



Service Priorities and Programmes Electronic Presentations

Convention ID: 815

Submitting author: Dr Wah Kit TAM

Post title: Resident, Queen Elizabeth Hospital, KCC

Setting of Reminders for Enhancement of Hba1c Capture rate and Control in Type 2 Diabetic patients in Public General Out-patient Clinic

TAM WK, CHAN SL, CHEN XR, CHAN KH

Department of Family Medicine & General Out-patient Clinic, Queen Elizabeth Hospital, Kowloon Central Cluster

Keywords:

hba1c capture

diabetes

GOPC

Introduction

Non communicable diseases impose significant burden to our health care system. Diabetes is affecting about 10% of Hong Kong population and is the 10th cause of death. It is also the leading cause of cardiovascular disease, stroke, renal failure and blindness. Population-based approach in diabetic control is important, especially at primary care level. Consultation time in public general out-patient clinic (GOPC) is short and time pressure is a great challenge. Objective of this exercise is to remind doctors, during the busy consultation, about which patients require more attention in their chronic disease management.

Objectives

To review effectiveness of reminder in improving hba1c capture rate and control

Methodology

All type 2 diabetes case coded by International code for primary care (ICPC) T90 who attended Shun Tak Fraternal Association Leung Kau Kui Clinic (FALKK) from 1/1/2015 to 30/4/2015 without blood test for hba1c in 12 months and with hba1c greater than 7% were retrieved from the Clinical Data Analysis and Reporting System (CDARS). This period was chosen as all DM patients in our clinic would follow up within 4 months. Records were reviewed by 2 trained family physicians. Upon records of 192 patients without blood test for hba1c, reminders were set in the Clinical Management System (CMS) for 118 patients with next follow up less than 4 weeks. 18 patients were called back for blood test for hba1c as their next follow up appointment will be more than 4 weeks. 56 patients were excluded as their hba1c had already been taken, patients passed away or they were wrongly coded T90. Upon records of 1033 patients with hba1c greater than 7%, reminders were set in the CMS for 348 patients who were not managed appropriately in the last consultation while appropriate management were given to 444 patients and 240 patients with hba1c optimised. One patient passed away at the time of record review.

Result

After the exercise, the hba1c capture rate of diabetic patients increased to 93.8% (2nd quarter, 2015) from 91.8% (1st quarter, 2015). For the 348 patients with hba1c greater than 7% and reminder set, records were reviewed again 3 months later. 240 cases(69%) were appropriately managed in the later consultation. Active identification of patients without hba1c can improve the capture rate. Various reasons exist for suboptimal management for poor DM control cases. Setting up reminders can help to alert doctors the need to manage the cases properly within the short and rush consultation.