Strategies to reduce Surgical SOPC referrals in Kowloon West Cluster General Out-patient Clinics (GOPC)

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Why need to change?
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- Dissatisfaction vs the long SOPC waiting time accumulated among public.
- Doctor shopping behavior -> wastage of health care resources
- The risk of excessive clinical prioritization -> delayed diagnosis and treatment in some patients with routine appointments
What KWC GOPCs have done?

23 GOPCs
¼ of territory population
1.4 M attendance per yr
Referral source in PMH General Surgical SOPC Jan 07- Jun 07

- GOPC: 29%
- Inter-specialties: 27%
- A&E: 21%
- GP/Private: 14%
- Others (DH, inter-hospital): 9%

N = 2,632
Common surgical problems referred from KWC GOPCs

- lower GIT problems: 27%
- urological problems: 24%
- lumps and bumps: 12%
- breast complaints: 11%
- thyroid problems: 4%
- varicose vein: 3%
- lymphadenopathy: 2%
- hernia: 6%
- Others (head & neck lesions, PVD, etc): 3%
- upper GIT problems: 8%
- lymphadenopathy: 2%
- varicose vein: 3%
Strategy

Targeted surgical problems
1. Dyspepsia
2. Change of bowel habit
3. Per rectal bleeding
4. Undifferentiated symptoms

All referrals with these 4 categories of surgical problems and are triaged as non-urgent at PMH Surgical SOPC are diverted to KWC Family Medicine Department.
1. Dyspepsia
2. Change of bowel habit
3. Per rectal bleeding
4. Undifferentiated symptoms
Family Medicine Specialist Clinic (FMSC)

Opportunities -
1. To maximize the role of family physicians in GOPC and improve the gate-keeping function of primary care
2. To share the workload of surgical SOPD
3. To enhance the safety net in triage system
   -> targets to those routine referrals destined to surgical SOPC
   -> New case appointment waiting time in FMSC up to a maximum of 8-12 weeks
Family Medicine Specialist Clinic (FMSC)

Meeting needs rather than demand

1. Priority use investigation resources in private (limited Ix support from hospital i.e. OGD, Ba enema, FNAC, USG).

2. Patients are well prepared that they will be discharged to GOPC/ GP once the management plan is formulated.

3. Limit visits ≤ 3 times within FMSC
Family Medicine Specialist Clinic (FMSC)

Improve standard of care in GOPC:
1. Management and referral guidelines on common surgical problems
2. Enhance feedback loop to the referring drs
A working group in the Dept of KWC FM & PHC was convened in May 2007 to refine management strategies for Dyspepsia, based on a review of the latest evidence and best clinical practice.

General approach to dyspeptic patients in GPC:

1. In primary care, dyspepsia is usually a symptom of a more significant disease or problem leading to its presentation, e.g., OGD, dyspepsia; it is important to identify the underlying cause.
2. While the symptoms of dyspepsia, such as epigastric pain or discomfort, are common, the diagnosis of dyspepsia is often uncertain. Therefore, the clinical presentation must be assessed with the help of a structured approach to management. This involves the use of validated diagnostic criteria and patient management guidelines.
3. Clinical evaluation is important in determining the appropriate treatment and in managing patients, but it is not a substitute for a comprehensive approach to management.
4. Although some signs and symptoms are associated with gastric or intestinal diseases, there are no specific diagnostic tests that can reliably distinguish between gastric or intestinal disorders. Therefore, the diagnosis of dyspepsia is based on clinical judgment and careful history-taking.
5. Patients with dyspepsia who have symptoms of gastric or intestinal diseases should be referred for further evaluation and management.
6. The same principles apply to patients with dyspepsia, whether or not they have dyspepsia, and the diagnosis is based on clinical judgment and careful history-taking.
Family Medicine Specialist Clinic (FMSC)

Improve standard of care in GOPC:
1. Management and referral guidelines on common surgical problems
2. Enhance feedback loop to the referring drs at GOPC
Phase 1 (Jul 07)
PMH Surgical SOPC diverts suitable cases to FMSC

Phase 2 (Mar 08)
FMSC receive direct referrals from GOPC
The Way Forward

1. FM Specialist Clinic (surgery) expands to receive direct referrals from other specialties
2. Further promulgation of clinical guidelines
3. Reinforce the feedback education loop
4. Enhance communication between SOPC and GOPC by case sharing
5. Training of family physicians for special surgical skills e.g. sigmoidoscopy, OGD
6. Study the impact on waiting time of SOPC
做好家庭醫生 為醫院把關

在流感肆虐的情況下，市民希望獲得即時及周全的診治，但醫管局迫不得已，推出此權宜之計，由急症室承擔守門人的角色。

然而，我們絕不能因此而將急症室及基層醫療的角色混淆，前者一向負責救急扶危的工作，後者則是醫院真正的『守門人』，為市民的健康把關。為此，最理想的作法，是鼓勵病人先向社區醫生求診，而不是繼續加緊公院及急症室的負擔。

近日政府已面對撥款財困的困境和網際網路的浪潮，在基層醫療發展停滞不前，以致未能發揮一線防線的作用，減輕公立醫院的負擔。

具體來說，在一個健全的醫療架構下，基層醫療體系具有舉足輕重的地位。社區醫生尤其是家庭醫生，理應為市民看病的第一站，但因他們集合了基層醫生、心理及社會上對健康的知识，搭之以溝通為主的治療模式，能為病人提供全面而持續的治療。

家庭醫生這個理想的醫療制度，早已在英美行之有效，當市民沒有固定的醫生照顧疾病，家庭醫生能為病人治療小病，以及作出合適的介轉外，還會與專科醫生保持緊密聯繫。即使病人被轉介到專科診所接受治療，專科醫生都會先向家庭醫生們了解病情。待病人出院後，又會將病人在治療過程的紀錄交給家庭醫生，以便日後跟進。

除了英國，同樣具有相當然醫療水準的新加坡，近年亦逐漸鼓勵普通科醫生接案成為家庭醫生。

據悉，當地的衛生部已推行「家庭科醫生註冊計劃」，強制醫生必须擁有家庭科醫生資格，才能開設新的診所或成為診所經理。換句話說，診所至少有一名家庭科醫生駐守。當局並通過加強公眾教育，鼓勵市民選擇家庭醫生，一方面令大眾明白家庭醫生的好處，另一方面藉此推廣現有的普通科醫生自我提升

為家庭科醫生，本地政府亦考慮將「家庭科醫生註冊計劃」推廣到社區。

與新加坡相比，香港的基層醫療發展尚需努力。目前，本市的普通科醫生至少有5至6名，除了面見病人

外，醫生還要在短短數分鐘內，兼顧輸入病歷及處理急症的文書工作。大多數受訪醫生更認為，診時時間不足直接影響醫療質素。

市民往往急於求診，尤其是在一般診所沒有提供急症診療的情況下，有別於一般公眾診所的「趕鴨仔」診治模式。