Response of Primary Care Doctors And Geriatricians to the “Building a Healthy Tomorrow - Discussion Paper on Future Health Service Delivery Model” for Residential Care Homes for the Elderly

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Background – the need for change

- Over-reliance on the public health care system
- Ageing population
- Early occurrence of chronic illness
- Advancement in medical technology
- Over-stretched hospital services
The Price of Inaction

- Government would have to spend > HK$50 on health care services out of every HK$100 tax revenue collected by 2033
- No spare resources for improvement of existing services
- Increasing private/ public imbalance
- Little choice for the community
- No incentives for young persons with good potentials to join the health professions
Time for Change

- Sustainability
- Affordability
- Accessibility
- Quality
Future Health Care Delivery Model

Tertiary Hospital Centres / Networks

District-based Hospital Services
- Hospitals
- Accident and Emergency Departments
- Specialist Out-patient Clinics

District-based Primary Care
- Family Doctors
- Elderly Care Services
- Long-term and Rehabilitation Care Services
Recommendations

• The Family Doctor concept is promulgated.
• Primary care doctors as Visiting Medical Officers (VMOs) to take up gate-keeper’s role.
• Revision of the Code of Practice for RCHEs by SWD – engaging primary doctors to take care of the residents’ medical needs.
• CGATs to concentrate on discharge planning and providing support to VMOs through consultations & case conferences.
Objectives

- To examine the response of primary care doctors & geriatricians to the recommendations
- To explore the feasibility of engaging primary care physicians in looking after the basic medical needs of residents in RCHEs on a regular basis
- To determine the support needed to enable primary care doctors to take up the role as “gate-keepers”
• Approval obtained from the Institutional Review Board of the University of HK/ Hospital Authority Hong Kong West Cluster
• Clinical Research Ethics Review
Methodology

• Postal questionnaire survey

Participants:
1. Holders of Post-graduate Diploma in Community Geriatrics (PDCG) of HKU & CUHK
2. Visiting Medical Officers (VMOs) - Phase 1, 2 & 3
3. Fellows in Geriatric Medicine
1. Part A : Demographics – Q1 → 8
2. Part B : Past experience of VMOs – Q9 → 13
3. Part C : Determine % doctors willing to take up VMOs’ duties & their commitment – Q14 → 16
4. Part D: Response to recommendations of HWFB’s paper – Q17 → 18
5. Part E : Key success elements for primary care doctors to take up RCHE duties – Q19 → 22 →
6. Part F : Support required for VMOs – Q23 → 25
Results

- No. of questionnaires posted – 404
- Overall response rate – 42.3% (171/404)
- Primary Care doctors’ response rate – 42.6% (113/265)
- Geriatricians’ response rate – 41.7% (58/139)
Demographics
Geriatricians: 34%
Primary doctors: 66%
Country of basic medical education
Present working organization

- Solo: 41.5%
- Group: 8.2%
- HA: 36.8%
- GOPC: 7%
- DH: 1.2%
- Others: 5.3%
1. Hong Kong East (including islands such as Cheung Chau, Lantau)
2. Hong Kong West
3. Kowloon East
4. Kowloon West
5. Kowloon Central
6. New Territories East
7. New Territories West
Experience of working as Visiting Medical Officer
Have you ever been a visiting medical officer (VMO) in homes for the elderly?

56.1% have been a VMO

N=96
During your term as a VMO have you ever worked with the Community Geriatric Assessment Teams (CGATs)?

61.1% primary doctors have worked with CGAT
Willingness/ Commitment of taking up VMO’s duty
Will you be able to devote your time to look after the medical needs of a home for the elderly on a regular basis?

84.7% primary doctors able to devote time
50% geriatricians able to devote time
How many hours in a week will you be able to devote your time as a VMO?

50.5% primary doctors able to devote 2-3 hours
24.2% able to devote 1-2 hours
Will you be able to provide 24 hour medical support to the homes for the elderly on a regular basis?

16.7% primary doctors agreed
10.7% geriatricians agreed
Views on Recommendations made in the Discussion Paper
Engaged VMOs should attend to the basic medical needs of the RCHEs on a regular basis.

Almost all doctors agreed
More geriatricians strongly agreed
Social Welfare Department to revise the Code of Practice for RCHEs to engage doctors to take care of their residents’ medical needs on a regular basis

95.3% doctors strongly agreed or agreed
More geriatricians strongly agreed (45.6%)
Geriatricians in HA should focus more in hospital work rather than RCHEs

Obvious disagreement between geriatricians and primary doctors
64.2% geriatricians disagreed or strongly disagreed
70.9% primary doctors agreed or strongly agreed
CGAT should concentrate on discharge planning and provide support to doctors engaged by RCHEs through consultations and joint conferences.

19.3% geriatricians strongly disagreed or disagreed
97.3% primary doctors strongly agreed or agreed
Private doctors can act as gatekeepers of A & E attendance and hospitalization for all RCHE residents

94.6% primary doctors strongly agreed or agreed
43.9% geriatricians strongly disagreed or disagreed
Do you consider medical care given to RCHEs a primary care or secondary care service?

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<th>Category</th>
<th>Count</th>
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<tr>
<td>Primary</td>
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</tr>
<tr>
<td>Primary and Secondary</td>
<td>59.9%</td>
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<tr>
<td>Mostly Primary</td>
<td>34.7%</td>
</tr>
<tr>
<td>Mostly Secondary</td>
<td>2.4%</td>
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</table>

P < 0.05

59.9% doctors considered both primary and secondary care.
76.8% geriatricians considered secondary or primary and secondary care.
44.5% primary doctors considered primary care or mainly primary care.
Success elements for VMOs
Success elements in order of importance

1. Time that the VMOs can spend in RCHEs for consultation on each visit (90.5%)
2. Frequency of VMOs’ visit (88.1%)
3. VMOs’ financial return from RCHEs work (85.8%)
4. Experience of working with CGATs (83.9%)
5. Possession of a PDCG/DGM qualification (72.7%)
What do you consider to be a reasonable financial return for each VMO visit (excluding medication)?

Only 12.4% were satisfied with the current remuneration package.
Support required by VMOs
Support required in order of importance

1. Access to HA Clinical Management System record (97.1%)
2. Referral right to HA community nursing and allied health professionals (93.6%)
3. Right of ordering investigations in HA laboratories (80.0%)
4. Right of prescription in HA pharmacy (72.9%)
5. Right of admission to HA hospitals (67.8%)
Discussion

- 73.1% of doctors were willing to look after the medical needs of residents of RCHEs
- 15.3% of doctors were willing to provide 24 hr support to RCHEs (84.7% unwilling)
- 64.2% geriatricians disagreed or strongly disagreed that they should focus more in hospital work
- 43.9% of geriatricians had reservations that private doctors could act as gatekeepers of A&ED attendance & hospitalization
Discussion

• Medical care for RCHEs is considered as a mixture of both primary & secondary care. Therefore, specialist input must be available.

• VMO’s time/frequency spent in RCHEs, financial return, experience with CGATs & possession of a post-graduate diploma, were considered important elements of success to implement HWFB’s recommendation.

• Access to HA’s medical record system & referral rights to community nursing / allied health service were essential support to VMOs.
Conclusion

• Respondents were receptive to change
  • Further understanding and division of labour between primary care doctors & geriatricians on their respective roles in meeting the needs of RCHEs
  • Pertinent questions on health care financing not answered
Limitations

- Response rate
- Sampling – only primary doctors who had PDCG or VMOs’ experience
- A narrow view of the scope of community geriatric care
- No clear direction on how hospital geriatric care should be provided
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THANK YOU