

Family Medicine Specialist

Surgical Clinic:

A new project for the Benefit of the Patient,
Hospital Specialist, Family Physician and
Private Sector



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立法會一題：醫院管理局的專科門診服務

以下為今日（六月十三日）在立法會會議上陳偉業議員的提問和衛生福利及食物局局長周一嶽的答覆：

問題：

本人近日接獲不少市民投訴，指公立醫院專科門診的輪候時間非常長，例如有東涌居民被排期到三年後才獲診治。不少市民表示，由於長期得不到適時治療而令病情惡化。

Problem

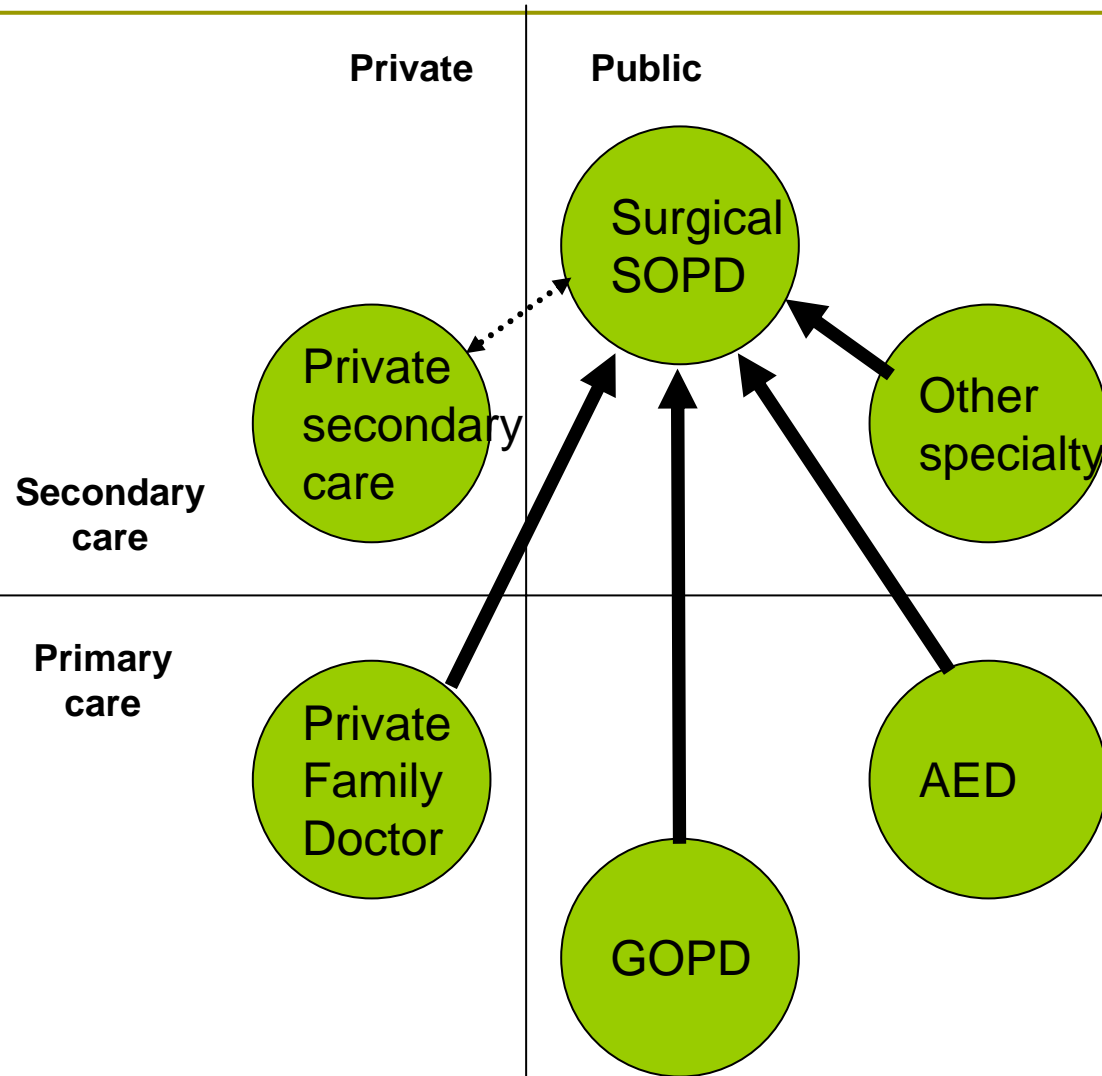
- Heavy demand of Surgical OPD
- Long waiting time in category 3 patients (139 wks)
- Category determined by the referral letter only

Can Family Physician help:

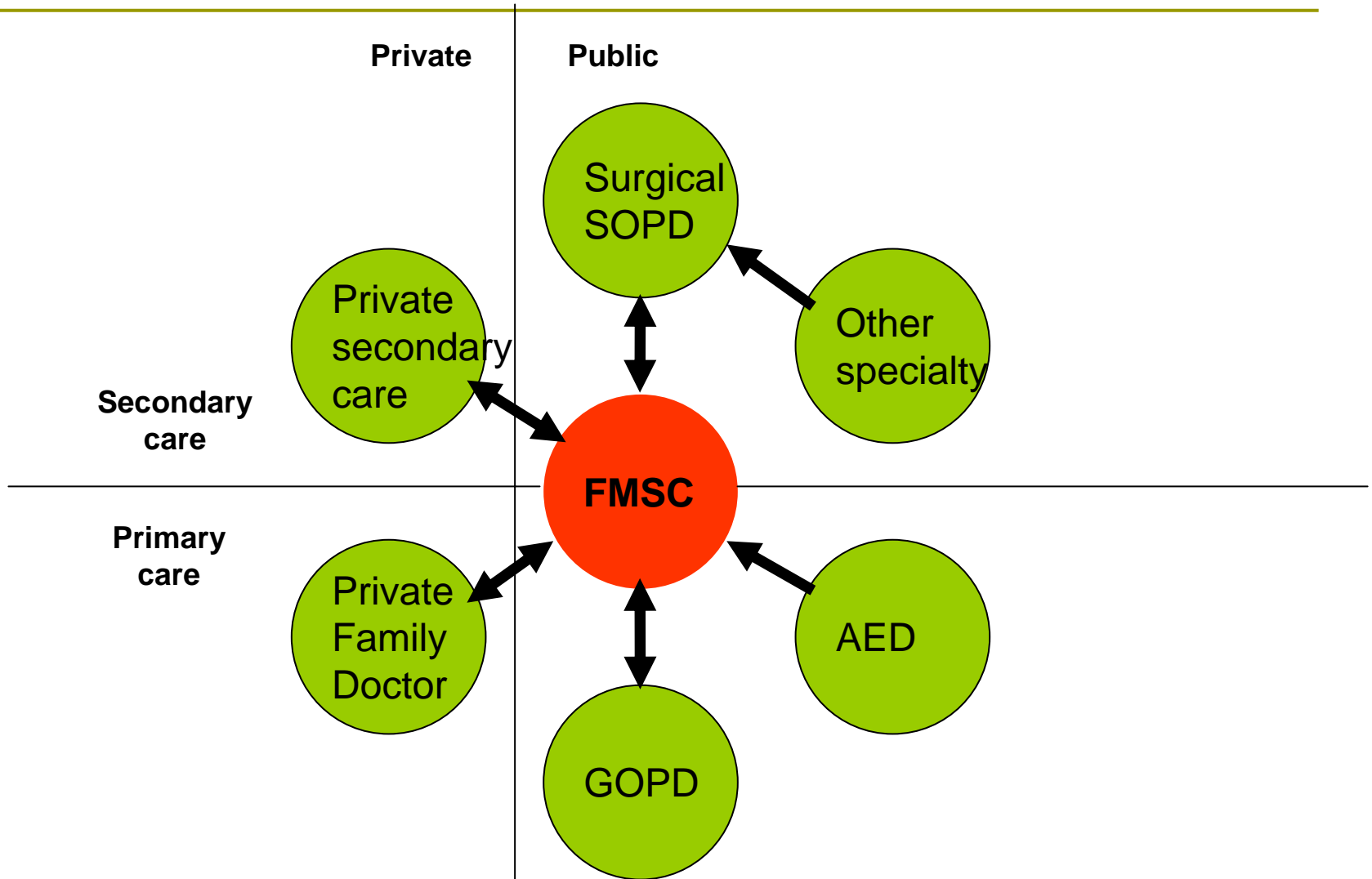
- ❑ Take up the role as a coordinator to prioritize the services?
- ❑ Take up some office investigation and treatment procedure to manage these surgical case?
- ❑ Early diagnosis by utilization of the private investigation resources?

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- A pilot Family Medicine Specialist Surgical Clinic (FMSC) established in Ha Kwai Chung GOPD in August 2007
 - Upper or lower gastrointestinal symptoms, referred to PMH Surgical SOPD, were screened by two surgical consultants of Princess Margaret Hospital.
 - Category 3 were triaged to the FMSC and were managed by Family Physician.

Traditional referral model

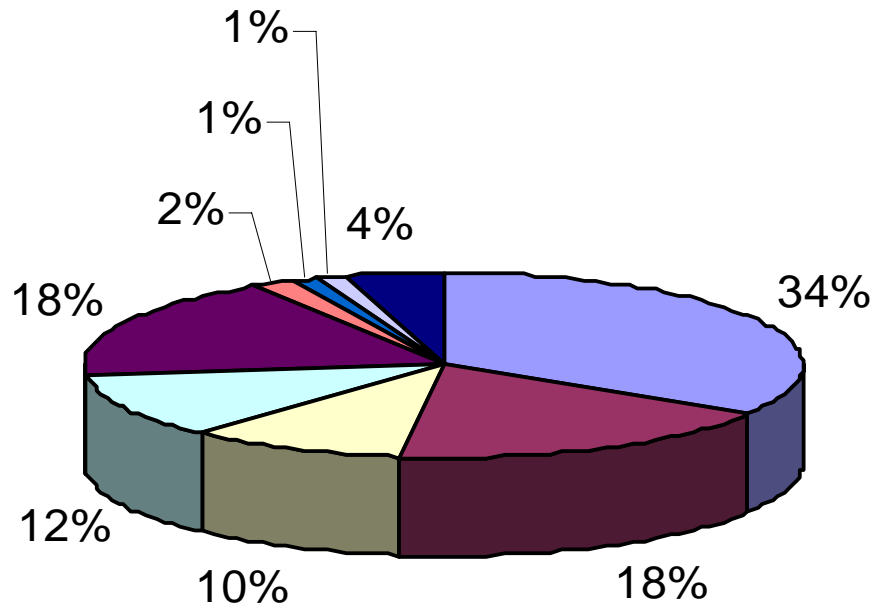


FMSC Coordinate



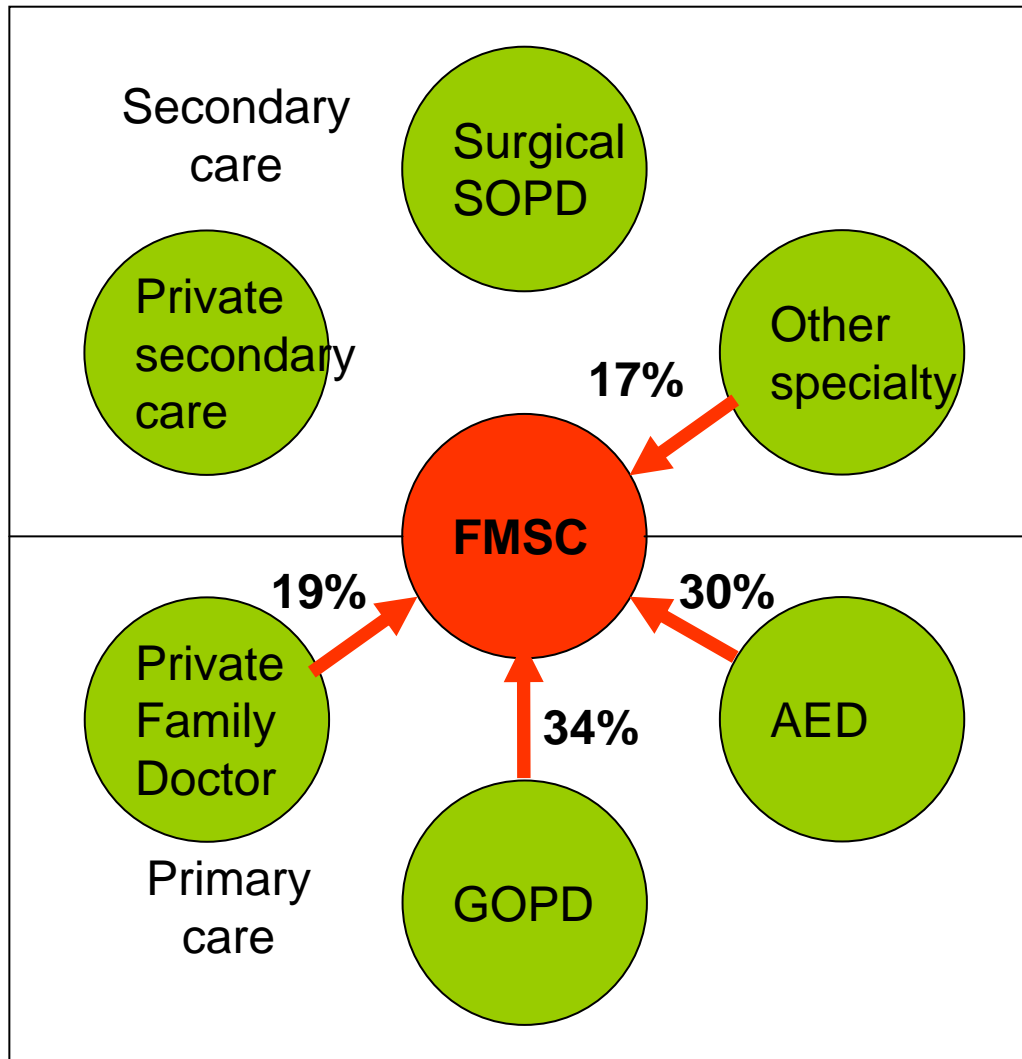
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- From Aug 2007 to Jan 2008, 149 patients were managed in the FMSC clinic.
 - The average waiting time of the FMSC clinic was around 4 weeks.
 - 48 cases complained of upper GI symptoms
 - 97 cases presented with lower GI symptoms
 - 4 cases presented with both

Symptom summary



- Rectal bleeding
- Anal swelling/discomfort
- Change of bowel habit
- Dyspepsia
- Epigastric pain
- Anaemia
- Weight loss
- Family history of CRC
- Others

Referral source



Vertical coordination



1. Gate keeping
2. Back to primary care physician

The Family Physician performed rigid sigmoidoscopy and band ligation in the FMSC surgical clinic



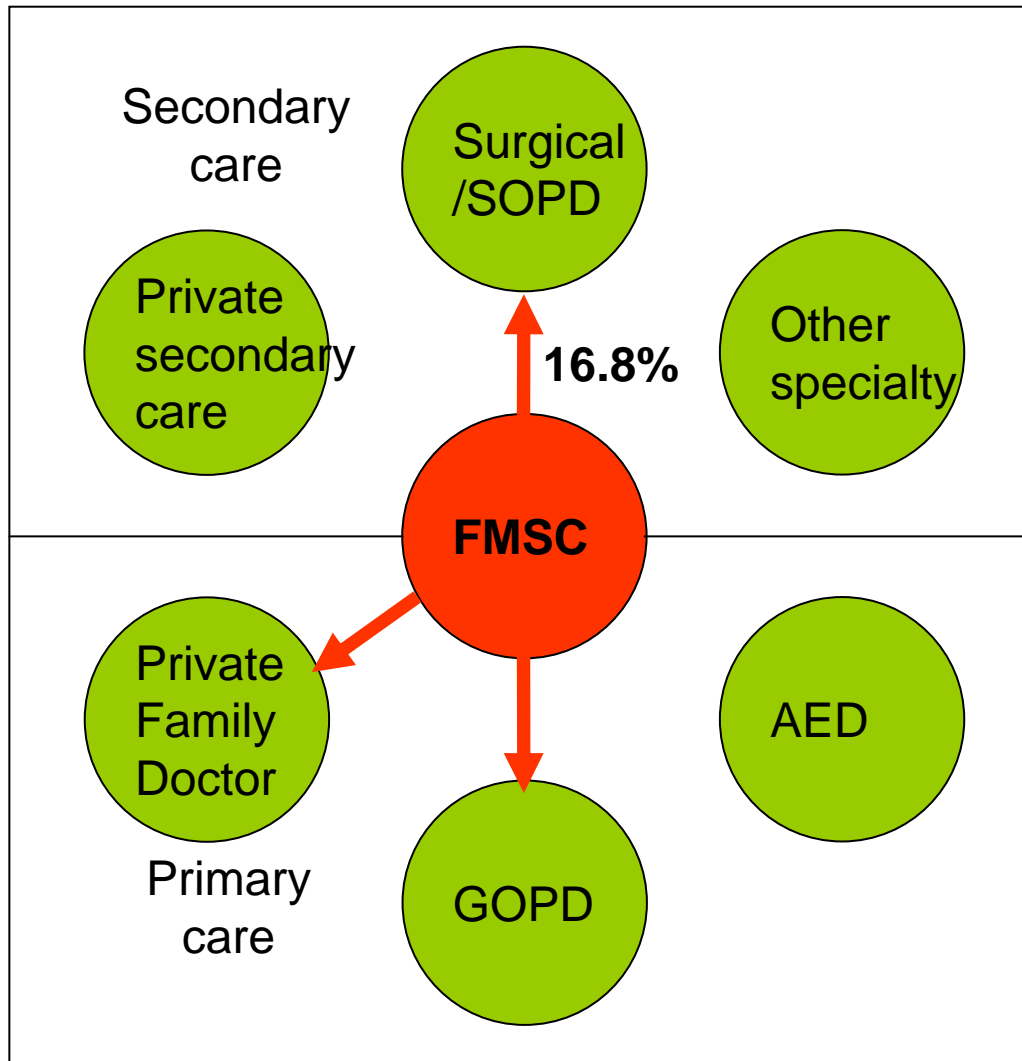
- Most of them are haemorrhoid presented with fresh per-rectal bleeding or anal swelling.
- 50 hemorrhoid was successfully treated by band ligation in the FMSC clinic

The Family Physician performed flexible sigmoidoscopy



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- For cases suspicious of lower GI malignancy, we referred to public or private specialist for Ba enema or colonoscopy.
 - **3 colorectal cancer**
 - **5 neoplastic polyps**
 - **Big or external haemorrhoids** (not suitable for treatment in FMSC clinic)
 - Total 25 cases

Gate Keeping

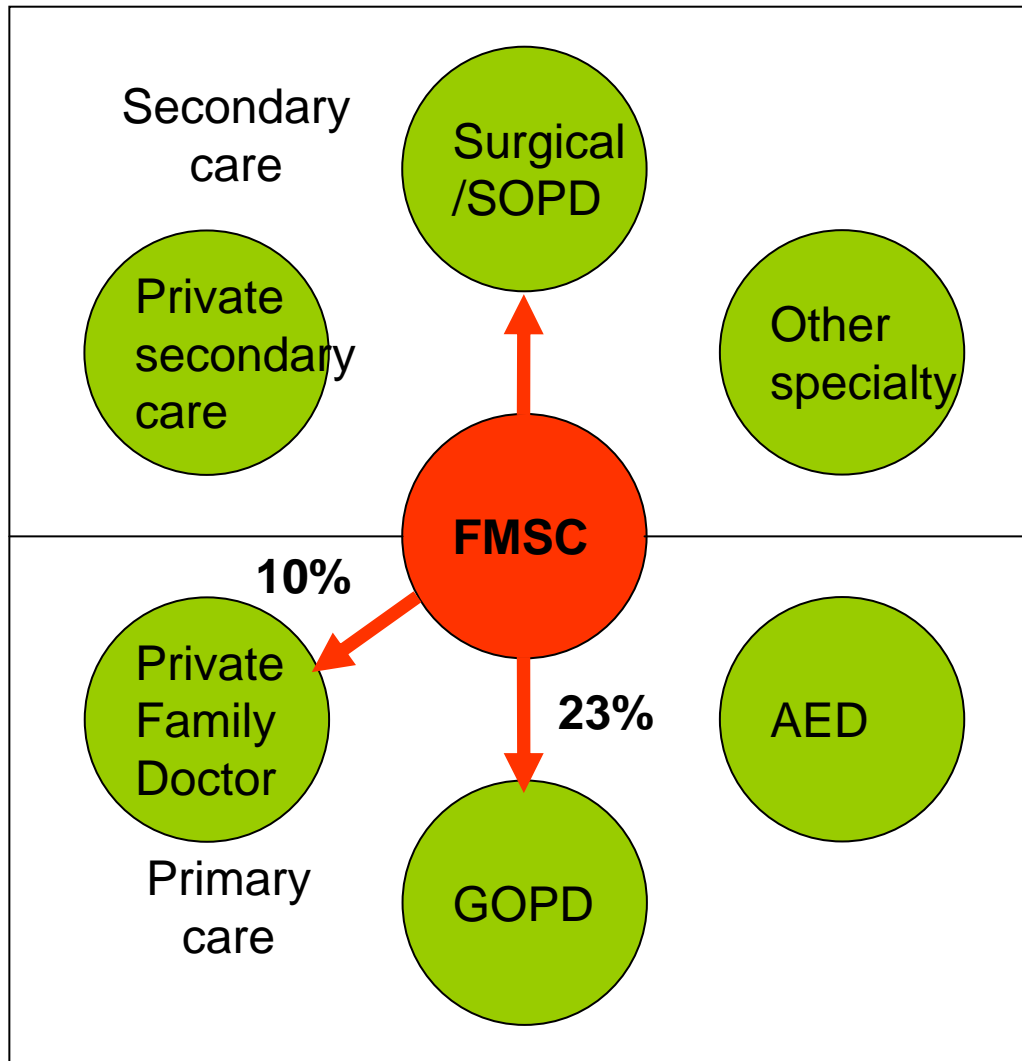


125 cases closed in FMSC

- 1 Session = 15
- 2 Session = 59
- 3 Session = 24
- 4 Session = 3
- 5 Session = 2
- 22 cases default Fu

- Average = 2.2 session

Refer back to Primary Care Physician



Horizontal Coordination

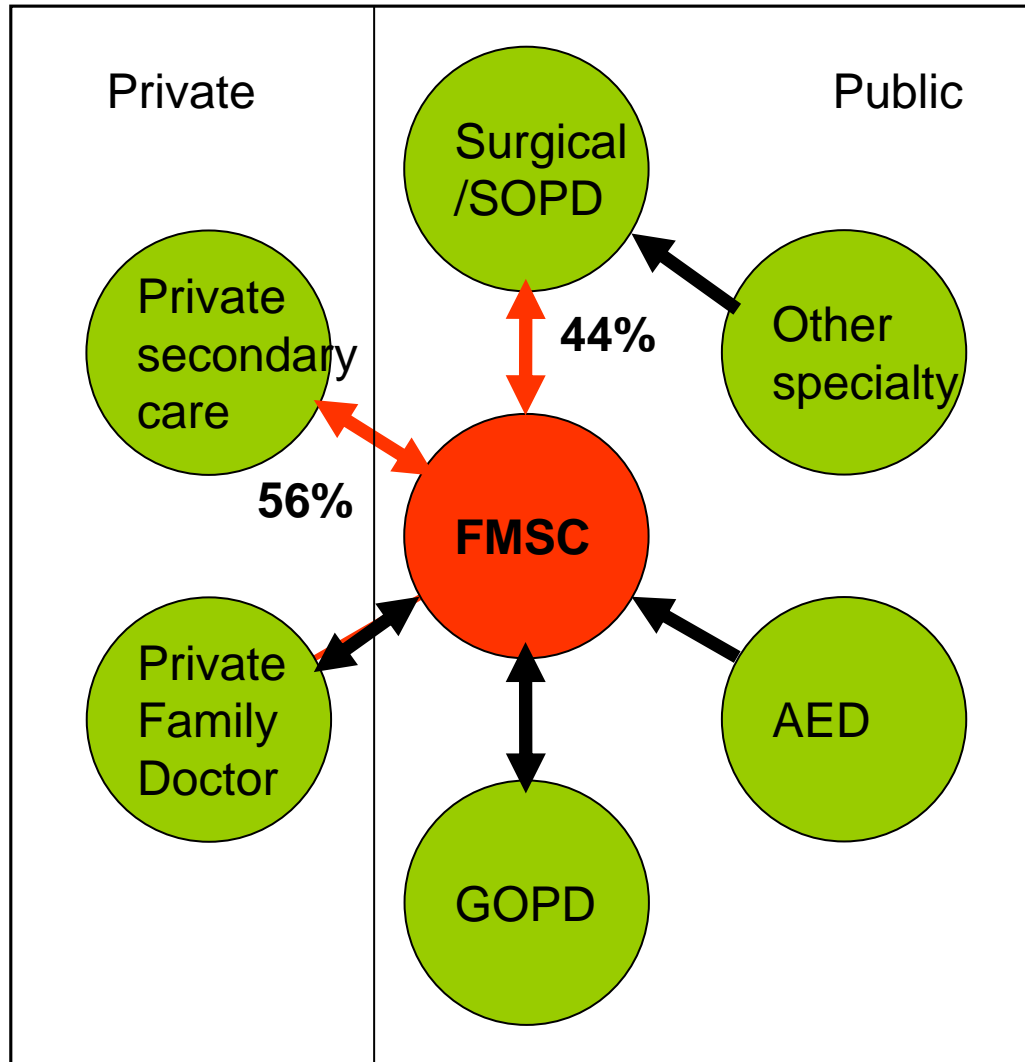


Public- Private Interface

Coordinate PPI (Investigation)

A total of 79 special investigations

(Ba enema, colonoscopy, OGD and USG) were performed



PPI example 1

- ❑ 79/F Madam Ho
- ❑ Referred from Med PMH for treatment of haemorrhoid

- ❑ **PRB** for 1 yr
- ❑ **Change of bowel habit** (1/day to 2-3/day)
- ❑ **Weight loss**
- ❑ PR: **Rectal mass**

- ❑ Patient can afford colonoscopy but not operation in the private sector
- ❑ Private colonoscopy was performed, histology showed adenocarcinoma
- ❑ Urgent contact the Surgery department of the PMH
- ❑ AP resection performed.

PPI example 2

- ❑ 53/M Mr Cheung
- ❑ Referred from NGO community health center

- ❑ Fresh **PRB**
- ❑ **Change of bowel habit** from 1/day to 2-3/day
- ❑ FOB done in the NGO=> 3 FOB all +ve
- ❑ Physical exam all unremarkable

- ❑ Patient **want early investigation and better service**, can afford **investigation as well as operation in private hospital.**
- ❑ Private colonoscopy was performed, showed a tumour in the sigmoid colon.
- ❑ Patient opted for operation (Lap sigmoid colectomy) in private hospital.

PPI example 3

- ❑ 73/M Mr. Chu
- ❑ Referred from PMH AED

- ❑ Dark red **PRB** for 1/12
- ❑ **Fe def anaemia**
- ❑ PR: **Altered blood mixed with the stool** staining the glove, no rectal mass

- ❑ Patient is a pensioner, with monthly income \$10000/month
- ❑ **Cannot afford investigation or operation in the private sector**
- ❑ Urgent refer to PMH surgery department and colonoscopy was performed showed **upper rectal tumour**
- ❑ Operation performed in PMH 1wk later.

	Example 1 79/F	Example 2 53/M	Example 3 73/M
Date of referral	16/11/2007	20/11/2007	27/11/2007
Surg appt (from date of ref)	16/12/2010 (161 weeks)	05/05/2011 (180 weeks)	12/05/2011 (180 weeks)
FMSC appt (from date of ref)	29/11/2007 (2 weeks)	06/12/2007 (2 weeks)	10/01/2008 (6 weeks)
Colonoscopy	Private	Private	Public
(from date of ref)	03/12/2007 (2.5 weeks)	12/12/2007 (3 weeks)	05/02/2008 (10 weeks)
Operation	Public	Private	Public
(from date of ref)	27/12/2007 (6 weeks)	02/01/2008 (6 weeks)	14/02/2008 (11 weeks)

	Example 1 79/F	Example 2 53/M	Example 3 73/M
Date of referral	16/11/2007	20/11/2007	27/11/2007
Surg appt (from date of ref)	(3 years) (161 weeks)	(3.5 years) (180 weeks)	(3.5 years) (180 weeks)
FMSC appt (from date of ref)	(2 weeks)	(2 weeks)	(6 weeks)
Colonoscopy	Private	Private	Public
(from date of ref)	(2.5 weeks)	(3 weeks)	(10 weeks)
Operation	Public	Private	Public
(from date of ref)	(6 weeks)	(6 weeks)	(11 weeks)

	Example 1 79/F	Example 2 53/M	Example 3 73/M
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FMSC appt (from date of ref)			
Colonoscopy	Public	Public	Public
(from date of ref)			
Operation	Public	Public	Public
(from date of ref)	??? 2046	??? 2046	??? 2046

Who Benefit?

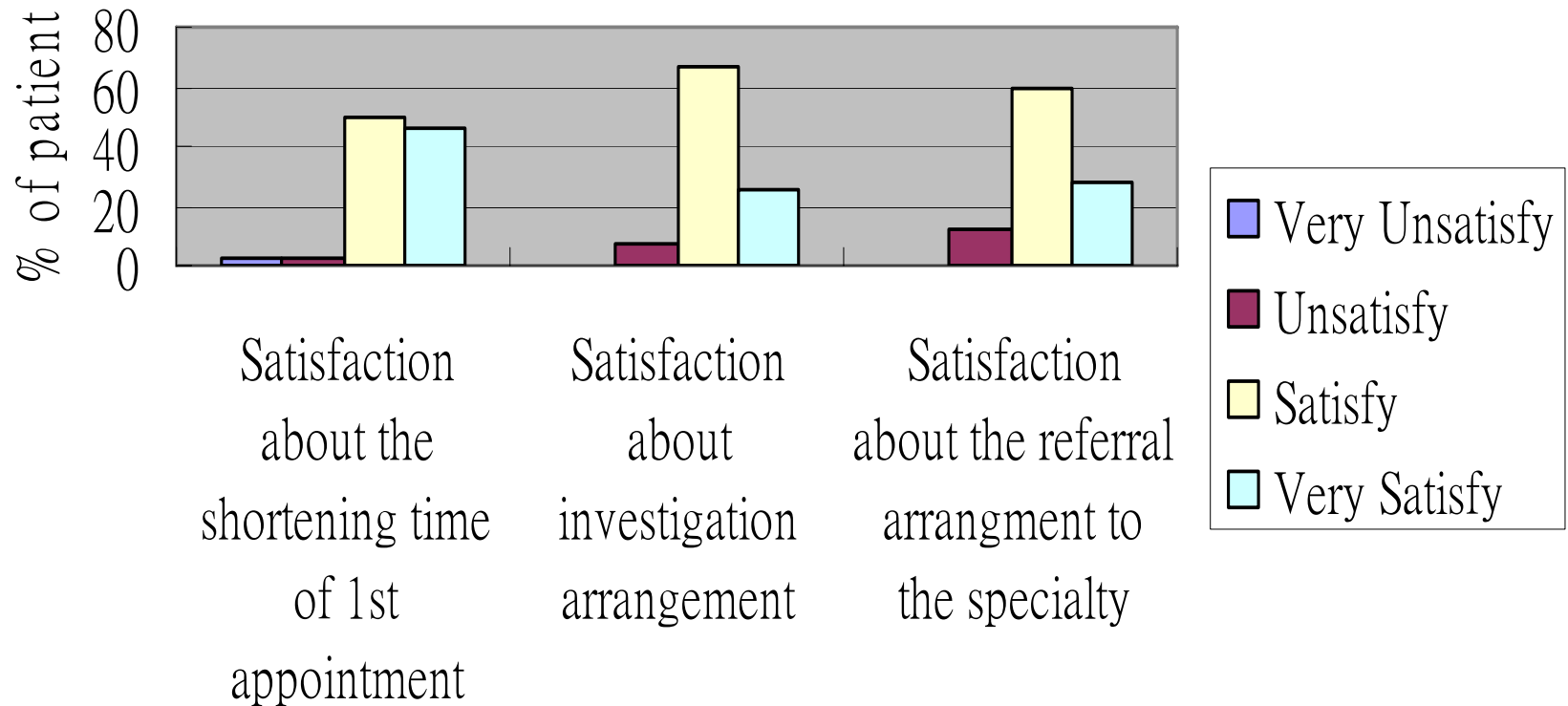


Patient benefit

- Safety net for early diagnosis and treatment of the malignant and pre-malignant
- Early diagnosis and symptom relief of benign surgical illness
- Choice of alternative pathway in private for investigation and treatment

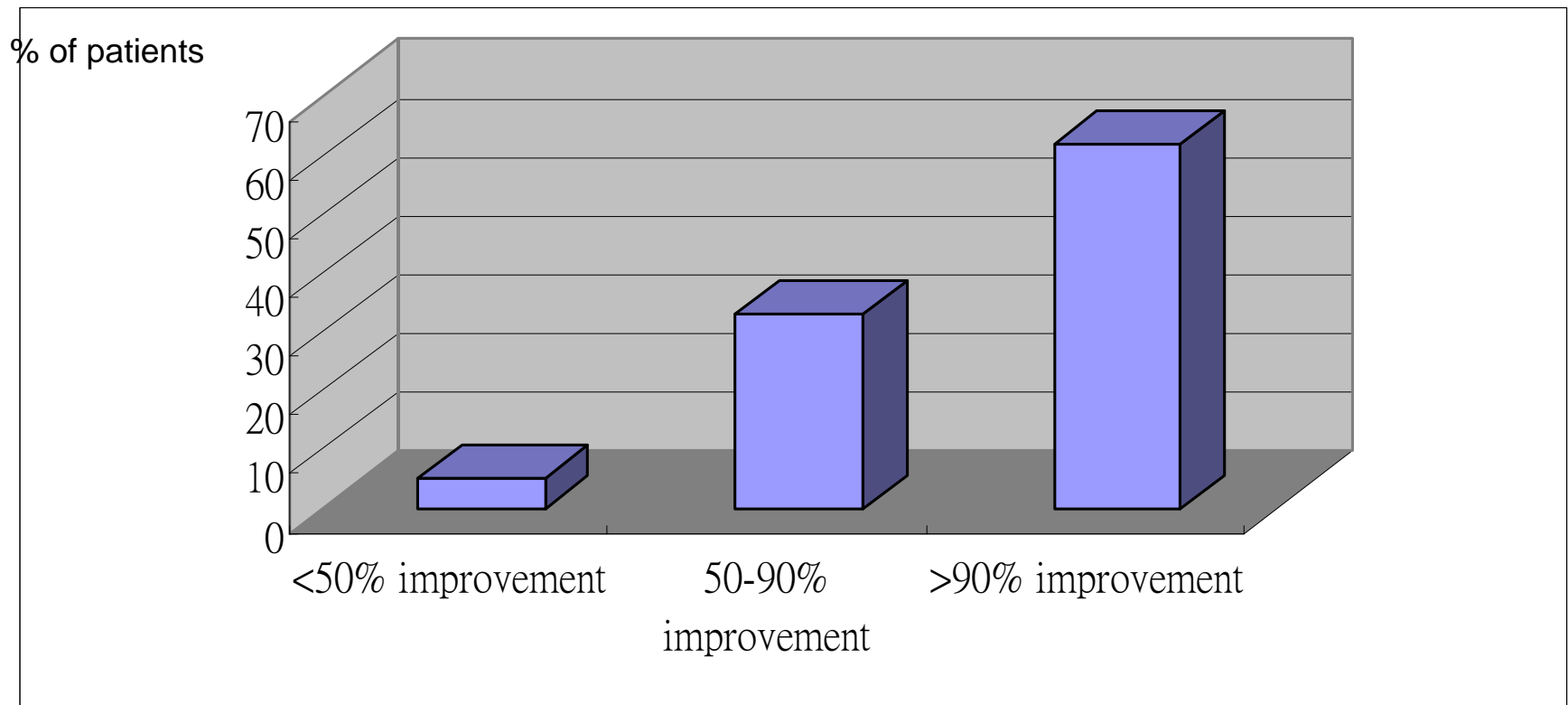
Patient benefit

Patient satisfaction rating about FMSC



Patient benefit

Symptom improvement after band ligation in FMSC



Hospital specialist benefit

- 1. Reduce the hospital specialist workload, (Only 16.8% cases referred back to them)
- 2. Low investigation rate using public sector:
 - Upper GI investigation eg OGD : 35.4% of all upper GI cases.
 - Lower GI investigation eg colonoscopy +Ba enema: 13.4% of all lower GI cases

Family Physician benefit

Good gate keeper

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- Coordinator
- 1 Public/private resources
- 2 Hospital specialist/community general practitioner

Family Physician

- Good efficiency in manage non urgent surgical case (closed after **2 consultation** on average)
- Develop procedure skill eg haemorrhoid band ligation, OGD, rigid/flexible sigmoidoscopy.

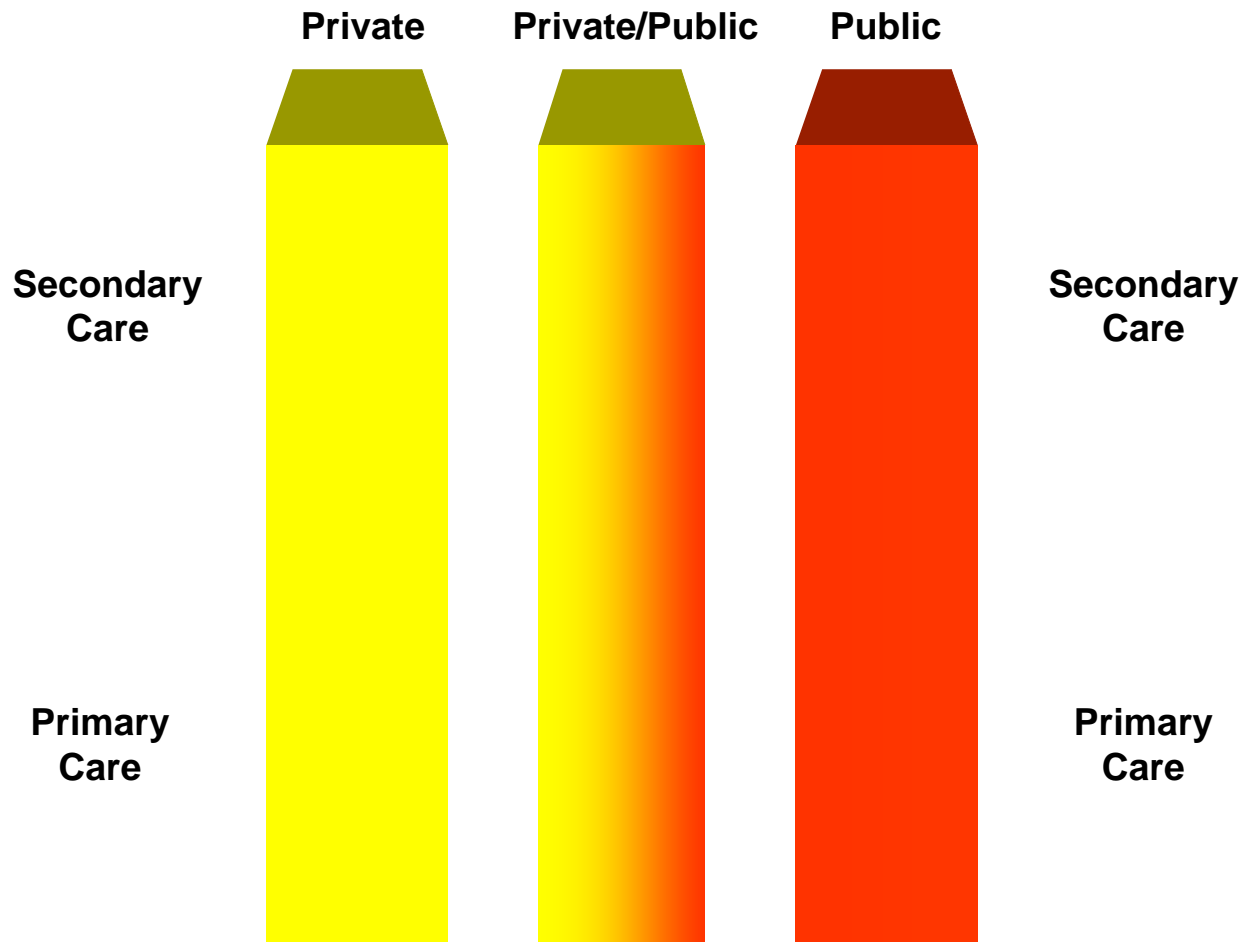
Private Sector benefit

- 56% of special investigation were performed in the private sector
- Some of the curative treatment was also performed by the private specialist/hospital
- 10% of cases was referred back to private family physician to continue patient care in the community.

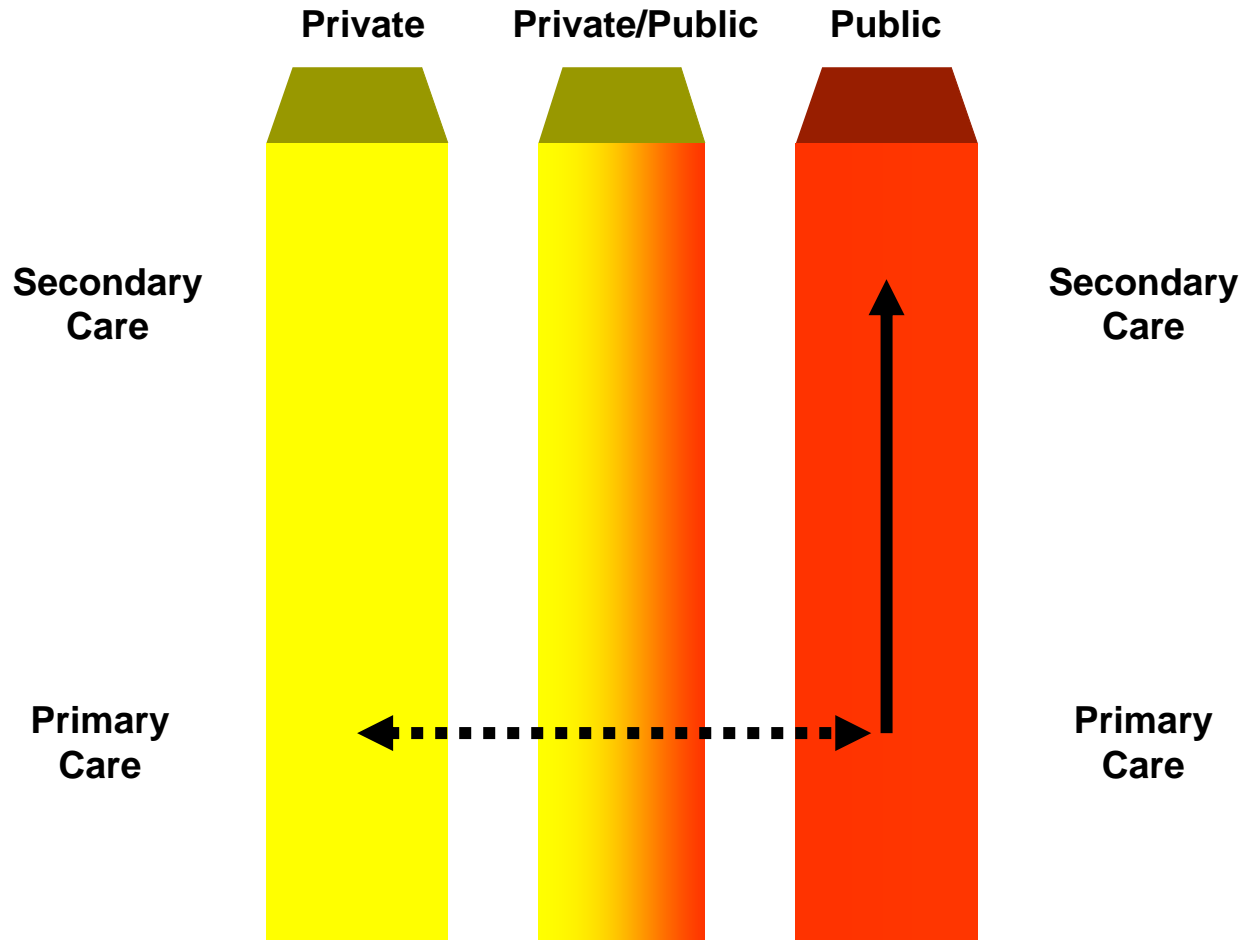
Conclusion

- ❑ This model of service
- ❑ 1. Providing a safety net for early diagnosis of malignant and premalignant disease
- ❑ 2. Relieve the hospital specialists' workload
- ❑ 3. Enhance family physician develop skill in performing surgical endoscopy and treatment procedure
- ❑ 4. Provide a platform to promote public private interface.

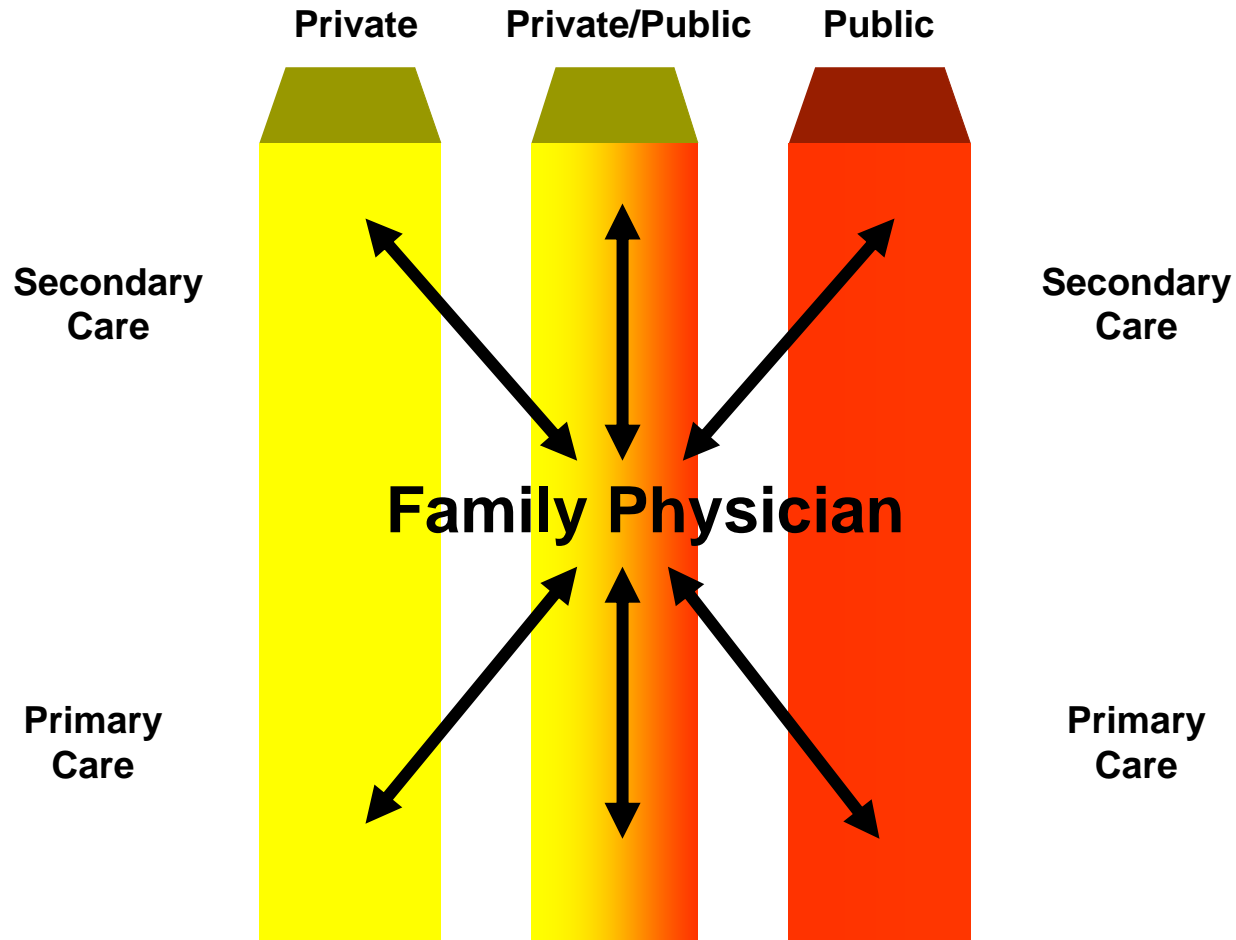
Health Care Reform



Health Care Reform



Health Care Reform



Thank you

