SUMMARY DOCUMENT OF THE SYMPOSIUM

“Primary Care for Hong Kong – the way forward”

Introduction:

The current state of primary health care in Hong Kong is relatively fragmented from patient, provider and health system viewpoints. The focus of health care provision tends to be curative and episodic with insufficient attention to whole person, continuous and preventive care, qualities which form the basis of good primary care. Typical patient expectation of a quick cure and a bagful of medication and the subsequent practice of doctor shopping or self-referral to specialized care, if these expectations are not met, also lead to uncoordinated and haphazard care which is inefficient, expensive and not ideal for the patient. Among the providers of primary health care are doctors with a wide range of medical backgrounds, many with comparatively little exposure to community-based primary care during their medical education and training and perhaps choosing their vocation by default. There is also a disparity between the type of care offered in the public and private systems with patients in the public sector having limited access to preventive care coordinated with illness care.

Against this background, recent consultation papers, “Building a Healthy Tomorrow” (2005)\(^1\) and “Your Health, Your Life” (2008)\(^2\) as well as the response document to the latter from the Hong Kong College of Family Physicians (2008)\(^3\), have identified the crucial role of primary care and have made proposals towards its development within the current healthcare reform process. These are positive steps aimed at addressing some of the factors contributing to the less than ideal primary care situation in Hong Kong.

To generate constructive debate and discussion among academic colleagues and fellow health care professionals about the way forward for primary care in Hong Kong, a Primary Care Symposium co-organized by the Family Medicine Unit, HKU and the Hong Kong College of Family Physicians was convened on 15 October 2009.\(^4\) Through this summary document, we wish to represent the key issues identified by symposium discussants and present our resulting recommendations for consideration by the Government as we continue to work actively towards the development of quality primary health care for Hong Kong.

Primary Care for Hong Kong – the way forward

Consistent with a recent World Health Organization resolution asking members to reinvigorate their health systems through primary care, we are heartened by the priority that the Government has placed on the development of primary care in Hong Kong. Various initiatives identified included a commitment of up to $150 million in this year’s budget for the development of primary care, in addition to recurrent expenditure in the coming 3 years; a focus on the whole primary health care delivery model; a directory for
primary care; improvements to management of chronic disease and mental health services and implementation of a territory-wide electronic health record system.

We also recognize the solid evidence base reaffirming the value of primary care, particularly family doctor-led primary care, from patient outcome, cost-effectiveness and health equity perspectives.

**Recommendations:**

**At the academic level**

1. **Build quality primary care on a foundation of core principles**

   The core principles of quality primary care necessitate primary care providers to be the point of first contact to health care services and the provider of continuing, comprehensive, coordinated, whole-person health care.

2. **Focus on higher-level outcomes in undergraduate medical education and training**

   Beginning from the undergraduate level, the focus must be on developing positive patient care attitudes and achieving higher level outcomes. The ability to merely engage in independent practice is not good enough; graduates must demonstrate more advanced competencies such as an ability to provide comprehensive care, in order to build a workforce of quality primary care doctors.

**At the professional level**

3. **Provide post-graduate training that maximizes learning in context**

   Trainees need to learn in realistic settings that will prepare them for primary care practice. The duration of hospital-based training and the length of time to achieve specialty designation are significant issues but focus must be on the nature and quality of the training required to achieve the desired outcomes.

4. **Advocate for primary care medicine as an integral part of the healthcare system**

   Doctors can be engaged to work in primary care by setting the expectation that all people should have their own family doctor and fundamentally changing the mindset of all stakeholders such that primary care is regarded as an essential part of health services.

**At the societal/system level**

5. **Establish health system policies to empower primary care**

   There must be good health system policies conducive to primary care practice in place which focus on the function of primary care (patient focus) rather than the professional priority of diagnosis (disease focus). Primary care must be
empowered to provide the care it is capable of through an administrative and funding system that allows for and recognizes proper access to first contact care, coordination of care and access to resources needed for good care.

6. **Active support for research in primary care and primary health care services**

   Primary care needs to be further enabled to serve its purpose through the promotion of evidence-based practice. Research funds must be dedicated towards individual clinical primary care as well as health services.

7. **Explore the integration of individual and population-based care**

   An environment must be fostered where health care professionals can understand the importance of prevention, social determinants of disease and equity so that patients and doctors can work as a team to promote population and community-based care that is responsive to their needs.

We trust that the Government will regard this symposium and the recommendations that have emerged from it with a considered eye and take action to “break new ground together” to achieve the mutual goal of quality primary care for Hong Kong.

**References:**


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Julie Y. Chen,
on behalf of the Family Medicine Unit, HKU

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