

中文題目：醫學中心和基層醫療之間的醫療雙重照顧

英文題目：Dual Medical Care between Medical Center and Primary Health Care

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1. Introduction

In Taiwan, because of the increasing aging population, the demand for hospital admission due to cancer or chronic diseases has increased accordingly. Hospital bed occupancy is usually full and follow-up visits after discharge are generally four or more weeks later. If patients experience medical conditions such as fever, urinary infection, gastrointestinal discomfort, general pain, medication questions, etc., they have a hard time finding their doctors in charge for help. In these situations, primary health physicians have a role to play. Primary health services can decrease emergency room visits, improve the quality of medical care, and reduce the financial burden on the National Health Insurance (NHI) – creating a three-win situation between patients, doctors, and the NHI.

2. Materials and Methods

From 2018 to 2022, we collected 14 patients who were admitted to medical centers, and after discharge, experienced medical conditions that required treatment. After clinical management by primary health physicians, their illnesses were resolved to satisfaction.

3. Results

1) Case Report

Patient, age 65, woman, visited our OPD in May 2018, with chief complaints of breathing difficulty, ascites, and insomnia. History: A case of malignant lymphoma stage 4 with neck lymphadenopathy, pleural effusion, and ascites. She received chemotherapy at a medical center without obvious clinical improvement. Thus, she was advised to be discharged and go home for terminal care. However, when she went home, she suffered from breathing difficulty, dyspnea on exertion, and insomnia. She visited our clinic for medical help. Pleural tapping and ascites drainage were performed followed by clinical improvement and better sleep. Then, she was referred to another medical center to

continue chemotherapy for the malignant lymphoma. During this admission, the lymphoma responded well with tumor remission. Between the admissions for chemotherapy, the patient suffered from skin cellulitis and abdominal pain and visited our clinic for treatment. Overall, her malignant lymphoma and general conditions were kept under control with satisfactory results. She gained four more years of life.

This is a good example of dual medical care between medical centers and primary health care when caring for a patient.

2] Series of case report

	Sex	Age	Dx at medical center	Dx & Tx at primary health center
1	Male	61	LC, Child B	Supportive Treatment
2	Female	90	Ureteral Ca	Symptomatic Tx, Consultation
3	Female	62	Lung Ca with meta	GU infection
4	Male	60	HCC	Supportive Consultation
5	Female	62	Lymphoma	Pleural effusion Ascites
6	Male	87	Pancrease Ca	Symptomatic Tx
7	Male	62	Renal Cell Ca; DM	Gastritis Supportive Tx
8	Male	89	Sarcoma	Bronchitis, Pain
9	Female	81	Pancreatic Ca	Gu infection

10	Male	61	Thymoma Ca	Fever, pneumonia
11	Male	87	CVA	UGI Bleeding GU Infection
12	Male	91	L-Spine OP	GU infection
13	Male	66	Head Injury	Bronchitis, Gastroenteritis
14	Male	86	DM, CVA	Gastritis, LBP

Statistics:

Male: Female= 10:4

Age: Average 75 (60-91)

Case analysis in Medical Center: Cancer 9 cases; CVA, 2 cases; Liver Cirrhosis, 1; Head Injury: 1; Spine Surgery, 1.

Case analysis in Primary Health center: Urinary Tract Infection 4; Acute Gastroenteritis 3; UGI Bleeding 1; Bronchitis, 2; Pneumonia 1; Lower Back Pain 1; Pleural Effusion 1; Ascites 1; Medication Consultation 1.

4. Discussion:

1) According to National Health Bureau (NHB) report, the incidence of cancer in Taiwan was 121,254 in 2019. That means there was a new cancer patient every 4 minutes and 20 seconds. The cancer clock is accelerating its speed in Taiwan.

According to the NHB, in 2019, more than two kinds of chronic diseases were suffered among 70% of elderly people, aged 65 or above. Among them, there were hypertension, diabetes mellitus, arthritis, heart disease, cataract, gastroenteritis, etc.

2) The National Health Insurance in Taiwan has been operating

since 1995. The medical care system has truly benefitted Taiwan's public health, in ways such as decreasing financial barriers and prolonging life expectancies, etc.

3) However, there is still much room for improvement, in areas such as large patient volume at big hospitals; too long a waiting time for diagnostic examinations and hospitalizations; heavy work load for medical center professionals; sustainability difficulties for primary care facilities; annual NHI budget deficits, etc.

4) In this report, we present how dual medical care between medical centers and primary health care can improve Taiwan's current health care system. This approach can decrease emergency care visits and hospital admissions; reduce NHI budget deficits; improve the quality of medical care, etc.

5) Throughout the recent corona virus pandemic, primary health care physicians have been responsible for most patients' home care, ranging from rapid screening, virtual clinical diagnosis, medication delivery, referral, consultation, etc. Up to now, the results are quite satisfactory. Most of the mild cases were taken care of at the primary healthcare level, while the severe cases were transferred to a medical center for intensive care.

6) The medical care experiences from the 2022 corona virus pandemic in Taiwan is an exemplary model for improving the current NHI healthcare system.