

# Hospital Authority Convention 2010

## 醫院管理局研討大會2010



### Multidisciplinary Primary Care – A Clinician's Perspective

### 多元化基層醫療－臨床醫生的觀點

Dr Donald K.T. Li 李國棟醫生

MBBS FHKCFP FRACGP FHKAM (Family Medicine)

# This presentation



- Background to what and why multidisciplinary teams are needed
- Examples from Hong Kong of what exists already
- Direction of travel within healthcare reform
- Some issues to be considered

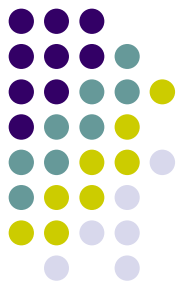


BACKGROUND :The historic WHA Resolution 62.12 歷史性的  
WHA決議

## Primary Health Care 初級衛生保健

- **May 22 2009 Passed a resolution in the 62th World assembly on health systems strengthening Primary Health Care.第62世界衛生大會在2009年5月22日通過關於加強初級衛生保健的決**
- **The resolution calls for all member nations to reinvigorate their health care systems through a strengthening of primary health care.該決議要求所有會員國需通過加強初級衛生保健來重振醫療保健系統**

# W.H.O. Resolution on Primary Health Care 世界衛生組織關於初級衛生保健的決議



- **IN ADDITION: WONCA identified the need to invest in the *human capital of primary health care* WONCA要求該決議作出修訂，涉及對於初級醫療保健人力資本進行投資的需求， and**
- **need to train sufficient numbers of health workers, in particular primary health care nurses, midwives, community based allied health professionals and family physicians. 以及敦促成員國培養足夠數量的衛生工作者，特別是初級衛生保健護士，助產士，基於社區的專業醫療人士及家庭醫生。**

# Team-based multidisciplinary care

## 基於團隊的多元化護理



- ***“It is evident that every major report on general practice and primary care has extolled the virtues of the primary health care team, from the Dawson Report in 1920 right to the present”***  
***“顯而易見，每一個關於公共衛生和初級保健的主要報告，自1920年 Dawson起至現在無一例外都讚揚了初級醫療保健團隊所做的貢獻”***

Spencer (1997) U.K.

- **“organization of general practice shifted from relatively isolated “cottage industry” typically 1 or 2 GPs and a practice nurse to a more diverse team-based model which include GPs, nurses, allied health staff, social workers and a range of administrative staff In U.K.”**
  - Usherwood et al (1997)

在英國，Usherwood 等(1997)所提到的那樣一公共衛生組織的工作，從相對立的“家庭手工業”模式，即1至2名全科醫生加上1名全科護士，轉向更加多樣化的基於團隊的模式，即包括全科醫生、護士、專職醫療人員、社會工作者和政管理人員。

# WHY Team-based multidisciplinary care

## 基於團隊的多元化護理



- The challenges of healthcare are increasingly complex and subject to frequent change 來自醫療保健的挑戰日益複雜且瞬息變化
- Meeting these demands require health professionals to work in partnership with each other, with other allied medical health professionals and with patients. 衛生專業人士需要彼此及與病人攜手合作，滿足社會對醫療保健的需求
- The value of working as a team has already been recognized 團隊工作形式已經得到廣泛認同
- We now need to strengthen and develop teamwork to provide modern multidisciplinary care for the future 我們需要做的是加強和發展團隊合作，提供現代化的多元護理以面對未來

# Future Primary Care need to address Changing Disease Epidemiology 未來的醫療保健需要處理不斷變化的疾病流行病學

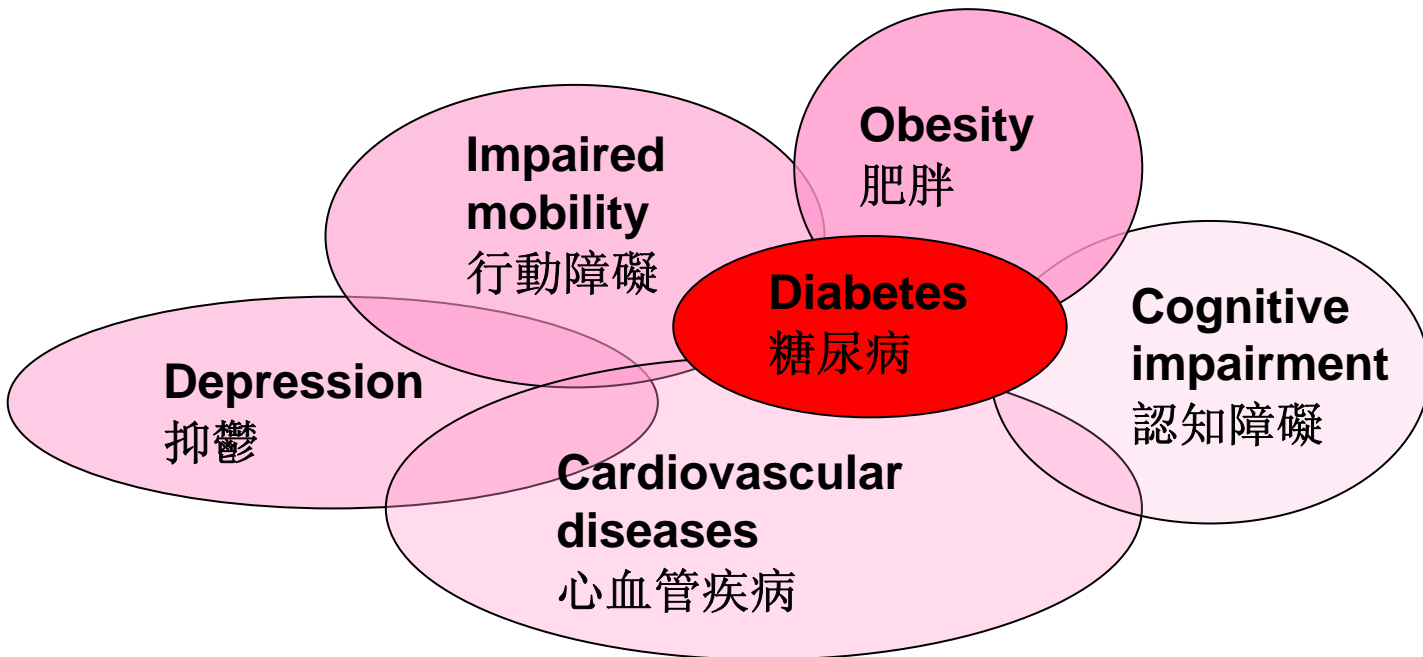
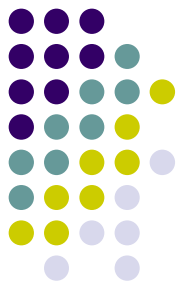


## Challenge

### Management of chronic diseases 慢性病管理

- **E.g. Diabetes, Hypertension**
  - 如糖尿病，高血壓

# What are the chronic diseases? 什麼是慢性病?

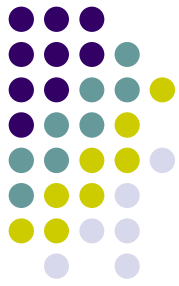




# Best Practices in management of chronic diseases 慢性病管理的最優實踐



- **Establish Practice guidelines and provide decision support** 建立實踐指引，提供決策支援
- **Establish Care pathways for prevention and management of chronic disease** 建立慢性病的預防和管理的護理途徑：
  - **consumers access programs** 消費者獲得護理計畫
  - **services based on systematic assessment and care planning** 基於系統評估和護理計畫的服務
- ***Provide Coordinated, team based, Multidisciplinary care across a service continuum ranging from risk prevention to complex care*** 提供基於團隊協調的多元化護理，涵蓋從風險預防到綜合護理的連續服務
- **Governance and management of healthcare providers around the needs of consumers** 圍繞消費者的需求，對醫療保健提供者進行治理/管理

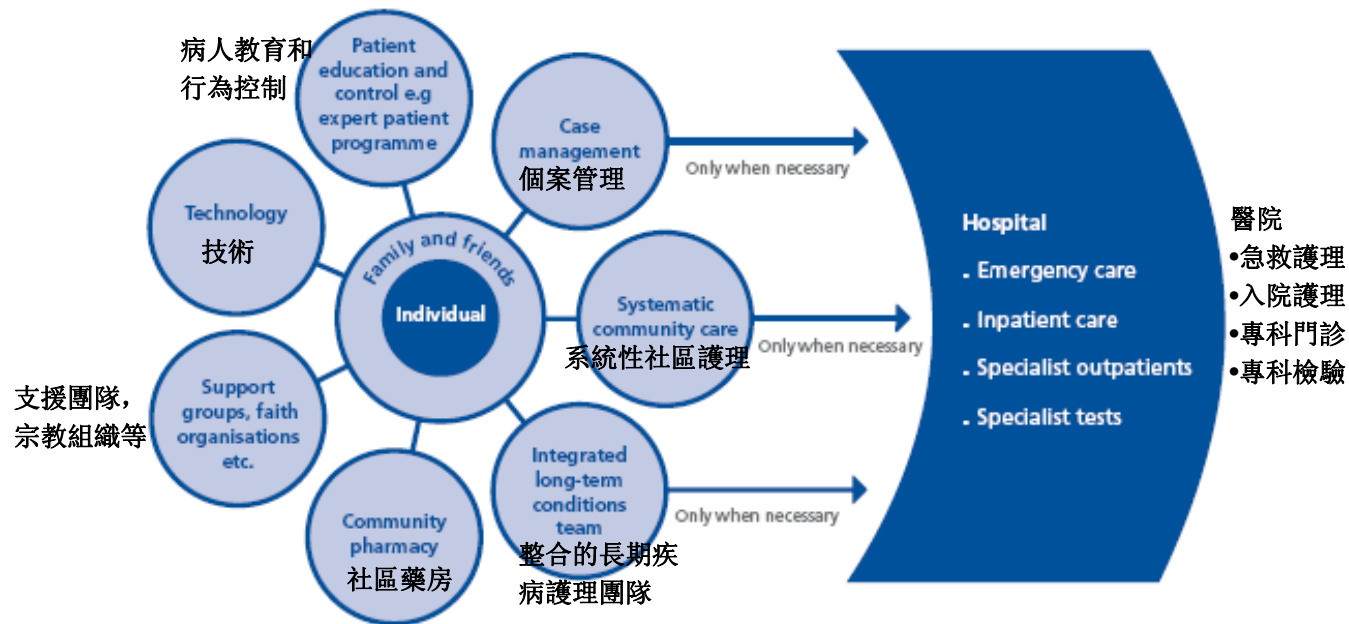


# Empowering the Patients in the community

## 增強病人的能力和自信心

**Stay healthy in the community**  
在社區保持健康

**Hospital care only when necessary**  
必要時才入院治療



**Source: Healthcare for London: Consulting the Capital Consultation Document 2007**

# Healthcare Reform – Hong Kong 療衛生改革－香港

醫



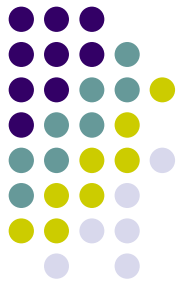
Health Reform 醫療改革 2008

Health and Medical Development Advisory Committee  
Working Group on Primary Care 健康與醫療發展諮詢委員會  
基層醫療工作組



## 3 Task forces 專門委員會

- Primary Care Directory 基層醫療指南
- Conceptual Model and Preventive Protocols 概念模型和預防方案
- Task Force on Primary Care Service Models 基層醫療服務模式



## ***Delivery models to put the conceptual model and protocols into action 將概念模型和方案付諸行動***

- ***Support recommend for private doctors to provide enhanced primary care 為私家醫生提供支援，從而增強初級保健***
- ***Support private doctors to involve in pilot projects to improve their patients' access to allied health and patient empowerment services. 為私家醫生提供可能的支援，如試點專案，使病人更好的獲得專職醫療服和病人自我提升服務***
- ***Services could be provided via Community Health Centers established as 可以通過社區衛生中心的建立，來提供這些服務，譬如***
  - ***virtual network 虛擬網路 or***
  - ***co-located centers providing multidisciplinary services, health education and patient empowering programs. 多個中心提供多元化服務、健康教育以及病人自強計畫***

# Challenge:



## Utilize Delivery models to put the established conceptual model and protocols into action 應對挑戰：將概念模型和方案付諸行動


- **Provide Incentives to encourage patients and providers to follow the conceptual models and management protocols** 提供激勵措施，鼓勵病人和醫療服務提供者遵照概念模型和管理方案
- **Provide non-financial incentives for public healthcare sector patients to join public-private partnership scheme** 為公共醫療機構病人提供非金錢激勵措施，鼓勵其加入公共私營合作計畫：
  - **assurance of their continued access to the public system when indicated** 確保其能夠獲得公共衛生系統的支援
  - **Assess to multi-disciplinary team approach.** 如採用多元化團隊途徑

# History : 1991 District Health Systems

## 歷史：1991 區域衛生系統



**W** SEMINAR  
ON  
DISTRICT HEALTH SYSTEM  
29th June, 1991. (Saturday)



**PROGRAMME**

Jointly Organised by  
Department of Health  
and  
Hong Kong Society of Community Medicine

Sponsored By  
Wyeth-Ayerst International Inc., Wyeth (HK) Ltd.

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**PROGRAMME**

Date : 29th June 1991 (Saturday)  
Venue : Grand Ballroom  
Grand Hyatt Hong Kong  
1 Harbour Road  
Hong Kong  
Time : Tea Buffet - 1:15 pm to 2:15 pm  
Seminar - 2:15 pm to 4:30 pm

**Speakers & Topics:**

- 1. Introduction**  
Dr. S. H. Leo, ISO, JP  
Director of Health
- 2. How much would a District Health System contribute to our health?**  
Professor A. J. Hedley  
Professor & Head of Department of Community Medicine,  
University of Hong Kong
- 3. The Kwun Tong District Health System**  
Dr. W. I. Ho  
Assistant Director, Department of Health
- 4. The role of a health nurse: an experience of the Kwun Tong Community Health Project**  
Miss Paula Choy, JP  
Chief Nursing Administrator, United Christian Hospital
- 5. District Health System: a general practitioner's perspective**  
Dr. Natalis Yuen, JP  
President, Hong Kong College of General Practitioners
- 6. Concluding Remarks**  
Dr. the Honourable C. H. Leong  
President, Hong Kong Medical Association

**Moderator:**  
Dr. Margaret Chan  
Assistant Director, Department of Health



# Example : Multidisciplinary Team Approach in Elderly Care

## 多元化團隊方式在老年人護理中的實例

- **Department of Health (DH)衛生署**
- **Primary care for the elderly:針對老年人的初級保健**
  - **Incorporates proactive preventive health risk assessment,採用整體性方法，在疾病管理基礎上整合健康險評估**
  - **early detection and intensive health education and disease management advise 積極預防要素、早期發現和深入的健康教育，**
- **Through Multi-disciplinary team approach 並採用多元化團隊方法。**



# Example : Multidisciplinary Team

## Approach in Elderly Care 多元化團隊方式

### 在老年人護理中的實例

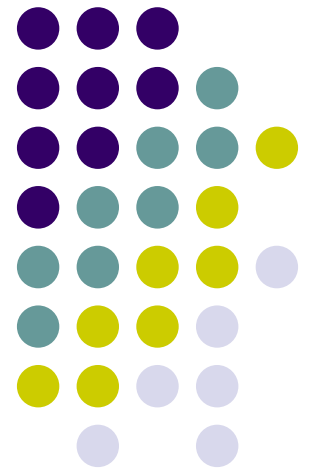


- **Improvements in lifestyle Behaviors**改善生活方式習慣
- **Less smoking and more exercise** 吸煙和運動
- **Service model is not medically intensive as it makes good use of nursing support in health risk assessment and health education.** 這種服務模式沒有過分強調醫藥，而是在健康風險評估和健康教育方面充分採用了護理支持。
- **the EHC service model could be used as a reference for consideration in developing service models in primary care.** 這種老年人護理模式為發展級保健下的服務模式提供了參考。



# Multidisciplinary Primary Care of Diabetes Mellitus Patients

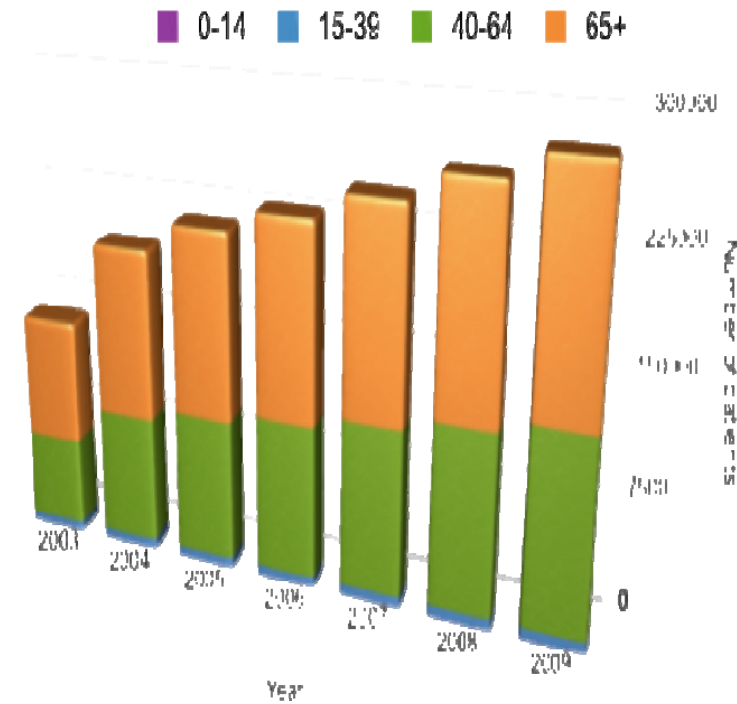
糖尿病患者的多元化  
初級保健



# Background 背景



- 700,000 diabetes patients in HK, about 70% of known DM cases under the care of HA 在香港有70萬糖尿病患者，其中70%的已知糖尿病例由醫院管理局管理
- 20,000 new case/year 每年新增2萬病例
- Chronic complications due to Diabetes 由糖尿病引起的慢性併發症:
  - 32% of IHD 缺血性心臟病佔32%
  - 27% of stroke 中風佔27%
  - 44% of new dialysis for ESRD patients 新終末期腎病透析患者佔44%
  - Ninth leading cause of death in HK 香港的主要死亡原因中排第9位
- DM patients accounted for more than 210,000, or around 17% of total hospitalizations in HA in 2008/09 在2008/09年醫院管理局管理的住院病人中，糖尿病人超過21萬，佔17%

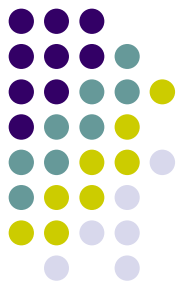


# Why is Diabetes Important in Hong Kong? 糖尿病在香港的重要性



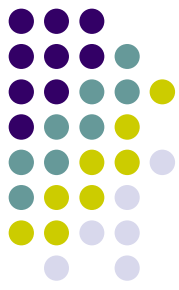
- **Diabetes is one of the most important causes for illness and death in Hong Kong. It accounted for 1.3% of all registered deaths and ranked the 9th leading cause of death in 2007.** 糖尿病是香港疾病和死亡的最重要原因之一，佔所有登記死亡人數的**1.3%**，在**2007年**的主要死亡原因中排第**9**位。
- **Unstable blood sugar level can lead to ketosis or worse, hypoglycemia, which causes loss of consciousness and can be fatal.** 血糖水準不穩定可以引起酮症甚至低血糖，導致失去知覺，並可致命。
- **DM is also an important risk factor for other chronic diseases. The high blood glucose, often together with high blood pressure and high blood cholesterol, damages both large and small blood vessels leading to multiple organ injury, especially in the presence of smoking.** 糖尿病也是其他慢性疾病的重要危險因素。高血糖通常伴有高血壓和高血脂，損害大小血管，並導致多個器官損傷，尤其對於吸煙的糖尿病患者而言。

# Population-based intervention and life course approach 基於人群的干預和“從搖籃到墳墓”的措施



- Management of DM and its complication can involve expensive secondary and tertiary care. 糖尿病管理和其併發症涉及昂貴的二級保健和三級保健
- Concern for the increasing trend of DM in younger people. 年輕人中糖尿病逐漸增加的趨勢也令人擔憂
- Traditional care services organized to respond to acute patient problems cannot adequately serve the needs of persons with chronic diseases like DM. 在應對急性病人護理時，傳統的保健服務已經不足以充分滿足慢性疾病如糖尿病患者的需要
- A more organized and systematic approach to care is required 更加有組織和系統的護理方法尤其必要。
- population based approach in the control and management of chronic diseases is needed. 在慢性病的控制和管理上採用基於人群的方法

# Population-based intervention and life course approach 基於人群的干預和“從搖籃到墳墓”的措施



- This approach seeks to embrace the whole spectrum of the problem from prevention to treatment to rehabilitation. 方法試圖基於宏觀角度，從疾病的預防到治療及康復
- Actions involved include 行動包括
  - the promotion of healthy behaviors, 健康行爲的促進
  - early identification and control of the risk factors for the disease, 早期發現和控制疾病的危險因素
  - quality management of the known diseases to prevent further complications or morbidity 已知疾病的品質管制來預防進一步的併發症和發病率

# DM management – Targets for best practice 糖尿病管理 – 最優實踐的目標



- **Healthy lifestyle advice.** 病人提供保持健康的生活方式, 保健諮詢
- **Regular screening for early detection of the known complications of DM** 接受定期篩檢以早期發現已經出現的糖尿病併發症
- **Tight glycaemic control (maintain a stable blood sugar level) to lower and maintain HbA1c to as close to physiological levels as possible** 嚴格的血糖控制 (即保持血糖在一個穩定水準) 降低和盡可能維持糖化血紅蛋白在正常的生理水平
- **Optimum blood pressure control with early intervention.** 達到最佳血壓控制可降低發生血管併發症的風險並減緩其發展

# Diabetes Treatment targets

## 糖尿病治療目標



### ➔ Key Performance Indicators (KPI) for service monitoring in Hospital Authority 醫院管理局服務監測的關鍵績效指標：

- ✓ Percentage of DM patients with HbA1c checked within 12-month period 12個月內接受糖化血紅蛋白檢查的糖尿病患者百分比
- ✓ Percentage of DM patients with HbA1c <7% 糖化血紅蛋白小於7%的糖尿病患者百分比

### ● Diabetic Indicators in: UK (– QOF) and Australia (PIP and Diabetes cycle-of-care SIP) 英國和澳大利亞的糖尿病指標

- Disease register 疾病登記
- Essential history – BMI, Smoking 原發性歷史 – 體重指數、吸煙
- P/E Retinal screening, peripheral pulses, BP 視網膜檢查、外周脈搏、血壓
- Lab tests – HBA1C, urine micro-albumin, cholesterol, 實驗室檢驗 – 糖化血紅蛋白、尿微量白蛋白、膽固醇
- Vaccinations – Influenza 接受疫苗 – 流感
- Medicine Review 醫學綜述
- Self-management 自我管理

# Patient Knowledge and Behavior Checklist 病人知識和行爲量表



- **The patient with diabetes should know and practice the followings:** 糖尿病患者應該瞭解和實踐
- **Know the nature of the disorder** 瞭解疾病的本質
- **Know symptoms of diabetes** 瞭解疾病的症狀
- **Know risk of complications** 瞭解併發症風險
- **Know the importance of foot care** 瞭解足部護理的重要性
- **Set and adhere to individual targets of treatment** 制定和遵循個人治療目標
- **Follow individual dietary advice** 遵循個人飲食建議
- **Know the Importance of regular exercise and practice regularly** 瞭解規律和定期運動就診的重要性
- **Know the importance of food intake, physical activity and oral hypoglycemic drugs, insulin or other drugs; and can adjust diet intake and drug accordingly** 瞭解食物攝入、體育活動和口服降血糖藥物、胰島素和其他藥物的重要性；能相應調整飲食攝入和藥物量



# Referral and multidisciplinary input in the management of DM 糖尿病管理的轉介及多元化投入



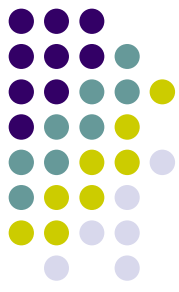
- Managing diabetic patients involves a large scope of services including primary, secondary and tertiary prevention. 糖尿病患者管理涉及包括三級預防在內的一系列服務
- Multidisciplinary collaboration targets at interfaces between different sectors are essential. 不同部門間的多元化合作必不可少。
- Primary care doctors should be the point of first contact that could facilitate and coordinate the referral of patients to other members of a multidisciplinary team and specialist services when indicated. 基層醫療醫生應作為醫療服務的起點，在需要時促進和協調病人轉介至多元化小組的其他成員接受專家服務

# Continuing Care – Role of Primary Care Provider 持續護理－基層醫療提供者的角色



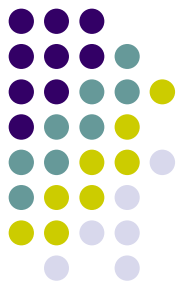
- **Primary care doctors are the first point of contact in the health care system and they are capable of providing patient-centered care that takes into account of and is responsive to individual patient preferences, needs and values, and ensuring that patient values guide all clinical decisions.** 初級保健醫生是醫療衛生系統的第一線接觸者，他們提供以病人為中心的護理，並考慮病人的喜好、需求和價值觀，確保所有的臨床決定都以病人價值觀為本。
- **Because of the chronic nature of DM and the need for life long continuing care, the role of primary care doctors/team is vital in empowering patient about the disease, motivating them for treatment and monitoring of complications. (HA Patient Empowerment Program (PEP))** 由於糖尿病的慢性特點和需要長期持續護理，初級保健醫生/團隊對於病人的自我提升至關重要，激勵病人治療和監測可能的併發症。（醫院管理局病人自強計畫）

# Continuing Care – Role of Primary Care Provider 持續護理－基層醫療提供者的角色



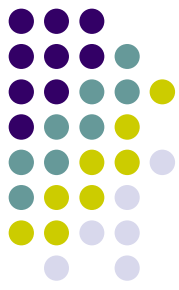
- **Primary care providers should proactively check patients' response to diagnosis, ongoing treatment, any barrier and myths.** 初級保健提供者應主動檢查病人對診斷和治療的回饋，以及可能的障礙和誤區
- **Primary care providers should provide holistic care to DM patients to address any psychosocial aspect of patients' concern,** 初級保健提供者應為糖尿病患者提供全面護理以解決病人在社會心理方面可能存在的焦慮
- **Primary care providers should also provide advice for patients to cope with special occasions, e.g. marriage, pregnancy, travelling and sick day management.** 初級保健提供者還應向病人在一些特殊場合，如結婚、懷孕、旅遊和生病的日常管理提供意見。

# Referral and multidisciplinary input in the management of DM 糖尿病管理的轉介及多元化投入



- **Specialist services like dietitians, podiatrists, optometrists, ophthalmologists, nephrologists, endocrinologists or inpatient management of acute diabetic emergencies may be needed from time to time during the care pathway.** 在整個護理過程中，可能時常需要專科醫師的參與，如營養師、足部治療師、眼科、腎科、內分泌科以及急性糖尿病住院管理等
- **The development of electronic health record will enable better access to diabetic patients' record to enhance continuity of care as well as better integration of different health care service for the benefits of individual patients** 隨著電子健康記錄的發展，可以更好的獲得糖尿病人的病例，從而加強護理的連續性和不同醫療衛生服務的更好整合，使患者受益

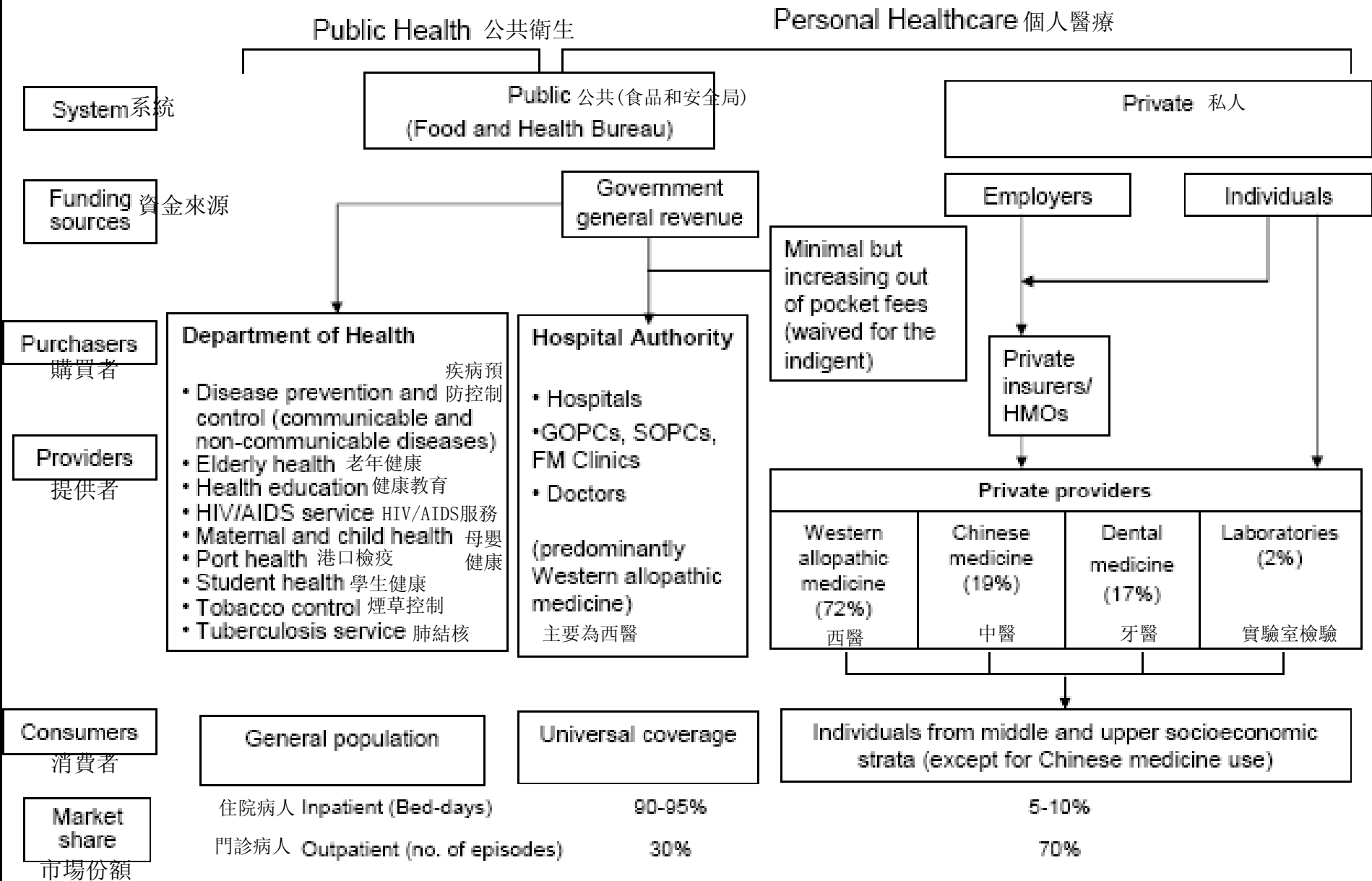
# Management of DM by a multidisciplinary team



- useful to have Community Health Center - structure comprising different healthcare disciplines to provide support to private primary care doctors who will act as **coordinator and facilitator** .由不同醫療學科的專家組成社區衛生中心結構的團隊，對私人基層醫療醫生提供幫助，使其成爲醫療服務的**協調者和推動者**。

**how does this fit?**

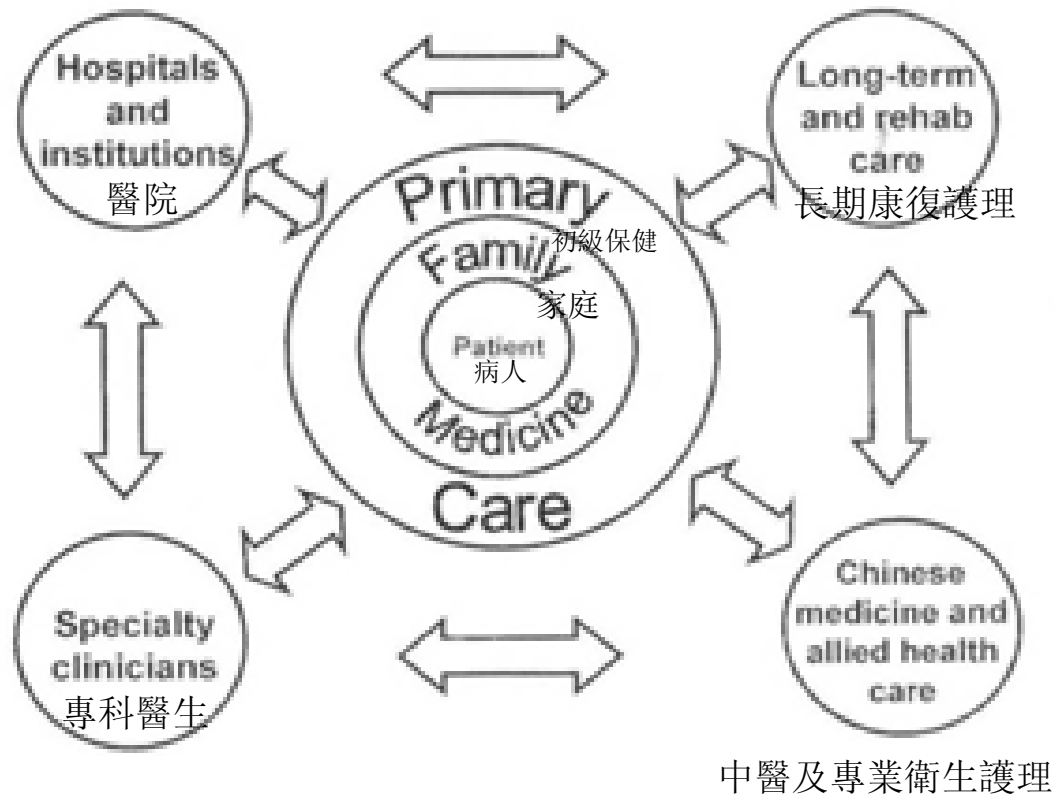
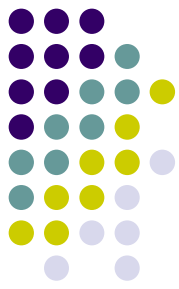
# Overview of the HK Health System 香港醫療體系概覽



HMO = Health maintenance organisation 健康維護組織

Adopted from 'Hong Kong's Health System: Reflections, Perspectives & Visions' 2006

# A Primary Care Led System in HK with Family Medicine at the Core 英國：以家庭醫生為核心以初級保健為主導的醫療體系

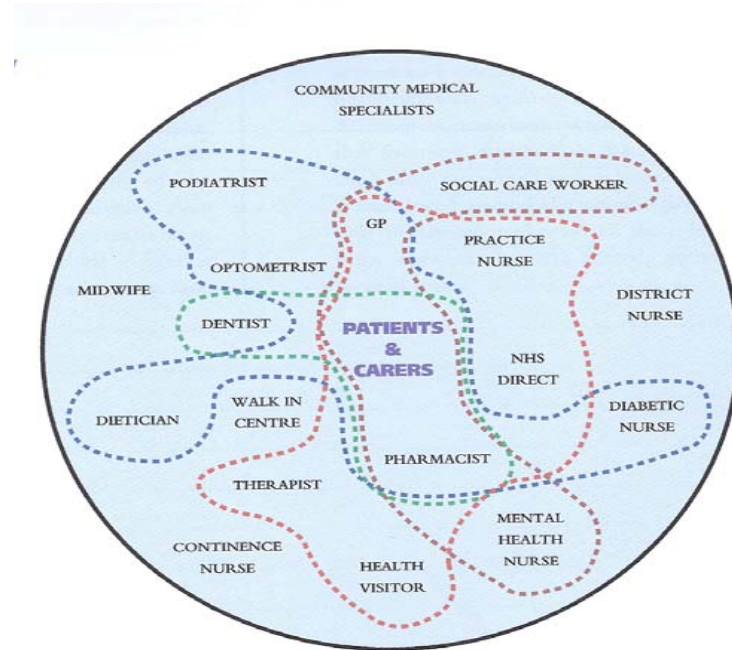


Source: 'Hong Kong's Health System: Reflections, Perspectives & Visions' 2006

# Multidisciplinary team working in primary care 基層醫療中的多學科團隊



- Team working is flexible and dynamic, centered on the needs of patients 團隊合作是靈活且動態的，以病人的需求為中心
- .....for diabetic patient 為糖尿病患者



*Team working in Primary Healthcare-  
Realizing Shared Aims in Patient Care  
Final Report 2000*

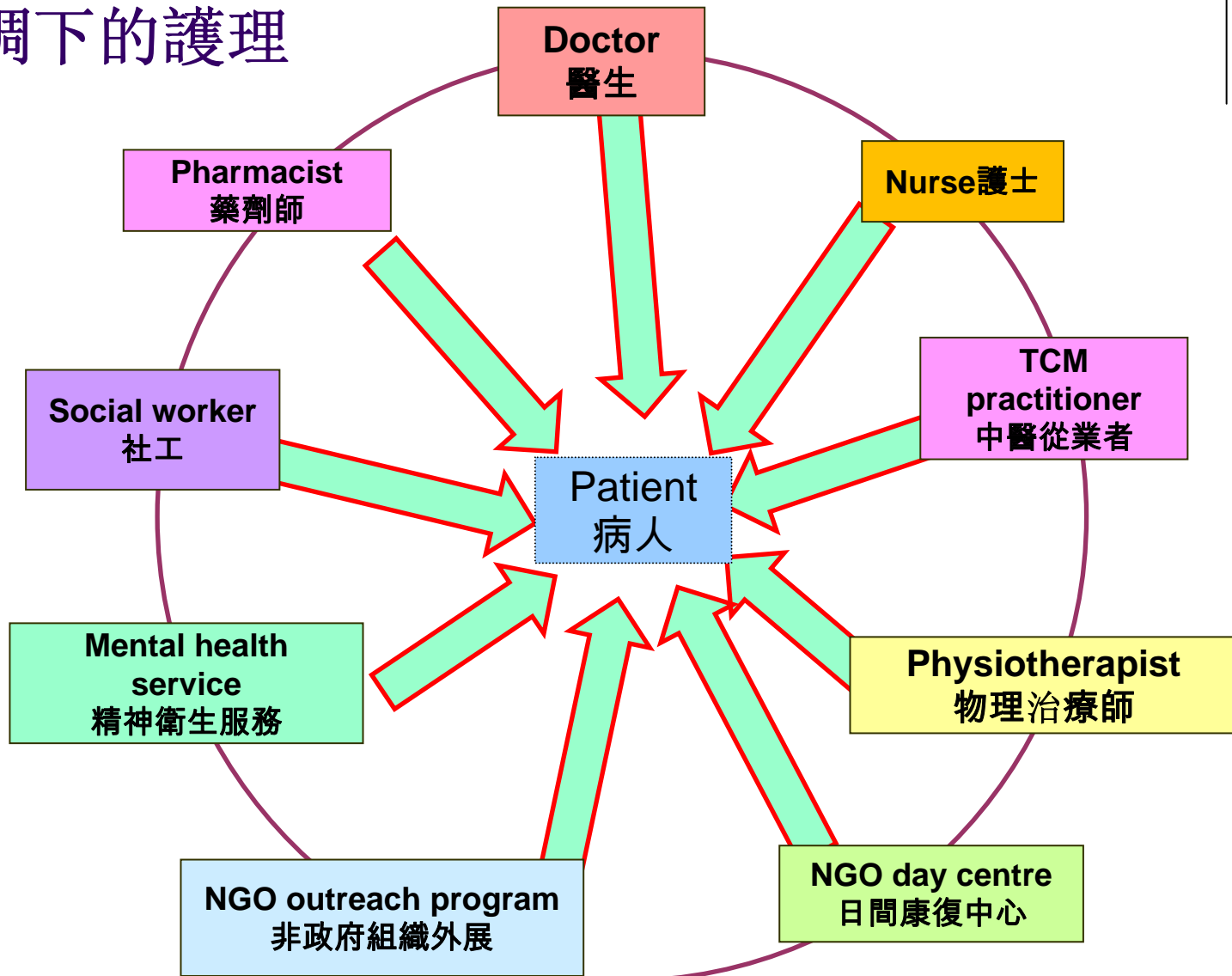


## ***The multidisciplinary team - Roles of Allied Health Professionals and Community Health Centers (CHCs)*** 多學科團隊－專業衛生人員和社區衛生中心的角色



- **Utilize a team approach where a Family Medicine doctor acts as the **coordinator and facilitator** working closely with other allied health professionals and specialists providing a continuum of care within a Community Health Centre.** 家庭醫生作為協調者和推動者，利用團隊優勢與其他專業衛生人員密切合作，在社區衛生中心下提供連續護理
- **This will ensure optimal and quality Primary Health Care to be available for the community.** 這將確保為社區提供最佳品質的初級醫療保健

# Patient-centred, Coordinated & Cross-sector Care Needed 以病人為中心，多學科協調下的護理



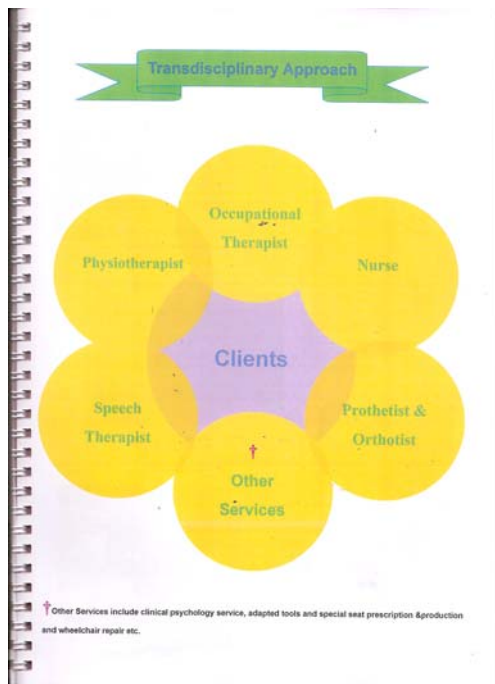


# Multidisciplinary services available in private sector

## 私人醫療部門現有的多學科醫療衛生服務

**SAHK** (formerly known as "The Spastics Association of Hong Kong")  
 Continuing Rehabilitation Centre  
 香港耀能協會(前「香港痲痺協會」)  
 持續復健中心

Private Allied Health  
 Outreaching Services



飲食與血糖

糖尿病

InsomasaA aofedsio  
 zn0isilqmo0 bns

香港糖尿病會 Diabetes Hong Kong  
 糖尿病併發症篩檢支轉介表格  
 Diabetic Complications Screening Referral Form

醫生資料 Doctor's Information: 姓名 Name: \_\_\_\_\_ 私人執業醫生 GP  
 診所地址 Clinic: \_\_\_\_\_ 門診 HA Hospital / OOPC  
 電話號碼 Tel. no.: \_\_\_\_\_ 傳真號碼 Fax no.: \_\_\_\_\_  
 診所地址 Address of clinic: \_\_\_\_\_

病人資料 Patient's Information: 姓名 Name: \_\_\_\_\_ 性別 Sex: □ 男 Male □ 女 Female □ 其他 Other  
 年齡 Age: \_\_\_\_\_ 身分證號碼 ID No.: \_\_\_\_\_  
 居住地址 Res. address: \_\_\_\_\_

檢查包括 Examination include:  
 ● 視網膜蛋白 Ultra Microalbumin  
 ● 非糖尿病性網膜病 Non-diabetic Retina Pathy  
 ● 血壓血壓 Blood Pressure  
 ● 體重指數 Body Mass Index  
 ● 腳部檢查 Feet Assessment

診所名稱 Clinic name: \_\_\_\_\_  
 醫生簽署 Signature of doctor: \_\_\_\_\_  
 轉介日期 Date of referral: \_\_\_\_\_

病人通知 Patient Note:  
 此項服務為糖尿病患者提供，將由註冊的註冊醫生及醫療人員提供。並非所有的糖尿病病人均適合此項服務。The target patients for the service are those DM Patients who must be referred by registered doctors. Examination results will be sent for assessment. Please bring along this referral letter at your appointment.

檢查費用 Examination Fee:  
 預約電話 A-2 Living on CUSA HK\$30  
 查詢或查詢詳情 Children Hongkong Member HK\$20  
 非會員 Non-member HK\$30

有關詳情人士請於檢查當日向本會職員查詢有關詳情及預約。方可獲得優惠收費。如屬非會員與會員，可於檢查當日一併辦理入會手續。費由全免。  
 Please bring on CUSA must present original copy of supporting document for special rate or change. You may apply as a member on your examination day and enjoy the privilege for members.

此服務由香港糖尿病會慈善基金資助  
 This service is fully funded by the Delta Club Charities Fund.  
 \*如有任何查詢，請洽查詢。 Please inquiry rate and document. \*Year: 2008

**足部感覺神經測試**

- 繫穩試錶手錶
- 輕輕將試錶推往要檢查的位置(如圖)
- 檢查右圖所有圖樣位置，每次維持一至兩秒
- 檢查時要避免將試錶直接接觸到傷口，請選擇附近完好的皮膚
- 然後將試錶移走
- 如某位置感覺到試錶，請在該位置的圖樣上寫上 "+" 如感覺不到，請寫上 "-"
- 如在任何位置發現 "+" 請將此表格帶給你的足部專家

**Home for your Feet**  
 糖尿病的護理 Diabetic Foot Care  
 www.ezped.com

# Multidisciplinary services available in public sector

## 公共衛生部門現有的多學科醫療衛生服務



Welcome to  
**The Hong Kong Society of Professional Optometrists**  
香港眼科視光師學會

### Relevant Allied Health Services

相關的專業健康服務

- Physiotherapists 物理治療師
- Podiatry 足療師
- Medical Social Worker 醫務社工
- Clinical Psychologists 臨床心理醫師



### Non Medical Primary Care Providers 非醫療初級保健提供者

- Optometrists 驗光師
- Pharmacists 藥劑師



香港營養師協會  
Hong Kong Dietitians Association



The Hong Kong Psychological Society (Limited)  
香港心理學會

# The multidisciplinary team - Roles of Allied Health Professionals and Community Health Centers (CHCs) 多學科團隊－專業衛生人員和社區衛生中心的角色



- **More detailed consideration would in defining the roles of various healthcare disciplines in different settings and for management of different health problems** 應該仔細考慮不同背景下不同醫療學科的角色，以便更好地管理各種健康問題
- **Due to the differences in manpower and role differentiations among different disciplines in the public and private sectors, some disease management procedures assigned to allied health staff in the public sector at present handled by doctors or their nurses only in the private sector. = Adequacy?** 由於公共衛生和私人醫療部門不同的學科存在人力和角色分化的不同，目前公共衛生部門的一些由專業醫療人士解決的疾病管理工作，由私人醫療部門的醫生或護士進行處理 = 足夠？

## ***The multidisciplinary team - Roles of Allied Health Professionals and Community Health Centers (CHCs)*** 多學科團隊－專業衛生人員和社區衛生中心的角色



- **useful to have CHC-like structure comprising different healthcare disciplines to provide support to private primary care doctors.** 由不同醫療學科的專家組成社區衛生中心結構的團隊，對私人基層醫療醫生提供幫助，使其成爲醫療服務的協調者和推動者。
- **? explore the setting up of virtual networking models of CHCs in addition to the co-locating model.** ?探索建立社區衛生服務中心的虛擬網路模式，作爲並存模式的補充





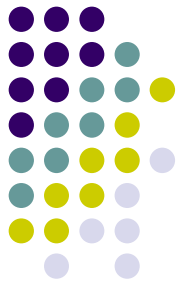
## Proposal 方案:

- **allow family doctor, who had a substantial pool of patients (e.g. around 50 to 100 patients) of similar needs on health advice or multidisciplinary input, to work with NGOs to arrange multidisciplinary services such as dietetic advice, exercise programs, and appropriate health risk assessment programs.**  
家庭醫生有大量病人(約50至100人)，具有類似于健康及多學科團隊的需求，可讓他們與非政府組織合作，安排各類服務如飲食及運動等方面的建議及適合的健康風險評估



## Health Reform 醫療改革 2008

Health and Medical Development Advisory  
Committee Working Group on Primary Care  
健康與醫療發展諮詢委員會基層醫療工作組



## Proposal 方案:

- **Subsidy could be considered to incentivize the collaboration.**

**This could assist private doctors to provide more comprehensive services, help them to build up longer term relationship with their patients, and strengthen family doctors' role in coordinating multi-disciplinary and community services for patients according to their needs.** 對合作進行資助以作為鼓勵，此舉可協助私人醫生提供更全面的服務，幫助他們與病人建立更長遠的關係，並強化醫生以病人需求為本，協調多學科服務。

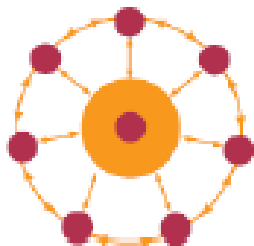
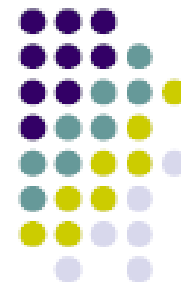




# Different Types of 'Polyclinic'

Healthcare for London: Consulting the Capital. 多樣化的“綜合診所”形式  
Consultation Document 2007

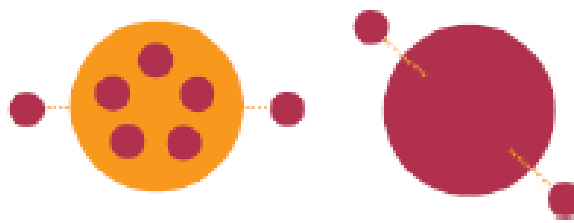
## DIFFERENT TYPES OF POLYCLINIC



### A Network Polyclinic

綜合診所網路

Existing GPs link to a local 'hub' for specialist services, test, scanning etc. 現有的全科醫生與本地單位聯合，提供專科服務、測試、掃描等

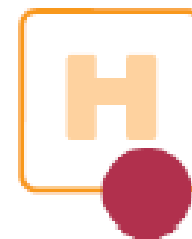


### Same Site Polyclinics

同一地點的綜合診所

GP practices come under one roof, sharing services but run as different practices. 全科醫生在同一地點執業，共用不同服務，但獨立營運

GPs merge into one large practice, link with other services not on the same site. 全科醫生聯合成一個較大的單位聯業



### Hospital Polyclinics

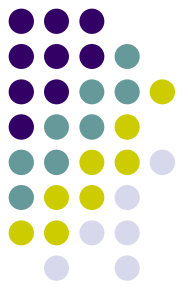
醫院的綜合診所

GPs and other health-care professionals working in the community but also based at the 'front door' or local hospitals 全科醫生與其他醫療保健人士作為醫院的前門，進行社區服務

Wider range of health services meeting the needs, One-stop access

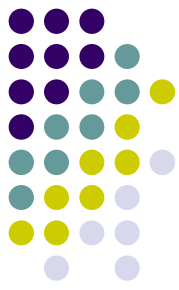
多種類能滿足病人需求的一站式醫療服務

# Proposal 方案:



- **Public Private Cooperation 公私合作**
  - **allow private family doctors to provide sessions at public community health centers 允許私人家庭醫生于公共社區衛生中心提供服務**
  - **To act as coordinator and facilitator of the CHC 成為社區衛生中心的協調者和推動者**
  - **To provide primary care adopting principles of family medicine 運用家庭醫學提供初級保健**
- **May reduce load of patients – patients may opt to attend the private doctor’s clinic for acute ailments but also enjoy subsidized multidisciplinary care at public funded CHC 可以減少病人就診壓力，病人可以選擇向私人醫生就診處理急性病患，但同時又可享受社區衛生服務中心多學科團隊的服務**

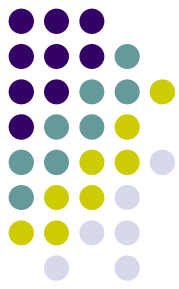
# Cohesive Multidisciplinary Primary Health Teams 具有凝聚力的多學科初級保健團隊



- **Clear goals with measurable outcomes** 明確的目標並有可量度的結果
- **Clinical and administrative systems** 臨床及行政系統
- **Division of labor** 分工
- **Training of all team members** 所有團隊成員的訓練
- **Effective measures to strengthen the communication between public and private healthcare workers and to foster mutual understanding of their specific roles in delivering primary care.** 有效的措施以加強公共和私人醫療工作者的溝通，明確彼此在基層醫療中的角色
  - Grumbach & Bodenheime (2004) U.S.A.
- **UK research – smaller teams with clear objectives** 英國的研究—規模較小的團隊有明確清晰的目標

# Effectiveness of Primary Care Multidisciplinary teams

## 初級保健多學科團隊的效果



- **Relationship between input – team size and skill mix** 團隊投入規模與技能組合的關係
  - **Facilitation and support** 促進和支持
  - **Clear objectives for operation** 清晰的運作目標
  - **Importance of communication between team members** 團隊成員溝通的重要性
- **Process – establishment of objectives and ways of task management** 過程 – 目標的確立和工作管理的方法
- **Leadership – role of family doctors as facilitator and co-coordinator** 領導才能 – 家庭醫生作為協調者和推動者
- **Outputs – patient appreciation & satisfaction** 結果 – 病人感激和滿意度
- **Health outcomes – reduce ill health and social exclusion** 健康成效 – 減少疾病和社會隔離

# Effectiveness of Primary Care Multidisciplinary teams

## 初級保健多學科團隊的效果



- Family Doctor as **Coordinator and Facilitator** 家庭醫生作為協調者和推動者
  - **Defining the objectives e.g. DM targets** 明確目標，如糖尿病控制
  - **Team building – workshops** 團隊的建立－工作坊
  - **Improve team functioning- defining roles of team members** 改善團隊運作－明確團隊成員角色
  - **Facilitation and support – regular meetings and dialogue with team members** 促進和支援－定期會議並與成員對話
  - **Role to monitor progress towards set objectives** 監控目標完成進度的角色
  - **Resolve conflicts** 調解衝突

# Altering existing roles / developing new roles 改變現有的角色/發展新的角色



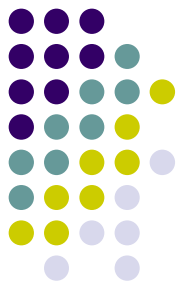
- **Nurses substituting as GPs** 護士扮演全科醫生的角色
  - **Pros and cons** 利弊
  - **Role in decision making?** 在決策中的作用？
  - **Reduce perceived alienation** 減少衝突
  - **Presentation by Prof. Thomas Wong** 汪國成教授的演說

# Issues which have impact on team working 影響團隊工作的問題



- **Teamwork does not necessarily follow from professionals working alongside one another** 在一起工作的專業人士未必能構成一個團隊
- **Structural, historical and attitudinal barriers can and do contribute to difficulties which inhibit teamwork** 結構、歷史和態度可能成爲阻礙團隊工作的障礙
- **Problems can arise from** 問題來自
  - **competing demands**, 競爭的需求
  - **diverse line of management**, 管理層的不一致
  - **poor communication** 不良溝通
  - **Personality factors** 性格因素
  - **Status, gender effect** 地位和性別影響

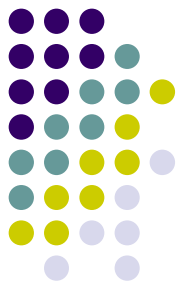
# Addressing Fear of Private primary medical care providers 處理私人初級保健提供者的憂慮



- **Threatened of losing patients to public system 擔憂病人流失到公共衛生系統**
  - **Fees 費用**
- **Loss of competitive edge 失去競爭優勢**
- **Fear real or imaginary? 恐懼是真實還是幻想?**
- **Change role 角色改變**
  - **Innovative services 創新服務**
  - **Act as director of the team 成爲團隊的領導者**
- **Assure high quality 確保高素質服務**
- **Accessibility advantage – still close to home of patient 易接近的優勢－服務與病人住址接近**



# Addressing Fear of Private primary medical care providers 處理私人初級保 健提供者的憂慮



- **Aspiration of the professionals are major catalysts in development of multidisciplinary teams** 專業人士的志向是多學科團隊發展的主要催化劑
- **Working as a member of the multidisciplinary team does not unnecessarily restrict access of patients to the doctor of their own choice** 於多學科團隊從事工作，並不一定限制病人接觸自己選擇的醫生



- **Professionalism has contributed a great deal to modern health care, but has inhibited the ability to achieve cross boundary solutions based on team work.** 專業化對於現代醫療衛生做出了巨大貢獻，但同時也限制了基於團隊的多元化工作
  - **The future of Hospitals in the next millennium**  
**Braithwaire J, Lazarus et al International**  
**Journal of Health Planning Management 1995**
- **Doctors working alone unlikely to meet future expectations for timely provision of high quality care** 當醫生從事獨立工作時較難提供及時和高品質的醫療服務

# Hospital Authority Convention 2010

## 醫院管理局研討大會2010



Thank You

Dr Donald K.T. Li 李國棟醫生

MBBS FHKCFP FRACGP FHKAM (Family Medicine)