Hong Kong Primary Care Conference 2012

United We Care : Forging Partnerships in Health

Hong Kong Primary Care Conference 2012

"United We Care - Forging Partnerships in Health"

Scientific Programme at-a-glance

Time \ Date			
	02 June 2012 (Sat) - DAY 1		
14:00-15:00	**Registration & Welcome Drinks - G/F Exhibition Hall**		
15:00-15:30	**Opening Ceremony - G/F Pao Yue Kong**		
15:30-16:00	**Plenary I**	*Pao Yue Kong (G/F)*	Multidisciplinary Approach to a Patient with Acute Community Acquired Pneumonia *Speaker: Prof. YUEN Kwok Yung*
16:00-16:30	**Plenary II**	*Pao Yue Kong (G/F)*	Health Care Partnerships – Time For Action *Speaker: Prof. Doris YOUNG*
16:30-17:00	**Coffee Break - G/F Exhibition Hall**		
17:00-19:00	**Workshop 1**	*James Kung (2/F)*	Statistical Analysis by Computer Software Made Easy and Fun *Speaker: Prof. WONG Chi Sang, Martin*
	Workshop 2	*Rm 702-3*	Application of Contemporary Psychotherapy Skills in General Practice - Beyond Empathic/Active Listening *Speaker: Dr. CHEUNG Kit Ying, Andy*
	Seminar A	*Pao Yue Kong (G/F)*	How to Set Up Your Own Medical Practice : Key to Success from Medical to Financial Perspectives
			1) The Best Incentive for Quality Is Reward - Setting Up Private Family Medicine Practice *Speaker: Prof. LI Kwok Tung, Donald*
			2) Experience Sharing in Setting Up a Private Family Medicine Practice *Speaker: Dr. CHAN Chung Yuk, Alvin*
			3) Tax Filing Procedures of Medical Practitioners *Speaker: Mr. Steve CHUNG*
	Seminar B	*Rm 803-4*	Research Forum for Higher Trainees in Family Medicine *Speaker: Prof. Doris YOUNG*
	Free Paper Presentation	*Lim Por Yen (G/F)*	Various Presenters
19:00-21:30	**Dinner Symposium**	*Function Room / James Kung (2/F)*	1) Optimal Use of Basal Insulin in DM Management *Speaker: Dr. Daniel CHU* 2) Optimizing Diabetic Care with Oral Anti-diabetics Therapy *Speaker: Dr. Irene LAI*
Time \ Date	**03 June 2012 (Sun) - DAY 2**		
09:00-09:30	**Registration - G/F Exhibition Hall**		
09:30-11:30	**Workshop 3**	*Rm 702-3*	The Do's and Don'ts in Patient Empowerment *Speakers: Mr. Peter POON & Ms. Eve LOONG*
	Workshop 4 (9:15 - 11:45)	*James Kung (2/F)*	Multidisciplinary Approach to Chronic Musculoskeletal Pain Management in Primary Care -
			1) Update in Neuroplasticity and Theories for Multimodal Multidisciplinary Management for Chronic Pain *Speaker: Dr. LI Ching Fan, Carina*
			2) Flow Therapy to Tackle Pain Sensitization - from Goal Setting to Activity with Case Illustrations *Speaker: Mr. CHAN Man Tai, Edward*
			3) Active and Passive Physiotherapy for Chronic Musculoskeletal Pain with Live Demonstrations *Speaker: Ms. MO Tin Yi, Terry*
	Seminar C	*Function Room (2/F)*	Beauty & Aesthetic Medicine *Speaker: Dr. KWAN Kin Hung, Vincent*
			Common Oral Problems in Primary Care Setting *Speaker: Dr. YEUNG Wai Kit, Richie*
	Clinical Case Presentation Competition	*Pao Yue Kong (G/F)*	Various teams / Presenters
11:30-12:00	**Coffee Break - G/F Exhibition Hall**		
12:00-12:30	**Plenary III**	*Pao Yue Kong (G/F)*	Partnership in Health – What is the Missing Link *Speaker: Ms. Sylvia FUNG*
12:30-13:00	**Plenary IV**	*Pao Yue Kong (G/F)*	Multi-disciplinary Approach to Type II Diabetes in Primary Care Setting *Speaker: Prof. Jiten VORA*
13:00-13:15	**Prize Award - G/F Pao Yue Kong**		
13:15-15:45	**Lunch Symposium**	*Function Room / James Kung (2/F)*	Enhancing Early and Optimal Glycemic Control – What can DPP-4 Inhibitors Offer? *Speaker: Prof. TAN Choon Beng, Kathryn*
15:45-16:30	**Reception**	*Run Run Shaw Hall (1/F)*	The 25th Fellowship Conferment Ceremony and the 23rd Dr. Sun Yat Sen Oration
16:30-18:30	**Ceremony**		

Disclaimer

Whilst every attempt will be made to ensure all aspects of the conference mentioned will take place as scheduled, the Organizing Committee reserves the right to make changes to the programme without notice as and when deemed necessary prior to the Conference.

HONG KONG PRIMARY CARE CONFERENCE 2012

"UNITED WE CARE
FORGING PARTNERSHIPS IN HEALTH"

CONTENTS

WELCOME MESSAGE

Dear Colleagues and Friends,

On behalf of the Organizing Committee, I am delighted to welcome you all to the 2nd Hong Kong Primary Care Conference (HKPCC) held on the 2nd and 3rd of June 2012.

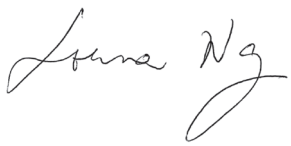
Our Conference has proven to be a stimulating platform for bringing together experts, health care providers including family physicians, dentists, nurses and allied health practitioners to promote collaborative and networking opportunities in addressing present and future challenges. It offers a fertile environment for sharing latest scientific updates, research activities as well as open exchange of experiences and views on recent developments and trends in primary care.

Our theme this year *"United We Care: Forging Partnerships in Health"* is a timely reminder of the need for enhancing primary care provision to our community, through strengthening collaborations among health care professionals across different sectors.

The two-day programme features exciting blends of plenary sessions, symposia, workshops, seminars, a research forum, a free paper presentation session and poster displays. This year's innovative free paper and poster submissions have engaged not only medical doctors but also nursing and allied health practitioners. Adding a new dimension to our programme is the "Clinical Case Presentation Competition" which aims to highlight interesting and challenging cases encountered in primary care, encouraging multi-disciplinary involvement.

I would like to take this opportunity to express my sincere appreciation to all speakers and facilitators for their valuable support; various sponsors for their generous sponsorship, and all the hardworking members of the Organizing Committee and Conference Secretariat for their commitment towards making this event a success.

I am confident that this conference will be a fruitful and memorable experience for you all.



Dr. Lorna NG
Chairlady
Organizing Committee
Hong Kong Primary Care Conference 2012

ORGANIZING COMMITTEE

Chairlady	:	**Dr. Lorna NG**
Advisors	:	**Dr. Ruby S. Y. LEE**
		Dr. Gene W. W. TSOI
Scientific Coordinators	:	**Dr. CHIANG Lap Kin**
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Publication Advisor	:	**Dr. Judy G. Y. CHENG**
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		Prof. Carmen WONG
Venue Coordinator	:	**Dr. Rocky W. C. LAM**
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		Dr. LI Heung Wing
		Dr. Dana S. M. LO
		Dr. Emily T. Y. TSE
		Dr. YUEN Shiu Man
Nurse Planners	:	**Ms. Cherry K. K. CHAN**
		Ms. Samantha Y. C. CHONG
		Ms. Margaret C. H. LAM
Conference Secretariat	:	**Ms. Erica SO**
		Ms. Alky YU
		Ms. Crystal YUNG

MESSAGE FROM PRESIDENT

Primary Care is the work of healthcare professionals who act as a first point of consultation for all patients. Central to the concept of primary care is the patient. It involves the widest scope of health care, including all ages of patients, patients of all socioeconomic groups, patients seeking to maintain optimal health, and patients with all manners of acute and chronic physical, mental and social health issues, including multiple chronic diseases.

Family Physicians provide not only services commonly recognized as primary care, but are also coordinators of our patients' overall health care. Primary care provider includes the primary care physicians, other physicians who include some primary care services in their practices, and some non-physician providers. Collaboration among providers is of utmost importance to primary care.

This year, the organizing committee has chosen *"United We care : Forging Partnerships in Health"* as the main theme of the conference, with a focus on strengthening collaborations among health care professionals across different sectors to enhance primary care provision to our community.

Last but not least, I would like to thank our sponsors for their support, our organizing committee and secretariat for their hard work to make this Conference possible.

Dr. Ruby S. Y. LEE
President
The Hong Kong College of Family Physicians

CONGRATULATORY MESSAGE

On behalf of WONCA Asia Pacific Region I wish to congratulate the Hong Kong College of Family Physicians for organizing the Hong Kong Primary Care Conference following a most successful one held in 2011. The theme this year *"United We Care: Forging Partnerships in Health"*, with a focus on strengthening collaborations among health care professionals across different sectors to enhance primary care provision to our community is a most appropriate one. The present Healthcare Reform in Hong Kong places emphasis on enhancing primary care. The way forward is for Family Doctors to co-ordinate a multidisciplinary primary care team to deliver holistic comprehensive continuous quality care to the Hong Kong public.

We have many renowned speakers from different sectors with different backgrounds, yet they share the common belief that the practice of family medicine by trained general practitioners is the best assurance of the delivery of quality primary care.

The exciting blends of plenary speeches, workshops, seminars, paper and oral presentations is a fantastic opportunity to work closely in a conference that draws from the experience of general practice in Hong Kong while providing an international perspective. I am sure we shall learn a lot from one and another. The broad range of topics, workshops, free papers and posters will ensure that there will be something for every delegate.

I wish to extend a personal welcome to each delegate and wish them a most enjoyable experience at the conference in Hong Kong.

Prof. Donald K. T. LI
MBBS, FHKCFP, FRACGP, HKAM (FAMILY MEDICINE), FFPH
Regional President
WONCA Asia Pacific Region

Wonca
World family doctors. Caring for people.

CONGRATULATORY MESSAGE

Promoting partnership among healthcare professionals is high on the Government's agenda in the development of primary care in Hong Kong. On behalf of the Primary Care Office, Department of Health, I wish to express our sincere gratitude to the Hong Kong College of Family Physicians (HKCFP) for choosing *"United We Care - Forging Partnerships in Health"* as the theme of Hong Kong Primary Care Conference 2012.

To address the changing healthcare needs of the Hong Kong population, the "Primary Care Development in Hong Kong Strategy Document" highlighted the importance to support professional development and quality improvement, including the building up of a well trained workforce with suitable skill-mix and re-orientation of training towards person-centred care and provision of multi-disciplinary primary care. The HKCFP has a pivotal role in training family medicine specialists and supporting professional development of primary care doctors. Its contributions to strengthen primary care-oriented training for healthcare professionals and promote inter-disciplinary collaboration are well recognised.

I look forward to the sharing and exchange of invaluable experience by speakers and participants at the Conference. May I also extend my warmest congratulations to the HKCFP and wish the Conference a great success.

Dr. Amy P. Y. CHIU
Head, Primary Care Office
Department of Health

CONGRATULATORY MESSAGE

It gives me great pleasure to convey my warmest congratulations to the Hong Kong College of Family Physicians on the opening of the Hong Kong Primary Care Conference 2012. Following the successful launch of the primary care conference last year, the College has once again put together a robust and distinguished scientific programme for this year's event.

The world around us today is experiencing a demographic shift as people are living longer. Population ageing coupled with a more affluent and sedentary lifestyle in turn gives rise to a growing occurrence of chronic illnesses. Our health system needs to respond better, and it is not an overstatement to say that primary care is the most important component in responding to these changes.

The supremacy of primary care in the health system has been emphasized by the World Health Organization (WHO): a good primary care system is instrumental to improving population health in a cost effective manner. In the World Health Report 2008: Primary Health Care – Now More than Ever, it is recognized that "primary care brings promotion and prevention, cure and care together in a safe, effective and socially productive way at the interface between the population and the health system."

The characteristics of primary care are comprehensive and integrated responses, continuity of care, and bringing care closer to the people. A key focus is to view the patient as a whole person when delivering care. It also necessitates that a primary care team be multidisciplinary in nature, requiring different health professions of doctors, nurses and allied health professionals to work together for the delivery of effective care.

All these understandings are behind the Government's direction for the Hospital Authority and others to enhance primary care. The emphasis is to reinforce the gatekeeping role of primary care in the health system, and upstream care options are developed for the management and secondary prevention of chronic diseases so as to cut down on complications and the need for more expensive hospital or specialist care. Besides empowering patients with the knowledge and skills to take better care of their own health, multi-sectorial collaboration is also forged with community partners to support patient care outside hospitals and avoid frequent hospitalization of high risk patients.

The increasing importance placed on primary care represents a paradigm shift of health service from a disease model to a health model that addresses the changing needs of an ageing population with increasing chronic diseases. I congratulate the leadership of the Hong Kong College of Family Physicians for drawing together a multidisciplinary panel of experts in staging this important conference in primary care.

Dr. S. V. LO
Director (Strategy and Planning)
Hospital Authority

CONGRATULATORY MESSAGE

This year's Primary Care Conference of the Hong Kong College of Family Physicians has an important theme - that of the need to unite to forge partnerships for health. We are increasingly aware that health is not just related to the health services, and not just related to what doctors do. The WHO commission on social determinants of health highlighted the importance of education, employment, tackling poverty and providing safe and health promoting environments if we are to promote the well being of our populations. In the primary care strategy Now More than Ever encouragement was given to developing primary care which engages with the community – working with other sectors including social care and NGOs to achieve health for all. Our own Primary Care Office in Hong Kong also espouses the value of partnerships in preventing disease and promoting health. Partnerships between sectors, between professions, between organizations are essential if we are to tackle the health challenges we face today. Hong Kong's population is ageing, and it is increasingly common to have one or more chronic diseases. Helping people live with diseases such as hypertension, diabetes or arthritis requires team work, a mix of skills. By uniting efforts from statutory, private and NGO sectors we can ensure that better care is provided.

I congratulate the College on choosing this important theme and inviting a range of excellent speakers from different backgrounds and experiences. I am sure this will be a profitable two days for all those attending and I wish you all every success in establishing further partnerships for health in the future.

Prof. Sian GRIFFITHS
Director, School of Public Health and Primary Care,
The Chinese University of Hong Kong

CONGRATULATORY MESSAGE

I would like to congratulate the Hong Kong College of Family Physicians for the successful organization of the second Hong Kong Primary Care Conference. This Conference is becoming an icon event in our local primary care community. The theme of the conference *"United We Care - Forging Partnerships in Health"* is most relevant reflecting the essence of primary care. The programme is a perfect illustration of the integration of bio-psycho-social science and breadth of multi-disciplinary collaboration. The Conference provides a forum for exchange of not only knowledge but also skills and innovations. Research is the foundation of quality practice. I am very glad to find an increasing number of presentations of original research papers and a symposium featuring research projects by higher trainees.

I am looking forward to a learning and inspiring conference.

Best Wishes,

Prof. Cindy L. K. LAM
Danny D B Ho Professor in Family Medicine,
Head, Department of Family Medicine and Primary Care,
The University of Hong Kong

CONFERENCE INFORMATION

Organized by The Hong Kong College of Family Physicians
Date: 2 – 3 June 2012 (Saturday – Sunday)
Venue: Hong Kong Academy of Medicine Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong
Official Language: English

CME/ CPD / CNE Accreditation:

Accreditation for HKPCC 2012

College/Programme	Max for Whole Function	2/6/2012 Day 1	3/6/2012 Day 2	CME/CPD Category
Anaesthesiologists	10	5	5.5	Non-ANA
	0.5			ANA-Passive
Community Medicine	10	5	6	
Dental Surgeons		5	5.5	Cat. B
Emergency Medicine	10.5	5	5.5	
Family Physicians*		5	5	Cat. 5.2
Obstetricians & Gynaecologists	Nil	Nil	Nil	
Ophthalmologists		2	2	Passive
Orthopaedic Surgeons		4	3	Cat. A
Otorhinolaryngologists	5.5	2.5	3	Cat. 2.2
Pathologists	5.5	2.5	3	PP
Paediatricians		3	3	Cat. A
Physicians		5	5.5	
Psychiatrists	10	5	5	PP/OP
Radiologists		5	5.5	Cat. B
Surgeons	10.5	5	5.5	Passive
MCHK CME Programme		5	5	Passive
Occupational Therapists	6	3	3	
Physiotherapy			2	Cat. 1.C
Podiatrists (IPAHK)	10	5	5	
Prosthetist-Orthotists (HKSCPO)	10	5	5	Cat. A.1
CNE	10	5	5	

*Up to 2 CPD Points (Subject to submission of satisfactory report of Professional Development Log) for each symposium

Conference Secretariat

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Email : hkpcc@hkcfp.org.hk
Contact Persons : Ms. Erica SO & Ms. Crystal YUNG

ACKNOWLEDGEMENT

The organizing committee wishes to express our most sincere thanks to all parties who have helped to make the Hong Kong Primary Care Conference 2012 a successful one.

Officiating Guests

Dr. the Honorable York Y. N. CHOW, GBS, JP
Secretary for Food and Health, Food and Health Bureau, HKSAR

Ms. Sylvia FUNG
Chief Manager, Nursing Services Department, Hospital Authority

Prof. Sian GRIFFITHS
Director, School of Public Health and Primary Care, The Chinese University of Hong Kong
Convenor, Task Force on Conceptual Model and Preventive Protocols Working Group on Primary Care

Prof. Cindy L. K. LAM
Danny D B Ho Professor in Family Medicine Head,
Department of Family Medicine and Primary Care, The University of Hong Kong
Convenor, Task Force on Primary Care Directory Working Group on Primary Care

Prof. Donald K. T. LI
Specialist in Family Medicine
Regional President, WONCA Asia Pacific Region

Prof. Doris YOUNG
Professor and Chair of General Practice, Melbourne Medical School
Associate Dean Academic, Faculty of Medicine
Dentistry and Health Sciences, The University of Melbourne

Prof. YUEN Kwok Yung
Henry Fok Professor in Infectious Diseases,
Chair Professor, Department of Microbiology, The University of Hong Kong
Director, State Key Laboratory Emerging Infectious Diseases
Academicians, Chinese Academy of Engineering (Medicine and Health)

Plenary Speakers

Ms. Sylvia FUNG
Chief Manager, Nursing, Hospital Authority

Prof. Doris YOUNG
Professor and Chair of General Practice, Melbourne Medical School
Associate Dean Academic, Faculty of Medicine
Dentistry and Health Sciences, The University of Melbourne

Prof. YUEN Kwok Yung
Henry Fok Professor in Infectious Diseases,
Chair Professor, Department of Microbiology,The University of Hong Kong
Director, State Key Laboratory Emerging Infectious Diseases
Academicians, Chinese Academy of Engineering (Medicine and Health)

Workshop Speakers

Mr. Edward M. T. CHAN
Occupational Therapist, Queen Mary Hospital

Dr. Andy K. Y. CHEUNG
Specialist in Family Medicine

Dr. Carina C. F. LI
Consultation Anaesthesiologist, Pain Management Clinic,
Hong Kong Sanatorium & Hospital

Ms. Eve LOONG
Manager, Self-Management Training and Development Centre,
HK Society for Rehabilitation, Master Trainer of CDSMP

Ms. Terry T. Y. MO
Physiotherapist, Hong Kong Sanatorium & Hospital

Mr. Peter POON
Director (Rehab), HK Society of Rehabilitation,
Certified T-trainer of CDSMP

Prof. Martin C. S. WONG
Associate Professor, School of Public Health and Primary Care,
Faculty of Medicine, The Chinese University of Hong Kong

Prof. Benjamin YIP
Research Assistant Professor, Division of Family Medicine & Primary Healthcare,
School of Public Health and Primary Care, The Chinese University of Hong Kong

Seminar Speakers

Dr. Alvin C. Y. CHAN
Specialist in Family Medicine

Mr. Steve CHUNG
Certified Public Accountant
Member of The Society of Chinese Accountants and Auditors

Dr. Vincent K. H. KWAN
Specialist in Plastic Surgery, Consultant Plastic and Breast Surgeon
Director, Skin Laser & Plastic Surgery Centre of St. Teresa's Hospital

Prof. Donald K. T. LI
Specialist in Family Medicine
Regional President, WONCA Asia Pacific Region

Prof. Doris YOUNG
Professor and Chair of General Practice, Melbourne Medical School
Associate Dean Academic, Faculty of Medicine
Dentistry and Health Sciences, The University of Melbourne

Dr. Richie W. K. YEUNG
Specialist in Oral & Maxillofacial Surgery

Symposia Speakers

Dr. Daniel W. S. CHU
Specialist in Family Medicine
Department of Family Medicine and Primary Healthcare
Chief of Service, Hong Kong East Cluster, Hospital Authority

Dr. Irene S. Y. LAI
Specialist in Family Medicine
Department of Family Medicine and Primary Healthcare
Associate Consultant, Hong Kong East Cluster, Hospital Authority

Prof. Kathryn C. B. TAN
Clinical Professor, Department of Medicine, The University of Hong Kong
Immediate Past President, Hong Kong Society of Endocrinology, Metabolism and Reproduction

Judges of Clinical Case Presentation Competition

Ms. Samantha CHONG
Chief Nursing Officer, Nursing Administration Office, Hong Kong Baptist Hospital

Mr. Lawrence C. W. FUNG
Department Manager (Physiotherapy), Allied Health Service Department
Kwong Wah Hospital, Hospital Authority

Ms. Margaret LAM
Ward Manager, Family Medicine and Primary Healthcare, Kowloon West Cluster, Hospital Authority

Dr. Ruby S. Y. LEE
President, The Hong Kong College of Family Physicians

Dr. Gene W. W. TSOI
Immediate Past President, The Hong Kong College of Family Physicians

Prof. Paul W. C. WONG
Assistant Professor, Department of Social Work and Social Administration,
The University of Hong Kong

Judges of Full Paper Competition

Prof. William C. W. WONG
Clinical Associate Professor
Department of Family Medicine and Primary Care,
The University of Hong Kong

Dr. Antonio A. T. CHUH
Specialist in Family Medicine

Secretarial Support

Ms. Crystal YUNG
Event in-charge

Mr. Richard LI & Ms. Windy LAU
Registration and Sponsorship Facilitator

Ms. Teresa LIU & Mr. Richard LI
Exhibition Facilitator

Ms. Alky YU & Ms. Priscilla LI
Publication Facilitator

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Celki Medical Company
Pfizer Corporation Hong Kong Limited
Yao Chung Kit Diabetes Assessment Centre, HKIDO, CUHK

PROGRAMME

Hong Kong Primary Care Conference 2012
"United We Care - Forging Partnerships in Health"

Time \ Date	02 June 2012 (Sat) - DAY 1			
14:00-15:00	**Registration & Welcome drinks - G/F Exhibition Hall**			
15:00-15:30	**Opening Ceremony - G/F Pao Yue Kong**			
15:30-16:00	**Plenary I**	*Pao Yue Kong (G/F)*	Multidisciplinary Approach to a Patient with Acute Community Acquired Pneumonia	**Prof. YUEN Kwok Yung** *(Henry Fok Professor in Infectious Diseases, Chair Professor, Department of Microbiology, HKU)* **Prof. Doris YOUNG** *(Professor and Chair of General Practice, Melbourne Medical School, Associate Dean Academic, Faculty of Medicine, Dentistry and Health Sciences, The University of Melbourne)* Chairperson: Dr. Stephen FOO
16:00-16:30	**Plenary II**	*Pao Yue Kong (G/F)*	Health Care Partnerships – Time For Action	
16:30-17:00	**Coffee Break - G/F Exhibition Hall**			
17:00-19:00	**Workshop 1**	*James Kung (2/F)*	Statistical Analysis by Computer Software Made Easy and Fun	**Prof. WONG Chi Sang, Martin** *(Associate Professor, School of Public Health and Primary Care, Faculty of Medicine, CUHK)* Chairperson: Dr. Katrina TSANG
	Workshop 2	*Rm 702-3*	Application of Contemporary Psychotherapy Skills in General Practice - Beyond Empathic/Active Listening	**Dr. CHEUNG Kit Ying, Andy** *(Specialist in Family Medicine)* Chairperson: Dr. Colman FUNG
	Seminar A	*Pao Yue Kong (G/F)*	How to Set Up Your Own Medical Practice : Key to Success from Medical to Financial Perspectives	
			1) The Best Incentive for Quality Is Reward - Setting Up Private Family Medicine Practice	**Prof. LI Kwok Tung, Donald** *(Specialist in Family Medicine, Regional President, WONCA Asia Pacific Region)* **Dr. CHAN Chung Yuk, Alvin** *(Specialist in Family Medicine)* **Mr. Steve CHUNG** *(Certified Public Accountant, Member of The Society of Chinese Accountants and Auditors)* Chairperson: Dr. CHAN Hung Chiu
			2) Experience Sharing in Setting Up a Private Family Medicine Practice	
			3) Tax Filing Procedures of Medical Practitioners	
	Seminar B	*Rm 803-4*	Research Forum for Higher Trainees in Family Medicine	**Prof. Doris YOUNG** *(Professor and Chair of General Practice, Melbourne Medical School, Associate Dean Academic, Faculty of Medicine, Dentistry and Health Sciences, The University of Melbourne)* Chairperson: Dr. Kenny KUNG
	Free Paper Presentation	*Lim Por Yen (G/F)*		**Various Speakers** Chairperson: Dr. CHIANG Lap Kin
19:00-21:30	**Dinner Symposium**	*Function Room / James Kung (2/F)*	1) Optimal Use of Basal Insulin in DM Management	**Dr. Daniel CHU** *(Specialist in Family Medicine, Department of Family Medicine and Primary Healthcare Chief of Service, Hong Kong East Cluster, Hospital Authority)* **Dr. Irene LAI** *(Specialist in Family Medicine, Department of Family Medicine and Primary Healthcare Associate Consultant, Hong Kong East Cluster, Hospital Authority)* Chairperson: Dr. Judy CHENG
			2) Optimizing Diabetic Care with Oral Anti-diabetics Therapy	

PROGRAMME

Hong Kong Primary Care Conference 2012

"United We Care - Forging Partnerships in Health"

Time \ Date	03 June 2012 (Sun) - DAY 2			
09:00-09:30	**Registration - G/F Exhibition Hall**			
09:30-11:30	**Workshop 3**	*Rm 702-3*	The Do's and Don'ts in Patient Empowerment	**Mr. Peter POON** *(Director (Rehab), HK Society for Rehabilitation; Certified T-trainer of CDSMP)* **Ms. Eve LOONG** *(Manager, Self Management Training and Development Centre, HK Society for Rehabilitation; Master Trainer of CDSMP)* Chairperson: Dr. Catherine CHEN
	Workshop 4 (9:15 - 11:45)	*James Kung (2/F)*	Multidisciplinary Approach to Chronic Musculoskeletal Pain Management in Primary Care -	
			1) Update in Neuroplasticity and Theories for Multimodal Multidisciplinary Management for Chronic Pain	**Dr. LI Ching Fan, Carina** *(Consultant Anaesthesiologist, Pain Management Clinic, Hong Kong Sanatorium & Hospital)* **Mr. CHAN Man Tai, Edward** *(Occupational Therapist, Queen Mary Hospital)* **Ms. MO Tin Yi, Terry** *(Physiotherapist, Hong Kong Sanatorium & Hospital)* Chairperson: Dr. IP Kit Kuen Andrew
			2) Flow Therapy to Tackle Pain Sensitization - from Goal Setting to Activity with Case Illustrations	
			3) Active and Passive Physiotherapy for Chronic Musculoskeletal Pain with Live Demonstrations	
	Seminar C	*Function Room (2/F)*	Beauty & Aesthetic Medicine	**Dr. KWAN Kin Hung, Vincent** *(Specialist in Plastic Surgery; Director, Skin Laser & Plastic Surgery Centre of St. Teresa's Hospital)* **Dr. YEUNG Wai Kit, Richie** *(Specialist in Oral & Maxillofacial Surgery)* Chairperson: Dr. Rocky LAM
			Common Oral Problems in Primary Care Setting	
	Clinical Case Presentation Competition	*Pao Yue Kong (G/F)*		**Various teams / Presenters** Chairperson: Dr: CHAN Wing Yan Judges: Ms. Samantha CHONG, Mr. Lawrence FUNG, Ms. Margaret LAM, Dr. Ruby LEE, Dr. Gene TSOI, Prof. Paul WONG
11:30-12:00	**Coffee Break - G/F Exhibition Hall**			
12:00-12:30	**Plenary III**	*Pao Yue Kong (G/F)*	Partnership in Health – What is the Missing Link	**Ms. Sylvia FUNG** *(Chief Manager, Nursing, Hospital Authority)* **Prof. Jiten VORA** *(Consultant Physician, Royal Liverpool University)* *Chairperson: Dr. Angus CHAN*
12:30-13:00	**Plenary IV**	*Pao Yue Kong (G/F)*	Multi-disciplinary Approach to Type II Diabetes in Primary Care Setting	
13:00-13:15	**Prize Award - G/F Pao Yue Kong**			
13:15-15:45	**Lunch Symposium**	*Function Room / James Kung (2/F)*	Enhancing Early and Optimal Glycemic Control – What can DPP-4 Inhibitors Offer?	**Prof. TAN Choon Beng, Kathryn** *(Clinical Professor, Department of Medicine, HKU; Immediate Past President, Hong Kong Society of Endocrinology, Metabolism and Reproduction)* *Chairperson: Dr. Vienna LEUNG*
15:45-16:30	**Reception**	**The 25th Fellowship Conferment Ceremony and the 23rd Dr. Sun Yat Sen Oration 1/F Run Run Shaw Hall**		
16:30-18:30	**Ceremony**			

Disclaimer
Whilst every attempt will be made to ensure all aspects of the conference mentioned will take place as scheduled, the Organizing Committee reserves the right to make changes to the programme without notice as and when deemed necessary prior to the Conference.

ABSTRACTS OF PLENARY LECTURES

PLENARY LECTURE 1

Prof. Kwok-yung YUEN
MBBS(HK), MD(HK), FRCS(Glas), FRCPath(UK), FRCP(Edin, Lond & Irel)
Henry Fok Professor in Infectious Diseases
Chair of Infectious Diseases, Department of Microbiology, The University of Hong Kong
Director, State Key Laboratory of Emerging Infectious Diseases
Academician, Chinese Academy of Engineering (Medicine and Health)

Infectious respiratory disease is the bread and butter of family medicine and the threat of emerging infectious disease continuously surround us. Previous local experience in the outbreak of avian influenza and SARS epidemic highlights the importance of research, knowledge and teamwork in the approach of tackling these life threatening conditions. With respect to the primary care arena, Professor Yuen Kwok Yung will share his research and experience in engaging a multidisciplinary approach to patients with acute community acquired pneumonia.

Professor Yuen Kwok Yung is the Founding Co-director of the Hong Kong University-Pasteur Research Centre and currently the Chair of Infectious Diseases of the Department of Microbiology, the University of Hong Kong. He is also the Co-director of the first State Key Laboratory of Emerging Infectious Disease outside of China, bringing honour and excellence to Hong Kong SAR in which the government has awarded his contributions with a Silver Bauhinia Star.

Professor Yuen Kwok Yung is a master of many trades and has qualified as a microbiologist, surgeon and physician. However it is clear that his brilliance in the field of emerging infectious disease has propelled him in finding novel microbes in humans and animals. His passion and dedication to the arena of infectious disease has been demonstrated in his success in the establishment of the infectious disease service and rapid molecular diagnosis for cytomegalovirus and tuberculosis at the Queen Mary Hospital, the first Lancet report on avian influzena virus in 1997 and the onward discovery of SARS coronavirus.

ABSTRACTS OF PLENARY LECTURES

PLENARY LECTURE 2

"United We Care: Forging Partnerships in Health"

Prof. Doris YOUNG
MBBS, MD, FRACGP
Professor and Chair of General Practice, Melbourne Medical School,
Associate Dean Academic, Faculty of Medicine,
Dentistry and Health Sciences, The University of Melbourne

Evidence-based cost effective health care services and their delivery have to be underpinned by quality research, education and training of the health professional workforce. Best practice Guidelines developed by researchers have to be translated and implemented into all levels of health practices. In order to produce best health outcomes for the community we care and serve partnerships must be developed between educators and researchers, between health professionals at all levels of care, between different discipline of health care professionals, between health policy makers and the service deliverers and finally most important of all partnerships with the community.

To progress with these partnerships, we need to look at different ways health care organisations can work together including better integration between primary care and secondary specialists' services and between the private and public health care systems. This can be achieved by sharing medical information such as patient held medical records thus decreasing over servicing, over investigation and over management of patients and avoid adverse outcomes such as medication and other errors. It is equally important that effective communication exist between all levels of services to assure the delivery of quality and safety health care. These effective partnerships will result in more equitable access and affordable services for the community and better care coordination for those with chronic and complex care needs, the aged and disadvantaged populations.

Forging partnership in health is not easy as it requires all stakeholders to share a common vision and that is, the best way to deliver affordable health care services to the community. We need to face the challenges ahead as the community ages and provide an affordable health care system by effective planning following consultation with all stakeholders. Together the partners will build new models of care by embracing technology, telehealth, Smartphone and other innovative decision making and support devices. We have to unite because we care.

ABSTRACTS OF PLENARY LECTURES

PLENARY LECTURE 3

"Partnership in Health – What Is the Missing Link"

Ms. Sylvia FUNG
RN, RM, MBA, MSc(Hospital Mgt), DHS
Chief Manager, Nursing, Hospital Authority

Maximizing health is the primary goal in primary health care. The goal is becoming harder and harder to be achieved. There are intertwining factors that have to be tackled from many facets, from macro-, meso- and micro-levels.

From the macro-level, the social determinants of health as stipulated by World Health Organization points to the holistic view that warrant multi-partite collaboration amongst different societal sectors.

From the meso-level, the multidisciplinary team is the predominant framework required in the healthcare system. Synergistic work amongst different professional disciplines is the key success factor.

From the micro-level, partnership with patients and carers is the key driver in chronic disease management. This is also the major determinant in patient satisfaction.

Partnership permeates at all levels. Building an appropriate infrastructure is instrumental to forging partnerships in health.

ABSTRACTS OF PLENARY LECTURES

PLENARY LECTURE 4

"Multi-disciplinary Approach to Type II Diabetes in Primary Care Setting"

Prof. Jiten VORA
Consultant Physician, Royal Liverpool University

A key clinical objective of the management of type 2 diabetes mellitus (T2DM) is to achieve glycaemic control in order to reduce the development and progression of diabetes related complications. Multi-disciplinary team, including a physician and diabetes educator, is recommended to have better result of diabetes treatment.

More than half of patients with T2DM have an HbA1c above the ADA recommended target of 7%. Failure to achieve and maintain good glycaemic control may be attributed to a number of factors. Traditional blood glucose lowering agents do not prevent the progressive loss of β–cell function in patients with T2DM.

Hypoglycaemia is a common side-effect in patients using sulphonylureas or insulin and, when glycaemic targets for an individual are tightened, the risk of hypoglycaemia increases. The risk for experiencing hypoglycaemic events is further increased in those patients with declining renal function. Severe hypoglycaemia is clearly not only dangerous, but also has a negative impact on patient quality of life and adherence to therapy.

Declining renal function is likely to have a long-term impact on patient care, through an increased risk of hypoglycaemic and cardiovascular events. Conversely, drugs that are primarily excreted by routes other than the kidney may be of particular use in T2DM, in that they are unlikely to exhibit significant increases in plasma levels in patients with declining renal function, even if this has progressed as far as overt chronic kidney disease. They are, therefore, unlikely to be associated with increased levels of adverse events or inappropriate levels of blood glucose lowering in these patients.

WORKSHOPS

Workshop 1
Statistical Analysis by Computer Software Made Easy and Fun

Date: 02 June 2012
Time: 17:00 – 19:00

Speakers

Prof. WONG Chi Sang, Martin
Associate Professor, School of Public Health and Primary Care,
Faculty of Medicine, The Chinese University of Hong Kong

Prof. Benjamin YIP
Research Associate Professor, School of Public Health and Primary Care,
Faculty of Medicine, The Chinese University of Hong Kong

This workshop will introduce to healthcare professionals a simple way to get their results analyzed in an efficient manner. Areas covered include data entry process, data cleansing, use of common statistical tests, and strategies to handle frequently encountered issues. These include:

- Missing variables
- Recoding of variables
- Subgroup analysis
- Methods to control confounders
- Operations to run statistical tests

This will be a live demonstration using Statistical Package for Social Sciences (SPSS) version 18.0. A hypothetical database will be used to illustrate the process of data entry and analysis. We particularly encourage family physicians who are currently conducting research projects, including higher trainees who have selected research as their Exit Examination segment, to attend and share with us their research experience.

WORKSHOPS

Workshop 2

Application of Contemporary Psychotherapy Skills in General Practice – Beyond Empathic/ Active Listening

Date: 02 June 2012
Time: 17:00 – 19:00

Speaker
Dr. CHEUNG Kit Ying, Andy
Specialist in Family Medicine

Depression, anxiety and stress are the more common psychological problems that one may encounter in general practice. It was shown that cognitive behavioral therapy is one of the effective approaches for patients with depression. One of the important roles of family physicians is on prevention. Mindfulness Based Cognitive Therapy (MBCT) is an integrated approach recommended by the NICE guideline to prevent relapse for patients with repeated episodes of depression and has empirical evidence that it is effective.

The workshop will consist of two parts:

First part:
The basic concepts and approach of MBCT/Acceptance and Commitment Therapy and a brief practice on body scan meditation. (30 minutes)

Second part:
One case scenario will be presented followed by role play (preferably by participants) followed by comments on the approach and techniques that may be used in counseling this client (80 minutes)

WORKSHOPS

Workshop 3
The Do's and Don'ts of Patient Empowerment

Date: 03 June 2012
Time: 09:30 – 11:30

Speakers

Mr. Peter POON
Director (Rehab), HK Society for Rehabilitation, Certified T-trainer of CDSMP

Ms. Eve LOONG
Manager, Self-Management Training and Development Centre,
HK Society for Rehabilitation, Master Trainer of CDSMP

In view of the aging population and increased rate of chronic conditions, support to patient in self–managing their health is a promising approach to better manage chronic disease and preventing complications supported by evidence from various studies. Self-Management is to empower patient with knowledge, skill and confidence to take up responsibility of managing their own condition and at the same time to form partnership with health care professionals. Through presentation, participatory discussion, demonstration and practice, workshop participants will be able to identify the key principles and strategies in facilitating patient's self-managing health behaviour, and the practical skills of the do's and don'ts in patient education and facilitation process.

WORKSHOPS

Workshop 4

Multidisciplinary Approach to Chronic Musculoskeletal Pain Management in Primary Care

Date: 03 June 2012
Time: 09:15 – 11:45

Part 1 – Update in Neuroplasticity and Theories for Multimodal Multidisciplinary Management for Chronic Pain

Speaker
Dr. Carina C. F. LI
Consultation Anaesthesiologist, Pain Management Clinic, Hong Kong Sanatorium & Hospital

Part 2 – Flow Therapy to Tackle Pain Sensitization – From Goal Setting to Activity with Case Illustrations

Speaker
Mr. Edward M. T. CHAN
Occupational Therapist, Queen Mary Hospital

Part 3 – Active and Passive Physiotherapy for Chronic Musculoskeletal Pain with Live Demonstrations

Speaker
Ms. Terry T. Y. MO
Physiotherapist, Hong Kong Sanatorium & Hospital

Background

In 2009, a pain survey on common chronic pain in Hong Kong adults was conducted with 1002 respondents, 463 male & 539 female. The results showed 90% of respondents reported suffered from one to six types of pain among them. Musculoskeletal pain contributed to 55.3% of pain with the commonest sites were: back, head, joint, neck-and-shoulder and other muscle groups. Ten leading causes were: cumulative trauma 20.4%, work stress 8.5%, poor posture 8.4%, injury on duty 7.4%, comorbidities 5.7%, sports related 4.6%, poor health status 4.6%, diet problem 4.2% and weather change 3.6%. Pain duration with more than three months shared by 17.6% of respondents and 75% of them with pain level, Visual Analog Scale (VAS), equal or more than 5 out of 10.

The alarming escalating prevalence of pain and the complexity of pain management drive occupational therapist adopted a multi-dimensional and scientific based model in acute and chronic pain management in daily clinical practice and running chronic pain self-management group.

Experience Sharing

Definition:

Acute pain is awareness of noxious signaling from recently damaged tissue, complicated by sensitization in the periphery and within the central nervous system. Its intensity changes with inflammatory processes, tissue healing, and movement. Unrelieved acute pain for more than three months, that persists longer than normal healing, without identifiable temporal & causal relationship to injury or disease and exhibit constantly or intermittently with useless biological purpose termed chronic pain.

Circle of Pain (COP), the new pain model was based on latest neuroscience, neuropsychiatry and psychology to tackle the above mentioned acute and chronic pain management. The goals of management included:

1. Provide subjective comfort
2. Minimize physiology and emotional impacts
3. Prevent acute transit to chronic pain
4. Positive learning of pain memory to create positive thought
5. Enhance self-determined pain modulation efficacy.

COP composes

1. ASCENDING PATHWAY
2. LEARNING & MEMORY
3. THOUGHT & PAIN MODULATION PATHWAY

Clinical Application:

ASCENDING PATHWAY composes of:

1. Assessment on sensory and pain intensity
2. Identify any peripheral and central sensitization
3. Understand sensory and affective transmission of pain signal
4. Differentiate nociceptive, inflammatory and neuropathic pain

LEARNING & MEMORY

1. Understand dual-process of learning
2. Effect of habituation and sensitization learning

THOUGHT

1. Transform and create positive thought
2. Lifestyle redesign & PAIN MODULATION PATHWAY
3. Learn and practice state dependent method on excitatory and inhibitory ways to control reaction on pain

Discussion

COP provides intervention strategies for OT practice:

OBSTRUCT ASCENDING PATHWAY

1. Pain history, pain scale, sensory assessment, QOL questionnaire
2. Splintage, positioning, pressure garment and guided mobilization
3. Wheelchair, assistive devices, pressure relief cushion and mattress
4. Ergonomics study

ENHANCE POSITIVE LEARNING PAIN MEMORY

1. Desensitization therapy
2. Sensory re-education
3. Pre-and-post operation assessment
4. Visual feedback on assessment result
5. Adequate follow-up
6. Verbal and non-verbal prompt as extrinsic habituation and desensitization technique

CREATE POSITIVE THOUGHT

1. Coaching
2. Solution focused
3. Lifestyle redesign

REINFORCE PAIN MODULATION PATHWAY

1. Enhance motivation by goal setting and pacing
2. Promote natural reinforcement as reward via group treatment
3. Practice new skills such as health qigong and work hardening with analgesic effect
4. Positive change the environment and method via job modification

Current OT practices could easily fit in the new pain model by understanding which part is being intervened.

SEMINARS

Seminar A

How to Set Up Your Own Medical Practice: Key to Success from Medical to Financial Perspectives

Date: 02 June 2012
Time: 17:00 – 19:00

Part 1 – The Best Incentive for Quality is Reward - Setting Up Private Family Medicine Practice

Speaker
Prof. Donald K. T. LI
Specialist in Family Medicine
Regional President, WONCA Asia Pacific Region

The best incentive for quality is reward. The presenter will discuss how to set up a successful private family medicine practice. Aspects covered will include setting up office, nursing (staff) issues, dispensary, equipment and computer setup. There will be sharing on practice promotion, business development including ethical concerns and dealing with insurance companies and contract medicine. Other subjects relevant to successful practice include establishment of protocols in clinical management of acute and chronic diseases, quality assurance and audit.

Part 2 – Experience Sharing in Setting Up a Private Family Medicine Practice

Speaker
Dr. Alvin C. Y. CHAN
Specialist in Family Medicine

"The Only Source of Knowledge is Experience."
The presenter will share his experience in setting up a private family medicine practice. Aspects covered will include how to choose among different options of private practice (solo, group, hospital resident etc), how to set up a clinic from scratch, how to build up patient base in a highly competitive healthcare market. Finally, the presenter will share the difficulties encountered and joys in running private practice.

Part 3 – Tax Filing Procedures of Medical Practitioners

Speaker
Mr. Steve CHUNG
Certified Public Accountant
Member of The Society of Chinese Accountants and Auditors

Tax filing is a kind of headache that many businessmen, including medical practitioners, are suffering every year, no matter how many Panadols are taken. Many of them do not know how to prepare proper and cost effective accounting records for tax filing purpose. Without proper accounting records, it is time consuming and even unable to ascertain the assessable profits of a business accurately. Consequently, it may lead to tax investigation and heavy tax liability.

In this seminar, Mr. Steve Chung demonstrates how to maintain proper and cost effective accounting records with a useful and handy Excel workbook tailored for medical practitioners. Everybody who has knowledge in using MS Excel can maintain the workbook without pain. With proper accounting records, your Accountant can prepare financial statements for your business promptly and ascertain the assessable profits as well as tax liability thereon. Mr. Steve Chung will also explain how a medical practitioner minimizes his/her tax liability under the current tax regime.

After this seminar, tax filing is no longer a headache even though Panadols are out-of-stock.

SEMINARS

Seminar B
Research Forum for Higher Trainees in Family Medicine

Date: 02 June 2012
Time: 17:00 – 19:00

Research Forum for Higher Trainees in Family Medicine

Speaker
Prof. Doris YOUNG
Professor and Chair of General Practice, Melbourne Medical School,
Associate Dean Academic, Faculty of Medicine,
Dentistry and Health Sciences, The University of Melbourne

Research is an essential element in the development of any medical specialty. Among the multitudes of research performed, a proportion is conducted in primary care; nevertheless, in Hong Kong much of our primary care research only takes place within academic institutions. In 2011, research was introduced as a new exam segment, such that higher trainees can perform research as an alternative to the audit segment. In order to provide greater support to our trainees, the college has arranged for mentors and protocol reviews in the initial phases of individual trainees' research. As many trainees are new to research, this workshop aims to guide trainees on how they can proceed with their research findings, including on providing discussion on their analytical methods and discussions. Ultimately, we hope that this workshop and college's new exam segment will create a new wave of research excellence within our primary care.

SEMINARS

Seminar C
Part 1. Beauty & Aesthetic Medicine
Part 2. Common Oral Problems in Primary Care Setting

Date: 03 June 2012
Time: 09:30 – 11:30

Part 1 – Beauty & Aesthetic Medicine

Speaker
Dr. Vincent K. H. KWAN
Specialist in Plastic Surgery, Consultant Plastic and Breast Surgeon,
Director, Skin Laser & Plastic Surgery Centre of St. Teresa's Hospital

Beauty is a characteristic of a person that provides a perceptual experience of pleasure. Young looking with smooth skin and regular features are considered as beauty. The concept of beauty changes over time. Beauty is a subjective feeling. It is influenced by the race, culture, social economic background, personal preference and commercial advertisement.

As the growth of the society, quest for beauty is no longer a luxury. Aging and facial feature that does not fit the golden ratio are the main causes of unattractive face. By using non-invasion or minimally invasive means, aesthetic medicine can rejuvenate and restore the face to its' original beauty. Examples of aesthetic medicine are botulinum toxin and filler injection, radiofrequency and fractional laser.

Part 2 – Common Oral Problems in Primary Care Setting

Speaker
Dr. Richie W. K. YEUNG
Specialist in Oral & Maxillofacial Surgery

Dr. Richie Yeung obtained his BDS from the University of Hong Kong in 1985, MBChB from the Chinese University of Hong Kong in 1992. He holds fellowships of the Australasian College of Dental Surgeons, Royal College of Surgeons of Edinburgh as well as the College of Surgeons in Hong Kong. He worked as a Medical Officer in the Prince of Wales Hospital (Head & Neck Team) and then joined the Faculty of Dentistry of the University of Hong Kong, where he taught mainly in the management of Oral Cancer in both the undergraduate and post-graduate programme; as well as treating oral cancer clinically. He is now in private practice.

SYMPOSIA

DINNER SYMPOSIUM

Date: 02 June 2012
Time: 19:00 – 21:30

1) Optimal Use of Basal Insulin in DM Management

Speaker
Dr. Daniel W. S. CHU
Specialist in Family Medicine
Department of Family Medicine and Primary Healthcare
Chief of Service, Hong Kong East Cluster, Hospital Authority

Previous studies have shown that 50% of patients with type 2 diabetes have complications at diagnosis and up to 50% of pancreatic beta-cell function has already been lost. Therefore, early and intensive treatment for type 2 diabetes should be a priority. In fact, lowering HbA1c level has been shown to significantly reduce the risk of various cardiovascular complications. Despite this evidence, HbA1c is still not well controlled in most places only 37% of patients in Hong Kong achieved the target HbA1c level of <7.0%. Thus, it is crucial to improve the treatment strategies to meet the glycaemic goal. The original treatment algorithm recommended by ADA and EASD in 2006 described basal insulin as the most effective therapy when HbA1c <7.0% cannot be achieved by lifestyle intervention and metformin therapy. The revised consensus statement published in 2008 further emphasized that early addition of basal insulin should be implemented in patients who do not meet the HbA1c target, and further intensification of basal insulin is required in patients who have difficulty reaching their HbA1c goal.

2) Optimizing Diabetic Care with Oral Anti-diabetics Therapy

Speaker
Dr. Irene S. Y. LAI
Specialist in Family Medicine
Department of Family Medicine and Primary Healthcare
Associate Consultant, Hong Kong East Cluster, Hospital Authority

Over the years, the recommended treatment targets in diabetes have become more and more stringent. The American College of Endocrinology and American Association of Clinical Endocrinologists suggested a glycated haemoglobin (HbA1c) level of ≤6.5% as the treatment target. Therefore, there is a growing need for therapeutic options with proven clinical efficacy in glycaemic control. According to the treatment algorithm developed by the American Diabetes Association (ADA) and the European Association for the Study of Diabetes (EASD), the initial step of the tier 1 treatment involves lifestyle management and the prescription of metformin. If this is insufficient, either sulfonylureas or basal insulin should be added. Currently, a number of sulfonylureas, including glibenclamide, glimepiride, glicazide and glipizide, are available, and clinicians must try to select the optimal agent for their patient.

SYMPOSIA

LUNCH SYMPOSIUM

Date: 03 June 2012
Time: 13:15 – 15:45

Enhancing Early and Optimal Glycemic Control – What can DPP-4 Inhibitors Offer?

Speaker
Prof. Kathryn C. B. TAN
Clinical Professor, Department of Medicine, The University of Hong Kong
Immediate Past President, Hong Kong Society of Endocrinology, Metabolism and Reproduction

Type 2 diabetes mellitus is a common disorder with its long term complications being a major cause of morbidity and mortality. Early, strict glycaemic control is beneficial in reducing the long-term risk of microvascular and macrovascular complications. However, durable reduction of hyperglycaemia can be difficult to maintain in type 2 diabetes because of the progressive loss of islet beta-cell function. One of the major challenges facing health care providers in the treatment of patients with type 2 diabetes is maintaining the balance between achieving glycemic targets while simultaneously minimizing adverse events. Tolerability issues and adverse events like gastrointestinal symptoms and hypoglycemia frequently affect adherence to therapy and can have a negative impact on treatment outcomes. The incretin-based therapies have very low risk for the development of hypoglycemia and either decrease body weight (GLP-1-receptor agonists) or are weight neutral (DPP-4 inhibitors). GLP-1-receptor agonists are injection-based whereas DPP-4 inhibitors are oral agents. As a drug class, the DPP-4 inhibitors have become widely accepted in clinical practice because of their low risk of hypoglycemia, favorable adverse-effect profile, and convenience in dosing. This new class of agents offers a potential advantage in achieving glycemic goals for patients with type 2 diabetes without additional tolerability concerns.

PAPER PRESENTATION SCHEDULE

02 June 2012 (Saturday)

TIME	TOPIC	PRESENTATION GROUP
17:00-17:15	Critical Learning Incidents in a Year 3 Family Medicine Clerkship	Dr. Julie CHEN Chin WY
17:15-17:30	The Effectiveness of Smoking Cessation & Counseling Programme (SCCP) and Improvement Initiatives for Achieving Better Quit Rate for Primary Care Patients in Sai Ying Pun General Outpatient Clinic	Dr. CHENG Chun Sing, David Ngai KH, Chan PYW, Kwong SKA, Tsui WSW
17:30-17:45	Demographic Profile of Community Elders for Cognitive Assessment in Occupational Therapy Department	Mrs. LAU Lam
17:45-18:00	Efficacy of a Combination of Short Term Psychological and Behavior Interventions Group for Client with Insomnia in Mental Wellness Centre, GOPC	Mr. Danny POON Mak FSR, Chan SF, Chan SL, Chan KH, Chan LH, Cheng NSW, Lau YC, Lam WY
18:00-18:15	How Can We Improve Obstructive Pulmonary Disease Management in GOPC	Dr. LUK Man Hei, Matthew Chan PF, Chao DVK
18:15-18:30	Role of Nurse and Allied Health Clinic-Respiratory: Improving Detection of Chronic Obstructive Pulmonary Disease in Kowloon Central Cluster Primary Health Service	Ms. LAI Fung Sim, Phoebe Lee CKD, Fung ML, Hung YKS, Cheung YHK, Yeung KHD, Ng HPB, Yu TWD, Chan SLD, Chan KYS, Chan LH, Chan KHK
18:30-18:45	Uptake Rate and Determinants for Influenza Vaccination in a Local General Outpatient Clinic in Hong Kong	Dr. CHAN Man Hung
18:45-19:00	Anaemia and Diabetes: Implications from a Retrospective Cohort Study in the Primary Care	Dr. CHEN Xiao Rui, Catherine Li YC, Chan SL, Chan KH

ABSTRACTS OF PAPER PRESENTATION

PAPER PRESENTATION 1

Critical Learning Incidents in a Year 3 Family Medicine Clerkship

CHEN YJ, CHIN WY
Department of Family Medicine and Primary Care
The University of Hong Kong

INTRODUCTION

A significant learning event, or critical incident, often forms the basis or trigger for reflection, a purposeful cognitive activity that leads to deep learning. It could be something positive or negative: a patient encounter, a preceptor's comment, or an interaction with a peer. The purpose of this study is to explore how such incidents may influence student perception of the discipline, medical professionalism and how medicine should be practiced.

METHODS

The study population included all Year 3 medical students at the University of Hong Kong who submitted a written reflection about their learning in Family Medicine as part of their Multidisciplinary Block logbook between January 2011 and June 2011. A grounded theory approach was used in the qualitative analysis of student reflective writing about perceived critical learning incidents encountered during the Family Medicine Junior Clerkship.

RESULTS

Of the ten disciplines students could have chosen, 42% (47/88) chose to reflect on a critical learning incident in Family Medicine. The vast majority of critical incidents identified took place during a community family practice attachment and were triggered by observing the doctor's interaction with the patient. These incidents had an impact on students in four main ways: (1) changing their perception of Family Medicine, (2) recognizing community family doctors as positive role models (3) validating what was learned about the principles of family medicine and (4) raising awareness of their own clinical competence.

DISCUSSIONS

Exposure to real-life experiences with practicing family doctors in the early clinical years exerts a powerful influence on medical students' perceptions. Conscientious and explicit role modeling may be an effective means to reinforce positive professional attitudes.

ABSTRACTS OF PAPER PRESENTATION

PAPER PRESENTATION 2

The Effectiveness of Smoking Cessation & Counseling Programme (SCCP) and Improvement Initiatives for Achieving Better Quit Rate for Primary Care Patients in Sai Ying Pun General Outpatient Clinic

CHENG CSD, NGAI KH, CHAN PYW, KWONG SKA, TSUI WSW
Department of Family Medicine & Primary Healthcare, Queen Mary Hospital

INTRODUCTION

The health hazards of smoking are well-established and they impose a huge economic burden to our society. Our SCCP provides group and individual counseling services to smokers in primary care setting. This is the first study to evaluate the effectiveness and client's satisfaction on the two formats of smoking cessation counseling, and identify improvement initiative(s) for SCCP in our department.

METHODS

The effectiveness of our SCCP class and individual counseling was reviewed by comparing their (1) quit rate, (2) quit confidence scale pre and post-counseling. Patient's satisfaction was assessed by self-filled questionnaire after the class and individual counseling. Chi-square test was used to identify improvement initiatives for our SCCP.

RESULTS

From April 2011 to Dec 2011, the number of smokers attending individual counseling and smoking class were 35 and 154 respectively. For quit rate, both groups achieved satisfactory result. Quit rate (individual vs. class) at 1 week, 1 month, 3 month and 6 month were (51.4% vs 42.2%), (46.4% vs 41.5%), (35.7% vs 33.9%) and (28.6% vs 31.9%). Both groups demonstrated a significant increase in quit-confidence level after attending our services, from 5.65 (baseline) to 7.47 (post 1 month). Patient satisfaction score was high (average mean score for the questions ranges from 8.13 to 8.72). Also, we found that smokers who successfully set an Actual Quit Date (AQD) had statistically significant better quit rate (chi-square test, $p< 0.001$).

DISCUSSIONS

Our SCCP (both class and individual counseling) achieved satisfactory quit rate and improvement in patient's confidence in smoking cessation. Patients showed high satisfaction on our program. We would suggest further exploration on encouraging smokers to set an AQD as future program improvement initiative.

ABSTRACTS OF PAPER PRESENTATION

PAPER PRESENTATION 3

Demographic Profile of Community Elders for Cognitive Assessment in Occupational Therapy Department

LAU L
Department of Occupational Therapy, Caritas Medical Centre (CMC)

INTRODUCTION

From 2009 to 2011, nearly a thousand of outpatients have been referred our Occupational Therapist (OT) for cognitive assessment service (CAS). The demand of CAS is so huge that we cannot ignore the alarming prevalence of Hong Kong community elders with CI. We are here to review the elders' demographic pattern received CAS in CMC outpatient department and explore service directions.

METHOD

Patients with potential CI referred from SOPD and GOPD for CAS were included. Cognitive and functional assessments were conducted.

RESULTS

From June 2009 to October 2011, 947 patients (573female:374male) were referred. Their mean age and MMSE score was 76 and 19, 55% of them scored below cutoff. While 6% of patients were further assessed with HK-MoCA, 37% of them were screened with mild CI with score ranged from 13 to 30. Most of them (80%) were living with their family members. Short-term memory deterioration (81%) and IADL dependency (63%) were the upmost first and second common problems that elderly encountered in their daily living. 43% of them need assistance to follow drug regime. 36% of patients have suffered from Behavioral and Psychological Symptoms of Dementia (BPSD). 24% of patient even found CI has affected their ADL ability when 13% of them cannot find way home.

DISCUSSION

Caring of CI patients require extremely demanding commitment. Screening and providing timely cognitive assessments for our community elders by OT can facilitate physician on diagnose differentiation and treatment decisions including pharmacological dosage prescription and adjustment. Early improving knowledge and compensatory strategies of CI reduces carer's stress and psychological fear.

Undeniably, the demand on CAS is huge, timely referral is very important. It is essential for OT to continue CAS and provide corresponding cognitive training, conduct related studies and provide best quality of care for our community elders.

ABSTRACTS OF PAPER PRESENTATION

PAPER PRESENTATION 4

Efficacy of a Combination of Short Term Psychological and Behavior Interventions Group for Client with Insomnia in Mental Wellness Centre, GOPC

POON FD[1], MAK FSR[2], CHAN SF[3], CHAN SL[4], CHAN KH[4], CHAN LH[4], CHENG NSW[1], LAU YC[2], LAM WY[3]

[1]Dept of Occupational Therapy, [2]Dept of Psychiatry, Kowloon Hospital, [3]Patient Resources Center, [4]Dept of Family Medicine and General Outpatient Clinic, Queen Elizabeth Hospital.

INTRODUCTION

Insomnia has alarmed primary health care's concern for her drastic change from 11.4% to 20% prevalence over past decade. Sleep complaint is a common condition in GOPC. Since 2009, a less stigmatized and easily accessible psychological treatment was rendered through Mental Wellness Center. Objectives of this study were (1) to investigate the efficacy of 2 sessions insomnia group on sleep quality and (2) to determine the effect on participant's beliefs and attitudes about sleep.

METHODS

92 clients were screened for co-morbid mood disturbance (DASS21) and subjective wellbeing (WHO-5). The group employed a combination of psychological and behavioral interventions, including cognitive behavioral therapy, stimulus control, sleep restriction, sleep hygiene and relaxation, together with individualized action plan after each session. Sleep quality and efficiency were assessed by Chinese Pittsburgh Sleep Quality Index (CPSQI) and Sleep Diary. Their belief and attitudes towards sleep were assessed by Dysfunctional Beliefs and Attitudes about Sleep (DBAS-16). All assessments were repeated after 3 months post treatment.

RESULTS

84% and 73% of participants were free from clinical depression and anxiety respectively. WHO-5 subjective wellbeing was 11.4 suggesting of impaired wellness. Sleep quality measured by CPSQI in areas of subjective sleep quality, sleep latency, sleep disturbance, use of sleep medication, day time dysfunction and sleep efficiency showed significant difference ($p<0.05$). Overall sleep efficiency improved from 62% to 72%. Cognitively, their subjective worry and expectation of sleep were significantly changed (Worry: 5.81 to 4.76; expectation: 6.17 to 4.67) to be less distressing and neutral in DBAS-16 ($p<0.05$).

DISCUSSION

In primary health setting, a combination of psychological and behavioral intervention delivered as group format could enhance sleep quality and efficiency. Furthermore, participant's sense of worry and unrealistic expectation of sleep were buffered after the group.

ABSTRACTS OF PAPER PRESENTATION

PAPER PRESENTATION 5

How Can We Improve Obstructive Pulmonary Disease Management in GOPC

LUK MHM, CHAN PF, CHAO DVK
Department of Family Medicine and Primary Health,
Kowloon East Cluster, Hospital Authority

INTRODUCTION

A better management strategy of chronic obstructive pulmonary disease (COPD) in primary care can be achieved though a clinical audit.

METHODS

All patients (N = 194) with regular follow up for COPD in a public primary care clinic from 1 November 2009 to 31 October 2010 were included. Areas for improvement were identified by reviewing their medical records against 12 process audit criteria and 3 outcome audit criteria. Interventions implemented included holding clinic meetings, preparing a management flowchart, and setting a consultation template. Subsequently, medical records of all COPD patients (N = 198) followed up in the same clinic from 1 December 2010 to 30 November 2011 were then reviewed for any improvement against the audit criteria.

RESULTS

Nine out of 12 process criteria achieved the set standard, including assess symptoms control, document disease severity, exacerbations, smoking status and amount of cigarette exposure, reinforce drug compliance, give smoking cessation advice and give influenza and pneumococcal vaccination advices. The remaining 3 process criteria showed statistically significant improvement ($p< 0.001$), including checking inhalation technique, appropriate pharmacotherapy and document spirometry findings. For the outcome indicators, 2 out of 3 achieved the set standard, including free from severe exacerbation in 1 year and patients received pneumococcal vaccine.

CONCLUSION

The standard of most of the audit criteria could be achieved through the joint efforts of our multidisciplinary primary care team.

ABSTRACTS OF PAPER PRESENTATION

PAPER PRESENTATION 6

Role of Nurse and Allied Health Clinic-Respiratory: Improving Detection of Chronic Obstructive Pulmonary Disease in Kowloon Central Cluster Primary Health Service

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INTRODUCTION

Chronic Obstructive Pulmonary Disease (COPD) possesses great challenge to health care system resulting in demand for extensive and comprehensive care. Early detection and intervention with an equipping and re-moulding workforce are the solutions to meet this demand.

METHODOLOGY

A multi-disciplinary "Nurse and Allied Health Clinic–Respiratory Disease Management (NAHC-Resp)" has been launched in Kowloon Central Cluster (KCC) since September 2009. The target patient is current smoker with respiratory symptoms or COPD. Patient status, spirometry test and BODE index are assessed. The FEV1/FVC ratio of less than 70% is used as the COPD detection criteria. According to the patient status, intervention program would be advised.

Retrospective and description statistics of patients' data were reviewed from 9/2009 to 6/2011. The detection rate of COPD was calculated, and BODE index was measured to classify the severity of the disease.

RESULTS

Total 1,800 patients were recruited, with 290 are known COPD cases. During the spirometry, 413 patients were screened out, with detection rate of 26.5%. 146 COPD patients completed the intervention program and 6-month reassessment. They demonstrated improvement in self care ability and confidence in coping with the disease, with mean MMRC Dyspnoea Scale from 1.27 to 0.97 ($p=0.000$) and Six-Minute Walk test from 349.56 to 389.53 ($p=0.000$). Besides, 42 COPD patients reported smoking cessation.

DISCUSSIONS

NAHC-Resp, demonstrated an alternative and effective role in early detection of COPD in Primary Health Care Service. Therefore, prompt treatment delivered by a multidisciplinary team approach to enhance the patient ability to manage chronic disease improves the patient health outcomes.

ABSTRACTS OF PAPER PRESENTATION

PAPER PRESENTATION 7

Uptake Rate and Determinants for Influenza Vaccination in a Local General Out-patient Clinic in Hong Kong

CHAN MH
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INTRODUCTION

The Hong Kong Government provided free influenza vaccination in public general out-patient clinics for patient at risks of severe influenza complications. This study aimed to collect the influenza vaccine uptake rate in a general out-patient clinic and to analyze any underlying demographic, health belief and organizational determinant for their decision for vaccination.

METHODS

During the influenza season 2011/2012 an anonymous 26 item questionnaires were distributed to patients attending Fanling family medicine clinic. Vaccination uptake rate was estimated. Chi-square test was used to test significance of each variable against vaccination. Variables which were found significant were further analyzed with binary logistic regression models to estimate odds ratios (OR) for influenza vaccination.

RESULTS

The response rate was 67.2%. 62.9% responded individuals received seasonal influenza vaccine 2011/2012. None of the demographic and organizational related factors were correlated to vaccination. Family recommendation for influenza vaccination, perceived efficacy of vaccination was positively associated with vaccination decision (OR: 2.7; 1.51). Better self-reported health status and self-reported phobia to injection (barrier) were negatively associated with vaccination (OR: 0.56; 0.61).

DISCUSSIONS

The study showed barrier, perception of own health and efficacy of vaccine were correlated to patients' behaviors of getting vaccinated. These factors were modifiable by education and counseling. Strategies for future influenza vaccination campaign should be developed.

ABSTRACTS OF PAPER PRESENTATION

PAPER PRESENTATION 8

Anaemia and Diabetes: Implications from a Retrospective Cohort Study in the Primary Care

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INTRODUCTION

Anaemia is a recognized complication of chronic kidney disease; however its clinical significance among Chinese diabetes patients remains unclear. This study tried to identify the prevalence of anaemia in Chinese diabetic patients managed in the primary care and to explore its associations with cardiovascular complications and kidney disease.

METHODS

Retrospective cohort study carried out in a local GOPC. Chinese diabetes patients who have done annual assessment between 01/01/2010 to 31/12/2011 were recruited. Their complete blood picture, serum creatinine (Cr), estimated glomerular filtration rate (eGFR, calculated by MDRD method), Haemoglobin A1c (HbA1c) and urine albumin-creatinine ratio (ACR) were retrieved. Anaemia was defined as haemoglobin <13 g/dL in men and <12 g/dL in women (WHO criteria). Student's t-test and analysis of variance (ANOVA) were used for analysing continuous variables and Chi-square test for categorical data. Pearson's correlation and multivariate logistic regression were used to determine the correlation between haemoglobin and different variables including age, gender, serum creatinine, eGFR and urine ACR. All statistical tests are two-sided, and a p-value of <0.05 was considered significant.

RESULTS

Among 6326 Chinese diabetes patients fulfilling the inclusion criteria, 1445 patients were found to have anaemia with a prevalence of 22.3%. The prevalence of anaemia was significant increased with the deterioration of renal function. Compared with diabetes patients with normal Hb, anaemic diabetes patients had a higher co-morbidity rate of stroke, ischaemic heart disease (IHD), hypertension and chronic kidney disease (all P<0.001). Independent predictors for Hb among diabetes patients were age, gender, serum Cr, eGFR, HbA1c and urine ACR (all P<0.001). Multivariate analyses showed that male gender, old age, increased Cr, decreased eGFR and elevated urine ACR were associated with greater odds for the presence of anaemia.

DISCUSSIONS

Anaemia is commonly present among Chinese diabetes patients, particularly in those with impaired renal function or with established cardiovascular diseases. Anaemia might contribute to the development of cardiovascular complications in patients with diabetes.

ABSTRACTS OF POSTER PRESENTATION

POSTER PRESENTATION 1

Eye care in GOPC: Collaboration of Family Medicine and Optometry

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INTRODUCTION

The Risk Assessment and Management Programme (RAMP) in Hospital Authority incorporated diabetic retinopathy screening by optometrist in general out-patient clinics (GOPCs). To enhance primary eye care, optometrists in GOPCs could have further collaboration with family medicine.

METHODS

An optometrist-led service was set up at Tsan Yuk Hospital and Aberdeen Jockey Club GOPC in September 2010 when RAMP started. Six GOPCs of Hong Kong West Cluster referred patients with chronic eye symptoms to the service. Feedback from the optometrist was provided to the referring physicians. Apart from the visual acuity chart, slit lamp biomicoscope and fundus camera which were equipped in RAMP clinic, Goldmann tonometer, binocular indirect ophthalmoscope and some accessories were added in.

The services included:

- Measurement of vision
- Anterior and posterior segment assessment-94+6
- Intraocular pressure measurement
- Retinal assessment through dilated pupils

RESULTS

1030 patients were seen in the optometry service from September 2010 to January 2012. Blurry vision (78%) was the most common symptom, but 60% of these patients had uncorrected refractive error. Only 12% of patients who attended for cataract assessment (45%) required specialist evaluation for surgery while the remaining was monitored in the GOPCs.

Overall, 129 out of the 1030 patients (12.5%) were referred to ophthalmologist.

DISCUSSION

Together with few more equipment, optometrist could involve in assessment for some commonly presented eye symptoms in GOPC and have co-management with family physicians.

ABSTRACTS OF POSTER PRESENTATION

POSTER PRESENTATION 2

The Effectiveness and Patient Satisfaction on Direct Access Minor Operation Service in Family Medicine Clinic

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INTRODUCTION

Our Lady of Maryknoll Hospital's Family Medicine Clinic has started Family Physician run direct access minor operation service since April 2009 on selected minor conditions including excision of lumps and bumps, steroid injection for trigger finger and cryotherapy for wart. It aims at providing convenient and easily accessible service for public, enhancing the gate keeper role of Family Physician and training opportunity for Family Medicine trainees.

METHODOLOGY

Audit and Patient Satisfaction Survey were employed. Subjects were patients who had completed minor operations. Outcome measures include (1) signs of clinical improvement (2) complication rate and (3) patient satisfaction.

RESULTS

From 4/2009 to 1/2012, 58 excisions, 68 steroid injections and 19 cryotherapies were completed. The overall complication rate for excision of lumps and bumps was 5%. For steroid injection, 92% showed clinical improvement.

From 2/2010 to 1/2012, 55 out of 58 completed satisfaction survey, 98% of patients were satisfied with the waiting time, the operative procedure and they would choose our service again.

DISCUSSION

The result of the audit and survey showed direct access minor operation service run by family physician on selected conditions was feasible, safe, effective and is highly acceptable to the public as the service is convenient, easily accessible and has good patient satisfaction outcome.

ABSTRACTS OF POSTER PRESENTATION

POSTER PRESENTATION 3

Allied Health Fall Prevention Program at General Outpatient Clinic can Prevent Fall in Elderly of Hong Kong

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INTRODUCTION

Allied Health Fall Prevention Program was commenced in NTWC since August-2009. The objective of this study is to evaluate the effectiveness of this program.

METHODS

The Target Clients:
Elderly people with age 60 or above who live in community but not institution and has history of fall, nearly fall within one year or with risk factors of fall.

Intevention:
Suitable client were provided the assessment and interventions by physiotherapist and occupational therapist which included educational talk, individual consultation, therapeutic group training and home environment assessment and modification. (Figure-1)

Methods:
Both quantitative and qualitative data were collected by use of fall frequency, Timed Up & Go Test, Berg Balance Scale, Functional Reach Test, Fall Efficacy, Fall Behavior, KAP (knowledge, attitude and practice) questionnaire and patient satisfactory survey at baseline and post 6 month time. The data at baseline and post 6 month were compared by t-test.

RESULTS

A total of 2164 clients were enrolled from August-2009 to December-2011. The patient satisfactory survey showed that the client had positive feedback toward the program. (Figure-2) Besides, there were significant improvement in the frequency of fall, Timed Up & Go Test, Berg Balance Scale, Functional Reach Test, Fall Efficacy, Fall Behavior and KAP questionnaire. (Figure-3)

DISCUSSION

Some of fall incidents are avoidable. Identifying risk factor and provide early interventions are the crucial step in fall prevention of elderly. The study showed that Allied Health Fall Prevention Program can reduce fall, improve the physical performance, confidence and behavior of the elderly.

Figure - 1 : Fall Prevention Program Flow Chart & Content

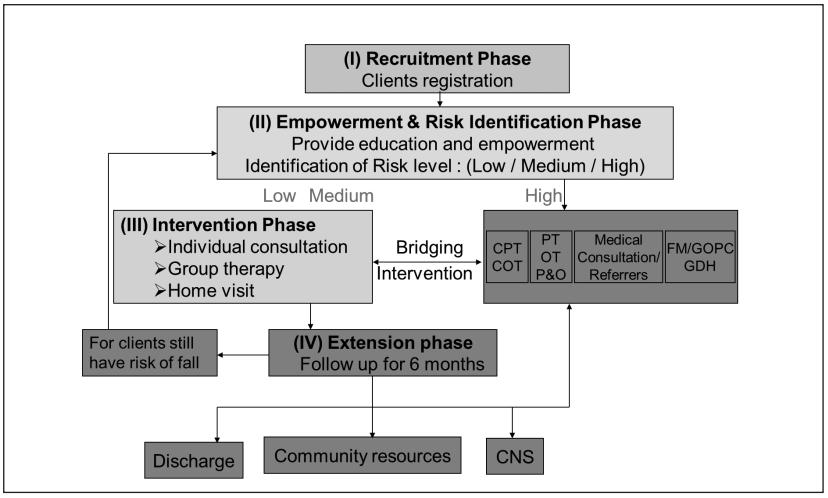

Figure - 2 : Satisfactory Survey

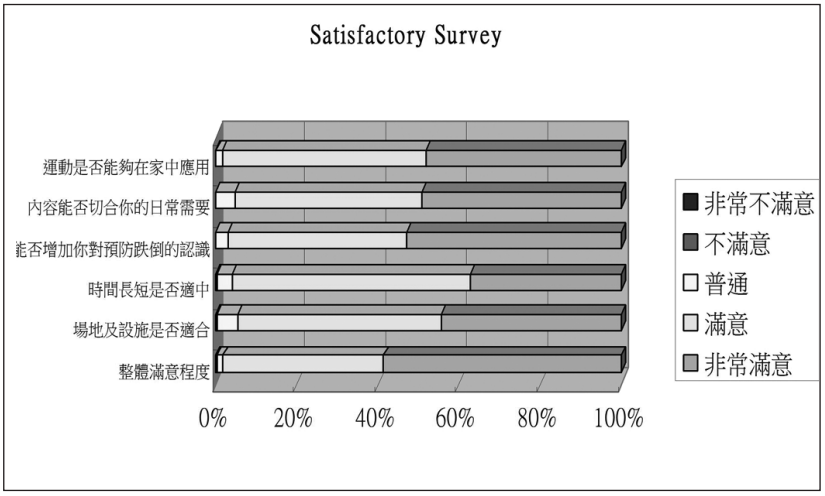

Figure - 3 : Post 6 Months Results

Outcome Indicator	Pre	Post	Subject	p-value	Significant Improvement
Incidents of Fall					
Fall (6 months)	0.90 ± 1.23	0.39 ± 1.08	909	< 0.05	Yes
Physical Performance					
Timed up & Go (sec)	16.22 ± 5.96	14.67 ± 5.67	909	< 0.05	Yes
Functional Reach (cm)	21.11 ± 6.57	24.84 ± 6.91	907	< 0.05	Yes
Berg Balance Scale	47.74 ± 7.14	50.75 ± 6.26	369	< 0.05	Yes
Confidence & Behavior					
Fall Efficacy	81.98 ± 14.65	91.24 ± 10.33	895	< 0.05	Yes
Fall Behavior	88.79 ± 10.50	98.46 ± 7.69	912	< 0.05	Yes
KAP	7.75 ± 1.59	11.30 ± 0.93	895	< 0.05	Yes

ABSTRACTS OF POSTER PRESENTATION

POSTER PRESENTATION 4

How Can a Departmental Website Help Our Daily Clinical Practice?

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INTRODUCTION

In order to enhance the quality of care and consultation efficiency, our Family Medicine and Primary Health Care Department website has undergone continuing enhancement with a major revamp from June 2010.

METHODS

1. A website design team comprising 2 doctors was formed in April 2010.
2. The following new sections were added to facilitate consultations:
   i. Clinical guidelines
   ii. Operational guidelines
   iii. Referral forms for special programmes
   iv. Drug image gallery
   v. Educational leaflets
   vi. Clinical calculators
   vii. Private radiological investigations information
3. An evaluation questionnaire was sent to all doctors of our Department for their feedback after the new website had been set up for 8 months.

RESULTS

There were more than 20,000 accesses to our new Department website in 18 months. Twenty six doctors returned the feedback questionnaires, with 35.6% response rate. 85% respondents agreed that the website made their consultations more efficient. 92% respondent agreed that the website enhanced their clinical knowledge. Majority of respondents agreed that the information in 'Clinical knowledge' (96%), 'Drug image gallery' (88%), 'Patient education leaflets' (92%) had helped to enhance the quality of patient care.

DISCUSSIONS

A department website with useful clinical information and tailor-made functions could be a precious tool for effective and efficient consultations in primary care clinics.

ABSTRACTS OF POSTER PRESENTATION

POSTER PRESENTATION 5

Review of Asthma Management in a Primary Care Clinic

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INTRODUCTION

High standard of asthma management in General Outpatient Clinics (GOPCs) can improve the quality of life of asthmatic patients.

METHODS

All patients who attended Tseung Kwan O Jockey Club GOPC between 1 October 2009 and 30 September 2010 for asthma were included. Reviewing their medical records against 16 process and 2 outcome audit criteria identified areas for improvement. The criteria were mostly adopted from GINA report 2010, British Guideline on the Management of Asthma by British thoracic Society (BTS) and Scottish Intercollegiate Guidelines Network (SIGN) in 2011. Management tools included a management flowchart, a consultation template and an electronic calculator for peak flow rate were implemented. All asthmatic patients followed up from 1 November 2010 to 31 October 2011 were then reviewed against the same audit criteria.

RESULTS

15 out of 16 process criteria achieved the audit standard. These included assessment for daytime, nocturnal symptoms, exercise-induced symptoms, limitation of activities, major exacerbation, frequency of bronchodilator usage, level of control, appropriateness of prescriptions, inhalation technique, drug compliance and drug side effects, allergens, smoking status, giving advice for influenza vaccine and smoking cessation. A process criterion, checking of peak flow rate every visit, though could not reach the set standard, achieved statistically significant improvement ($p< 0.001$). For the 2 outcome audit criteria, patients without exacerbation and patients received influenza vaccines, were able to achieve statistically significant improvement ($p< 0.05$).

DISCUSSIONS

Through the multi-disciplinary efforts, the standard of most of the audit criteria could be achieved, improving the quality of asthmatic care.

ABSTRACTS OF POSTER PRESENTATION

POSTER PRESENTATION 6

OA Knee Empowerment Exercise Program in Physiotherarpy Triage Clinic for OA Knee Cases in Kwong Wah Hospital

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INTRODUCTION

As the limitation of resources and the huge among of patients, patients with knee pain need to wait for more than a year to get the first consultation by orthopaedic specialists and then wait for more than half year to have the first session of physiotherapy treatment. To reduce the waiting time, those patients are now triaged by advanced physiotherapist for either early intervention for knee pain or offering an early appointment for the consultation by orthopaedic specialists.

METHODS

All patients with knee pain referred to Orthopaedic & Traumatology Specialists for further consultation are firstly screened by orthopaedic doctors. Those uncomplicated cases (cases without red-flag contraindications, severe sign & symptoms and fracture) are then referred to advanced physiotherapist for triage. According to the Oxford Knee Score, patients score less than 20 will be arranged an early appointment for further orthopaedic consultation; patients with 20-39 scores will be given an educational & empowerment knee exercise class and individualized physiotherapy intervention; patients score more than 39 will be arranged the educational & empowerment knee exercise class. The Oxford Knee Score, Visual Analogue Scale, Walking Tolerance and NGRCS are recorded in the first and the last session. Those results are used as the outcome measurements analysed by SPSS 11.0. There is statistically significant if the p-value < 0.05.

RESULTS

After a year, more than 100 patients are recruited and the result is very good. 60-70% subjective improvement is reported and there are positive influences in all outcome measurements. As the data analysis is still in process, so no statistically differences are noted.

DISCUSSIONS

People with knee pain are very common in Hong Kong. However, they have to wait for around 2 years to get the consultation and physiotherapy treatment. By this program, those people can get an early physiotherapy intervention or even an early consultation in some severe cases. This would help them to relief the pain earlier, to enhance the knowledge of control & prevention of pain and moreover, the psychological support.

ABSTRACTS OF POSTER PRESENTATION

POSTER PRESENTATION 7

DASH Diet: Innovative Health Promotion Program to Prevent Hypertension

CHEUK WH, WONG SL, YUEN HW, TAM YM, CHUM YM, YUEN SC, CHENG SK, CHING CWS

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INTRODUCTION

Hypertension is one of the major health challenges in Hong Kong. A study showed that only 22% Chinese aged 25-74 had reached WHO (World Health Organization) recommendation of sodium <5g/day. The DASH (Diet Approaches to Stop Hypertension) diet can reduce systolic blood pressure by 6-11mmHg and 3-6mmHg diastolic blood pressure.

METHOD

Hong Kong Baptist Hospital together with Hong Kong Medical Association, Kowloon Central Cluster of Hospital Authority and Hong Kong Nephrology Group worked jointly to modify DASH diet into Hong Kong Chinese style recipes. A press conference was launched in September 2011. DASH diet recipes and its practical tips were introduced to public.

Besides, health promotion program with demonstration and tasting sessions for cooking DASH Diet by renal nurses and health talk were organized in an Elderly Day Centre in September 2011 & March 2012.

RESULTS

Over 90% of questionnaires from participants were received. 38% participants had hypertensive disease, 70% participants tried to cook DASH Diet at home, 98% participants would introduce DASH Diet principles to their friends. Satisfaction rate of the health promotion program was 100%. Positive response and suggestion to arrange more similar health talk were received.

DISCUSSIONS

With the concreted effort of nurses, doctors, dietitian and volunteer workers, DASH Diet had been promoted to the public. If follow the Dash diet principles, it not only helps to prevent and control high blood pressure, but also benefits to our heart and meets our nutritional needs.

ABSTRACTS OF POSTER PRESENTATION

POSTER PRESENTATION 8

Evaluation of A Pilot Nurse-led Programme for Inhalation Technique Education in Primary Care

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Department of Family Medicine and Primary Health Care, Kowloon West Cluster

INTRODUCTION

Inhaled medications are the mainstay of treatment for chronic airway diseases as suggested by international guidelines and proper inhalation technique is important for effective drug delivery. Poor inhalation technique has been a long-standing problem and a pilot study in Cheung Sha Wan General Outpatient Clinic (CSW JC GOPD) in 2011 revealed that only 7% (11 out of 158 patients) of patients could manage to use the inhaled medications according to standard procedure. In order to improve the inhalation technique of patients, a nurse led programme for inhalation technique was launched and its effectiveness was evaluated.

METHODS

120 patients who were prescribed with inhaled medications were recruited to the nurse led intervention programme in CSW JC GOPD. Education was given to rectify the incorrect steps. Family members or care-givers were invited to join. Spacer chamber device was suggested to the young children and elderly who were observed to have suboptimal performance. Review of inhalation technique performance was carried out with a standardized 12 items checklist.

RESULTS

61 (50.8%) patients showed an improvement of inhalation technique with reduction in number of wrong steps ranging from 1 to 8. 35 (29.1%) patients showed a static performance and 24 (20%) patient performed more steps incorrectly upon second assessment. 11 patients started to use spacer device after assessment among which 7 patients had improved performance.

DISCUSSION

Patients showed improved inhalation technique after enrolling in this pilot nurse-led programme. Such an intervention programme offered an opportunity to involve patients' family members in the chronic disease management and to promote the use of inhalation device e.g. aerochamber particularly for those with poor coordination. It is suggested to have regular review and education to reinforce the inhalation technique.

ABSTRACTS OF POSTER PRESENTATION

POSTER PRESENTATION 9

The Use of Very High Dose Metformin in Diabetic Patients - Is It Justified?

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Department of Family Medicine and Primary Health Care, Kowloon West Cluster

INTRODUCTION

Metformin is recommended as a first line treatment for diabetic mellitus and the recommended maximum effective dose is 2000mg/day. It should be prescribed with caution or at reduced dose to patients with renal insufficiency as suggested by guidelines. To evaluate the appropriate use of very high dose metformin, a case review was performed in Cheung Sha Wan JC General Out-patient Clinic (CSW JC GOPD).

METHOD

Diabetic patients prescribed with metformin >2000mg/day with regular follow up in CSW JC GOPD from September to November 2011 were recruited in the review. Those without blood test beyond year 2010 were excluded. The latest HbA1C and the estimated glomerular filtration rate (eGFR) calculated by MDRD formula were retrieved by electronic patient record.

RESULTS

Among the 85 patients who were on very high dose metformin exceeding maximal effective dosage (>2000mg/day), 58 of them (68.2%) had suboptimal diabetic control with HbA1C >7%. 33 patients (38.8%) had mild renal impairment (eGFR=60-89 ml/min/1.73m2) and 10 patients (11.8%) had moderate renal impairment (eGFR=30-59 ml/min/1.73m2).

DISCUSSIONS

Doctors should be aware of the maximal effective dosage of metformin and use with caution for those with renal impairment to reduce risks including lactic acidosis. In managing diabetic patients with suboptimal glycaemic control, combination therapy with sulphonylurea, thiazolidinediones, DDP4 inhibitors or GLP-1 analogues/agonist should be considered and early patient motivation for starting insulin should be promoted.

ABSTRACTS OF POSTER PRESENTATION

POSTER PRESENTATION 10

Review of Use of Vitamin B Complex in GOPD

WU W
Family Medicine and Primary Health Care Unit, Kowloon West Cluster

OBJECTIVE

To review the use of Vitamin B Complex in GOPD.

METHODS

Patients who were ever prescribed Vitamin B Complex (BCo) from January 2011 through June 2011, by CMC GOPD were searched through CDARS. The medical record was reviewed at the ePR system.

RESULTS

62 patients ever received BCo from CMC GOPD in the 6-month period. 21 were male and 41 were female. The average age was 69.8. Duration of prescription ranged from minimum 7 days to regular prescription daily.

Some of the prescriptions were initiated by CMC GOPD while others were continued from SOPD. Majority (n=37, 59.7%) were prescribed BCo for various causes of paraesthesia. Some reached a diagnosis, like carpal tunnel syndrome (n=11, 17.7%), conditions related to spinal pathology (n=7, 11.3%) including sciatica, radiculopathy or myelopathy, and others (n=1) but 18 patients (29.0%) did not have a diagnosis for numbness. 9 received BCo for leg cramps (14.5%) and 7 for tinnitus (11.3%).

DISCUSSIONS

In fact, treatment with Vitamin B Complex for most conditions was not proven effectiveness by evidence, though some patients reported improvement. Vitamin B was not evidence-based treatment for tinnitus and leg cramps. There was conflicting evidence of limited benefit for use of Vitamin B6 in carpal tunnel syndrome.Vitamins may sometimes being prescribed without sufficient evidence. Indications should be justified. Review of effectiveness in individual patients regularly is important. Long term non-justified use can result in unnecessary polypharmacy or even toxicity.

ABSTRACTS OF POSTER PRESENTATION

POSTER PRESENTATION 11

Audit for Antibiotic Usage for Urinary Tract Infection (UTI) in General Out Patient Clinic (GOPC) Caritas Medical Centre (CMC)

YIP WK

General Out Patient Clinic (GOPC), Caritas Medical Centre (CMC)

INTRODUCTION

Cystitis/UTI is frequently encountered in GOPC setting. Antibiotic usage is all along variable to different doctors. This audit aims to review the different antibiotic used in UTI and review of any guidelines that can improve the evidence based care of patients with UTI.

METHOD

Data is generated by the CMS system of Hospital Authority (HA) to find the patients between 6-8/2011 coded with ICPC U71 (cystitis/urinary infection other). A total of 39 patients were found and the management was reviewed.

For antibiotic usage, Nitrofurantoin was prescribed to 19 cases for 3-7 days; Zinnat was prescribed to 3 cases for 3 - 5 days; Augmentin was prescribed to 7 cases for 4 - 14 days; Pyridium was prescribed to 3 cases; and Levofloxacin was prescribed to 1 case for 7 days. A total of 25 mid-stream urine tests were performed, with E.coli (6 cases) and no growth (12 cases) as the two most common results.

The IMPACT guideline, KWC guideline of HA, guideline from Department of Health, and the SIGN guideline for UTI were reviewed. The 1st line treatment for uncomplicated UTI should be Nitrofurantoin/Augmentin for 5 – 7 days and there is no need for routine urine test for women with symptomatic lower tract UTI. There is also no need to treat asymptomatic bacteriuria unless for patients with pregnancy, children, renal transplant, patient about to undergo genitourinary tract procedures.

CONCLUSION

More evidence-based management for UTI is indicated after the audit.

ABSTRACTS OF POSTER PRESENTATION

POSTER PRESENTATION 12

Prevalence Study of Anxiety and Depressive Symptoms Among Diabetic Patients in GOPC

WONG WYS, WAN KYI, NG MS

INTRODUCTION

Studies have demonstrated that diabetic patients had more depressive and anxiety symptoms than general population. However, local data on prevalence of anxiety and depression among Chinese diabetic patients is currently unavailable.

METHODOLOGY

- A Cross-sectional Questionnaire Survey was conducted.
- All Chinese diabetic patients were invited to the study while attending yearly diabetic complication screening at three GOPCs in Kowloon West Cluster.
- Period: from April 2011 to September 2011.
  Self-administered validated Chinese version PHQ-9 and GAD-7 questionnaires were used.

RESULTS

There were 1500 questionnaires distributed with 1375 completed (response rate 91.6%). 15.2% patients showed positive depressive symptoms (PHQ-9 score >=5) or anxiety symptoms (GAD-7 score >=5), while 12.2% had depressive symptoms (mild: 10.2%; moderate: 1.8%; severe 0.2%), 8.7% had anxiety symptoms (mild: 7.2%; moderate: 1.5%; severe 0.1%) and 5.7% had both.

Female and patients with positive family history of diabetes mellitus had significant tendency to have higher PHQ-9 (t=-4.69, p=<0.01) (t=-3.03, p=0.002) and GAD-7 (t=-3.86, p<0.01) (t=-2.54, p=0.011) scores. A higher prevalence of both depressive (p<0.05) and anxiety symptoms (p<0.01) had been shown in obese patients (BMI>=30 kgm^2). Patients with poorer diabetic control (HbA1c >=8.5%) showed higher prevalence of depressive symptoms (p<0.05).

DISCUSSION

Depressive and anxiety symptoms were common among Chinese diabetic patients in GOPC. Future service planning, addressing mental health problems among diabetic patients are essential for improving diabetic care in GOPC.

ABSTRACTS OF POSTER PRESENTATION

POSTER PRESENTATION 13

Benign Paroxysmal Positional Vertigo (BPPV) Can Be Effectively Managed in a Primary Care Setting

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Department of Family Medicine, New Territories East Cluster

INTRODUCTION

Benign Paroxysmal Positional Vertigo (BPPV) is a very common cause of dizziness encountered in primary care settings. This study is to demonstrate that most patients with BPPV can be managed effectively by a primary care doctor.

METHODS

All patients seen by the author with a diagnosis of BPPV from Jan 2010 to Dec 2011 in a general outpatient clinic (GOPC) were included for analysis. Patients with loss of follow-up after treatment were excluded.

RESULTS

Totally 74 patients were diagnosed to have BPPV in the 2-year period. Among the 66 cases with follow-up, 51/66 patients (77.3%) were having "objective BPPV", including 43/51(84.3%) cases of unilateral posterior semicircular canal (SC) BPPV, 4/51(7.8%) cases of unilateral horizontal SC BPPV and 4/51 (7.8%) cases of bilateral BPPV. Overall 47/51 (92.2%) patients with objective BPPV were cured by a combination of particle repositioning manoeuvres (PRMs) including Epley manoeuvre, Semont liberatory manoeuvre, Barbecue roll manoeuvre and Straight back manoeuvre.

Among the 15/66 (28.8%) patients with "subjective BPPV", overall 12/15 (80%) patients were cured by a combination of different PRMs.

DISCUSSION

When combining the objective BPPV and the subjective BPPV groups:

1) 34/66 (51.5%) could be cured by 1 cycle of Epley's manoeuvre, 43/66 (65.1%) could be cured by 1-3 cycles of Epley's manoeuvre.
2) 48/66 (72.7%) could be cured by unlimited cycles of Epley's manoeuvre.
3) 59/66 (89.4%) could be cured with a combination of PRMs.

Theoretically, providing training on Epley's manoeuvre would enable the doctors to cure at least 70% of BPPV cases encountered in primary care settings.

ABSTRACTS OF POSTER PRESENTATION

POSTER PRESENTATION 14

Minor Surgery in Primary Care Setting - Evaluation of Patient's Outcome and Satisfaction

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Department of Family Medicine & Primary Health Care, Kowloon West Cluster, Hospital Authority

AIM

To evaluate the outcome and patient's satisfaction of minor surgery performed in General Practice Clinic of Yan Chai Hospital (YCH GPC).

METHOD

This is a retrospective study reviewing 42 patients with minor surgery done in YCH GPC from Feb 2010 to Jan 2012. Their outcomes, satisfactory level and opinions were collected by questionnaire survey via telephone interview.

RESULTS

33 patients (79%) could be reached by telephone. All the patients reported no complications and most patients reckoned that they had good symptomatic relief. There was only one patient with recurrence of symptom, and who was the only one considered the minor surgery being unsuccessful. Among those 21% who previously had minor surgeries done by other specialties, they reckoned that the services were comparable to those in our clinic. Only 24% of patients heard about minor surgery service in primary care. 36% of patients showed dissatisfaction about the waiting time. However, all the patients expressed their will for operation again in primary care if similar problem arise.

DISCUSSION

Minor surgery is both safe and effective to be performed in primary care setting and patients showed high level of satisfaction. The average waiting time was halved compared to the first appointment of surgical department. Increasing capacity of family physicians in performing minor surgery can shorten patient's waiting time for hospital specialist service, relief specialists' workload, increase cost-effectiveness, and promote primary care's role in tackling minor surgical conditions.

ABSTRACTS OF POSTER PRESENTATION

POSTER PRESENTATION 15

Cancer Risk Information for Relatives of Advanced Cancer Patients, Who Cares?

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INTRODUCTION

We aimed to study the attitude and practice of cancer risk information seeking among relatives of advanced cancer patients and the role of family physicians on this issue.

METHODS

A combined qualitative and quantitative approach was adopted: focus groups among relatives of advanced cancer patients were conducted; a structured questionnaire was then constructed according to the themes identified. Focus groups among doctors were also held.

RESULTS

Nineteen relatives participated in 3 focus groups and subsequently 389 relatives completed the questionnaire with 82% response rate. In the questionnaire survey, majority of respondents (64.9%) opted for more information on cancer risks. The main sources of such information were books, press and magazines (65.4%) and the mass media (64.7%), and doctor ranked fourth (30.5%). However, the order was reversed when they were given choices, 53.8% wished to get the information from doctor. From this group of respondents, one third of them wished to consult the palliative care physician. Only 13.4% would consult a family doctor. However, from focus groups among doctors, palliative care physicians found themselves not in the best position to care for the relatives on such needs due to limited resources and expertise. Family physicians reported that they were able to address the relatives' concerns on cancer risks and to advise them on preventive care.

DISCUSSIONS

The findings identified a service gap between the health care providers and the relatives of cancer patients. The information need for these relatives could be better fulfilled after the concept of family medicine thoughtfully promoted, and the collaboration between hospital specialists and family physicians could be strengthened.

ABSTRACTS OF POSTER PRESENTATION

POSTER PRESENTATION 16

Management of Chronic Lung Diseases in Primary Care Settings – Analysis of a One Year Cohort

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INTRODUCTION

Chronic lung diseases remained to be challenges to local public health care system. The role of primary care settings as platform for early detection and management of the diseases has been enhanced with the setting up of the "Nurse and Allied Health Clinic – Respiratory Care (NAHC-RC)" since Sep 2009. This study described the potential impact of this service in KCC.

METHOD

This is a retrospective cohort study. GOPC attendants who were "age >40", "with chronic respiratory symptom(s)" and "prior smoking history" were recruited to this study. Clinical examination, spirometry, exercise test, and quality of life questionnaire were conducted. Chronic obstructive pulmonary disease (COPD) was diagnosed if it has been registered in the Clinical Management System (CMS) or by spirometry with best FEV1/FVC< 70%. COPD patients were strongly advised to participate in assigned programs, such as self-management, pulmonary rehabilitation. All participants including COPD and non-COPD patients were followed up at 6 month and 12 month for outcome assessment. Their hospital admission record (related to respiratory diagnosis) "1 year prior to" as well as "1 year after recruitment" into this program were mapped by the HAHO as potential secondary outcome.

RESULTS

Among the 1439 patients recruited into analysis, 523 were found to have COPD in which 66% were newly diagnosed and 78.8% were of GOLD stage II or above. Full compliance to rehabilitation programs and follow-up assessment remained low (about 50%). Full compliance to the programs was found to have immediate improvement in exercise capacity, dyspnea level, and, a minor effect on reducing hospital admissions (0.31versus 0.61, $p<0.02$). "Prior Hospital admission for chest problems", "BODE index >4", "Age >65" were associated with increased risk for hospital admission.

DISCUSSION

To improve program participation, follow-up rate and long-term health outcome, the following strategies will be explored: use of motivational interviewing techniques, survey on individualized care needs, use of long-acting bronchodilators and enhanced collaboration with respiratory specialists. Patients with confirmed risk factors should be targeted for closer monitoring and early intervention if indicated.

ABSTRACTS OF POSTER PRESENTATION

POSTER PRESENTATION 17

A Review on Outcomes of the Multidisciplinary Approach in the Management of Renal Colic and Microscopic Haematuria

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INTRODUCTION

Patients with renal colic and microscopic haematuria are frequently encountered in general practice and these patients are usually referred to urology specialty for further investigation and management. However, the urology specialty waiting time in public setting for these presentations in our district is usually more than 100 weeks. With the access to some urology assessment and the use of private investigations, family physicians can competently handle these cases and shorten the waiting time of these patients.

METHODS

During the period from Dec 2009 to Mar 2012, 32 cases of microscopic hematuria and 232 cases of renal colic were triaged from CMC urology specialty to CMC FMSC Urology Clinic. The FMSC can have access to IVU, USG, CT and cystoscopy according to a jointly agreed protocol with the urology specialist on the management of these two symptoms.

RESULTS

The first consultation of these patients is all seen within 24 weeks. The investigations ordered: 19 cystoscopy, 116 IVU (79 public, 37 private) 15 Non contrast CT urogram (11 public, 4 private), 18 USG kidney (13 public, 5 private). The outcomes: 24 ureteric stones with 5 complicated with hydronephrosis, 3 Ca bladder, 3 medical causes of microscopic haematuria and 1 primary hyperparathyroidism.

DISCUSSION

With the support from specialty and use of private investigations, family physicians are competent in handling cases of some urological complaints and can make early referrals for the sinister diseases.

ABSTRACTS OF POSTER PRESENTATION

POSTER PRESENTATION 18

Review on Pharmacological Treatment of COPD Patients in a GOPC

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INTRODUCTION

Chronic obstructive pulmonary disease (COPD) is a common disease worldwide and is a common encounter in primary care. It associates with high morbidity and mortality, and hence a good control of the disease is important. Global initiative for chronic obstructive lung disease (GOLD) has regularly updated the treatment guideline for COPD.

METHOD

This was a retrospective review of COPD patients from September 2010 to June 2011. Clinical Management System (CMS) records, disease staging from spirometry and pharmacological treatments were reviewed and assessed if they are compatible to GOLD guideline recommendation.

RESULTS

66 COPD patients in Cheung Sha Wan Jockey Club GOPC with previous spirometry record were identified from CMS. 87.9% were male, age ranged 44 to 91 (mean age 73.32). Only 27.3% patients were receiving pharmacological treatment compatible with the recommendation from GOLD guideline for their disease stage, and majority were of stage 1 disease (n=12). Inappropriate use of steroid puff for stage 1 and 2 disease (n=26, 56.5%) and not giving long acting bronchodilators for stage 2 to 4 disease (n=30, 68.2%) were the major pitfalls identified.

DISCUSSIONS

This local review demonstrated the deficiency in pharmacological treatment among COPD patients. Important strategies to improve include arrangement of regular educational meeting to consolidate and update knowledge of clinic staff, and consideration of introducing long-acting inhaled bronchodilator in GOPC in order to enhance the cost-effectiveness of treatment.

ABSTRACTS OF POSTER PRESENTATION

POSTER PRESENTATION 19

Education Group with Patient as Role Model in Motivating Diabetic Patients to Accept Insulin Therapy in Primary Health Care

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INTRODUCTION

Type II diabetes mellitus is a highly prevalent chronic disease associated with significant morbidity and mortality. With the natural progression of disease, oral hypoglycaemic agents (OHA) may not be sufficient to maintain glycaemic control in many patients and insulin is required.

A review conducted in a public general out-patient clinic found that 130 out of 2233 of diabetic patients followed up at the clinic were already on maximum doses of oral hypoglycaemic agents, among which 70.8% were identified as secondary OHA failure, with latest HbA1c ≧7.5%.

Despite availability of clear guideline on the use of insulin, as well as a professional healthcare team in providing diabetic education and insulin initiation in primary care setting, a significant proportion of diabetic patients with secondary OHA failure are not accepting insulin therapy. A recent local study found that 72.1% of DM patients with OHA failure refused insulin injection due to various barriers or misconceptions.

In view of the high insulin refusal rate with potential barriers and misconceptions, a new patient education group involving a DM patient on insulin acting as role model was piloted at Cheung Sha Wan JC General Out Patient Clinic in Sept 2011.

METHODS

Our target DM patients were those with OHA failure who refusing insulin initiation despite counseling at medical consultations or nurse assessment sessions. They had latest HbA1c > 7.5%, and were either on maximum dose of 2 oral hypoglycaemic agents (Metformin plus sulphonylurea), intolerance to higher dose of OHA (e.g. GI upset with Metformin), or contraindicated to higher dose of OHA (e.g. patients with renal impairment). They were referred to the group by doctors, advanced practicing nurse (APN) or clinic nurses. Patients' family members or carers were also invited.

The 2-hour group was led by the APN in an interactive way. It consisted of education talk by the APN, video on insulin treatment, sharing of experience on insulin use by the role model patient, demonstration & hand-on practice of insulin injection and finger prick glucose monitoring, group discussion, and Q&A session with the role model patient & APN. Patients were encouraged to openly discuss their concerns and barriers on insulin initiation, while the role model patient and APN helped to address their questions & clarify any misconceptions.

RESULTS

10 patients initially refused insulin participated in the pilot group in Sept 2011 (aged from 51 to 84, M:F 3:7). Six of them showed immediate acceptance on initiating insulin after the group education, and they were referred to the APN for individual insulin education and preparation. Other patients were further assessed and counseled by doctors during their medical follow-up sessions. By January 2012, five patients from the group had already started, or preparing to start insulin therapy.

DISCUSSIONS

The result of the pilot group suggested that involving a role model patient in motivating our DM patients with OHA failure in accepting insulin therapy is promising. Promulgation of such patient group to a larger extent should benefit more diabetic patients in achieving better diabetic control.

ABSTRACTS OF POSTER PRESENTATION

POSTER PRESENTATION 20

Can HbA1c Improve the Diagnosis of Diabetes Mellitus Among At Risk Patients in the Community Setting in Hong Kong?

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INTRODUCTION

Since 2010, HbA1c has been recommended by the American Diabetes Association as a convenient diagnostic test for diabetes mellitus in view that its greater practicability can promote early detection of this common disease that is associated with significant morbidity and mortality. However, previous study confirmed that the sensitivity of HbA1c, using the cut-point >= 6.5%, was only around 50% for diagnosing diabetes mellitus among Chinese patients compared to oral glucose tolerance test as the gold standard; the sensitivity of HbA1c improved among those patients with risk factors for diabetes mellitus. Controversy remains in its application in real clinic setting locally. This study aims to evaluate the performance of using HbA1c for diagnosing diabetes mellitus (DM) among at risk patients compared to routine practice in a community clinic in Hong Kong.

METHOD

A retrospective cohort study was performed from January 2009 to July 2011. Patients without known diagnosis of diabetes mellitus, who attended Cheung Sha Wan Jockey Club General-Out-Patient-Clinic between January to December 2009 AND had available paired-results of HbA1c/ fasting plasma glucose were recruited and their medical records were individually reviewed. The prevalence of newly diagnosed diabetes mellitus was determined with both HbA1c criteria (HbA1c >=6.5%) and conventional plasma glucose criteria (either two elevated fasting plasma glucose >= 7.0mmol/L or a 2-hour-post challenge plasma glucose level >= 11.1mmol/L after a 75g oral glucose tolerance test) using existing laboratory test results during the study period.

RESULTS

106 patients were recruited for the cohort; all of them had at least 1 risk factor for diabetes mellitus. 26 patients (24.5%) were newly diagnosed to have diabetes mellitus during the study period using conventional plasma glucose criteria. 18 patients (17.0%) were confirmed to have impaired glucose tolerance (IGT); 51 patients (48.1%) were found to have impaired fasting glucose state (IFG) among which 41 of them (80.4%) had not received confirmatory tests as recommended by local guideline for the diagnosis of diabetes mellitus. Using the cut-off >= 6.5% as recommended by the American Diabetes Association in 2010, HbA1c identified 15 out of the 26 new DM cases (sensitivity=57.7%). An additional 18 patients from the impaired fasting glucose/impaired glucose tolerance group were found to have HbA1c >=6.5%.

DISCUSSION

Due to constraints in local clinic setting, a significant proportion of patients with impaired fasting glucose did not have further assessment to confirm or exclude the possibility of diabetes mellitus. This reflected suboptimal adherence to local diagnostic guideline which contributed to the under-diagnosis of diabetes mellitus in Hong Kong. HbA1c was welcomed by local clinicians due to its convenience and despite its fair sensitivity, was demonstrated to be useful as a complementary tool to improve the diagnosis of diabetes mellitus in local community settings.

ABSTRACTS OF POSTER PRESENTATION

POSTER PRESENTATION 21

Hospital-based Training Program for Family Medicine in Hong Kong – An Inside Look

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INTRODUCTION

Current hospital-based training (HBT) program for Family Medicine (FM) in Hong Kong requires the trainees to go through mandatory rotations in internal medicine, paediatrics, general surgery, obstetrics and gynaecology for a minimum of 3 months and a combination of rotations or clinical attachments in various other specialties including orthopaedics, accident and emergency, psychiatry, dermatology, otorhinopharyngology and ophthalmology. These rotations and clinical attachments represent an important and irreplaceable component for FM vocation training where the trainees can be familiarized with local health care sys tem and build clinical competence. Nevertheless, controversy remains in its structure – where to rotate, what to do and for how long, which can provide optimum clinical exposure best suiting the training needs of our FM trainees.

METHODS

A focus group discussion was piloted in June 2011 within the Department of Family Medicine and Primary Health care, Kowloon West Cluster. 10 basic FM trainees who had completed HBT were invited to participate in the discussion surrounding the following themes: the clinical relevance of individual specialties, the desired mode and duration of each rotation.

RESULTS

All participants agreed that HBT rotations through the aforementioned specialties were essential and relevant for family medicine where the FM trainees could encounter a wide spectrum of clinical situations and be acquainted with local health care system. Most participants considered clinical experiences from internal medicine and geriatrics and paediatrics the most important for general out-patient care. In-patient care, out-patient clinics, clinical procedures, operations and on-call duties were all regarded as valuable means to enhance the trainees' understanding of "diseases as a continuum" and facilitate holistic patient care. However, there were conflicting views regarding the weight that should be allocated to each of these different clinical duties. The majority of participants preferred more experience for in-patient care and out-patient new cases over out-patient follow-up cases, operations or clinical procedures. A few raised concern that pure clinical attachments instead of hospital rotations for psychiatry and orthopaedics could not provide adequate clinical exposure. Except for internal medicine where the participants demanded a 6-months rotation, all considered 2-4 month duration adequate for exposure in each specialty. Supervision was rated as the most important factor influencing the outcome for individual training.

DISCUSSIONS

Current local hospital-based training program appropriately addresses the training needs for our FM trainees and its structure is desirable. Nevertheless, there was room for improvement regarding the allocation of clinical duties in each of the different specialties and available supervision.

ABSTRACTS OF POSTER PRESENTATION

POSTER PRESENTATION 22

Evaluation on the Management of Type 2 DM Patients with Moderate Renal Impairment on High Dose Metformin in a Local GOPC

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INTRODUCTION

Metformin is recommended as the drug of first choice in type2 DM (T2DM) patients.However, metformin should be used with cautions in patients with renal dysfunction because it may increase the risk of hypoglycemia and lactic acidosis, a potentially fatal complication.

ADA recommended to use metformin at less than 1275mg/day on patients with GFR <45 and >=30 ml/min/1.73m^2 and their renal function should be monitored every 3 months. For those with GFR >=45 and <60, renal function should be monitored every 3 to 6 months but no dosage adjustment was required .

To evaluate the management of T2DM patients with moderate renal impairment on high dose metformin(>=1.5gm/day), a retrospective review was carried out in CSW JC GOPD.

METHODS

Retrospective analysis using electronic patient record. 857 Adult T2DM patients who were prescribed high dose metformin from 1/9/2011 to 30/11/2011 were selected. Those without renal function test (RFT) done from year 2010 onwards or who were pregnant, on insulin, not regularly followed up in CSW GOPC were excluded.

The estimated glumerular filtration rate (eGFR) of subjects was calculated by MDRD formula. Their latest HbA1c and frequency of renal function monitoring were reviewed.

RESULTS

69 patients were found to have moderate renal impairment. 31 of them (45%) had suboptimal diabetic control with HbA1c >=7%. 8 patients with eGFR 30-44 were on metformin exceeded the recommended dosage. Only 3 patients (37.5%) with eGFR 30-44 got serial RFT monitoring at 3 months interval according to recommendation. Among the 61 patients with eGFR 45-59, only 10 of (16.4%) got serial RFT monitoring every 3-6 months.

DISCUSSIONS

Significant proportion of T2DM patients with moderate renal impairment on high dose metformin had suboptimal control. Metformin was sometimes prescribed at dosage exceeded recommendation. Monitoring of their renal function was inadequate.

Awareness of appropriate dosage of metformin and adequate renal function monitoring in T2DM patients with renal impairment should be promoted. Other oral tre atment options and insulin should be emphasized to achieve better glycemic control and prevent complication.

ABSTRACTS OF POSTER PRESENTATION

POSTER PRESENTATION 23

The Impact of Quality Diabetes Management in Primary Care: a Six Years Review

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INTRODUCTION

About 68% of all DM cases are managed within Primary Care setting in our cluster. These include seven General Out Patient Clinics (GOPCs), two community health centers and two Family Medicine Specialist Clinics (FMSCs). Total DM caseload increases by 51% (from 21560 in 2005 to 32541 in 2011) over the past 6 years. To meet both the challenge of growing service needs and ascertain quality of care, several measures have been implemented in our primary care clinics in different stages through concerted efforts from managerial to frontline levels and multiple disciplines. This review is going to summarize the key performances on Diabetes care over the six years trend.

OBJECTIVES

- To enhance the structure of Diabetes management pathways in primary care clinics
- To assure the process of Diabetes care align to evidence based international recommendation and standards
- To improve the clinical outcomes of Diabetes patients

METHODOLOGY

All DM patients on anti-diabetic drugs who were seen within the department from 2005 to 2011 were included. Data were retrieved through DM workload statistic standard report of Clinical Data Analysis and Reporting System(CDARS). Outcome measures include i) Clinical Outcomes: HbA1c, Blood Pressure, LDL-cholesterol; ii) Hospital admissions related to acute or chronic DM complications and iii) SOPC utilization of these patients over the review period.

RESULTS

Total 115,843 records were included. Mean age 62 years old (2% </= 39 years old, 59% 40-64 years old, 39% >/= 65 years old). Male to female ratio is 48% : 52%. Mean HbA1c improved from 8.12% in 2005 to 7.53% in 2011. Proportion of patients with HbA1c <7 improved from 14.4% in 2005 to 36.3% in 2011. Proportion of patients with LDL < 2.6 mmol/L improved from 18.5% in 2005 to 31.6% in 2011. In-patient/Day patient service utilization slightly increased from 15% in 2005 to 17% in 2011 (comparing to HA overall 29%). Percentage of these DM patients with Medicine SOPD attendance decreased from 11% in 2005 to 8% in 2011 (comparing to HA overall 44%). Percentage of these DM patients with Eye SOPD attendance decreased from 37% in 2005 to 33% in 2011 (comparing to HA overall 34%).

CONCLUSION

A great milestone and great impact have been achieved on providing quality diabetic care in Primary Care in New Territories West Cluster. The promising clinical and service outcomes support the values of continuing service enhancement on structure and process of Diabetic care in primary care to align with international standards.

ABSTRACTS OF POSTER PRESENTATION

POSTER PRESENTATION 24

Evaluation of the Effectiveness for a Nurse-led Hypertension Clinic

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BACKGROUND

Prevalence of hypertension in the population is increasing rapidly due to aging population. The Department of Family Medicine and Primary Health Care had set up a nurse-led Hypertension Clinic for patients who were newly diagnosed of hypertension or under sub-optimal blood pressure control. A multidisciplinary holistic approach is employed in the service. The effectiveness of the nurse-led clinic was evaluated.

METHODOLOGY

All 207 patients were recruited from January to February 2011 in Kowloon East Cluster GOPCs. Outcome indicators including Cardiovascular Disease (CVD) risk score, blood pressure control, and compliance scores were reviewed pre- and post-intervention. SPSS 19.0 was used for data analysis.

RESULTS

Significant reduction in 10 years CVD risk score (t value=7.279, df=206, $p<0.001$), in systolic blood pressure (t value=10.904, df=206, $p<0.001$) and in diastolic blood pressure (t value=7.971, df=206, $p<0.001$) were found. In addition, a significant rise in compliance score (t value=-33.843, df=205, $p<0.001$) in medication and lifestyle modification was demonstrated. The follow-up duration for 48% patients was extended from 2 to 18 weeks due to their better control status, reducing the frequency for follow up.

CONCLUSION

Nurse-led Hypertension Clinic using a multidisciplinary approach has been shown in this evaluation to be effective in helping to manage hypertensive patients and in improving their short term blood pressure control.

ABSTRACTS OF POSTER PRESENTATION

POSTER PRESENTATION 25

Audit on Vulvo-vaginal Candidiasis Treatment in CMC GPC

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INTRODUCTION

This study aims to assess the discrepancy in diagnosis and treatment of vulvo-vaginal candidiasis, and to compare with up-to-date guidelines.

METHODS

Patients attending the General Practice Clinic (GPC) of Caritas Medical Centre (CMC) in 2011 with the diagnosis 'Genital Candidiasis Female' – International Classification of Primary Care Code X72 (34 cases), their use of high vaginal swab and prescription were studied.

RESULTS

11 of 18 high vaginal swabs were positive. There were 5 confirmed recurrent cases. Treatment included canestan pessary 100-200mg nocte 5-7 days; and/or 1% canestan cream bd-tds 7-21 days. Recurrent cases were treated with canestan pessary 100-200mg nocte 3-7 days per month; and/or itraconazole 200mg daily-bd per month; +/- 1% canestan cream bd-tds 7 days per month. 3 cases were referred to Gynaecologist.

DISCUSSIONS

The Centers for Disease Control and Prevention (CDC) guidelines 2010 suggested, in symptomatic woman, diagnosis is by wet preparation or Gram stain showing yeasts, hyphae or pseudohyphae; or positive culture. The latest CDC and Infectious Diseases Society of America guidelines suggest treatment with 1% clotrimazole cream for 7-14 days; clotrimazole pessary 100mg daily for 7 days; clotrimazole pessary 200mg daily for 3 days; or oral fluconazole 150mg once. Treatment of recurrent cases includes induction with oral or vaginal anti-fungal for 7-14 days; and suppression with oral fluconazole 150mg weekly for 6 months. Improvement in management following up-to-date guidelines is expected.

ABSTRACTS OF POSTER PRESENTATION

POSTER PRESENTATION 26

Scheduled Follow Up Appointment for Investigation Results Notification in Outpatient Setting of Primary Care: Patient Facilitation and Potential Risk Reduction

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BACKGROUND

For Public General Outpatient Service, it is a usual practice that patient consulting for episodic illness has to make another appointment by themselves to follow up illness or investigation results. Ng et al reported that one quarter of patients in a regional clinic defaulted after investigation done because of could not get a registration for the follow up.

OBJECTIVE

To evaluate outcomes after implementing scheduled appointment for investigation results notification in Family Medicine and General Outpatient Department of Kwong Wah Hospital.

METHODS

Cross sectional questionnaire study was conducted to evaluate:
1. Patients' preference regarding investigation results notification.
2. Patients' satisfaction on scheduled appointment for investigation results notification.
3. Doctors' preference regarding patient notification.

RESULTS

36 female and 12 male patients with median age between 51 to 60 years old were successfully interviewed. 85% of them preferred or strongly preferred scheduled appointment for follow up of their reports, while 63% of them strongly disagreed or disagreed to have IVAS arrangement for follow up. 92% of patients were strongly satisfied or satisfied with scheduled followed up arranged by the department for notification of their investigation results.

All doctors (13 doctors) of the department had completed questionnaire. 84% of them preferred scheduled appointment for patient notification of investigation results. 77% of them strongly satisfied or satisfied regarding scheduled appointment for investigation results notification.

CONCLUSION

With scheduled appointment to follow up investigation reports, patients are facilitated in continuation of care. Besides, effective management of laboratory test results can enhance quality of care and prevent malpractice risk.

ABSTRACTS OF POSTER PRESENTATION

POSTER PRESENTATION 27

Promotion on Use of Spirometry for COPD Care in Primary Care: Kwong Wah Hospital Experience

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BACKGROUND

The Global Initiative for Chronic Obstructive Lung Disease (GOLD) international Chronic Obstructive Pulmonary disease (COPD) guidelines advise spirometry as the gold standard for accurate and repeatable measurement of lung function. Evidence is emerging that when spirometry confirms a COPD diagnosis, doctors initiate more appropriate treatment, however, between 25 and 50% of patients with clinically important COPD being undetected or misdiagnosed.

PURPOSES

1. Encourage on spirometry usage in primary care.
2. Enhance accuracy in diagnosis and assessment of patients with chronic respiratory symptoms.
3. Enhance quality of care for patients with COPD.

METHODS

- Patients with chronic respiratory symptoms will be assessed by spirometry plus/minus bronchodilator reversibility test in additional to clinical assessment.
- All previously clinically labeled COPD cases were invited to perform spirometry and bronchodilator reversibility test.

RESULTS

Spirometry service was started in Family Medicine and General Outpatient Department (GOPD) of Kwong Wah Hospital (KWH) since end of year 2009. Till early 2012, 378 patients (339 male and 39 female), with mean age 72.9 (range from 38 to 93) years old with respiratory symptoms were referred for spirometry. 228 patients were confirmed by spirometry plus/minus bronchodilator reversibility test to have COPD, 55% was moderate severe, while 18% and 26% of them were mild and severe respectively.

CONCLUSION

Spirometry with bronchodilator reversibility test can be well implemented in primary care setting. With available of spirometry, primary care physicians are more facilitated in making diagnosis, assessment and management of patient with COPD according to international guidelines.

ABSTRACTS OF POSTER PRESENTATION

POSTER PRESENTATION 28

Burnout Syndrome in Public Primary Care Doctors in Singapore

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OBJECTIVES

To evaluate the prevalence of burnout and its related factors among doctors working at public primary healthcare setting.

BACKGROUND

The Singapore public primary healthcare setting is a fast paced environment, which could lead to burnout among its doctors. This study assessed the level of job satisfaction, degree of burnout, and correlated the different dimensions of burnout with possible contributing factors.

SUBJECTS & METHODS

126 doctors from one of 2 polyclinic clusters participated in the survey, with response rate of 57.3%. The assessment was carried out using the Maslach Burnout Inventory, a self-administered questionnaire. Frequency analysis and Spearman rank correlation were carried out where applicable.

RESULTS

Doctors surveyed experienced higher levels of burnout compared to normative data provided in the Maslach manual. However, a majority were satisfied with their current job, with 67% scoring it 4 and above on a 0-6 Likert scale. Job satisfaction had a strong negative correlation with Emotional Exhaustion (EE) and Depersonalisation (DP) (rho=-0.645 and -0.418, p=0.001).

The high polyclinic workload contributed to EE. More time for lunch was negatively correlated with EE (rho=-0.255, p=0.006), while number of days stayed back past stated working hours were positively correlated with EE. The allocation of Headquarters (HQ) / administrative duties and running of special clinics was not correlated with EE.

DISCUSSION

Burnout syndrome exists among doctors working in the public primary healthcare setting. Time spent on working was correlated with EE. However, nature of the work (administrative duties, running special clinics) was not correlated. Despite the existence of burnout, majority of doctors are satisfied with their jobs, a testament to the fulfilling nature of public primary healthcare in Singapore.

ABSTRACTS OF POSTER PRESENTATION

POSTER PRESENTATION 29

Improving Quality of Care in Parkinson's Disease

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BACKGROUND

Parkinson's Disease (PD) is a progressive neurological condition that will affect both motor, non-motor functions & health related Quality of Life (QoL) of the patients. An integrated multidisciplinary care for PD patients aims to provide an individualized assessment on ambulatory, motor function and health related quality of life. Clients will receive pharmacological treatment and physiotherapy rehabilitation, if indicated.

OBJECTIVES

1 To implement a customized functional walking tasks and low intensity strengthening rehabilitation program for idiopathic PD patients with closed collaboration to the Department of Medicine;

2 To facilitate better adherence of program through patients/ carers' support, skills & knowledge empowerment;

3 To maintain or improve their ambulatory, motor functions and Quality of Life.

METHODS

A 'Pre-test' vs. 'Post-test' design was employed. Patients with stabilized pharmacological control were referred from Department of Medicine. 21 patients completed the 3-months rehabilitation program. 4 to 8 training sessions were conducted for home-based exercises education, patients/ carers skills & knowledge empowerment, supervised functional ambulatory and circuit training.

RESULTS

85% of patients were able to acquire the skills and knowledge that learn from hospital to home. After 3 months, the PD motor functions, gait speed, ambulatory endurance capacity and QoL were significantly improved *($p < 0.0125$ with Bonferoni adjustment, paired t-test)*.

CONCLUSION

From this preliminary program, in addition to pharmacological control, individuals had improvement in motor, gait functions and QoL well being. It enhanced adherence to home exercises with more active lifestyle living. Further randomized control studies with larger sample size are indicated for future review.

ABSTRACTS OF POSTER PRESENTATION

POSTER PRESENTATION 30

Pilot Study on Using Electronic Wound Documentation to Improve Quality of Patient Wound Care at General Outpatient Clinic

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Department of Family Medicine, New Territories East Cluster

INTRODUCTION

General outpatient clinic (GOPC) nurses traditionally use paper records for documentation of wound dressing progresses. This practice would post problems on legibility, completeness of clinical information documentation and efficiency of record retrieval, especially in settings with high patient volume like GOPCs with over 100 attendances of wound dressing per clinic per day. In view of this, the two GOPCs of Tai Po District had piloted an electronic wound documentation system (e-wound) since July 2011. It allows nurses to document the wound assessment, progress and treatment plan to the pre-set electronic templates in the Clinical Management System (CMS). This could help to improve the quality wound care management documentation, increase efficiency of record retrieval and enhance data transfer between nurses and other health care professionals. This study was to review the efficiency and quality of e-wound documentation.

OBJECTIVES

1. A retrospective study to review the effect of the e-wound on the quality of wound care documentation and efficiency of wound care record retrieval.
2. A survey to assess nurses' acceptance to the e-wound system.

METHODS

1. 5 electronic wound care templates including assessment and treatment plan of various wound types were set up.
2. Briefing sessions were given for all nurses.
3. On- site support by wound care team nurses.
4. Random retrieval of 200 e-record for monitoring and audit.
5. A survey has been conducted for assessing nurses' acceptance of the e-wound system.

FINDINGS

1. 2 months after implementation: 88% of nurses utilized the e-wound documentation. Missing data were found in 20% of nursing inputs.
2. 6 months after implementation: 100% of nurses utilized the e-wound documentation and no missing data of nursing input. All nurses agreed that e-wound template facilitated wound assessment and enhanced the communication. 92% of nurses agreed that it would enhance the continuity of care and the standardization of documentation.

CONCLUSION

The electronic wound documentation is well accepted by nurses at GOPCs. It can standardize the documentation and facilitate the continuity of wound management in high volume out-patient clinics as well as enhancing communication with other health professionals.

ABSTRACTS OF POSTER PRESENTATION

POSTER PRESENTATION 31

Allied Health Fall Prevention Clinic – Enhancing Fall Management in Kowloon East Cluster General Outpatient Clinics

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INTRODUCTION

Supported by the Food and Health Bureau, Department of Family Medicine and Primary Health Care (FM&PHC) has collaborated with the Occupational Therapy and Physiotherapy Departments in Kowloon East Cluster (KEC) to set up Allied Health Fall Prevention Clinic (AHFPC) in 4 General Out-patient Clinics (GOPC) of KEC since September 2009. The aims of the clinic is to enhance fall prevention in community dwelling elderly by providing early detection, fall risk identification and targeted interventions.

METHOD

Enrolled elderly patients received assessments and interventions provided by physiotherapist and occupational therapist. Outcome measures were: (1) Fall Efficacy Scale (FES), (2) Fall rate, (3) Accident and Emergency Department (AED) attendance, (4) Berg Balance Scale (BBS) and (5) Fall Behavioural (FaB) Scale. A "Pre-test" vs. "Post- test" design was adopted for outcome evaluation.

RESULTS

From September 2009 to December 2011, 1753 patients (mean age 75) were served. GOPC was the major referrer (48%) followed by self referral (29%).

Patients were stratified into low (70%), medium (26%) and high fall risk (4%). 1051 patients completed fall prevention interventions. 804 patients completed 6-month follow-up. All outcome measures including FES ($t=18.609$, $p<0.05$), fall rate ($t=11.020$, $p<0.05$), AED attendance ($t=3.415$, $p<0.05$), BBS ($t=13.849$, $p<0.05$) and FaB ($t=33.958$, $p<0.05$) showed significant improvement. Fall rate was reduced by 63%.

DISCUSSION

KEC AHFPC was effective in reducing fall rate among the community dwelling elderly. It also demonstrated a successful collaboration of FM&PHC and allied health professionals in launching primary health care programmes for the community.

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References: 1. Sever PS, Dahlöf B, Poulter nR, et al; for the ASCOT investigators. Prevention of coronary and stroke events with atorvastatin in hypertensive patients who have average or lower-than-average cholesterol concentrations, in the Anglo-Scandinavian Cardiac Outcomes Trial-lipid lowering Arm (ASCOT-lIA): a multicentre randomised controlled trial. Lancet. 2003;361(9364):1149-1158. **2.** Colhoun hm, Betteridge DJ, Durrington Pn, et al; on behalf of the CARDS investigators. Primary prevention of cardiovascular disease with atorvastatin in type 2 diabetes in the Collaborative Atorvastatin Diabetes Study (CARDS): multicentre randomised placebo-controlled trial. Lancet. 2004;364(9435):685-696. **3.** Athyros VG, Papageorgiou AA, mercouris BR, et al. Treatment with atorvastatin to the national Cholesterol education Program goal versus 'usual' care in secondary coronary heart disease prevention: the GReek Atorvastatin and Coronary-heart-disease evaluation (GReACe) study. Curr Med Res Opin. 2002;18(4):220-228. **4.** laRosa JC, Grundy Sm, waters DD, et al; for the Treating to new Targets (TnT) investigators intensive lipid lowering with atorvastatin in patients with stable coronary disease. N Engl J Med. 2005;352(14):1425-1435. **5.** Cannon CP, Braunwald e, mcCabe Ch, et al; for the Pravastatin or Atorvastatin evaluation and infection Therapy-Thrombolysis in myocardial infarction 22 investigators intensive versus moderate lipid lowering with statins after acute coronary syndromes. N Engl J Med. 2004;350(15):1495-1504. **Detailed information is available upon request.**

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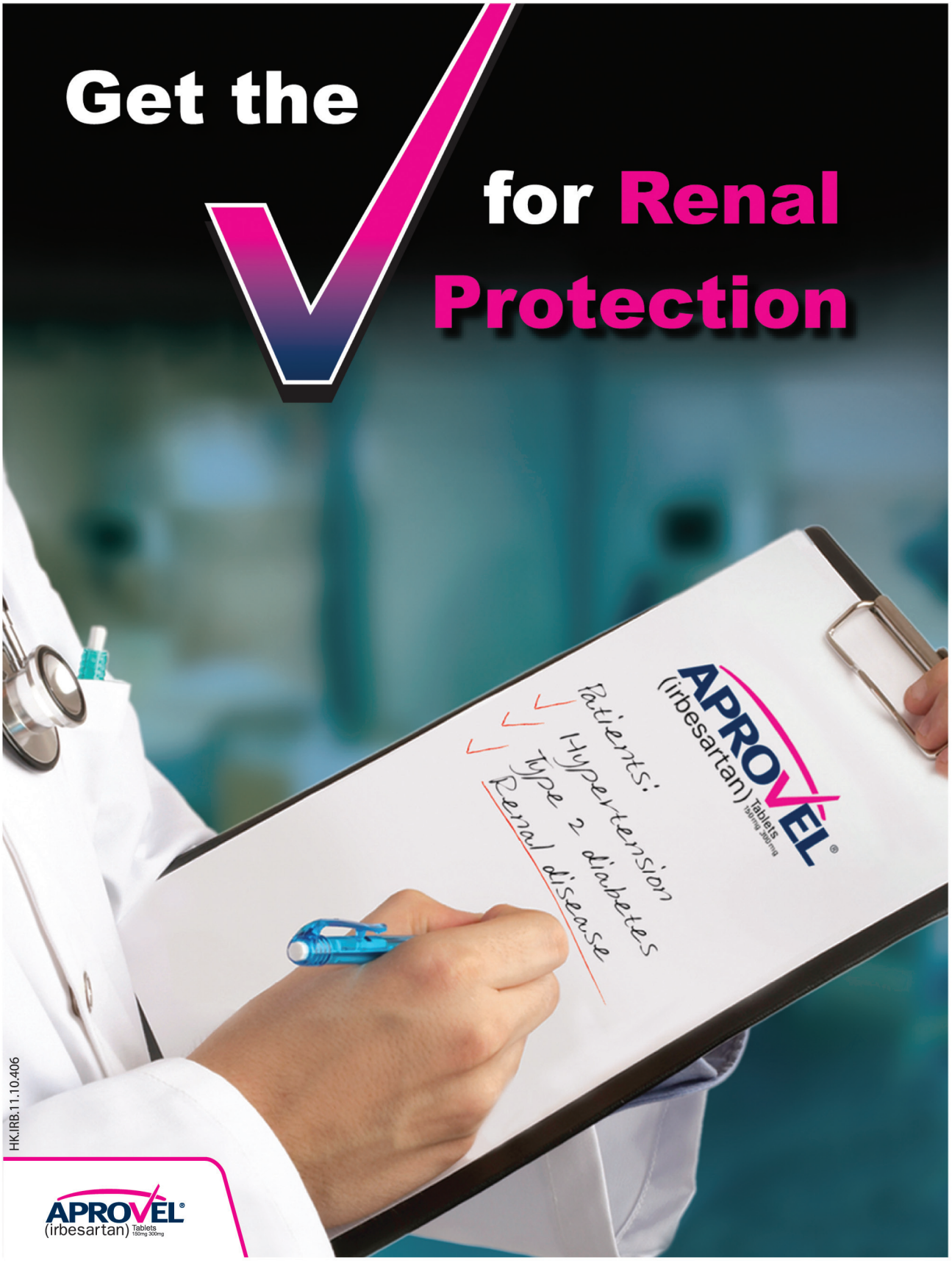

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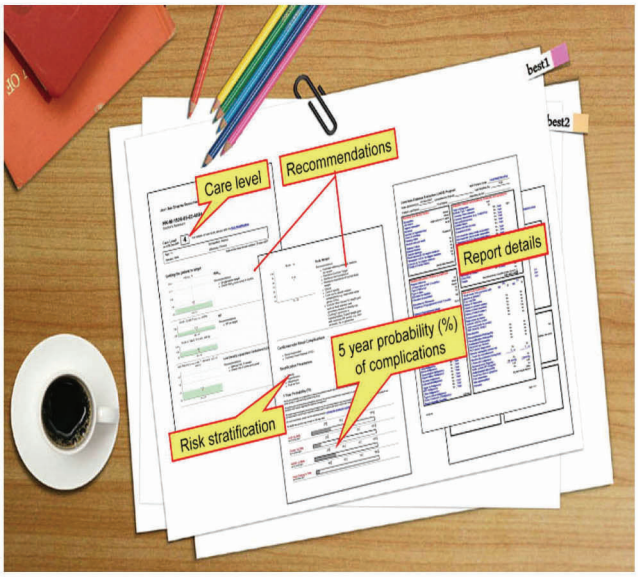

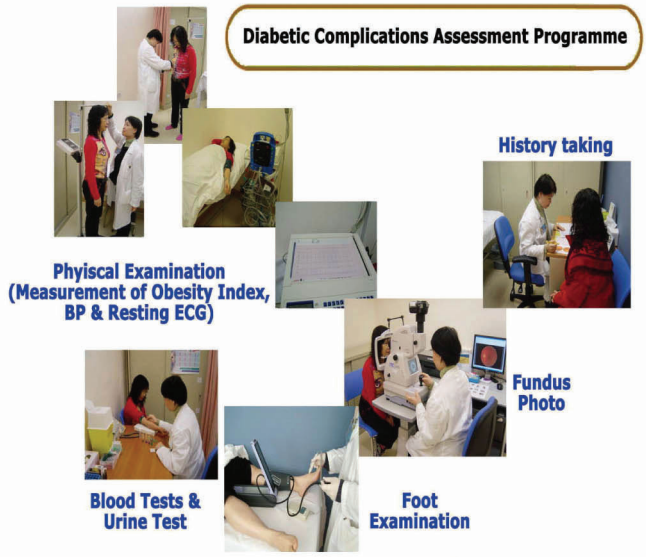

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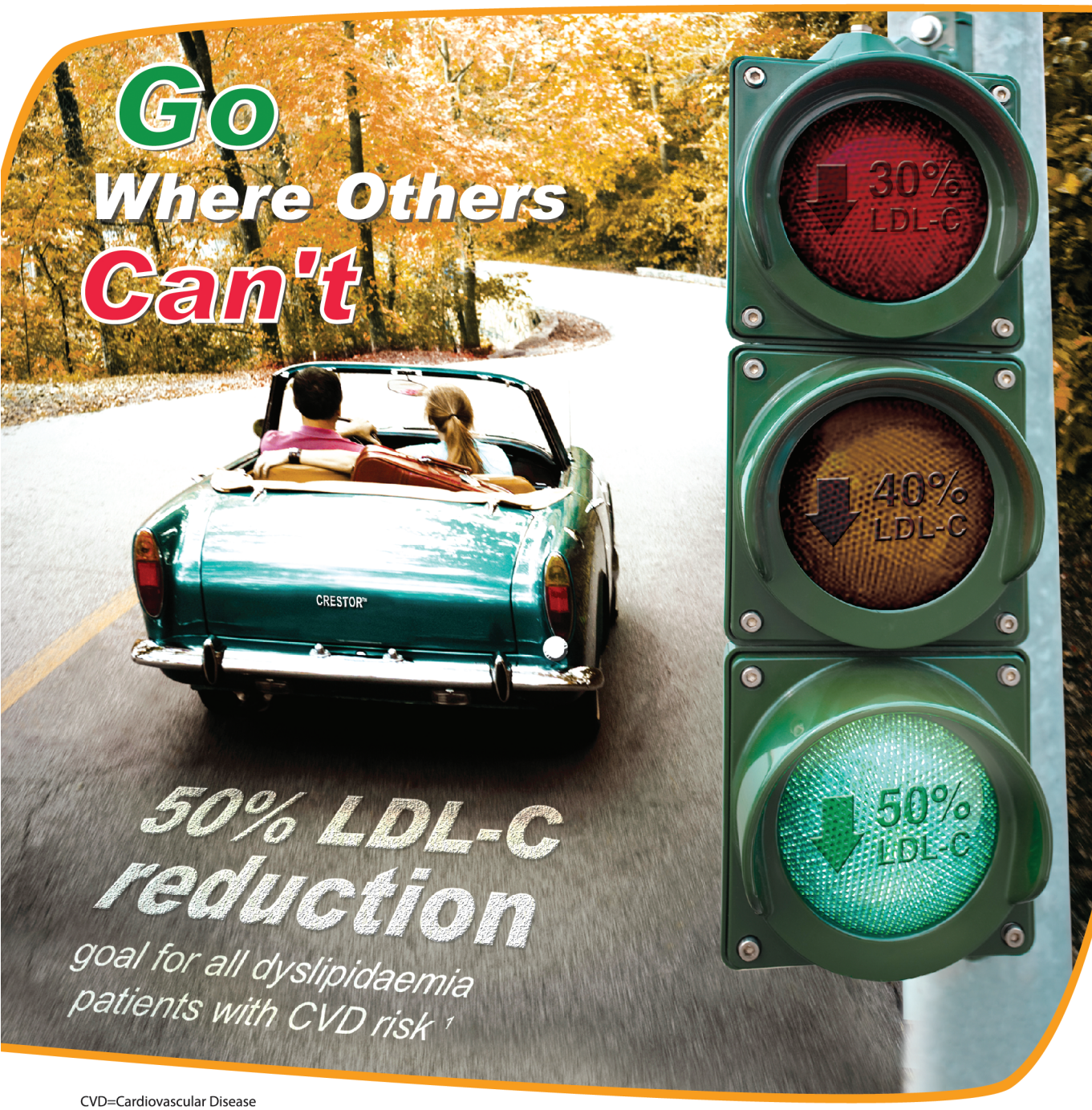

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References:
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