



Service Priorities and Programmes
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Cognitive Assessment and Empowerment Program (CAEP) – A Primary Care Multidisciplinary Program to Decrease Secondary Care Burden

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Introduction

To meet the service need of the ageing population, CAEP is a multidisciplinary program launched in 2016, providing services to elderly patients with memory complaints in primary care.

Objectives

(1)To provide early assessment and intervention for elderly patients with memory problem (2)Empower the patients & caregivers with knowledge (3)To provide appropriate and timely referral to Geriatric team for patients with dementia (4)To improve function and quality of life of patients with memory impairment through structured program

Methodology

Patients ≥ 60 y.o., who complained of memory decline, were referred by GOPCs doctors to this program. Assessment test would be performed by Occupational therapist (OT). Based on the assessment test result and patient's clinical condition in the consultation, Family Medicine (FM) doctors would make a diagnosis. For patients diagnosed mild cognitive impairment (MCI), intervention and empowerment program would be offered by OT and Physiotherapist (PT). For patients diagnosed dementia, they would be referred to Geriatrician. For complicated cases, input from Geriatrician would be sought in regular case conference. After 6 months, MCI patients would be reassessed by OT, and discharged if condition stable.

Result

Outcome: 345 patients had assessment by OT and FM doctors in 1/2016-12/2017. The average waiting time of this program in 2017 was 6.75 weeks (waiting time was

17 weeks before this program in 2014). 133 (38.5%) patients were diagnosed MCI, 127 (36.8%) patients dementia, 65 (18.8%) patients normal aging and 23 (6.7%) patients were diagnosed mood related disorder. Secondary care referral rate was 37.4% (129 patients required secondary care referral), which was significantly decreased compared to 61.1% in 2014 before this program ($p < 0.05$). Conclusion: This structured multidisciplinary program for elderly patients with memory complaints can provide timely assessment and intervention, can reduce the burden and referral to secondary care, at the same time can empower the family physician in the management of these patients in public primary care setting.