Enhance Palestine Medical Council capacity through:

• Reforming three residency programs
  – Introducing a standard competency-based curricula
  – Initiating a rolling-out and monitoring mechanism:
    • Structured evaluation tools
    • Quality improvement collaborative approach
    • Accreditation of training centers for residency programs

90 residents have benefitted from the programs so far.
Strengthened scientific committees within the Palestinian Medical Council to:

- Revise the curricula
- Develop new modalities of board exam OSCE
- Strengthen teaching and learning methodologies

Upgraded PMC electronic system
Strengthening Health Care Provider Education and Professional Development

PMC Strategies

PMC has to work on:

• Shortage in policies/regulations
  – i.e. CPD, adequate training sites

• Shortage of competent trainers, educators, and clinical preceptors

• Inadequate supervision and monitoring mechanism

• Partnerships between NGOs and PMOH on residency programs need strengthening

• Limited rewards system
STRENGTHENING HEALTH INFORMATION SYSTEMS
Strengthening Health Information Systems

Background

• HIS Assessment Conducted in 2015

• Challenges and Gaps Identified:
  • Not all patients included in the HIS system
  • Lack of functionality
  • Data quality
Improved PMOH Ownership and Governance

– Governance

– Task forces

300 out of 500 HIS issues were resolved/closed by the PMOH IT team
Increased Functionality of Avicenna HIS

HIS Data Quality
- Data quality issues collected
- Datasel working to resolve issues
- PHCP working on issues related to users
- Business Intelligence Tool SOW developed

Implementation of Digital Health Systems:
- HIS
- eReferral
- PMC
- CPD

Strengthening Health Information Systems
Achievements and the Way Forward

Medical staff demonstrating the HIS system in Tulkarem.

Patient records, Tulkarem.
## Strengthening Health Information Systems
### Strategies, Challenges, and Solutions

<table>
<thead>
<tr>
<th>Absence of national digital health framework and interoperability</th>
<th>PMOH to establish a digital health strategy and to enact the appropriate policies and legislation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of HIS and computer skills</td>
<td>Partnership with some universities to establish HIS training centers for health workers. Establish hospital based HIS committee.</td>
</tr>
</tbody>
</table>
| Lack of feedback loop (data feeders/decision makers) | - HIS data use for decision making  
- Procedures for auditing and surveillance  
- Incentives and disciplinary actions |
| Data quality and use | Create and implement a data quality plan |
| Partial implementation – Primary Health Care | - Full implementation  
- Full linkages between PHC and Hospital |
Q&A