



The Hong Kong Association of The Pharmaceutical Industry
ROOM 906-7, 9/F., K. WAH CENTRE, 191 JAVA ROAD, NORTH POINT, HONG KONG
TEL: (852) 2528 3061/2 FAX: (852) 2865 6283 WEBSITE: www.hkapi.hk

Hong Kong Association of the Pharmaceutical Industry

Position paper on Primary Care in Hong Kong

Introduction

The Hong Kong Association of the Pharmaceutical Industry (HKAPI) represents 41 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 Macau with high ethical standards.

The core principles of primary health care

There seems to be a consensus worldwide that health systems with a strong primary care orientation yield better results than traditional physician-led care in terms of treatment outcomes and cost-effectiveness. This is especially true of those systems undergoing a shift from an acute, episodic model of care to one with a growing emphasis on coping with chronic diseases.

Primary health care became a core policy for WHO in 1978, with the adoption of the Declaration of Alma-Ata and the strategy of "Health for all by the year 2000". In the declaration, core principles were set down as the key guidance on the establishment of a primary healthcare model:

- universal access to care and coverage on the basis of need;
- commitment to health equity as part of development oriented to social justice;
- community participation in defining and implementing health agendas;
- Intersectoral approaches to health.

In Hong Kong, the community participation and the intersectoral approaches are the key consideration in the healthcare system, given that the universal access and healthcare equity to essential service have already been in place as part of the public healthcare system.



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We recommend that a patient pathway which encompasses prevention, screening, diagnosis, treatment and palliative care be used as a basis for building a model of primary healthcare, with insights as follows:

- The HKAPI recommends the prevention, screening, and palliative care be taken care of by community-based integrated healthcare centers which are supported by allied health professionals, and be set up by NGOs or government funding, across all 18 districts in the city. With the community basis, patients will be able to get support from patient empowerment programs, disease detection, and palliative programs.
- Diagnosis and treatment will be supported by general practitioners via Public-Private-Partnership (PPP) programs. Training should be provided for GPs in accordance with a set protocol. Performance-based incentives schemes based on the tracking of quality metrics will be introduced to incentivize the doctors providing good care.
- Designated coupons will be provided by qualified family doctors according to a well-established care protocol to drive patients to take care of their own health based on the treatment protocol, and give them flexibility to co-pay for the freedom to choose healthcare services providers and also innovative treatment therapies, such as innovative drugs.

Challenges to the primary care system in Hong Kong

As with other developed countries, the population of Hong Kong is rapidly aging, with the proportion of elderly people aged 65 and above rising markedly from 15 per cent in 2014 to 28 per cent in 2034¹. Worse still, about 2 million of the Hong Kong people had chronic health conditions such as hypertension, high cholesterol, diabetes mellitus and heart diseases². The majority of patients with chronic diseases seek medical care from public specialist out-patient clinics, where new stable cases take 71-103 weeks³ to receive first consultation.

A growing number of patients with chronic diseases could create a huge burden on the healthcare system if their chronic conditions, as a result of a lack of proper treatment in their early stages, eventually lead to complications and massive hospitalization of the invalids. The government should therefore adopt a holistic and more people-centered approach so that primary care can be enhanced and play the important role of a gatekeeper to better manage chronic diseases and prevent unnecessary and excessively expensive hospital care services from burdening society. To this end, the HKAPI would like to propose the following recommendations for the consideration of policy makers.

Recommendations:

1. Community Health Centres – multi-disciplinary approach to primary care

Support comes in many forms. Research findings have demonstrated that family members can make a positive impact on the health of people with chronic illnesses such as diabetes by facilitating their self-care activities⁴. But many governments also set great store by community support in coping with these noncommunicable diseases.

¹ Hong Kong Population Projections 2015-2064, Census and Statistics Department, HKSAR.

² Thematic Household Survey Report No. 58, Census and Statistics Department, HKSAR.

³ Waiting Time for Stable New Case Booking for Specialist Out-patient Services, Hospital Authority.
http://ha.org.hk/haho/ho/sopc/dw_wait_ls_eng.pdf

⁴ Mayberry, LS et al. Family Support, Medication Adherence, and Glycemic Control among Adults with Type 2 Diabetes, 2012.

Wong CK, Wong WC, Wan YF, et al. Patient Empowerment Programme in primary care reduced all-cause mortality and cardiovascular diseases in patients with type 2 diabetes mellitus: a population-based propensity-matched cohort study. *Diabetes, obesity & metabolism* 2015; 17(2): 128-35.



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In Hong Kong, Chief Executive Mrs Carrie Lam said earlier in her election manifesto that it was important to develop primary care and family doctor services. She has recognized the need to enhance the city's home care as well as community care services.

In view of this, the HKAPI recommends Community Health Centres (CHCs) be set up in every district to provide integrated healthcare services for patients in areas such as disease awareness, patient empowerment, detection, and palliative services. By bringing together a team of multi-disciplinary allied-healthcare professionals including specialist nurses, pharmacists, nutritionists, physiotherapists and optometrists, CHCs can offer comprehensive supportive primary care services to patients (including those seeking care from the private sector), and provide health promotion, preventive measures, and patient empowerment programs for patients with chronic diseases.

The Hospital Authority Strategic Plan 2017-2022 has addressed the importance of patient-centred multi-disciplinary care and the planning of new CHCs is underway⁵. To accelerate the set-up and usage, and to enhance sustainability of CHCs in Hong Kong to cover citizens from all the 18 districts, the Government could leverage the capacity in the private sector and evaluate how to further utilize the seed grants, e.g. social enterprises[#] or PPP endowment fund. The following service models can serve as reference.

Overseas and local service models of CHCs

Singapore

In Singapore, Community Health Centres provide healthcare services to complement the clinical care offered by General Practitioners (GPs) for patients with chronic conditions. GPs refer patients to the CHCs for tests according to their clinical conditions and test results will be sent to the referring GPs for review and follow-up. Other services such as nurse counselling and education, physiotherapy, dietetic services are also provided by various allied health professionals in the CHC.

Hong Kong

- A social enterprise[#] - 8765 Diabetes - was established in 2014 to provide people with diabetes and prediabetes collaborative care by a multidisciplinary team of healthcare professionals including nurses, dietitian, podiatrists and risk assessment service to empower them with proactive self-management. Seed funding from charity for the set up and service fees paid by patients finance the operation. Sufficient patient load is key to sustained success of these multi-disciplinary healthcare centers.
- Yau Chung Kit Diabetes Assessment Centre (YCK), affiliated with the Chinese University of Hong Kong, was established using a team-based integrated care model augmented by the Joint Asia diabetes Evaluation (JADE) Program⁵ to provide a range of services including disease awareness programs, comprehensive assessment of diabetes patients for risk factors and complications to enable early intervention as well as patient empowerment programs.

Comprehensive research analyses carried out to assess the health outcomes of patients attending the YCK Centre found that these patients have a 30 per cent lower hospitalization rate than patients receiving standard care in a hospital setting. Also, this care model could reduce cardiovascular-renal diseases and deaths by 11-77 per cent over a 15-year period which could lead to substantial savings on healthcare expenditure⁶.

- A comprehensive care program developed by the Prince of Wales Hospital for patients with chronic obstructive pulmonary disease (COPD) discharged from hospital after treatment of acute exacerbation has taken a multi-disciplinary approach. Comparing to patients who received the usual care, patients under the care program were found to have a lower hospital readmission rate, a shorter length of hospital stay if readmitted, as well as improving symptoms⁷.

⁵ A web-based disease management program led by Asia Diabetes Foundation (ADF) with built in protocols, risk engines, decision support and feedback reports to facilitate individualized care and shared decision making between patients and healthcare professionals.
<http://www.adf.org.hk/en/program/jadevision>

⁶ Designing a Sustainable Public-Private-Partnership Program to Enhance Diabetes Care and Evaluation its Impact using an Outcomes Simulation Model. (2017) Juliana CN Chan, Shek Ng, Andrea Luk, Wingyee Soo, Benny Zee, Asia Diabetes Foundation, The Chinese University of Hong Kong.

⁷ Ko FWS, et al., Comprehensive care programme for patients with COPD: a randomised controlled trial, Thorax 2017;72:122-128



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2. Public –Private Partnership Programme

Role of PPP in diagnosis and treatment

The Hong Kong Government has long been promoting public-private partnership (PPP) in healthcare, as it believes the initiative is able to redress the imbalance between public and private healthcare services and improve the quality of care for patients.

The Hospital Authority plans to expand the General Outpatient Clinic Public-Private Partnership Programme (GOPC-PPP) to 18 districts by 2019. However, currently not all patients with chronic diseases have the opportunity to opt in. The roll out of PPP should be expanded to include additional chronic diseases – covering not only stable patients but also those cases with low complexity. Care protocols can be developed to identify suitable patients and suggest treatment options.

As GPs in private practice are able to provide rapid access alongside long-term continuity of care for patients at the neighborhood level, it is important to engage more GPs in developing primary care. To familiarize GPs with new care protocols, training and educational support in managing chronic diseases should be provided in collaboration with the academia and medical societies through accredited courses supported by the industry⁸. Accredited courses leading to certifications can help GPs prepare for expansion of PPP to cover more chronic diseases.

As it is important to monitor and improve treatment outcomes of patients joining the PPP program, performance-based incentive models should be introduced in the primary care setting to achieve this. Performance indicators tracking clinical records, diagnosis and ongoing management can be used to provide specific measurement of healthcare quality at the provider level.⁹ Such quality metrics have proved to be valuable in helping healthcare professionals enhance patient outcomes along the care pathways¹⁰, as practitioners are

⁸ Diploma Course and Master Course in Diabetes Management have been developed by universities to improve chronic care in the community.

⁹ Peter C. Smith and Nick York, 'Quality Incentives: The Case of U. K. General Practitioners,' "Health Affairs", <http://content.healthaffairs.org/content/23/3/112.full.html>

¹⁰ The King's Fund, an independent charity working to improve health care in England through undertaking research and analysis,

encouraged to provide better services under an incentive scheme that rewards high-quality care.

Overseas and local examples

Public-private partnership

Hong Kong

Apart from adopting a community-based integrated diabetes care model, the YCK Center also operates a PPP scheme where solo practices are linked to the Diabetes Centre and doctors from either the private or public sector can refer their patients to the Centre for comprehensive assessment and education on a self-funded basis. The estimated annual cost of diabetes care is HK\$10,000 to 12,000¹¹ and a survey conducted by the Asia Diabetes Foundation in 2016 showed that interviewees were willing to co-pay 30-50 per cent for a more personalized diabetes service. A possible funding mechanism proposed for this PPP model is to have insurers, HA and Bureau jointly subsidize it¹².

Quality of care improvement and performance-based incentives

UK

NHS introduced the Quality and Outcomes Framework and offered GPs financial incentives to improve the quality and patient outcomes¹³. A longitudinal study was carried out to compare the quality of care for those who suffered from chronic conditions including asthma, coronary heart disease and type 2 diabetes before and after the pay-for performance program for family practitioners. Research findings suggested that a performance-based

conducted a case study on London Cancer which is an integrated cancer system for North Central & North East London and West Essex. An integrated care pathway for each cancer was designed to drive improvements in patient experience and outcomes, with associated metrics developed on clinical outcomes, patient-reported outcomes, and patient experience. Measuring quality along care pathways. The King's Fund, 2012.

https://www.kingsfund.org.uk/sites/files/kf/field/field_document/Outcomes-measuring-quality-the-king%27s-fund-aug-2012.pdf

¹¹ The annual cost includes consultation fees for 4-6 clinic visits, essential drugs and laboratory tests, an annual comprehensive assessment as well as nurse education.

¹² See Note 6

¹³ NHS. (2015). Health and Social Care Information Centre, Quality and Outcomes Framework – Prevalence, Achievements and Exceptions Report. [Online], available at <http://www.hscic.gov.uk/qof>

incentive model has contributed to significant improvement in the overall score for quality of care and individual clinical indicators such as HbA1c control in diabetes patients¹⁴.

3. Designated healthcare vouchers

A research study found that a voucher scheme introduced in Hong Kong in 2009 to encourage older patients to use primary healthcare service in the private sector had been underused because of older people's unwillingness to change their usual practice of seeing public doctors and the relatively low subsidy amount.¹⁵ Its findings indicated that the respondents were content with the services they received in the public sector, despite long waits and crowded conditions. They also reflected the older people's low willingness to pay, perceived inability to pay and uncertainty about the price and quality of services provided in the private sector. The study suggested that further consideration be put into designing vouchers for designated use for preventive services, which had been given a low priority by older patients, with evidence-based practice such as cancer screening, hypertension or diabetes management in order to address the unmet need.¹⁶

To encourage utilization of the above-mentioned primary care setting, the HKAPI recommends that designated vouchers funded by government be offered to PPP patients by GPs according to the care protocol developed for various chronic diseases.

The subsidies should follow the patients so that patients can (1) choose their service providers and be encouraged to take responsibilities of their own health by actively participating in the management of their diseases, (2) use vouchers as co-payment for procuring innovative medicines or procedures.

Hong Kong's middle-aged patients, a vulnerable group in need of an alternative option to the current Hospital Authority care model, are also likely to benefit from a co-payment scheme that meets their need. In a telephone survey of over 1,000 adults in Hong Kong conducted by

¹⁴ Campbell S. et al. (2007). Quality of primary care in England with the introduction of pay for performance. *The New England Journal of Medicine*, vol. 357, p181-190.

¹⁵ Carrie HK Yam et al. 'Can Vouchers Make a Difference to the Use of Private Primary Care Services by Older People? Experience from the Healthcare Reform Program in Hong Kong', <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3200178/>

¹⁶ Ibid.

the Asia Diabetes Foundation in 2016, most of the positive respondents estimated the annual treatment costs for diabetes to be HK\$10,000-20,000.¹⁷ When these subjects were informed that the average annual cost for outpatient diabetes care was HK\$8,000-24,000 in the private sector, most of the interviewees expressed willingness to co-pay 30-50% for a more convenient and personalized diabetes service.¹⁸

Conclusion

Studies find that the effective management of complex chronic diseases represents one of the greatest challenges now facing health systems.¹⁹ While health systems vary, innovative models of care can be more easily implemented in systems where there is a strong orientation to primary care, with a single point of access to the health system providing continuity.²⁰

Primary care policies should be re-oriented towards a holistic and patient-focused approach in order to achieve the vision set out in the 2010 Strategy Document where high-quality, comprehensive, continuing and coordinated primary care, provided by multi-disciplinary and well-trained professionals is available to every citizen in Hong Kong.

Given the importance of primary care as the cornerstone that underpins the health of the population, a cross-bureau commission, which can ensure policy integration across various sectors, should be in place to drive the development of integrated primary care services in Hong Kong.

¹⁷ Reported in Juliana CN Chan et al. "Designing a sustainable public-private-partnership program to enhance diabetes care and evaluating its impact using an outcomes simulation model", Asia Diabetes Foundation, The Chinese University of Hong Kong, p 67.

¹⁸ Ibid.

¹⁹ Ellen Nolte and Martin McKee, (2008) 'Integration and Chronic Care: a Review', Ch. 4, "Caring for people with Chronic Conditions – A Health System Perspective", Open University Press, pp. 85-86.

²⁰ Ibid.