

Primary Care Symposium:

“What has Hospital Authority achieved in Primary Care?”

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Background


“What has Hospital Authority achieved in Primary Care?”



Hospital Authority (HA)

- ◆ A **statutory body** established under Hospital Authority Ordinance in 1990
- ◆ Responsible for **managing Hong Kong's public hospitals services** since December 1991

HA's Facilities

- ◆ **43** public hospitals and institutions (*as at 1 April 2018*)
 - ◆ Provide over **28,300** beds (*as at 31 December 2017*)
 - ◆ **48** Specialist Outpatient Clinics (SOPCs) (*as at 31 December 2017*)
 - ◆ **73** General Outpatient Clinics (GOPCs) (*as at 31 December 2017*)
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HA's General Outpatient Services


- ◆ Territory-wide primary care services provided by 73 GOPCs
- ◆ In 2016/17, HA recorded
 - > **6.1 million** general outpatient attendances
 - > **1.5 million** patients

Roles of Family Medicine in Hospital Authority

“What has Hospital Authority achieved in Primary Care?”



Roles of Family Medicine in HA

- ◆ Essential **gate-keeping** role for HA and **care-coordinating** role for patients
 - ◆ Significant role in **public health**, especially during disease outbreak
 - ◆ Important **link between the hospital services and community care** to ensure a seamless patient journey
 - ◆ Provision of **comprehensive and holistic care** using **multi-disciplinary** approach to keep patients healthy in the community
 - ◆ **Training and continuing professional development** for Family Physicians and primary care professionals
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Key Primary Care Service Development in Hospital Authority

“What has Hospital Authority achieved in Primary Care?”

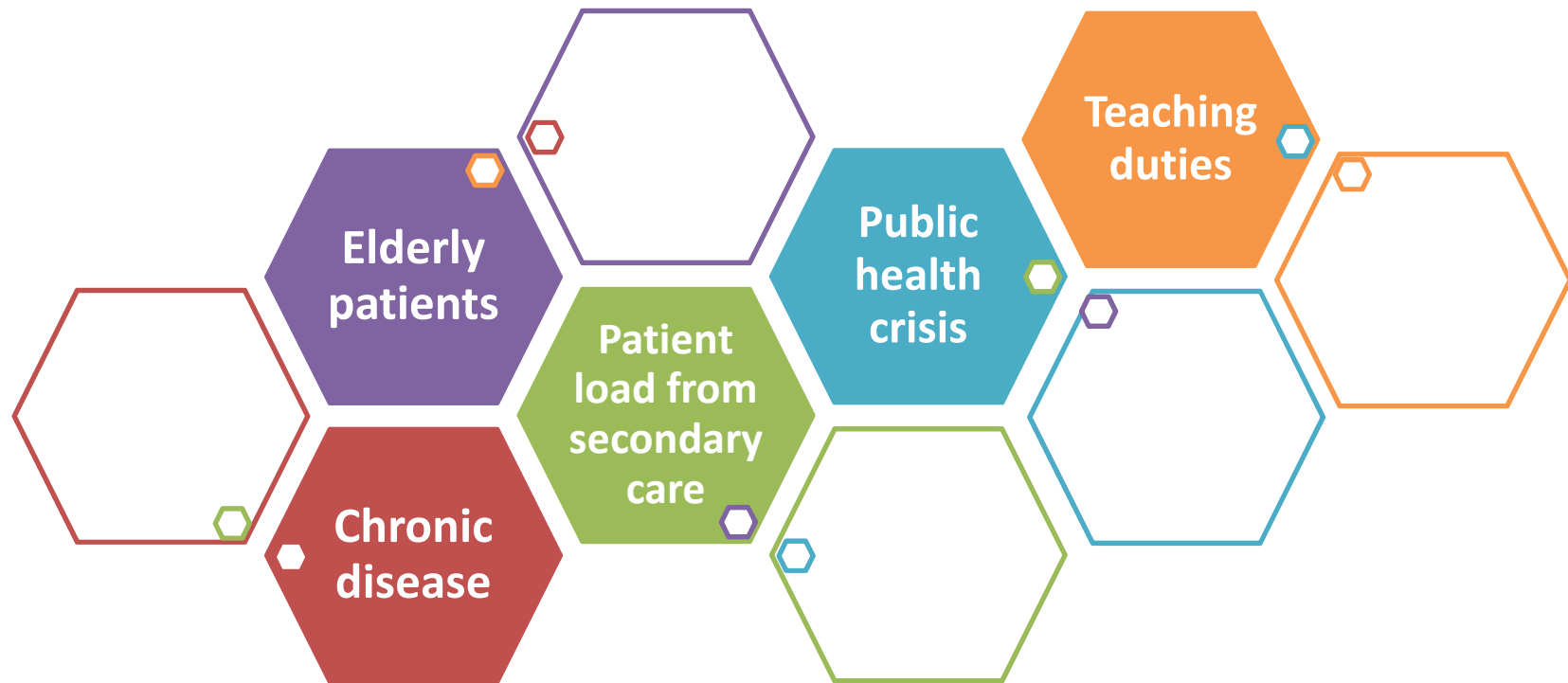


Governance and Service Areas

- ◆ Governance structure
 - HA Head Office and Coordinating Committee in Family Medicine (COC(FM))
 - Cluster management and Department of Family Medicine & Primary Health Care

- ◆ Main service areas for the public
 - General Outpatient Clinics (GOPCs)
 - Family Medicine Specialist Clinics (FMSCs)

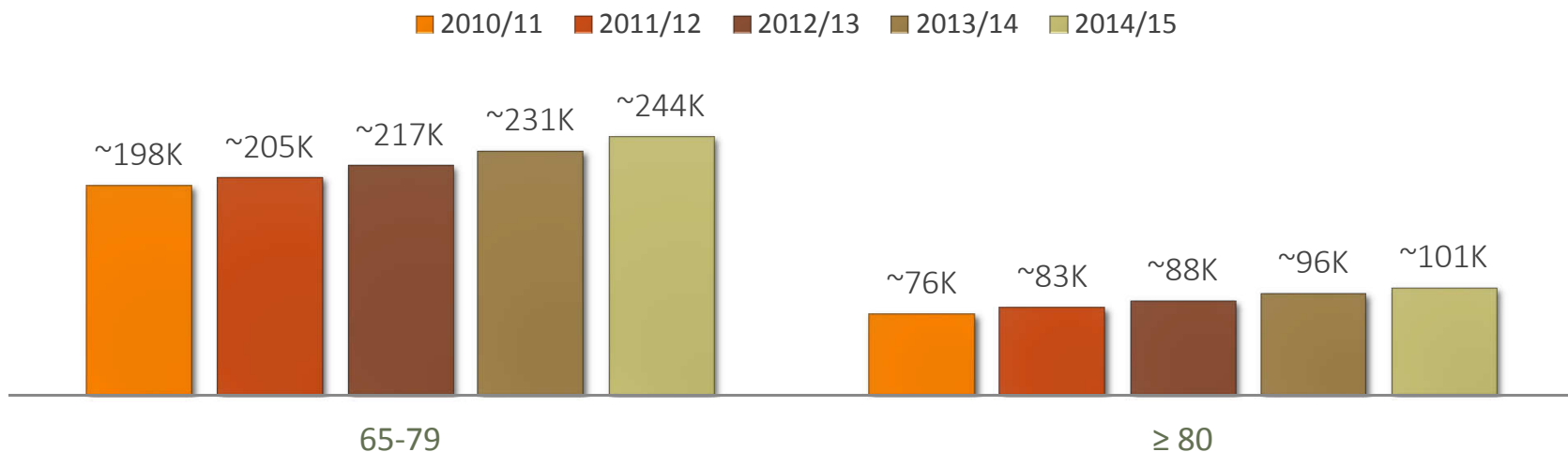
Factors Related to Increasing Service Demands



Escalating Service Demand

- Aging Population

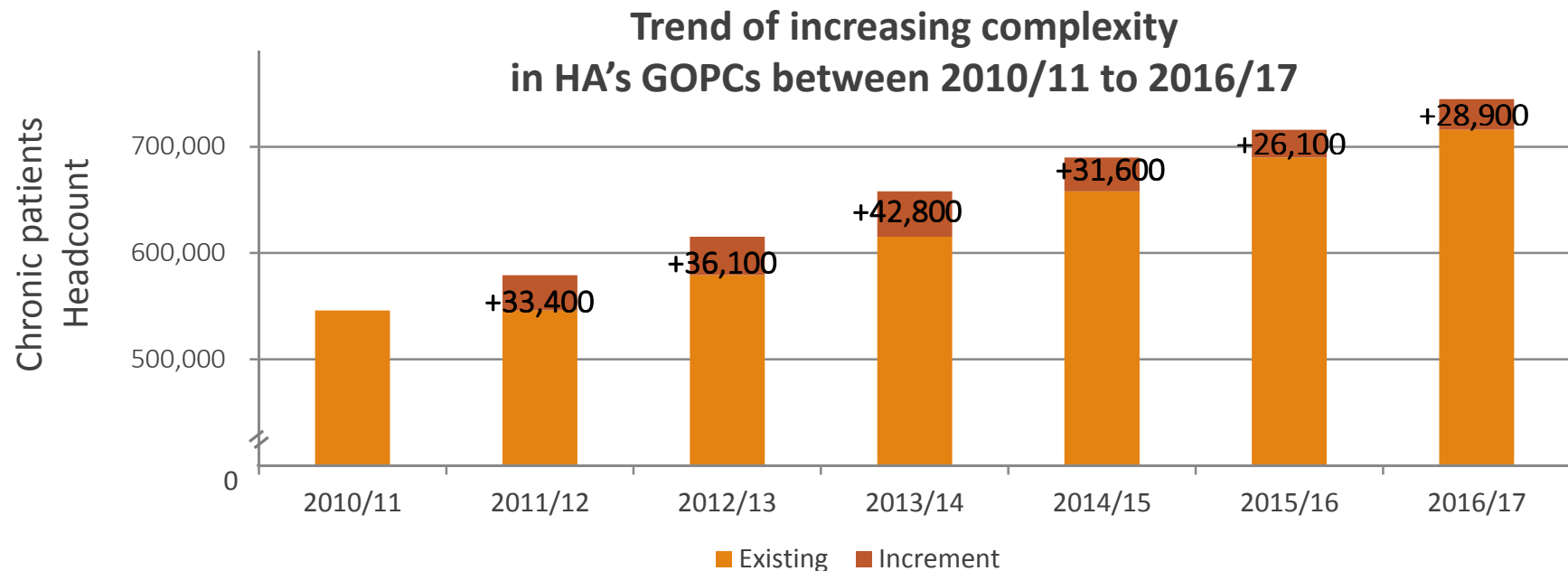
Headcount of patients (aged 65-79 and ≥ 80) with chronic diseases in HA's GOPCs between 2010/11 to 2014/15



Increase in patients with chronic diseases aged 65-79 and ≥ 80 by **24%** and **32%** respectively between 2010/11 to 2014/15

Escalating Service Demand

- Increase in Chronic Patients' Headcounts

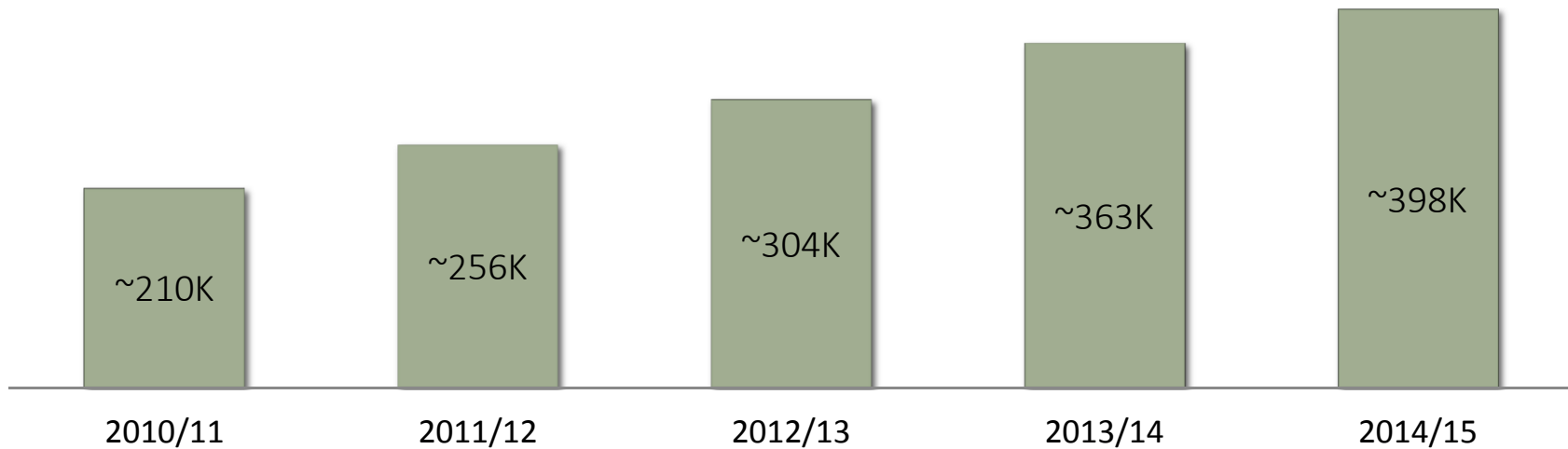


↑ 198,900 (+36.4%) of chronic patients
(with diabetes, hypertension or lipid disorder) in 6 years

Escalating Service Demand

- Increase in Presenting Problems/Diseases

Number of attendances with 4 or more presenting problems or diseases from 2010/11 to 2014/15



↑ 90% of patients with 4 or more problems or diseases

Key Primary Care Service Development in HA - FM Triage Clinic

- ◆ To address long SOPC waiting time
 - by enhancing the coordinating and gatekeeping role of FM in collaboration with other specialties
- ◆ Mutually agreed pre-defined conditions
- ◆ Protocol driven

Key Primary Care Service Development in HA - FM Triage Clinic

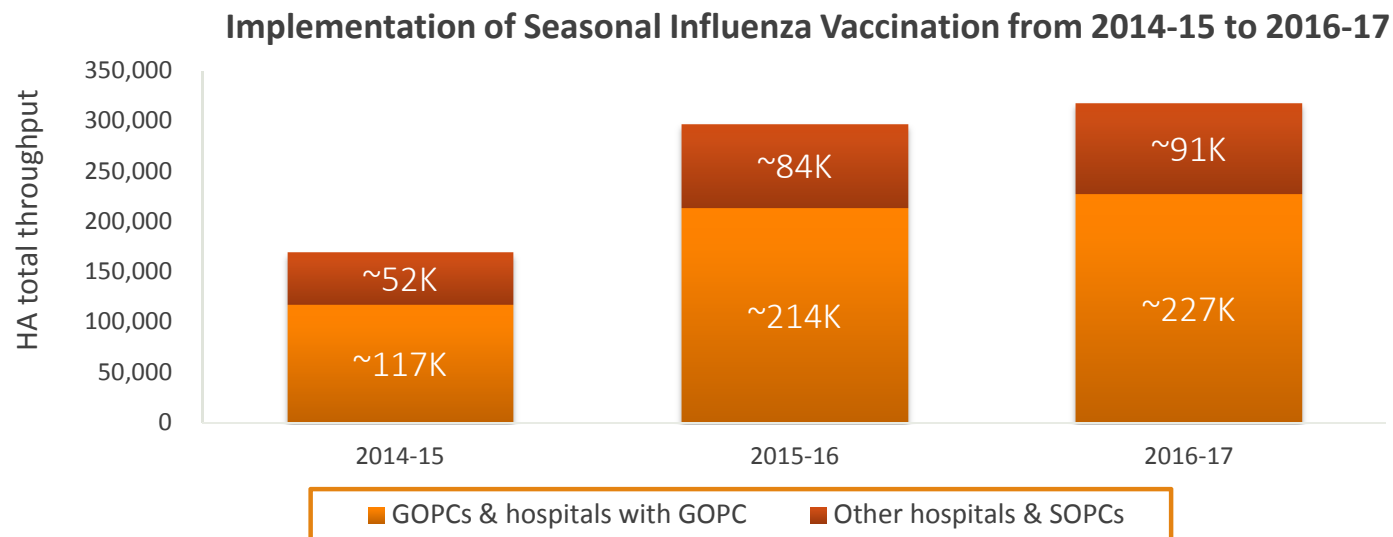
- ◆ 2015/16 outcome statistics:
 - More than **30,000 routine new cases** being handled in FM Triage Clinic
 - Among these, **over 50% cases closed** with NO follow up required

Key Primary Care Service Development in HA - Designated Clinic

- ◆ To **address public health crisis** and **manage sudden surge** of service users
 - e.g. 2009 Human Swine Flu Outbreak
- ◆ **Appropriate** patient care and use of hospital/AED services
- ◆ **Minimise** cross infection risks
- ◆ 18 GOPCs are **ready for activation** as Designated Clinics **within 48 hours**

Key Primary Care Service Development in HA - Seasonal Influenza Vaccination

- ◆ As the key provider of **Government Vaccination Programme (GVP)** to eligible patients since 2010

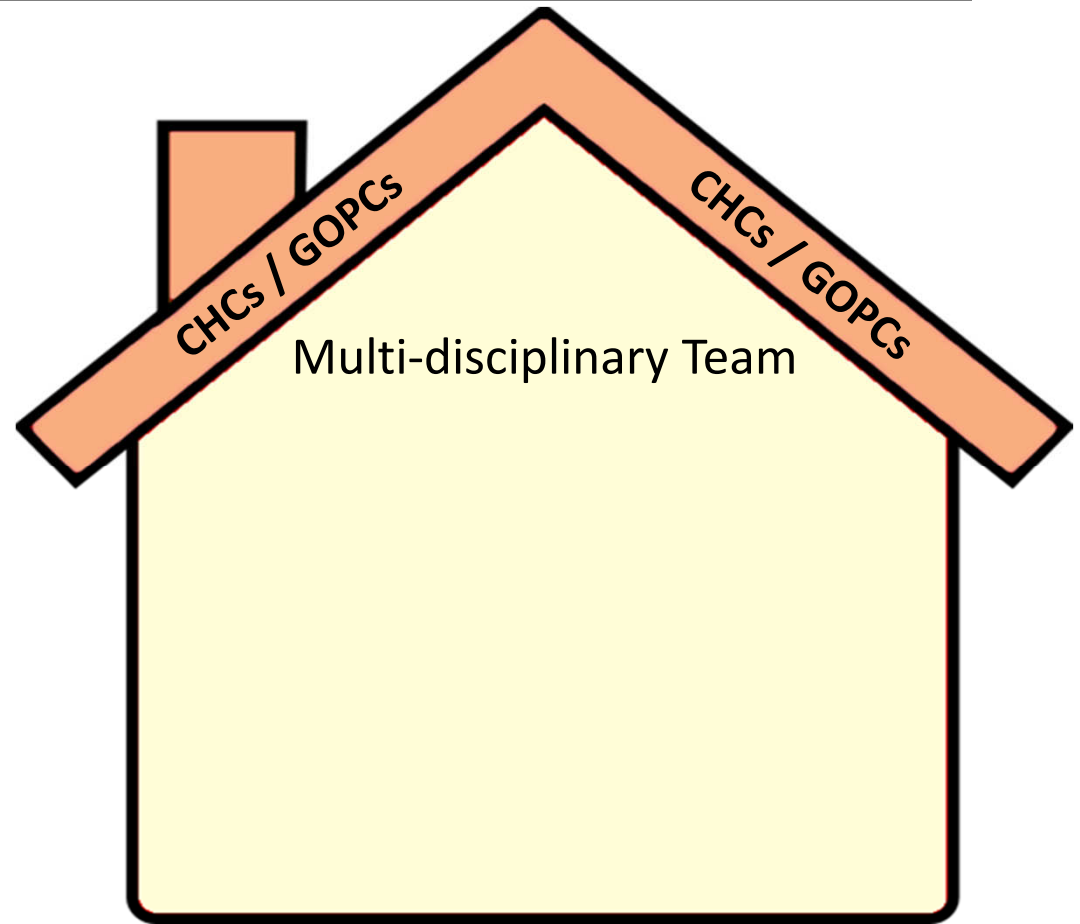


Major Quality Enhancements in Hospital Authority Primary Care Services

“What has Hospital Authority achieved in Primary Care?”



Major Quality Enhancements - Clinical Space



Major Quality Enhancements - Community Health Centres

- ◆ Established **Community Health Centres (CHC)** in Tin Sui Wai in 2012, North Lantau in 2013, and Kwun Tong in 2015 to provide more comprehensive and multi-disciplinary services in public primary care setting
- ◆ **3 new CHCs** in Mong Kok, Shek Kip Mei and North District are included in the first “10-year hospital plan”

Major Quality Enhancements - Clinic Modernisation

- ◆ Clinic renovation to
 - Streamline workflow
 - Enhance clinic space
 - Improve environment

Better operation efficiency & service capacity



Major Quality Enhancements

- Quality Assurance

- ◆ Territory wide **clinical audits in GOPCs** on the management of diabetes mellitus and hypertension since 2008 and 2009 respectively
- ◆ **Aligned drug items** at all GOPCs with regular review since 2012

Major Quality Enhancements

- Chronic Disease Management

- ◆ Multidisciplinary **Chronic Disease Management (CDM)**
Programmes to enhance the quality of care of high prevalence chronic diseases and important clinical problems in GOPCs since 2009
 - Risk Assessment and Management Programmes (RAMP) for Diabetes Mellitus (DM) and Hypertension (HT)
 - Integrated Mental Health Programme (IMHP)
 - Smoking Counselling and Cessation Programme (SCCP)
 - Nurse and Allied Health Programmes, e.g. Fall Prevention, Continence Care, Wound Care, Respiratory Disease Management

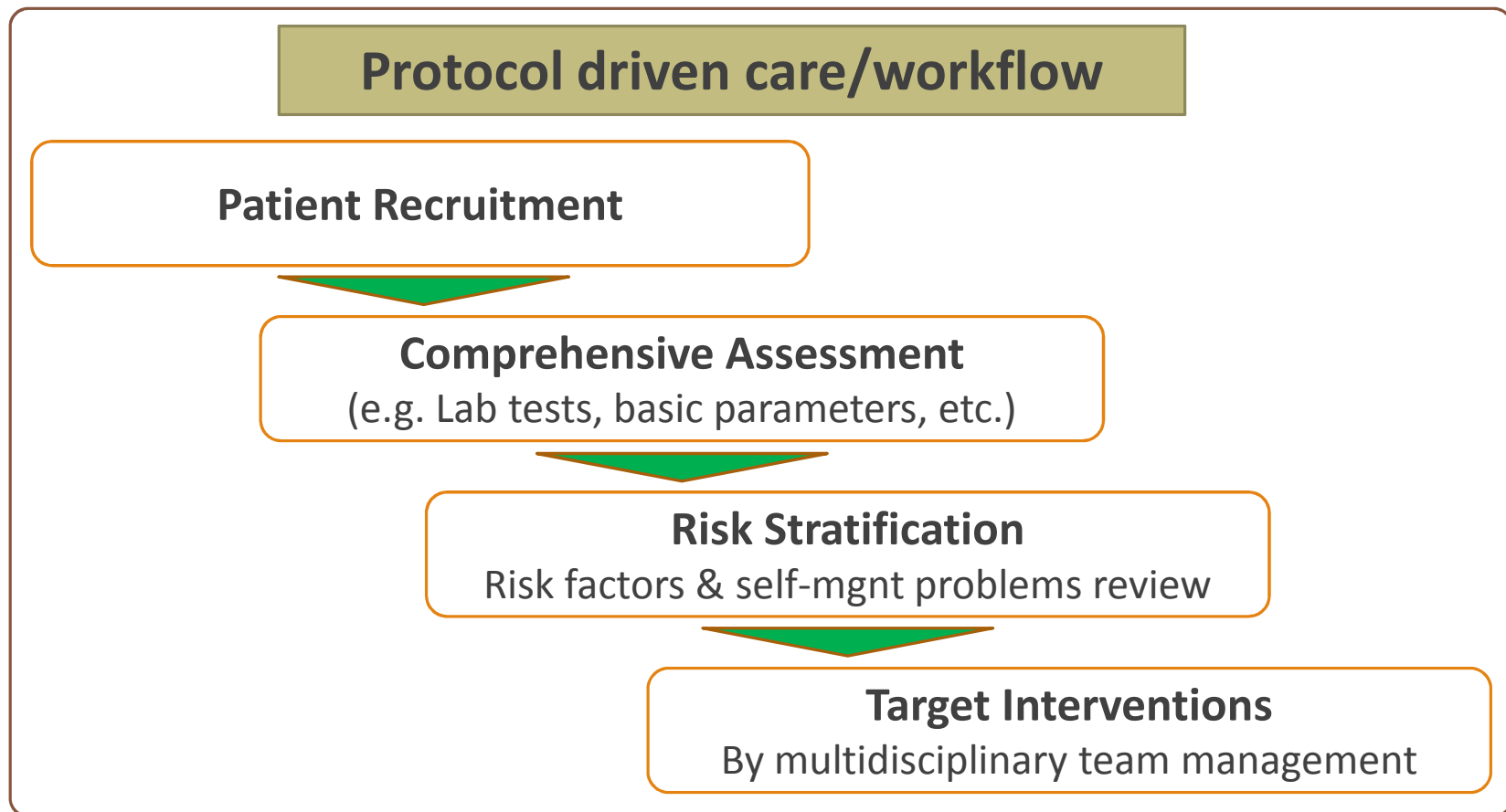
Major Quality Enhancements

- Illustration: RAMP for DM

- ◆ A **system change of DM care** with structured protocol, and alignment of practice
- ◆ Implementation
 - A multi-disciplinary Chronic Disease Management programme piloted in 2009/10, and then rolled out in 2011/12
 - Patients received periodic assessment based on individual risk level and disease control

Major Quality Enhancements

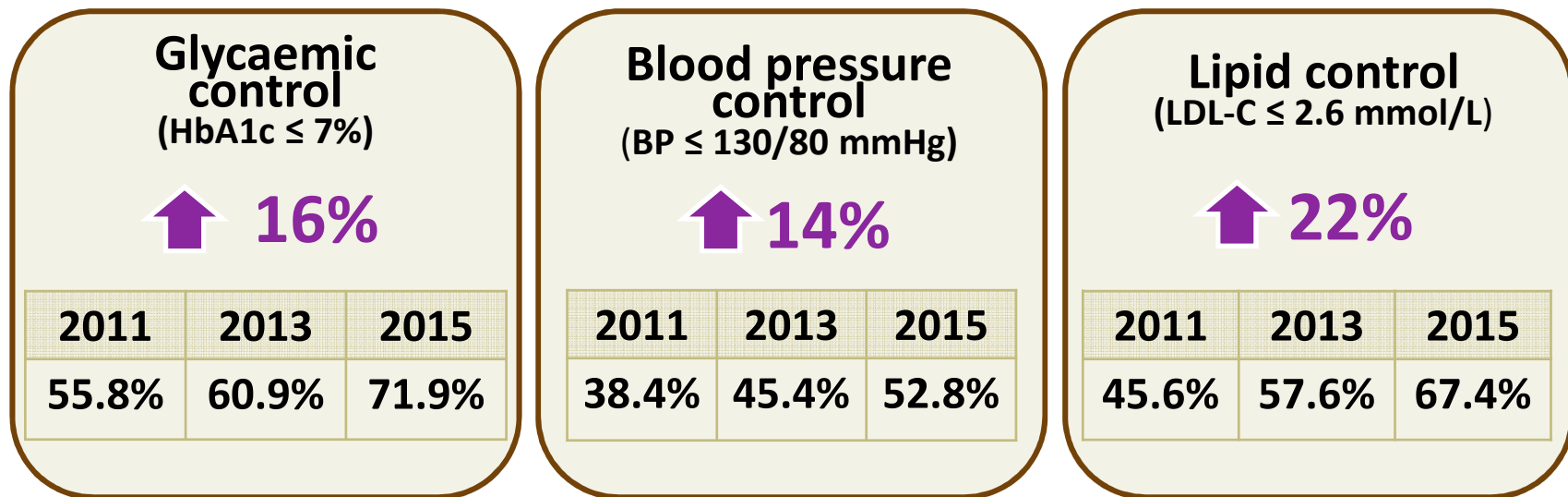
- Workflow of DM/HT Management



Major Quality Enhancements

- Outcome Highlights: RAMP for DM

- ◆ **Progressive improvements** in care outcomes
- ◆ **Increased patients achieving treatment targets** indicating **better disease control**



Source

Independent Quality of Care programme evaluation by University of Hong Kong

Major Quality Enhancements

- Competent Workforce

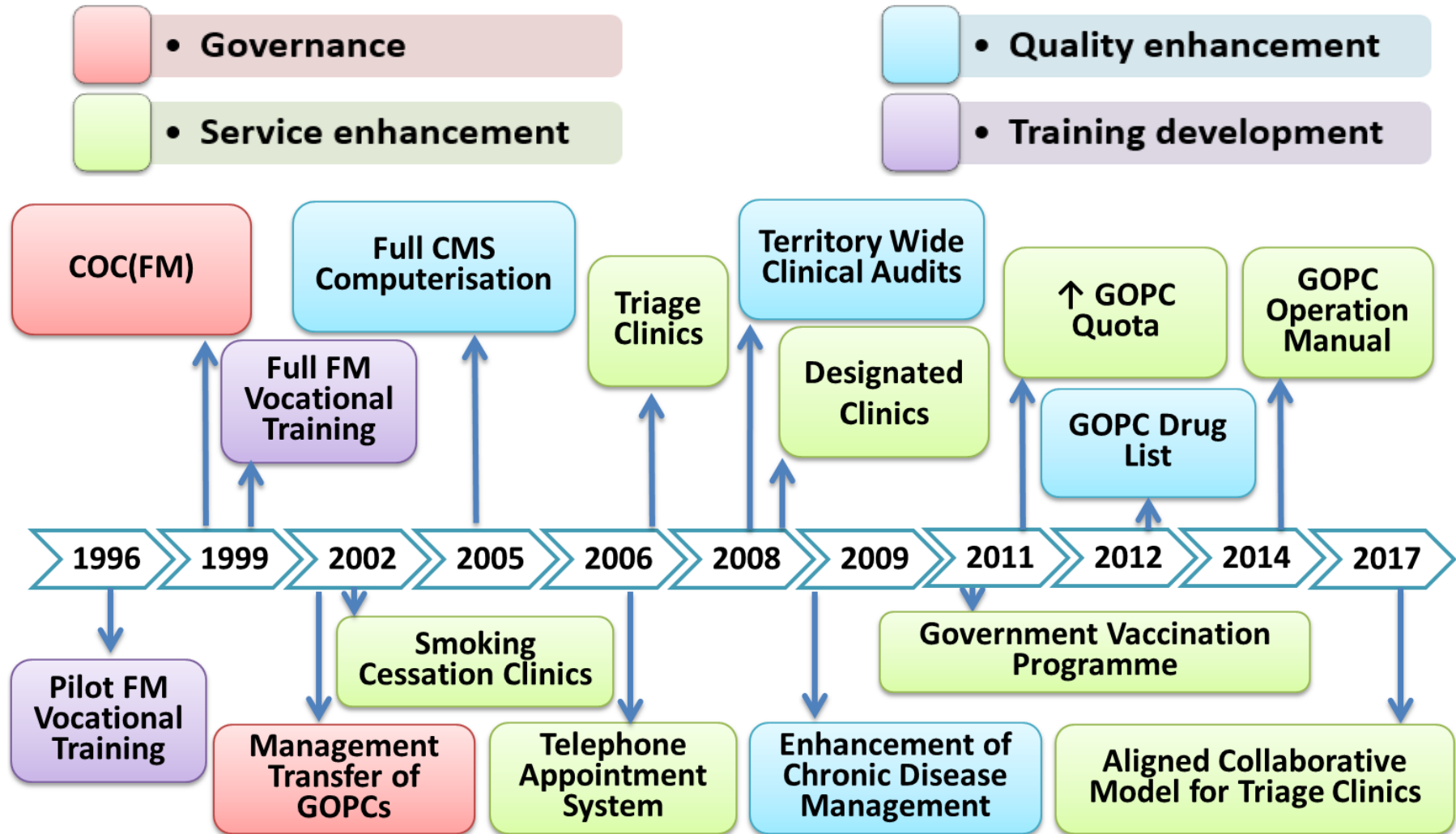
- ◆ In addition to FM specialist training, HA has is also providing training to interns, medical students, and other primary health care workers including nurses and allied health professionals

HA FM Vocational Training Programme

(Accredited by Hong Kong College of Family Physicians and Hong Kong Academy of Medicine)

Basic: Hospital – based (2 years)	Basic: Community – based (2 years)	Higher (2 years)
Knowledge and skills from different hospital-based specialties	Family medicine principles and practice, clinic management, public health, minor procedures	Supervised independent family medicine practice
<ul style="list-style-type: none">• Medicine• Surgery• Paediatrics• Obstetrics & Gynaecology• Accident & emergency• Orthopaedics• Psychiatry• Ophthalmology• Otorhinolaryngology• Dermatology	<ul style="list-style-type: none">• General Out-patient Clinic (GOPC)• Family Medicine Specialist Clinic (FMSC)• HA Staff Clinic (HASC)	<ul style="list-style-type: none">• General Out-patient Clinic (GOPC)• Family Medicine Specialist Clinic (FMSC)• HA Staff Clinic (HASC)

HA Primary Care Service Development




Way Forward

“What has Hospital Authority achieved in Primary Care?”



Way Forward

- ◆ To further enhance the **gate-keeping** and **care-coordinating** roles of FM by strengthening the collaboration with other specialties in HA
 - ◆ To broaden the **Family Medicine led multi-disciplinary primary care approach** in **chronic disease management** and patient empowerment, e.g. development of **Community Health Centres**
 - ◆ To **train** more **Family Physicians** and build a competent primary care workforce
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THANK YOU

