2014 Hospital Authority Convention

“Modern Primary Care Models – Integration or Collaboration"

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Collaboration or Integration

**Collaboration** = primary care and other healthcare providers working with one another – can be an understanding, a wish, non binding

**Integration** = other healthcare providers working within and as part of primary care or vice versa… Provision of other medical services within primary care

Require Structure, administrative supportive, more formal with protocols

Incorporation into a system
Why Integration?

Well-coordinated collaboration across professions has the potential to allow comprehensive, population-based, cost-effective patient care and a new emphasis on health promotion and disease prevention, which will be essential in meeting contemporary health care challenges.

Teamwork, communication and collaboration between health professionals are important for the safe and efficient delivery of health care.

Hong Kong's ageing population and the increasing burden of chronic disease present opportunities for health professionals to practice collaboratively.
What Is Integrated Health Care?

Integrated health care, often referred to as interdisciplinary health care, is an approach characterized by a high degree of collaboration and communication among health professionals.

What makes integrated health care unique is the sharing of information among team members related to patient care and the establishment of a comprehensive treatment plan to address the biological, psychological, and social needs of the patient.

The interdisciplinary health care team includes a diverse group of members (e.g., physicians, psychologists, social workers, and occupational and physical therapists, allied health), depending on the needs of the patient.

However, mutual respect and communication are critical at all sites.
How models of primary care will benefit from Integration (or collaboration)

To assure provision of continuous comprehensive “quality care”

1. Integrating existing services provided by Department of Health into HA Primary Care Services
   Elderly care, DH, Family, Maternal and Child Health, Mental Health
2. Integration of services of HA GOPD services
3. Managing NCD Integrating services with Primary Care Partners:
   following protocols of the reference frameworks,
   Collaborating / integrating Nursing services,
   Occupational & Physiotherapy, Optometrists,
   Nutritionist / Dietitian, Clinical Psychologists,
   Social Workers
How models of primary care will benefit from Integration (or collaboration)

To assure provision of continuous comprehensive “quality care”

4. Public Private Collaboration or Integration – Integrating ancillary services, Integrating private practice with public community health centers barriers / solutions

5. Community Mental Health

5. Integrating Public Health with primary care

6. Integrating Elderly Health, collaborating with NGO including Dental Care and End of Life Care

7. Integrating TCM
The Hong Kong Healthcare System

**Public** (government Money)

- Food & Health Bureau

<table>
<thead>
<tr>
<th>Department of Health</th>
<th>Hospital Authority</th>
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<tbody>
<tr>
<td>Public Health</td>
<td>Hospitals care</td>
</tr>
<tr>
<td>199 clinics / health centers and institutes</td>
<td>40 hospitals and medical institutes</td>
</tr>
<tr>
<td>Integration?</td>
<td>74 general out-patient clinics</td>
</tr>
<tr>
<td></td>
<td>- 48 specialist clinics</td>
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</table>

**Private** (out of pocket)

- Hospital Care
  - 12 hospitals
- Primary Care
  - About 4200 private medical practitioners (not all G.Ps, not all trained)
  - About 9200 Chinese medical practitioners
Department of Health

Centre for Health Protection
Special Preventive Program
Health Education
Public Health Laboratory Services
Branch
Sexually Transmitted and Skin Diseases

Surveillance & Epidemiology
Tuberculosis & Chest Service

Child Assessment Service
Chinese Medicine

Clinical Genetic Service

Dental Service

Drug Office
Tobacco Control Office

Elderly Health Service
Family Health Service

Forensic Pathology Service
Medical Device Control Office
Methadone Clinics
Office for Registration of Healthcare Institutions
Port Health
Travel Health Service

Primary Care Office
Professional Development and Quality Assurance
Radiation Health
Registration of Healthcare Professionals Student
Health Service
The Family Health Service

Child Health

Maternal Health (Antenatal and Postnatal Care)

Family Planning

Cervical Screening

The Family Health Service provides a comprehensive range of health promotion and disease prevention services for babies and young children from birth to 5 years and women at or below 64 years of age.

The Service operates through 31 Maternal and Child Health Centers (MCHCs) and 3 Woman Health Centers (WHCs).
Development plan for Reference Framework for Preventive Care for Children in Primary Care Settings

Child Health

A comprehensive range of health promotion and disease prevention services are provided for babies and young children from birth to 5 years of age in MCHCs through an integrated child health and development program.

Anticipatory guidance on childcare and parenting are provided for parents and caregivers.

Immunization, as well as health and developmental surveillance including physical examination, growth & developmental monitoring, and hearing & vision screening are offered to babies and children at the centers.
Department of Health Elderly Services

The Elderly Health Service aims to enhance primary health care for the elderly, improve their self-care ability, encourage healthy living and strengthen family and carers support so as to minimize illness and disability.

Elderly Health Centers provide clinic service to elders using multi-disciplinary approach with family medicine perspective.

Out-reaching Health Service
The Visiting Health Teams outreach into the community and residential care settings to deliver health promotion programs so as to optimize the health of the elderly.
By adopting the train-the-trainer approach, Visiting Health Teams provide training programs to carers to enhance their health knowledge and skills in caring for the elderly.
In addition, the teams also carry out annual influenza vaccination for institutionalized elders.
Primary Care Office

To Integrate services of DH to offer Comprehensive, continuous whole person care

Services that can be integrated (merged with GOPD services):

Clinical Genetic Service
Elderly Health Service
Family Health Service
Student Health Service
Child Assessment Service
Tobacco Control Office
Port Health
Travel Health Service
Chinese Medicine

Resource Implication
Manpower Deployment
General Out-patient Clinic Services in the Hospital Authority

• The Hospital Authority (HA) is also committed to providing community-based primary care services.

• At present Target patients include the elders, low-income individuals, and patients with chronic diseases.

• Patients under the care of GOPCs can be broadly divided into two main categories:

1. chronic disease patients with stable conditions (e.g. diabetes mellitus, hypertension) and

2. episodic disease patients with relatively mild symptoms (e.g. influenza, colds).

Integrate D H services as well?
General Out-patient Clinic Services of HA

• GOPCs provide health risk assessments and follow-up care for patients with diabetes mellitus or hypertension etc. by multi-disciplinary teams, and targeted treatment services including continence care, wound care, etc. for high-risk chronic patients by nurses and allied health professionals such as physiotherapists, occupational therapists and pharmacists

• GOPCs also provide health risk assessments and follow-up care for chronic diseases

• To facilitate smokers to quit smoking, GOPCs provide smoking counseling and cessation programme
HA GOPC

Chronic Disease Management projects

Private assess? Collaboration / Integration

Health Risk Assessment and Management
Managing complications of Chronic Diseases:
Wound Care: Continence care
Fall prevention
Medication Management & Compliance
Respiratory Disease Management
Smoking Counselling and Cessation
HA Allied Health

Audiology  
Clinical Psychology  
Dietetics  
Occupational Therapy (Physical)  
Occupational Therapy (Psychiatric)  
Physiotherapy  
Podiatry  
Prosthetic & Orthotic  
Speech Therapy

Integrate services?

Referral system
Other HA community services

Day Hospital - geriatric, psychiatric ambulatory care

Community Medical Service

Community Nursing, geriatric assessment, psycho geriatric, community psychiatry, community psychiatric nursing

Smoking counseling and Cessation

General Infirmary Service – higher dependency beyond those residential sectors provided by social welfare

E.A.S.Y program – Early Assessment Service for Young People with Early Psychosis)
Reference Frameworks

Hong Kong Reference Framework for Diabetes Care for Adults in Primary Care Settings

2010

Using management of Diabetes to illustrate need of integrated primary care services

Framework for Population Approach in the Prevention and Control of Diabetes across the Life Course

Early Identification of People with Diabetes – Doctors Nurses

Dietary Intervention for People with Diabetes – Doctors Dietitian

Recommending Exercise to People with Diabetes – Doctors Occupational therapist

Glucose Control and Monitoring – Nurses

Drug Treatment for Hyperglycemia – Doctors Pharmacists
Framework for Population Approach in the Prevention and Control of Diabetes across the Life Course

Drug Treatment in Type 2 Diabetic Patients with Hypertension Team – FP, Specialist, Pharmacist

Lipid Management in Diabetic Patient Doctor, Dietitian, pharmacist

Diabetic Nephropathy FP, Specialist

Diabetic Eye Disease Optometrist, specialist

Diabetic Foot Problems Podiatrist, specialist
Benefits of Integration in management of NCD

Optometrist

Podiatrists

Nutritionist

Mental Health

Community Nursing

Occupational Therapists

Physiotherapist

Social Worker

Diabetes Complications
- Eye (Retinopathy)
- Mouth (Periodontal Disease)
- Heart Disease
- Kidney (Nephropathy)
- Lower Limbs (Peripheral Vascular Disease)
- Sexual Organ (Erectile Dysfunction)
- Brain and Cerebral Circulation
- Peripheral Nervous System (Neuropathy)
- Diabetic Foot (ulceration and amputation)
Management of Diabetes Mellitus

Integrating:

Nursing services – general / community /specialized
Pharmacy
Occupational Therapy
Physiotherapy
Optometry
Nutrition
Podiatry
Integrating Nursing Care - Considerations

Orientation

Education

Role Ambiguity

Responsibilities

Culture and value

Relation with Doctors - Turf territory protection
Integrating Specialist Care? Why

Grey zone – where does Primary Care End and Specialist care begin?

Collaboration and Dialogue

mutual respect and communication are critical at all sites.

Existing example in Department of Health – Antenatal and postnatal Screening

Referral - 2 way traffic

Fast track referral for collaborating GPs
Family Medicine / Ambulatory Pediatrics / Ambulatory Medicine – an idea from abroad

Organizing Care across the Continuum: Primary Care, Specialty Services, Acute and Long-term Care

Setting its own priorities for service delivery based on local community needs as determined by the team, local community experts.

Population, healthcare utilization and evaluation data have been used in planning services.

Provider interests, opportunities and long-term gaps have also been used to determine priorities for service delivery.
Smoking Cessation

Integrating services

Every doctor should be involved

HKAM Charter of Smoking Cessation
Integrated into primary care
Impact of Financing

Integrating / Collaborating Public Private Services
HA Charges for allied services

Specialist out-patient (including allied health services) $1,110 per attendance

General out-patient $385 per attendance

Dressing & Injection $100 per attendance

Geriatric day hospital $1,850 per attendance

Rehabilitation day hospital $1,250 per attendance

Psychiatric day hospital $1,150 per attendance

Community nursing (general) $430 per visit

Community nursing (psychiatric) $1,380 per visit

Community allied health services $1,730 per visit

General out-patient $45 per attendance

Dressing & Injection $17 per attendance

Geriatric, Psychiatric & Rehabilitation day hospital $55 per attendance

Community nursing (general) $80 per visit

Community nursing (psychiatric) Free

Community allied health services $64 per treatment
Fees of General Practice in Hong Kong

The Hong Kong Medical Association has been conducting the Survey on Doctors' Fees regularly since 1991 aiming at gathering information on the prevailing charges of medical services in the private sector.

<table>
<thead>
<tr>
<th></th>
<th>Regular Consultation ($</th>
<th>Days of medication Included</th>
<th>Additional charges ($)</th>
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<tbody>
<tr>
<td><strong>Median</strong></td>
<td>180</td>
<td>3</td>
<td>100</td>
</tr>
<tr>
<td><strong>10th Percentile</strong></td>
<td>140</td>
<td>2</td>
<td>110</td>
</tr>
<tr>
<td><strong>90th Percentile</strong></td>
<td>340</td>
<td>4</td>
<td>1100</td>
</tr>
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2010 Fee Survey

General out-patient $45 per attendance
## Prevailing charges of Private Ancillary Primary Care Services

<table>
<thead>
<tr>
<th>Profession</th>
<th>Charge</th>
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<tbody>
<tr>
<td>Physiotherapist</td>
<td>HKD 500 per hr up</td>
</tr>
<tr>
<td>Occupational therapist</td>
<td>HKD 600 per hr up</td>
</tr>
<tr>
<td>Optometrist</td>
<td>HKD 500 per exam up</td>
</tr>
<tr>
<td>Dietitian</td>
<td>HKD 600 per consult up</td>
</tr>
<tr>
<td>Private Nursing</td>
<td>HKD 800 per 8 hour shift up</td>
</tr>
<tr>
<td>Clinical Psychologist</td>
<td>HKD 1200 per hour up</td>
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Influence of Medical Insurance in Hong Kong

- Preventive care not included in most private medical insurances
- Ancillary services e.g. physiotherapy covered but:
  - Pre-existing diseases / chronic diseases / Co-morbidities not covered
  - Anything “mental” not covered

Utilize subsidized public resources - PPI
HA General Out-patient Clinic Public-Private Partnership Program (GOPC PPP)

- a PPP model for the delivery of primary care service and promote the family-doctor concept in the community. Delivered by Private Practitioners.

- patients suffering from specific chronic diseases such as Diabetes and Hypertension with stable medical conditions and in-need of long-term follow-up treatment at GOPCs are invited to join voluntarily at the same fee they currently pay for GOPC services.
Public Private Partnership
Challenges:

Gaps

Enhancement

Patient Culture – health seeking behavior – modification

Communication - eHealth record
Healthcare Voucher

- From 1 January 2013, the voucher amount increased to $1,000
- The HCVS has been converted from pilot project into a recurrent support program for the elderly.
- The unspent vouchers amount allowed to be carried forward and accumulated by an eligible elder, subject to a ceiling of $3,000.
- Elders encouraged to make more frequent use of the vouchers for primary care services including both curative and preventive care.

Extend to ancillary services:
- Physiotherapy
- Occupational therapy
- Optometry
- Dietitian etc.
Barriers towards Integration

Healthcare Financing

Behavior change of providers, end-users and administrators

Patient Culture – health seeking behavior

Values system / appreciation

Mismatch of Expectations

Bureaucracy - Stewardship
• Six Principles in developing CHCs or CHC-networks include:
  1. Enhance allied health and multidisciplinary services
  2. Enhance health promotion activities
  3. Strengthen clinical services
  4. Improve coordination and continuity of care
  5. Strengthen efficient use of resources
  6. Explore integrated care and strengthen collaboration with social care and the community
Teamwork – Multidisciplinary Primary Care
On site ancillary service support

Engage private GP /FP in the Community Health Care Centers in Hong Kong
How to engage GPs
Tin Shiu Wai network

Primary Care Services in CHCs or CHC Networks

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 illnesses

Collaborations between Tin Shui Wai (Tin Yip Road) CHC, NGOs and private practitioners

Refer to other service providers (e.g. NGOs, private doctors) as appropriate

Primary Care Hub
- Primary Care Health Coordinator
- Manages patient flow
- Coordinates with private family doctors
- Recommends appropriate primary care activities to patients

Allied Health services

Nurse-led services

Private Doctors

Reports sent back to family doctors directly

Tin Shui Wai (Tin Yip Road)
Community Health Centre

Capacity Building
Integration or Collaboration

70% of primary care delivered by doctors in Private Practice

What do private doctors want?
What do we need?
How can we do it?
Who decides?
Who pays?
WHO ADVOCATE INTEGRATION OF MENTAL HEALTH INTO PRIMARY CARE

Multi-morbidity is a common phenomenon in primary care. Providing preventive interventions in the primary care setting may improve early detection and treatment of mental health problems, especially for people with multiple chronic conditions who are at a higher risk for developing mental health problems. The generalist primary care providers can also address mental, physical and social aspects of care at the same time, addressing mental health symptoms in the context of social life stress and distress in patients using the bio-psycho-social model rather than strictly adhering to the medical model.
WHO ADVOCATE INTEGRATION OF MENTAL HEALTH INTO PRIMARY CARE

Medically unexplained symptoms (MUS) are one of the common presentations in primary care.

Many of these patients also suffer from mental health problems and it makes primary care the ideal setting to treat their co-morbid mental health problems.

Patients often have continuing relationships with their primary care providers, treating mental health problems in primary care may make it less stigmatising for patients and the long-term relationship with primary care providers may make patients more willing to disclose their mental health issues to their primary care providers.
HONG KONG

Integrating Mental Health Services in Health Care Reform

Fanny M Cheung
Stephen Chi-kin Law
HK Institute of Asia Pacific Studies
Chinese University of Hong Kong

*International Conference on Health Care Reform*
4-5 March 2011
Integrating Mental Health

Train Family Doctors / General Practitioners in community mental health.

Integrate mental and behavioral health care into primary care and other health care services for persons across the lifespan, with psychologists recognized as vital members of interdisciplinary health care teams.

Support funding for scientific research related to the impact and effectiveness of integrated health care and the contributions of psychologists as members of these teams.
Integrating Public Health and Primary Care

- Improved health and social outcomes would be possible with better coordination and collaboration between public health and primary care
Integration of Public health and Primary care

• There is a need to understand and clearly articulate the roles and functions of public health and primary care.

• The main areas of overlap between these sectors are health surveillance, health promotion and prevention of disease and injury.

• Concerns and consideration: patient value and expectations

• Public health seen as responsibility of government and cost to be borne by government
Reference Framework for Preventive Care for Older Adults in Primary Care Settings

Integrating Elderly Services

Department of Health Elderly Services

NGOs – Sheng Kung Hui Welfare council – elderly services, carer support services, community medical support service network

Elderly Residential Homes

Dental services - Community Care Fund
This service network is composed of the two branches of the Centre of Wellness, located in Central and Ngau Tau Kok respectively, as well as the Home Healthcare Centre at Cheerful Court. With a multi-disciplinary team of doctors, Chinese Herbalists, dentists, physiotherapists, occupational therapists, nurses, dietitians, speech therapists, social workers, beauticians, masseurs and masseuses, these two centres provide integrated medical support services as well as develop effective one-stop and just-in-time referral health platform for the users. In addition, the centres also help various scales of organizations, public and private corporations to formulate various health plans, health seminars and activities according to their actual needs.

Scope of services:

Medical and Health Care Service
- Doctors
  Pathology examination, body check-up, vaccination, electrocardiography, X-ray, etc.
- Chinese Herbalist Service
- Dental Service
  Basic dental check, bridge, filing, bleaching, laminate veneer, X-ray check-up, etc.
- Physiotherapy Service
  Acupuncture, exercise therapy, pain therapy, soft tissue injury or oedema, hydrotherapy, etc.
- Occupational Therapy Service
  Functional rehabilitation, occupation repetitive strain injury rehabilitation therapy, prevention varicose veins, dementia cognitive training, dyslexia, home assisted equipment or rehabilitation product introduction, office human ergonomics assessment, etc.
- Dietitian Service
  Weight management program, chronic diseases diet therapy, recipe analysis and menu design, health seminars and workshops.
- One-stop Service of Stroke Rehabilitation and Stroke Prevention
- Enhanced Home and Community Care Service

Beauty Care Service
- Slimming course, facial care, body massage, eyebrow trimming and nail beauty.

HA should collaborate with NGOs with such comprehensive health services
NGOs Integrated Elderly Services

- Residential Service for the Elderly
- Hong Kong Sheng Kung Hui Cyril and Amy Cheung Aged Care Complex
- Senior Citizen Residences Scheme - Cheerful Court
- Day Care Centre for the Elderly
- Integrated Home Care Services Team
- District Elderly Community Centre and Neighbourhood Elderly Centre
- Elderly Education - Institute of Continuing Education for the Senior Citizens
- Carer Support Service
- Networking Service for the Hidden Elders
- Community Medical Support Service Network
Dental Care - Why Care?

• POOR ORAL HEALTH MATTERS…
• PREVENTION OPPORTUNITY FALLING THROUGH CRACKS
• SOUND EVIDENCE THAT PRIMARY CARE INTERVENTIONS CAN MAKE A DIFFERENCE
• WAY TO IMPROVE HEALTH OUTCOMES AND REDUCE COSTS

Collaboration = primary care and oral health working with one another

Integration = oral health working within and as part of primary care or vice versa…..Provision of dental services within primary care
Integrating End of Life Services in the community setting

Not necessary in Hospitals
Hospice care
Certification by Family Doctor
Coroner's role
Integrating Traditional Chinese Medicine

More than Hot type 風熱感冒 Chilly type 寒熱感冒 and 解表

Complementary

Alternative

Supportive, rehabilitation

Pain

Adjunct Psychological support

Limitations – acute conditions, infections, emergencies

New TCM hospital
Conclusion

Enhance Primary Care – resource implication

Integrating the system – Manpower deployment

Integrate Primary Care services in HA and DH and Private

Break the barriers - restructure

A Primary Care Authority? – Stewardship to oversee Public : Private Integration – Ultimately to provide quality primary care to Hong Kong Public