

For information  
on 9 June 2015

## **Legislative Council Panel on Health Services**

### **Subcommittee on Issues Relating to the Development of Chinese Medicine**

#### **Progress of the Integrated Chinese-Western Medicine Pilot Programme**

##### **Purpose**

This paper seeks to brief Members on the work progress of the Integrated Chinese-Western Medicine (“ICWM”) Pilot Programme (“the Pilot Programme”).

##### **Background**

2. The Chief Executive established the Chinese Medicine Development Committee (“the Committee”) in February 2013 to focus on the study of four major areas of Chinese medicine:

- (i) development of Chinese medicine services
- (ii) personnel training and professional development
- (iii) research and development
- (iv) development of the Chinese medicines industry (including Chinese medicines testing)

3. Chaired by the Secretary for Food and Health, the Committee is comprised of representatives from the Chinese medicine practice, Chinese medicines trade, academia, research and development, testing and healthcare sectors, as well as lay persons. To focus deliberation on various aspects, the Chinese Medicine Practice Sub-committee and the Chinese Medicines Industry Sub-committee have been set up under the Committee.

4. The Committee and its two sub-committees have already held a number of meetings to discuss various aspects of the Chinese medicine. The Committee has studied and endorsed the views submitted by its two sub-committees regarding, among others, the development of Chinese medicine hospital and the Pilot Programme, and has given its recommendations to the Government.

5. On the development of a Chinese medicine hospital, the Chinese medicine sector generally agrees that Hong Kong has the need and readiness to develop a Chinese medicine hospital to provide Chinese medicine in-patient services. This will also help enhance the professional training and standards of Chinese medicine practitioners in Hong Kong. We also agree with the Committee's recommendation which preliminarily considers that it would be more feasible to operate the Chinese medicine hospital by providing ICWM treatments with Chinese medicine being the main focus, rather than pure Chinese medicine treatments. We are of the view that apart from providing in-patient services to the public, the Chinese medicine hospital should also provide facilities to support the teaching, clinical training and scientific research of the Chinese medicine programmes run by the three local universities and other local tertiary education institutions, and help strengthen and enhance the quality of the professional training and the scientific research of Chinese medicine in Hong Kong.

6. Since the development of a Chinese medicine hospital requires detailed and thorough study and planning, we therefore agree with the Committee's recommendation to carry out some specific research projects before the establishment of the Chinese medicine hospital, such as the introduction of in-patient services in public hospitals under the Pilot Programme. This will help gather experience on the operation of the ICWM and Chinese medicine in-patient service which shall form the basis for formulating the mode of operation of the Chinese medicine hospital, the Government has commissioned the Hospital Authority ("HA") to implement the Pilot Programme.

### **Design of the Pilot Programme**

7. The Pilot Programme aims to make use of the advantages of ICWM to provide appropriate medical treatment for patients; gather experiences for the development of Chinese medicine in-patient services and the establishment of the Chinese medicine hospital; facilitate the training of Chinese medicine graduates; and explore the development of Chinese medicine specialisation. A dedicated task force was set up by the HA to design relevant clinical and

operational frameworks which steer the current operations of Pilot Programme. Taking into account views and suggestions of the Committee, the HA completed the preparation work and launched the Phase I of the Pilot Programme on 22 September 2014 in three public hospitals (please refer to paragraph 10 below). Details are set out in the ensuing paragraphs.

### ***Clinical Framework***

8. The clinical framework of the Pilot Programme comprises the following three elements:

(i) Selection of disease areas:

According to the HA's clinical plan targeting at three disease areas, the criteria for selecting the disease areas include: (a) the disease areas where the treatment of Chinese medicine, or the synergy effect generated by treatment of ICWM, are effective with the support of scientific proof; (b) the disease areas that a certain number of patients is anticipated; and (c) the diseases that the inclusion and exclusion criteria can be clearly defined. The clinical plan has clearly set out the inclusion and exclusion criteria, and the indications of Chinese and Western medicine treatments, etc. After preliminary screening, the HA has formulated the clinical plan specifically for three disease areas, namely stroke care, acute low back pain care and palliative care for cancer.

(ii) Scope of service:

Apart from providing specified in-patient services (including day hospital services), the clinical plan also includes follow-up out-patient services (including out-patient services provided by Western medical practitioners as well as those provided by the relevant Chinese Medicine Centres for Training and Research ("CMCTRs")) to the patients concerned. The clinical protocol for each disease area clearly defines the entry and exit points of services according to the conditions of the disease area.

(iii) Clinical management:

To ensure the safe operation of "evidence-based practice", the HA implements a series of clinical management measures. The clinical protocol of each disease area is based on scientific evidence and jointly developed by a working group comprising experts in Chinese medicine and Western medicine. It includes clinical guidelines for integrating Chinese medicine with Western medicine, inclusion and exclusion criteria, clinical

outcome indicators and clinical risk management. The HA has also set up a reporting system for adverse events and incidents, and arrange for programme audits on the compliance of guidelines. Taking into account the actual needs of different clinical protocols, the HA provides relevant professional training for healthcare personnel participating in the Pilot Programme with a view to fostering mutual understanding and communication among Chinese and Western medical practitioners.

### ***Operational framework***

9. The operational framework of the Pilot Programme consists of two major components:

(i) Operational guidelines:

To foster exchanges and collaboration among Chinese and Western medical practitioners, the HA has developed operational guidelines for the Pilot Programme, setting out the roles and responsibilities of Chinese and Western medical personnel; workflow of transfer, discharge and follow-up treatment of patients; as well as the patients' medical records sharing system. The operational guidelines also covered arrangements on aspects such as finance, insurance, risk management and complaints to ensure proper administration management.

(ii) Project management:

The HA has drawn up the design outline of the Pilot Programme through feasibility studies and consultation with the relevant stakeholders. The design outline covers areas such as care model, basic infrastructure, targets and outcomes, and funding arrangement. The HA oversees and monitors the progress of the Pilot Programme and has commissioned a third party to conduct an evaluation on its effectiveness.

### **Progress of the Implementation of the Pilot Programme**

10. Phase I of the Pilot Programme, launched on 22 September 2014, provides ICWM treatment for HA in-patients of three disease areas, namely stroke care, acute low back pain care and cancer palliative care at Tung Wah Hospital ("TWH"), Pamela Youde Nethersole Eastern Hospital ("PYNEH") and Tuen Mun Hospital ("TMH") respectively. In-patients of the HA who have voluntarily joined the Pilot Programme will have to pay a daily service fee of

HK\$200 (excluding fee and charges for HA hospital services) consecutively from the first day of receiving the ICWM treatments until discharge or upon exiting the Pilot Programme. The daily service fee includes all consultation, decoction, acupuncture, etc, provided within the day. When the participating patients have been discharged from the hospital, they will have to pay the relevant CMCTR HK\$120 for each out-patient Chinese medicine visit under the Pilot Programme, irrespective of the number and types of treatment provided in that out-patient visit. Fee for the Chinese medicine service provided under the Pilot Programme will be fully waived for participated patients who are recipients of the Comprehensive Social Security Assistance.

### ***Enrollment***

11. The clinical statistics as of 30 April 2015 is set out below:

<b><u>Disease areas</u></b>	<b><u>Hospitals</u></b>	<b><u>No. of patients</u></b>			<b><u>In-patient bed-days</u></b>
		<b><u>Screened</u></b>	<b><u>Enrolled</u></b>	<b><u>Dropped out<sup>1</sup></u></b>	
Stroke care	TWH	200	32	6	733
Acute low back pain care	PYNEH	212	39	6	156
Cancer palliative care	TMH	113	43	29	494
	<b><u>Total</u></b>	525	114	41	1383

### ***Stakeholders engagement***

12. To address concerns on introducing ICWM care in the HA, communication has been conducted to consult and engage stakeholders within and outside the HA. Staff concerns regarding the Pilot Programme have been collated and addressed at cluster and hospital level. Deliberations have been made at different Cluster Management Committees and Cluster ICWM Committees. The Pilot Programme has been put forward for discussion and consultation at staff consultation committees of different healthcare professionals (i.e. doctors, nurses and allied health professionals). Feedbacks

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<sup>1</sup> Exit criteria of the Pilot Programme: (i) no additional benefits observed under the ICWM care; (ii) the maximum benefits have been achieved and the ICWM care is no longer needed; (iii) intolerance to Chinese medicine treatment; (iv) self-initiated drop out; (v) follow-up of up to six months has been completed.

from specialties were gathered from the Coordinating Committees and the Central Committees of the HA.

13. Early engagement of Chinese medicine collaborating partners is also crucial to the success of the Pilot Programme. All the operators of the tripartite CMCTRs (i.e. the relevant non-governmental organisations (“NGOs”)) were briefed on the framework of Pilot Programme via the NGO Sharing Forum held in January 2014. Chinese medicine experts from the tripartite CMCTRs and local universities were invited to develop and advise on the ICWM clinical protocols as members of the Clinical Working Groups on stroke care, acute low back pain care and cancer palliative care.

14. Publicity plan on public engagement strategy and programmes covering the media, the patient advocates and Chinese medicine vocal groups have been formulated by the HA. Three community focus groups which consist of patients suffering from stroke, low back pain and cancer respectively were organised in March 2014 to collate patient feedback. Participants generally supported the provision of Chinese medicine service during in-patient stay and out-patient follow up. Furthermore, public communication channels such as the HA radio programmes and regular columns on newspapers have been deployed to manage expectation and promote acceptance.

### ***Training and development***

15. To ensure that the frontline staff who are involved in the clinical programmes have equipped with adequate professional knowledge on ICWM practice, the HA has been providing briefing/training to them. A tailor-made protocol based briefing session on Chinese medicine diagnosis and treatment plans has been delivered by the HA in July to September 2014 for clinical staff of the selected hospital sites. The Pilot Programme also enables evidence-based discussion and experience sharing among the participating healthcare professionals that would help enhance the staffs’ professional understanding on Chinese medicine. To ensure smooth operation, guidelines and operational procedures have been deliberated and demonstrated in workshops for relevant parties at the concerned hospitals and CMCTRs.

16. Apart from the above focused briefing, a certificate programme on Chinese medicine has been conducting by the HA on an annual basis since 2004 to engage a wider spectrum of and introduce the Chinese medicine knowledge to HA staff. Meanwhile, an advanced training programme on Chinese medicine nursing care was launched by the HA in March 2015 and that for healthcare professionals of other fields is being developed.

### ***Work plan***

17. Subject to the smooth operation of the Phase I of the Pilot Programme, the HA plans to launch, in the fourth quarter of 2015, the Phase II at other four public hospitals for the same three disease areas. Thereafter, the evaluation reports which assess the effectiveness of the Pilot Programme at two different stages will be completed in the second quarter of 2015 and the second quarter of 2016 respectively. The HA will brief the Committee and its Chinese Medicine Practice Sub-committee in due course on the progress and outcome of the Pilot Programme.

### **Clinical Training for Local Students of Chinese Medicine**

18. Currently, three local universities (including the Hong Kong Baptist University (“HKBU”), the Chinese University of Hong Kong and the University of Hong Kong) are offering six-year full-time undergraduate degree programmes for Chinese medicine. The three programmes have a steady intake of about 90 students per year. Besides, the HKBU has also been offering four-year full time undergraduate degree programme for pharmacy in Chinese medicines, with annual intake of around 15 students.

19. The undergraduate degree programmes for Chinese medicine run by the three universities cover Chinese medicine practice and Chinese medicines, as well as basic knowledge of Western medicine, which aim to enhance students’ understanding of the degree subject as well as Western medicine treatment. Moreover, the programmes all comprise clinical internship, which is arranged by the universities concerned in collaboration with local Chinese medicine clinics and/or Chinese medicine hospitals in the Mainland. To develop students as professionals in Chinese medicines pharmacy, the undergraduate degree programme for pharmacy in Chinese medicines offered by the HKBU encompasses pharmaceutical science of Chinese Materia Medica, basic theories of Chinese Medicine, basic sciences, Western pharmacy and practicum training.

20. The Chinese Medicine Practice Sub-committee under the Committee has started studying the enhancement of personnel training and professional development for Chinese medicine practitioners. In collaboration with the Committee and the three local universities, the Government will further examine ways to enhance training in the areas concerned (including clinical internships), taking into account the experience gathered in the Pilot Programme. Besides, as mentioned in paragraph 5 above, the proposed Chinese medicine hospital can also provide facilities to support the teaching, clinical training and scientific research of the Chinese medicine programmes run by the three local universities

and other local tertiary education institutions, and help strengthen and enhance the quality of the professional training and the scientific research of Chinese medicine in Hong Kong.

### **Advice Sought**

21. Members are invited to note the content of this paper.

**Food and Health Bureau  
June 2015**