Reponses to Discussion Paper” Building a Healthy Tomorrow”,  
HMDAC, HWFB 2005

As citizens in Hong Kong and academics in family medicine, we would like to thank the Secretary for Health, Welfare and Food, the Health, Welfare and Food Bureau (HWFB) and the Health and Medical Development Advisory Committee (HMDAC) for the development of the document “Building a Healthy Tomorrow – a Discussion Paper on the Future Service Delivery Model for our Health Care System”. This is the first Government attempt over the last fifty years to address our health care system as a whole. The system thinking and comprehensive approach demonstrated in this paper are most commendable, which make this document stand out from its earlier counterparts, and offers hope for moving our health care delivery system forward.

We support in general the new health care delivery model proposed in this paper but there are a few concerns that we hope the Secretary for Health, Welfare and Food, HWFB and the HMDAC would address. We hope our views will be taken into consideration in the development of a future health care system that can provide comprehensive, essential, quality health care to achieve health for all in the 21st Century [1].

Commendable Features of the Proposed Future Health Care Delivery Model

1. An attempt to address the imbalance between primary and secondary care, and between public and private services. The suggestion of the use of means testing for subsidy of health care is a courageous step to solve the problem.

2. A recognition of the importance of a primary-care-based health care system, and the need of an expansion of the roles and responsibilities of primary health care services.

3. An endorsement of the need of every citizen to have a named family doctor. Our previous research found that 42% of the people in Hong Kong
always and 35% usually consulted the same doctor when they were ill [2], which supported the validity and feasibility of this proposal.

4. An acceptance of the Government’s responsibility to enhance the identification of health risk factors and development of management guidelines for dissemination to doctors.

5. Promotion of the integration of preventive with curative services in primary care.

6. Strengthening community based social and rehabilitative support services for primary care.

7. Appropriate training of health care professionals in multiple skills especially those required in primary, geriatrics and preventive care.

**Concerns and Cautions**

1. The view that “… a family doctor can be … any other specialist” is misleading to the profession and public. This could even become a laughing stalk of the international professional community. Family doctors make up the largest proportion of primary care doctors because they are most fit for the purpose, but not all primary care doctors are family doctors. Specialists who provide services mainly for a particular group of patients or diseases cannot be regarded as family doctors although they may provide some form of primary care. [3, 4]

2. 24-hour community clinics contradicts the promotion of continuity of care by one’s own family doctor unless there is a system to ensure patients would be referred back to their own family doctors.

3. Purchase of primary care services from the private sector can be subject to abuse under the “Inverse Care Law” [5], unless there are very clear criteria on whom and what services are included. There may be a place for the
purchase of specific preventive care e.g. cervical smears, nicotine replacement therapy, that have **local** evidence in support of its cost-effectiveness.

4. Share-care, in contrast from discharge programmes, may perpetuate the public and professional’s lack of trust on primary care, duplicate resources and confuse patients. It should be limited to only a small proportion of patients and conditions that concurrent primary and secondary cares are truly needed.

5. Discharge of patients from secondary to primary care without the proper funding arrangement, infrastructure, mutual trust and communication systems will lead to dissatisfaction in patients and the profession, and wastage of resources from duplication of services.

6. Top-down management and preventive guidelines from the specialist or Government often lack validity or feasibility for application in primary care. Adequate input and feedback from family doctors should be obtained in the process of guideline development. Guidelines must be evidence-based but research evidence from local primary care is largely lacking.

7. The promotion of regular health checks may generate more demand for health care services, cause physical and psychological harm and divert resources from curative services without a true benefit to the people’s health. Only health checks that have been proven to be cost-effective locally should be promoted, and they are best done through opportunistic case finding by the family doctor who can tailor-made them to the needs of individual patients.

8. There is little discussion on how effectiveness and quality of primary care will be assured. Ineffective primary health care can do more harm than good to the health of the people and increase the burden on secondary and tertiary care.
9. The role and function of academics and research in the delivery of primary health care are largely omitted from the paper.

**Some Strategies to Meet the Challenges**

1. The public and profession should be educated on the difference and relationship between primary care and family doctor service:-
   a. Primary care is the first contact of health services, and family doctors are doctors who can provide comprehensive (full-service), continuing and whole-person primary health care.
   b. Primary care and the family doctor often go hand in hand because the latter is most fit for the former.
   c. Family doctors can be general practitioners or specialists in family medicine who distinguish themselves from other specialists or primary care doctors by their ability to provide comprehensive primary care services to people of any age, gender, or type of illnesses.
   d. Other specialists may provide primary health care but their services are limited to particular groups of patients or diseases, some of them may be regarded as primary care doctors but they are not family doctors.
   e. Each citizen should have a named personal family doctor, which does not preclude him/her from seeing other doctors in primary, secondary or tertiary care when there is a need.

2. The quality and effectiveness of primary health care services in Hong Kong need to be assured and enhanced through
   a. More research in primary care to support the development of evidence-based guidelines for prevention and medical treatments in primary care. An investment in primary health care research will be paid off by health benefits and savings from ineffective services. This could be provided by a separate research fund or incorporated into the existing Health and Health Services Research Funding structure with the identification of primary health care research as a priority area.
b. Availability and accessibility of research evidence and guidelines on medical practice to all family doctors. A system of efficient information dissemination is required. Experience from the UK showed that Government support to family doctors for practice computerization and free access to medical databases are effective ways of enhancing the quality of primary care.

c. A balanced emphasis on primary and secondary care in undergraduate medical education curricula so that graduates are prepared to work in primary care.

d. Adequate postgraduate training in family medicine and continuing medical education for primary care doctors. It should be noted that a higher level of training for primary care doctors is likely to increase their effectiveness. The Government, public and the profession need to agree on what standards of primary care we want to achieve in Hong Kong. Compulsory vocational training in family medicine before independent practice in primary care has been shown to be an achievable and desirable goal in many developed countries including the United Kingdom, Australia and Canada.

e. Continuing medical education and professional development of practising primary care doctors. The two medical schools and the Hong Kong College of Family Physicians can play an active role in the provision of continuing medical education for practising primary care doctors.

3. Most people, especially the elderly, are unwilling to pay for preventive care when they are asymptomatic even though they can afford the cost. Government subsidy for private preventive services is an effective way of promoting preventive care, as shown by the experience in Ireland. The key to success of such a system is clearly defined guidelines on the type and frequency of preventive services that will be supported.

4. A system cannot function if one part is changed without changing the other components. The necessary infrastructure, e.g. an effective system of transfer of information and patients between primary and secondary care, a viable
health care finance system that encourages patients to use primary instead of secondary or tertiary care, and appropriate postgraduate training of the required medical manpower, must be in place before the new health care delivery model can be implemented.

**Conclusion**

We fully support a health care delivery model that is based on strong primary health care. Such a model will function and serve its purpose only if primary health care is effective. Family doctors with adequate training are most fit for the provision of effective primary health care because they can provide comprehensive care by looking after patients with any age, gender or illness, and full-services including prevention, treatment and rehabilitation. Effective health care must be evidence-based and there is an urgent need for more investment in research in primary care in Hong Kong. We hope our Unit can make an academic contribution to a quality health care system in Hong Kong through education, research and quality assurance in primary health care.

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References


