

## Patient Support Programs in District Healthcare Centres in Hong Kong

### Introduction

The Hong Kong Association of the Pharmaceutical Industry (HKAPI) represents 38 Research and Development (R&D) multi-national pharmaceutical companies that supply 70% of prescription drugs in Hong Kong. Our mission is to drive the expedient access to innovative healthcare solutions for the people of Hong Kong and Macao with high ethical standards.

We are pleased that the Hong Kong Government is determined to develop a comprehensive Primary Healthcare model by setting up District Health Centres (DHCs) throughout the city. These centres could further be enhanced through the integration of clinical care and services provided by front line general practitioners (GPs) and providers of other ancillary and supportive services.

To strengthen the extraordinary role of DHCs to support the community, we recommend that DHCs work with the pharmaceutical industry as partners to run Patient Support Programs.

### Background

To increase access to drugs for patients with financial difficulties, the pharmaceutical industry in Hong Kong has been providing access support for over 10 years. The Patient Support programs (PSPs) initiated primarily by pharmaceutical companies with the aim to help patients to access to innovative medicines through various mechanisms, for example, providing eligible patients with price discount/refund or with free products etc. A research conducted by the HKAPI in 2017 (**Appendix 1**) showed that these PSPs helped Hong Kong patients by means of a total cost cap and non-price discounts from 2007 to 2017. One of the cancer patient support programs provided about 20 million subsidies to help 230 patients per year.

Over the years, the pharmaceutical industry works with PSPs NGO partners such as the St. James Settlement and Yan Oi Tong to help patients who are financially constrained. When a doctor prescribes the drugs included in the programs, the NGO partner makes a financial assessment and a discount on the prescribed medicine may be granted based on the patient's capacity to pay.

### **Existing situation**

The HKAPI conducted a survey about PSPs operated in collaboration with third-party organizations in 2018 November (Appendix 2). The objective of the study is to understand the current situation and the unmet needs in this area. 21 HKAPI member companies, 6 NGOs running PSPs and 30 healthcare professionals involved in the operations of the programs participated in the survey through online questionnaires and face-to-face interviews.

According to the survey findings, 67% of the member companies were actively running at least 56 PSPs as of November 2018. These programs cover at least 16 disease areas including oncology, psychiatry, cardiovascular diseases and other chronic diseases. Based on the findings of this research, the HKAPI identified service gaps which could be improved while running PSPs.

#### **1. Limited number of NGOs operating PSPs**

To ensure the quality of programs, key consideration factors in identifying suitable partners include experience, credibility of running similar programs, flexibility and capability of coping with companies' requests (Appendix 1 & 2). These important criteria limited the number of NGOs that are willing to implement PSPs with pharma companies. Based on another survey conducted in 2017 (Appendix 1), there were only 6 NGO partners which actively runs PSPs with the pharmaceutical industry in Hong Kong.

Moreover, these NGOs, which are charity nature, have their own missions and specific service targets instead of implementing PSPs only. For instance, the Yan Oi Tong provides a wide range of services including education, recreational and social enterprise etc, other than medical support to patients. Therefore, it is difficult for these NGOs to further expand the programs to meet the increasing demands from patients all over Hong Kong.

#### **2. Shortage of manpower managing PSPs**

In the HKAPI survey, the 6 NGOs are running at least 56 PSPs as of November 2018, these NGOs face manpower pressure on managing all the programs covering different therapeutic areas and with different kinds of discount. According to the survey finding, one NGO which runs at least 16 programs has only one full-time employee to manage patient enquires, verification of applications, logistic arrangement and dispensing of all the programs. Due to the limited number of community pharmacies with charity nature, some patients have to wait for a month to get their medications, which delayed access for

patients in need. Such manpower issues further limited the scope of services of PSPs to oral drugs only, as most of the NGOs do not have the resources such as support from healthcare professionals to perform intravenous injections to patients at their service centres.

### **3. Geographically inconvenience**

As patients need to go to the service centres of the NGOs regularly to get medications, location of these community pharmacies is important to patients who joined the programs. For those 6 NGOs participated in our survey who are implementing the programs, the number of service centres are very limited. For instance, the Hong Kong Anti-Cancer Society only has Nam Long hospital in Wong Chuk Hang as an outlet. Moreover, some patients reflected that the location of these community pharmacies is remote and not easily accessible. This could delay access for patients in need.

### **4. Associated administrative cost**

As the NGOs running PSPs face resources constraint on managing the programs, administrative fees are often charged on patients or the pharmaceutical industry. This would inevitably increase the cost of running PSPs and may increase the financial burden on patients.

### **HKAPI recommendations**

As a health journey partner, the pharmaceutical industry is committed to improving access to treatments. The HKAPI believes that **running PSPs in the District Health Centres** could further enhance the meaningful support from the PSPs to the patients in need.

#### **1. DHC network could support more patients through PSPs**

The HKAPI believes that more patient could be benefited from PSPs through implementation with the support from DHCs, which are expected to roll out to all 18 districts in the coming years. If the NGOs operating the DHCs could collaborate with the pharma industry to develop PSPs, more partners could help to expand the service scope of the PSPs, and more patients would benefit.

#### **2. All-rounded services support from DHCs**

With the support of resident pharmacists, nurses, social worker and support staffs in DHCs, more patients could get support from PSPs in a timely manner. The resident pharmacists could support dispensing and medication counseling, while medical social workers could

help with the financial assessments required. More importantly, the nurses at DHCs could support intravenous injections, which could widen the service scope of PSPs.

### **3. DHCs in 18 districts provide more easily accessible outlets**

As the DHCs are expected to be rolled out in 18 districts across Hong Kong, these centres could serve as outlets for patients to get their medications. Patients would not need to travel across districts regularly. With more service centres, the waiting time for patients would also be shortened.

### **4. To reduce the administrative cost of PSPs**

Reducing the administrative fees charge on patients could help lessen the financial burden bear by patients and their families. With the support by the government for NGOs to operate the DHCs, more resources could be allocated in running PSPs and the administrative costs of running PSPs could be lowered. This could ensure the patients to enjoy the drug discount without paying extra administrative fees.

### **5. Enhancing the role of pharmacists in primary care in Hong Kong**

One of the objectives of establishing the DHC network is to build a systematic and coherent platform to improve service accessibility. To this end, we believe that the role of pharmacists should be enhanced to developing DHC into a one-stop shop where multiple primary healthcare services are provided. The HKAPI suggests utilizing the professional role of pharmacists at DHCs in the in existing public services. The pharmacists at DHCs could (1) support the dispensing from Medical specialist outpatient clinics; (2) handle dispensing from patients under the General Outpatient Clinic Public Private Partnership Programme (GOPC-PPP)<sup>1</sup>; and (3) in Elderly Homes.

Similar to the Drug Refill Services E-Fill pilot programme<sup>2</sup>, eligible patients attending Medical specialist outpatient clinics would be dispensed drugs according to the duration of the prescription after consultation in public hospitals. Before drug refills, these patients could visit the resident pharmacists at DHCs. The pharmacist would review the conditions of patients. For stable patients without changes in medications of drug-related issues, the pharmacists at DHC, or the public hospital would contact patients via telephone calls or

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<sup>1</sup> General Outpatient Clinic Public Private Partnership Programme (GOPC-PPP):  
<http://www3.ha.org.hk/ppp/gopcphpp.aspx?lang=eng>

<sup>2</sup> Drug Refill Services E-Fill pilot programme:  
[https://www.ha.org.hk/haho/ho/cs/e-fill\\_pamphlet.pdf](https://www.ha.org.hk/haho/ho/cs/e-fill_pamphlet.pdf)

SMS messages to collect drug refills at the DHCs, instead of the pharmacies in public hospitals. For patients who have episodes of medical consultations or hospital admissions with changes in medications or having drug-related issues, the pharmacists at DHCs could review patients' drug profiles and perform medication review and reconciliation; and could arrange telephone call follow-up or face-to-face, if required. This would increase the flow of patients to visit the DHCs regularly and shorten the waiting time for patients at public hospitals.

In addition, DHCs pharmacists could also handle dispensing from patients under the GOPC-PPP. Patients could get their medications with prescriptions from GOPC-PPP private doctors. Pharmacists in DHCs would be able to support dispensing, medication review and reconciliations for patients. The same idea could also be replicated in Elderly Homes in 18 districts. All in all, the important roles of pharmacists could transform the DHCs into a central pharmacy in the district for community patients, which would mark a significant step to developing a comprehensive primary healthcare system.

### **Conclusion**

A comprehensive and coordinated primary healthcare system that can attend to the healthcare needs of individuals more conveniently in a community setting is crucial to improving the overall health status of the population and reduce unwarranted admissions and re-admissions. The HKAPI believes the comprehensive DHC network is a way to achieve such goal.

In terms of manpower support, the HKAPI recommends the Government to include medical social workers, pharmacists, nurses, other allied healthcare professions and support staffs in DHCs to support the operations of a broader range of primary healthcare services, including the implementation of PSPs, as a part of holistic services that that serve the patients in need.

If running PSPs could be set as one of the terms in the future tender for the Provision of Services to operate DHCs in the remaining districts, this would certainly mark a step forward in strengthening the primary healthcare services provided by DHCs.

## Appendix 1

### Survey topic: Patient Support Programs 2017

#### Background:

- HKAPI conducted a survey of Patient Support Programs provided by member companies
- On 25 August 2017, HKAPI sent out questionnaires to 40 HKAPI members to ask for details of the Patient Support Programs of the member companies
- **15 members** replies (20 October 2017)

#### Preliminary findings:

- Of all the 15 respondents, **8 companies** conducted Patient Support Programs with NGOs
- 7 out of 8 companies that conducted Patient Support Programs had more than 1 Programs
- 6 NGOs were partners with all the 15 respondents.

#### Total number of Patient Support Programs (of 8 companies):

- 26 programs

#### No. of patients involved:

- more than 2803 per year

#### Diseases areas:

5 out of 25 projects involve cancer patients

#### Subsidization level:

- from \$250,000 to \$20,000,000 per year

#### Types of subsidization: Financial Based Agreements

- Total Cost Cap
- Non-Price Discounts /Free Goods

#### Remarks:

Total number of patients being helped – unknown (at least 24, 3 programmes provided no figures)

Total amount of money involved – unknown (the only figure available: \$250k [1 project])

Dates of programme launch – 2017 (all the five were launched earlier this year)

## Appendix 2

### Survey topic: Patient Support Programs 2018

#### Background:

- HKAPI conducted a survey of Patient Support Programs provided by member companies and NGOs
- In October 2018, HKAPI sent out questionnaires to 40 HKAPI members to ask for details of the Patient Support Programs (PSPs) of the member companies
- **21 members** replied; 14 members with PSP experience, 7 without PSP experience
- In October 2018, HKAPI Open Access Taskforce members had face-to-face interviews with 21 specialists, 7 Hospital supporting staff, and 6 NGOs

<u>Specialist</u>		<u>Hospital supporting staff</u>		<u>Pharma company</u>		<u>Partners</u>	
21		7		21		6	
Oncologist	4	Onco nurse/admin	2	Company	21	NGOs	6
Hematologist	5	Hemat nurse/admin/MSW	3				
Rheumatologist	3	Rheumat nurse/admin	1				
Hepat/GI	2	GI nurse/admin	0				
Cardiologist	7	Cardi nurse/admin	1				

#### Key findings:

- Of all the 21 respondents, **14 companies** conducted Patient Support Programs with NGOs

#### Total number of Patient Support Programs that are actively running (by 14 companies):

- 56 programs (Ranging from 1 to 2 program per company to 5 to 10)

#### Therapeutic areas involved:

- Oncology
- Cardiovascular
- Haematology
- Diabetes
- Endocrinology

- Neurology
- Psychiatry
- anti-infection
- Stroke prevention
- Psoriasis
- Rheumatoid arthritis
- Idiopathic Pulmonary Fibrosis
- Osteoporosis
- Women's and Men's health
- Primary Care
- Ophthalmology

**Key consideration factors for identifying partners**

1. Experience & creditability of running similar programs
2. Flexibility & capability of coping with companies' requests
  - Openness/ Flexibility of partners on applying different design of PSP - e.g. logistics arrangement and financial assessment criteria etc
  - Provide tracking record in regular bases
  - Turnaround time, from discussion to kickoff of program
  - Fair admin fee or markup to patient
  - Logistic arrangements tailored to each company requirement
  - In accordance with compliance / SOPs of companies
3. Partners willingness to evaluate program outcome regularly and allow modify if needed
4. With HA preference and HCPs consultation/prescription is required
5. Have the capability of raising the awareness of the programs