**Service Priorities and Programmes**

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## PCP and ICCMW: How close are we working together

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**Introduction**

Case managers (CM) had been introduced as the cornerstone of the community mental health service in Hong Kong since 2010, both in the medical and social service setting. CMs serving in the Personalised Care Programme (PCP) of Hospital Authority, cared for a selected group of patients suffering from severe mental illness (SMI) and the Integrated Community Centre for Mental Wellness (ICCMW) operated by NGOs, delivered psychosocial recovery-oriented services to patients and people with suspected mental problems. CMs of both services would perform clinical risk assessment to decide the intensity of care and the ICCMW is expected to dovetail its services with PCP. However, little is known about case sharing between these two services. This is the first study in Hong Kong that PCP and ICCMW shared data and reviewed the quantity and quality of collaboration in case management.

**Objectives**

1. To assess the case load in PCP and ICCMW;
2. To compare the epidemiological, clinical, service utilization and risk assessment in these shared-care cases; and
3. To understand the collaboration of CMs in PCP and ICCMW in shared-care cases

**Methodology**

North Lantau and Mongkok districts were selected. Data from HA were captured from CDARS and CMS. Data from NGO were provided by their CMs. The number of cases served by PCP and ICCMW was counted and their characteristics were identified. The shared-care cases were retrieved with risk assessment compared and analyzed.

**Result**

A total of 1,223, 644 and 157 people were receiving PCP, ICCMW and both services

respectively, 136 of them had valid risk assessment performed. The two districts were not different in epidemiological data or principal diagnosis. PCP cared more SMI cases. There was less IFSC involvement in cases receiving care from HA.
There was limited convergence in risk assessment between PCP and ICCMW (AUC=0.601). Either PCP or ICCMW identified high risk cases had significantly more males and SOPD attendances, but they did not differ from non-risk subjects in other epidemiological or clinical parameters. The CMs from PCP, together with CMs from ICCMW, delivered more community work to them. The CMs rated a poorer score in the psychometric tests in PCP identified high risk cases, but the ratings were less consistent in ICCMW cases. We concluded that there is evidence of collaboration, and specialization of CMs between PCP, ICCMW and IFSC. Furthermore, the risk assessment tools need to be refined.