For information on
12 July 2010

Legislative Council Panel on Health Services
Healthcare Service Reform –
Primary Care Development Strategy

PURPOSE

This paper briefs Members on the latest progress of the primary care development strategy formulated based on the advice and recommendations of the Working Group on Primary Care (WGPC).

BACKGROUND

2. Enhancing primary care is one of the proposals put forward in the Healthcare Reform Consultation Document "Your Health, Your Life" and received broad public support during the first stage public consultation conducted in March to June 2008. In recognition of the broad support, the Chief Executive announced in the 2008-09 Policy Address that the Government would allocate resources to implement this proposal, and the Secretary for Food and Health would set up the WGPC to take forward the initiative.

3. To this end, WGPC was reconvened under the Health and Medical Development Advisory Committee (HMDAC) in October 2008, involving medical professionals from both the public and private sectors, academia, patient groups and other stakeholders, to discuss and provide strategic recommendations on enhancing and developing primary care in Hong Kong. Three Task Forces were set up under WGPC to study specific proposals set out in the healthcare reform consultation document, taking into account the views collected during the first stage public consultation on healthcare reform.

PRIMARY CARE DEVELOPMENT STRATEGY

WGPC Initial Recommendations

4. After extensive deliberations at both the Task Forces and other informal forums, WGPC has formulated a set of initial recommendations in 2009 for the

development of better primary care services in Hong Kong through the following three main areas of work –

(a) developing primary care conceptual models and clinical protocols, especially for the prevention and management of common chronic diseases, with a view to guiding the provision of enhanced primary care;

(b) setting up a Primary Care Directory with a view to promoting enhanced primary care through the family doctor concept and adopting a multi-disciplinary approach; and

(c) devising feasible service models to deliver enhanced primary care services in the community through pilot projects as appropriate, including the setting up of community health centres (CHCs).

5. Based on the recommendations of WGPC, the Food and Health Bureau has drawn up the overall strategy for primary care development in Hong Kong, in consultation with relevant professions and stakeholders. The benefits of good primary care and the major strategies and pathways of action which will help us deliver high quality primary care in Hong Kong are set out in the latest working version of the strategy document on primary care development, which is attached at ***Appendix*** for Members' ease of reference.

6. The strategy is very much a work-in-progress and consensus building process, constantly being refined and adjusted in the light of feedback from the healthcare professions and users as well as other stakeholders, to guide the implementation of specific initiatives to enhance primary care and development of new primary care models and services, through the multi-partite collaboration between the Government, the public healthcare sector, the private healthcare sector as well as NGOs and other agencies involved in delivery of primary care and other related social services.

Latest Progress and Next Steps

7. The latest progress and the next steps of the three major areas of the strategy for primary care development in Hong Kong are set out below –

Areas of work	Latest progress	Next steps
(i) Development of primary care conceptual models and clinical protocols	The primary care conceptual models and clinical protocols for diabetes mellitus and hypertension, the two most common chronic diseases in Hong Kong, are being finalised for use as common reference by healthcare professionals. We aim to launch the	Age group-specific primary care conceptual models and clinical protocols for children and the elderly will be developed.

Areas of work	Latest progress	Next steps
	first edition of the models and protocols within 2010-11. The strategies for promoting the clinical protocols to the public and healthcare professionals are also being developed.	
(ii) Development of a Primary Care Directory	Members of WGPC have agreed on the criteria for entering and remaining in the Doctor and Dentist sub-directories at the initial stage of development of the Directory. We aim to launch the first edition of the Doctor and Dentist sub-directories within 2010-11.	The Government will continue to work with the healthcare professionals, academia and relevant stakeholders to explore the enhancement in professional requirements for entering and remaining in the Directory in the future, and other issues such as training and manpower development of primary care providers. The sub-directories of Chinese medicine practitioners, nurses and other allied health professionals will be developed at a later stage.
(iii) Development of primary care service delivery models	The Government is exploring various CHC pilot projects based on different CHC-type models in consultation with healthcare professionals and providers from the public sector, private sector and NGOs, and the universities. The Government has also taken forward, through the Department of Health (DH) and the Hospital Authority (HA), a series of pilot projects to enhance primary care, including various healthcare voucher and vaccination subsidisation schemes, the chronic disease management shared care pilot programme and other pilot projects aimed at trying out different models for enhancing primary care both within the public healthcare system and through public-private partnership.	The Government will continue to plan various pilot projects to foster the provision of CHC-type services or formation of CHC networks and explore different models of service provision in consultation with the relevant stakeholders.

8. On resources front, the Government has been providing and will continue to provide financial support to the long-term task of developing primary care, where necessary, having regard to the overall progress of healthcare reform including supplementary healthcare financing arrangements and the resources available for

health care. An additional funding of more than $2.9 billion has been earmarked for the period 2009-10 to 2012-13 to implement various initiatives in line with the primary care development strategy, e.g. a series of pilot projects to enhance support for chronic disease patients in the primary care setting, the Elderly Healthcare Voucher Pilot Scheme, various vaccination subsidy schemes, establishment of CHCs or CHC networks, enhancement of primary dental services and oral health promotion, etc.

Infrastructural Support

9. The development of a territory-wide patient-oriented electronic health record (eHR) sharing system has gained broad public support in the first stage public consultation on healthcare reform. The Government has set up the eHealth Record Office to oversee the implementation of the eHR Programme with a view to providing an information infrastructure for sharing of eHR between the public and private sectors. The eHR sharing system and the use of information technology will provide the essential infrastructural support for the development of primary care in Hong Kong, including the provision of comprehensive, continuing and co-ordinated healthcare services.

Research Support

10. The implementation of primary care-related research projects is crucial for guiding the development of quality primary care. The Government has earmarked resources for conducting research on primary care, with a view to facilitating evidence-based policy and strategy formulation, identifying the needs and priorities of primary care in respect of different diseases and age groups, evaluating the effectiveness of different pilot projects and initiatives, and assessing the overall effectiveness of the primary care system in improving the healthcare system and the health of the population.

Institutional Support

11. The development of primary care requires long-term and on-going commitment, which in turn entails continuous and well co-ordinated strategies and actions. A Primary Care Office (PCO) is being set up in the Department of Health (DH) to support and co-ordinate the development of primary care in Hong Kong, the implementation of primary care development strategies and actions, and the co-ordination of actions among DH, the Hospital Authority (HA), the private healthcare sector, NGOs and other healthcare providers.

12. The dedicated PCO provides the necessary staffing support to co-ordinate the implementation of various projects to enhance primary care. It also provides the repository of necessary expertise and experience that are crucial for the successful implementation of the primary care strategy. To foster better co-ordination and

appropriate skill-mix for developing and implementing primary care initiatives, PCO will be a joint office comprising staff and healthcare professionals from the Food and Health Bureau, DH and HA.

Continuous Development and Implementation

13. The overall strategy for developing primary care in Hong Kong is an on-going and evolving strategy which emphasises a step-by-step and consensus building approach to reforming the primary care system, and a virtuous cycle of pilot, evaluation and adjustments for the continuous development and implementation of specific initiatives and pilot projects. This needs to be done through the involvement of key stakeholders in devising appropriate primary care models; implementing a series of well co-ordinated and evaluated pilot projects; assessing their appropriateness at filling service gaps in Hong Kong; and at the same time raising public awareness and promoting the value of high quality primary care services.

14. In order to promote the on-going and evolving strategy of primary care development to the wider community, PCO will embark on a large-scale advocacy exercise targeting both healthcare professionals and the public by the end of 2010. The aims are to raise public awareness on the importance of primary care in disease prevention and management, encourage the public to adopt the core value of good primary care and embrace a proactive approach in improving health, and appeal to and engage the medical professional bodies to participate in the promotion of quality primary care.

15. The primary care pilot projects will support the evaluation of the effectiveness and efficiency of the reform initiatives, and guide the further development of strategies and action plans to build up the reform process. Based on the experience learnt and evaluation of the pilot projects, a cycle of four to five years will be adopted for a holistic review on the overall primary care development strategy.

ADVICE SOUGHT

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

Food and Health Bureau
July 2010

Appendix

(Working version as at 5 July 2010)

Primary Care Reform in Hong Kong
Strategy Document

Preamble

Primary care is the first point of contact for individuals and families in a continuing healthcare process[a]. A good primary care system provides the public with access to better care which is comprehensive, holistic, co-ordinated, and as close as possible to where people live and work. Providing preventive care as well as quality management of diseases to everyone is important for promoting health of the population[1,2,3].

Having consulted the public in the first stage public consultation on a comprehensive package of healthcare reform proposals including enhancing primary care[b], the Government is dedicated to embarking on strengthening primary care as a cornerstone of its reforms.

This document -

(1) highlights why good primary care will benefit us all, especially how it will help us address the major challenges of preventing and providing on-going treatment for the modern day epidemic of chronic diseases; and

(2) sets out the major strategies and pathways of action which will help us deliver high quality primary care in Hong Kong

Our Vision of the Future Primary Care System

Our vision is to develop a future primary care system in which –

(1) every citizen has access to a primary care doctor as their long-term health

a. This document will focus more on the enhancement of the provision of primary (medical) care which mainly refers to the provision of first contact healthcare services by doctors and other healthcare professionals.

b. The Food and Health Bureau published the Healthcare Reform Consultation Document *'Your Health, Your Life'* in March 2008 and conducted the first stage public consultation on a comprehensive package of healthcare reform proposals including enhancing primary care, promoting public-private partnership in healthcare, developing electronic health record sharing system, strengthening public healthcare safety net, and introducing supplementary healthcare financing.

partner;

(2) better availability of a comprehensive, continuing and co-ordinated care;

(3) there is emphasis on preventing diseases and their deterioration by care provided by multi-disciplinary teams;

(4) every person is supported in their efforts to improve and take care of their own health; and

(5) care provided will be of high quality and evidence-based, provided by well trained professionals working with their patients, their families and their communities.

Chapter 1. Background

Introduction

1.1 The World Health Organization (WHO) made the visionary declaration that primary care was the key to 'Health for All' in Alma Ata more than 30 years ago[4]. This set the scene for international efforts to promote primary care and formally acknowledged the pivotal role of a strong primary care system. Many countries who are striving to develop or strengthen their primary care systems recognise the key role of primary care as the foundation of effective healthcare systems. The need to enhance primary care is once again reaffirmed in the World Health Report 2008: *'Primary Health Care: Now More Than Ever'*, and was further stressed by the 2009 World Health Assembly's resolution on primary care policies[1,5].

1.2 The key attributes of good primary care entail the **provision of accessible first contact care that is comprehensive, continuing, co-ordinated and person-centred in the context of family and community**[2,4,6,7]. Primary care contributes to the health of the population and covers a wide range of services which includes the delivery and provision of [4,8,9,10]

- health promotion;
- prevention of acute and chronic diseases;
- health risk assessment and disease identification;
- treatment and care for acute and chronic diseases;
- self-management support; and
- supportive and palliative care for end-stage disease or disability.

Chapter 2. Primary Care in Hong Kong

2.1 Hong Kong people have been enjoying healthcare services which are of high standards and relatively efficient, with a total health expenditure accounting for around 5.1% GDP[11]. Our life expectancies rank among the longest in the world, and maternal and infant death rates among the lowest. Our highly subsidised public healthcare sector offers treatment and protection to every citizen, whereas the private sector also provides a wide range of services, including primary care services.

2.2 Around 70% of clinic consultations are made with primary care practitioners in the private sector, mostly paid out-of-pocket by those who can afford the fees[11,12]. The public system provides primary care through out-patient services run by the Hospital Authority (HA) targeting low-income groups, the under-privileged, those who are chronically-ill and poorer elderly patients[13,14]. The Department of Health (DH) also provides primary care through its preventive public health services, health promotional programmes and other disease prevention and management services.

Changes and Challenges to the Existing System

2.3 Despite our accomplishments, in common with many other countries our healthcare services are facing major challenges[1,15,16,17,18].

2.4 As the population ages its health needs change and the services needed also change. The increasing burden of chronic diseases, higher expectations from increasingly health literate public and patients, scientific developments offering new and expensive treatments all put healthcare expenditure in our existing system to the test.

(a) **Changes in demographic trends**

- Our population continues to grow and become older. The population is projected to expand from 7.00 million in mid-2009 to 8.57 million in mid-2036. The proportion of those aged 65 years or above will double from 12.7% (0.89 million) in 2009 to 26.4% (2.26 million) in 2036[19,20].
- The elderly population has much greater healthcare needs. For instance, a person aged 65 years or above uses on average six times more in-patient care (in terms of bed-days) than a person aged below 65 years[21].

- Catering for the healthcare needs of rapidly growing numbers of older people will present challenges in managing chronic diseases over longer periods, keeping them healthier and active in the community whilst providing high quality end of life care[22].

(b) **Changes in disease pattern**

- **The epidemic of chronic non-communicable diseases** is sweeping the world[23,24]. Locally, about two-thirds of deaths are attributable to chronic diseases such as hypertension, heart disease, diabetes mellitus and chronic respiratory problems[12,25]. Such diseases are directly related to less healthy lifestyles including obesity, lack of exercise, eating high fat foods and smoking[23,24]. Chronic diseases and the associated complications are amongst the major causes for hospitalisation and long-term care[24,26].

(c) **Higher public and consumer expectations**

- Increased access to health information including the improved use of information technology promotes health literacy as well as better understanding of the nature and management of disease among patients and the public[1,15]. This in turn may lead to a rise in expectations on the availability of more advanced treatment and demand for choices of a wider range of services.

(d) **Inflating healthcare expenditure**

- Ageing of the population, growing burden of chronic disease and associated disabilities, advancing medical technologies and inflation in healthcare price all lead to pressures to expand the range of healthcare services. This trend is evident both locally and in most other advanced economies[1,11,27].

The Need to Enhance Primary Care

2.5 The challenges we are facing, especially the growing number of elderly and people presenting with chronic diseases and functional needs, create an urgent need to build up more proactive, integrated and comprehensive services at community level to support disease prevention and management, maintenance of functional status and improvement in quality of life. The traditional focus of our primary care system has been on providing treatment for acute, episodic diseases and ailments without sufficient emphasis

on prevention. This can no longer meet the changing needs of the population. Over-reliance on hospital and specialist care for management of common chronic diseases results in long waiting times for public specialist referrals and the public hospital care is often overloaded.

2.6 To strengthen the prevention and management of chronic diseases and support care of the elderly, we need a stronger primary care system which involves re-orientation towards the provision of more comprehensive community-based care emphasising continuity and collaboration among healthcare professionals across different sectors.

2.7 Evidence demonstrates that health systems that rely more on primary care in comparison with systems based on specialist care produce better population health outcomes, reduce the rate of avoidable mortality, improve continuity and access to healthcare, result in higher patient satisfaction, and reduce health-related disparities at a lower overall costs for healthcare[28,29,30,31]. Studies comparing services that could be delivered as either primary care or specialist care services show that services provided through the primary care system are more cost-effective[32].

- International comparisons also show that countries with more primary care doctors acting as co-ordinators for referral to specialist and hospital care are more likely to have better health outcomes, lower health costs and greater patient satisfaction[1,33,34,35].
- Many countries reforming their health systems are doing so by strengthening community-based primary care, focusing on prevention and quality improvement in disease management[1,36,37,38].

Multi-disciplinary Primary Care Providers

2.8 The majority of our first-contact, primary care services are provided by western medicine trained doctors including general practitioners and other specialists[12]. A significant proportion of the primary care in Hong Kong is provided by other providers including Chinese medicine practitioners and dentists. Other primary care professionals also include nurses, chiropractors, physiotherapists, occupational therapists, clinical psychologists, dietitians, pharmacists, optometrists, speech therapists, podiatrists, and other healthcare providers in the community. Evidence shows that quality care is best provided by teams of health workers with different skills working closely with

the community and hospitals[31,35,39]. This enables the right skills to be provided to meet the needs of individual patients for more comprehensive, continuing and co-ordinated care.

Box 1. What do patients and the public think about primary care and the need to change?

Improving primary care is not a new idea in Hong Kong yet many Hong Kong people are not familiar with the principles of family medicine or the attributes of good primary care[40]. However, recent studies commissioned by the Government provide us with new perspectives and a better understanding of people's beliefs about primary care[41,42,43,44]. The main findings are-

- Given sufficient explanation, the public were quite receptive to the idea of provision of good primary care and appreciated the principles of family medicine of continuity of care, more comprehensive and preventive approach, and sharing of health records among the providers.
- Two-thirds of the respondents reported having a 'regular primary care doctor' to whom one would first consult when needed; and one-third reported having a 'regular family doctor' to whom one would consult for all kinds of health problems.
- People with a family doctor thought it a good model but those without a family doctor considered it as a 'luxury item' for those who could afford to pay.
- Many patients suffering from chronic disease would prefer to be followed up in the public healthcare system, even if they have a regular private family doctor. Reasons include feeling secure about the fixed and lower cost of treatment, consideration about quality and continuity of care, standard of training of doctors, ease of access to specialists and supporting services within the general out-patient clinic (GOPC) system.
- Having a family doctor was associated with less use of accident and emergency services, receiving more preventive care and better patient enablement.
- These studies also showed that doctors who had family medicine training were more involved in chronic disease care than those without, and having professional training in family medicine was associated with better process and outcome of care.

Chapter 3. Primary Care Service Reform: Progress To-date

3.1 Detailed examination of the primary care system in Hong Kong and recommended strategies for enhancing and reforming primary care can be dated back to the Report of the Working Group on Primary Health Care titled *'Health for All – The Way Ahead'* issued in 1990[45]. The call for strengthening primary care was also included in the other healthcare reform consultation documents that followed[16,17,46].

3.2 Since 1990, the Government has taken steps to improve primary care in the public system through DH and HA. Some examples are listed below-

(a) Community health promotion and disease prevention services for population sub-groups have been strengthened through services under DH –

- The Women Health Service was established in 1994 to provide centre-based service for promoting health of women aged 64 years or below.
- The Student Health Service was set up in 1995 to provide centre-based preventive and health promotion services to primary school and secondary school students. School-based health education programmes are also provided by the outreach teams.
- The Elderly Health Service started service in 1998 to provide centre-based primary care services for the elderly, embracing a more preventive and multi-disciplinary approach. Its outreach teams also support elderly centres and elderly homes on disease prevention and health promotion.
- From 2000 to 2007, the Maternal and Child Health Centres, based on scientific evidence and best practices, have thoroughly overhauled their child health promotion and disease prevention programme for children aged zero to five years and their families.

(b) Prevention and control of infectious diseases and chronic diseases have been strengthened through the establishment of the Centre for Health Protection under DH in 2004.

(c) DH has further strengthened health promotion in the community by the introduction of programmes that involve stronger inter-sectoral approaches. Supported by the Government, Healthy City Projects are in place in many

districts to foster joint efforts to improve community engagement in health promotion.

(d) The management of GOPCs was transferred from DH to HA in 2003 to improve integration between primary and secondary levels of care in the public system. Professional training for family medicine specialists is strengthened and streamlined. A multi-disciplinary approach of care is adopted and chronic disease management and patient empowerment are enhanced.

(e) HA has expanded its Community Nursing Service (CNS) to provide more comprehensive care and patient support, especially for the elderly and patients with chronic health conditions.

(f) HA has been working closely with many non-governmental organisations (NGOs) to enhance care of elderly and chronic disease patients living in the community, especially with the establishment of the Community Geriatrics Assessment Teams and various community networks.

(g) Fourteen public Chinese medicine out-patient clinics that involve tripartite collaboration among HA, NGOs and local universities have been set up since 2003 to promote the development of evidence-based Chinese medicine and to provide training opportunities for local Chinese medicine degree programme graduates.

(h) Preventive and promotive oral healthcare services to the public are strengthened and improved through the School Dental Care Service (SDCS) and the Oral Health Education Unit (OHEU) of DH.

Recent progress

3.3 In 2005, the **Health and Medical Development Advisory Committee (HMDAC)** reviewed the service delivery model for the healthcare system, covering primary, secondary, tertiary and specialised services, elderly, long-term and rehabilitation care, as well as integration between the public and private sectors and infrastructure supports. In its discussion paper '*Building a Healthy Tomorrow'* issued in July 2005, HMDAC sets out, inter alia, the vision and ways of improvement needed for building up a robust primary care system in Hong Kong[17]. The discussion paper made a number of recommendations, including the following on primary care –

(a) promoting the family doctor concept which emphasises continuing, comprehensive and holistic care;

(b) putting greater emphasis on prevention of diseases through public education and through family doctors; and

(c) encouraging and facilitating medical professionals to collaborate with other professionals to provide co-ordinated services.

3.4 Building on the recommendations of HMDAC, the Government put forward a comprehensive and interrelated package of proposals for reforming the healthcare system in the healthcare reform consultation document *'Your Health, Your Life'* issued in March 2008[47]. Emphasis was placed on enhancing primary care especially the provision of continuing, preventive, comprehensive and holistic healthcare. Initiatives were proposed, including to -

(a) develop basic models for primary care services;

(b) establish a family doctor register;

(c) subsidise individuals for preventive care;

(d) improve public primary care; and

(e) strengthen public health functions.

3.5 Many constructive views from a wide range of respondents were received and the responses confirmed a broad-based support to reform the existing healthcare system[48]. The principles of good primary care as stipulated in *'Your Health, Your Life'* received wide and positive feedback from both the public and the stakeholders (Annex A).

3.6 In recognition of the broad support for the reform proposals, the Chief Executive announced in the 2008-09 Policy Address a series of policy initiatives of enhancing primary care, including strengthening support for chronic disease patients at primary care level. These initiatives were further reinforced in the 2009-10 Policy Agenda. To demonstrate the Government's commitment in improving primary care, resources have been earmarked in the budget for the period 2009-10 to 2012-13 to back up these reform initiatives.

3.7 The Government has been increasing the resources spent on primary care services in the past few years. The total Government expenditure on primary care is expected to increase from $2.51 billion in 2007-08 to $3.72 billion in 2011-12 by 48.4%. The Government will continue to provide financial support to the long-term task of developing primary care, where

necessary, having regard to the overall progress of healthcare reform including supplementary healthcare financing arrangements and the resources available for healthcare.

The Working Group on Primary Care and Task Forces

3.8 **The Working Group on Primary Care**, chaired by the Secretary for Food and Health, was reconvened in October 2008 to advise on strategic directions for the development of primary care in Hong Kong. **Three Task Forces** have been formed under the Working Group to recommend strategies to strengthen primary care in three areas: **developing primary care models and protocols to be adopted, developing a Primary Care Directory, and exploring ways to enhance primary care in Hong Kong through appropriate service delivery models (Box 2).** Membership of the Working Group and its Task Forces comprise representatives from the public and private healthcare sectors, academia, patient groups, health administrators and healthcare professionals of various disciplines and specialties, and other stakeholders (Annex B).

Box 2. Three Task Forces established under the Working Group on Primary Care and their main tasks -

- **Task Force on Conceptual Model and Preventive Protocols:**

To define **WHAT** areas of services should be developed and what models could be used to enhance primary care to meet the needs of different patients and different age groups; and to develop protocols on management of major diseases and preventive care for different population groups.

- **Task Force on Primary Care Directory:**

To develop a Primary Care Directory to provide primary care professionals' background and practice information so that the public can choose providers **WHO** are suitable for them; to facilitate the co-ordination of multi-disciplinary teams to provide more comprehensive services; and to make use of the Directory as a platform to support professional development and quality care.

- **Task Force on Primary Care Delivery Models:**

To study **HOW** to put into actions the concepts, basic models and protocols, drawing input from a multi-disciplinary workforce; and to examine the principles governing the delivery of better primary care, and the respective roles of different healthcare professionals in the public, private and non-profit making sectors for the provision of better co-ordinated care.

3.9 After more than one year of discussion as well as review of local and international experience and evidence, the Working Group on Primary Care and its Task Forces have made a number of initial recommendations in 2009 to enhance primary care in Hong Kong, which are described in Chapter 5.

Chapter 4. Developing Primary Care: Key Strategies

4.1 Based upon the advice of the Working Group and taking reference from international experience, **the major strategies to strengthen primary care in Hong Kong should target at improving the attributes of a good primary care system**, **supported by a well-equipped primary care workforce and built-in infrastructure** (Box 3).

Box 3. To improve primary care in Hong Kong, we need to –

1. **Develop comprehensive care by multi-disciplinary teams**
2. **Improve continuity of care of individuals**
3. **Improve co-ordination of care among healthcare professionals across different sectors**
4. **Strengthen preventive approach to tackle major disease burden**
5. **Enhance inter-sectoral collaboration to improve the availability of quality care, especially care for chronic disease patients**
6. **Emphasise person-centred care and patient empowerment**
7. **Support professional development and quality improvement**
8. **Strengthen organisational and infrastructural support for the changes**

(A) Develop Comprehensive Care by Multi-disciplinary Teams

4.2 The provision of comprehensive and whole-person care is one of the core principles of family medicine and quality primary care. It is increasingly difficult for healthcare systems to remain responsive to the rapidly expanding needs of chronic disease patients and the elderly without establishing a continuum of comprehensive care provided by different healthcare professionals working closely with the patients[49,50,51]. Studies show that collaborative care provided by multi-disciplinary teams of providers improves health outcomes, and provides more appropriate support to patients in the community[22,29,52,53].

- **Team of Primary Care Providers -** In Hong Kong, a wide range of healthcare providers are providing first contact healthcare. The majority of our population choose to consult western medicine doctors when health problems arise. A significant proportion of primary care is also directly provided by Chinese medicine practitioners and dentists[12]. Other healthcare professionals like nurses, chiropractors, allied health professionals, pharmacists are also providing services on disease management and health promotion in the community.

- For the provision of more co-ordinated and comprehensive care, team working is needed, especially for the proactive management of chronic diseases. For instance, diabetic patients often require dietary advice, and patients with chronic respiratory diseases may need physiotherapists and occupational therapists to help them build up their respiratory function and adjust to daily activities.

- Community multi-disciplinary care is increasingly emphasised as appropriate and efficient. Nursing and allied health advice is of particular value in supporting patients with progressive or complex long-term conditions for a healthier and independent life, reducing institutionalised care and improving quality of life[54,55,56,57].

- Locally, doctor consultations are more readily available than nursing care and allied health services in the private sector. Most of our nursing and allied health professionals are providing services in the public system or NGOs, where multi-disciplinary care is more readily accessible than in the private sector. The challenge is to make such services accessible to those who need them, irrespective of where they seek primary care.

(B) Improve Continuity of Care for Individuals

4.3 Continuity over the course of a lifetime is an indispensable pillar for quality healthcare. It enhances effectiveness, especially in chronic disease management, elderly care and maternal and child care. Better continuity of care improves access to care, reduces re-hospitalisation, consultations with specialists and emergency services, and enables better detection of adverse effects of medical interventions[1,58].

4.4 Continuity of healthcare involves[59] –

- **Relationship continuity:** An on-going therapeutic relationship between a patient and one or more healthcare providers
- **Information continuity:** The use of information on past medical history and personal circumstances to make current care appropriate for each individual
- **Management continuity:** A consistent and coherent approach to the management of a health condition that is responsive to a patient's changing needs

Box 4. Continuity of healthcare: different perspectives

- **From the <u>patient's</u> perspective,** continuity of care mainly entails the experience of a **'continuous caring relationship'** with an identified healthcare professional[60]. It helps healthcare providers gain their patients' confidence, become better co-ordinator of patients' health services and more effective in providing holistic care and promoting health[61].

- **From the <u>provider's</u> perspective**, the modern **healthcare system** is more likely to focus on the **continuity in management**, and the delivery of a 'seamless service' through **integration, co-ordination of care plan and the sharing of information** among providers. These are also important for improving health outcomes[58,62].

4.5 In Hong Kong, maintaining continuity of care is a major challenge because -

- The development of specialty services and multi-disciplinary care make it increasingly common for patients to be seen by an array of providers in a wide variety of settings.

- 'Doctor-shopping' is a fairly common phenomenon[18]. Despite this, a local survey showed that many people reported that they would consult a regular primary care doctor for most of their health problems[41].
- Although HA has developed wider networks of electronic records sharing within the organisation and there are pilot projects on sharing of patient health record between HA and the private sector, sharing of patient records and management plans across sectors needs further development.

(C) Improve Co-ordination of Care among Healthcare Professionals across Different Sectors

4.6 Improving co-ordination of care is one important step in healthcare reform to enhance quality and efficient use of resources. Better co-ordinated care improves continuity, reduces duplication and helps patients receive the optimal care based on their needs[1,63,64,65]. In Hong Kong, the highly compartmentalised healthcare system makes co-ordination of care difficult[16]. Breaking down existing barriers to enable seamless care delivery for the provision of co-ordinated and integrated care is imperative for quality primary care.

4.7 The complex and divergent system makes it difficult for patients to navigate for more suitable care, especially chronic disease patients and the elderly who are more likely to have multiple contacts with various providers. Primary care doctors and multi-disciplinary teams of primary care professionals who provide longitudinal care and are familiar with the patients are their best **partners and care co-ordinators** to help them choose and access to various services based on their needs.

(D) Strengthen Preventive Approach to Tackle Major Disease Burden, Especially Chronic Diseases

4.8 The challenges of an ageing population and an increasing number of people living with chronic diseases place heavy demands on our healthcare system[47,66]. Many of the costly and disabling chronic health problems such as cardiovascular diseases, diabetes mellitus, chronic respiratory diseases and some cancers are closely **related to modifiable behavioural risk factors** such as unhealthy diet, physical inactivity, tobacco use and harmful use of alcohol[24,67,68].

- Chronic diseases account for about two-thirds of total deaths in Hong Kong[69].
- It is estimated that 27% of people aged 15 years or above are suffering from hypertension (HT)[25], and about one-tenth of the adult population have diabetes mellitus (DM)[70].
- To promote health of the whole population, we need to reduce people's risk of getting the diseases, and to prevent disease deterioration and complications for people who already have chronic diseases. This involves a variety of strategies across the society, including the **promotion of healthy behaviours to reduce the risk of diseases, detect diseases early, and provide high quality management** with the ultimate goal to reduce the incidence of complications and associated morbidities and mortality[10,71,72]. Evidence about effective interventions shows we can achieve these goals[35,73,74,75].

Box 5. Population and individual approaches in disease prevention

- **Effective prevention** of chronic diseases involves integrating public health principles of population risk reduction with patient-centred primary care[5,30].
- **Both population-wide and high-risk individual approaches are important and complementary in chronic disease prevention**. They should be integrated as a comprehensive strategy that serves the needs of the entire population and has an impact at the individual, community and national levels[67,76]. For example, controlling tobacco use requires us to protect the public through smoke-free legislation and public education as well as providing services to individuals for smoking cessation.
- **Population approaches** aim to reduce the risks throughout the entire population. They address the causes of chronic diseases and a small shift in the average population levels of several risk factors can lead to a large reduction in chronic disease burden[77,78,79,80,81]. For example, promoting healthy diet and physical activity among the population could successfully reduce the risk of developing cardiovascular diseases of the whole population[82].
- **Individual-based approach** for interventions of **higher risk individuals** (e.g. people with obesity, older people or people with predisposing health conditions) has been shown to be effective in reducing the incidence of diseases like DM and heart diseases, delaying disease onset and reducing complications[83,84].

(E) Enhance Inter-sectoral Collaboration to Improve the Availability of Quality Care, Especially Care for Chronic Disease Patients

4.9 Accessibility to healthcare and availability of services when needed is one of the key prerequisites for health, enabling equity of care[1,85,86,87,88]. Good accessibility involves the provision of care that is physically accessible, available, affordable and culturally appropriate[89,90].

- In Hong Kong, primary care services are **geographically accessible** to the vast majority of the population.
- The public healthcare sector provides a wide range of highly-subsidised primary care available at very low fee targeting the low income and under-privileged groups. However, the heavy reliance on the **public system for chronic disease management** and health services for elders result in **overcrowding and long queues** for care.
- Services in the **private healthcare sector are widely and directly accessible** to people who can afford to pay. Service fees are affordable to most of the population but people are more willing to pay for episodic curative care by doctors than preventive and other supporting care by the rest of the professions.
- **The private primary care providers can be more actively engaged** especially in the provision of care for chronic disease patients alongside the public sector. Besides financial hurdles, system barriers within and across sectors such as mutual communications and sharing of patient records need to be managed for better public-private collaboration.
- **Access to information on health and healthcare services:** Knowledge about disease management and understanding of available services are important for the access of appropriate and timely healthcare. Insufficient information on costs and effectiveness of care provided by the private market makes it difficult for patients to estimate their affordability and make informed choices, and has been shown to be one of the deterring factors for people to have access to the private sector.

(F) Emphasise Person-centred Care and Patient Empowerment

4.10 Provision of person-centred care and patient empowerment is important for effective disease prevention and control[4,8,91]. Person-centred care aims at improving health literacy, strengthening individual participation and patient empowerment in the promotion of health and better management of diseases[92,93,94]. Primary care professionals have key roles to play in supporting person-centred care in the community.

Person-centred care

4.11 **Person-centred care** involves[1,92,95,96,97,98]-

- Embracing an approach to care that consciously adopts the patient's perspectives, taking into consideration one's social, cultural and psychological background
- Building partnerships and making collaborative efforts among the patient, his/her family and providers to support decision making and management
- Integrating prevention and health promotion with treatment
- Improving health literacy and accessibility to health information
- Supporting patient empowerment and enhancing self-management capacity

4.12 Strengthening person-centred care improves disease monitoring, prevents complications, enhances treatment compliance, quality of care, patient satisfaction, self-efficacy and quality of life[1,99,100].

Patient empowerment

4.13 Empowerment in health is a process through which people gain greater control over decisions and actions affecting their health[101].

- Patient empowerment goes beyond the mere attainment of knowledge. It aims to help patients understand their diseases and health needs, build confidence, develop skills in self-management, strengthen linkages for support within communities and the health system, and develop household capacities to stay healthy and to make healthy decisions[102,103].

- Empowering patients to participate actively in their disease management can improve care and health outcomes, especially for people with chronic diseases and other long-term conditions[104,105,106,107].

(G) Support Professional Development and Quality Improvement

4.14 Availability of an appropriate healthcare workforce is critical for sustainable health services development. A well trained primary care workforce with suitable professional skill-mix working together in collaboration is needed for effective delivery of the whole range of primary care functions[49,50]. Re-orientation of training towards person-centred care and provision of multi-disciplinary primary care in the community is also needed (Box 6).

Box 6. Preparing a Healthcare Workforce for the 21st Century (WHO)[108]

Education and training of healthcare professionals usually places emphasis on understanding disease patho-physiology, diagnosis and treatment. To meet the increasing needs of person-centred care and emphasis in promoting health, the **WHO** supports development of the healthcare workforce to improve healthcare service delivery through five basic competencies which are applicable to all members of the healthcare workforce -

(a) **Patient-centred Care:** Possess effective communication skills, support patient education and self-management using a proactive approach

(b) **Partnering:** Create and maintain effective partnership with patients, other providers in all levels of healthcare and the community

(c) **Quality Improvement:** Participate in care delivery and outcome monitoring, learn and adapt to changes in organisations and systems, and possess knowledge and skills to integrate scientific evidence and standards into practice

(d) **Information and Communication Technology:** Attain the ability to use information and communication technology to support and monitor patient care

(e) **Public Health Perspectives:** Acquire the competency to provide public health functions including health promotion and preventive activities, incorporate system thinking, and work in a primary care-led system

(H) Strengthen Organisational and Infrastructural Support

4.15 Primary care reform is a long-term and on-going process which requires coherent changes in the healthcare system with continuous improvement across a wide scope of areas beyond the capacity of any single agency or the sole effort from the Government[1,15,109].

The need for organisational support

4.16 We need to foster continuous collaborative efforts between many partners in both the public and private sectors, including the health professions, patient representatives, academia, policy makers, relevant Government departments (e.g. the Social Welfare Department responsible for social services and elderly support), and other key stakeholders in formulating and implementing recommendations for the development of primary care.

- A dedicated organisational setup is required to support on an on-going basis the implementation of the recommended strategies and to co-ordinate multi-partite efforts in realising the development, with a view to raising standards and quality of primary care services across sectors.
- The Government would take the lead in setting up and support the functioning of the long-term organisational structure in support of primary care development.

Infrastructural support: health record sharing

4.17 The use of modern information technology and sharing of patient health records among healthcare providers is critical to implementing the reform process.

- Effective sharing of health records and disease management plans across healthcare providers from different sectors through electronic systems can improve continuity, co-ordination and communications for better patient care, improve patient safety, facilitate the monitoring and evaluation of service delivery and provision of more patient-centred integrated management[1,110,111,112,113].
- Health information systems can also provide platforms to strengthen professional training and experience sharing among different providers, and help generate useful epidemiological information to direct health policies[114,115,116].

Taking forward the directions of primary care development

4.18 For developing good primary care based on the eight strategies discussed above, a number of initiatives and pilot projects are being/ will be carried out. They are summarised in Table 1, and will be discussed in further details in the following Chapters.

(Working version as at 5 July 2010)

Table 1. Strategies for Developing Primary Care in Hong Kong and Initiatives and Pilot Projects Being or Will Be Carried out

Initiatives and Pilot Projects to Enhance Primary Care	Strategies to Enhance Primary Care in Hong Kong							
	Develop Multi-disciplinary & Comprehensive Primary Care	Improve Continuity of Care	Improve Co-ordination of Care	Strengthen Preventive Approach to Tackle Major Disease Burden, Especially Chronic Diseases	Further Enhance the Availability of Care for Chronic Disease Patients	Enhance Person-centred Care & Patient Empowerment	Support Professional Development & Quality Improvement	Strengthen Organisational & Infrastructural Support
Development of Conceptual Models and Protocols	X	X	X	X		X	X	
Primary Care Directory	X		X		X		X	X
Pilot Projects to Improve Chronic Disease Management	X	X	X	X	X	X	X	
Community Health Centres/ Networks	X	X	X	X	X	X		X
Primary Dental Care				X	X	X		
Community Mental Healthcare	X		X	X	X			
Electronic Health Record (eHR) Sharing System	X	X	X		X	X	X	X
Strengthen Primary Care-related Research							X	
Establishment of the Primary Care Office	X	X	X				X	X

Chapter 5 – Work Progress of Working Group on Primary Care and its Task Forces

5.1 The **Working Group on Primary Care and its Task Forces** have formulated a set of initial recommendations in 2009 for the development of better primary care services in Hong Kong through the followings –

(a) developing primary care conceptual models and clinical protocols, especially for the prevention and management of common chronic diseases, with a view to guiding the provision of enhanced primary care;

(b) setting up a Primary Care Directory with a view to promoting enhanced primary care through the family doctor concept and adopting a multi-disciplinary approach; and

(c) devising feasible service models to deliver enhanced primary care services in the community through pilot projects as appropriate, including the setting up of community health centres.

(A) Development and Promotion of Conceptual Models and Protocols for Tackling Major Chronic Diseases

5.2 Common chronic diseases can be effectively managed by primary care services adopting a preventive approach[73,117,118,119]. Experience from many developed countries shows that sharing population-based common clinical management models and protocols among healthcare providers in different settings facilitates co-ordination of care, strengthens management continuity, promotes evidence-based practice and improves patient care[120,121,122].

5.3 The Working Group and the Task Force on Conceptual Model and Preventive Protocols have recommended the development of conceptual models and management protocols for major chronic diseases, starting with the commonest conditions, hypertension (HT) (high blood pressure) and diabetes mellitus (DM).

- HT and DM are global health challenges which carry a huge public health burden and are leading causes of deaths[24,123,124]. Despite their high and rapidly growing prevalence, HT and DM often remain unidentified in many people suffering from the diseases, and the conditions are also poorly controlled in many diagnosed patients[125,126].
- WHO and many international health authorities have proposed initiatives to prevent and manage HT and DM, highlighting the role of primary care[73,127,128,129,130].
- In Hong Kong, previous surveys showed that more than one-quarter of the population aged 15 years or above suffered from HT, and about one-tenth of the Hong Kong adult population had DM[70].

Objectives of Developing Conceptual Models and Protocols for Tackling HT and DM

5.4 The conceptual models and clinical protocols on HT and DM produced by the Working Group aim to -

(a) provide common reference to guide and co-ordinate efforts of healthcare professionals across different sectors in Hong Kong for the provision of continuing, comprehensive and evidence-based care for HT and DM in the community;

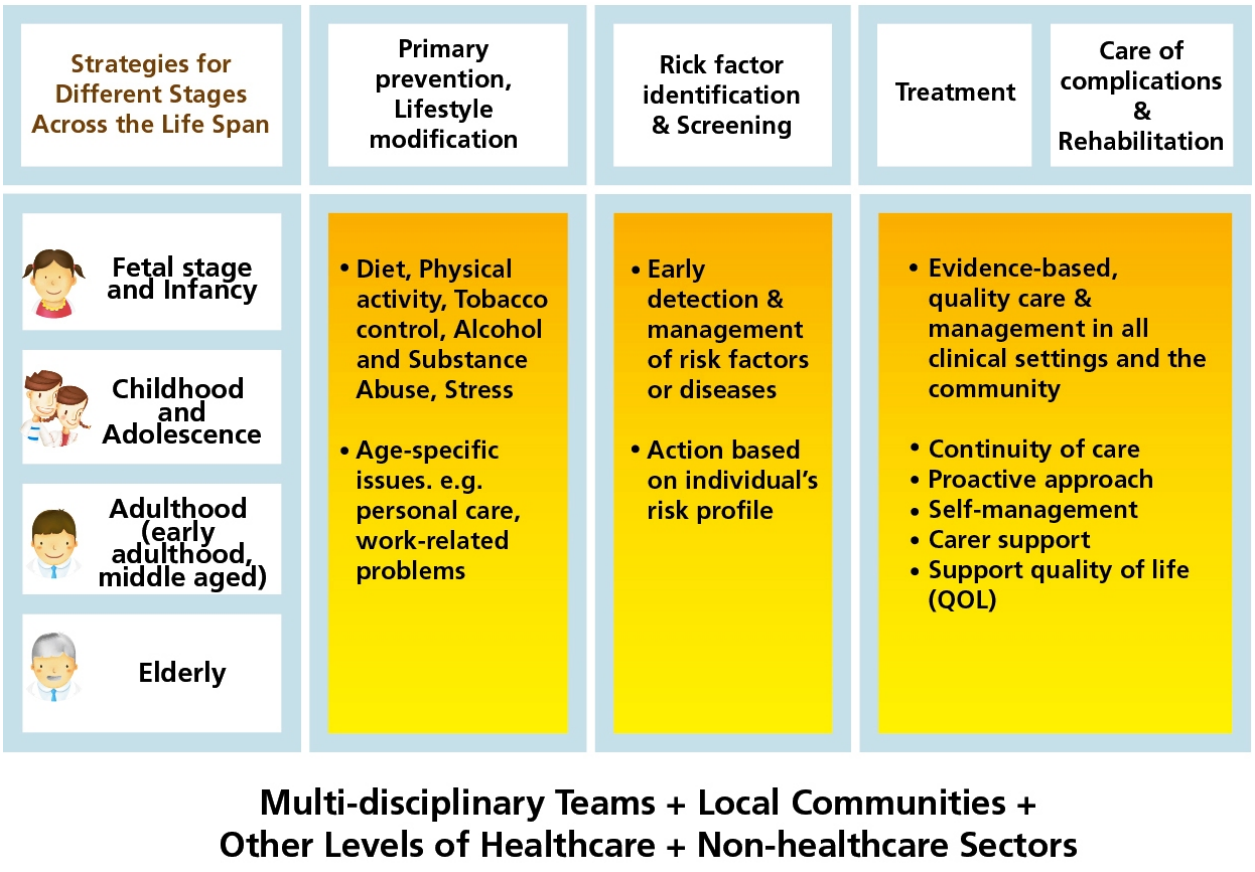
(b) empower patients and their carers; and

(c) raise the public's awareness on the importance of preventing and properly managing these major chronic diseases.

Conceptual models for chronic disease prevention and management

5.5 The model proposed is based on different healthcare professionals working together , engaging patients, and interfacing with the community and other sectors (Figure 1)

Figure 1. Conceptual model in chronic disease prevention and management based on needs and risks across the life-course



Clinical protocols and guidelines for tackling HT and DM

5.6 Internationally, guidelines are widely used in health systems to define best practice, transfer evidence-based knowledge into actions for better quality and safety of care, and to provide common grounds for concerted inputs for the prevention and control of diseases, including HT and DM[76,131,132,133,134,135]. Collaboration with stakeholders are essential for effective guidelines development, dissemination and implementation[136,137,138].

Promoting the use of primary care models and guidelines

5.7 The views and support from key healthcare stakeholders, including experts in the field, representatives of various healthcare professionals and patient groups have been very important as part of the process for developing guidelines in Hong Kong. Strategies for promoting the clinical protocols to the public, patients and healthcare professionals are being developed.

Evaluation and long-term development

5.8 Evaluation will be carried out to assess the development, implementation, dissemination and effectiveness of guidelines for common health problems in improving primary care and patient outcomes. The Working Group on Primary Care will review clinical protocols on HT and DM over time through seeking clinical support so that the latest medical developments and evidence are reflected in updated guidelines.

5.9 The Working Group and its Task Force will develop conceptual models and preventive protocols for the elderly and children, as well as continue to develop conceptual models and management/ preventive protocols for other major diseases or age group-specific health problems. These models and protocols will form the basis to guide initiatives to enhance primary care.

(B) Development of a Primary Care Directory

5.10 The development of a **Primary Care Directory** ('the Directory'; previously called a 'family doctor register') is proposed as part of the healthcare reform on primary care development to promote the family doctor concept. To take forward the task, the Working Group on Primary Care and under it the Task Force on Primary Care Directory have made recommendations on the objectives, scope and detailed arrangement for establishing the Directory, including its entry and maintenance requirements.

Objectives

5.11 The establishment of the Primary Care Directory aims to-

(a) provide the public and primary care practitioners an easily accessible electronic database containing **practice-based information** of primary care professionals of various disciplines in the community;

(b) foster the **partnership between individuals and primary care practitioners** as health co-ordinators; and

(c) facilitate the co-ordination among different primary care providers functioning as **multi-disciplinary teams**.

Multi-disciplinary team-based approach

5.12 Multi-disciplinary approach with joint input from the appropriate primary care disciplines is central to the provision of more comprehensive primary care to meet the multi-faceted health needs.

5.13 The Directory will consist of sub-directories for different healthcare professionals providing primary care in the community, including western medicine doctors (doctors), dentists, Chinese medicine practitioners, nurses, allied health professionals and other healthcare services providers in the community.

Phased development of the Primary Care Directory

5.14 Primary care providers will be grouped according to their professionals (sub-directories).

- Taking into consideration the existing scope of practice and maturity for development, the Directory is being developed in phases. We will first establish the sub-directories of doctors and dentists. The first edition of the Directory is planned to be launched in 2010-11.

- Sub-directories for other professionals will be developed based on similar principles for the sub-directories of the doctors and dentists, with appropriate modifications where necessary.

Information and structure of the Directory

5.15 The Directory would include **background, professional qualification and practice information** that helps the public identify the appropriate primary care providers.

5.16 To facilitate updating and searching, a **web-based electronic version** of the Directory will be developed. Linkage among different healthcare professionals will be considered so that members of the same primary care team can be easily identified.

5.17 In the light of difficulties in maintaining the Directory up-to-date and to avoid unnecessary printing, hard-copy of the full Directory will not be produced. Instead, printer-friendly function will be available. Searching functions will be incorporated, e.g. search by name, professional, location of practice, service hours, etc.

5.18 The Directory will be linked to the territory-wide Electronic Health Record (eHR) sharing system, and electronic platforms for various Government subsidised healthcare schemes for one-stop access by primary care practitioners and to ensure coherence in the informatics infrastructure for the healthcare system.

5.19 To enable the public to have a better understanding of the healthcare workforce, the Directory will introduce briefly the professional roles and functions of different disciplines. Information on the training and assessment

requirements for attaining different categories of post-graduate quotable professional qualifications will also be included in the Directory.

5.20 The Directory can serve as a common platform to facilitate patient education and empowerment. It will be linked to health information and management protocols for common diseases, including the protocols developed by the Working Group, and other health educational websites. Strategies are being developed to promote the professionals' participation in the Directory, and to increase the public's awareness and utilisation.

Criteria for entering and remaining in the Doctor and Dentist sub-directories *at the initial stage* of development of the Directory

Entry Requirement

5.21 Primary care is provided by a wide range of healthcare providers. For instance, doctors providing primary care in the community include general practitioners, specialists in family medicine and other specialists such as paediatricians, physicians and geriatricians. Entry requirements for the Directory will adopt a more inclusive approach at the initial stage in order to encourage wider engagement in enhancing primary care.

5.22 Initially, registered doctors and dentists who commit themselves to the provision of directly accessible, comprehensive, continuing and co-ordinated person-centred primary healthcare/ dental care services will be eligible for listing in the Directory, irrespective of their specialties or years of experience of practices. Future upgrading of entry requirements will be considered in the light of professional development of the primary care workforce to continue to improve the standards for primary care.

Maintenance Requirement

5.23 Maintenance requirements will be set to uphold and improve the quality of services provided by primary care practitioners listed in the Directory. For example, requiring certification of continuing medical education (CME); or continuing professional development (CPD) for dentists.

5.24 To foster the strengthening of primary care-related training, additional conditions on CME or CPD requirement for doctors or dentists to remain in the Directory will be considered (e.g. a certain proportion of the minimal CME/CPD requirement should be specifically related to primary care).

Facilitating professional development

5.25 With the appropriate structure and scope of information, supported by shared health records and the appropriate incentives, the Directory can serve as a starting point for promoting the family doctor concept and incentivising quality primary care in the community.

- We are discussing with healthcare professionals the requirements for healthcare personnel to be included and continue to be listed in the Directory in respect of their professional qualifications, experiences and training received and the long-term development of the Directory.
- We will continue to work with the healthcare professionals, academia and relevant stakeholders to explore the enhancement in professional requirements for entering and remaining in the Directory in the future, and other issues such as training and manpower development of primary care providers.

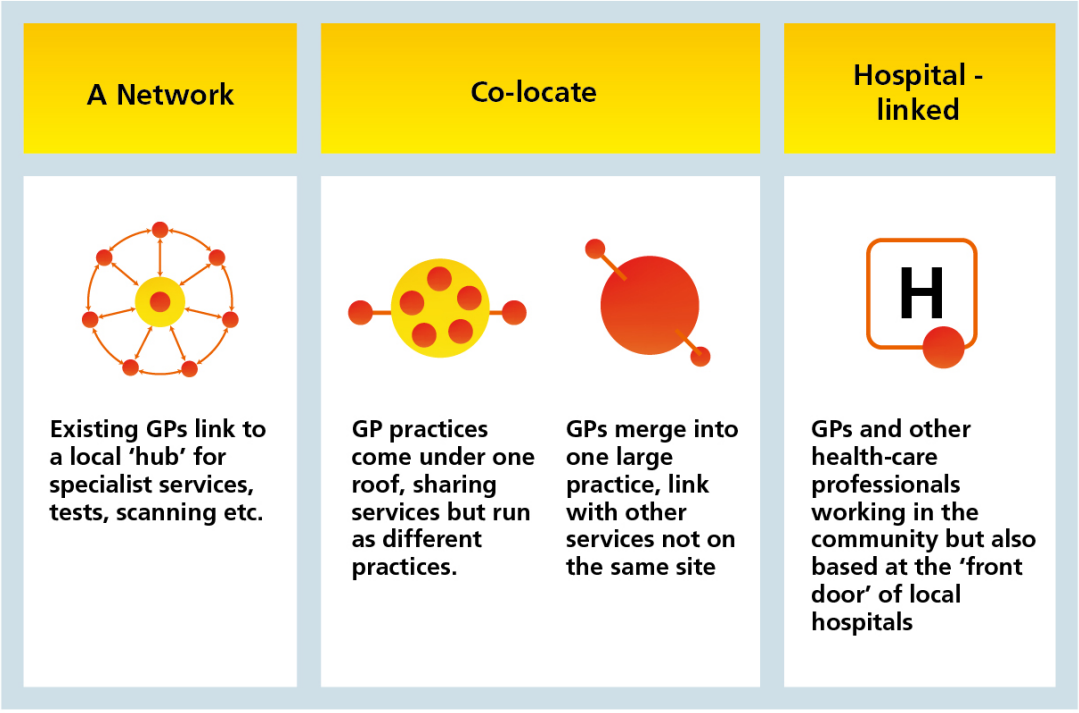
(C) Community Health Centres

5.26 One of the policy initiatives on enhancing primary care announced in the 2008-09 Policy Address was to explore the concept of 'Community Health Centre' (CHC). Located in the community, the establishment of CHCs aims to offer the public with one-stop, better co-ordinated, and more comprehensive primary care services. The idea of setting up CHCs or CHC-like networks, staffed by healthcare professionals from different disciplines working together in the community as a team, has been discussed by the Working Group on Primary Care and its Task Forces.

5.27 CHCs or 'polyclinics' have been established in various forms in many countries as means to enhance primary care and community support, and have been shown to improve care and health outcomes by improving comprehensiveness, co-ordination and availability of care[39,139,140,141,142,143].

- The CHCs usually involve models of services with different healthcare professionals working together under the same roof or in networks in the community to provide one-stop, wider range of services (Figure 2).
- Enhanced health promotion and improvement of inter-disciplinary collaboration are often highlighted.

Figure 2. Community Health Centres (CHCs)/ CHC-like Networks
(Diagram adapted from: Healthcare for London 2007[139])



CHCs pilot projects

5.28 The Government is planning various CHC pilot projects that aim to foster the provision of more comprehensive one-stop primary care services through CHC-type models. These CHC pilot projects may involve re-structuring existing health facilities currently accommodating various primary care services, developing new health facilities in newly developed or redeveloped areas, or creating networks among different primary care providers of close proximity in the community.

5.29 These CHC-type models may involve, depending on the population needs of the local community they serve -

- **different services co-located** in the same building, or connected in the form of **virtual networks**;
- **different models of participation and partnership** among the DH, HA, private healthcare sector, universities and/or NGOs; and
- **different combinations of services and healthcare professionals**.

Box 7. Better co-ordination of public primary care services provided within existing community health complexes

- Currently, it is not uncommon for public primary care services of DH and HA to be co-located in the same building. This could be further developed to form CHC with better co-ordinated services. Clinics managed by the universities may also be present.
- For instance, inside the building there may be a GOPC of HA, Elderly Health Centre (EHC), Maternal and Child Health Centre (MCHC), Student Health Service Centre (SHSC) of DH, and/or Family Medicine Clinics run by a university.
- Within the health complex, while the services provided by different organisations are developed and organised independently, there would be scope for better co-ordination and greater synergy in the provision of preventive and/or curative services by avoiding duplication, optimising the use of space, and consciously fostering continuity of care and sharing of patient information.

Areas for further development

5.30 The Government is working together with the healthcare

professionals and providers from the public sector, private sector, NGOs and the universities on the development of different CHC pilot projects. Different models of service provision will be explored in various CHC pilot projects. In general, the following principles will be highlighted in developing CHCs or CHC-networks (Figure 3) -

(a) Enhance allied health and multi-disciplinary services

- The CHC models will emphasise the provision of multi-disciplinary services, taking into consideration that more allied health and nursing support services are needed in both the public and private primary care sectors for health promotion and chronic disease management.
- We will explore the provision of services by nurses and/or allied health professionals to support primary care doctors in both the public and private sectors, especially services which are not commonly available or accessible in the private sector; and to explore the idea of assigning nurses or allied health professionals as case managers or care co-ordinators for patients with complex chronic conditions.
- Increase in physical areas and facilities for organising multi-disciplinary care, to be shared by all parties within the same location under the CHC-model, will be considered.

(b) Enhance health promotion activities

- The health promotional function of CHC models will be strengthened. For instance, when physical space allows, more designated areas and facilities for organising health promotional activities can be made available in CHCs to be shared by all providers, e.g. areas for health information resourcesand activity rooms.
- Working in collaboration with health and other sectors in the community is essential for promoting health of the local population[73,144]. We will work together with the local community and healthcare providers from different sectors to explore the most suitable model for individual CHCs.

(c) Strengthen clinical services

- We will improve comprehensiveness of care and proactive disease management under the CHC models. When necessary, existing clinical services will be reviewed and/or re-organised to reduce duplication and for service development.

(d) Improve co-ordination and continuity of care

- Emphasis will be put on improving co-ordination of services provided by different providers under the same CHC or CHC network, taking into consideration services provided by the private sector and NGOs in the community. We will explore ways to re-design the patient care pathway so that preventive and curative services provided to patients or specific age-groups can be streamlined.
- Information technology systems will be used for sharing of health records among the service providers under the same CHC models to foster continuity of care. These individual systems will eventually form part of the territory-wide eHR sharing system under development.

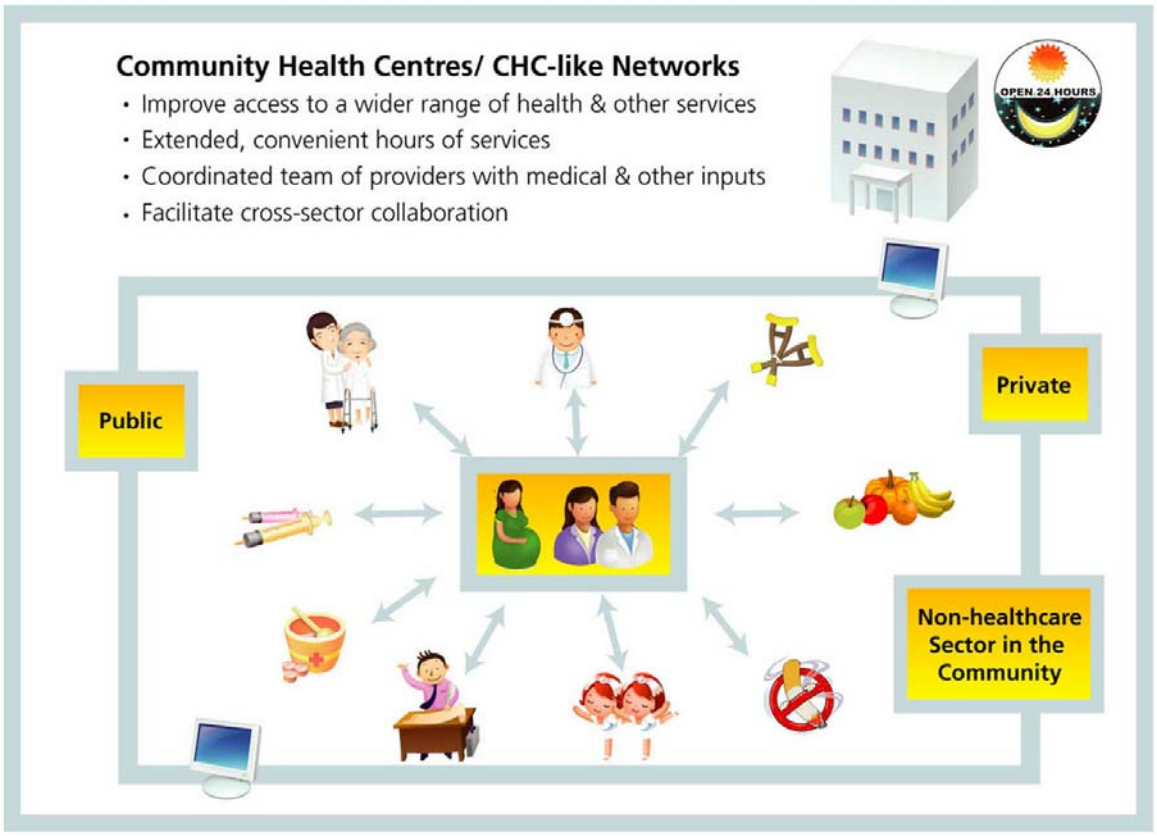
(e) Strengthen the efficient use of resources

- Optimising the use of resources such as space in existing buildings, health promotion facilities or treatment equipment can be strengthened through improvement in service co-ordination.

(f) Explore integrated care and strengthen collaboration with social care and the community

- Working together with local healthcare providers of the public and private sectors, NGOs, volunteer groups and social service agencies in the community, we will test out models of delivering more holistic healthcare, integrated with social services and personal care, in order to support people of long-term conditions and high risk groups, e.g. the elderly or patients with multiple health and social problems.
- We will also explore different management models, including the idea of having nurses, allied health professionals or social workers as case managers under the CHC models to co-ordinate the care of patients with multiple or more complicated conditions.

Figure 3. Community Health Centres/ Networks: Possible Model(s) of Care



Chapter 6. Pilot Projects and Primary Care-related Development Already Underway

6.1 The primary care strategy emphasises a step-by-step and consensus building approach to reform the healthcare system, and a virtuous cycle of pilot, evaluation and adjustments for implementation of specific initiatives. This needs to be done through the involvement of key stakeholders in devising appropriate primary care models; implementing a series of well co-ordinated and evaluated pilot projects; assessing their appropriateness at filling service gaps in Hong Kong; and at the same time raising public awareness and promoting the value of high quality primary care services. These pilot projects will support evaluating the effectiveness and efficiency of the reform initiatives, and guide the further development of strategies and action plans to build up the reform process.

6.2 **Since early 2009,** the Government has taken forward various projects to engage different primary care professionals from the private sector, and to enhance the involvement and collaboration with the public sector in providing primary care and public health functions. These initiatives include the introduction of various healthcare voucher, healthcare partnership and vaccination subsidy schemes, including a total funding of $1,791 million earmarked for period 2009-10 to 2012-13 -

- The **Elderly Healthcare Voucher Pilot Scheme** has been launched in January 2009 for three years up to the end of 2011. Through the provision of partial subsidy, the Scheme aims to implement the 'money-follows-patient' concept on a trial basis. This is to enable the elderly to choose within their local communities the private primary care services that best suit their needs, and to pilot a new model for subsidising primary care services.

- A series of seasonal influenza and pneumococcal vaccination programmes were introduced in 2009-10. Through **the Elderly Vaccination Subsidy Scheme**, elderly aged 65 years and above can receive subsidised seasonal influenza and pneumococcal vaccinations provided by the private sector. The Government also provides subsidy for children aged 6 months to 6 years to receive seasonal influenza vaccine from private doctors through **the Childhood Influenza Vaccination Subsidy Scheme**.

- The **Tin Shui Wai Primary Care Partnership Project** was launched by HA in Tin Shui Wai North in June 2008. It is a three-year pilot project

which allows chronic disease patients in stable conditions and in need of long-term follow-up treatment at public GOPCs to receive treatment from private doctors with partial subsidy provided by the Government. Participating patients are only required to pay the same fee as charged by GOPCs. The programme aims to strengthen the public general out-patient services in the district in order to address the increasing service demand and enhance the medical care rendered to chronic disease patients.

6.3 In addition, the Government has earmarked about $465 million for the period 2009-10 to 2011-12 to implement a series of pilot projects under the policy initiatives of enhancing primary care announced by the Chief Executive in his 2008-09 Policy Address. Another $600 million has been earmarked for the period 2010-11 to 2012-13 to launch additional pilot projects and to support the overall development of primary care.

6.4 This Chapter describes the pilot projects which are being carried out to enhance primary care in line with the key strategies explained in Chapter 4. Experience learned in these pilot projects and results of evaluation will be used to guide the further development of strategies and actions plans. Other initiatives relating to the overall development of the primary care system are also outlined in this Chapter.

(A) Pilot projects to enhance services and support for the management of chronic diseases

6.5 Building on the directions of primary care development already discussed, there are a series of plot projects underway to strengthen chronic disease management.

6.6 Some of these projects involve public-private partnership or partnership between the public sector and NGOs. At the initial stage, these pilot programmes mainly target at chronic disease patients under the care of HA. The Government will consider extending the programmes to cover chronic disease patients receiving healthcare from the private sector.

6.7 The pilot projects will be monitored and evaluated with the involvement of third party assessors and academia to assess their acceptability, effectiveness and efficiency. Experience gathered from these pilots will shed light on the development of chronic disease management in the community, including ways to incentivise patients to choose services provided by the private primary care sector, and to enhance partnership among different healthcare providers.

a) Multi-disciplinary Risk Factor Assessment and Management Programme (RAMP)

- Under this programme, multi-disciplinary teams of healthcare professionals including nurses, dietitians and pharmacists are set up by HA designated GOPCs in selected clusters to provide comprehensive health risk assessment for HT and DM patients, so that they can receive appropriate preventive and follow-up care.
- The programme will be implemented in 27 GOPCs in six clusters (including Hong Kong East, Hong Kong West, Kowloon East, Kowloon Central, Kowloon West and New Territories East Clusters) in 2010-11, and will be extended to all seven clusters across the territory by 2011-12. A total of 144,500 patients are expected to benefit from the programme by 2012-13.

b) Patient Empowerment Programme (PEP)

- A pilot patient empowerment programme has been implemented in selected clusters of HA in collaboration with NGOs to improve chronic disease

patients' knowledge on the diseases and enhance their self-management skill.

- A multi-disciplinary team comprising allied health professionals from HA will develop appropriate teaching materials and aids for common chronic diseases (for example, HT, DM, chronic obstructive pulmonary disease, heart disease, etc.), and provide training for frontline staff of the participating NGOs organising the patient empowerment programmes.
- The programme will be extended to all seven HA clusters by 2011-12, serving a total of 23,000 patients.

c) Nurse and Allied Health Clinics (NAHC)

- Nurse and Allied Health Clinics comprising HA nurses and allied health staff have been established to provide more focused care for high-risk chronic disease patients, including those who require specific care services for health problems or complications. These services include fall prevention, handling of chronic respiratory problems, wound care, continence care, drug compliance and supporting mental wellness for individual patients.
- Pilot NAHCs are being established in selected GOPCs to provide these specific care support services. The programme will be extended to all seven HA clusters by 2011-12 with a total number of about 217,400 attendances.

d) Public-private Chronic Disease Management Shared Care Programme (The 'Shared Care Programme')

- At present, many chronic disease patients are receiving follow-up treatment at specialist out-patient clinics (SOPCs) of HA. Many of them are in stable conditions and can receive management in primary care settings.
- The Shared Care Programme is a pilot project offering chronic disease patients currently under the care of the public healthcare system additional choices to have their conditions followed up by private doctors. The programme provides partial subsidy for patients to receive comprehensive management in the community, and supports the establishment of long-term partnership between patients and doctors of their choice.
- The Shared Care Programme will primarily target DM and HT patients who are currently taken care of by the public healthcare system.

- Through this programme, the Government seeks to assess the effectiveness of the primary care conceptual models and clinical protocols for DM and HT developed by the Working Group on Primary Care in disease management, and test the service delivery model of public-private shared care for chronic disease patients; strengthen the involvement of private primary care doctors in the prevention and treatment of chronic diseases; and enhance the capability of the healthcare system in providing more comprehensive and continuing care for chronic disease patients.

Incentives to encourage quality care and self-management

- Participating private doctors are required to provide patients with comprehensive and continuing care based on the conceptual models and clinical protocols developed by the Working Group on Primary Care.
- To encourage doctors to provide protocol-based management to patients, the Government will provide quality incentives to participating doctors when preset process indicators of care are met.
- To encourage patients to participate more actively and in the management of their diseases, the Government will provide financial incentives for patients who show good compliance with management and can meet the preset health outcome indicators.

Support to private doctors and patients joining the programme

- HA will organise training and sharing sessions to private doctors participating in the Shared Care Programme, and to facilitate communication and experience sharing between the public and private healthcare sectors.
- The public healthcare system will continue to monitor the conditions of patients, and allow patients with deteriorating conditions to go back to the SOPCs for timely management.

- The Shared Care Programme is currently being piloted. Independent assessment body is engaged in the continuous evaluation of programme process and effectiveness. The Government will consider whether the Programme needs to be improved and extended to other districts having regard to the initial evaluation results and experience. Resources have been reserved to benefit 22,000 patients by 2012-2013 under the programme.

(B) Primary Dental Care

6.8 Dentists and other dental care professionals are important members of a multi-disciplinary primary care team in promoting oral and dental health. Poor oral health and dental problems can cause pain and discomfort, difficulty in eating (which in worse cases can result in deteriorating diet and compromised nutrition), impaired speech and loss of self-esteem. Improving oral health of the population is a major initiative advocated by the WHO[145].

6.9 Currently in Hong Kong, primary dental care services are mainly provided by the private sector and NGOs. The public dental services essentially focus on the provision of emergency dental treatment to the public and basic dental care for primary school children. DH is also responsible for organising oral health promotion programmes in the community.

6.10 Previous surveys of oral and dental health among the local population showed that there is a need for improving oral health promotion and dental care, especially for the elderly people[146]. In this light, the Government is working with the dental professionals on initiatives to strengthen dental care. The Government has earmarked resources to enhance primary dental care, mainly to support the development of pilot projects to improve dental care services of the needy elderly and to strengthen oral health promotion.

6.11 A dental sub-group comprising representatives from the dental professionals and other stakeholders will be set up under the Working Group on Primary Care. The sub-group will make recommendations to the Government on the overall development of primary dental care and the pilot projects.

(C) Strengthen Mental Health Services in Primary Care Setting

6.12 International perspectives recognise the advantages of integrating care for mental health problems into the primary care system[147]. Primary care providers can play an important role in promoting mental health, providing counselling, early diagnosis, early identification and strengthening of community-based care. There is a need to strengthen collaborations among psychiatric specialists, primary care providers and social service sectors to improve care and support for mental patients in the community.

6.13 The Government plans to improve mental healthcare through the provision of a comprehensive range of services on early intervention, medical treatment and community support, embracing a multi-disciplinary and cross-sectoral team approach. The **Working Group on Mental Health Services**, chaired by the Secretary for Food and Health, comprises experts and representatives from the health sector, welfare sector and academia, assists the Government in reviewing and improving its mental health services on an on-going basis.

6.14 Upon the advice of the Working Group on Mental Health Services, the Government seeks to enhance the support services to mental patients in the community setting through a number of initiatives.

- HA has set up Common Mental Disorder Clinics to provide patients with common mental disorders with more timely assessment and consultation services.
- HA will also introduce an Integrated Mental Health Programme (IMHP) at the Family Medicine Specialist Clinics (FMSCs) and GOPCs to engage primary care services in supporting these patients. Under the IMHP, HA patients with stabilised and milder mental health conditions will be referred to the FMSCs and GOPCs for further management by family medicine specialists and general practitioners working in multi-disciplinary teams.
- The IMHP will be piloted in the second half of 2010-11. The Government will continue to promote collaboration between HA psychiatric specialist outpatient services and primary care services to enhance the support for patients with common mental disorders.

(D) Strengthen infrastructural support on health record sharing

6.15 In the discussion paper *'Building a Healthy Tomorrow'*, it was recommended that in order to facilitate the best use of resources and provide the framework necessary for smooth transition of patients between different levels of care and between the public and private sectors, it would be essential to develop a system which enables better access and sharing of patients' health records with patients' consent[17].

6.16 The development of a territory-wide patient-oriented **eHR sharing system** has gained broad support in the first stage public consultation on healthcare reform[48]. Participation in eHR sharing will be voluntary and the sharing of patient health records is subject to patients' express and informed consent.

6.17 The eHR sharing system and the use of information technology will provide an essential tool to support the provision of comprehensive, continuing and better co-ordinated healthcare services for individuals. It enables patients to take greater ownership and control of their health records, and in turn their health. The connection between hospitals and primary care practitioners, and the public and private healthcare sectors through the eHR sharing system can also improve public-private partnership and integration of care.

6.18 To this end, the Government has taken a leading role in eHR development to handle the complex development involving multitude of healthcare providers and sensitivity of personal health data. A dedicated **eHR Office** was set up in FHB in 2009 to steer and oversee the ten-year eHR Programme (from 2009-10 to 2018-19), with the technical support of HA which has developed a Clinical Management System encompassing more than 8 million records. Under the guidance of **the Steering Committee on eHR Sharing** comprising members from both the public and private sectors, the eHR Office will spearhead and co-ordinate the ten-year programme with a view to ensuring coherent development in both the public and private sectors.

6.19 The objectives of the First Stage eHR Programme (from 2009-10 to 2013-14) include-

(a) to set up the eHR sharing platform by 2013-14 for connection with all public and private hospitals;

(b) to have integrated electronic medical/patient record eMR/ePR systems and other health information systems available in the market for private

doctors, clinics and other health service providers to connect to the eHR sharing platform; and

(c) to formulate a legal framework for the eHR sharing system to protect data privacy and system security prior to commissioning of the system.

6.20 In order to facilitate patient participation in eHR sharing, the eHR Office also targets to set up a **patient portal** with secure access and patient identity authentication by the Second Stage eHR Programme (from 2014-15 to 2018-19). Through the patient portal, patients can view their own essential health data in the eHR sharing system. Besides, patients may request correction of data, manage their consent to their eHR participation and the relationship with healthcare providers.

6.21 The development of the eHR sharing system can also support evidence-based practice such as the use and sharing of health data for better informed decision making and improvement in quality of care and help generate epidemiological information important for public health research and planning the development of primary care.

(E) Strengthen Research on Primary Care

6.22 To support healthcare reform, many developed countries have taken a proactive strategic approach in developing research strategies[1,148,149,150]. The Government will continue to support and strengthen primary care-related research which is crucial for guiding the development of quality primary care. Reinforcement of such research would be essential for evidence-based policy and strategy formulation, identifying the needs and priorities of primary care in respect of different diseases and age groups, evaluating the effectiveness of different pilot projects and initiatives, and assessing the overall effectiveness of the primary care system in improving healthcare system and health of the population in order to refine the development strategies.

6.23 The Government has reserved resources for conducting research projects on primary care. Working together with the health professions, academia and researchers, research projects will be carried out in the following main areas –

(a) to assess the healthcare needs of different population and patient groups;

(b) to review local and international evidence on effective strategies to improve primary care;

(c) to explore methods to promote patient empowerment and patient-centred care;

(d) to evaluate the implementation, effectiveness and efficiency of various pilot projects that aim at improving primary care services; and

(e) to formulate the directions of primary care workforce development.

6.24 Sustainable enhancement of quality primary care also requires capacity and structural support for research and evidence-based practice. We will develop infrastructure to support population-based health-related research, for example, by making use of the eHR sharing system. Through the collaboration with key stakeholders, we will further facilitate knowledge exchange among academia, researchers, practitioners and policy makers, and strengthen the local and international health services research networks.

Chapter 7. The Need for Further Development

7.1 The long-term development of a strong primary care system responding effectively and efficiently to the changing needs of population is a continuous process that entails multi-partite collaboration and multi-pronged strategies. The Government will continue to learn from regional and international experience, and engage the health professions, patient groups and other key stakeholders to develop strategies to enhance primary care and strengthen its major attributes for the provision of quality care to our population.

7.2 The following paragraphs outline areas that the Government will explore through the Primary Care Office (please see Chapter 8) under the advice of the Working Group on Primary Care in consultation with relevant stakeholders in building a good primary care system based on the key strategies explained in Chapter 4.

(a) How can we strengthen the provision of better co-ordinated, comprehensive and continuing primary care?

(i) **Enhance primary-care providers' role as co-ordinators of care** for their patients, such as referring patients to seek higher levels of care or for allied health services where needed. This is of special value in supporting and improving the care for chronic disease patients and the elderly[151,152].

(ii) **Explore ways to encourage each individual to have a regular primary care practitioner/ teams of primary care providers as partner and advisor** to co-ordinate healthcare for his/her needs throughout the life-course.

(iii) Development of nurses, allied health professionals as **case managers** to co-ordinate care for chronic disease patients or the elderly. Projects in this regard have been carried out locally to support the community and hospital-discharged patients with encouraging results[153,154,155].

(iv) New **collaborative models to enhance multi-disciplinary care**, including the mechanisms for allowing private doctors to refer patients to allied health and/or nursing care services in the public sector or NGOs should be considered. Models of collaboration with Chinese medicine practitioners, dentists, pharmacists and other

healthcare providers in the community should also be examined.

(v) **Continuity of care** can be improved by re-arrangement of care provision so that patients, especially those with long-term conditions, can be taken care of by the same team of providers. Sharing of disease management protocols and joint development of care plans can foster management continuity, provide predictability for action for both patients and providers.

(vi) **Improve integration of primary care with the whole healthcare system**. In particular, the following should be observed-

- In planning and developing primary care services for the local community, existing health services provided by the public sector, private sector and NGOs should be taken into account; engagement of local people and other stakeholders should be encouraged.
- **Referral between primary care and specialist or hospital care should entail a two-way flow of information.** This will need changes in management arrangement and establishment of platform for sharing.
- **Different models of integrated care should be explored**, especially in the development of CHCs or CHC-networks. For instance, models that integrate multi-disciplinary primary care with social services and personal care, supported by secondary care services, NGOs and voluntary groups in the community, can be developed to improve care and support chronic disease patients and high-risk elderly. **Overseas integrated systems** that have been shown to be effective to variable degrees in improving process of care, patient outcome and quality of care could be taken as reference such as the model developed by Kaiser Permanente[156,157], The Medical Home Mode[152], the Chronic Care Model[118,158], the WHO Innovative Care for Chronic Conditions Framework[144], and the NHS and Social Care model[159].

(b) How can we take a more proactive approach to tackling chronic diseases in Hong Kong?

(i) **Adopt a proactive and preventive approach**

- It is internationally recognised that a proactive and preventive approach in the control of chronic diseases is needed[8,72,119,160]. This involves **a system-wide** approach across the spectrum of

primary, secondary and tertiary levels of prevention[c,10,101].

- The **life-course approach**[d] emphasises the potential for identifying the most appropriate and effective policies for chronic disease prevention and health promotion through reduction of risk at all stages of life[161,162]. This could be strengthened by the development and implementation of **age-group specific preventive protocols**.

(ii) Evidence supports the effectiveness of doctors' advice and role of nurses in health promotion, such as smoking cessation and exercise promotion[163,164]. For instance, programmes such as the **'Exercise Prescription Programme'** have been organised locally to engage private doctors in exercise promotion[165]. **Initiatives and collaborative models should be explored to facilitate primary care providers in promoting health.**

(iii) **Strengthen and further explore appropriate models for chronic disease management.** The modern model of management for chronic diseases incorporates disease prevention and identification, risk stratification, multi-disciplinary support, evidence-based practice, sharing of information, patient empowerment, engagement of the community and integration among different providers. Such an approach is shown to be effective in providing better care, improving patient outcomes, and reducing complications, hospitalisation and healthcare cost[144,157].

(iv) **Integrate primary care services with public health function in disease prevention and health promotion** has been underscored by WHO. Primary care providers' role in health promotion, prevention of diseases and injuries should continue to be strengthened. **Partnership of primary care services with the community**, volunteer groups, schools, workplace, etc. is needed for effective health promotion and prevention of disease-

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c. Primary prevention[10,101] is directed towards preventing the initial occurrence of a disorder. **Secondary and tertiary prevention** seeks to arrest or retard existing disease and its effects through early detection and appropriate treatment; or to reduce the occurrence of relapses and the establishment of chronic complications through, for example, effective rehabilitation.

d. **The Life-course Approach**[161] considers chronic disease in terms of the social and physical hazards, and the consequent biological, behavioural and psychosocial processes that operate across all stages of the life-span to cause or modify risk of disease. The risk of chronic disease accumulates with age. This perspective carries a substantial potential for identifying the most appropriate and effective policies for chronic disease prevention and health promotion through reduction of risk at all stages of life.

- For instance, advice given by doctors on lifestyle modifications will need community-wide, cross-sectoral support to make the social and physical environments more desirable for sustainable changes in behaviour such as healthy diet and physical activity.
- A '*Strategic Framework for Prevention and Control of Non-communicable Diseases'* is developed by the Steering Committee on Prevention and Control of Non-communicable Diseases (NCD) to improve the population's health profile and reduce the local NCD burden[67]. The Working Group on Primary Care and the Steering Committee on Prevention and Control of NCD will co-ordinate and align the recommended strategies and action plans to support territory-wide efforts for better chronic disease prevention and management.

(c) What do we need to do to further enhance the availability of comprehensive care for chronic diseases?

(i) **Plan service development from a population perspective** and **improve co-ordination among different service providers** to develop primary care services that are most needed, and to use resources efficiently. This also includes **re-aligning the roles of public and private providers** to enable more efficient skill-mix and co-ordination of care-

- Strengthen **public-private partnership** in chronic disease management through better co-ordination, shared care plan and appropriate subsidisation so that stable chronic disease patients can receive services in the private primary care sector.
- Improve price transparency in the private sector will enable patients to make informed choices.
- The public primary care sector should continue to focus on serving the low-income, the under-privileged and the elderly.

(ii) Availability of **out-of-hours services** is also important for accessible primary care and reducing misuse of the emergency department for non-urgent consultations.

(d) How can we promote person-centred care and patient empowerment?

(i) Re-structuring service delivery to **improve patient participation and self-management support**[166,167] -

- Patients could be allowed to play a **more active role in designing their care plans and goal setting.** Involvement of **patients and carer support groups** in care planning can enhance their confidence and skills.

(ii) It is important to develop **patients' health literacy and skills** for better disease monitoring and self-care.

(iii) **Developing wider community support and collaboration** is essential. Apart from the public and private medical services, **NGOs, volunteer groups and other sectors such as the workplace and schools** have been playing an important role in supporting person-centred care and patient empowerment in the community and their role should be further strengthened.

(iv) It is necessary to incorporate **patient-centred care and patient empowerment in research** agenda and the **training curriculum** of health professions.

(e) How can we strengthen the development of primary care workforce?

(i) **Strengthen primary care-oriented training** and put **emphasis on inter-disciplinary collaboration.**

- Apart from training healthcare professionals for the provision of clinical care, we need to support primary care-oriented training and enhance community perspectives in both under-graduate and post-graduate development levels[1,55,108,168,169].
- Newer models of inter-professional learning and cultivation of multi-disciplinary team work are also areas to be explored.

(ii) **Enhance training for family doctors and primary care dentists** for the provision of good primary care -

- Support professional training of doctors, including **training on family medicine** provided by the Hong Kong College of Family Physicians, HKAM and universities in collaboration with HA and private doctors.

- Work with the dental profession and the College of Dental Surgeons of Hong Kong regarding the **development of professional training on primary dental care**.
- Work with training institutions and the HKAM to **strengthen primary care-related CME or CPD activities** provided for doctors, nurses and dentists.

(iii) **Enhance the role of nurses, allied health and other professionals in the community.** This requires appropriate training at all career stages. Re-defining the roles and scope of practice of various healthcare professionals can be another strategy to make better use of an increasingly diversified workforce and help secure supplies of the right skill-mix of professions.

- Initiatives to strengthen the functions of the **Community Nurse Service (CNS),** which has been providing invaluable support to patients living in the community, should be explored. For instance, **pilot nurse clinics** will be set up in public estates to provide centre-based model of care in the community, especially for the elderly, and to collaborate with the local NGOs and the community for promoting health of the local population.
- The current development of **nurse/ allied health case managers, specialist nurses** (e.g. diabetic and cardiac nurse specialists), and **nurse or allied health-led patient support programmes** worth further examination to guide their future development.
- **Chinese medicine practitioners** are important providers of primary care in the community. The Government has started working with the Chinese medicine practitioners on the development of primary care services, including the provision of multi-disciplinary primary care.

(iv) **Provide support for quality improvement and evidence-based practice** is important for the development of good primary care[170,171]. Various means for improving healthcare quality is listed in Box 8.

(v) **We will work with healthcare professionals, academia and training institutes** on the overall planning and development of manpower to meet the changing needs of the Hong Kong population.

Box 8. Quality Improvement in Healthcare

The following areas need to be addressed and strengthened for quality improvement[172]-

Continuing Professional Development (CPD)

- We can make use of the current platforms to encourage continuing professional development through provision of post-graduate training and accreditation of qualifications, continuing medical education, and requirements on renewal of practising licence or specialist status.
- Professional development will be developed through consultative processes with the professionals, healthcare oragnisations, regulatory authorities, patients and the public[157].

Accountability

- Primary care providers should be encouraged to become active partners in improving the quality of care. We need to enhance mechanisms for feedback of process and health outcomes, and to facilitate decision making and experience sharing.

Guidelines for Evidence-based Practices

- Development of practice guidelines used and shared by different providers help define best practice, transfer evidence-based knowledge into actions for better quality and safety of care, and to co-ordinate inputs for prevention and control of diseases.

Support for Decision Making and Management Plan

- System support for decision making, feedback, communications, professional development and co-ordination of care can improve quality of care[120,121,122]. This can be facilitated by improving infrastructural support and developing the eHR sharing system.

Incentives

- Financial incentives have been introduced in some countries to encourage best practice, support service improvement and patient empowerment[173,174,175,176]. The use of financial incentives in various primary care pilot projects and their effectiveness should be closely monitored and evaluated.

(f) How can we improve long-term organisational and infrastructural support?

(i) **A Primary Care Office is being set up,** staffed by FHB, HA and DH,

to better co-ordinate territory-wide development in primary care and service delivery. The Government will engage healthcare professionals and other stakeholders in directing the development of primary care.

(ii) **Continue to strengthen collaborative efforts among healthcare providers** from different sectors to develop services to fill the existing gaps. This can be enhanced through local platforms such as the CHCs and the Health City Projects.

(iii) **Continue to develop the eHR sharing system** to support information sharing, which can foster the development of better primary care.

(iv) **Provide resources to support the long-term development of primary care** having regard to the overall progress of healthcare reform, including supplementary healthcare financing arrangements and the resources available for health care.

Chapter 8. Setting up a Primary Care Office

8.1 The development of primary care requires long-term and on-going commitment, which in turn entails continuous and well co-ordinated strategies and actions which have been described in the previous chapters. A **Primary Care Office (PCO)** is being set up in DH to support and co-ordinate the development of primary care in Hong Kong, the implementation of primary care development strategies and actions, and the co-ordination of actions among DH, HA, the private healthcare sector, NGOs and other healthcare providers. The dedicated PCO provides the necessary staffing support to co-ordinate the implementation of various projects to enhance primary care. It also provides the repository of necessary expertise and experience that are crucial for the successful implementation of the primary care strategy.

8.2 To foster better co-ordination and appropriate skill-mix for developing and implementing primary care initiatives, PCO will be a joint office comprising staff and healthcare professionals from FHB, DH and HA.

8.3 The respective roles of the Working Group on Primary Care, FHB, PCO, the public and private healthcare sectors and other healthcare providers are as follows –

(a) Working Group on Primary Care (chaired by the Secretary for Food and Health) – to advise on strategic direction for enhancing and developing primary care in Hong Kong;

(b) FHB – to formulate policies on primary care and consider resources requirement based on direction advised by the Working Group on Primary Care and to oversee the implementation of the primary care development strategy.

(c) PCO – to provide support to FHB on policy formulation and strategy development on primary care, and to co-ordinate DH, HA, private healthcare providers and other relevant stakeholders for the implementation of policies and initiatives to enhance primary care; and

(d) DH, HA, the private healthcare sector and other healthcare providers – to provide primary care services to the public.

Duties of PCO

8.4 The main mission of the PCO is to further develop and implement the strategies for primary care development in Hong Kong, including those outlined in this document. Major functions of PCO include -

(a) to co-ordinate DH, HA, private healthcare providers and other stakeholders to implement population wide policies and strategies to enhance primary care under the steer of FHB;

(b) to plan and oversee the work of public education for continuing promotion of good primary care;

(c) to draw on appropriate professional advice to develop and promote primary care conceptual models, clinical protocols for major diseases and preventive protocols for different age groups;

(d) to establish and maintain the Primary Care Directory;

(e) to explore, plan and implement different primary care service delivery models including the setting up of CHCs or CHC-networks in local communities through partnership with the public and private sectors and NGOs;

(f) to support the development of primary care providers as well as primary care-oriented training for healthcare professionals; and

(g) to conduct and co-ordinate research projects to assess the needs for primary care services in Hong Kong, and to work with independent assessment bodies to evaluate the effectiveness of reform initiatives; and

(h) to provide secretarial support to the Working Group on Primary Care and the Task Forces.

8.5 To strengthen the engagement of a wider scope of relevant stakeholders in developing initiatives to enhance primary care, various sub-groups will be set up under the Working Group on Primary Care and its Task Forces to plan and take forward specific tasks to strengthen primary care services, e.g. setting up of CHCs and development of dental care services. Expert sub-groups will also be formed to review existing and develop new conceptual models and protocols, and to advise on research and evaluation of pilot projects.

8.6 Making use of the occasion of publishing the strategy document on development of primary care, PCO will embark on a large-scale advocacy exercise targeting both healthcare professionals and the public. For example, we will meet the healthcare professionals and patient groups, host forums and advocate through various mass media channels. The aims are to raise public awareness on the importance of primary care in disease prevention and management, encourage the public to adopt the core value of good primary care and embrace a proactive approach in improving health, and appeal to and engage the medical professional bodies to participate in the promotion of quality primary care. The momentum generated by this advocacy exercise will need to be sustained through a continuous and well co-ordinated programme of health education and promotion initiatives in order to turn awareness into action, with a view to achieving the objective of behavioural change on the part of both individuals and healthcare provider

Chapter 9. Conclusion

9.1 **Healthcare systems are at the frontier of change** in responding to the challenges posed by the epidemic of chronic diseases, the increasingly ageing population and the technological advances in healthcare. There are pressing needs to re-direct and enhance the healthcare system towards the provision of readily accessible, comprehensive and co-ordinated first-contact primary care that is continuous, preventive and person-centred in the community. The development of high quality primary care services requires strengthening support at organisational, infrastructural, professional development and community levels.

9.2 The areas for development are numerous. Many initiatives, including but not exclusively those referred to in this document, are on-going. We need concerted efforts in the long-term for developing and improving the healthcare system in Hong Kong. The invaluable contributions from experts and key stakeholders are highly appreciated, but it is the views of every Hong Kong citizen that count. Despite the complexities of our existing system we are making progress to meet the healthcare needs and aspirations of our population, but we still have to devote more effort to achieve our vision.

9.3 This document outlines the strategies for primary care development in Hong Kong and highlights the important areas for improvement. The Government will continue to take responsibility for co-ordinating and supporting the reform process that will develop a better healthcare system and improve the health of our society. It is only through the participation of all of us that we can establish a primary care system that is effective, efficient, sustainable, and responsive to the ever-changing needs of our population.

9.4 Based on experience learnt and evaluation of the pilot projects, we will review the strategies of primary care development every four to five years starting from now. The Government will co-ordinate the review through the Primary Care Office and continue to engage stakeholders in the process through the Working Group on Primary Care.

Annex A

Feedback from the first stage public consultation on healthcare reform on initiatives to reform primary care and service delivery in Hong Kong[48] –

In general, the public and health professions support the following:

- There was an imminent need to reform the current healthcare system and improve the capacity and quality of healthcare services it provided
- The Government to take the lead in carrying out reforms to our healthcare system, while preserving its current strengths, including our public healthcare system accessible to all
- Comprehensive reform to various interlinked aspects of the healthcare system would be needed for its sustainability
- The direction of enhancing primary care, and the proposals to improve existing primary care services and put greater emphasis on preventive care, including developing primary care service basic models, establishing a family doctor register, subsidising preventive care services, improving public primary care services, and strengthening public health education
- Devoting more resources to developing comprehensive, holistic and life-long primary care services that would emphasise disease prevention in the community
- A stronger role by the Government in primary care, especially in ensuring the standard and quality of services
- The healthcare professions expressed general support to the direction for primary care reform, and every profession considered that they had a role to play in primary care, including in the proposed basic models for primary care and family doctor register, which many professions considered should not be confined to western medicine doctors
- Some community organisations recognised the need for seamless collaboration and interfacing between primary care, community health care, and social services available within the community, especially elderly care. Many also recognised the importance of making use of the local community networks in enhancing primary care, e.g. promoting healthy lifestyles
- The public in general supported the direction of promoting public-private partnership in the provision of healthcare services, which could encourage healthy competition and collaboration between public and private sectors, thereby providing more cost-effective services and more choices of services. Some respondents considered public-private partnership should provide a cost-effective way to shorten the waiting time for public services
- The healthcare professions in general welcomed the proposals to promote

public-private partnership, which they felt should include a commitment by the Government to support the development of the private healthcare sector

- The majority supported the proposals on developing the eHR sharing system, noting its benefits to patients by enhancing efficiency and quality of care through avoiding duplicative investigation and facilitating collaboration among different healthcare professionals

Areas of concerns:

- The healthcare professions had different views on the appropriate delivery model for comprehensive primary care, including the respective roles of different healthcare professionals. Some healthcare professionals also expressed concerns over the respective roles of the public and private sector in delivering primary care to the public
- Some respondents expressed concerns over whether the pursuit of public-private partnership might lead to the reduction of resources available for the public sector and affect the healthcare for the low income and under-privileged groups, as well as further segmentation of accessible healthcare services
- Some healthcare professionals expressed concerns that public-private partnership might lead to unfair competition or interfere with the existing operation of the private healthcare market
- Some consumer or patient groups asked for proper monitoring and transparency under the public-private partnership models
- Some healthcare professionals expressed concerns about the high cost for implementation of the eHR sharing system and likely impact on their existing mode of operations. Most considered that the Government should take the lead in devoting resources to develop eHR sharing as an infrastructure, and should provide incentives and support for practitioners to do so
- In connection with the service reforms, concerns on a number of other related issues that would need to be addressed were also raised. These include –
    - The manpower capacity and training of healthcare professionals
    - The capacity of the private healthcare sector and the transparency, quality and standard of services it offers
    - The development of specific areas of healthcare services, such as Chinese medicine, dental services, mental health services, infirmary services and long-term medical care
    - The institutional setup of the healthcare system.

Annex B

Health and Medical Development Advisory Committee
Working Group on Primary Care

Terms of Reference

The Working Group on Primary Care under the Health and Medical Development Advisory Committee (HMDAC) ("the Working Group"), chaired by the Secretary for Food and Health / Under Secretary for Food and Health and comprising members from both the public and private sectors, shall be responsible for making recommendations to the HMDAC on how to implement the various proposals in the Healthcare Reform Consultation Document "*Your Health, Your Life*" related to enhancing primary care in Hong Kong.

2. Specifically, the responsibilities of the Working Group shall include making recommendations to the HMDAC on the following -

(a) Primary care service models that are locally relevant and feasible, with an emphasis on preventive care as a core component of comprehensive primary care.

(b) Age- and sex-specific clinical protocols in the primary care setting, for reference by healthcare professionals and patients in both the public and private sectors.

(c) Primary care directory to promote the family doctor concept and to provide patients with adequate information for identifying healthcare providers who provide comprehensive primary care to patients.

(d) Strategies to promote the recommended service models, clinical protocols and primary care directory to the public and healthcare professionals, and to incentivise their use and adherence respectively.

(e) Institutional framework and mechanism for the establishment and maintenance of the service models, clinical protocols and the directory, including the necessary training requirements.

(f) Operational models for the delivery of comprehensive primary care to the public with the involvement of different healthcare professionals, such as the "Community Health Centre" concept.

(g) Any other issues relevant to the promotion and enhancement of primary care.

3. The Working Group may set up Task Forces to undertake any of the above tasks and formulate proposals for the Working Group to make recommendations to the HMDAC. Secretarial support to the Working Group and its Task Forces will be provided by the Food and Health Bureau.

Working Group on Primary Care
Membership List

Chairman	Dr York Y N CHOW Secretary for Food and Health
Alternate Chairman	Prof Gabriel M LEUNG Under Secretary for Food and Health
Food and Health Bureau	Ms Sandra LEE Permanent Secretary for Food and Health (Health)
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