



**Service Priorities and Programmes**  
**Electronic Presentations**

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**The impact of a structured diabetic care programme with intensive intervention in a primary care setting.**

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**Introduction**

Diabetes mellitus is a growing problem locally, the disease and its complications create a great burden to the patients and the health care system. However, the disease management plan was fragmented and lack of co-ordinations. In 2011, our department had launched a new structured chronic disease model named Risk Assessment and Management Program of Diabetes Mellitus (RAMP-DM) to enhance the diabetic care. They will undergo a comprehensive risk assessment with appropriate interventions and education for complication prevention. The assessment includes blood and urine tests, retina photos, foot assessment and risk stratification. It aims at providing an early intervention and management to decelerate disease progression.

**Objectives**

1) To provide comprehensive and coordination assessment and complication prevention for all diabetic patients 2) Stratified patients into different risk group with respect to their clinical conditions. 3) Provide intensive treatment to those with very high risk.

**Methodology**

All diabetic patients (6027) in a regional primary care clinic were eligible for the programme. They were recruited in a voluntary basis. Patients will be stratified as low, medium, high and very high risk after the structured assessment. The very high risk group will be intensively managed by an experienced family physician with extended consultation session and care manager. A multidisciplinary team will back up and support if needed including dietitian, physiotherapist and podiatrist. Patients with improved glycemic control after intensified treatment will be discharged with usual care.

**Result**

Till Sep 2012, 3557 patients were assessed and 196 patients were stratified as having very high risk which have been recruited to be managed intensively. 66 patients were discharged with improved control, Half of them are female, with the average age of

62.15 (38 to 82 ). The intensive managed group have an average number of extended consultation session and nurse session 3.14 and 4.2 respectively and have their diabetic cares significantly improved (82%) The improved parameters have included HbA1c, systolic blood pressure and lipid level (LDL-C) (  $p < 0.005$ )