Service Priorities and Programmes

Electronic Presentations

Convention ID: 867
Submitting author: Dr Laam CHAN
Post title: Associate Consultant, Tuen Mun Hospital, NTWC

Towards the 10th Anniversary of Family Medicine Triage Service: a review on the impact to local healthcare system

Chan L, Chan ML, Ng YS, Yu PH, To KY, Lo CW, Cheng SY, Liang J
Department of Family Medicine & Primary Health Care, New Territories West Cluster

Keywords:
Family Medicine
Triage Service

Introduction

Family Medicine Triage Service was first piloted in September 2003 in New Territories West Cluster. The objective was to address individual cluster's pressure area and prolonged SOPD new case waiting time. At the same time, it provide timely support for primary care doctors in community, empower primary care doctors in management of common medical problems, improve gate-keeping role of primary care doctors and improve safety in the SOPC triage system. Because of the promising results, it was subsequently rolled out to all clusters and the service scope had been enlarged from medical routine new cases to other specialties such as surgical, urology, orthopedics, gynecology and ENT.

Objectives

1)To review the volume of new case attendances in FMTC in different clusters 2)To review the clinical efficiency 3)To review the cost effectiveness

Methodology

For the period 2011/12, scope of data reviewed include i) new case statistics of the relevant specialties from all 7 clusters from CDARS and ii) clusters input on source of new case referral, attendances, case close statistics, doctors manpower situation, number and types of investigations.

Result

Total 44,000 new cases were handled in Family Medicine Triage Clinics from all seven clusters for the captioned period. Among these, percentage of sharing of new cases workload from various specialties across different clusters range from 7% to 42%. In terms of manpower, about 2500 new cases are handled by 1 full time equivalent doctor manpower. Upon discharge, 80% of cases were closed within 3 visits. 40% closed without need of follow up, 10-30% follows up in General Outpatient Clinics, 20% cases defaulted and 15% being referred to SOPD for further management. The use of special investigations such as OGD, CT scan, Treadmill is keeping at a very low percentage. The average drug cost per prescription is similar to the average GOPC drug cost. Conclusion Family Medicine Triage Service was proven to be a workable and cost effective service model in gate-keeping and reducing SOPD

waiting time by providing timely support to primary care doctors and safety net to our community patients over the past 10 years. This will be continued to be the direction to build a sustainable healthcare system in our locality.