

CHRONIC DISEASE CARE PROGRAM CHINA’S PRIMARY CARE CLINIC: A FEASIBILITY STUDY

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Introduction

The high incidence and healthcare burden of hypertension and diabetes is an important public health challenge in China. This study proposes an improvement plan by optimising the process and adopting a holistic management model, where nurses and doctors collaborate to enhance the patient journey, thereby improving work efficiency and clinical outcome.



Figure 1. Workflow for selection, training, and doctor-nurse collaboration.



Results

There were no significant differences in the number of visits between the intervention and control group. The intervention group had an overall reduced in healthcare cost (23.7% HT only group, 23.7% in DM only group, 33.7% in DM/HT group). The intervention group showed significantly greater reductions in SBP (6.5%), HbA1c (10.3%), FBG (7.0%) and LDL compared to the control group, where SBP decreased by 0.7%, HbA1c by 3.0%, and FBG by 3.4% ($p < 0.05$).

Discussion

Poor compliance to protocol was evident in the control group, significantly affecting patient management. This study suggests that the existing management model in China has a large room for improvement. Healthcare services administrators should consider measures to implement ideas from this model so as to enhance primary care’s affordability and improve patient health outcomes.



Methods

The study population was divided into an intervention group and a control group in a community health service centre in Guangzhou. Data from 192 patients (89 hypertension (HT) only, 65 diabetes mellitus (DM) only, and 38 with both DM and HT) were analysed and compared with the data of the corresponding control group.

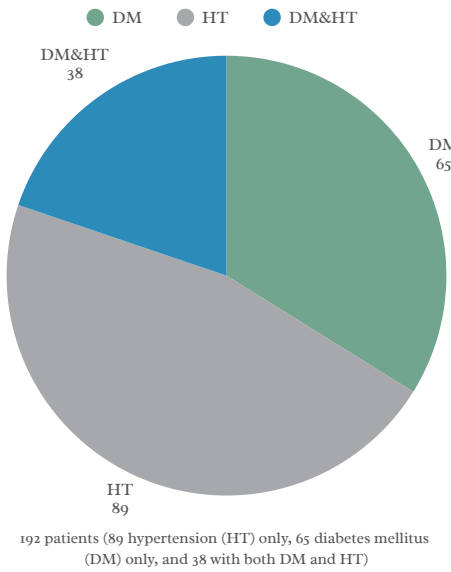


Figure 2: Comparison of experimental data

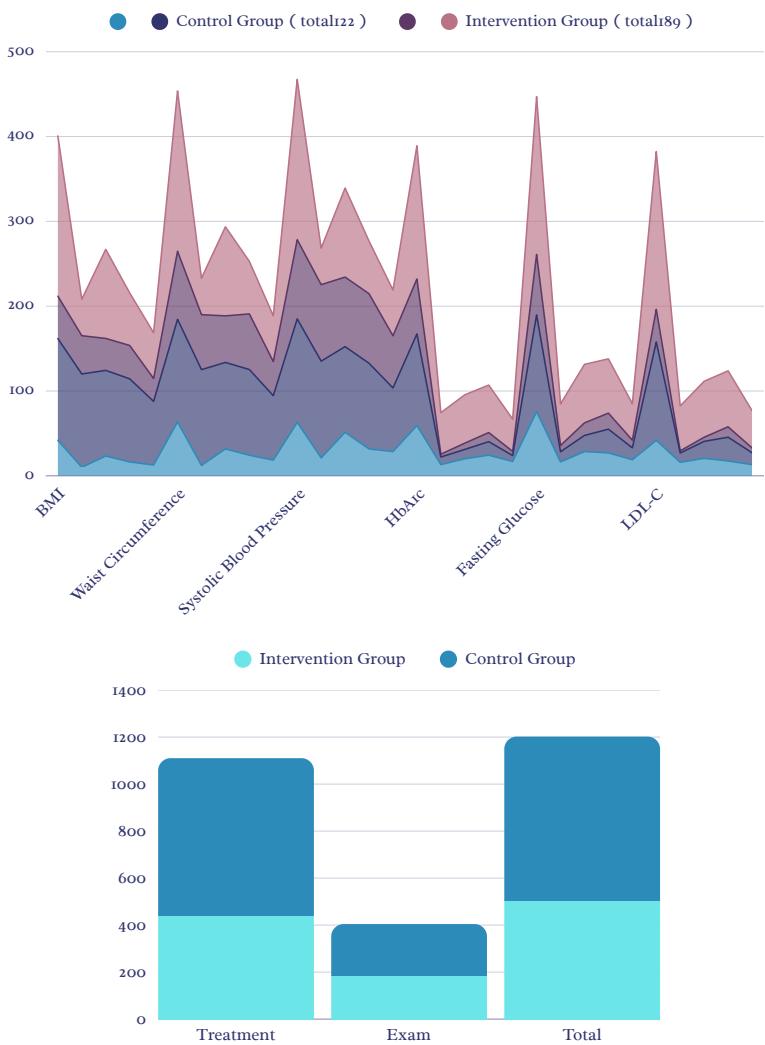


Figure 3: Comparison of average per-visit costs between intervention and control groups ($P < 0.05$).

References

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