



Primary Care Development: Role of Family Doctors

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The Statute of Four Animals, Riga, Latvia



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Role of Family Doctors

- Serving the purpose of primary care
 - Driving quality primary care
 - Benchmarking quality of primary care
-



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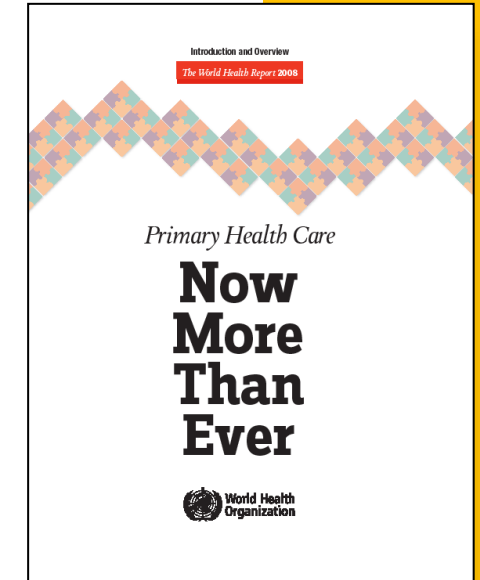
Serving the Purpose of primary care

WHO Declaration of Alma-Ata



WHO/UNICEF International Conference on PHC, 6-12 Sept 1978 The Lenin Place, Alma Ata, USSR.

- PHC is the key to health for all
- universally accessible: ↓ service gaps & fees
- Comprehensive & skilled care to address main health problems
- Promote self-reliance
- Public policy on financing, resources & mutual referral system
- Leadership on collaborative & strategic multi-professional team care



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Primary Healthcare Blueprint 2022



➤ Vision

- Improve overall health of the population
- Provide accessible and comprehensive healthcare services
- Establish a sustainable healthcare system

➤ Strategies

- Prevention oriented
- Early detection, timely intervention of diseases
- Community-based care
- Family centric with family doctors for all
- Personalized health record for continuity of care



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Person-centered

(enablement, whole-person,
continuous, co-ordinated)

Quality Primary Care

Universal coverage

(accessible, skilled,
cost-effective, gate-
keeping)

Comprehensive

(prevention, acute/
chronic disease, mental
health, multidisciplinary)



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Driving Quality Primary Care



Vase with Twelve Flowers, Arles 1888.
www.vggallery.com



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A higher supply of family doctors, but not other PC doctors, are associated with

- most cost-effective services^{1,2}
- more equity of care³
- lower mortality rates^{2,4}
- higher early cancer detection rates^{5,6}

1. Weinberger, M., Oddone EZ, *NEJM* 1996.
2. Franks P, Fiscella K. *J Fam Pract* 1998; 47:105-9
3. Shi L, Macinko J, Starfield B et al. *J Am B Fam Pract* 2003; 16:412-22.
4. Gulliford, M.C., *J Pub Health Med* 2002; 24:252-4
5. Campbell RJ, et al. *Fam Med* 2003; 35:60-4
6. Ferrante JM, et al. *Am B Fam Pract* 2000; 13:408-14



Having a family doctor in HK

➤ **39% persons aged ≥ 15 in PHS 2020-22¹**

➤ **More effective gate-keeping²**

- Better access & continuity
- Fewer A&E visits
- Fewer hospital admissions

➤ **Better outcomes of consultations³**

- Patient enablement
- Global health improvement
- Person-centered care with I.C.E. addressed
- Preventive care

“The doctor whom a person would first consult & consult for all types of health problems”



1. DH, Report on Population Health Survey (PHS) 2020-22 (Part 1). 28 December, 2022
2. Fung CSC., Lam CLK et al. BMC Health Services Research 2015.
3. Lam CL K., et al. Front. Med. 2014; doi:10.3389/fmed.2014.00029.



Having a
family doctor



Better
continuity &
gate-keeping

Service use in last illness ¹ % people	ALL (N=3148)	Family Doctor (n=1150)	ORD (n=746)	NRD (n=1157)
Any doctor	65.4	77.6 ^{*#}	68.1 ^{#‡}	51.3 ^{*‡}
Usual PC doctor	57.7	81 ^{*#}	69.3 ^{#‡}	26.7 ^{#‡}
Other doctors	19.7	14.3	13.1	29
Attended A&E	7.3	4.3 ^{*#}	7.8 [#]	9.6 [*]
Hospitalization	3.1	1.7 ^{*#}	3.6 [#]	4.0 [*]

ORD=other regular PC doctor NRD= no regular PC doctor

* # ‡ Significant differences between the respective groups by multivariable logistic regressions

1. Fung CSC., Lam CLK et al. BMC Health Services Research 2015.



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Having a
family doctor



More
comprehensive
& person-
centered care

Care in last consultation ¹ % people	ALL (N=3148)	Family Doctor (n=1150)	ORD (n=746)	NRD (n=1157)
Prescription	91.7	93.2*	94.4 [#]	87.8* [#]
Investigation	9.7	7.7*	10.3	11*
Referral	3.7	2.8	3.5	4
Explanation	72	80.1* [†]	73.1 [†] [#]	63.4* [#]
Concerns addressed	62.2	69.5* [†]	63.4 [†] [#]	54.5* [#]
Lifestyle advice	40.7	45* [#]	42.2 [#]	35.4*
Screening	13.6	15.8*	13.3	11.8*

ORD=other regular PC doctor NRD= no regular PC doctor

* [#] [†] Significant differences between the respective groups by multivariate logistic regressions

1. Lam et al, SHS-P-10 Report, HHSRF, Food & Health Bureau 2009



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Having a
family doctor



Better
outcomes

Outcomes of last consultation ¹ % people	ALL (N=3148)	Family Doctor (n=1150)	ORD (n=746)	NRD (n=1157)
More enabled (mean PEI score)	67.4% (2.89)	70.7% ^{*†} (3.33)	65.5% [†] (2.63)	65.4% [*] (2.8)
Health got better	49.3%	53.5% [*]	50% [#]	44.8% ^{*#}
Satisfied with care	93.8%	96.1% ^{*†}	93.9% ^{†#}	92% ^{*#}
Recommend the doctor to others	60.1%	76.1% ^{*†}	61.1% ^{†#}	44.2% ^{*#}

ORD=other regular PC doctor NRD= no regular PC doctor; PEI= Patient Enablement Instrument

* # † Significant differences between the respective groups by multivariate logistic regressions

1. Lam C.L. K., et al. Front. Med. 2014; doi: 10.3389/fmed.2014.00029



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Having a
family doctor



More
preventive
care

Preventive care ¹ % people	ALL (N=3148)	Family Doctor (n=1150)	ORD (n=746)	NRD (n=1157)
Good-excellent general health	48.7	53.2 [‡]	41.3 ^{‡#}	50 [#]
Never smoke	79.5	82.4 [*]	80.8 [#]	75.9 ^{*#}
Never drink	60.8	63 ^{*‡}	59.9 [‡]	58.9 [*]
Regular exercise	65.2	68.4 [*]	62.6 [*]	63.3
BP screening	78.8	85.3 ^{*‡#}	81.5 ^{‡#}	69.6 ^{*#}
Cervical smear	74.5	80.1 [*]	77.0 [#]	66.2 ^{*#}

ORD=other regular PC doctor NRD= no regular PC doctor

* # ‡ Significant differences between the respective groups by multivariable logistic regressions

1. Lam et al, SHS-P-10 Report, HHSRF, Food & Health Bureau 2009



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Family Doctors Making a Difference in Primary Care



Professor Ian R. McWhinney
1926-2012

*“Our value to
medicine lies in
the differences...”*

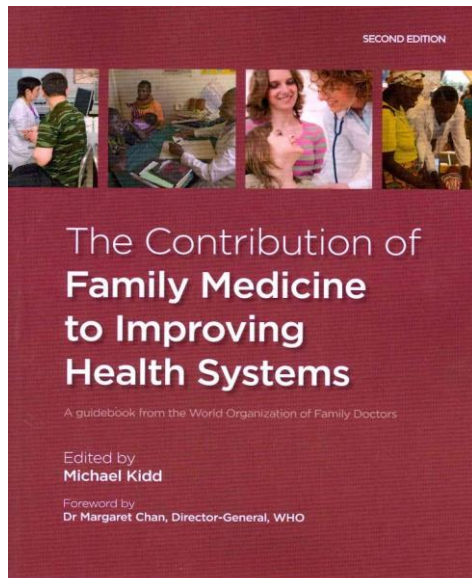
System thinking

Context sensitivity

Comprehensiveness

Continuity of care

Comprehensive & Continuous Care



➤ Care Continuum

Asymptomatic → Prevention & screening

Symptomatic → Accurate diagnosis

Diagnosis → Appropriate effective management

Illness progression → Monitor control, prevent complications & review management

Multi-morbidity → Co-ordinate & facilitate care

Complications → Rehabilitation, support & care

➤ Higher continuity of care (UCPI>0.5) was associated with lower Cx & all cause mortality in DM patients^{1,2}

1. Chan KS, Wan EYF* & Lam CLK et al. *Diabetes Care* 2022; 45(5): 1162-1169
2. Liao PJ, Lin ZY & Hsu K-H. et al. *Medicine (Baltimore)* 2015; 94:e554



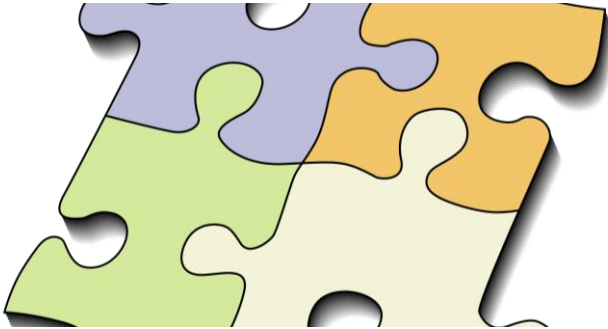
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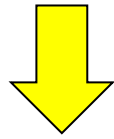
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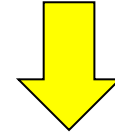
Benchmarking Quality of Primary Care



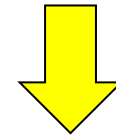
Donabedian Taxonomy of QoC



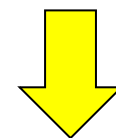
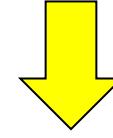
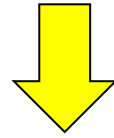
Structure



Process



Outcomes



Indicators, criteria & standards



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Structure



Earmarked resources for primary care	15% health budget ¹
Policy on family doctors for all	80%
PC doctors must be trained to be skilled family doctors	Entry (100%) Intermediate (80%) Specialists (50%)
A PC registry for credentialing & QA	100%
System to incentivize PC to provide preventive & chronic care	80% common problems
Shared eHR & I.T. support	80%
Mutual referral system to enable PC to be the entry & exit of 2nd/3ry care	80%
Multidisciplinary services should be available, accessible & affordable	80%
Evidence-based reference frameworks	80% common problems

1. De Maeseneer et al. BMJ 2008; 336:518

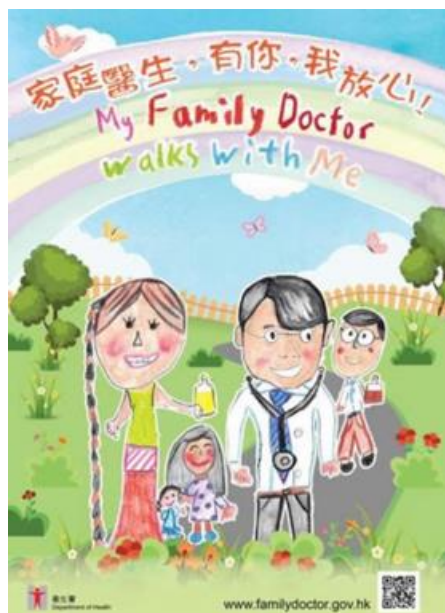


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Process



Must be the first contact of medical care	95% ¹
Must manage problems effectively	referral <5% ²
Should manage uncomplicated chronic diseases	80%
Should provide preventive care (vaccination, BP, DM & cancer screening)	50-80% ³
Should manage common mental health problems	80%
Should provide continuity of care	UCPI > 0.5 ⁴
Should be patient-centred in addressing I.C.E.	70% ²
Should advice on self-care & lifestyle	50% ²

UCPI: Usual Care Provider Index

1. Fung CSC & Lam CLK et al. BMC Health Services Research 2015.
2. Lo YYC & Lam CLK et al. HK Pract 2010; 32: 17-26.
3. Lam C.L. K., et al. Front. Med. 2014; doi: 10.3389/fmed.2014.00029.
4. Chan KS, Wan EYF & Lam CLK et al. Diabetes Care 2022; 45(5): 1162-1169



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Patient Enablement Instrument (PEI)^{1,2}

1) As a result of your visit to the doctor today, do you feel you are... (please tick one box in each row):-

	MUCH BETTER	BETTER	SAME OR LESS	NOT APPLICABLE
able to cope with life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
able to understand your illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
able to cope with your illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
able to keep yourself healthy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	MUCH MORE	MORE	SAME OR LESS	NOT APPLICABLE
confident about your health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
able to help yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. Howie JG, Heaney DJ, Maxwell M, et al. Fam Pract 1998;15:165–71.
2. Lam CLK, Yuen NYK, Mercer SW, et al.. Fam Pract 2010;27:395–403.

Condition specific outcomes	80%
Patients should be satisfied with the consultation	95% ¹
Patients should be enabled after the consultation	80% ¹ (PEI >0)
Patients should feel their concerns have been addressed	70% ¹
Patients should perceive their overall health condition have got better (GRS)	60% ¹

PEI: Patient Enablement Instrument

GRS: Global Rating Scale on change in health condition

1. Lam C.L. K., et al. Front. Med. 2014; doi: 10.3389/fmed.2014.00029



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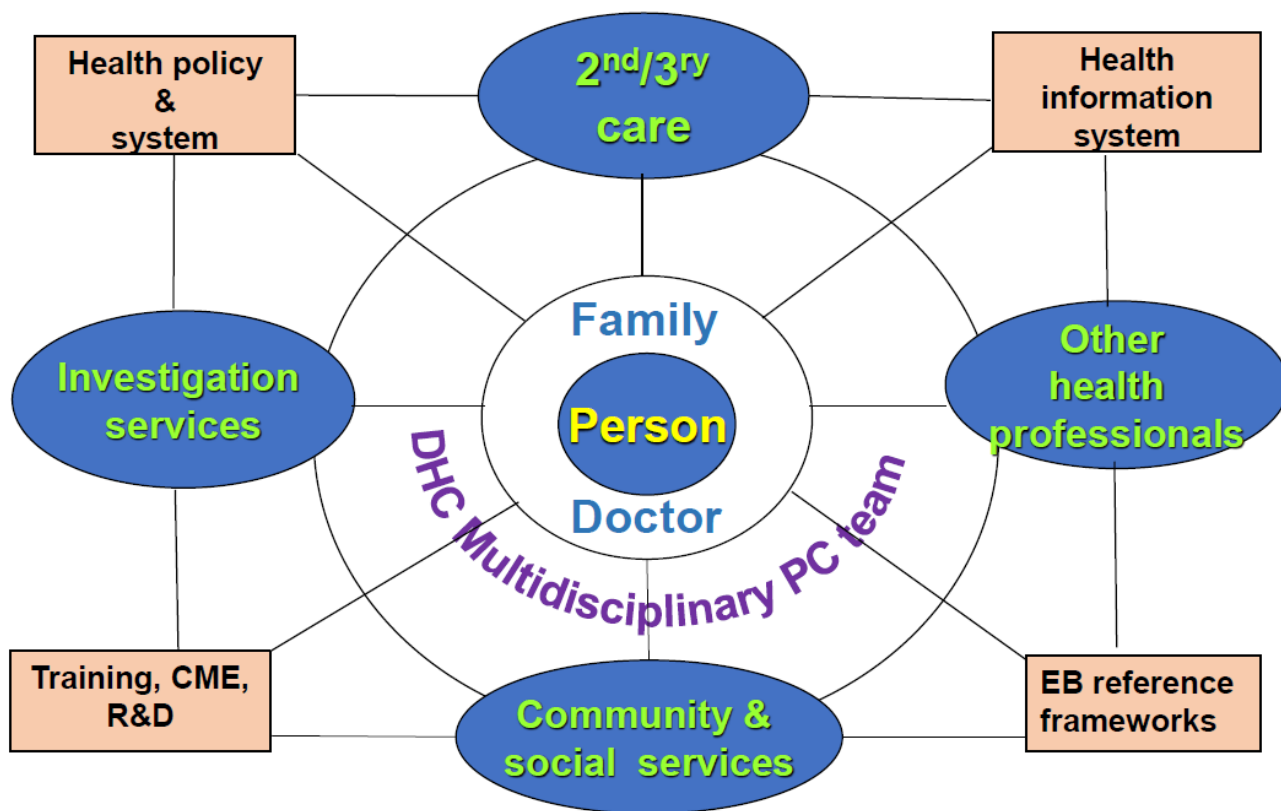
- Family doctors are the best fit for the purpose of PC
- Family doctors enable PC to be universal, accessible, cost-effective, person-centred, comprehensive & continuous
- Family doctors provide benchmarks of achievable quality of PC
- A personal family doctor for all is a need



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Thank You!



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