# Response

# From

# the Hong Kong College of Family Physicians

# to

# the Food and Health Bureau

# Healthcare Reform Consultation Document

# "Your Health, Your Life"

**June 2008**


**Healthcare Reform Committee**

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# TABLE OF CONTENT

## SUMMARY

1. Hong Kong College of Family Physicians (referred to as 'the College' henceforth) fully embraces the concept of the future healthcare system based on a robust primary care foundation built on the family doctor concept.

2. The College fully endorses suggestions made in the Healthcare Reform Consultation Document "Your Health, Your Life" (referred to as 'the Document' henceforth) with respect to developing enhanced primary care, promotion of public-private partnership (PPP) and the development of electronic health record (eHR) sharing.

3. The College recognizes the importance of working together with all related and interested parties to bring about the healthcare reform promoted by the government. The College also values opportunity for dialogue and discussion.

4. Working with all related parties, the College is able to contribute in:
   - Setting standard and training of primary care doctors;
   - The thorough review of its training programme for family physicians so to allow for more candidates to reach fellowship level;
   - Adding leadership and team work training in its education programme;
   - Training trainers and share academic expertise;
   - Establishing qualification milestone and standards of continued professional development for primary care doctors to remain on the primary care register;
   - Developing clinical protocols required in the primary care system; and
   - Further public education and promotion of primary care concept.

5. The College further makes the following proposals:
   - Primary Healthcare Body with statutory power to implement the primary care system;
   - With respect to PPP, quality and standard monitoring in the purchase of medical services from the private sector;
   - With respect to eHR sharing, a diagnostic classification based on presenting symptoms which is more suited for the use of a primary care system;
   - Long term vision and planning of a sustainable quality primary care workforce; and
   - Adequate provision and funding for the training of both non-family-medicine primary care doctors and family physicians.

## 1. INTRODUCTION

1.1 The Hong Kong Chief Executive's Policy Address 2005 announced the government's intention to enhance community-based health services and to promote family medicine on a wider scale with provision of relevant support and assistance.

1.2 Since then, under the dynamic leadership of the Secretary of Food & Health, Dr York Chow, Manpower studies from all Medical Academy Colleges, as well as the publication of *Building a Healthy Tomorrow*, all showed the determination of the government on the path of reforming the health care system.

1.3 The recent publication of "Your Health, Your Life" Health Care Reform Consultation Document has carried this intention a step further by adding various funding options and open up the forum for public discussion.

1.4 This is a written response to the said consultation document by the Hong Kong College of Family Physicians. Three specific areas will be addressed:

- Enhanced primary care
  - Development of basic models of primary care service
  - Concept of Primary Healthcare Team
  - Establishment of a family doctor register
- Promotion of public-private partnership
- Development of electronic health record sharing

1.5 Immediate and long term contribution by the College

- In the area of Training
  - For community general practitioners and non-family-medicine specialists
  - For family physicians
- In the area of public education.

1.6 The College further proposes the establishment of a Primary Healthcare Body.

## 2. ENHANCE PRIMARY CARE

2.1 The College welcomes the vision stated in the Document in the promotion of the family doctor concept in which continuous, holistic and preventive healthcare is being practiced.

### *2.2 Develop Basic Models of Primary Care Services*

2.2.1 The College believes that the health of the population relies on the standard of healthcare providers as well as the basic health knowledge of that population.

2.2.2 Emphasis on preventive care, risk identification and health education will raise the standard of people's health awareness. The College supports this emphasis.

2.2.3 In everyday practice, family doctors have been performing preventive care on all levels:

- Primary prevention, e.g. lifestyle advice on an obese patient to prevent the onset of hypertension and diabetes;
- Secondary prevention, e.g. controlling glucose level to prevent blindness in a diabetic; and
- Tertiary prevention, e.g. prevention of a second myocardial infarction in a diabetic by checking on drug compliance, patient's and relative's attitude towards these chronic diseases.

2.2.4 The College fully supports the development of basic models of primary care services as the basic standard of care available to every Hong Kong resident.

2.2.5 The College agrees with the five guiding principles with which these services are to be developed, namely

- Life-course approach
- Holistic health
- Essential
- Evidence-based
- Need- and risk-based

These five principles require the basic skills with which family medicine is being practised. Much of the College training curriculum is geared towards equipping family physicians with these skills.

2.2.6 The College will co-operate with the development of primary care by sharing with all interested parties the existing training programme, e.g. diploma.

2.2.7 If necessary, a modified training programme that meets the need of generalists and non-family-medicine specialists can also be developed, shared and implemented.

2.2.8 The College also agrees with the development of clinical protocols to cover services provision, referral guidelines and post-discharge arrangements. The College is willing to provide academic input and work together with other healthcare professionals in the development of these protocols.

## *2.3 Concept of Primary Healthcare Team*

2.3.1 The College recognizes that a primary healthcare system should comprise of many primary healthcare teams which consist of doctors, nurses (clinic-based as well as community based), dentists, physiotherapists, dietitians and other ancillary staff.

2.3.2 Majority of community doctors have traditionally been practising single-handedly, or in doctors' groups with little true primary care structure.

2.3.3 The College is excited by the idea of working within a team as it will enable medical effectiveness and efficiency when a multi-disciplinary approach can achieve much more than a solo-practice doctor.

2.3.4 It will also allow the doctor to be exposed and henceforth to become more knowledgeable about the appropriate services available for the patients under his care.

2.3.5 The College aims to foster an atmosphere of collaboration with other medical professionals and organizations included in the primary care team.

2.3.6 Experience in countries with strong primary healthcare system shows that the primary care physicians usually play an essential coordinating role for their patients, overseeing and collating input from hospital specialists and community staff. This will result in clear management plan and prevent wastage of resources and miscommunication. The College is aware that leadership skill with a serving attitude is a new but essential quality to be developed in family physicians.

2.3.7 The College will incorporate in its education curriculum the new elements of leadership and teamwork training.

### *2.4 Establishment of a family doctor register*

2.4.1 The College welcomes the idea of establishing a family doctor register.

2.4.2 The College agrees that the register should be open to all doctors who wish to provide family doctor service regardless whether they are general practitioners, family medicine physicians, or doctors in other specialties.

2.4.3 The aim of the register is to allow the public to know who are practising as family doctors. This will enable them to make informed decision regarding their choice of family doctors.

2.4.4 To ensure transparency, the College agrees that the register should include relevant information about the registered family doctors, e.g. their qualifications, prior training in family medicine, their experiences and types of service provision.

2.4.5 Through this register, the College believes that the public will become familiar with the various family medicine qualifications, and will henceforth provide the impetus/demand for the compulsory training of family physicians in the future.

2.4.6 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.

2.4.7 However, all family medicine physicians have to undergo approved training with assessments to ensure their professional competency and standards.

2.4.8 The College believes now is the best opportunity to review its role in contributing to standard setting and training of primary care doctors in Hong Kong.

2.4.9 The objective of training is to provide a competent and quality assured primary care work force of doctors that can meet the need of the local population.

2.4.10 Training opportunities must include ALL doctors who are practising primary care medicine or working in a primary healthcare team in the community.

2.4.11 To protect the interest of the public, the College also agrees with the setting of qualification milestones, and continued professional training in the field of family medicine for all doctors to remain on the register.

2.4.12 The College is also prepared to work with all concerned parties in establishing these milestones and continued professional development.

2.4.13 The College also hopes that there will be a stated point in the future, say in 5-year time, when all new entrants to the register are required to possess a minimum family medicine qualification, e.g. diploma.

## 3. PROMOTE PUBLIC-PRIVATE PARTNERSHIP IN HEALTHCARE

3.1 The College fully supports the proposed Public-Private Partnership (PPP) between the public and private sectors to provide healthcare infrastructure and services.

3.2 The College welcomes the proposed purchase of primary care services from the private sector.

3.3 The partial subsidy of preventive care is considered as a good incentive for HK people to become familiar to their own health risks. What proportion of participants will develop a continual relationship with their doctors needs to be estimated in order to know that the financial output is justifiable.

3.4 The public should be fully informed of the framework with which private services are to be purchased.

3.5 Quality and standards in the purchased services should be ensured by regular monitoring and audit with the use of performance indicators.

## 4. DEVELOP ELECTRONIC HEALTH RECORD SHARING

4.1 The College fully supports and agrees that the development of a territory-wide electronic health record (eHR) infrastructure is essential to effect and enhance continuity of care.

4.2 The College will work together with the government to promote the use of eHR.

4.3 The College wishes that the eHR system be user-friendly.

4.4 In primary care work, many patients often present doctors with symptoms for which no diagnosis can be made. The College suggests that the eHR system be equipped with an illness classification system which is symptom-based rather than disease-based. A good example is the standardized “International Classification in Primary Care” currently being adopted by family doctors worldwide.

4.5 The College acknowledges the Government’s contribution in 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.

4.6 As the eHR system becomes established, any future cost-sharing between private doctors and the public system should be kept at an affordable and non-prohibiting level.

4.7 The government should also be aware that there are private doctors who are not computer-literate. In order not to exclude this minority, the government should also put in place some form of alternative system for them.

## 5. PRESENT WORK AND FUTURE CONTRIBUTION FROM THE COLLEGE ON HEALTHCARE REFORM IN HONG KONG

### *5.1 Training*

5.1.1 In order to achieve the goal of judicial and effective use of healthcare resources as stated in the Document, a primary care or family doctor has to be equipped with the following qualities:

- Accurate diagnostic skills;
- Acumen in recognizing psychosomatic symptoms;
- Good communication skill;
- Practice of evidence-based medicine;
- Knowledge to be an effective gatekeeper;
- Participation in all levels of prevention;
- Health education and promotion skill; and
- Time management and prioritizing skill.

These qualities encompass both medical knowledge and sensitivity of the doctor.

5.1.2 The local junior school and under-graduate medical education equip the doctor with a solid foundation of knowledge.

5.1.3 The post-graduate family medicine training on the other hand gears towards teaching the doctor to be patient-centred, self-learning, problem-based solving, as well as equipping himself to develop higher skills to detect and manage psychological elements of the illness.

5.1.4 These psychological elements can sometimes be equally, if not more relevant and financially draining, than the illness itself.

5.1.5 If the government were to realize its aim in providing value-for-money sustainable healthcare, training and equipping ALL primary care doctors are vital for the success of the proposed healthcare reform.

5.1.6 Such training will also reassure the public that the government is people-centred and is concerned with quality-assurance of the service provided.

5.1.7 Training for the existing community non-family medicine generalists and specialists who are providing primary care service

5.1.7.1 The College presently provides the training and assessment framework at the Diploma, Fellowship and Exit levels.

5.1.7.2 The Diploma framework is developed from the Monash system modified for local use.

5.1.7.3 The Fellowship framework models on that provided by the Royal Australian College of General Practitioners.

5.1.7.4 The Specialist framework models on:

- The United Kingdom Leicester Consultation Package for consultation skill;
- The United Kingdom Audit Package for auditing disease management; and
- The Australian Practice Based Assessment for clinic organization.

5.1.7.5 Through years of adaptation and refinement, the Fellowship and Exit standards are par excellence.

5.1.7.6 However, the College recognizes that these may not be suitable for the training of non-family-medicine physicians presently working in the community.

5.1.7.7 The priority must be to bring as many untrained doctors to an acceptable basic level of primary care skill as possible.

5.1.7.8 The College is ready to liaise with all parties concerned to find the appropriate training level suitable for the existing community primary care doctors so that the public is assured of quality of care.

5.1.7.9 Examples of minimal training can be in the form of:

- certificate of attendance of Diploma course to remove fear of formal assessment;
- doctors can be given the option to undertake the assessment at the end of the course to obtain the full

Diploma qualification; or
- other modified training models.

5.1.7.10 To entice community doctors to participate, the government can consider the following suggestions:
- partial subsidy of the study cost in the first few years, with pre-announced gradual reduction and eventual withdrawal over a defined timeframe;
- the doctor's status in the register is being upgraded at the satisfactory completion or assessment of the study course; and
- training as part of the entry criteria for primary care doctors in joining PPP and/or shared-care programmes.

5.1.7.11 According to the 2006 Manpower Survey on Doctors, about 2,400 doctors worked in the private sector. If an estimate of 10% of these doctors would undertake additional training in the first year, then 240 placements would be required.

5.1.7.12 With the practical and financial support, and motivational influence of the government, the College is willing to partner with other related associations and organizations to train trainers and share the curriculum.

5.1.8 <u>Training for the Family Physicians</u>

5.1.8.1 The College is determined to uphold the established standard of training of family physicians.

5.1.8.2 The College recognizes that there are factors affecting the success of the existing training programme, some within and some outside the control of the College.

5.1.8.3 In order to allow more doctors to complete and obtain higher family medicine qualification, the College is in the process of appointing a committee to review changeable internal factors and give recommendation to improve changeable external factors for the benefit of primary care development. A written report for implementation and reference will be made

available.

5.1.8.4 The College hopes that these standards will become the basic requirement that every primary care doctor would possess in the future.

5.1.8.5 With the gradual public acceptance of the primary-care concept, it is also hoped that the government would in time support public-driven demand on compulsory training in family medicine.

5.1.8.6 Statistics from countries with a strong primary care led healthcare system shows that 50% of medical school graduates opt for general practice in order to meet the population's need. There is also a rough estimate of 10% yearly retirement rate.

5.1.8.7 If the goal of the Document were to be realized, then the government would need to have long term vision and planning in producing a sustainable quality primary care workforce.

5.1.8.8 Good education inevitably entails adequate funding, resources and manpower. It is hoped that the government will be able to proportionate its available funding to establish this necessary training framework.

### *5.2 Public education*

5.2.1 Since the publication of *Building a Healthy Tomorrow*, much public and media interest has been generated on the family doctor concept.

5.2.2 The College, through its Public Education Committee, has been responding to public interest by participation in activities which aims to increase public knowledge on the role of family doctors in the community.

5.2.3 Activities that have been undertaken so far include:

- regular newspaper columns;

- publication of “家庭醫學手冊之伴我同行” in July 2007, of which 4,000 copies were sold. The second edition is to be launched in July 2008;
- regular radio broadcast; and
- television interviews.

5.2.4 Participating doctors have been able to gain from these experiences. The College is now equipped with willing teams of writers and public speakers.

5.2.5 The College is committed to work alongside other organizations to promote the family doctor concept to the public.

5.2.6 Through contacts in the community, the College realizes that the public is still presently unclear regarding the vision of a primary care system and the proposal of the various funding options. The College further suggests the government to extend the consultation period, allowing time to promote and explain the Document at the public level.

## 6. Proposal: Establishment of a Primary Healthcare Body

6.1 To have a quality framework in primary care in Hong Kong, the College believes that there is a need to establish a Primary Care Body by the government.

6.2 The aims and responsibilities of the Primary Healthcare Body shall include:

- ❖ Clinical governance for all primary care professionals.
- ❖ Professional standard setting by specifying the entry criteria into the Primary Care Register and the requirements for continuing medical education (CME) for registered practitioners.
- ❖ Training and Accreditation of family doctors.
- ❖ Funding provision and allocation for evidence-based preventive services at the primary, secondary and tertiary level.
- ❖ Monitoring and evaluation of primary healthcare service quality with the use of performance indicators.
- ❖ Coordination and financing for the territory wide electronic health record system.
- ❖ Possible public health functions that include surveillance of communicable and non-communicable diseases in primary care and the provision of public health education and promotion.
- ❖ Possible provision of integrated preventive and curative primary care services through general out-patient clinics for the socially disadvantaged in collaboration with social service departments.
- ❖ Further advisory role in the on-going development of primary healthcare system in Hong Kong.

6.3 The College believes that the Primary Care Body should consist of members from relevant bodies and organizations in primary care including academic colleges, academics and representatives from other primary care organizations.

6.4 The Body should also possess statutory power to enable it to implement its responsibility.