

The Diabetic Self-Management Project – from General Out-Patient Clinic to the Community

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Introduction

HKSR CRN has been providing community-based diabetes mellitus (DM) services for years. We aim to strengthen the disease self-management skills of individual patients and their care-givers with the use of mutual-aid and empowerment approaches.

Purpose of the Project

If diabetic patients could strengthen their knowledge and skills in diabetic control, their risk of complications could be reduced. However, due to the ever increasing demand for medical service in Hong Kong, GOPCs are under great pressure in both workload and resources. By making better use of community resources, collaboration between CRN and GOPCs could give more diabetic patients the opportunity to receive intensive education.

Material & Methods

CRN first developed a referral system with Lek Yuen GOPC in Shatin in 2005. Doctors referred the patients with HbA1C at 7% or above to CRN. CRN social workers would then assess the needs of the patients, and invite them to join a DM seminar delivered by GOPC doctors or nurses. Individuals attending the seminar would be recruited to join a 6-session Diabetes Mellitus Self-help Course (DMSHC) conducted by CRN. Upon completion of the course, the participants were encouraged to join a mutual-aid self-help group formed and run by diabetic patients so as to help them attain long-term mutual support and health maintenance. Subsequently, similar referral systems have been developed in 2007 at Ma On Shan GOPC in April, Sai Wan Ho GOPC in September; and Ngau Tau Kok Jockey Club Clinic in October.

Results

From August 2005 to December 2007, about 720 diabetic patients were referred to CRN by the above GOPCs. A total of 545 individuals had joined the 17 seminars that were conducted, and 222 patients had participated in 17 DMSHCs. To evaluate the effectiveness of the project, a randomized controlled outcome study targeting at the patients in Lek Yuen GOPC and Ma On Shan GOPC is now in progress, with the joint effort of the Department of Community and Family Medicine of The Chinese University of Hong Kong.

Conclusions

HKSR CRN can work hand in hand with GOPCs to share out the burden on DM education, with the aim to enhance patients' self-efficacy and disease management skills. In the long run, the demand for medical treatment and subsequent medical costs will be lowered as more patients are equipped with the skills for better diabetic control. Ultimately, the quality of life of these individuals will be less impacted by diabetes.

