Primary Care Development in Hong Kong

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Outline

• The Hong Kong health care system: Dual track
• Overview of local demographics
• Role of primary care in Hong Kong
• Overview of current development
• The way forward
Hong Kong’s Dual-track Healthcare System

Health Expenditure

Public 49%  Private 51%

Inpatient Service (bed days)

Public 90%  Private 10%

Outpatient Service (attendance)

Public 30%  Private 70%
Increasing Recurrent Government Expenditure on Health

From **15.9%** (2007-08) to **16.7%** (2013-14) of Government’s total expenditure
A Highly Efficient Healthcare System

Infant mortality rate (deaths per 1,000 registered live births)

- 1.7 (2007)
- 1.5 (2012)

Life Expectancy

1. Ageing population

- 1.03 million of people were aged 65 years or above in mid-2013 (i.e. **14.3%** of local population)
- Expectation of life at birth in 2012 (years)
  - Male: 80.7
  - Female: 86.4
- Projected mid-year population aged 65 years or above in 2041 will be as high as **30.2%** of the population
2. Heavy burden from chronic illnesses

<table>
<thead>
<tr>
<th>Prevalence of chronic health condition</th>
<th>Overall</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overweight and obesity (BMI≥23)</td>
<td>38.8%</td>
<td>42.5%</td>
<td>35.9%</td>
</tr>
<tr>
<td>Hypertension</td>
<td>27.2%</td>
<td>30.1%</td>
<td>24.9%</td>
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<tr>
<td>High blood cholesterol</td>
<td>8.4%</td>
<td>8.4%</td>
<td>8.4%</td>
</tr>
<tr>
<td>Diabetes mellitus</td>
<td>3.8%</td>
<td>3.7%</td>
<td>3.8%</td>
</tr>
<tr>
<td>Asthma</td>
<td>1.9%</td>
<td>1.8%</td>
<td>1.9%</td>
</tr>
<tr>
<td>Coronary heart disease</td>
<td>1.6%</td>
<td>2.0%</td>
<td>1.2%</td>
</tr>
<tr>
<td>Chronic obstructive pulmonary disease</td>
<td>1.4%</td>
<td>1.9%</td>
<td>0.9%</td>
</tr>
<tr>
<td>Cancer</td>
<td>1.3%</td>
<td>1.0%</td>
<td>1.5%</td>
</tr>
<tr>
<td>Stroke</td>
<td>1.1%</td>
<td>1.5%</td>
<td>0.8%</td>
</tr>
</tbody>
</table>

Note: People aged 15 and above

(Source: PHS 2003/2004)
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%
- Nephritis, nephrotic syndrome and nephrosis: 4%
- Septicaemia: 2%
- Diabetes mellitus: 1%
- Dementia: 2%
- All other causes: 15%

(Source: Centre for Health Protection, DH)

• Modifiable risk factors leading to NCD:
  smoking, alcohol drinking, unhealthy diet and physical inactivity
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
The Role of Primary Care in Hong Kong

• Developing **basic models** for primary care services
• Establishing a **family doctor register**
• Improving **public primary care**
• Strengthening public health functions through **public-private partnership**
Promoting Primary Care in Hong Kong

1. **Strengthen coordination of primary care services** - Primary Care Office, CHC
2. **Promote family doctor concept** – Primary Care Directory
3. *Provide guidance to healthcare practitioners and the public* – HK Reference Framework
4. **Empower patients** – Health education
5. **Promote primary care concept through different channels** – Publicity
6. **Engage the private sector to alleviate the burden on the public system** – *Elderly health care voucher; elderly health assessment; PPP*
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
Strengthen Coordination of Primary Care Services
Community Health Centre - Multi-disciplinary Collaboration in Chronic Disease Management

& Orthotics
Community Health Centre (CHC)

• Multi-disciplinary Collaboration in Chronic Disease Management

• to provide more comprehensive primary care services by –
  ➢ Re-structuring existing facilities
  ➢ Developing purpose-built facilities
  ➢ Developing CHC networks with existing facilities
General Out-patient Clinics in HK

73 GOPCs

Clusters (No. of GOPCs)
- HKEC (12)
- HKWC (6)
- KCC (6)
- KEC (8)
- KWC (23)
- NTEC (10)
- NTWC (8)
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
- Mobile app version was launched in August 2013

http://www.pcdirectory.gov.hk
Promote Family Doctor Concept

RTHK TV series – “My Family Doctor”

Advertisements on the Internet

Announcements in the Public Interests (API)

Publicity Materials
Guidance to Healthcare Practitioners and the Public

Why Reference Framework?

• Evidence-based medicine
  – essential element in primary care
    → deliver quality primary care with effective interventions
• International guidelines available for management of chronic diseases
• No local “guidelines” or “protocols” available
Guidance to Healthcare Practitioners and the Public
Hong Kong Reference Frameworks

- Global evidence of best practice
- Drawing on international experience
- Provide a common reference to healthcare professionals for the provision of continuing and comprehensive care
- Recommend evidence-based interventions that promote health, prevent disease and tackle major health risks
- Educate and empower patients and carers
Guidance to Healthcare Practitioners and 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 completed: Immunisation
- Upcoming modules:
  - Physical Growth and Development
  - Injury prevention
  - Parent empowerment

Reference Framework for Preventive Care in Older Adults
- Modules completed:
  - Health assessment
  - Fall
- Upcoming modules:
  - Dental health
  - Cognitive Impairment
  - Visual impairment
Capacity Building

• Seminars / symposium
  – Primary Care Symposium (May 2013)
    • To introduce the RF core document (which was published in Dec 2012) and
    • To discuss the role of family doctors in the health system
  – Seminars collaborated with professional organisations
    • To introduce RF core document & relevant modules
Empowering Patients

How to control Diabetes?

Your participation and self-monitoring is crucial to the effective control of diabetes. Enhance your knowledge and skills on the management of diabetes could enable you to better control your own health. Therefore, you should:

- understand the nature of diabetes
- maintain a healthy lifestyle
- understand the consequences of undesirable blood glucose control
- take oral medication(s) or inject insulin according to doctor’s prescription
- understand the treatment options and the possible side effects of medications
- develop a close partnership with your family doctor and other healthcare professionals

Primary Care Office’s Website: www.pco.gov.hk
Engage The Private Sector to Alleviate The Burden on The Public System

New initiatives
Elderly Health Care Vouchers

- **Aim:** To supplement existing public healthcare services by providing financial incentive for the elderly to choose private healthcare services that best suit their needs
- **Annual voucher amount** HK$2,000; unused vouchers accumulation limit HK$4,000
- **Eligibility:** Aged 70 or above
- **Service providers in the private sector:** medical practitioners, Chinese medicine practitioners, dentists, nurses, occupational therapists, physiotherapists, radiographers, medical laboratory technologists, chiropractors and optometrists (total: 10 healthcare professions)
- **Vouchers issued and used through** electronic system (eHealth System)
- **Evaluation to be conducted:** mid 2015
Elderly Health Care Vouchers

Utilisation Statistics (as at end 2014)

- More than **640 000 elderly** had ever made use of vouchers
- About **4 630 service providers** providing services at 6 900 clinics enrolled in the Scheme (covering all the 18 districts in HK)
- Over **6 million voucher claims** made with annual voucher expenditure of **HK$550 million** in 2014
Elderly Health Assessment Pilot Programme

- Components:
  - baseline health assessment
  - 1 or 2 episodes of follow-up consultation
  - health promotion sessions
- A two-year pilot programme launched in July 2013
- Collaboration with 9 NGOs to provide voluntary, protocol-based, subsidized health assessment for 10,000 elderly aged 70 or above
- Subvention from government: $1,200 per elder; co-payment by elder: $100
- Early identification of risk factors (including lifestyle practices) and health problems for timely and targeted management to promote healthy ageing
General Outpatient Clinic
Public-Private Partnership Programme

**Patient**
- To find the Programme attractive and affordable
- Can benefit from private medical services

**Private Doctor**
- To find the Programme acceptable
- Able to further contribute to the public at large

**Healthcare System**
- Able to help address the public-private imbalance with the sizable number of patients being diverted from public to the private sector
General Outpatient Clinic
Public-Private Partnership Programme

Objectives

• Provide choice to chronic disease patients
• Manage service demand
• Enhance patient access to primary care services
• Promote family doctor concept
General Outpatient Clinic
Public-Private Partnership Programme

Launched in mid-2014 in 3 districts

Tuen Mun
Wong Tai Sin
Kwun Tong
General Outpatient Clinic
Public-Private Partnership Programme

Target Patients

- GOPC patients
  - Hypertension ± Hyperlipidemia
  - Include Diabetes Mellitus later
  - Clinically stable^)
  - Having stayed in HA GOPCs for 12 months by the time they start service under the Programme

Service Providers

- Private Doctors
  - Registered Doctors under The Medical Council of Hong Kong
  - Practicing in Pilot Districts
  - Service hours requirement
    (At least 5 days per week for 3 hours per day)

^ Having no known target organ(s) damage and taking ≤ 3 anti-hypertensive agents
General Outpatient Clinic
Public-Private Partnership Programme

Patient to pay same public clinic fee (HK$45)^

Programme Subsidy from Government (FIXED)

$2,708

Service Package

- Doctor Consultations
- Drugs
- Investigations

2-way sharing of clinical information

^ Prevailing HA GOPC Fee, as per Gazette. Waiver arrangements remain applicable, as if for HA services.
General Outpatient Clinic
Public-Private Partnership Programme

Way Forward

• Closely monitor the implementation
• Keep in view closely feedback from private doctors, patients and other concerned parties
• Conduct an interim review in mid-2015
• To map out a detailed roll-out plan for all 18 districts
The Way Forward

• There is a need for further development – challenges
• Resources is needed to support long-term primary care development
• **Hardware**: Building CHCs and networks; electronic health record sharing system
• **Software**: evidence based practice and research; engage healthcare professionals and stakeholders; strengthen collaborative efforts among public & private healthcare providers; proactive approach to chronic disease prevention; building a primary care workforce; community awareness & education