




دائرة الصحة
DEPARTMENT OF HEALTH

DOH SERVICE REQUIREMENTS FOR THE PROVISION OF THE PERIODIC COMPREHENSIVE SCREENING PROGRAM (PCSP) FOR ADULTS

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Applies to:	All primary healthcare providers licensed by DOH to participate in the DOH Periodic Comprehensive Screening Program for Adults		
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1. PURPOSE

- 1.1 This document mandates the service specifications and data reporting requirements for DOH's Periodic Comprehensive Screening Program for Adults in the Emirate of Abu Dhabi.
- 1.2 It specifies the eligibility criteria, screening tests, frequency of testing and quality indicators to ensure that adults screened through the Periodic Comprehensive Screening Program receive quality, safe, effective, patient-centered screening services and are referred in timely manner for further assessment and appropriate management.

2. SCOPE:

- 2.1 These Service Specifications apply to all healthcare providers (facilities and professionals) licensed by DOH in the Emirate of Abu Dhabi who are participating in DOH's Periodic Comprehensive Screening Program for Adults.
- 2.2 These Service Specifications cover screening for the following chronic diseases:
 - Cardiovascular disease (CVD) and risk factors such as Diabetes, Hypertension, Dyslipidemia, Obesity and Smoking History), in addition to Abdominal Aortic Aneurysm screening.
 - Cancer (Breast, Cervical, Lung and Colorectal).
 - Musculoskeletal Disease (Osteoporosis).



- Mental Health (Depression).
- Oral health.
- Elderly Health (Vision and Hearing).

3. General Duties of the Health Care Providers

All healthcare providers participating in DOH's Periodic Comprehensive Screening Program for Adults in the Emirate of Abu Dhabi must:

- 3.1 Be licensed by DOH;
- 3.2 Provide clinical services and patient care in accordance with DOH policies and standards, and the laws and regulations of the Emirate of Abu Dhabi;
- 3.3 Comply with relevant DOH Policies and Standards with special attention to:
 - 3.3.1 Policies and standards on Patient Education and Consent: The licensed provider must provide appropriate patient education and information regarding the screening test and must ensure that appropriate patient consent is obtained and documented on the Patient's medical record;
 - 3.3.2 Policies and standards on managing patient medical records including developing effective recording systems, maintaining patient records, maintaining confidentiality, privacy and security of patient information; and educating patients on services provided and satisfying the requirements of patient informed consent and patient rights and responsibilities charter;
 - 3.3.3. DOH Data Standards and Procedures, available at (www.haad.ae)
 - 3.3.4. Ensure compliance with the service specifications and/or standards for the individual screening programs:
 - DOH Service Specifications for the Osteoporosis Screening Program;
 - DOH Program Service Requirements for the Provision of Cardiovascular Disease and Risk Factors Screening and Follow up.
 - [DOH Standards for the Colorectal Cancer Screening Program](#);
 - [DOH Standards for the Cervical Cancer Screening Program](#);
 - [DOH Standard for the Breast Cancer Screening Program](#);
 - DOH Service Specifications for the Provision of the Lung Cancer Screening Program.
 - DOH Service Requirement for the Diagnosis and Management of Depression and Anxiety Disorders in Primary Healthcare Centers Program;
 - DOH Service Requirements for the Basic Oral Health Screening Program;
 - DOH Service Requirements for the Abdominal Aortic Aneurysm Screening Program.



- 3.4 Comply with DOH's requests to inspect and audit records and cooperate with DOH authorized auditors as required by DOH;
- 3.5 Comply with Information Technology (IT) and data management requirements including: sharing of screening results/diagnosis and where applicable, pathology results, electronic patient records and disease management systems.

4. Specific Duties of the providers of the Periodic Comprehensive Screening Programs:

4.1 Participating Healthcare Providers are to provide the following services based on their licensed category:

- 4.1.1 Call / Recall services: The provider of the screening services will be required to create a system in place for inviting/ recalling eligible candidates for the initial screening visits and the Subsequent visits;
- 4.1.2 Conduct a Health Questionnaire by the service trained professional;
- 4.1.3 Conduct Risk Assessment and Comprehensive Medical Examination that includes taking age and gender appropriate history, physical exam, assessment, counselling and management by the service physician as well as a comprehensive oral evaluation provided by a dentist.
- 4.1.4 Perform Screening tests for the following conditions:
 - Cardiovascular diseases and risk factors (Diabetes, Hypertension, Dyslipidemia, Obesity, Smoking History), in addition to abdominal aortic aneurysm screening.
 - Cancer (Breast, Cervical, Lung and Colorectal);
 - Musculoskeletal Disease (Osteoporosis);
 - Mental health (Depression & Anxiety Disorders);
 - Oral Health;
 - Elderly Health (Vision and Hearing).
- 4.1.5 Follow up services and referrals for further assessment and management.

4.2 Facilities participating in DOH's Periodic Comprehensive Screening Program for Adults should:

- 4.2.1 Fulfill the duties of health care providers for the provision of the Periodic Comprehensive Screening Program in accordance with Appendix I;
- 4.2.2 Comply with DOH Periodic Comprehensive Screening Program Care Pathways, Clinical Quality Indicators and Timelines for referral in accordance with Appendices II, III, and IV respectively;
- 4.2.3 Assign a screening program coordinator responsible for submitting data on screening visits and outcomes to DOH, and for fulfilling the responsibilities in accordance with Appendix I;
- 4.2.4 Maintain records of screening tests and outcomes;
- 4.2.5 Establish internal audit procedures to demonstrate compliance with these service requirements and other associated regulatory policies and standards;



- 4.2.6 Ensure that these elements of the program take place in suitable and appropriate locations, taking into account public transport links and car parking facilities;
- 4.2.7 Ensure accessible service provision for all referred participants;
- 4.2.8 Provide screening services during a wide range of times (weekdays, weekends, mornings & evenings);
- 4.2.9 Ensure that up-to-date lists of clinic-registered populations are maintained and are accurate and complete;
- 4.2.10 Ensure there is an adequate number of trained, qualified, and competent staff in place to deliver a high-quality screening services (who are competent and able to diagnose, interpret finding and provide health education), in line with best practice guidelines and DOH relevant standards;
- 4.2.11 Ensure the relevant qualifications for the specific group of staff who will be delivering the services across the care pathway. However, all staff must demonstrate competence in their area;
- 4.2.12 Ensure ongoing training of staff on the relevant standards/ guidelines, policies and specifications to keep them updated;
- 4.2.13 Ensure the professional team carrying out the screenings services include a minimum of: physician, health care professional, registration clerk and a screening program coordinator;
- 4.2.14 Improve coverage and uptake by ensuring that invitations to the screening services are endorsed and sent on time; initial and follow up appointments are offered, and appointment reminders are utilized;
- 4.2.15 Deliver outreach activity services, if applicable, in order to enhance uptake through DOH-licensed mobile health units following the requirements specified in this Service Specifications, and with available equipment and supplies necessary for the screening tests and maintained according to DOH policies and guidelines.
- 4.2.16 On a case by case basis and subject to DOH's sole discretion and DOH inspection requirements, DOH may issue authorization for licensed healthcare providers other than licensed mobile units to offer comprehensive screening in the workplace/home care/public places in accordance with the following:
 - 4.2.16.1 Where DOH is conducting a campaign to enhance access to comprehensive screening program for eligible individuals;
 - 4.2.16.2 Healthcare provider scope of service meets the requirements specified in this standard and target workplace/public environment supports the requirements of this standard, specifically the ability to dedicate appropriate rooms that support privacy and confidentiality and that are compliant with the requirements of the relevant DOH policies and procedures.

4.3 Laboratories, Radiology and Audiology Services participating in DOH Periodic Comprehensive Screening Program for Adults must:

- 4.3.1 Be licensed by DOH;
- 4.3.2 Have in place systems, policies and operating procedures for laboratory services in accordance with the requirements of the DOH Clinical Laboratory Standards, and for



radiological and audiology services if applicable, in addition to the requirement of DOH screening guidelines and standards;

4.3.3 Laboratories must be accredited for health safety and quality by a well-recognized international accreditation body.

4.4 Healthcare professionals participating in the DOH Periodic Comprehensive Screening Program for Adults must:

4.3.1 Be licensed by the DOH;

4.3.2 Comply with the clinical standards detailed in this document to provide the most appropriate care, taking responsibility for deciding the best care options for managing screened cases and in accordance to Appendix I;

4.3.3 Participate in Continuing Medical Education (CME) in accordance with DOH requirements;

4.3.4 Comply with the relevant health care provider duties specified in Appendix I;

4.3.5 Meet regularly to discuss screening uptake and outcome activities, quality improvement and internal audit findings.

5. Screening Candidates' Eligibility criteria:

5.1 UAE National.

5.2 Eighteen years old and above.

5.3 Female or male based on the specific Screening Program eligibility criteria.

5.4 Holding THIQ medical insurance.

6. Test Measures/Frequency of the Service Provision:

6.1 The screening tools and the frequency of screening per age group for each screened medical conditions of the program are discussed in Appendix III.

7. Recruitment of Screening Candidates:

The Provider of the Periodic Comprehensive Screening Program for Adults should have:

7.1 An "Invitation System" for the initiation of the first screening, rescreening and recall for positive and insufficient results.

7.2 A system in place to allow for:

7.2.1 Referral from health care professionals and relevant stakeholders;

7.2.2 Self-referral;

7.2.3 Onward referrals to other relevant licensed health care provider where appropriate.

8. Periodic Comprehensive Screening Pathway:



8.1 Activities prior to screening:

In order to ensure appropriate and efficient use of health resources in accordance with good management practice and experience, the program should:

- 8.1.1 Identify and invite eligible candidates for the screening at appropriate time and intervals out of the clinic-registered population;
- 8.1.2 Provide the invitees with the information required, so that participants can make an informed decision on whether or not to participate (kindly refer to clause 9.5).

8.2 During the initial visit, the providers of the program should:

- 8.2.1.1 Ensure candidates are provided with appropriate counselling, education and information regarding the screening tests, assessment, follow up care and ensure that the candidates' informed consents are obtained and documented;
- 8.2.1.2 Allow the candidates to opt out of the screening program at any stage of the screening process and from any screening tests provided that the service professional fills the opt out form with clear justifications.

8.3 With respect to follow-up visits, all healthcare providers of the Periodic Comprehensive Screening Program for Adults must:

- 8.3.1 Schedule follow up visits and inform participants who have had completed/partially completed the Comprehensive Screening Program at the time of the screening about their appointments in order to receive the screening results in the case of abnormal results, appropriate counselling and referrals.
- 8.3.2 Ensure the following when communicating the screening tests results to the participants:
 - 8.3.2.1 Communication should be sought in writing at the time of the follow-up visit within (5 working days for blood orders and 10 days for non-blood orders).
 - 8.3.2.2 If the test outcome is normal, the screened individual is discharged to routine screening as per the frequency mentioned in this document;
 - 8.3.2.3 If the test outcome is abnormal, the provider should ensure that the participant is physically present when discussing the findings and receiving the appropriate counselling;
- 8.3.3 Offer referrals, if needed, to other appropriately licensed and privileged health professionals within a period specified in accordance with the DOH Care Pathway of each standard or program Service Specification for the provision of screening services;



8.3.4 Establish a network of secondary care per specific conditions to facilitate the candidate's journey and to receive timely and complete feedback on referrals.

9. Information on Screening and Educational Material:

- 9.1 At relevant points during the screening pathway, participating individuals should be provided with appropriate information on each type of screening delivered by the Periodic Comprehensive Screening Program for Adults;
- 9.2 A trained interpreter should be available during appointments, if needed, along with appropriate written information;
- 9.3 Participating individuals with learning disabilities should be provided with support to enable them to understand all processes and results;
- 9.4 Telephone and email queries in relation to the Periodic Comprehensive Screening Program for Adults activities should be dealt with promptly;
- 9.5 Patient education and information regarding available services should be those provided by DOH Public Health Division or developed with the involvement of the Public Health Division:
 - 9.5.1 Providers must always use the educational material developed by DOH Public Health Division for all stages of the screening pathway to ensure accurate messages about the risks and benefits of screening and about any subsequent surveillance or treatment provided;
 - 9.5.2 Providers must involve DOH Public Health Division before developing any other supporting materials;
 - 9.5.3 Providers must involve DOH in the development of campaigns to ensure accurate and consistent messaging;
 - 9.5.4 Providers must not develop their own information about screening services in their websites but should always link through to the Department of Health's website and Public Health Programs' links. (www.haad.ae);
 - 9.5.5 DOH encourage providers of the Periodic Comprehensive Screening Program to support the Public Health Division in reviewing the program information leaflet, education materials and online content for the public on a regular basis.

10. Results Reporting:

Healthcare facilities providing the Periodic Comprehensive Screening Program for Adults should:

- 10.1. Report and submit data to DOH via e-claims in accordance with the DOH Reporting of Health Statistics standards and as set out in the DOH Data Standards and Procedures (available at www.shafafiya.org);
- 10.2. Ensure that the data entered are accurate and are validated prior to submitting to DOH;
- 10.3. Data entry validation remains the responsibility of the healthcare professional responsible for screening; data entered by clerks must not be changed or edited without the approval of the healthcare professional responsible for the screening.
- 10.4. In addition, to reporting through the "E-claims system" providers of the Periodic Comprehensive Screening Program are expected to:



- 10.4.1. Collect and circulate routine activity data, outcome data, and statistics, and to use these to monitor the services against DOH's published standards/guidelines;
- 10.4.2. Collaborate with DOH and contribute towards developing the Public Health Screening Annual Report;
- 10.4.3. Ensure the candidate journey is completed and the results of screening data reported through the e-claim system within 21 days from the initial visit ;
- 10.4.4. Report Key Performance Indicators as per Appendix IV within a maximum of 6 weeks after the end of each quarter.

11. Monitoring and Evaluation

All providers of the Periodic Comprehensive Screening Program for Adults are required to submit and report their performances and shall be evaluated in accordance to the following:

- 11.1 Statistical data and accuracy of reporting including coverage and uptake performance;
- 11.2 Auditing performed by DOH or third party (as per clause 3);
- 11.3 Key Performance Indicators set out in Appendix IV;
- 11.4 Customer satisfaction survey.

12. Enforcement and Sanctions

- 12.1 Healthcare providers, professionals and laboratories participating in the DOH's Periodic Comprehensive Screening Program for Adults must comply with the terms and requirements of these Service Specifications.
- 12.2 Healthcare providers participating in the DOH's Periodic Comprehensive Screening Program for Adults must comply with the DOH Standard Provider Contract.
- 12.3 DOH may impose sanctions in relation to any breach of requirements under this standard in accordance with the DOH policies and standards on Inspections, Complaints, Appeals and Sanctions.

13. Payment Mechanism

Healthcare providers participating in the DOH's Periodic Comprehensive Screening Program for Adults shall report the approved specific CPT codes for the Program services as per DOH standards and procedures.



APPENDICES

Appendix I - Health care Provider's Duties:

Service Coordinator

- The coordinator should be a trained health care provider (HCP).
- Checks the availability of all requirements needed for the service implementation.
- Trains and supervises the team working within the program.
- Collects data and audits the service regularly.
- Authorizes outcome reports and statistics.
- Plays an active role in the annual planning, implementing, evaluating and overall improvement of the service.

Service Physician

- Provides clinical services and patient care in accordance with this document.
- Provides appropriate patient education regarding the services and the screening tests.
- Ensures that patient consent has been obtained and is documented in accordance with DOH policies.
- Performs age appropriate assessment, complete physical exam and counselling /anticipatory guidance/risk factor reduction interventions.
- Orders screening tests, follows up results and communicates results to the candidates.
- Complies with the regulation on managing medical records and patient information as per DOH policies.
- Must participate in training the team to ensure a smooth working flow.
- Participates in Continuing Medical Education (CME).

Service Nurse

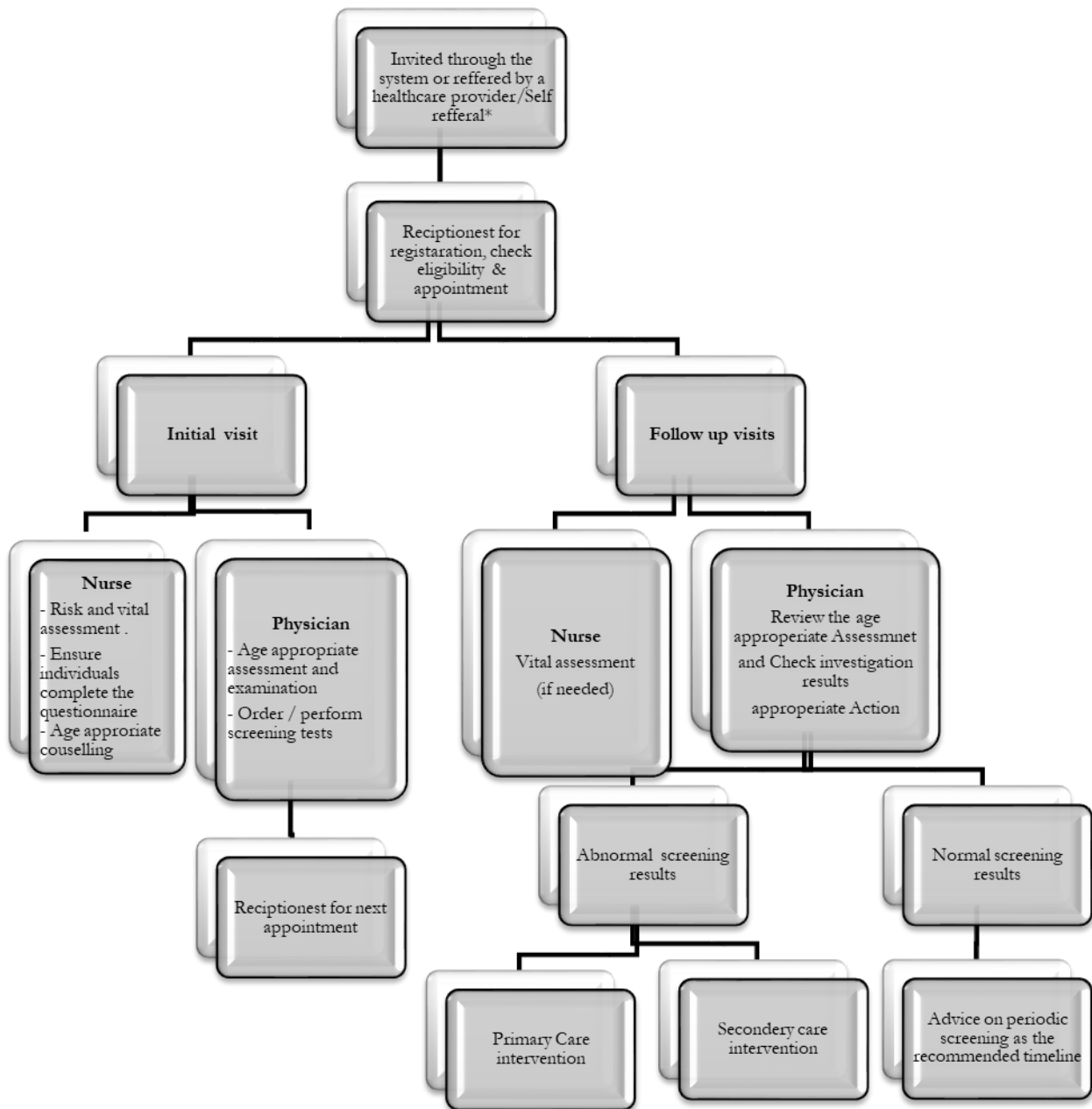
- Responsible for providing periodic health screening service.
- Ensures the availability of all equipment and registers needed for the service.
- Ensures that an appropriate patient informed consent is obtained, filled and signed .
- Ensures that the candidates complete the health questionnaire.
- Ensures preparation of the candidates' files and appointment list in coordination with the receptionist.
- Performs and documents the candidates' vital signs and measurements as per the specific screening service provided.
- Provides counselling and education to the candidates.

Receptionist/ Registration Clerk:

- Documents the candidate's visit and arranges follow up appointments.
- Checks the eligibility of each candidate going through this program to ensure no duplication with the same services provided at another healthcare facility.

- Call the candidates to remind them with their appointment.
- Must ensure that the system is flowing smoothly to avoid long waiting time and delays.

Appendix II: Screening Pathway for the Comprehensive Screening Program



Appendix III A: Screening measures and tests for the Comprehensive Screening Program

Physical Measurements	Biochemical Measurements	Others
Blood Pressure	Random blood glucose	Visual acuity test through Snellen Chart*
Height	HbA1c	Depression score (PHQ-9 score)*
Weight	Lipids profile (Total cholesterol, HDL- C, LDL-C, TG)	Hearing assessment through (Pure Tone Audiometry PTA) **
Body mass index (BMI)	S. creatinine	FIT or Colonoscopy (as preferred)*
Waist circumference / waist hip ratio		Cervical Pap ±HPV testing*
		Breast mammogram*
		Bone mass density for osteoporosis* FRAX risk assessment tool
		Abdomen US*
		LD CT Scan***

*These tests are age and gender specific. To be performed in alignment with Table 2 and DOH relevant standards.

**Pure Tone Audiometry (PTA) test at 25db in speech spectrum (500, 1000, 2000) Hz to screen for hearing impairment results should be reported as (PASS or FAIL).

*** The Lung Cancer Screening program services are provided in designated sites.



Appendix III B: Assessment Measures per Age Group.

Services	Age Group in years			
	18-24	25-39	40-64	65-75
Health Questionnaire Comprehensive Evaluation; History, Exam and Age-appropriate Counselling	At initial visits, then every 3 years			
Comprehensive Oral Screening	At least once Every year*			
BMI & Waist circumference / WHR BP Measurement	Annually *			
Random Blood Sugar + HbA1c Lipid profile (TC, LDL, HDL)	Every 3 years			
Depression (PHQ 9) screening	Annually *			
Mammogram (Female)	Every 2 years from age of 40 to 69 (follow DOH Standard for Breast Cancer Screening)			
Cervical Pap ±HPV Testing (Female)	From 25-29 years pap test every 3 years 30-65 pap test +HPV test as co testing every 5 years (follow DOH Standard for the Cervical Cancer Screening Program for test and frequency)			
Faecal Immunochemical Test/Colonoscopy	FIT Every 2 years OR Colonoscopy every 10 year from 40-75 years. (follow DOH Standard for Colorectal Cancer Screening)			
Low Dose CT Scan (High Risk only, Heavy smokers)	Annually from 55-75 (follow DOH Lung Cancer Screening service requirements)			
BMD Measurement	Every 3 years from age of 65 for male and 60 in females. Consider in younger individuals with high fracture risk.			



Vision and Hearing Screening**		Annually from 65 years for vision test and from 60 year for hearing test
Abdominal Ultrasound (Male only, ever smoker)		Once per lifetime from 65 years

*The following screening tests are required to be reported by the provider of the Comprehensive Screening Program in a minimal interval of 3 years, however, the DOH encourage the provider to perform more frequent screening based on updated international best practices.

**Use a Snellen chart to screen for visual impairment in the elderly AND use Pure Tone Audiometry (PTA) test at 25db in speech spectrum (500, 1000, 2000) Hz to screen for hearing impairment.

***The Lung Cancer Screening program services are provided in designated sites.



Appendix IV: The Periodic Comprehensive Screening Program for Adults Quality Indicators

KPI	Definition	Acceptable level	Target level
1. Invitation rate	Percentage of eligible population who are registered at the facility, referred/invited for the comprehensive periodic screening.	>80 %	>95 %
2. Participation rate	Percentage of eligible population who are registered under the facility who have completed /performed the comprehensive periodic screening.	>75 %	>85 %
3. Opt out rate	Percentage of individuals who opt out from the comprehensive screening program among the eligible population.	<20 %	< 10%
4. Retention rate	The estimated percentage of screened individuals who are re-screened within 30- 36 months of their previous screening	75 %	95%
5. Communication of results	The percentage of blood tests received within 1 week (5 working days) out of blood orders.	>75%	>85%
	The percentage of non- blood tests received within 21 days (15 working days) out of non-blood orders	>75%	>85%
6. Referral of individuals with abnormal screening	The percentage of those with abnormal /high risk screening results, referred for appropriate management; primary care or secondary care intervention within 2 weeks from releasing the results (15working days)	>85%	>95%