

### Development of Whole-Person Care Models in the GCC

*“By empowering individuals with knowledge about health, in combination with access to adequate services and a supportive healthcare team, the aim of Whole-Person Care Models is to reach a sustainable system for optimal wellness”*

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#### COLUMN ARTICLE

The provision of health services is evolving significantly due to medical and technological developments. Healthcare providers who understand and consider these changes can provide enhanced quality of care and improve the health outcomes of the individuals and communities being treated. The most noteworthy change is the movement from curing a disease to prevention, that is, from treating a sickness to promoting wellness. One such approach is the development of whole-person care models. Whole-person care models are a coordinated approach to address medical, behavioral and other needs of a population. This requires a variety of different forms of care, including physical, behavioral, long-term assistance and social support.

Whole-person care models are particularly important for the GCC as the population of this region is highly affected by non-communicable diseases (NCD). These conditions, including type 2 diabetes and cardiovascular disease, are the leading cause of death in the GCC. In addition, NCDs have a substantial impact on healthcare spending and economic activity resulting in increased healthcare costs and reduced economic activity.

Whole-person care refers to the delivery of care and services to promote well-being. A whole-person care model will include five pillars: a care coordinator, a healthcare team, care collaborators, informatics and incentives. Never-

theless, this model is to go one step further and promote self-care as a part of well-being. By empowering the individual with knowledge about health, in combination with access to adequate services and a supportive healthcare team, the aim is to reach a sustainable system for optimal wellness.

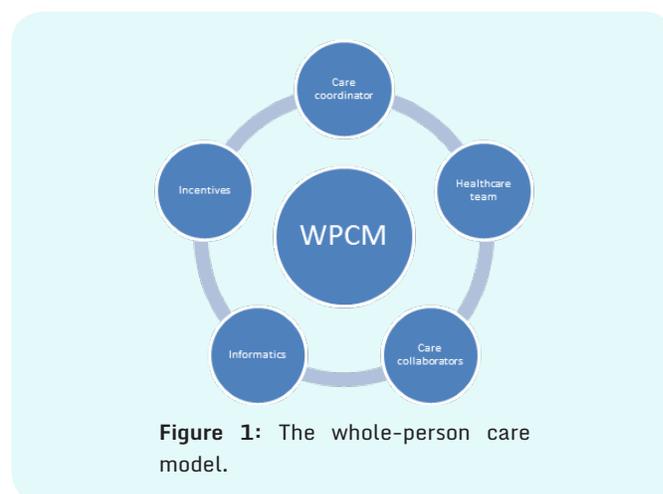


Figure 1: The whole-person care model.

In the GCC such a model of whole-person care is yet to emerge. Initially, it will be required to identify the risk factors behind the current and likely future health conditions that will be faced by the growing GCC population. Then, considering the economic pressure on all services provided to the population of this region, including healthcare, it will be necessary to integrate the various pillars on the whole-person care model in a way that is appropriate to the

people and culture of the GCC. The objective of this on-going research is to propose a structure for the development of a whole-person care model in Kuwait, and describe how this may work at a regional level in the GCC.

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