

香港家庭醫學學院的信頭  
Letterhead of The Hong Kong College of Family Physicians

**The importance of Family Medicine in Hong Kong's health care system and  
the direction of future reform**

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*In my submission, I have addressed points relevant to Family Medicine and Primary Care. Discussions on some subjects have been omitted, as it is best left to other experts of the medical profession.*

**Introduction**

As early as 1978, the World Health Organization Alma Ata declaration stated that its objective for the 21st century was health for all by the year 2000 and the way to achieve this is by developing good primary healthcare.

**1. Service Quality**

■ **How to ensure and improve the quality of health care service in particular service provided by the private sector.**

We have currently more than two thousand private practitioners providing primary care to the Hong Kong public. The Hong Kong College of Family Physicians recommends an exercise consisting of examination of knowledge, practice assessment, observation of consultation and ascertaining skills to assess the quality of these providers and to award those who meet the standards advocated with a "Certificate of Primary Medical Care". Our College sees this as a move to fulfill immediate social needs for consistent, quality primary medical care. Certified doctors will then be required to undergo continuous medical education to maintain their status. Although these doctors cannot be considered specialists in Family Medicine, their basic competence in providing primary care would be demonstrated. Moreover, our College encourages these doctors to become vocationally trained, sit for an examination to acquire a higher qualification and strive to become a specialist in Family Medicine. Those doctors who have not met the standards expected can take remedial courses to update their knowledge and correct problems identified during the assessment.

The problem of inadequate and unrealistic coverage by many low budget commercial insurance schemes are actually a deterrent against the practice of good medicine in any specialty. A regulatory mechanism needs to be set up to prevent unscrupulous merchants from misleading the public and cast the blame

on the providers. Even fully trained Specialists (in any field) who have shown their ability to practice quality medicine may be tempted to practice commercial and low quality medicine when there is lack of incentives. This situation is not unique to Hong Kong. Doctors in other countries react to similar circumstances in similar ways.

### ■ **How to monitor and improve cost-effectiveness of health care services**

*The following argument applies to both the public and private sector.*

If primary health care is effective, fewer people will be ill through adequate prevention, less ill people will need expensive hospitalization through early diagnosis and appropriate management, and patients can be discharged earlier from hospitals or specialist clinics because they can be properly followed up and monitored continuously by competent primary care doctors in the community. Health Care Systems that do not recognize the importance of a sound base of well-trained primary care doctors are unfortunately doomed to experience failure. In countries where the healthcare system is primary care orientated, there are lower cost of care, better levels of health, less use of medications and higher satisfaction rating for healthcare services provided.

The development of Family Medicine will ensure quality primary care. Family Physicians listen and understand patients, treat them as a person and provide comprehensive, continuous and whole person care to them and their families. Emphasis is on the development of good doctor-patient relationship, continuity of care, prevention, education and counseling to help patients manage their health problems.

Support for the training of Family Doctors should therefore be of the highest priority. The training of a Family Doctor requires hospital training with exposure to the different specialties. It also requires the actual experience acquired through training in community training centers. The most recent plan of the Hospital Authority to increase more numbers of training posts for Family Medicine as well as better career planning for those who have completed training is most encouraging. But the target must be that half of all new graduates should receive family medicine training. Nonetheless, the community-based training posts available are so few. It is almost non-existent in the private sector due to lack of funding. Financial support for community-based trainers and trainees is essential. Unless steps are taken to support well-structured training programs, more young medical graduates will opt for training in fields other than family medicine. This will only further unbalance the already oversupply of medical specialists in other clinical disciplines. We may see even more specialists in other fields going into general practice although they have had no training at all in Family Medicine.

It is a pity that the Hong Kong Government had mobilized resources in the past to produce various reports in attempts to find out deficiencies of the healthcare system but never complied with the recommendations. A working party on primary care in 1990 made recommendations to develop Family Medicine but to date the emphasis and resource allocation is still hospital-based. What Hong Kong needs is a strong primary care led healthcare system. Therefore resources currently used to support trainees in other fields may need transfer.

Family Physicians can provide a gate-keeping role in the healthcare system by directing patients to the appropriate specialists only when necessary. The development of Family Medicine in outpatient clinics and in hospitals is equally important. In hospitals, Family Medicine Clinics can be established side by side with accident and emergency departments. Non-emergency cases can be directed to the Family Medicine Clinic. The present congestion in the Accident and Emergency Department is expected to be relieved, whilst hospital admissions should drop notably. Family physicians can channel the patient back to the referring primary care doctors in the private sector after receiving the appropriate specialist care. Hopefully, there can be substantial and considerable saving in manpower and costs in the hospital system.

#### ■ **How to provide appropriate information for patients to make informed choices on hospitals, physicians, drugs and treatments**

The family physician can function as a good gate keeper to the healthcare system. A good gate keeper not only prevents patients from getting inappropriate care but also directs patients to cost-effective care. When referrals to specialists are necessary, it is the responsibility of the family physician to inform the patients of the nature of the specialist care, procedures involved and to take into consideration the financial implications. When pharmaceutical drugs are prescribed it is the duty of family physicians to explain to the patient the effects of the drugs, side-effects, drug interactions and method of intake to patients. Family physicians are trained to provide holistic quality primary care to patients.

## **2. Coordination between different health care structures**

#### ■ **Primary health care and inpatient care**

Primary care doctors in both the public and private sector are providing very limited after hours care because of the lack of incentives to do so. There is no competition against the free services offered by the Accident and Emergencies departments of public hospitals. Family Physicians can provide a gate-keeping role in the healthcare system by directing patients to the appropriate specialists only when necessary. In hospitals, if Family Medicine Clinics could be established side by side with accident and emergency departments as described earlier, follow up clinic duties could be taken over by the family physicians. It

would only be medically correct, as well as more beneficial for patients to be regularly checked by family physicians in the context of a whole person, and in the community in which he lives rather than within the narrow confines of one single specialty. Furthermore, family physicians in the hospitals can direct the patient back to the referring primary care doctors after receiving the appropriate secondary or tertiary care for continuity of care in the community. An improved and cooperative working relation between the Family Physician and the other Specialists will lead to proper integration of care and remove the present problem of compartmentalization. The aim is to establish a real “seamless health care” system to all members of the public.

### ■ **Private and Public services**

Officially government outpatients departments provide a small portion of primary care in Hong Kong. This subsidized primary care is priced very low and often leads to excessive use, and not necessarily by those who actually need it. Statistics shows that primary care in Hong Kong is predominantly delivered by private practitioners. Private primary care appears popular and is also inexpensive. The traditional policy of arbitrarily and deliberately creating an artificial barrier between private and public sectors of the medical profession can be removed. Since the number of Specialist Family Physicians in the public are few, Family Medicine Clinics in Public Hospitals as well as Government Outpatient Clinics can be recruited from private practitioners. These clinics need to be headed by specialists in Family Medicine who will act as consultants to the clinics either on a full time or part time basis. The specialist Family Physician can also supervise the training of family medicine trainees who will be providing primary medical services at the same time. More community-based training posts for family doctors are thus established.

It is also time that administrators reconsider the recommendation of the Working Group on Primary Care to set up a statutory Primary Health Care Authority overseeing the delivery of primary health care in Hong Kong. A proper authority must be set up, funded and empowered to proceed with recommendations to develop effective primary care and family medicine. What we need is a strong primary care led healthcare system in Hong Kong and the way ahead is put a high priority on developing Family Medicine.

### **3. Health care financing**

Healthcare reforms that place priority of developing a strong primary care led healthcare system with emphasis on the practice of Family Medicine will improve efficiency of the healthcare system and only contribute to the sustainability.