



## Service Priorities and Programmes Electronic Presentations

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### **Defaulters of chronic disease management in the public primary care setting: any gaps to improve?**

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#### **Introduction**

Over 80% of patients with chronic diseases (CDs) are managed in the public settings locally and a significant proportion of them are followed up (FU) in the primary care.

#### **Objectives**

This study tried to determine the default rate of patients with chronic diseases who were managed in the public GOPCs and to explore their status of chronic disease control.

#### **Methodology**

Design: Cross sectional descriptive study      Setting: one General Outpatient Clinic of KCC, Hospital Authority, Hong Kong      Patients: CDs in the study include common medical conditions needing regular FU, such as type 2 diabetes (T2DM), hypertension (HT) and established cardiovascular disease (CVD) including stroke and coronary heart disease. Patients with defined CDs and had been regularly FU in a GOPC of KCC from 1 July, 2014 to 31 Dec, 2014 were recruited.      Main outcome measures: Their epidemiological data, blood pressure (BP) reading in the last consultation, biochemical parameters were retrieved from the Clinical Management System. Difference in the above parameters is compared between the defaulter and non-defaulter group. All defaulters were called up by a trained research assistant to enquire their reasons for defaulting the FU. Student's t test was used to evaluate continuous variables and Chi squared test was used for categorical data.

#### **Result**

Totally 559 cases defaulted their chronic disease FU appointment during the study period among 4777 cases, with a defaulting rate being 11.7%. Among them, 400 cases could be contacted over the phone whereas 159 cases either were not reachable or have transferred to other clinics for continued FU. Among those patients who had regular FU here and could be reached by phone, 51% were male and 49% were female with an average age of 65.0+/-13.1 years old. 90% of them had HT, 37% had DM and 13% had established CVD. The most common reason for defaulting FU

was “forget to attend” (59%), FU by “remember but too busy to come” (20%) and “being admitted to hospital” (7%). Compared with DM patients with regular FU, DM defaulters had a higher average HbaA1c level and BP level, with a higher proportion being inadequately controlled ( $P<0.001$ ). When HT patients were compared between the defaulters and regular FU groups, defaulters not only had higher average BP levels, 32% of them were inadequately controlled compared with 12% in regular FU group ( $P<0.001$ ). In addition, their total cholesterol level was also significantly higher ( $4.9\pm 0.9\text{mmol/L}$ ) than the regular FU group ( $4.7\pm 0.9\text{mmol/L}$ ,  $P=0.026$ ).

Conclusions: 11.7% of patients with chronic diseases defaulted their regular FU in the GOPC. Defaulters were found to have a higher proportion being inadequate controlled metabolically among DM patients and having suboptimal BP control among HT patients. Family physicians should pay particular attention to this group of high risk patients and take comprehensive strategies to reduce the defaulting rate in the primary care.