

### S12 - Evaluation of Quality of Care of Chronic Disease Management Programmes and Public-private Partnership Programmes of the Hospital Authority

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**Introduction and Aims:** To improve the quality of care of patients with chronic diseases in primary care, the Hospital Authority (HA) introduced a series of chronic disease management and public-private partnership programmes: Risk Factor Assessment and Management Programme (RAMP) and Patient Empowerment Programme (PEP) for patients with diabetes mellitus (DM) and hypertension (HT), Nurse and Allied Health Clinics programme (NAHC), and Haemodialysis – Public Private Partnership Programme (HD-PPP). This study aimed to evaluate and enhance the quality of care of these programmes to assure that best practices and outcomes could be achieved.

**Methods:** Action Learning and Audit Spiral Methodologies were adopted. Applying Donabedian's taxonomy of quality of care indicators of *structure, process and outcome of care*, an evidence-based evaluation framework was developed through an iterative process between the HA and research team.

Data collection for structure of care is through self-reported questionnaires distributed to participating clusters and clinics; data collection for *process of care* is extracted from the HA database; and data collection for *outcome of care* is through case report forms or extraction of clinical data from the HA's clinical management system. Both clinical and patient reported outcomes are collected.

Three evaluation (audit) cycles were planned. Each cycle evaluated achieved standards against pre-set targets, followed by identification of deficiencies and actions for quality improvement. Two cycles have been completed and the third cycle is currently on-going.

**Results:** All programmes have been successfully implemented, with the standards of most *structure and process of care* criteria reaching target standards in the first two evaluation cycles. Significant improvements in clinical outcomes have been achieved. Enhancement in facilities, data recording, management protocol adherence and indicators of quality were implemented after each cycle. RAMP-DM and PEP has been shown to reduce risk of cardiovascular morbidity and mortality. NAHC has been shown to increase recovery rates for wound healing and to reduce symptoms and improve quality of life for patients with continence problems. HD-PPP has had high participant satisfaction and retention rates.

**Conclusions:** Study results provide evidence on the quality of care and effectiveness of the programmes in enhancing the health of patients with chronic diseases in primary care. Empirical standards of good practice have been established which can be used as quality benchmarks. Ongoing evaluations should be conducted to assure the long-term sustainability and effectiveness of these programmes and to inform health policy and resource allocation.