

中文題目：建構偏鄉地區以病人為中心的整合性居家照護：以跨專業處置之老年腫瘤科個案為例

英文題目：Trial Operation of Patient-centered Integrative Home Medical Service in Rural Communities– A Geriatric Oncology Case Study of Inter-professional Communication and Collaboration

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## **Background**

Older patients have complex healthcare needs and require multiple healthcare professionals to address issues regarding health status. The aim of this case study is to explore how to provide a patient-centered model of home medical care in rural areas.

## **Methods**

This 79 y/o female patient has a history of DM, hypertension, liver cirrhosis, hepatocellular cell carcinoma (HCC), old CVD, Dementia, lung nodules and urine retention requiring long-term catheterization. She received multiple outpatient services at a rural hospital. Referral to geriatric home medical care for her polypharmacy was made in September 2019. Our team comprises a geriatrician, nurse, social worker, and case manager. The role of the geriatrician is to coordinate the patient's medical information from specialists and family caregivers. We worked with the hepatologist in an urban hospital through desktop cloud-based electronic health record (EHR) service within our health care system. The case manager of the long-term care service network provided additional home service in addition to our home medical care.

## **Results**

Medications including Spironolactone, Furosemide, and Azilsartan were discontinued owing to hyponatremia and low blood pressure. We avoided Bromazepam use as benzodiazepines increased risk of delirium according to Beers Criteria for Potentially Inappropriate Medication Use in Older Adults. Improvement of the physical condition enabled her to continue the transarterial chemoembolization (TACE) for HCC in November 2019. Under two-month close home visits, her medications had been reduced from the initial 14 drugs down to 7 ones in total.

## **Conclusions**

Through serial assessment of home visits for older patients with impaired mobility,

we can make an adaptation of care plan over time as care needs evolve. The higher level of specialty care for geriatric oncology patients living in the rural area was made possible by the connection of geriatrician-based interdisciplinary team care using EHR technology between different levels of hospitals. We had also reduced the number of simultaneous use of multiple drugs. The implementation of a patient-centered community-based integrative care plan will help to meet the physical, mental and social needs of chronically ill older patients in rural communities.

**Keywords:**

Geriatric oncology, EHR technology, Polypharmacy, Home medical service, Patient-centered care, Rural communities.