Stroke Disease Management—A Framework for Comprehensive Stroke Care

N Venketasubramanian, FAMS, MBBS, M Med (Int Med), B P L Chan, MBChB, MRCP, DipABPN, E Lim, MBBS, M Med (Int Med), Noor Hafizah, MBBS, M Med (Int Med), K T Goh, MBBS, M Med (Fam Med), Y J Lew, MBBS, M Med (Fam Med), L Loo, MBBS, M Med (Fam Med), A Yin, BHlthSc (Nu), L Widjaja, MBBS, MM, MHSM, W C Loke, RNSSN, G Kuick, RNSSN, N L Lee, RN, B S Ong, SRN, S F Koh, RNSSN, MSN, B H Heng, FAMS, MBBS, MSc (PH), J Cheah, FAMS, MBBS, M Med (PH)

Abstract

Disease management is an approach to patient care that coordinates medical resources for the patient across the entire healthcare delivery system throughout the lifetime of the patient with the disease. Stroke is suitable for disease management as it is a well-known disease with a high prevalence, high cost, variable practice pattern, poor clinical outcome, and managed by a non-integrated healthcare system. It has measurable and actionable outcomes, with available local expertise and support of the Ministry of Health. Developing the programme requires a multidisciplinary team, baseline data on target populations and healthcare services, identification of core components, collaboration with key stakeholders, development of evidence-based clinical practice guidelines and carepaths, institution of care coordinators, use of information technology and continuous quality improvement to produce an effective plan. Core components include public education, risk factor screening and management, primary care and specialist clinics, acute stroke units, inpatient and outpatient rehabilitation facilities, and supportive community services including medical, nursing, therapy, home help and support groups for patients and carers. The family physician plays a key role. Coordination of services is best done by a network of hospital and community-based care managers, and is enhanced by a coordinating call centre. Continuous quality improvement is required, with audit of processes and outcomes, facilitated by a disease registry. Pitfalls include inappropriate exclusion of deserving patients, misuse, loss of physician and patient independence, over-estimation of benefits, and care fragmentation. Collaboration and cooperative among all parties will help ensure a successful and sustainable programme.

Key words: Case management, Cerebrovascular disease, Chronic disease, Managed care