Shared Diabetes Mellitus Care Programme (SDMCP): a questionnaire analysis

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Shared Diabetes Mellitus Care Programme

• Firstly launched in PWH in Nov 2004, expanded to AHNH & NDH in 2007 under the Public Private Interface System (PPIS)

• Collaborated among Dept of Medicine, Family Medicine of NTEC and private physicians (PP)

Provide all DM & related care to DM patients holding the patient’s key card

Up to Feb 2008,
• Enrolled patients: 4697
• Clinic visits: 548 (336 patients)
Operational model of PPIS-SDMCP

Advantages:
- Two-way e-medical info flow
- Convenient, effective & comprehensive care
- Reduce demands on public clinical services

PPIS-SDMCP Secured Platform
- Double authentication
- Firewall protection
- Data encryption

1) PP’s password
2) Patient’s key card

Medical record e.g.
- Medication
- Blood/Urine lab results
- Complication assessments
Evaluation: A questionnaire survey

Objectives:
• To study preference of SDMCP-registered patients in seeking medical consultation to manage intercurrent illness in the interim SOPD FU in recent 1 year
• To investigate the reasons for not seeking medical advice from PP participated in SDMCP

Method:
• Phone & face-to-face interview
• Patients who had joined SDMCP for 9 months or above
Result: Age distribution

- No. of respondents = 124
- Age range = 21-88
- Mean age = 61
- Male:Female = 52:72

Age Distribution

Mean = 61.11
Std. Dev. = 12.556
N = 124
Result: Economic background

Employment Status

- Full-time: 30%
- Part-time: 10%
- Housewife: 20%
- Retired: 50%
- Unemployed: 5%
- Student: 5%

Family Income

- <$15K: 58%
- $15-30K: 31%
- >$30K: 11%

12% have CSSA
Result: Any clinic visit made during last year?

At least one clinic visit during last year

Yes 61%
No 39%
Result: Types of clinic visit
(among those patients had clinic visits)

Choice of Treatments/Clinics

Reasons for visiting GP
Result: Visit to SDMCP’s PP
(among those patients visited GP)

Clinic visits to SDMCP's PP

Yes: 2%
No: 98%

Reasons for not choosing SDMCP's PP

- Expensive costs: 15%
- Inconvenient location: 56%
- Unclear PP's Info: 9%
- Unfamiliar Pat. Key usage: 4%
- Others: doctors they know, medical insurance, etc.: 22%
Result: Decisive factors considered before visiting PP

- Consultation fee: 45%
- Clinic location: 30%
- Quality of services: 25%
- Others: 5%
Analysis: Reasons for not visiting SDMCP’s PP when necessary

- Old age
- Low income
- Associated with other chronic diseases
- Stronger preference for doctors they familiar with

Tends to use public clinical services

Relatively weak awareness on DM & DM-related management

- Minor sickness, Not rely on previous medical Info.
- Limited no. of clinics
- Higher consultation fee & smaller amount of drugs in PP

Low frequency of usage of SDMCP

Tends to use public clinical services
4Rs’ Plan

- Reinforce promotion on SDMCP
- Raise awareness on DM management
- Recruit more PP
- Review administration logistics
4Rs: Reinforce promotion on SDMCP

Greater the exposure, greater the chance of letting patients know about the programme
4Rs: Raise awareness on DM management

• Joining SDMCP ≠ Good DM management

• Joining SDMCP + proper usage/careful self-monitoring → Good DM management

• “Prevention of DM complications is better than cure of them”
4Rs: Recruit more PP to join SDMCP

Wider the network, greater convenience it brings & more patients benefit
4Rs: Review administration logistics

• On-site registration
• Other feasible ways?
  • By mail
  • By fax
  → convenient to the elderly who are not active, the working classes
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Thank You!