

Response from CUHK, SPH to the Food and Health Bureau Health Care Reform Consultation Document, “Your Health, Your Life”

The School of Public Health /Department of Community and Family Medicine at the Chinese University of Hong Kong welcomes the opportunity to comment on Your Health, Your Life. We are particularly concerned to comment on the need for developing strong and effective primary health care to ensure longer, healthier, happier lives for the people of Hong Kong. Our interest is based not only on our responsibility to train all medical students in family medicine [primary healthcare] and community medicine [public health , including health education] but on our wider educational role with undergraduates studying public health .We are also concerned to promote research excellence research in primary care and health systems research .

We would like to make the following points about the importance of taking forward the proposed discussions and subsequent action for reform of primary healthcare in Hong Kong :

Importance of Primary Healthcare

The Institute of Medicine defines primary care as “the provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health needs, developing a sustained partnership with patients, and practicing in the context of family and community. Evidence from other countries has demonstrated that primary care helps prevent illness and death, and that primary care (in contrast to specialty care) is associated with more equitable distribution of health in populations. Systematic reviews of studies on primary healthcare have shown that health is better in countries or areas where there are more primary care physicians and people who receive care from primary care physicians and their teams are healthier.

The recent publication of the “Your Health, Your Life” Health Care Reform Consultation Document has re-emphasized the important role of primary health care in the overall health care system in Hong Kong and we would like to take this opportunity to provide a response to the Health Care Reform Consultation Document.

We believe that effective primary care will improve the health of Hong Kong’s population and reduce the need for expensive tertiary care. The main principles of primary health care, which entail the provision of continuous, comprehensive, first-

contact, holistic and coordinated care centred on the individual, are essential to promoting the well-being and quality of life of people in the community. We believe that research shows us that primary health care services are the basis for the best healthcare system for people of all ages in the community.

We welcome the Healthcare Reform Consultation document which emphasizes the important role of a primary care led health care system in Hong Kong.

Healthcare financing options

We believe that the since ‘form should follow function’ that more discussion on the shape of health services rather than just their mode of financing would be helpful and then decisions made accordingly . Since public opinion can be shaped through effective communication we believe more efforts should be made to promote the concept of self management of chronic multiple morbidities and the shape of services molded accordingly. We believe that **values** should be made explicit, particularly commitment to equity. This will shape whether the funding of services is via government or individuals or a third party insurer. Given the current social climate and economic prosperity of Hong Kong we believe it is inevitable that **funding solutions will be pluralistic**, hence the need to promote effective patterns of care such as primary healthcare with clinical practice based not only on clinical effectiveness but on developing teamwork and new roles in the community which will need to be funded by government.

Academic contribution

We believe the potential role of the academic sector is under emphasized in the current reform consultation. The academic sector is needed both for training and for research to ensure good services are provided to the people of Hong Kong . Training of family doctors in Hong Kong is underdeveloped within medical schools. Most developed countries fund community based family medicine networks to ensure quality of training as well as reinforce standards of practice. We believe the government needs to give more consideration to funding medical student teaching in primary care and public health not only for medical but also other healthcare students and to examine models of interdisciplinary under- and post graduate education . After all, the clinicians are in/directly funded for their ward based teaching whereas our GPs who teach are not given any financial reward or incentive and hence both training and quality assurance are difficult. We are grateful to them for

their good will and ***we recommend government to review other international models of medical training to develop a new model for undergraduate family medicine training in Hong Kong***

We also recommend international practice be adopted and the development of a primary care research network funded by government to enable good primary healthcare research be established to inform us not only of the health of our population but also of effective and improved practice in primary healthcare settings as we believe this will add to the cost effectiveness of the spending of government money in the future. We would like to see a different approach to funding research, one that plays to the strengths of the different universities rather than encouraging internalised competition. Hong Kong could have a key role in shaping the future health care patterns in the region , but only if it maximizes the strengths of the different departments in the different universities. The initiative by the Bureau taken last year to encourage collaborative bids for primary care research is to be commended and we would support further resources to be committed to this stream of work , with the Bureau commissioning work that it believes will be able to help the development of primary care in Hong Kong .Cognizance of international models of commissioning such research could be taken .

Establishment of a family doctor registry

Currently, there is no quality framework in Hong Kong to ensure that professional standards are met for doctors who provide primary care in Hong Kong. We believe that a quality framework for both professional standards and for practice should be developed .Although all specialists in family medicine have to undergo approved training with assessments to ensure their professional competency and standards, no training or qualification is required for doctors who practice primary care medicine. We believe now is the best opportunity for Hong Kong to re-consider its role in contributing to standard setting and training of family doctors in Hong Kong and ***we fully support the establishment of a family doctor registry.***

In particular, we believe that it is time to re-visit appropriate training requirements for a doctor to become competent in providing evidence based, integrated primary care services in the community. The objective of training should be to provide a competent and quality assured primary care work force of doctors that shall be needed in Hong Kong as a result of the proposed healthcare reform. Training

opportunities should not be limited to new graduates of medicine but also include doctors who are practicing primary care medicine or working in a primary healthcare team in the community at present. To motivate these doctors, mechanisms can be implemented such as providing financial incentives for training and continuing professional development. In the future, it will be appropriate to require new doctors who intend to be included in the family doctor registry to possess some form of minimum postgraduate training and qualification in family medicine e.g. diploma in family medicine to ensure standards.

To ensure quality of practice for registered family doctors in the beginning, we agree that professional standards should be set and a professional quality framework should be developed with regular accreditation of doctors in the registry. This could be achieved by requiring all registered doctors to enroll in regular continual medical education (CME) activities that are certified by relevant academic organizations or bodies in the field of family medicine. There are many international examples which could be models for Hong Kong, for example Australia, and UK, whilst recognizing the local culture and practice.

Further mechanisms for quality assurance can include regular clinical audit activities, incentivisation through the use of a voucher systems for specified activities [viz Quality and Outcomes Framework in the UK] to monitor quality and performance In addition mandatory activities related to continual professional development could be instituted as in other branches of the profession .

We also wish to highlight what we see as a deficiency in the current reform document and that is the need to develop the primary care roles of nurses, pharmacists, professions allied to medicine, social workers and also Traditional Chinese Medicine Doctors. Good primary healthcare needs to be patient focused and new roles and ways of working need to be encouraged. We would like to see more emphasis on this aspect of primary healthcare, in line with Alma Ata and Dr Margaret Chan's vision of primary care. ***We would like to see more emphasis on development of the primary healthcare team and the role of other sectors including NGOs in the future proposals .***

Establishment of a Primary Healthcare Authority/Body

To provide governance and a framework for quality in primary health care in Hong Kong, ***we believe that there is a need to establish a Primary Care Authority/Body.*** The key functions of the Primary Care Authority should include the setting of minimum standards for the provision of primary care in Hong Kong; the

training and accreditation of family doctors and other professionals in the community; monitoring of clinical practice standards and delivery of evidence based healthcare by the use of performance indicators; Such an authority should have statutory powers to Enable effective professional governance

Develop Electronic Health Record Sharing

We agree and believe that the development of a territory-wide electronic health record (eHR) infrastructure is essential to enhancing continuity of care and the provision of essential quality assurance functions where health care information can be retrieved and analyzed as needed for quality assurance, surveillance or financial reimbursement purposes.

As the Government will consider financing the capital cost for the development of the eHR sharing infrastructure and to make available existing systems and know-how in the public sector at minimal or no cost for further development and deployment in the private sector, we believe that future use of the system by private family doctors who are interested in various public-private partnership initiatives should be supported with financial assistance and educational support. Moreover, there should be incentives for any private doctors to participate in the eHR system especially during the initiation phase of the project.

We believe that patients should have access to their records and that discussion in the public needs to emphasise the key role individuals have in their own health and how the e record will help them.

We also wish to comment on proposals on the provision of health education and promotion for the public. We believe this needs a wider base than the DH. We believe effective health promotion is everyone's responsibility [viz WHO Health for All] and includes not only a role for all healthcare professionals in all health settings but requires engagement of the NGO sector as well as cross government and intersectoral working . This requires new approaches which encourage participation and a broader conceptualization of health education in line with WHO and the Bangkok Charter . ***The role of DH in this process should be reviewed and the possibilities for increasing systematic engagement from a wider base of professionals explored as part of Hong Kong wide development of primary health care***