



Driving Healthcare Reform in Hong Kong: the key role of primary care

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Our starting point: Primary care

The World Health Report 2008

Primary Health Care



Now
More
Than
Ever



The first level of contact of individuals, the family and the community with the national health system, bringing health care as close as possible to where people live and work.

World Health Organization: *From Alma-Ata to the year 2000. Reflections at the midpoint.* Geneva 1988.
Now More Than Ever, Geneva 2008



Our direction

- *Decades of experience tell us that **primary health care is the best route to universal access**, the best way to ensure sustainable improvements in health outcomes, and the best guarantee that access to care will be fair.*

Chan 2007, Opening address at the International Conference on Health for Development



Espoused principles of Family medicine

- **Context of Care**
 - Evidence-based
- **Continuity of Care**
 - Continuous Healing Relationships
- **Comprehensive Care**
 - Whole Person Care
- **Coordination of Care**
 - Integration of complex care
- **Centred on the Patient**
 - Bio-psychosocial Approach



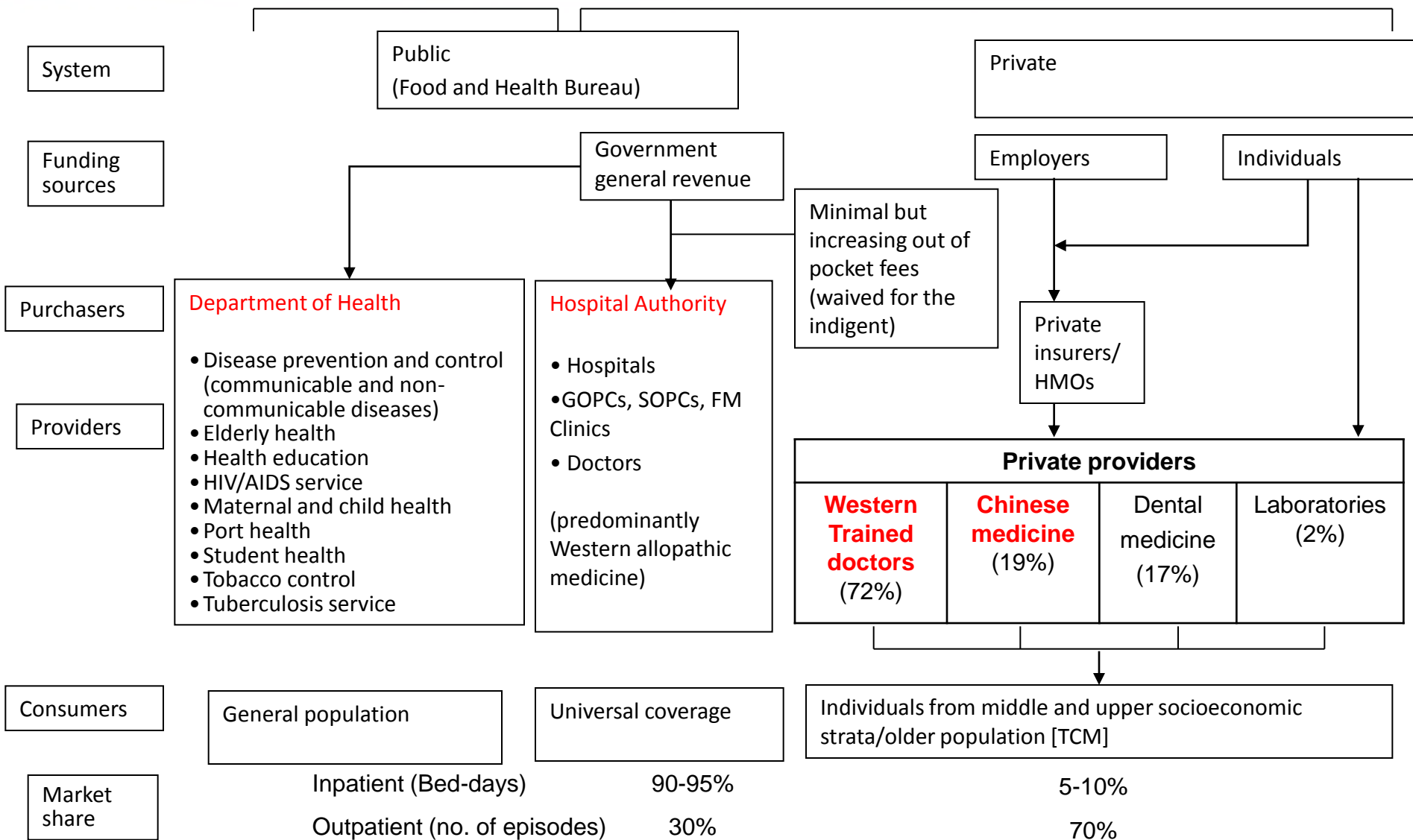


Overview of the HK health system



Public Health Services

Personal Healthcare



HMO = Health maintenance organisation

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



Primary Care in Hong Kong

- Western doctors :70% private + 30% GOPCs (public)
- TCM doctors also provide primary care
- DH provider of primary care via clinics eg. VCU, elderly
- Payment mainly out of pocket or employer based health insurance.
- No regulation on what kind of doctors can practice as a general practitioner.

In need for service reform & re-organisation



Primary care in Hong Kong

- ***Fragmented***
- ***Uncoordinated***
- ***Mainly out of pocket***
- ***No clear clinical standards***
- ***Doctor shopping***
- ***Generalist /specialist issues***
- ***No register of primary care practitioners***
- ***No comprehensive data system***
- ***Focus on curative & episodic care***
- ***Public-private imbalance***
- ***Inadequate preventive care and promotion of health***



HONG KONG REFORMS



Contextual background: Primary Care

“Primary healthcare is usually taken to mean the first point of contact individuals and the family have with a continuing healthcare process and constitutes the first level of care in the context of the healthcare system”

Healthcare Reform Consultation Document 2008



5 steps forward

- Develop **basic models for primary care services**, with emphasis on preventive care
- **Establish a primary care directory** - include healthcare providers providing comprehensive primary care, based on the family doctors principles
- **Subsidise patients for preventive care**, based on the needs of different population groups
- **Improve public primary care services** - in particular, to serve the low income and under-privileged groups
- **Strengthen the public health functions** - health promotion and disease prevention



Studies on Primary Care



User profile from the Tracer Study

- **Use of tracer conditions** (HT, DM, URTI) to analyze the demographic characteristics of the patients, their illnesses and the utilization pattern of these services in GOPCs
- **Retrieval criteria:**
 - K86 or K87 - [Hypertension];
 - T90 - [Diabetes Mellitus];
 - R74 - [Upper Respiratory Tract Infection, Acute]
- **Basic demography:**
 - 1,226,816 patients attended GOPCs in 2007
 - average age of 50.2 (SD 22.4) years; female 56.7%
 - 16.7% of patients received CSSA



Major findings

- The GOPC users were mainly aged >60 years (35.0%) or middle-aged (40-60 years, 36.0%).
- A shift toward older patients was observed among HT (66.2% > 60 years and 32.5% 40-60 years) & DM patients (63.2% >60 years and 35.0% 40-60 years).
- Among patients with URTI: even age distribution across deciles.
- Among patients receiving CSSA [=poor], a high proportion were aged >60 years (45.1%).
- Few cross-cluster visits: all clusters were serving their patients in their designated districts.



Implications

- The GOPCs of the HA were serving their target primary care service recipients in 2007, namely
 - the elderly;
 - the patients with chronic disease;
 - Patients with lower socioeconomic status (CSSA recipients); and
 - the Government servants.



Study 2: PCAT

- To understand the **patronage pattern** of primary care services of the general public
- **Compare the profiles and experiences** of public GOPC users and those going to private doctors
- Compare the primary care experiences for those **with and without chronic diseases** and for **different socioeconomic groups** within the GOPC setting
- Evaluate their primary care experiences using the **Primary Care Assessment Tools (PCAT)***
 - 1000 adults in Hong Kong aged 18 and above were interviewed by a telephone survey
 - A community survey on 259 GOPC users on site from 9 GOPCs was conducted
 - Both surveys used the modified Chinese translated Primary Care Assessment Tool

*Developed by John Hopkins Primary Care Policy Centre



Major findings

- When comparing the user profiles of GOPCs and private GPs, GOPC users were **more likely**:
 - to be female;
 - to be over age 60;
 - to have secondary or below education;
 - to have lower household income;
 - to have ever visited a specialist or used special service [because of the higher proportion of patients with chronic conditions in GOPCs]
 - to have been diagnosed as having any chronic disease by a western doctor even after adjusting for age



Major findings

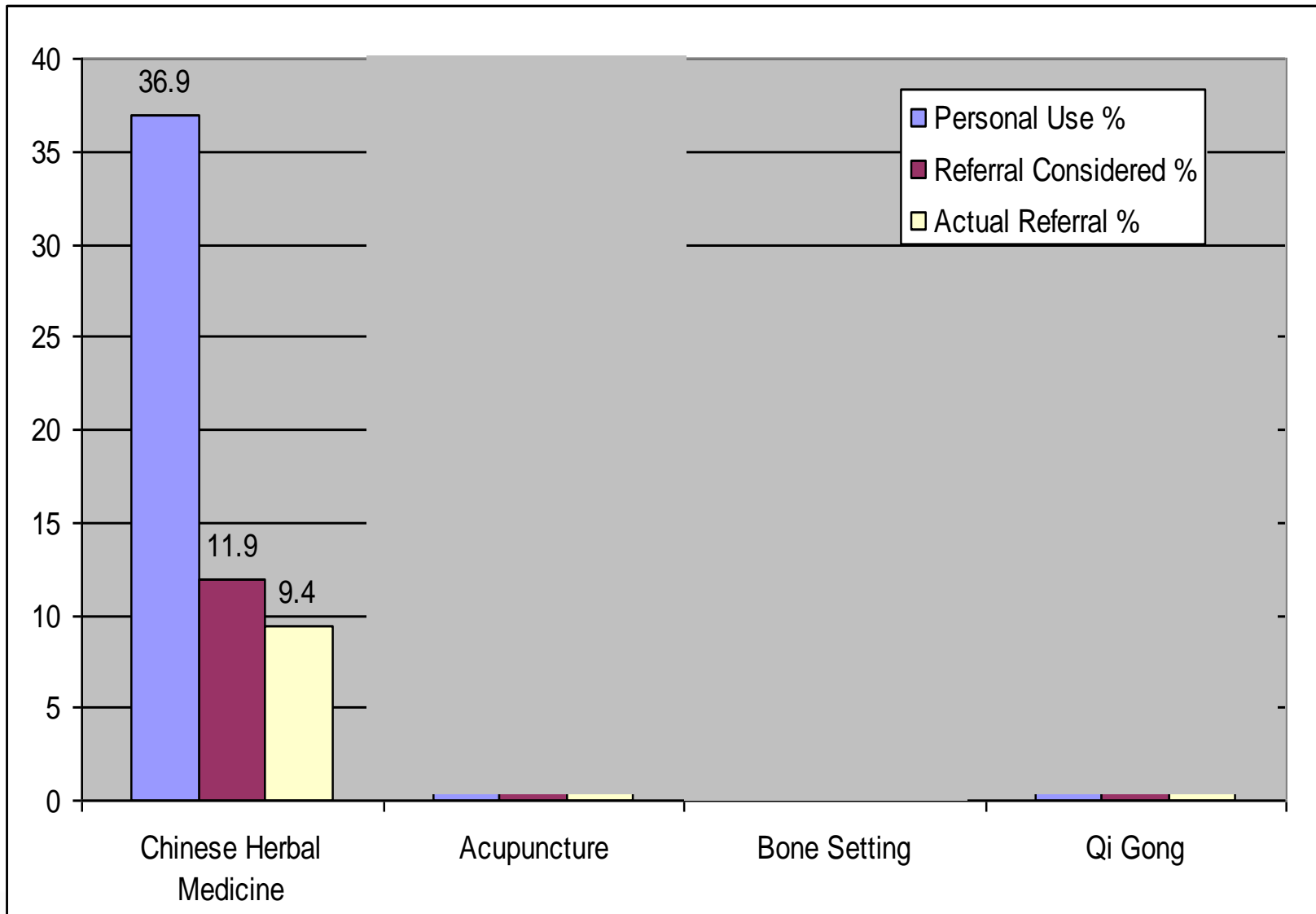
- **Patients attending private GPs** had *better primary care* experiences in terms of better interpersonal continuity of care and accessibility of care when compared to the primary care experiences of GOPC users
- **GOPC users with chronic conditions** had significantly higher PCAT scores with respect to:
 - first contact – utilization;
 - coordination (information system);
 - comprehensiveness of care;
 - the overall scores
- A high degree of **doctor shopping** in Hong Kong was showed, with 80% of respondents who identified either GOPC or private GPs as their main PCPs reported having visited another primary care providers in the prior 12 months



- TCM popular with public
- 61.7% of the population had ever consulted a TCM doctor [privately]
- Not just elderly, increasing popularity with middle classes
- Government endorses TCM and its integration with western medical practice

Results:

Personal and Professional Behaviors Towards TCM





- Western trained doctors **most likely** to refer :
 - Favourable attitudes towards TCM knowledge and evidence,
 - personal TCM use
 - prior formal education in TCM.
- **Less likely** to refer :
 - negative views on TCM and its regulatory system,
 - perceived incompatibility between the paradigms
 - working in the public sector environment.
- We interpreted these findings as **demonstrating the complex tension between evidence based medicine and the existing medical pluralism.**
- Implications for **better integration of teaching** of the two modalities.



Qualitative study

- Semi-structured one-to-one interviews (involve sensitive areas such as financial status and illness experience)
- ***Views on Primary Care***
- Public health care system as an appropriate place for chronic diseases no matter whether having a family doctor or not:
 - cost
 - reliability and trust
 - information continuity
 - entitlement of taxpayers
 - a lot of disincentives to 'leaving the system'



Perceived need of having a family doctor:

- perception of many informants of the lack of need
 - don't have many diseases
 - do not need to spend additional money on doctors for disease prevention because it can be done by informants themselves

Cost as the most important issue in terms of dealing with chronic conditions

Family doctor = private GP
= luxury item

Private primary care = acute minor illnesses

Public healthcare system was perceived as the best place for ongoing management of chronic conditions

→ many forces conspire to keep patients within the public healthcare system



Implications

- Family doctor system for chronic disease management seems unlikely unless the barriers can be addressed
- Developing effective links between public and private primary care providers may be an option



Summarize :Primary Care challenges in Hong Kong

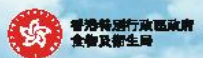
- Inadequate training in family medicine
- Fierce competition among private GPs
- Variability in quality standards of care
- Minimal involvement of private sector in health promotion
- Lack of an effective primary care financing system
- Negative patient attitudes to primary care
- Lack of integration of TCM
- Disincentives for partnership
- Lack of appropriately trained staff



掌握健康
掌握人生
醫療改革第一階段公眾諮詢報告

Your Health
Your Life
Report on First Stage
Consultation on Healthcare Reform

CONSULTATION





Way forward: enhance primary care

- **Promote the family doctor concept** which emphasizes continuity of care, holistic care and preventive care.
- **Put greater emphasis on prevention** of diseases and illnesses through public education and through family doctors.
- **Encourage and facilitate professionals** to collaborate with each other to provide coordinated services.



Co-ordinate with other initiatives

Promoting HEALTH in Hong Kong:
A Strategic Framework for Prevention and Control of Non-communicable Diseases

衛生署
Department of Health
中華人民共和國香港特別行政區
Hong Kong Special Administrative Region of China



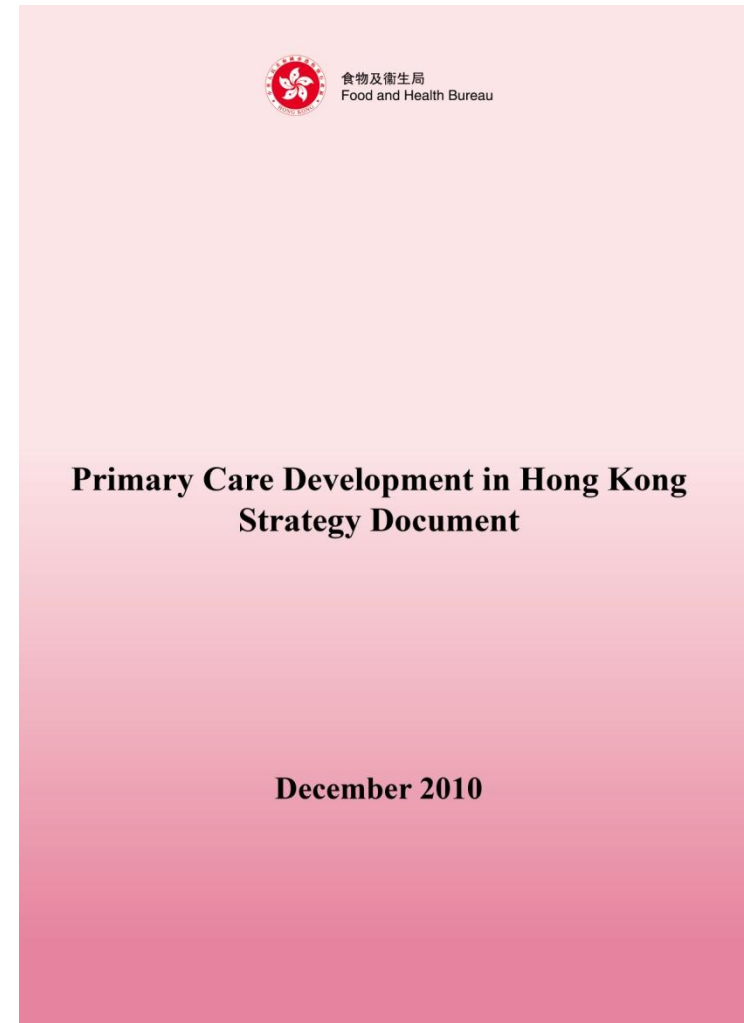
Voucher scheme

- Established as an initiative to increase PPP
- More than 60% agreed that the vouchers are useful and convenient to use
- Only 17% agreed the amount of HK\$250per year is enough
- About 40% didn't know whether the coverage of services under the voucher is sufficient or whether the voucher scheme has led to an increase in consultation fees
- Only **32%** overall and **28%** of those who usually see public doctors for care agreed that “*the voucher scheme encourages me to use private primary care services more than before*”



Putting theory into action

- Task Force on Conceptual Model and Preventive Protocols
- Task Force on Primary Care Directory
- Task Force on Primary Care Delivery Models





•Population wide protocols

- for prevention and service for major health risks/ diseases
- for different population groups

•Values:

- Evidence,
- ethics,
- social , cultural and professional acceptability,
- equity,
- feasibility /resource availability

•**Emphasis on prevention**, and management of early disease states to avoid complications.



The product



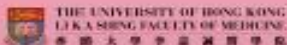
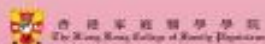
Hong Kong Reference Framework for Diabetes Care for Adults in Primary Care Settings

2010

Developed by: 基層醫療概念模式及預防工作常規專責小組 Task Force on Conceptual Model and Preventive Protocols 基層醫療工作小組 Working Group on Primary Care 食物及衛生局 Food and Health Bureau

With the professional advice of: 衛生署 Department of Health 醫院管理局 HOSPITAL AUTHORITIES

Supported by: 香港醫藥學院 Hong Kong Academy of Medicine



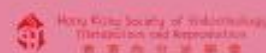
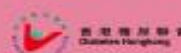
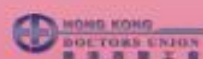
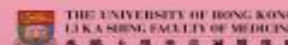
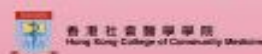
Hong Kong Reference Framework for Hypertension Care for Adults in Primary Care Settings

2010

Developed by: 基層醫療概念模式及預防工作常規專責小組 Task Force on Conceptual Model and Preventive Protocols 基層醫療工作小組 Working Group on Primary Care 食物及衛生局 Food and Health Bureau

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Next steps

- Promote the frameworks for hypertension and diabetes as best practice
- Discuss whether they can be financially incentivized
- Starting work on best practice frameworks for children and elderly
- Promote primary care to the public
 - increase public trust in community based doctors
 - Promote better integration of the public and private systems



Just the beginning

- these guidelines/modules are just the beginning, the implementation will need to be carefully planned, coordinated, monitored and evaluated with outcome through collaboration between the private and public sectors as well as between community and hospital-based care providers.*

– Quote from a senior clinician



References for the studies

- *Wong SYS, Kung K, Griffiths S, Carthy T, Wong MC, Lo SV, Chung VC, Goggins WB, Starfield B. Comparison of primary care experiences among adults in general outpatient clinics and private general practice clinics in Hong Kong. BMC Public Health 2010 Jul 6; 10:397*
- *Griffiths S, Chung V, Tang JL. Integrating Traditional Chinese Medicine: Experiences from China. Australasian Medical Journal 2010; 3(7): 385-396*
- *Mercer SW, Siu JY, Hillier SM, Lam CLK, Lo YYC, Lam TP, Griffiths S. A Qualitative study of the views of patients with long-term conditions on family doctors in Hong Kong. BMC Family Practice 2010 June 4;11(1):46*
- *Yam Carrie HK, Liu Su, Huang Olivia HY, Yeoh EK, Griffiths Sian M. Can vouchers encourage the use of private primary care services? Evidence from Hong Kong with a tax-based financing system (submitted to BMJ/2010/843847)*



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