

GOPC ppp Program 門診協作計劃—PSP perspective

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中文大學家庭醫學文憑

香港大學社區精神醫學深造文憑

中文大學糖尿病治理及教育專業文憑

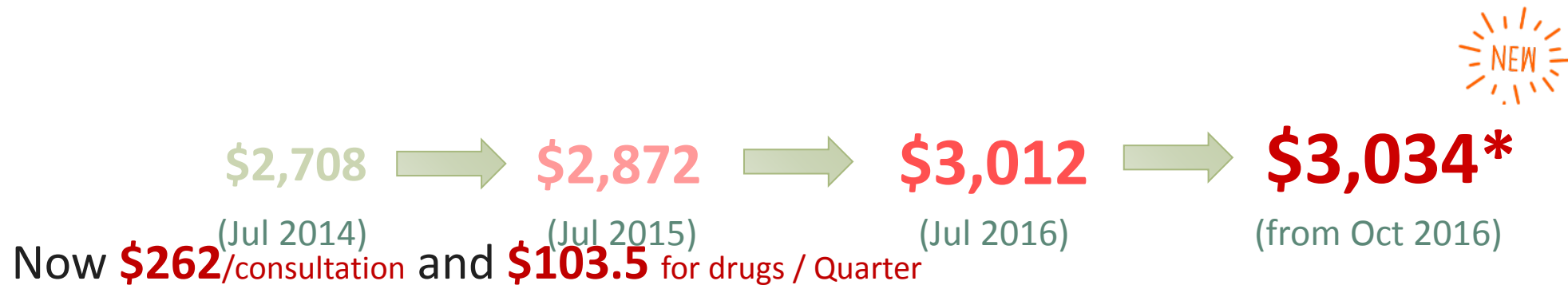
香港大學家庭醫學名譽臨床助理教授

Implementation - Now covering a total of 12 districts

District	2014-15	2016-17	2017-18	2018-19
Central and Western			✓	
Eastern		✓		
Southern		✓		
Wan Chai		✓		
Kowloon City		✓		
Kwun Tong	✓			
Sham Shui Po		✓		
Yau Tsim Mong				✓
Wong Tai Sin	✓			
Islands			✓	
Kwai Tsing		✓		
North				✓
Sai Kung		✓		
Sha Tin		✓		
Tai Po			✓	
Tsuen Wan			✓	
Tuen Mun	✓			
Yuen Long		✓		

Implementation Progress (2016-17)

Service Fee for PSPs was adjusted according to the Composite Consumer Price Index (Medical Services)



$$\$262 \times 10 + \$103.5 \times 4 = \$3,034 / \text{patient} / \text{year}$$


* Upon adding 8 drugs for taking care of patients' recurrent associated health problems

Patient Co-payment





\$50/visit

(from June 18th 2017)

Electronic drug ordering function

Anti-HT	Lipid-lowering	Drugs for Associated Health Problems
Lisinopril Losartan Perindopril Tertbutylamine Atenolol Metoprolol Tartrate Propranolol HCL Amlodipine (Besylate) Nifedipine SR Dyazide (or Equiv) Indapamide Moduretic (or Equiv)	Simvastatin	Aluminium / Magnesium Hydroxide and Simethicone Chlorpheniramine Maleate Diclofenac Sodium Famotidine Ibuprofen Loratadine Naproxen Senna
Supplementary to anti-HT	Anti-Diabetic	Antibiotics 
Aspirin Potassium Chloride SR Prazosin (HCL) Terazosin HCL	Gliclazide Metformin HCL	Augmentin (or Equiv) Ciprofloxacin (HCL) Clarithromycin

GOPC PPP Drug Order

Order No.:	<input type="text"/>	Order Status:	All 
Order Date From:	01-May-2017 	Order Date To:	21-Jun-2017 
Drug Item:	All 		
<input type="button" value="Search"/> <input type="button" value="Reset"/> <input type="button" value="New Order"/>			

Order No.	Drug Supplier	Drug Items	Order Date/Time	Order Status
17000103125	ZUELLIG PHARMA LIMITED Phone No.: 28560062	1. Amlodipine (Besylate) Tablet 10mg 2. Lisinopril Tablet 5mg 3. Lisinopril Tablet 10mg 4. Moduretic (or Equiv) Tablet	16-May-2017 18:50	Delivered (15-Jun-2017 10:51)

Management of NCD – A GP perspective using Hypertension as example

慢性病的處理 – 基層醫生角度醫治高血壓例子

CKH M/71

Hypertension, Hyperlipidaemia since 1998

Seen at PWH, RH, VPGOPC

Simvastatin 20mg nocte, Atenolol 50mg om, Nifedipine 20mg om

ess

Standards

Information

Age : 71 years

Sex : M

[Details](#) ▶

ry

Medication

- ATENOLOL tablet
oral : 50 mg daily for 17 weeks
- HYPROMELLOSE eye drops 10ml
ophthalmic : 1 drop(s) bd prn for 17 weeks, dispense 2 bott
- NIFEDIPINE sustained release tablet
oral : 20 mg daily for 17 weeks
- POTASSIUM CHLORIDE sustained release tablet
oral : 600 mg daily for 6 weeks
- SIMVASTATIN tablet <Special Drug>
oral : 20 mg nocte for 17 weeks
- ATENOLOL tablet
oral : 50 mg daily for 17 weeks
- HYPROMELLOSE eye drops 10ml
ophthalmic : 1 drop(s) bd prn for 1 weeks, dispense 2 bott
- NIFEDIPINE sustained release tablet
oral : 20 mg daily for 17 weeks
- SIMVASTATIN tablet <Special Drug>
oral : 20 mg nocte for 17 weeks
- ATENOLOL tablet
oral : 50 mg daily for 18 weeks
- NIFEDIPINE sustained release tablet
oral : 20 mg daily for 18 weeks
- SIMVASTATIN tablet <Special Drug>
oral : 20 mg nocte for 18 weeks
- ATENOLOL tablet
oral : 50 mg daily for 17 weeks
- HYPROMELLOSE eye drops 10ml
ophthalmic : 1 drop(s) qid prn for 17 weeks, dispense 3 bott
- NIFEDIPINE sustained release tablet
oral : 20 mg bd for 17 weeks
- SIMVASTATIN tablet <Special Drug>
oral : 20 mg nocte for 17 weeks
- ATENOLOL tablet
oral : 50 mg daily for 16 weeks
- HYPROMELLOSE eye drops 10ml
ophthalmic : 1 drop(s) qid prn for 16 weeks, dispense 3 bott
- NIFEDIPINE sustained release tablet
oral : 20 mg bd for 16 weeks
- SIMVASTATIN tablet <Special Drug>

28/06/16	28/06/16	24/10/16	30/12/16	12/05/17	
09:39	09:39	10:11	09:37	09:52	
28/06/16	28/06/16	24/10/16	30/12/16	12/05/17	
11:59	12:09	11:52	11:41	15:01	
CR164077	CR164176	CR255811	CR309994	C5346865	Refere
--	--	--	--	--	Rang

ood

	139	139		142	136 -
	3.1 L	3.1 L	3.6	3.1 L	3.4 -
	4.5	4.6		3.9	2.7 -
	82	84		82	69 - 1
5.0					See Be

- Sex/Age related range given

Concentration in healthy individuals is highly variable due to difference in glucose tolerance & recent carbohydrate intake.

Diabetes is diagnosed when fasting plasma glucose is ≥ 7.0 mmol/L confirmed by two tests. Impaired glucose is diagnosed when fasting plasma glucose is 5.6 - 6.9 mmol/L.

DOB : 01-Jun-1946 Age : 71 years Sex : M [Details ▶](#)

Allergy & ADR [Select Patient](#) [Close Record](#)

Problem / Diagnosis [Details ▶](#)

Date	Description
18-Aug-1999	Hypertension

Laboratory Record [Details ▶](#)

Date	Description	Institution
12-May-2017	RFT	RH
30-Dec-2016	K	RH
24-Oct-2016	RFT	RH
28-Jun-2016	Fasting Glucose	RH
28-Jun-2016	Lipid, RFT	RH
29-Jul-2015	MACR	RH
28-Jul-2015	MIDSTREAM URINE/Microbiological examination of urine specimens	RH
27-May-2015	MACR	RH
13-May-2015	Fasting Glucose	RH

[>>More](#)

Encounter / Appointment [Details ▶](#)

Start Date	Specialty	Institution
26-Jul-2017 10:15	Geriatric medicine	RH
05-Mar-2017 10:40	Other specialty	VPGOPC
06-Nov-2016 10:30	Other specialty	VPGOPC
10-Jul-2016 11:40	Other specialty	VPGOPC
13-Mar-2016 10:50	Other specialty	VPGOPC
15-Nov-2015 10:50	Other specialty	VPGOPC
26-Jul-2015 11:30	Other specialty	VPGOPC
16-Jun-2015 10:30	Other specialty	VPGOPC

Allergy & Adverse Drug Reaction [Details ▶](#)

Allergen	Allergy Information
No record, please verify with patient to confirm.	
ADR Causative Agent	ADR Information
No record, please verify with patient to confirm.	

Prescribing History [Details ▶](#)

Date	Medication
06-Nov-2016	ATENOLOL (ORAL)
	HYPROMELLOSE 10ML (OPHTHALMIC)
	NIFEDIPINE (ORAL)
	POTASSIUM CHLORIDE (ORAL)
10-Jul-2016	SIMVASTATIN (ORAL)
	ATENOLOL (ORAL)
	HYPROMELLOSE 10 ML (OPHTHALMIC)
	NIFEDIPINE (ORAL)
13-Mar-2016	SIMVASTATIN (ORAL)
	ATENOLOL (ORAL)
	NIFEDIPINE (ORAL)
	SIMVASTATIN (ORAL)
15-Nov-2015	ATENOLOL (ORAL)
	HYPROMELLOSE 10ML (OPHTHALMIC)

Utilization of EHR – Review of patient progress and medicine

Early 2016: low potassium (3.1)

Dec 2016: supplement with slow K
potassium restored to 3.6.

Timely referral for further investigation

Patient satisfaction

Comfortable waiting area

Less queueing time for consultation

Better rapport with Private doctor

More time spent in consultation – better understanding of own illness

Easier to implement lifestyle changes

Primary Care – Private sector (GP)

Comprehensive holistic care – Physical, Psycho-social, Family,

Provide one stop service for Education, counselling, prevention, etc

Good Rapport with patient

Easy assessable, flexible consultation time

基層醫療 – 私營全科 家庭醫生

-全人醫療 – 生理，心理，社會，家庭並重

-一站式服務，包括教育，輔導，預防等

-良好醫患關係

-地點方便，時間靈活

香港醫學會港島東社區網絡2012-13年 調查

追蹤了**168**名病人，分**3**次收集他們的血壓、血糖及膽固醇數據

發現有**61%**出現其中一種問題，當中**19**人同時有「三高」。

經過一年跟進並透過適當治療後，分別有一半糖尿病人、七成高血壓及高膽固醇高的病人，可控制血糖、血壓及膽固醇指標，

每名病人每月醫療費用平均是 **723**元。

反映病人在社區獲得適當的跟進，可減低因在政府專科門診長時間輪候而拖延病情的機會。

Barriers for GP to participate

IT platform

Time constraint

Income incentive

Primary care – Now and future for NCD

Collaborative care with other medical related sectors: Social Workers, Physiotherapist, Occupational therapist, Dietitians, Nurse Educators

Patient empowerment program with Non-Government Organization

Comprehensive **Complication Screening** Program with dedicated Laboratory and Endocrinologists

Utilization of **Electronic Health Record** to facilitate Public Private Sharing care for DM patients

Subsidization for patients to obtain service in private sector, e.g. Health Care Voucher Scheme. (Only for Age >70 years old)

基層醫療 — 慢性病治理的現在和將來

與其他醫療團隊，如社工，物理治療，職業治療，營養師，護師共同協作

與社福機構建立病人自強計劃

與社區化驗所推行每年糖尿病併發症檢查計劃

利用電子健康記錄互通系統進行公私營協作

提高對慢性病治理補貼，如用醫療券。

Thank You

謝謝