

# Community paediatrics in Israel: the 'Goshen' model for change

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## BACKGROUND

Child health services in Israel have focused historically on three areas. Preventive services have been delivered in maternal child centres; these originally belonged exclusively to the Ministry of Health, and subsequently expanded into services provided by local municipalities, and new centres were established by the health funds, following the National Health Insurance Law in 1995. The paediatric departments of hospitals were responsible for managing serious paediatric pathology, with increasing numbers of subspecialties developing over the years. The hospitals have also held the exclusive right for accrediting paediatric training. The management of paediatric problems in the community is done by paediatricians who had not completed subspecialty training and by family practitioners.

Three service models exist in community paediatrics in Israel. The first model is a long-standing one, involving salaried paediatricians working in primary care clinics together with general practitioners or specialist family physicians or internists. In the second model, groups of primary care paediatricians work in comprehensive paediatric service centres, where various paediatric subspecialists are also available. Third, a large body of independent paediatricians work on a modified fee-for-service basis for one or more number of health funds, with many working in solo practise. The remuneration of independent physicians is based on the volume of children seen, which may be seen as a disincentive for proper assessment and management of non-acute developmental, behavioural and well-

being problems, which almost invariably are more time consuming.

While the paediatric services as described seemed to cover adequately the needs of children and their families, it has become apparent that the sorts of conditions described by Haggerty<sup>1</sup> as comprising the 'new morbidity', especially developmental, behavioural and psychosocial problems, have not been appropriately managed. As parents began turning increasingly to paediatricians for concerns about their children's development and behaviour, as well as chronic illnesses, paediatricians found that they lacked the training, knowledge and skills to deal with these issues. A study of paediatric practise involving one million contacts showed that <1% involved any conditions related to the new morbidity, with the majority of time devoted to common acute illnesses and bureaucratic visits.<sup>2</sup> A study of primary paediatric care in Europe showed considerable variation in modes of delivery of care and training of doctors caring for children varying from defined curricula demands to no training,<sup>3</sup> while a landmark Australian study undertaken 30 years ago documented major changes in paediatric practise and significant gaps in training,<sup>4,5</sup> and others have published viewpoints regarding the need for changes in paediatric practise and training.<sup>6-8</sup>

## THE PROCESS OF CHANGE

In 2007, a meeting of senior paediatricians with Professor Frank Oberklaid, director of the Centre for Community Pediatrics in Melbourne, Australia, led to the idea of developing a national programme in Israel for improving child healthcare, which came to be called the Goshen initiative. The initiative, led by the Israeli Pediatric Association, involved: (1) the establishment of Goshen's mission, including its role in education, research and paediatric policy and (2) the creation of a recognised independent non-governmental organisation (NGO) to manage the implementation of the mission.

## THE GOSHEN MISSION

Goshen's mission aims to improve health outcomes of children and their families by working to increase the ability of

paediatricians and other child healthcare providers to respond to the total health and developmental needs of children, through a series of changes aimed at the paediatric community, the health funds' management, the political leadership and fundraising sources.

One of the core goals of Goshen is to include developmental-behavioural paediatrics as a core part of primary community paediatrics. The focus on developmental and behavioural issues as well as the comprehensive management of chronic illnesses is aimed at training paediatricians to act between primary care in the community and the tertiary care hospital. Thus, common paediatric problems, such as attention deficit hyperactivity disorder, mild developmental delays or common behavioural issues, or more serious problems like autism spectrum disorders, will have their initial screening and assessment by community paediatricians. This will involve three levels of educational activities: developing and implementing a community paediatrics component in residency training, continuing medical education (CME) for existing community paediatricians and the training of a cadre of senior paediatricians for leadership roles through additional fellowship training in the field.

## Residency training

While almost all of the paediatric academic leadership in Israel believes today in the importance of expanding the curriculum to enable increased exposure to community paediatrics, formidable barriers still exist to the funding of community work by residents. Currently, a small minority of Israeli paediatric residents have the opportunity for a rotation period in the community, and the focus of this rotation has been traditional medical primary care rather than experience in developmental-behavioural paediatrics.

## CME activity

Goshen's major educational activity has been the establishment of continuous medical education courses in developmental-behavioural paediatrics for practising paediatricians working in the community paediatric clinics and in maternal and child health centres. These courses include a 2-year curriculum, based on mainly structured lectures in the first year, and case-based discussion on relevant topics in the second year. The first course in the centre of the country involved 40 paediatricians, with further courses in other centres of the country added in

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2015–2016 with 40 additional paediatricians participating.

### Fellowship training

The third component of the educational goals of Goshen has been the establishment of fellowship training for future leaders in community paediatrics. To date, one fellow has returned from a 2-year fellowship in Melbourne and two fellows started a fellowship in Melbourne in 2016. These fellows are trained in the centre for community paediatrics including extensive clinical experience in the field of behavioural–developmental paediatrics, research in issues relating to community paediatrics and child advocacy. They will return to senior paediatric leadership roles in the periphery of the country, where medical schools dedicated to community-based care exist and are supporting Goshen's initiative.

### KNOWLEDGE DISSEMINATION

Goshen has a commitment for dissemination of knowledge and information. A website has been established making comprehensive and relevant knowledge accessible to specific target audiences: parents, physicians, healthcare professionals, education and welfare workers. Dissemination of the knowledge can be achieved through different channels: a website and resource centre, Facebook page, video clips, short articles, illustrated manuals, leaflets and newsletters. The format will be adapted to each target group, as will the content, which will change according to the time of year and current public interest.

Accessibility is ensured by user-friendly texts that facilitate communication among the different professionals, and between professionals and parents. All content on the website is in Hebrew and Arabic. Therefore, some 450 peer-reviewed articles have been translated from English to Hebrew, drawing on the Australian parenting website *Raising Children Network* (<http://www.raisingchildren.net.au>). The content has been adapted to the Israeli context and reviewed by a multiprofessional committee.

### PAEDIATRIC POLICY AND ADVOCACY

Goshen's first steps involved establishing liaisons with philanthropic institutions working extensively in the area of child welfare. In addition, chairpersons of academic paediatric departments have been recruited to provide leadership and support for Goshen's programmes. The health funds are key stakeholders in the Goshen mission, and one has already

incorporated Goshen expertise in the planning and implementation of a unique programme for expanding the scope of paediatric preventive care, through the use of extended time visits.

The visibility of Goshen has been helped by the recruitment of a key member of the Israeli Knesset (parliament), an economist with a specific interest in early childhood, as a partner for child health advocacy. He has established an interministerial group to deal with the interests of the child and has invited the chairman of Goshen to be a member of this forum.

An annual award has been established for innovative community-based initiatives. The first award was given to a project run by graduates of the Goshen CME programme, who have established an outreach programme from their clinic in their community, involving activities in 10 preschool settings which involve the children, parents and the educational staff. This project has been supported financially and logistically by the municipality, as well as by the Maccabi Health Fund.

### ESTABLISHMENT OF AN NGO

In order to be able to impact in a substantial and ongoing way on child health in Israel, it was decided to build an independently funded organisation (NGO), which would have both the necessary expertise and funding. Since its establishment in the 1970s, The Israel Ambulatory Pediatric Association, a group representing the needs of community-based paediatricians, had been pressuring the paediatric leadership to introduce compulsory community experience for paediatric trainees. Despite a basic agreement regarding the need, in practise this had not been enforced, mainly because of the lack of funding. An independently funded NGO would enable trainees to be funded with the required mentorship in the community. Similarly, training courses for paediatricians in practise in the community could then be funded without the need for competing with hospital-based funds. Under the leadership of the president of Hadassah Australia, Goshen became a major goal for fundraising both in Australia and elsewhere. In parallel, the necessary legal procedures were undertaken to create an officially recognised NGO.

### EXPECTED OUTCOMES

Although the most important outcome of the Goshen project will clearly be an improvement in child health measures, interim outcomes will be used to predict success of the project, which will include measures related to: educational goals,

health services improvement and regional and national policy change regarding child health. The educational goals will include increasing the number of paediatricians attending the CME courses, high satisfaction of attendees with the course and their perceptions of their changes in practise behaviour. Integration of community paediatrics as a part of residency training will be a key measure of success and increasing the number of paediatricians involved in community-based child health activities and forums. The use of the project's website by professionals and laypersons will also be an important measure of impact of the programme.

Health services improvement will be measured by increased family satisfaction with paediatric visits, a decrease in the number of referrals to child development centres and the number of paediatricians working with dedicated time for child development and behavioural issues within the health funds. Policy change should show formal integration of community paediatrics in the paediatric residency requirements and increased numbers of paediatricians participating in regional forums relating to child health and in forums relating to child health in national settings, for example, the Israel Knesset (parliament). Most significant will be the adoption of the changes instituted by Goshen by relevant government ministries: health, welfare and education to enable sustainability of the project goals.

### CURRENT STATUS

The Goshen initiative for improving child healthcare in Israel aims to be a true paradigm shift in child healthcare. It came about due to increasing awareness of the needs for services relating to child development and behaviour, with changes in residency training in these areas as a key requirement. At the same time, paediatricians in the community were increasingly aware of their deficiencies in training in these areas.

To date, most paediatric residency graduates in Israel enter practise in the community with little or no experience in managing common paediatric problems or preventive care in primary care or well-baby clinics. The Goshen programme is starting to fill this gap and now has the support of most key stakeholders in the field of child health, including the Ministry of Health, the health funds and the Israel Ambulatory Pediatric Society and the Israel Pediatric Association. In addition, a number of non-profit organisations involved with children are now

active partners with Goshen. These partnerships will hopefully ensure the sustainability of the changes in the future.

A successful fundraising programme has enabled the recruitment of necessary personnel for the administration of Goshen's functions, as well as for the funding of additional fellowships. The beginning of the creation of a Goshen lobby in the Israeli parliament is an important first step for recognition as a key stakeholder for children at the national political level in Israel.

There is hope that expansion of the paediatrician's role to include a wide range of common developmental and behavioural issues will achieve many of its goals for the following reasons:

- ▶ The paediatric establishment, which up till now has been hospital based and has viewed community paediatrics as not needing attention, is now supportive of Goshen's goals.
- ▶ Increasing awareness among community paediatricians regarding the importance of expanding their knowledge and skills in the area of developmental-behavioural paediatrics.
- ▶ The representative political and academic paediatric forum, the Israel Pediatric Association has been an active participant and supporter of Goshen's goals.
- ▶ Numerous community-based organisations working with children have expressed the need for paediatric representation in their activities and planning forums.

- ▶ A rise in public awareness regarding the importance of early identification and intervention for developmental-behavioural problems, and a frustration with the long waiting times to be seen in specialty clinics.

## CONCLUSION

The primary aim of the Goshen initiative was to ensure a multiprofessional integrated programme, which will be able to better serve the changing needs of children in the 21st century. Paediatric care is in crisis in many countries including some European countries<sup>9</sup> and China.<sup>10</sup> In the UK at a recent Nuffield Trust workshop, the Royal College of Pediatrics and Child Health highlighted the problems of both capacity and high-quality care in community child health.<sup>11</sup> The focus of most paediatric care today is in the community, and this move must clearly involve issues of paediatric education and service organisation wherever child healthcare is practised. The Goshen experience in Israel should provide a model for other countries wishing to strengthen community paediatrics, stressing the need for attending to educational, service organisation and political issues in the process.

**Contributors** BP was responsible for the planning and execution of the paper. HG, ZG and EK contributed sections of the paper. MK and FO contributed equally to the planning and editing.

**Competing interests** None declared.

**Provenance and peer review** Commissioned; internally peer reviewed.

**To cite** Porter B, Gadassi H, Grossman Z, *et al.* *Arch Dis Child* Published Online First: [please include Day Month Year] doi:10.1136/archdischild-2016-312468

Received 15 December 2016

Revised 9 February 2017

Accepted 13 February 2017

*Arch Dis Child* 2017;0:1–3.

doi:10.1136/archdischild-2016-312468

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