Primary Care Development in Hong Kong: Future Directions

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Professor Sophia CHAN
PhD, MPH, MEd, RN, RSCN, FAAN, FFPH, JP
Under Secretary for Food and Health, Government of the HK SAR
Outline

• Overview of current local situation

• Challenges to the existing healthcare system

• Strategies to enhance healthcare system

• Primary care development
Alma Ata Declaration, 1978

• Primary health care is essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination.
Globalization is putting the social cohesion of many countries under stress, and health systems are clearly not performing as well as they could and should.

People are increasingly impatient with the inability of health services to deliver. Few would disagree that health systems need to respond better – and faster – to the challenges of a changing world.
Primary Care

• Primary care is the provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community.

Institute of Medicine, 1996
What is primary care in Hong Kong?

- Comprehensive
- Patient-Centred
- Continuing
- Coordinated
- First point of Contact
Ageing Population

• Projected mid-year population aged 65 years or above in 2034 will be as high as 27.9% of the population – i.e. 2.31 million

Population Age Pyramid by Projected Mid-year Population 2013 and 2034

(Data source: Census & Statistics Department)
Leading Causes of Deaths in Hong Kong (2012)

- Malignant neoplasms: 31%
- Pneumonia: 16%
- Diseases of heart: 14%
- Cerebrovascular diseases: 7%
- Chronic lower respiratory diseases: 4%
- External causes of morbidity and mortality: 4%
- Diabetes mellitus: 1%
- Septicaemia: 2%
- Dementia: 2%
- Nephritis, nephrotic syndrome and nephrosis: 4%
- All other causes: 15%
- Nephritis, nephrotic syndrome and nephrosis: 4%
- Septicaemia: 2%
- Dementia: 2%

(Source: Centre for Health Protection, DH)

- Modifiable risk factors leading to NCD:
  - smoking, alcohol drinking, unhealthy diet and physical inactivity
# Heavy Burden from Chronic Illnesses

Persons who had chronic health conditions

<table>
<thead>
<tr>
<th>Age group</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 15</td>
<td>9.4 %</td>
</tr>
<tr>
<td>15 – 24</td>
<td>11.5 %</td>
</tr>
<tr>
<td>25 – 34</td>
<td>11.5 %</td>
</tr>
<tr>
<td>35 – 44</td>
<td>17.1 %</td>
</tr>
<tr>
<td>45 – 54</td>
<td>27.6 %</td>
</tr>
<tr>
<td>55 – 64</td>
<td>45.7 %</td>
</tr>
<tr>
<td>≥ 65</td>
<td>73.7 %</td>
</tr>
<tr>
<td>Overall</td>
<td>28.1 %</td>
</tr>
</tbody>
</table>

(Source: Thematic Household Survey Report No.50, 2013, Census and Statistics Department)
## Heavy Burden from Chronic Illnesses

Prevalence of chronic health conditions

| Disease                              | Percentage (%)#
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Hypertension</td>
<td>11%</td>
</tr>
<tr>
<td>Diabetes mellitus</td>
<td>5%</td>
</tr>
<tr>
<td>High blood cholesterol</td>
<td>3.9%</td>
</tr>
<tr>
<td>Coronary heart disease</td>
<td>2.0%</td>
</tr>
<tr>
<td>Cancer</td>
<td>1.1%</td>
</tr>
<tr>
<td>Asthma</td>
<td>0.9%</td>
</tr>
<tr>
<td>Stroke</td>
<td>0.6%</td>
</tr>
<tr>
<td>Overweight and obesity (BMI≥23)</td>
<td>36.6%*</td>
</tr>
</tbody>
</table>

(Source: #Thematic Household Survey Report No.50, 2013, Census and Statistics Department
*Behavioural Risk Factor Survey 2012, Department of Health)
Challenges to the healthcare system

- Ageing population
- Long waiting time and pressure on public hospitals
- Ever-increasing community demands for healthcare services
- Heavy burden from chronic illness
The Need for Primary Care

• Move resources to community setting
• Re-focus efforts on prevention and on-going management of chronic conditions
• Primary care: the first level of care at community level
  – Ideally positioned to provide on-going care and to support individuals / families in control of their health
Primary care development in Hong Kong

- Examination of the primary care system in Hong Kong and recommended strategies for enhancing and reforming primary care

*Health and Medical Development Advisory Committee (HMDAC) 2005*
- Reviewed and made recommendations on the service delivery model for the healthcare system, including primary care system

*‘Your Health, Your Life’ Consultation Document 2008:*
  - to enhance primary care through provision of continuing, preventive, comprehensive and holistic healthcare services, by the following initiatives
    - Developing basic models for primary care services,
    - Establishing a family doctor register,
    - Improving public primary care, and
    - Strengthening public health functions through public-private partnership

*Policy Agenda 2008-09:*
- Strengthening support for care of chronic disease patients in both public and private sectors
- Establishment of the Working Group on Primary Care
Overall Strategy (2010)

• Primary Care Development in Hong Kong: Strategy Document

• Set out benefits of good primary care, the major strategies and pathways of action which help to deliver high quality primary care in Hong Kong
Promoting Primary Care in Hong Kong

1. Strengthen coordination of primary care services
2. Provide guidance to healthcare practitioners and to the public
3. Promote family doctor concept
4. Promote healthy lifestyle and patient empowerment
5. Engage the private sector to alleviate the burden on the public system
6. Publicise and promote primary care concept through different channels
7. Prevent and control non-communicable diseases
Strengthen Coordination of Primary Care Services

Primary Care Office

• Set up under the Department of Health (DH)
• Support and co-ordinate the development of primary care and implementation of primary care development strategies and actions
• Staff of various disciplines from DH and the Hospital Authority
Provide Guidance to Healthcare Practitioners and to the Public

Setting up Reference Frameworks

**Reference Framework for Diabetes Care**
- 11 modules completed
- Patient version available

**Reference Framework for Hypertension Care**
- 8 modules completed
- Patient version available

**Reference Framework for Preventive Care in Children**
- Module on Immunisation completed
- Next module on Physical Growth and Development to be developed

**Reference Framework for Preventive Care in Older Adults**
- Module on Health Assessment completed
- Next module on Visual and Cognitive Impairment to be developed
Promote Family Doctor Concept
Primary Care Directory

• Promote the **family doctor** concept and **multi-disciplinary** approach
• Easily accessible **electronic database** containing practice-based information of primary care providers
• The doctors, dentists and Chinese medicine practitioners **sub-directories** have been launched
• The optometrists sub-directory is under development
• Mobile App version was launched in August 2013

http://www.pcdirectory.gov.hk
Promote Healthy Lifestyle and Patient Empowerment

Stay healthy in the community

Hospital care only when necessary

Patient Empowerment & Enhanced self health awareness

Case management: DM, HT, Mental illness

Systematic community care: Frail elderly & Disabled

Technology: eHealth Record

Intersectoral collaborations: NGOs, support groups

Multi-disciplinary team

Hospital
- Emergency care
- Inpatient care
- Specialist outpatients
- Specialist tests

Only when necessary
Primary Care Services in Community Health Centre (CHC)

Core elements

- **Primary medical care** through life-course, holistic and preventive approach
- **Health risk assessment** and **disease identification** (e.g. screenings / Health checks)
- **Disease prevention** and **health promotion**
- **Support for self-health awareness** (patient empowerment, activity-based community support)

Optional elements

- Clinical specialist outpatient services (including Joint clinics)
- Rehabilitative and supportive care for disabilities
- Palliative care for end-stage diseases
- Training
- Research
Tsan Yuk Community Health Centre Model

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RAMP: Risk Assessment and Management Programme

NAHC: Nurse and Allied Health Clinic
Risk Assessment & Management Clinic (RAMP)

- Adopts a multi-disciplinary team approach in caring diabetes and hypertension patients, thereby keeping them stable in the community.
- Develops collaborations between family physicians and DM specialists fostering seamless diabetic care interfacing primary and secondary levels, as well as capacity building in primary care.
Nurse and Allied Health Clinic

- Nurse Assessment (Case Manager approach)
- Optometrist Assessment: Diabetes Mellitus Retinopathy
- Podiatry Assessment
- Smoking Cessation Counseling
- Body Weight Management
- Dietetics Counseling
- Lifestyle Re-Design (Occupational Therapy)
- Wound Care
- Continence Care
- Fall Prevention
- Integrated Mental Health Programme
- Medication Compliance and Management
- Patient Resource Corner
- Co-op Shop
Patient Resource Corner

Clinical calculators to allow patients to do self assessment e.g. International Prostatic Symptom Score, PHQ-9, GAD-7, Asthma control test, COPD assessment test, Fagerstrom nicotine dependence test

Providing computer for accessing Smart-patient website
Engage the Private Sector

Government Primary Care Enhancement Programmes
Initiatives under Public Private Partnership

• Elderly Health Assessment Pilot Programme
• Elderly Health Care Voucher Scheme
• General Outpatient Clinic Public Private Partnership Programme
• Patient Empowerment Programme
Publicise and Promote Primary Care

Publicity Activities

Advertisements at mass transport systems

Advertisements on Internet

Themed Competition "Primary Care - Family Doctor as Your Health Partner"

Announcements in the Public Interests (API)

Publicity Materials

Others: Featured articles, roving dramas, and more...
Prevent and Control Non-Communicable Diseases
Roles of Primary Care Practitioners

A Vision for Hong Kong
The Joyful Fruit Day

Birth           Preprimary               Primary                Secondary & beyond

NCD Prevention and Control - Implementation

Intersectoral Collaboration for health promotion and disease prevention

Turning settings into health-friendly ones and empowering individuals to make healthy choices

Life-course Approach

Healthcare providers in public and private sectors

District Councils

NGOs and community groups

Academics

Members of the public

Mass media

Business sector and employers

Schools

Government at all levels
Way Forward

• There is a need for further development – challenges
• Resources is needed to support long-term primary care development
• **Hard ware**: Building more CHCs and networks; develop the electronic health record sharing system
• **Soft ware**: evidence based practice and research; engage healthcare professionals and stakeholders in primary care developments; strengthen collaborative efforts among healthcare providers; proactive approach to chronic disease prevention; building a primary care workforce
ALL TOGETHER FOR HEALTH