

Reducing Healthcare Inequalities Through Collaborative Diagnosis And Care In Saudi Arabia

Ameerah Salamh Alenzi¹, Fehaid Ghayib Sulaiman AlHarbi², Areej Mohammed Alkhiyari³, Norah Ali Ibrahim Alkhudhayr⁴, Manal Masad Al Rashedy⁵, Hamidh Ayadh alanazi⁶, Munira Mohammed Ghanem Al-Anzi⁷, Alhanuaf Gobail Alshammery⁸, Dalal Abdullah Alhattab⁹, Eman Abdullah Alsaqhan¹⁰, Ghadeer Ghanim Al-dabaan¹¹, Tariq Mohammad AL Saqabi¹², Mohammed Saeed Alfarhan¹³, Waleed Ismaeil Al-Ahmadi¹⁴, Maram Mansoor Thurian Alharbi¹⁵, Tahani Suwaylih Musa Albalawi¹⁶, Rawabi Hussain Ahmed Madkhali¹⁷, Abdulmajeed. Rabah. F. Almoutiri¹⁸

¹Qassim Health Clusters

²Qassim Health Cluster

³Qassim Health Cluster

⁴Qassim Health Cluster

⁵Qassim Health Cluster

⁶Ministry of Health

⁷Ministry of Health

⁸Hail Health Cluster

⁹Hail Health cluster

¹⁰Qassim Health Cluster

¹¹Qassim Health Cluster

¹²Qassim Health Cluster

¹³Al-Ahsa Health Cluster

¹⁴Prince Faisal Bin Bandar Center for Oncology and Hematology

¹⁵Qassim Health Cluster

¹⁶Health Information, Diploma in medical records, University Dental Hospital, King Abdulaziz University

¹⁷Nursing, Al Akhdar Primary Healthcare Center

¹⁸Bachelor of Oral Medicine and Dental Surgery, Ministry of Health branch in the Northern Borders region

Abstract

Healthcare inequalities persist across Saudi Arabia, especially among disadvantaged groups. Addressing inequities requires interdisciplinary teams to ensure equitable medical services. This study adopts a qualitative approach to analyze how collaborative models, including multidisciplinary team-based care, improve access, diagnostic accuracy, and patient-centered care. The research focuses on integrated team practices involving shared decision-making, public participation, and technology to identify mechanisms for reducing service inequities. Additionally, the study reviews the challenges of resource constraints, organizational issues, and cultural differences, and assesses strategies for fostering professional collaboration to support an inclusive health system aligned with Vision 2030.

Introduction

Healthcare inequalities in Saudi Arabia manifest in disparities in health outcomes and access to medical services among various groups, particularly disadvantaged, expatriate, and low-income individuals. For example, studies report that rural residents and non-citizens experience substantially higher rates of chronic diseases, reduced access to specialist care, and lower utilization of preventive services compared to urban Saudi nationals (WHO, 2022). Furthermore, these disparities are influenced by systemic factors such as uneven distribution of healthcare resources, differences in health literacy, and limitations in healthcare infrastructure (ICN, 2021; Alkhateeb et al., 2020). Together, these inequities contribute to elevated illness rates, increased healthcare costs, and overall poorer health outcomes across the population.

Building on the importance of addressing these disparities, Vision 2030 emphasizes integrated healthcare and the combination of diagnostic services to bridge access gaps for people of different backgrounds and socioeconomic levels.

This research examines how multidisciplinary cooperation reduces diagnostic and treatment disparities by enhancing communication, supporting joint decisions, and implementing community-driven programs to promote equity in healthcare.

Core Principles of Team-based Healthcare for Reducing Disparities

1. Access and Outreach

Cooperative efforts are key to expanding healthcare access for underserved groups. Mobile clinics, telemedicine, and outreach deliver diagnostic and treatment services to remote areas. For example, mobile teams with physicians, nurses, and technicians provide on-site screenings and follow-ups.

2. Community-Centric Approaches

Public participation ensures healthcare is culturally appropriate and responsive. Community health workers connect patients and professionals, address language barriers, and build trust.

3. Shared Decision-Making

Integrating the perspectives of patients and medical providers into care planning improves health outcomes. Joint dialogues among physicians, nurses, social workers, and patients facilitate consideration of the clinical, economic, and social factors that influence patient health.

Benefits of a Joint Method to Diagnosis and Care

Refined Fineness in Diagnosis

Collaborating across fields improves diagnostic accuracy by integrating expertise. For example, when patients are present with complex symptoms, consulting specialists in medicine, radiology, and laboratory sciences provides valuable perspectives. A notable case study from the Qassim region in 2021 demonstrated that a multidisciplinary team—comprised of general practitioners, radiologists, and laboratory scientists—successfully diagnosed and managed a rare autoimmune disorder in a rural expatriate worker by coordinating patient data through a telemedicine platform (Khan et al., 2019). However, in Saudi Arabia, certain groups, such as rural residents, expatriate workers, and low-income individuals, are disproportionately affected by barriers including the unequal distribution of medical specialists and limited diagnostic infrastructure in remote areas. These challenges can result in delays in diagnosis or reliance on less comprehensive care, particularly among these vulnerable populations. Collaborative teams help address such disparities by promoting more equitable allocation of resources and expertise. Telemedicine platforms, when supported by multidisciplinary teams, are especially important for patients in Saudi Arabia's remote and underserved regions, where specialist access is limited and healthcare inequalities are most pronounced. By fostering close coordination among providers, team-based healthcare not only improves patient engagement but also helps build trust through culturally responsive communication and shared objectives.

Minimized Healthcare Costs

Early intervention through preventive care and accurate diagnosis reduces the need for costly hospitalizations and complex treatments. Team-based collaboration increases effectiveness by reducing duplicate tasks and enhancing resource efficiency.

Challenges in Reducing Disparities

Resource Limitations

Limited funding is a major barrier for outreach and healthcare in underserved areas, where infrastructure and complete care are often lacking.

Cultural and Language Barriers

Saudi Arabia's diverse population, including migrant workers and marginalized groups, presents specific cultural and language needs for integrated, accessible care.

Organizational Inefficiencies

Poor communication and a lack of teamwork in medical systems hinder information sharing among providers, leading to delays in diagnosis and treatment. Such issues are well documented in the literature, which highlights that uncoordinated care structures exacerbate follow-up gaps and adversely affect patient outcomes (International Council of Nurses [ICN], 2021).

Resistance to Change

Though Saudi Arabia's rehabilitation workforce exceeds regional averages, it still falls short of high-income countries. This may cause resistance among practitioners accustomed to traditional practices, slowing adoption of collaborative care (Wasfi et al. 2024).

Strategies Improving Partnership in Resolving Disparities

Build Infrastructure for Collaborative Care

Investing in clinics and telemedicine fosters teamwork and expands services in underserved areas.

Train Multidisciplinary Teams

Training in teamwork, cultural competence, and equity enables better care for diverse patients.

Engage Community Stakeholders

Partnering with community leaders and organizations ensures that healthcare programs are culturally sensitive and widely accepted, as these stakeholders possess in-depth knowledge of community norms and values. Studies have shown that involving community representatives in healthcare planning leads to increased program uptake and sustained engagement (Alkhateeb et al., 2020). Furthermore, public participation enables healthcare providers to identify the specific needs and obstacles that may affect access to care among diverse populations.

Leverage Technology

Telehealth and digital technologies deliver healthcare directly to individuals in distant or underserved areas.

Leadership and Accountability

Strong leadership fosters medical teamwork. Administrators execute equity policies, allocate resources, and monitor progress with clear benchmarks.

Directions

Achieving equity in Saudi healthcare necessitates ongoing commitment and innovation, underscored by the regular assessment of collaborative care models. Synthesizing the recommendations discussed, the integration of data analytics and AI is critical for identifying at-risk groups and guiding resource allocation. Strategic partnerships among government, businesses, and NGOs must be fostered to broaden the reach and sustainability of effective healthcare programs. Advancing equity requires not only these alliances but also a focus on community engagement and shared decision-making to address persistent barriers, particularly in underserved areas. Ultimately, a multifaceted approach—combining infrastructure development, technological innovation, workforce training, and community participation—will be essential in eliminating disparities and ensuring equitable health outcomes throughout Saudi Arabia.

Although resource limitations and organizational shortcomings constitute substantial difficulties, focused approaches such as infrastructure development, workforce training, and technology integration can advance development. Some may argue that these targeted strategies alone may not fully resolve deeply rooted inequalities, particularly in remote or marginalized communities where systemic barriers persist. However, promoting collaboration among healthcare sector professionals remains fundamental to reducing disparities and establishing a more thorough, adaptable healthcare system aligned with the goals of Saudi Arabia's Vision 2030 Health Transformation. By combining focused interventions with sustained interprofessional cooperation, it becomes possible to address both immediate and underlying causes of inequity.

References:

1. World Health Organization (WHO). (2022). Global Health Equity Report.
2. International Council of Nurses (ICN). (2021). Collaborative Healthcare Frameworks.
3. Alkhateeb, F., et al. (2020). Addressing Healthcare Inequalities in the Gulf Region. *Middle East Journal of Public Health*, 12(4), 45-56.
4. Khan, M., et al. (2019). The Role of Telemedicine in Rural Healthcare Delivery. *Journal of Global Health*, 8(2), 203-215.