

**For discussion
on 18 February 2013**

**Legislative Council Panel on Health Services
Elderly Health Assessment Pilot Programme**

PURPOSE

This paper briefs Members on the Elderly Health Assessment Pilot Programme to be launched in 2013.

BACKGROUND

2. Having regard to an ageing population and the increasing demand for healthcare services, we have mapped out a long-term primary care development strategy and implemented a number of measures and pilot projects in the past few years. These include development of reference frameworks relating to specific chronic diseases (such as hypertension and diabetes) and different population groups (e.g. the elderly), and exploring different primary care delivery models through various pilot projects. An example is the Elderly Health Care Voucher Scheme. With a greater emphasis on preventive care, our objective is to reduce the overall burden on society caused by common diseases especially chronic diseases, decrease utilisation of secondary and tertiary levels of healthcare such as specialist consultations, hospitalisation, rehabilitation and long-term institutionalization. The society as a whole will benefit from a healthier population in the long run.

ELDERLY HEALTH ASSESSMENT PILOT PROGRAMME

Objectives and Scope

3. With an aim to facilitate early identification of risk factors as well as promote healthy ageing, we will launch the Elderly Health Assessment Pilot Programme (the Pilot Programme) in collaboration with non-governmental organizations (NGOs) by providing voluntary,

protocol-based, subsidized health assessment. The health assessment seeks to identify risk factors (including lifestyle practices) and diseases so that risk factors and health problems identified can be managed in a timely and targeted manner.

4. Under the Pilot Programme, an elder aged 70 or above who holds a valid Hong Kong Identity Card will be eligible to receive health assessment from the participating NGOs. We aim to provide health assessment to about 10 000 elders over a two-year pilot period.

5. Having regard to the “Hong Kong Reference Framework for Preventive Care for Older Adults in Primary Care Settings” developed by the Task Force on Conceptual Model and Preventive Protocols of the Working Group on Primary Care, the Pilot Programme will comprise three components –

- (a) baseline health assessment;
- (b) follow-up consultations; and
- (c) health promotion.

(a) Baseline Health Assessment

6. Details of the health issues and concerns (including physical, psychological and social aspects) to be covered in the baseline health assessment are at Annex. Through health interview, physical examination (e.g. measuring blood pressure) and laboratory investigations (e.g. measuring fasting blood glucose), the assessment aims to systematically review and properly document the level of function and risk profile of an elder such that a personalized preventive care plan can be formulated.

(b) Follow-up Consultations

7. Following the baseline health assessment, the NGOs will be required to arrange one to two follow-up consultations. The first consultation should be arranged within two months after the baseline assessment, during which a medical practitioner will discuss with the participating elder the findings of his assessment report and preventive care plan tailor-made to address the health and other issues identified

(including health advice/counseling, additional investigations required, referral to other specialists/allied health professionals, etc.).

8. Where appropriate, NGO will arrange a second follow-up consultation within four months after the first consultation. It can be conducted by a medical practitioner, dentist, physiotherapist, occupational therapist, dietitian or registered nurse, depending on the needs of the elderly and clinical findings from the baseline assessment.

(c) Health Promotion

9. Health education and empowerment are vital for changing lifestyle risk factors and management of health problems faced by the elderly. The Pilot Programme hence requires the participating NGOs to provide health promotion sessions as part of the health assessment package. Such sessions aim to empower elders to manage their health risk/problems identified through the baseline health assessment, focusing on health topics relevant to lifestyle modification or chronic disease management, for example -

- (a) physical activity;
- (b) healthy diet and nutrition;
- (c) weight control;
- (d) smoking cessation;
- (e) alcohol and drinking;
- (f) fall prevention;
- (g) mental well-being;
- (h) oral hygiene;
- (i) chronic disease management (e.g. hypertension or diabetes support group).

The health promotion sessions will be delivered by medical practitioners, dentists, physiotherapists, occupational therapists, dietitians or registered nurses.

Participating NGOs

10. Department of Health (DH) will invite local NGOs which meet the following requirements to take part in the Pilot Programme -

- (a) *bona fide* non-profit-making NGOs exempted from tax under

section 88 of the Inland Revenue Ordinance (Cap 112); and

- (b) currently operating medical clinic(s) with provision of health assessment or other healthcare services for the elderly.

Interested NGOs are also invited to indicate the target number of elders to be served under the two-year Pilot Programme.

11. The Administration will assess the proposals from the interested NGOs in accordance with the above requirements, their track record as a charitable organization and in the provision of medical services, in particular health assessment or relevant services, and their capacity and preparedness in meeting the Pilot Programme's service standards and requirements.

12. Each of the participating NGOs will be required to deploy a registered medical practitioner who is a Fellow of the Hong Kong Academy of Medicine (Family Medicine) or Hong Kong Academy of Medicine (Medicine) as the clinical advisor. DH will arrange briefing sessions and attachment opportunities at its district Elderly Health Centres, and provide health educational kits to assist the NGOs in delivering the health assessment services.

Level of Subsidy

13. The Government has earmarked a sum of \$12 million for the two-year Pilot Programme. Having regard to the initial feedback from NGOs, the Government will provide NGOs participating in the Pilot Programme a subsidy of \$1,200 for each elder receiving the health assessment service from the NGOs. A participating elder will be required to contribute a co-payment of \$100. For elders receiving the Comprehensive Social Security Assistance and those already under the medical fee waiver mechanism of the medical social services unit of public hospital/clinic, or the Integrated Family Service Centres or Family & Child Protective Services Unit of the Social Welfare Department, the \$100 co-payment will be waived and be borne by the Government. Where appropriate, elders can make use of their Elderly Health Care Vouchers to meet the co-payment and the cost of any additional investigation items/further follow-up consultations.

Evaluation

14. Selected NGOs will be required to keep record of each participating elder and provide progress reports regularly on a list of pre-determined indicators to facilitate programme monitoring and evaluation by DH. The NGOs will also be required to assist in evaluating the cost-effectiveness of the Pilot Programme in the following areas –

- (a) application of the “Hong Kong Reference Framework for Preventive Care for Older Adults in Primary Care Settings”;
- (b) detection of previously unidentified health risks or problems;
- (c) promoting the use of community-based, personalized preventive care; and
- (d) ways to strengthen the role of family doctors in providing continuous personalized care for the elderly, including health advice and counseling.

15. We appreciate the scope of the Pilot Programme only covers a small proportion of the elderly population aged 70 or above. Upon completion of the Pilot Programme, we will consider whether we should continue to provide subsidy for elders to undertake health assessment and if so, the scope and *modus operandi*. Before deciding on the way forward, we will consider carefully if there are more effective alternative funding and delivery models, say, integration with other support programmes for the elderly (e.g. services provided by the Elderly Health Centres/Community Health Centres, the Elderly Health Care Voucher Scheme and so forth) or engaging private sector in the provision of health assessment services.

NEXT STEPS

16. DH will soon issue formal invitations to all NGOs to submit proposals for participating in the Pilot Programme. Our target is to launch the two-year Pilot Programme in mid-2013.

ADVICE SOUGHT

17. Members are invited to give their views on the Pilot Programme.

**Food and Health Bureau
Department of Health
February 2013**

Elderly Health Assessment Pilot Programme

Major Components of Baseline Health Assessment

- (a) **History-taking** shall include, without limitation, the following –
- past medical history
 - family history of significant illnesses
 - current medications (including over-the-counter medicines and herbal remedies) and any medications that may cause dry mouth as a side effect
 - lifestyle behaviour including smoking and drinking habit, diet pattern and physical activities
 - dental health problems (e.g. difficulty in chewing or brushing teeth) and dry mouth
 - vaccination history (especially seasonal influenza vaccination and pneumococcal vaccination)
 - psychological status, e.g. mood and emotion status
 - social history such as marital status, home environment, financial support, family support and social network
 - functional status: current level of mobility, e.g. independent, walk with aids; current ability and needs in terms of activities of daily living, and any recent deterioration
 - any significant change in lifestyle and mood
 - history of fall
- (b) Focused **physical examination** shall include, without limitation, the following -
- check height, weight, body mass index and waist circumference
 - measure blood pressure and check pulse
 - assess patient's cognitive function to see if there is any clinical suspicion of dementia based on direct observation, with due consideration of information obtained by way of patient reports and concerns raised by family members, friends, caretakers or others if any
 - functional status as indicated: hearing, vision, mobility, cognition, mood
 - obtain other measurements deemed appropriate based on medical and psycho-social history

(c) The Pilot Programme will provide subvention to NGOs to cover the cost of the following **investigation items** that are suggested in the “Hong Kong Reference Framework for Preventive Care for Older Adults in Primary Care Settings”; the “Hong Kong Reference Framework for Hypertension Care for Adults in Primary Care Settings”; and the “Hong Kong Reference Framework for Diabetes Care for Adults in Primary Care Settings” -

- Fasting blood glucose^(a)
- Total cholesterol and HDL-cholesterol^{(a)(b)(c)}
- Faecal occult blood^(a)
- Cervical Smear^(a)
- Triglyceride and LDL-cholesterol^{(b)(c)}
- Renal function test^{(b)(c)}
- HbA1c^(c)
- Urine for routine and microscopy^{(b)(c)}
- Uric acid^(b)
- Resting ECG^(b)

Note :

- (a) For early identification of diabetes mellitus, hyperlipidaemia, colorectal cancer and cervical cancer.
- (b) For elders with known hypertension. Checking of uric acid is indicated if on diuretic. Resting ECG is indicated for newly diagnosed hypertensive patients to exclude left ventricular hypertrophy.
- (c) For elders with known diabetes mellitus.