

Dr Hon Chiang Lai-wan, SBS, JP

Chairperson

Panel on Health Services

Legislative Council

Legislative Council Complex

1 Legislative Council Road

Central, Hong Kong

Dear Dr Chiang,

Recommendations for Osteoporosis Prevention in Hong Kong

Due to the current coronavirus outbreak, the Panel on Health Services has cancelled the meeting on osteoporosis prevention which had been scheduled in February. We, the Osteoporosis Management Primary Care Task Force (TF), hope that the Panel could resume the discussion as soon as possible when the epidemic is under control. We would like to put forward our recommendations to the Panel for the meeting in the future.

Osteoporotic fracture, known as fragility fracture, means bones become brittle and can be broken easily. As a super-aged city, the public health expenditure related to fracture in elderly people amounts to over HKD700million per year in direct cost for around 7,000 hip fractures. A further HKD700million of indirect cost per year is incurred by old-age home admissions due to impaired immobility as a result of fracture. Without intervention, the incidence of hip fractures is estimated to rise to 14,500 in 2040, which will increase the pressure on the healthcare system of Hong Kong as well as the burden of caregivers and old-age homes.

With the ageing population, many well-developed countries have started their works on fighting osteoporosis. Australia has announced the “**National Strategic Action Plan for Osteoporosis**” in October 2019. A total of 4 million AUD has been allocated to reduce fracture, including enhancing public awareness on prevention, revising diagnosis management, improving the quality of patient caring as well as collecting data for analysis. Back in 2018, Australia has already published the “Know Your Bones Community Risk Report” to promote the prevention of osteoporosis through an online

self-checking platform. The data collected have been used to help policy formulation

However, Hong Kong has yet to introduce any policy to combat osteoporosis. To this end, the TF has developed a Pilot Project for the Kwai Tsing district to educate the public about the disease, and how to prevent and manage it. Citizens with high risks of osteoporosis can be identified through public health talks and a pre-screening questionnaire. High risks participants will be subsidized to receive diagnostic DXA screening. Participants with low bone density will be advised to receive further diagnosis and treatments.

Osteoporosis will become a growing concern with the ageing population. Thus, the government should face up to the problem and provide additional funding as soon as possible in order to achieve an overall reduction in the public healthcare expenditure and, alleviate the burden on primary care as well as medical services and residential care homes for the elderly. The government has to act now before situation deteriorates further. Thus, we would like to put forward our recommendations to the Panel as follow:

1. Regularize osteoporosis screening and prevention education in DHCs

In addition to the Pilot Project, the District Health Centers (DHCs) being set up by the Government in 18 districts are ideal platforms to educate the public to prevent the disease. The DHC in Kwai Tsing has been in service since last year but the main service areas are limited to hypertension, diabetes and hyperlipidemia known as the “3-highs”, and rehabilitation. We are of the view that the centre could contribute more in primary care. **We propose to include osteoporosis screening and prevention education as regular services at the DHCs**, starting with the Wong Tai Sin and Sham Shui Po centres which will be in service soon. We also recommend the DHCs to adopt a public-private partnership and medical-social collaboration to reduce burden by making reference to the Pilot Project.

2. Resume the discussion on osteoporosis prevention in the LegCo and convene a public hearing as soon as possible

Many studies about the local situation of osteoporosis have been done by scholars and doctors in Hong Kong. They indicate that the situation is deteriorating, and specific policies should be introduced for citizens with high risks. **The LegCo Health Services Panel should resume the discussion on osteoporosis prevention and convene a public hearing as soon as possible.** It will allow different stakeholders, including scholars, doctors, patients, caregivers and related healthcare workers to voice their opinions in the hearing. Panel members and government representatives will have the opportunity

to understand the situation better.

3. Refer to our suggestions proposed to the Financial Secretary

We have proposed six solutions to the Financial Secretary on osteoporosis prevention based on the existing services, platforms and subsidy schemes run by various government departments. One example is issuing a one-time healthcare voucher to every senior citizen with high risks of osteoporosis to enable them to obtain services from the Elderly Health Centres under the Department of Health as part of early prevention (please refer to the attachment for more details). We hope that the Panel could take into consideration the recommendations for osteoporosis prevention in Hong Kong outlined in the attached document.

Yours Sincerely,

The Osteoporosis Management Primary Care Task Force

Recommendations for the 2020-21 Budget on extending osteoporosis screening to high risk groups

The International Osteoporosis Foundation recommends bone density test DXA, a dual energy x- ray absorptiometry scan for detecting and diagnosing osteoporosis. According to our research, a DXA scanning session costs around HK\$500 in the private market.

Existing Platforms	Recommendations	Rationale
1. Elderly Health Care Voucher (FHB)	<p>One-time, designated use of EHCV (\$500) for one of the following items:</p> <ul style="list-style-type: none"> • Diagnostic DXA screening at qualified providers • Consultation and medications • Follow-up by healthcare professionals (e.g. physiotherapists, pharmacists, nurses and nutritionists) 	Incentive for early detection and treatment – a key in prevention at primary care setting.
2. Dementia Community Support Scheme (FHB)	Adding funding for osteoporosis screening and treatment service to cover existing 41 district elderly community centres.	Elderly dementia patients have high- risk in fall and bone fracture due to cognitive problem. Early detection and intervention for fall prevention and osteoporosis treatment will reduce burden.
3. Osteoporosis Management Primary Care Pilot (organized by the Task Force)	<p>Provide additional funding to expand the Task Force’s Osteoporosis Management Primary Care Pilot in Kwai Tsing Districts:</p> <ul style="list-style-type: none"> • DXA screening number from 400 to 2,000 high risk elders; • Organize more training modules for doctors and pharmacists on osteoporosis management 	The Osteoporosis Management Primary Care Pilot, already begun in November 2019, has the medical- social integration journey mapped out. A bigger scaled pilot will gather more insights and data for analysis.
4. Enhanced Home and Community Care Services (LWB)	Provide one-off funding to conduct osteoporosis screening and follow-up treatment (if needed) for the current EHCCS beneficiaries.	EHCCS elders are confirmed to have moderate to severe impairment. They have high fall and bone fracture risk. Hence, an assessment of their bone health via DXA screening would be a good preventive measure.

<p>5. Pilot Scheme on Community Care Service Voucher for the Elderly (LWB)</p>	<p>Provide one-time DXA screening subsidy to existing beneficiaries (max 7,000 elders).</p>	<p>Fall at home is a frequent risk for elders. Elders receiving CCSV are within the high-risk group who also want to live at home. DXA screening is a good first step for fall prevention.</p>
<p>6. District Council community health (HAB)</p>	<p>Provide funding to encourage District Councils that are willing to implement osteoporosis management programmes: fall prevention, health education, follow-up services by healthcare professionals (e.g. physiotherapists, pharmacists, nurses and nutritionists) at community level.</p> <p>Provide support to care-givers of osteoporosis and fracture patients</p>	<p>Osteoporosis and fall prevention is best to start at primary care level. Hence District Council is one of the most effective platforms for community osteoporosis management.</p>

Core Members of the Osteoporosis Primary Care Task Force

Dr Wong Sze-hung, President of Osteoporosis Society Hong Kong

Dr Cheung Ching-lung, HKU's Department of Pharmacology and Pharmacy

Mr. William Chui, President of Society of Hospital Pharmacists of Hong Kong

Dr Fan Ning, Founder of Health in Action

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Ms Amy Wong, Chairperson of Osteoporosis Concern Group