New Service Model Osteoarthritic Knee Management in GOPC setting – Conjoint OA knee program with Physiotherapist and Doctor

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Background

- In 2013, Kowloon West Cluster Enhanced Public and <u>Primary Services</u> (KWC EPPS) with Physiotherapy services is newly set up
- GOPC / <u>FM Physiotherapist</u> provides service for Shum Shui Po District patients at West Kowloon General Outpatient Clinic (<u>WKGOPC</u>)



Patients are also referred from other 4 different GOPC









January 2013 - October 2016

5385 patients were referred to WKGOPC PT

27% NCD patients



- HT
- DM
- PreDM
- Obesity

73% Chronic MSK

- Spinal
- Peripheral joints
- Soft tissues involvement
- Neurological

1101 Osteoarthritic Knee patients 28% of chronic MSK



Traditional OA Knee Management



Physiotherapist : Patient = 1: 1 (First PT session; HKD50)

WKGOPC PT Manpower = 1 PT

August 2016, WKGOPC PT waiting time 26.1 weeks

Knee Care Education Class for empowerment (HKD50) Discharge when symptoms improved / stable / static

Objective of New OA Knee service Model



New OA Knee Service Model

(Physiotherapist + Doctor) : patient = 1: 60 (First Session - Knee Class: HKD50)



Results

October 2016 to October 2017

7 sessions of OA knee class (PT+Dr) were arranged



199 OA knee patients were referred

Mean age 64 ± 9.9 years Female 147 ; Male 52



Comparison of Traditional and New OA knee Service Model

- **Outcome indicators:**
- 1. Waiting Time
- 2. Attendance rate
- 3. Number of attended PT FU sessions

Retrospective cohort review (1 year)

Before New Service model (2015-2016) MSK patients

22.4 ± 3.5 weeks

Waiting Time

After New Service model (2016-2017) MSK patients

14.5 ± 5.0 weeks

After New Service model (2016 -2017) OA Knee patients

4.7 ± 1.3 weeks

Waiting time (weeks) in receiving WKPT in 2015/16 and 2016/17

-2015-2016 (before knee class)



Attendance Rate



PT FU sessions on discharge (1st session is excluded)



Quality Control of New OA knee Service Model

Performance indicators:

- **1. Knowledge Attitudes Practices (KAP) survey**
- 2. Patient Satisfaction Survey

- Every patient completes a KAP survey after finishing OA knee class (PT+Dr)
- Evaluate patients' <u>Knowledge</u> of degenerative knee management and self-management skills, <u>Attitudes</u> towards joint care advice and <u>Practices</u> of behavioural change



- **1.** Patient satisfaction survey is done after finishing OA knee class (PT+Dr)
- Overall patient satisfaction scores <u>5.33 out of 6</u>. Mean of patient satisfaction in 3 components; namely <u>program content</u>, <u>organization</u> and <u>patient engagement</u>, are 5.35; 5.26 and 5.38 respectively
- Results imply that there are consistently high patient satisfactions on OA knee class (PT+Dr)
 健康講座 滿意程度調査

閣下的寶貴意見,將有助我們進一步改善服務,請在空格內加上"√"。

1. 你同意講座的內容有幫助嗎? 非常不同意 很不同意 不同意 同意 很同意 非常同意 (i) 物理治療師 п 5.35 (ii) 醫生 2. 對解答你的疑問滿意嗎? 非常不满意 很不滿意 不滿意 滿意 很滿意 非常滿意 (i) 物理治療師 5.26 П (ii) 醫生 5.39 PT Dr 3. 你**滿意講者**整體的表現嗎? 5.39 5.38 非常不滿意 很不滿意 不滿意 滿意 很滿意 非常滿意 5.39 物理治療師 5.38 п (ii) 醫牛 5.20 5.21 4. 你是否希望將來有類似的講座? □是 □否 如是的話,請列出你想日後舉辦的健康講座題目: **Understanding Empowerment** Content 5. 對於今天的講座,有沒有其他建議?

Conclusion and Way-Forward

- <u>Easily-applied model</u> in other GOPC setting / SKM Community-Health-Center
- Service Model could be applied in other <u>High</u>
 <u>Volume and Low Complexity Disease patient groups</u> <u>in GOPC setting</u> (For example: simple and chronic back pain patient)
- Appropriate Level of Care -> <u>avoid</u> un-necessary Hospital referral -> <u>decreased SOPD waiting time</u>

2018年5月4日(星期五) 香港文匯報WEN WEI PO

高拔陞表示,醫管局的基層醫療服務亦包括分流診所,他舉例指病人如有膝頭痛, 往的做法是會被轉介到骨科,但他們現時可選擇到輪候時間較短的分流診所由包括家庭 學科醫生、物理治療師等專業人士組成的團隊治理。他指基層醫療服務不單可令病情穩 的病人及早接受治療,亦能縮短各專科的輪候時間。



香港文匯報訊(記者 顏晉傑)醫院管理局現時 在全港各區共有73間普通科門診診所,為市民提 供基層醫療服務,透過跨專業的團隊協助病人控制 病情。醫管局聯網服務總監高拔陸目前表示,部分 情況穩定的病人未必一定要由專科醫生跟進,他們 改往普通科門診接由家庭醫學科醫生照顧,甚至可 覆更全面的獲理服務,專科服務的輪候時間亦能端 短。醫管局將於下周一及二舉行周年研討大會,與 世界各地的專家交流經驗和醫療新知,基層醫療為 會議上其中一個輕目。

公營基層醫療服務原本是由衛生署負責,醫管局於 2002年起接管各區普通科門診,現時共有73間診所。

醫管局九龍東醫院聯網家庭醫學試籌專員周傳強 表示,門診去年服務人次達600萬,對象主是長 者、低收入人士及慢性病患者,部分診所更設有家 庭醫學專科門診。

擬各聯網均建社區健康中心

他指醫管局不斷改善基層醫療服務,包括在各區 增建社區健康中心。除觀塘及北大嶼山外,醫管局 第一個10年建院計劃亦會在石硤尾、北區及旺角 設置社區健康中心,長遠期望各個聯網都有最少一 間中心,為市民提供更全面的基層醫療服務。

醫管局新界西醫院聯網就籌專員(家庭醫學及 基層醫療) 梁峻指出,約半數到普通科門診求診 的病人都患有慢性病,部分人更同時患有多種疾病,家庭醫學科醫生可協調不同專科,提供以病 人為本的服務,除以藥物控制病情外,也可提供 戒煙及減肥等服務,改養病人的身體狀況,令病 情得以改養。

高拔陞表示,醫管局的基層醫療服務亦包括分流 診所,他舉例指病人如有膝頭痛,過往的做法是會 被轉介到骨科,但他們現時可選擇到輪候時間較短 的分流診所由包括家庭醫學科醫生、物理治療師等 專業人士組成的團隊治理。他指基層醫療服務不單 可令病情穩定的病人及早接受治療,亦能縮短各專 科的輪候時間。



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Hong Kong Population Projection 2016: 7.34m → 2043: 8.22m

Elderly Persons Projection (aged \geq 65 year) 2016: 1.16 m (16.6% of the total population) 2036: 2.37 m (31.1% of the total population)

Census and Statistics Department, Sept 2017



OA Knee Prevalence in Chinese

Population Group (aged ≥ 60 year)

- 1. Radiographic
- 2. Symptomatic

Osteoarthritis of knees: the disease burden in Hong Kong and means to alleviate it. Hong Kong Med J 2014;20:5–6