

Modernizing Healthcare:

Health Services Remodeling in Hong Kong

Dr Fung Hong, 16 May 2013

Modernizing Healthcare:

- The International Landscape
- A Historical Account
- Some Personal Reflections

THE INTERNATIONAL LANDSCAPE

Towards the Market ...

UK

- Health and Social Care Act 2012
- Abolition of Primary Care Trusts and Strategic Health Authorities
- Formation of NHS Commissioning Board, Clinical Commissioning Groups and Public Health England
- Service reconfiguration and “any qualified providers”
- From “duty to provide” to “duty to promote”

Towards Population Health...

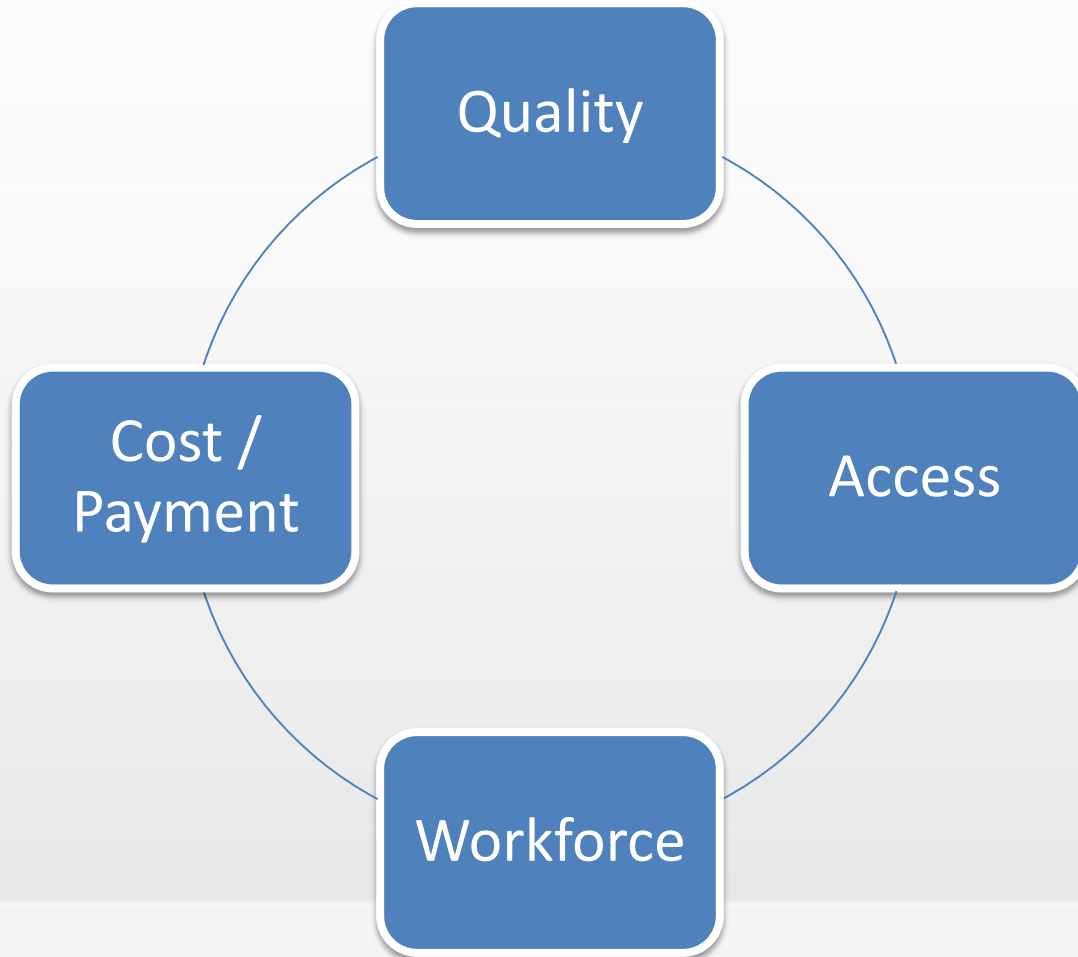
US

- Patient Protection and Affordable Care Act 2010
- Population health and preventive care
- From “Fee-for-service” to “Bundled payment”
- Accountable Care Organizations
- Medical Homes, Home-based primary care teams
- Integrated delivery systems

Clinical Service Re- ... configuring/structuring/modeling

- Specialist clinical services like stroke and trauma should be concentrated
- Shortage of doctors and nurses necessitates changes in ways and locations for delivering services
- Demand for access necessitates most care to be delivered close to home
- Payment/ cost pressure demands more focus on clinical outcomes

Driving Forces



A HISTORICAL ACCOUNT

1. **Central planning**
2. **Cluster operations**
3. **System reforms**
4. **Service innovations**
5. **Clinical service plans**

1. Cluster Planning

- Changes driven by central planning

Redistribution of services

- Closure of TYH and MTMRC
- Closure of inpatient services in TSKH
- Closure of surgical services in TWEH
- Downsizing of CPH and KCH

Remodeling of facilities

- TYH & TSKH

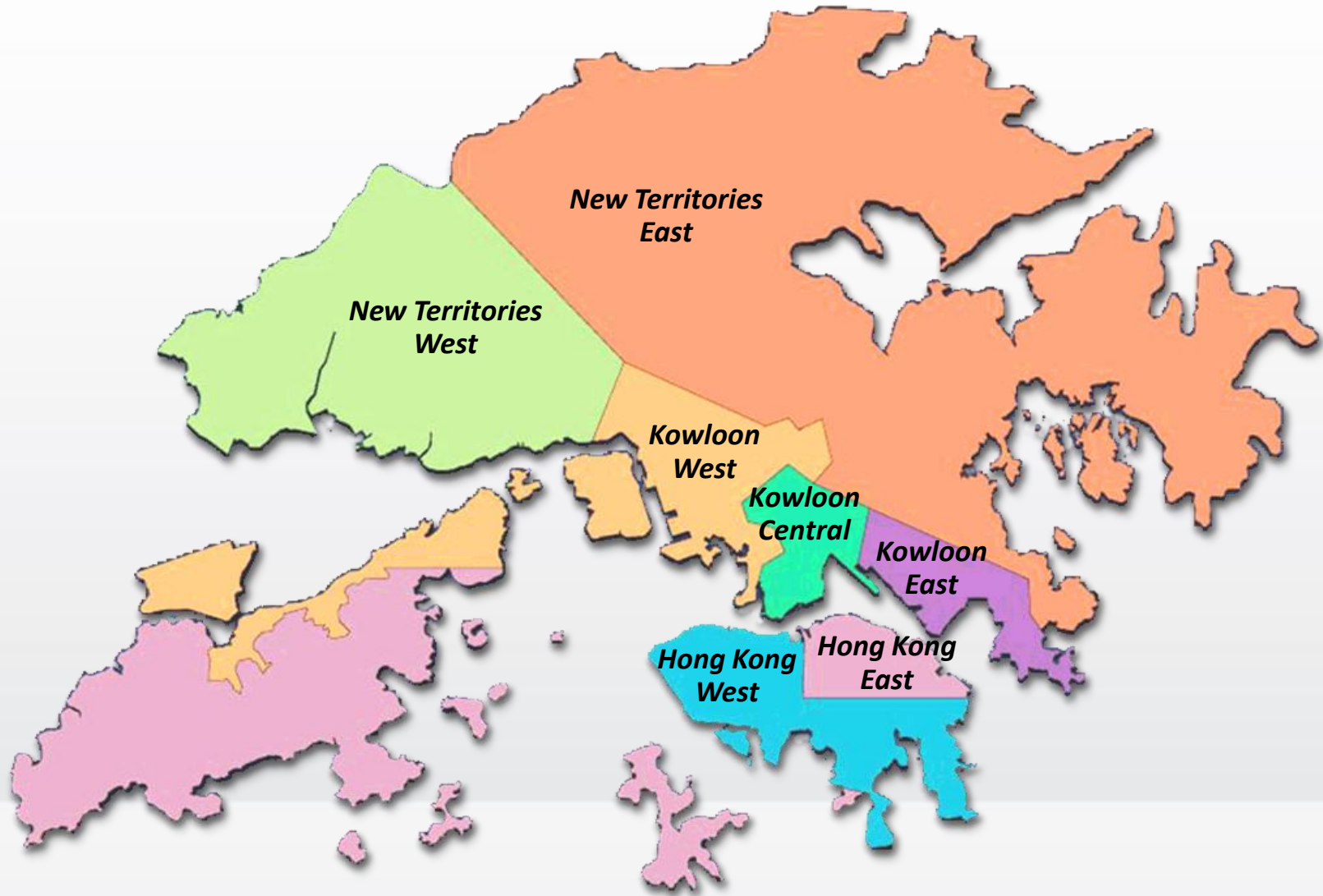
Planning and opening of new services

- NDH
- KH Rehab Block and Psychiatric inpatient service

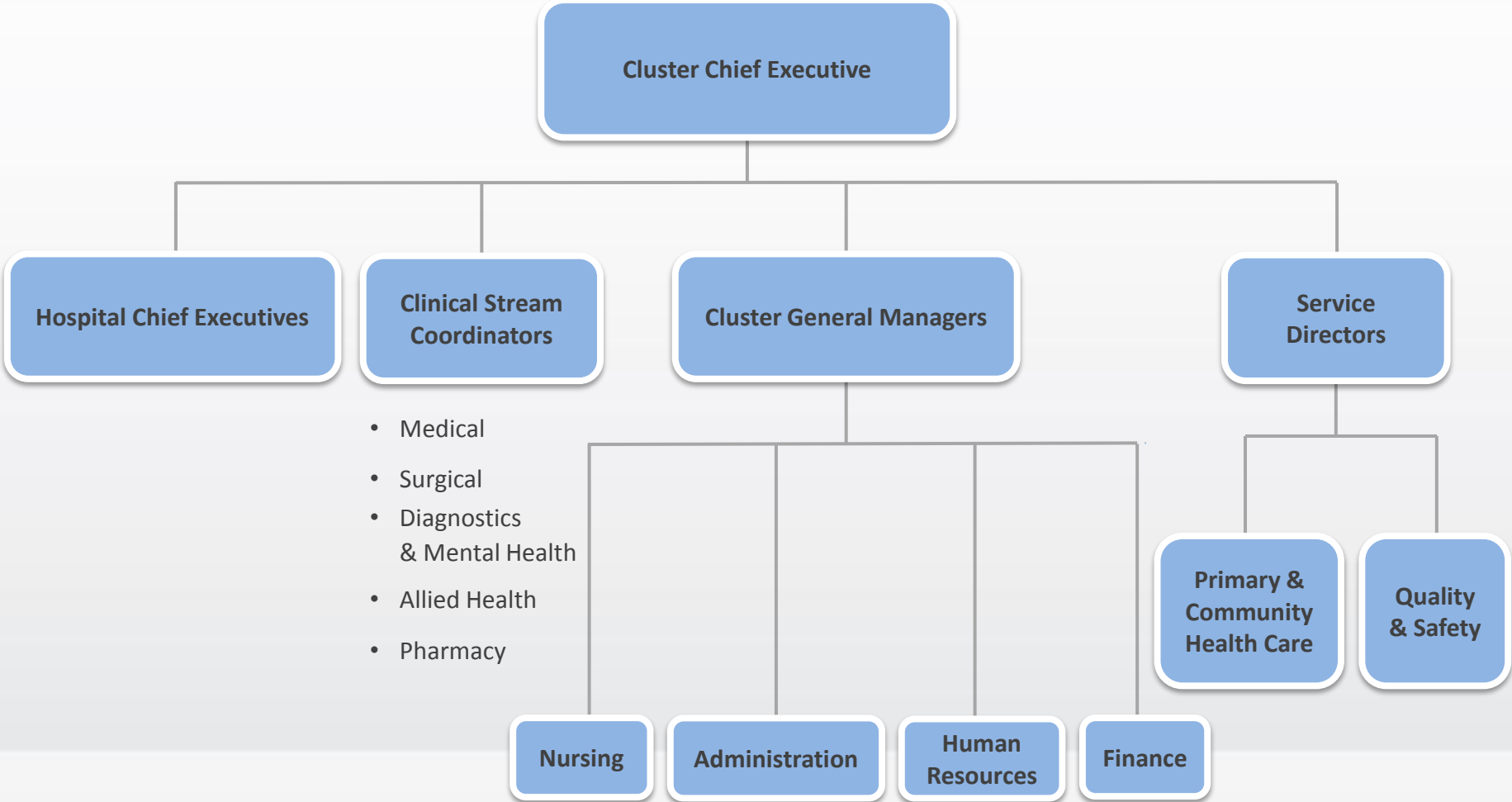
2. Cluster Operations

- From cluster as basis for regional planning to proper management structure to oversee operations
- Evolution of internal resource allocation
 - Specialty cost based
 - Population based
 - Activity based
 - Program based

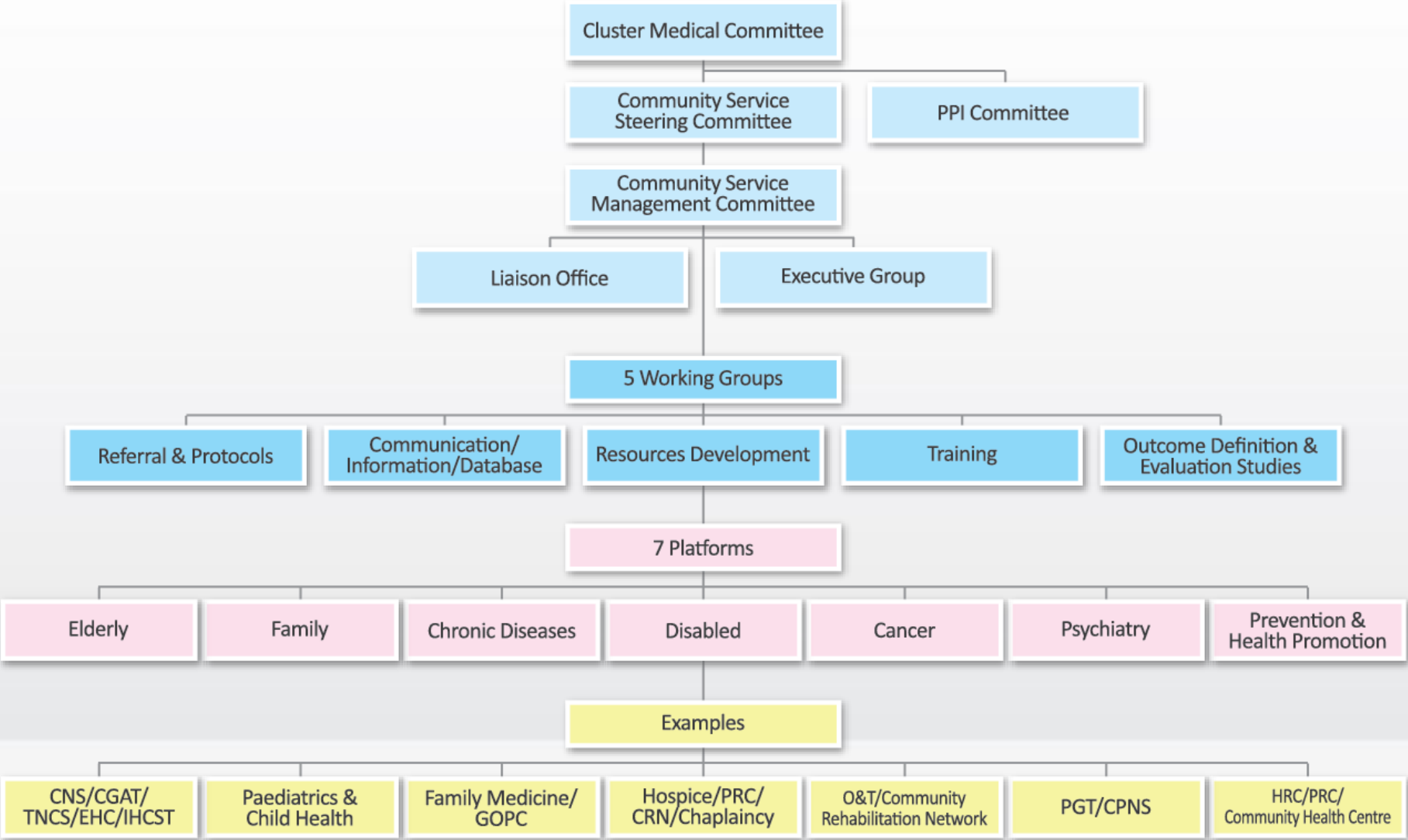
HA Hospital Clusters



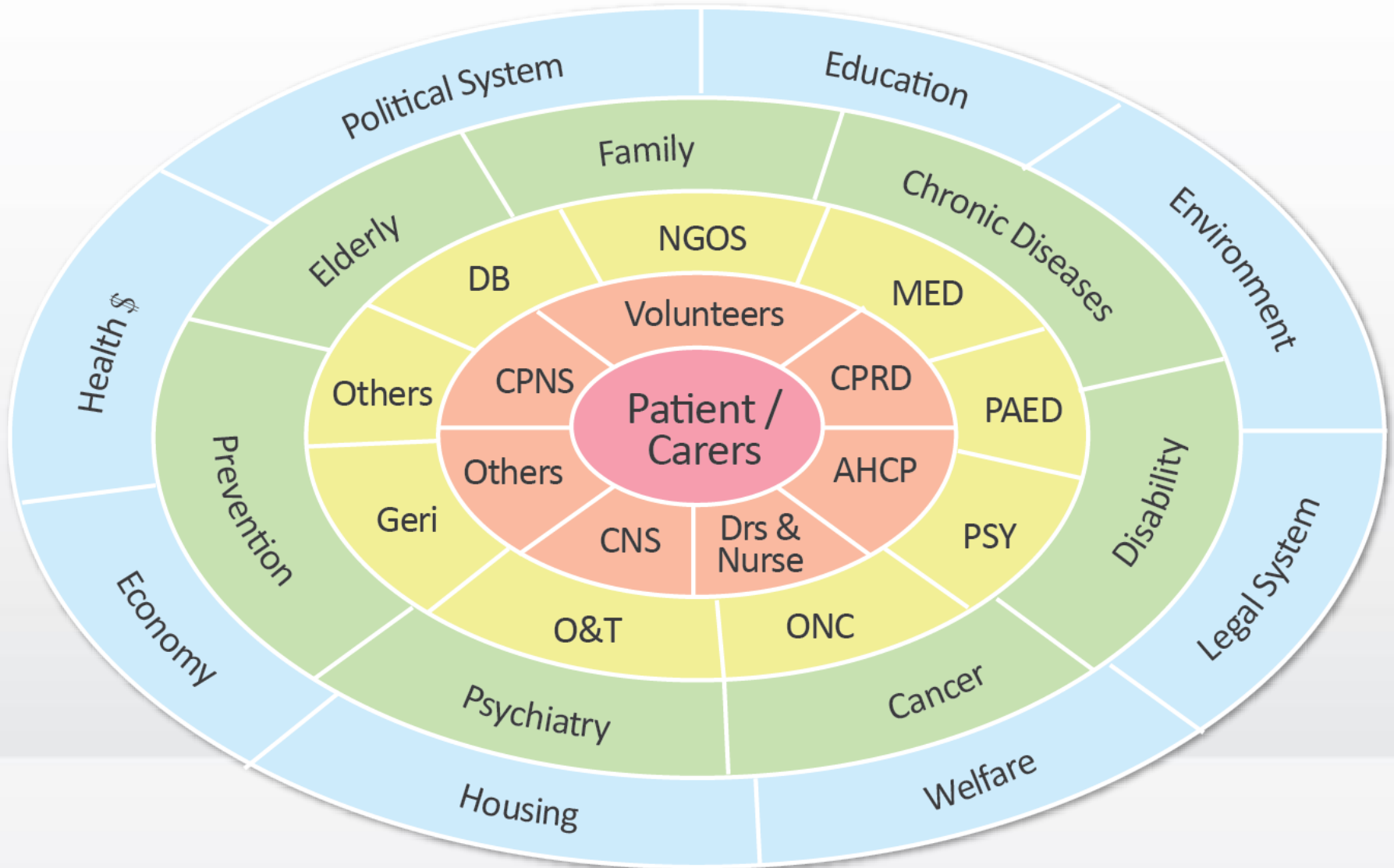
Cluster Organization



Structure of Community Services in HKEC



The HKEC "UNITED FRONT" 統一戰線



Rationalization of Clinical Services in NTEC

Hospital	Dominant Roles
AHNH	Ambulatory Surgery, Paediatric Inpatient, Child & Adolescent Psychiatry, Renal dialysis, Eye, ENT, Escort Medicine, O&T (Spine & Joint Replacement)
NDH	General Surgery & Urology, Breast & Thyroid Surgery, Ambulatory Gyn, O&T (Foot & Ankle), Neurosurgery (Spine)
PWH	Tertiary & Quaternary services, Clinical Oncology, Cardiothoracic Surgery, Paediatric Surgery, Burns, Plastic & Reconstructive Surgery, Trauma Centre, Coronary care
SH & BBH	Geriatrics, Palliative and Hospice care, Neurosurgery Rehab, Psychiatric Inpatient, Psychogeriatrics, Psychiatric Rehab
TPH	Geriatrics, O&T Rehab, Psychiatric Inpatient (Gazetted), Psychogeriatrics
SCH	Infirmery

What constitutes rationalization ...

Closure of Services



AHNH

- Emergency surgery
- Delivery unit

NDH

- Paediatric inpatient
- ENT / Eye

PWH

- Breast surgery

Conc. of Services



AHNH

- Paediatric inpatient
- Ambulatory surgery
- ENT / Eye

TPH

- O&T Rehab

SH

- Surgery Rehab

SCH

- Central infirmary

3. **System reforms (I)**

- Primary care

- GOPC take-over 2003
- Family Medicine development
- Nurse & Allied Health clinics
- Risk Assessment and Management Programs for chronic diseases (DM, HT)
- Patient Empowerment Programs

3. **System reforms (II)**

- Public-private partnership
 - Cataract
 - Radiology
 - TSW general outpatient service
 - DM shared care
 - ePR sharing

4. **Service Innovations**

Community Health Call Center

Independent Treatment Centers

- Cataract
- Joint Replacement

Hospital@Home initiatives

- New models of community care
- Tele-monitoring & patient self management

Integrated Discharge Support for Elderly Patients

Community Health Call Center



Objectives

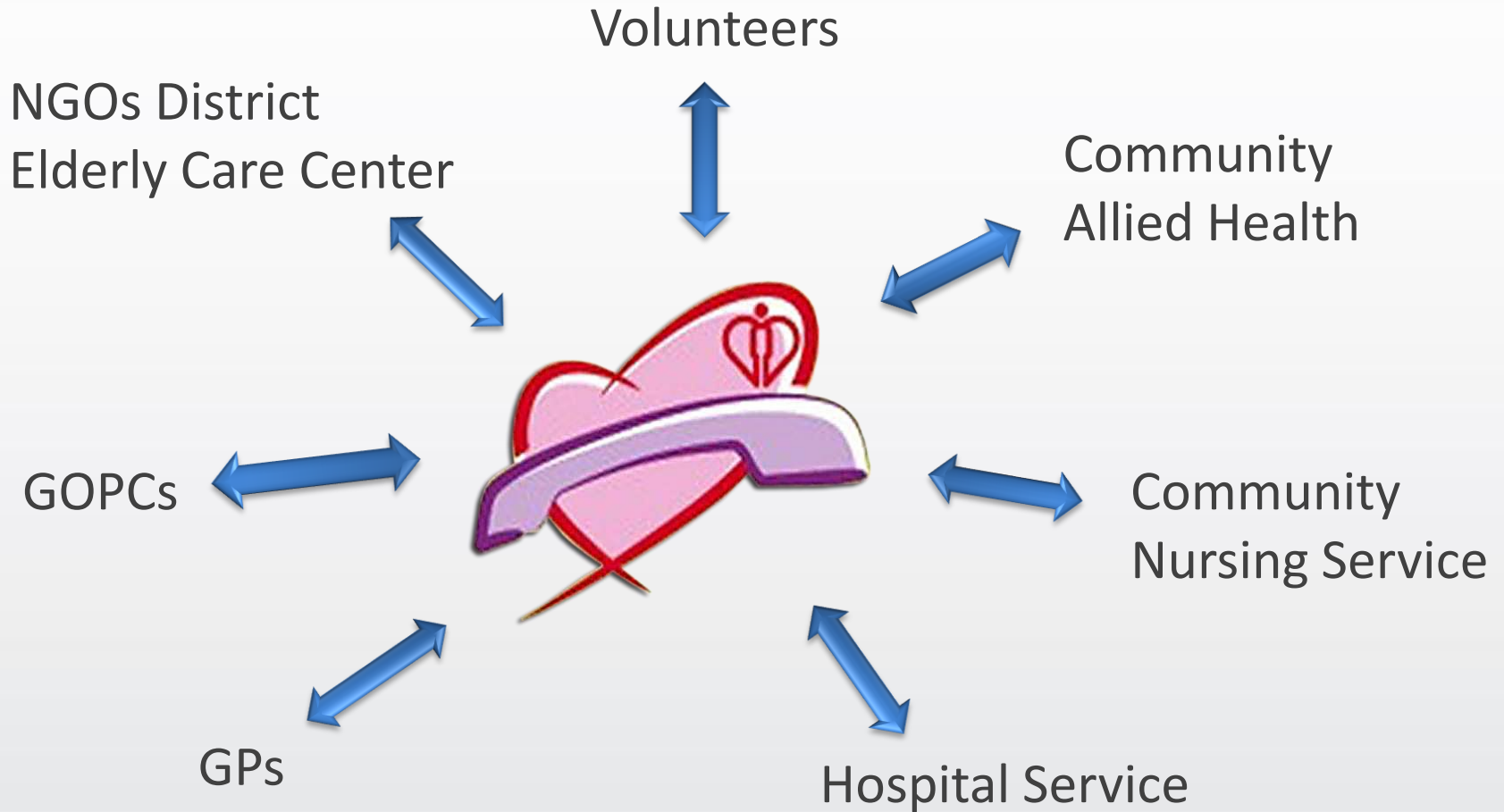
- * Improve access to reliable healthcare advices to promote preventive care and early intervention, thus reducing avoidable A&E attendance and hospitalization
- * Improve linkage between public and community healthcare services
- * Enhance discharge management

Tang Siu King Hospital Community Call Centre

* Size	458 sq m
* Computer terminals	64
* Call operators	44
* Clinical protocols	80
* Active cases (elderly)	36,667
* Accumulated cases	54,665



Collaboration is the KEY !



Hospital Support



Hotline



Community Care

Respiratory Collaborative Care Team



Crisis Pack



Telemonitoring

Drug Therapy Optimised



Fast Track Clinic



Home Visits





Point of contact for patients

Patient education & problem-solving

			26/1	27/1	28/1	29/1
1	我沒有咳嗽	0-5 我不停咳嗽	1	4	3	3
2	我肺內完全沒有痰液	0-5 我肺內完全充滿痰液	1	5	3	3
3	我胸口完全沒有繃緊的感覺	0-5 我胸口感到十分繃緊	1	5	3	3
4	當我行上斜路或上一層樓梯時,我沒有氣喘	0-5 當我行上斜路或上一層樓梯時,我感到十分氣喘	1	4	4	5
5	我在家中的活動不受限制	0-5 我在家中的活動十分受限制	1	4	3	3
6	儘管我的肺部情況,我仍有信心離家外出	0-5 因為我的肺部情況,我完全沒有信心離家外出	1	3	3	4
7	我睡得很好	0-5 我因肺部情況而睡得不	1	4	4	3
8	我精力充沛	0-5 我完全沒有精力	1	2	4	3
總分			8	31	27	27

Modern communication technology

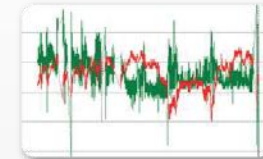


Prompt response to technical difficulties



Nurse co-ordinator

Monitoring of data



Doctor



Set working protocol
Determine treatment approach

Inform on changes in patient condition

Transfer of information
Maintain web server

Home | Company Profile | Call: China | SmartHealth Club | Forum | Contact Us

Customer Login

User ID:

Password:

Medical Professional Login

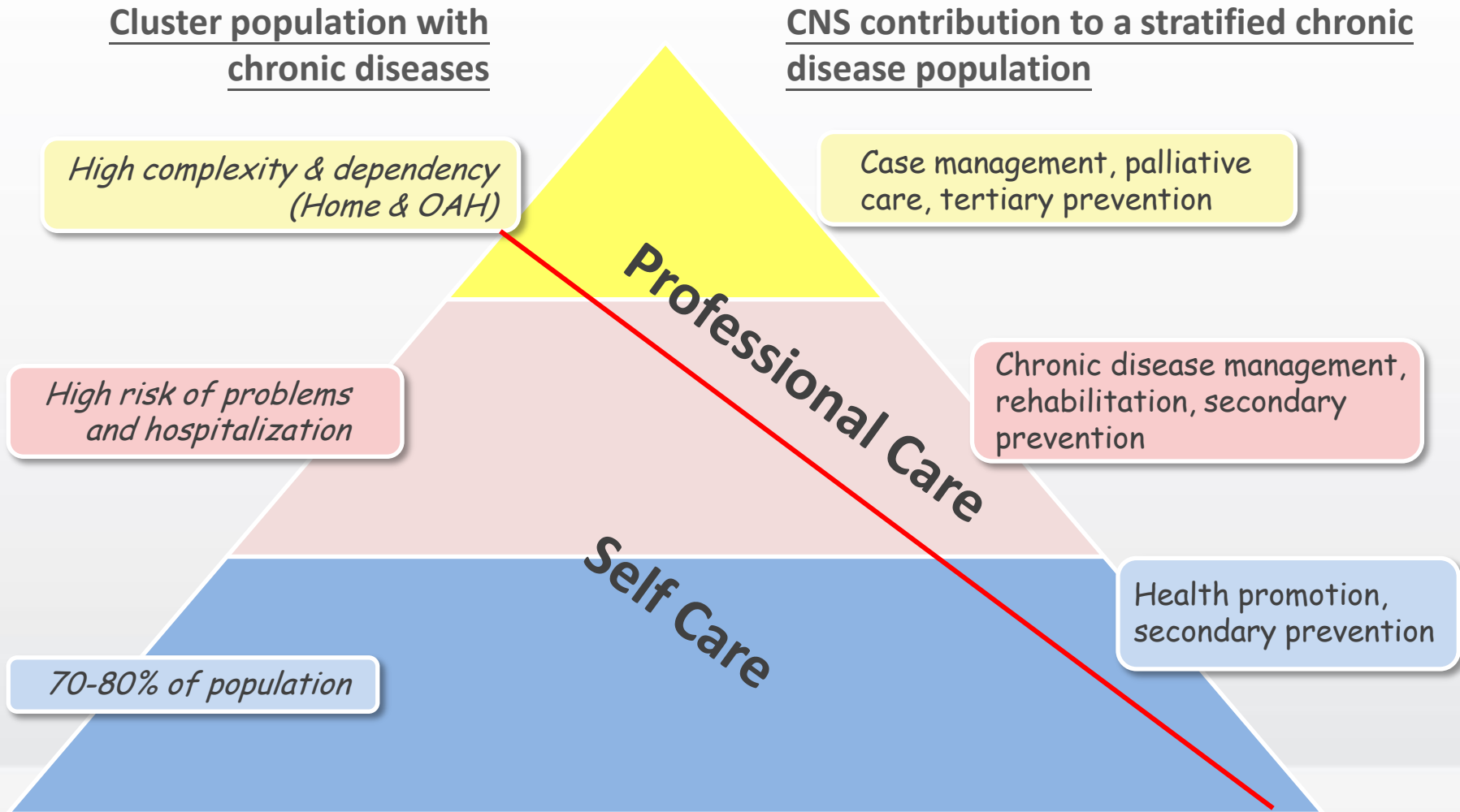
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Service DREAM TeleTREK

TeleTREK

Model of Community Nursing Service



(Adopted from the report – A Review of Community Nursing Services for the Hospital Authority of Hong Kong conducted by a team of UK consultants, April 2010)

Key Achievements

1. Hospital @ Home – PMH Virtual Ward
2. Hospital @ Old Aged Home
3. One-estate-one-nurse Project

Purposes:

- Control Demand
- Improve Care

Key Success Factors:

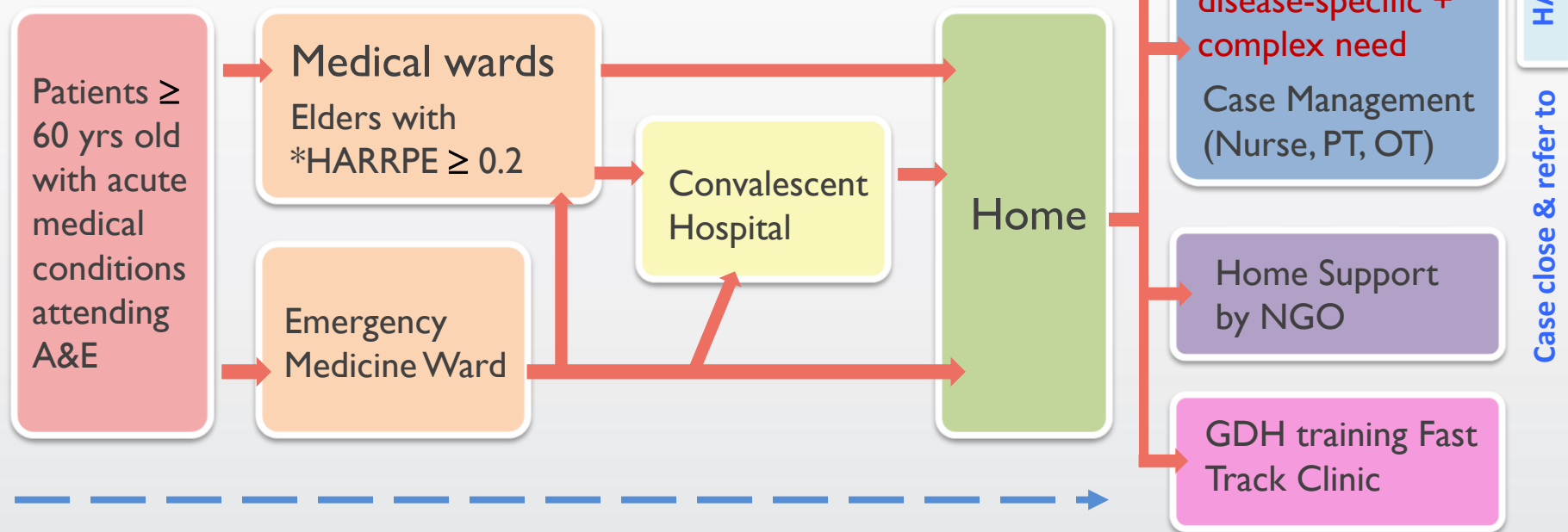
- Inspiration
- Infrastructure
- Education
- Evidences



Phase of support by ICDS in hospital and after discharge

Based on HARRPE scores, clinical & social needs, a Link Nurse and a Geriatrician to perform:

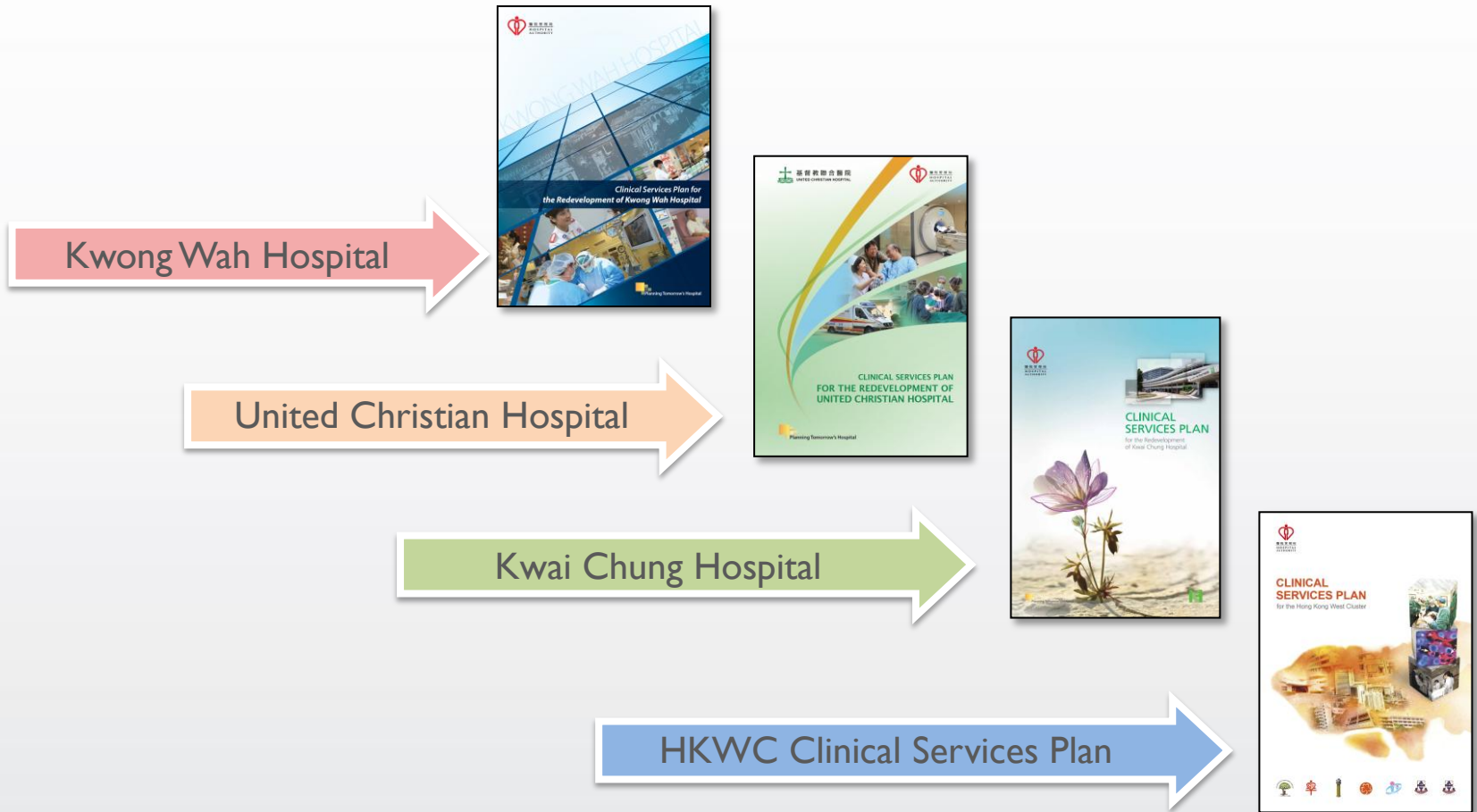
- ✓ Risk stratification;
- ✓ Pre-discharge planning;
- ✓ Assign seamless post-discharge support services.



- ✓ To initiate in the first 48 hours of admission
- ✓ To facilitate early, supported discharge

*HARRPE = Hospital Admission Risk Reduction Program for the Elderly Living in the Community

5. Clinical Services Plans



To inform the physical design of the capital work



Key Principles of Clinical Service Plan

1. **Roles and Functions:** Drivers of hospital planning
2. **Concentration:** Resources co-location to stimulate innovation, collaboration and patient convenience
3. **Flexibility:** Functional zones to separate patient flow and acuity
4. **Distinction:** Integration & collaboration in an institute model
5. **Future proof:** Hospitals for tomorrow, soft space for further development

Key Outcomes of Clinical Service Plan

1. To realign the focus on **patient care** in service provision
2. To identify **service gaps** at present and the future
3. To understand the **future service requirement** and the projected service capacity required to meet the demand
4. To stratify the **service delivery model** for a good quality patient outcome
5. To identify **internal and external impedance** to provide the model
6. To **inform the physical design** of a capital work

SOME PERSONAL REFLECTIONS

From King's Fund (2011) ...

Need to:

- Depoliticize the process
- Make decisions on the basis of quality, safety and efficiency

An “improved” process:

- Set and enforce minimum standards
- Improve quality of public engagement
- Strengthen clinical leadership
- Ensure economic regulator accountability
- ...

Reflections (I)

Clinician engagement

- Creating rationale/ urgency for change, breaking walls, aligning vision, negotiating gives and takes, achieving win-win are essential

Planning

- Good planning with sound strategies is key to direction setting; strategic purchasing or other internal market mechanisms are complementary

Reflections (II)

Learning

- Intra-organization dialogue and learning need to be boosted up to create greater innovation, synergy, collaboration and cooperation

Handling politics

- Ensuring internal synergy is the best way to prevent and handle external politics and aligning public expectations

Reflections (III)

Leadership

- Successful leadership boils down to effective sharing of values, development of common vision, consensus building, and authenticity in driving changes

Key Success factor for these Challenges

"The task of the leader is to get his people from where they are..."



"...to where they have not been."
- Henry Kissinger



**Clinical Champion
&
Management**

- Henry Kissinger

...to where they have not been

Acknowledgement

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