



The effects of integrated outpatient services for people with disabilities

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Background

According to the questionnaire of ministry of interior, Taiwan, 68.8% of people with disabilities had regular visits for doctors. However, 57% of the population had difficulties to visit the hospital independently. They encountered problems such as registration in the hospital counter or traffic issues. In 2014, We established integrated outpatient services for people with disabilities in our hospital.

Methods

In this service program, a case manager assessed patients with disabilities and arranged appointment to medical specialties, including internal medicine, physical medicine and rehabilitation, psychiatry and more, according to patients' needs. During the same visit, patients with disabilities could see all specialists they need in one visit session, in one clinic room. In addition, patients paid medical fees for a single visit in the integrated outpatient services, which lowers the financial burden for the patients. The aim of the service program was to improve the medical quality, to overcome the obstacles during medical visits for patients with disabilities, and to save patients' money.

Results

From 2014 to November 2020, there were 7487 people received service counselling and 6526 people applied for the integrated system. (figure 1)

For age distribution (figure 2), most patients were between 61 and 70 years of age.

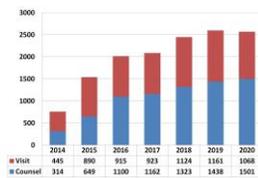


Figure 1. People received counselling

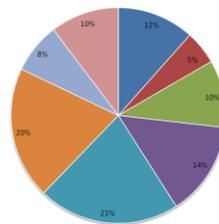


Figure 2. Age distribution

For disability classification, most of the patients (31%) were diagnosed with neuromuscular deficits and related disabilities (figure 3). In 2020, there were 1425 doctor visits annually. The outpatient clinic specialties patient visited was 1.33 in average. Physical medicine and rehabilitation visits accounted the most. 186 doctor (12.6%) visits were reported.

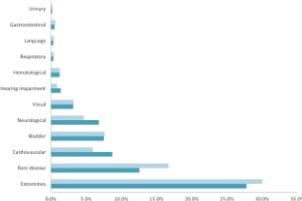


Figure 3. Percentage of disability type

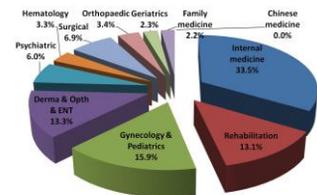


Figure 4. Percentage of division visits

For health-related behavior analysis in the people with disabilities, smoking accounts for 5.42%, alcohol drinking 1.5% and betel nuts 1% (figure 5). For disease analysis, metabolic syndrome accounts for 61% (figure 6). For patients' feedback, satisfaction rate was over 90% in the questionnaire of integrated system.

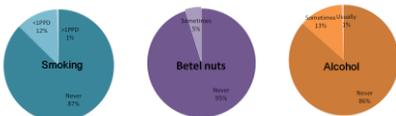


Figure 5. Percentage of patient habits

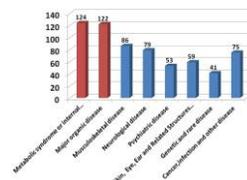


Figure 6. Percentage of underlying disease

Conflict of Interest Disclosure: No, nothing to disclose