



# 全面推動基層醫療刻不容緩

**Primary Health Care Development: Do not wait for another 3 Decades**

**「香港基層醫療」研討會 Primary Care Seminar**

**Organised by CUHK JC School of Public Health and Primary Care**

**Undergraduate Alumni Association**

**香港中文大學公共衛生及基層醫療學院本科生校友會主辦**

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# Outline of Discussion

- Why we need community-based care? 社區醫療為何要做?
- Patient Journey in Health needs good primary care 病人健康之旅需要優質基層醫療服務
- Possible model of District Health 地區醫療可行的模式
- Are we ready? Can we wait for another 3 decades? 萬事俱備,莫不延遲

# Health Care Reform initiatives over last 3 decades

- Mid 80s Scott Report → Establishment of Hospital Authority 1990
- 1988 Primary Working Party Report → Tender for establishing first District Health Centre in 2018
- 1993 Towards Better Health: Rainbow Report (no body should be denied of adequate treatment because of lack of means)
- 1997-98 Harvard Report- current health system ought to be reformed (*competitive prepaid integrative healthcare system with hospital or GP-based integrated healthcare system with money following patient*)
- 2000 Lifelong Investment in Health: Revamp fee structure, Health Protection Account
- 2004- Report on Health Care Financing and Feasibility of a Medical Saving Scheme
- 2008: "Your Health, Your Life" (enhance primary care, PPP,.. 6 proposals of reforming health financing including Voluntary Private Insurance scheme)
- 2014: Consultation paper on Voluntary Insurance Scheme

香港家書：自願醫保及醫療體制 李大拔教授

<http://programme.rthk.hk/channel/radio/programme.php?name=radio1/hkletter&d=2016-12-10&p=1085&e=406216&m=episode>



## 香港家書：自願醫保 10-12-2016

### 李大拔教授公共衛生及教授公共衛生及基層醫療臨床教授

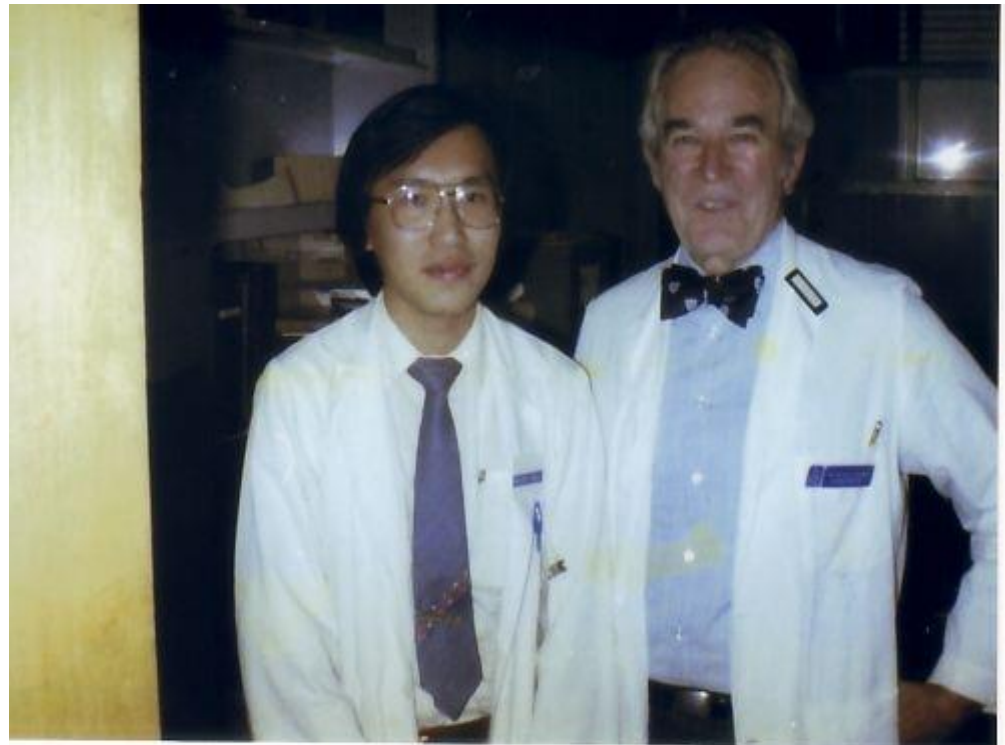
- 愛因斯坦曾說：「如果我只有一小時解決影響生命的問題，我會用55分鐘來先決定問題所在。」既然這計劃影響數百萬人，我們是否先要釐清問題所在？可悲的是，政策制定者只認為這是關乎醫院床位分配的問題，這實在大錯特錯！其實，最迫切的是將資源轉移至基層醫療；其次，就是因為現有公營醫療系統的官僚架構而負擔過重及低效，影響尤深。
- 根據我們多年的學術研究，醫院只是醫治危重病之地；醫院需要醫療人員24小時服務，及專業醫療設備和一支大型的支持人員和技術人員以及輔助人員。這些是固定成本。但年老所患的心臟病、糖尿病等慢性病如能及早發現有入院風險，可及早在基層醫療治理，根本毋須入院。現時制度鼓勵市民去醫院為治病主要的途徑，必然增加醫療開支；.....。其實.....加強教育市民預防疾病才是關鍵。市民大多在其居住的社區接收健康資訊，例如社區中心、非政府機構等所舉辦的活動，這正是「地區醫療系統」的重要一環。在社區層面，市民視健康生活為切實可行的目標，鄰舍的影響力往往比醫療巨塔為大。

## 香港家書：自願醫保 10-12-2016

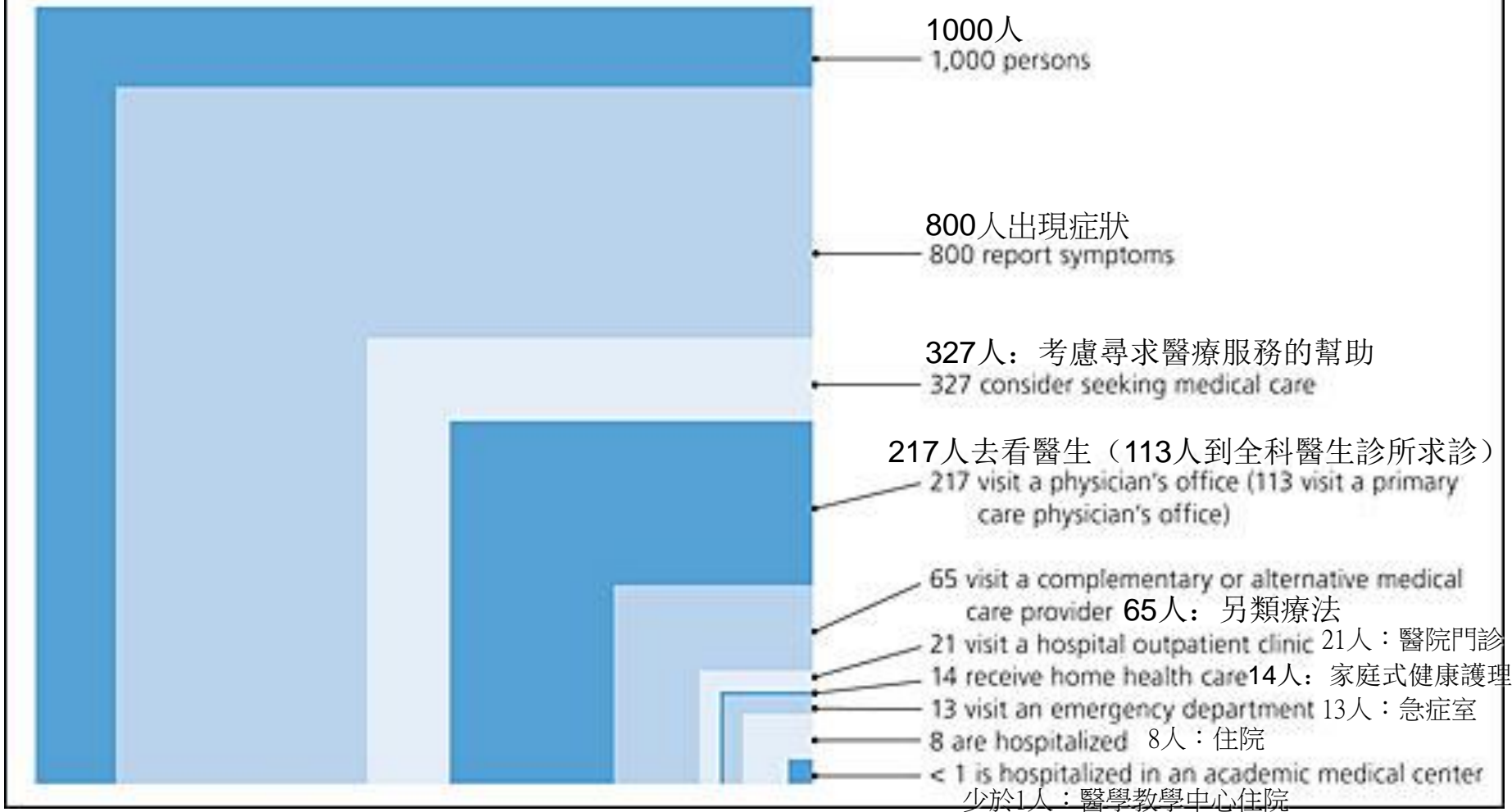
### 李大拔教授公共衛生及教授公共衛生及基層醫療臨床教授

- 我們應該建立「地區醫療系統」，負責監管社區護理的工作。區內基層醫生負責診斷和治療，社區保健團隊在家庭環境負責支病人的長期護理。
- 醫療資源的分配必須考慮到地區人口的特點和健康狀況，「地區醫療系統」因了解地區人口而滿足到他們的需要，更不會遺忘弱勢的一群。所以，為何我們只側重冰山一角的醫院服務？

Johns Hopkins Hospital, Baltimore, USA. Dr. Thomas Hendrix, Chief of Gastroenterology



# The Ecology of Health Care 衛生醫療的生態環境



## The Ecology of health care

Note: The group in each box is not necessarily a subset of the preceding box. Some persons may be counted in more than one box.

**Source : Green LA, Fryer GE Jr, Yawn BP, Lanier D, Dovey Sm. The ecology of medical care revisited. N Engl J med 2001;344:2022.**

# Triple burden of Health 醫療上的三重負擔



- **‘Second wave’ epidemic of cardiovascular disease is flowing through developing countries as result of changing lifestyles.** 隨著發展中國家生活模式的轉變，湧現了「第二浪」心血管疾病。因心血管疾病和腦中風的死亡傷殘個案分別排行第一和第四。
- **In 2020, Non-communicable disease (NCDs) will account for 80% of the global burden disease and even in developing countries, causing 7 out of 10 deaths (Boutayed A and Boutayed S) *International J for Equity in Health* 2005: 4** 到2020年，非傳染性疾病將佔全球負擔疾病的80%，甚至在發展中國家，造成10人中有7人死亡
- **Emerging new and old communicable diseases (SARS, Avian Flu, food poisoning) as result of ecological change, urbanization, globalization, population movement, changing living environment, changes of farming** 由於生態變化，城市化，全球化，人口流動，生活環境的變化，農業的變化，出現過去和現在傳染病（SARS，禽流感，食物中毒）
- **Rapid economic growth and urbanization, knowledge based economy, advancement of technology, changes of family structure, loss of neighbourhood relationship, lack of time for communication and inter-personal interaction would put individual vulnerable to mental distress as resources for emotional support are depriving.** 經濟快速增長和城市化，知識經濟，技術進步，家庭結構變化，鄰里關係喪失，缺乏交流和人際交往時間，情感支持資源被剝奪，會使個人容易受到精神壓抑。
- **5 of the top 10 contributors to years lived with disability.** 全球一半的殘疾與精神障礙有關

# Obesity and Diabetes

- There were 415 million people having diabetes in the world and almost 153 million people in the Western Pacific Region Region and by 2040 this will rise to 215 million.
- There were 582,500 cases of diabetes in Hong Kong in 2015 with prevalence over 10% (International Diabetes Federation, 2015), and cost US\$ 1811.4 per patient in 2014.
- How would we reverse the dramatic rise?

*(582,500 cases x 3 consultations so daily consultation  
582,500 x 3/52/5 = 6,722 cases daily. If 4,000 primary care  
physicians would manage 1 case per day, what would then  
be the burden in hospital setting)*



# Spectrum of illness in different settings.

## Acute Care 急性護理

Abrupt and/or severe alteration of bodily function 身體機能突然和/或嚴重改變  
Unstable clinical signs (would include vital signs) 不穩定的臨床症狀 (包括維生指數)  
Closely supervised and monitored medical intervention 密切監察醫療狀況

## General Practice 全科醫學

**Unstable control of clinical conditions but vital signs and general condition fairly stable**  
臨床狀況控制不穩定但維生指數穩定  
Atypical clinical presentation of underlying health problems 潛在的問題非典型臨床表現  
Medical treatment under guidance and instruction 治療方式需要指導和跟進

## Home /Work environment 家居/工作環境

**Abnormal clinical parameters with no obvious signs and symptoms** 臨床參數異常，無明顯體徵和症狀  
**Bodily signs and symptoms, might not send/or not sure where and when to seek help**  
身體有症狀，但不尋求幫助和/或不確定何時何地尋求幫助  
**Barrier in compliance to medical treatment and advice.** 不一定遵從醫療建議

Effective health care intervention: when, where and how?

Many patients with chronic illnesses also have **multiple health problems**. Multi-morbidity is complex and it requires more than an ‘*assess-and advise*’ model of care 很多慢性疾病的病人不單只是單一健康問題,而是同一時間有不同的複雜健康問題,因此他們需要不只是評估及藥方

**Comprehensive and holistic care with good co-ordination** is essential to help patients **navigating complexity**, which is at the heart of primary care. 基層醫療的核心價值是透過綜合性的全人照護及良好的協調,協助病人應付複雜的健康問題

Patients will need to have **professional inputs from different disciplines** according to their needs and clinical circumstances. 需要根據臨床情況的需要,提供不同的專業的服務

It is NOT the question which specialists the patients need and it should be whether the patients can have a **specialist team to assess their needs continuously and co-ordinate best possible care for them** 因此病人並非需要單一專科醫生服務,而是一個專業團隊按照病人需要提供及協調需要的醫療護理

**Patient-centred care** is needed to support patients adopting behaviours across a wide range of lifestyle factors for management of their underlying conditions but there is little guidance as to how to achieve these recommendations. 病人為本護理是因應病人的病情,提供生活習慣的輔導,但醫療團隊在這方面沒有清晰的指引

Effective primary health care can assume the role in **balancing contributions from several narrower specialties, advice on different management plans and helping patients to make decisions meeting their needs** 基層醫療團隊可以平衡不同專科的意見,建議病人一個全面性的疾病管理計劃

Majority of primary care physicians in Hong Kong are operating as solo practitioners. **Hong Kong lacks an infra-structure of quality primary care to enable primary care physicians to provide comprehensive, whole person and continuing care for their patients.**

**香港大部份全科醫生都是單獨執業,沒有規範性的基層醫療系統去協助全科醫生提供綜合性、全人及持續醫療護理服務**

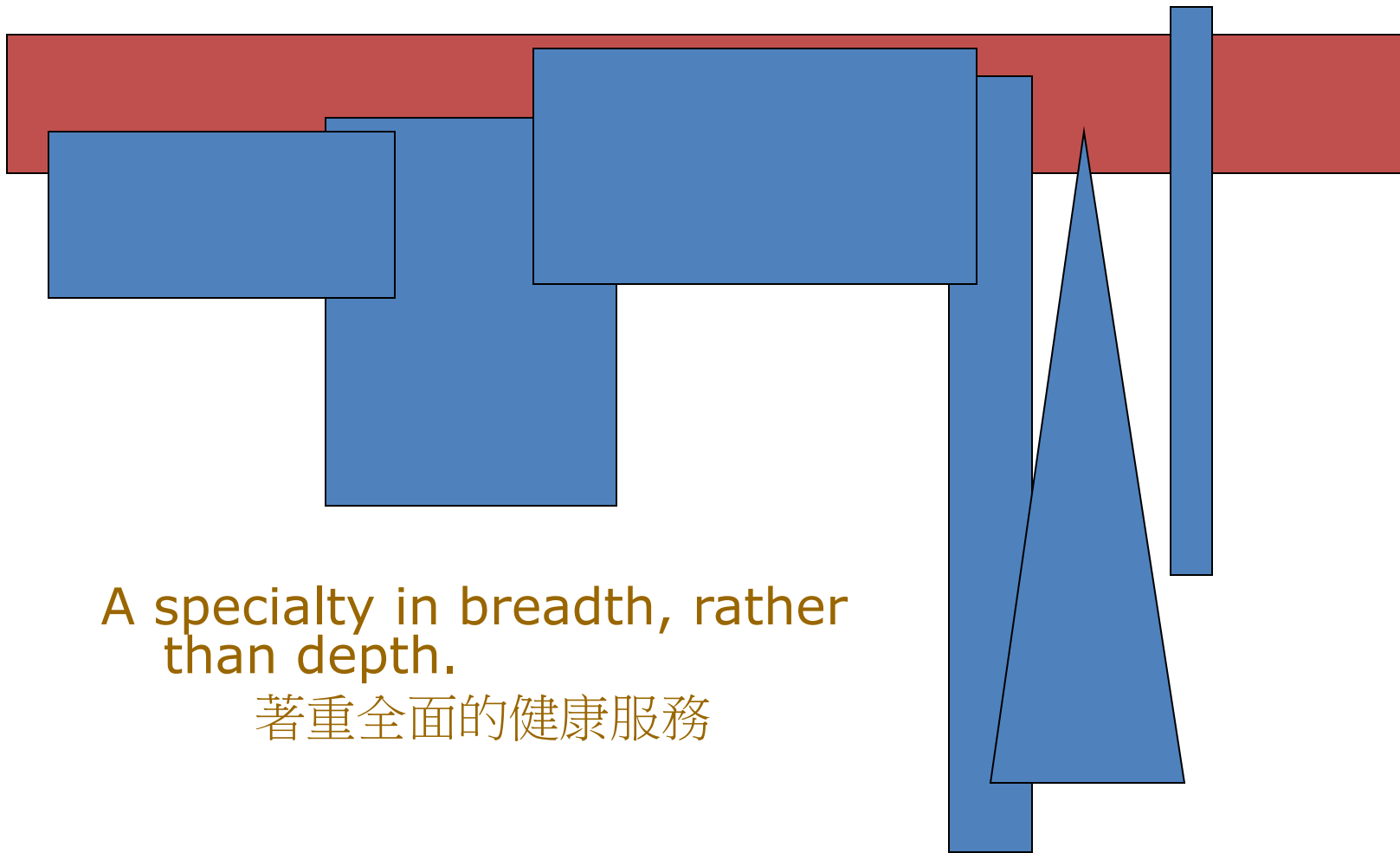
# Diverse needs of Primary Care/Community Based Care 基層醫療/社區醫療多元化的需求





# The Content of Primary Medical Care (I McWhinney)

## 基層醫療服務的內容



# Organization of Diabetes care

## 護理糖尿病的理想模式

- Although the principles of diabetes management is well known, there is still a gap between the quality of care provided and optimal care 雖然治療糖尿病的原則方案廣為人知，但現行提供的療質素與理想的模式仍有差距
- Chronic care model for patients with chronic conditions includes supporting patient self management and patient care team. 護理慢性疾病的典範模式應包括跨界別的護理團隊給予患者在自我管理上的支援

# Organization of Diabetes care

## 糖尿病管理

Although advice or education is frequently given in general practice, more extensive patient education programmes designed to develop self management skills have been demonstrated to improve diabetes control (HbA1c and BP). Group self management support programmes are generally more effective.

儘管糖尿病患者經常得悉相關的護理知識，然而，有效地控制病情則有賴一些病者能參與的自我管理方案，特別是一些小組式互相扶持的活動尤其有效

**Norris SL, Engelgau MM., Narayan KM. Effectiveness of self management training in type 2 diabetes: a systematic review of randomised controlled trials. Diabetes Care 2001; 24: 561-87.**

**Norris SL., Nichols PJ., Caspersen CJ., et al. Increasing diabetes self-management education in community settings: a systematic review. Am J Prev Med 2002; 22 (Suppl 4): 39-66.**

# Avoiding unproductive cost escalation

Policy makers should avoid falling into the traps of thinking that unproductive costs can be contained by underproviding health care, spending less on effective interventions, or shifting cost. 刪減醫療服務特別是有成效的服務,並非控制要成本最佳方法

Under-provision of health care is not cost containments. Policy makers should spend more (not less) on effective interventions. 政策制定者應投資有效益的醫療服務要控制成本

Fee-for-service payments reward quantity over quality, drive up health costs, and do nothing to promote the use of services such as prevention and patients education, which are high value and low cost. 用家自付有可能增加醫療需求及醫療費用,但不會提升市民使用高價值及低成本的預防服務

Calsyn M, Lee EO. Alternatives to fee-for-service payments in health care. 2012.  
<https://www.americanprogress.org/wp-content/uploads/2012/09/FeeforService-1.pdf>

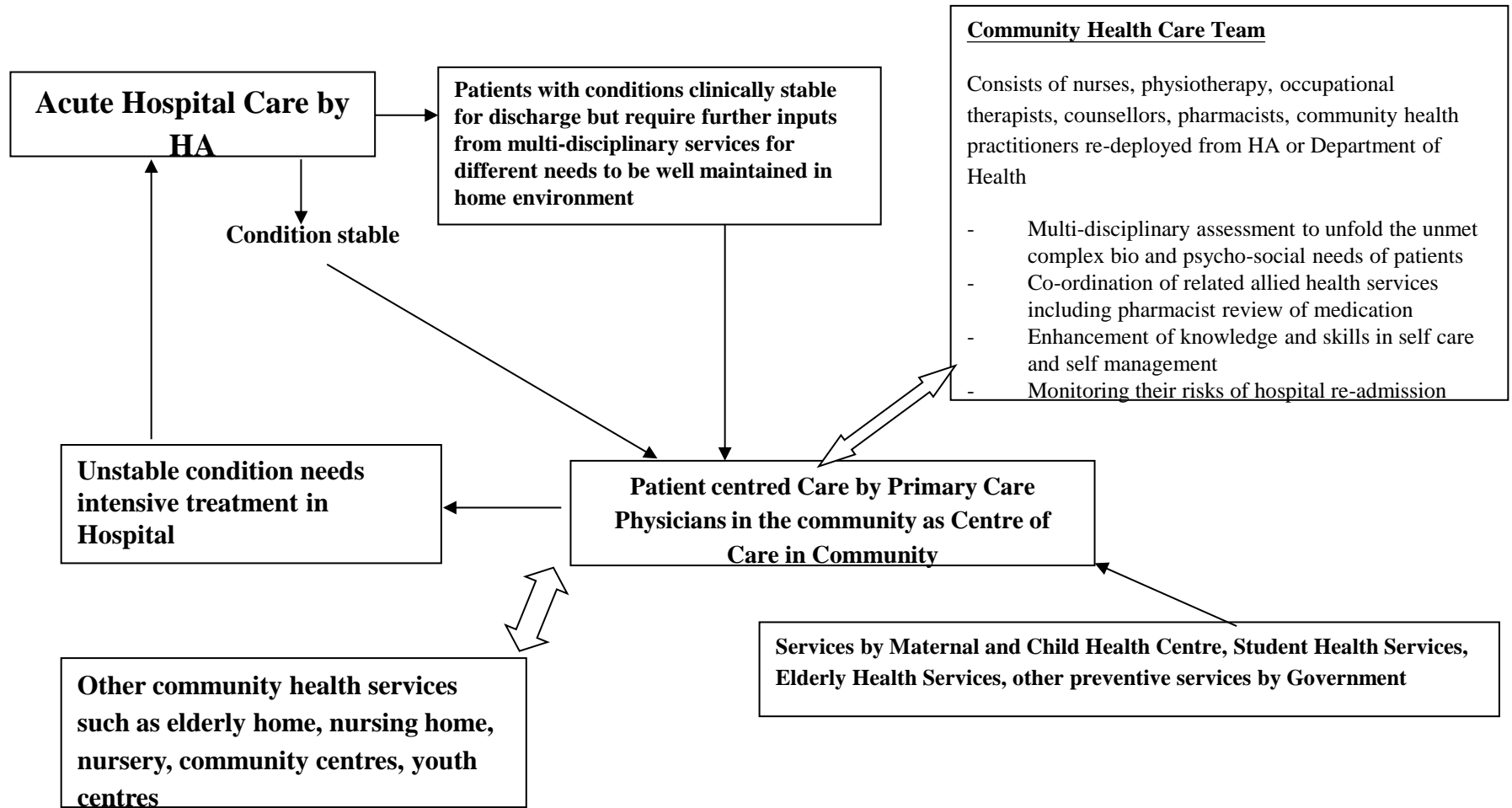


# District Health Committee to monitor the operation of Local Primary Health

Care Team <http://www.cuhk.edu.hk/med/hep/hchsc/District%20Health%20System.pdf>

Routine referral and referring back

Cases of chronic diseases with complex needs and multiple inputs



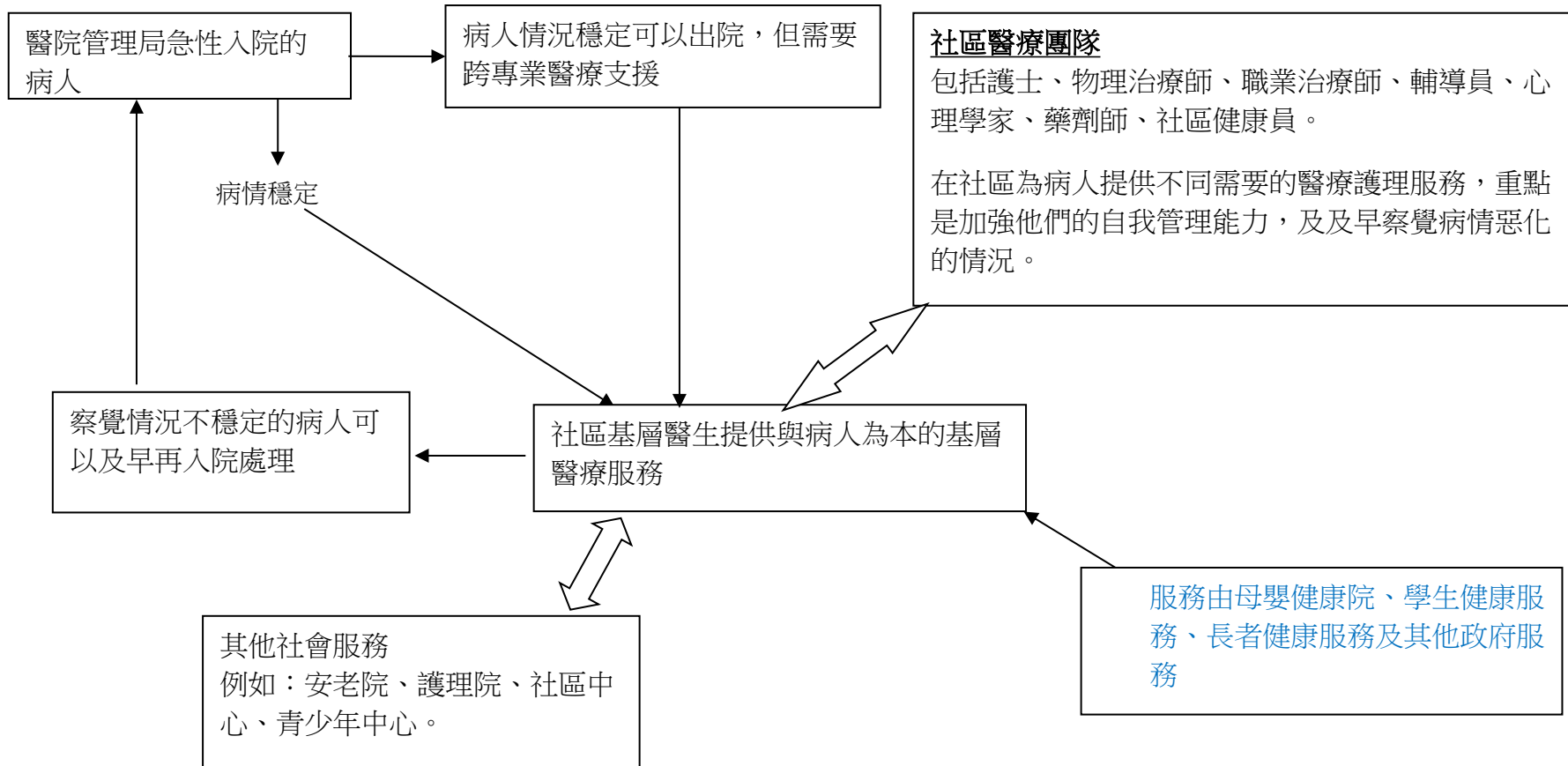
**Simplified version from Figure 6. Model of Local Primary Health Care System.** Lee A. Family Medicine and Community Health Care. In: Fong K and Tong KW (Eds). *Community Care in Hong Kong: Current Practices, Practice-Research Studies, and Future Directions*. Hong Kong: City University Press, 2014.

# 地區醫療系統提供基層醫療護理服務

<http://www.cuhk.edu.hk/med/hep/hchsc/District%20Health%20System.pdf>

較複雜的健康需求及需要多重護理的長期病患者

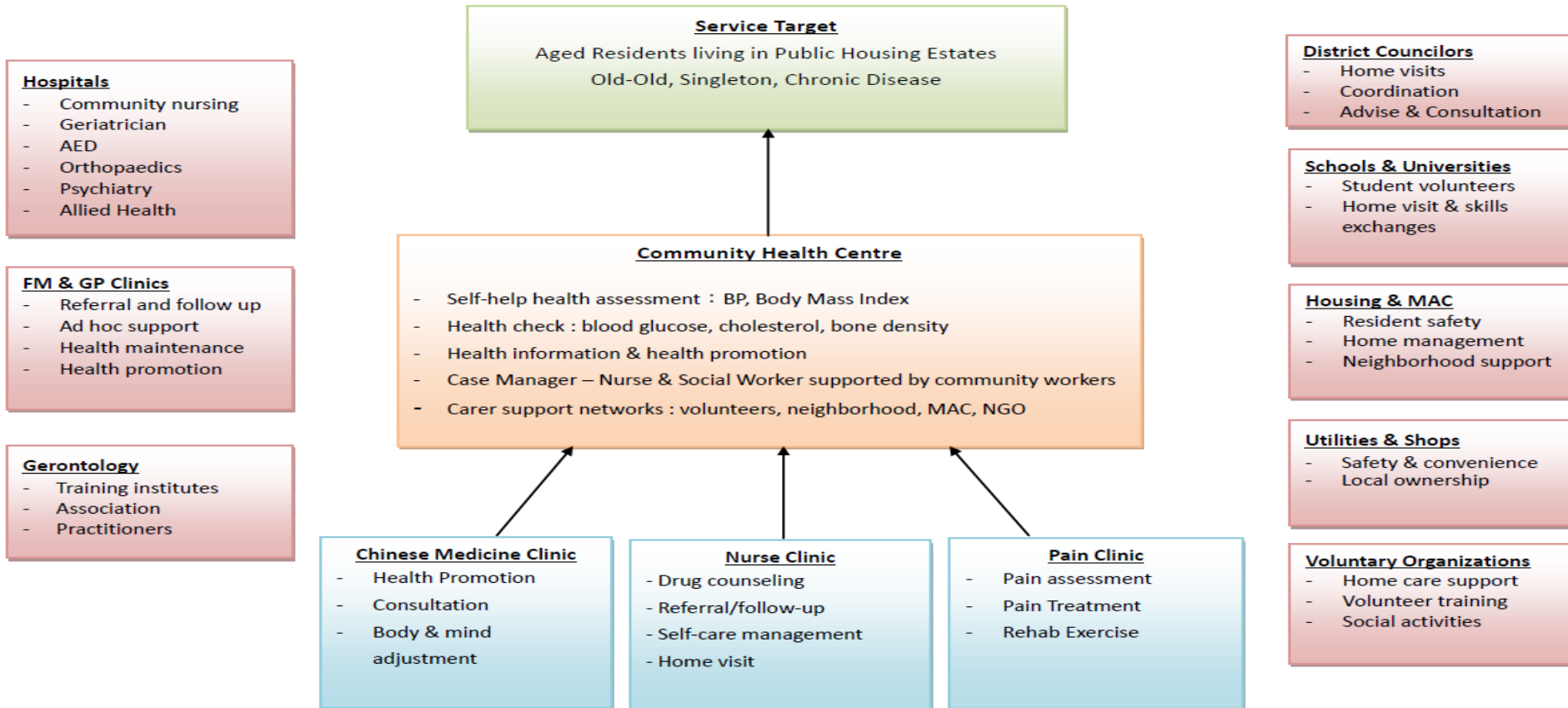
恆常轉介及覆診



**Simplified version from Figure 6. Model of Local Primary Health Care System.** Lee A. Family Medicine and Community Health Care. In: Fong K and Tong KW (Eds). *Community Care in Hong Kong: Current Practices, Practice-Research Studies, and Future Directions*. Hong Kong: City University Press, 2014.

# Service model developed before

## Integrated Medical-Social-Community Health Service Model In supporting Ageing In Place



Citation: Lee A and Wei R. District-level Primary Care in Hong Kong: "Current Practice and Future Development in Kwai Tsing. Community Care Conference organised by Cartias Institute of Higher Education and Open University, 2018, Hong Kong

# Our Promising Journey to Health



- Top Left:** Health Counselling at Hong Kong Polytechnic University 1993
- Top Right:** External Examiner for Family Medicine Specialist Examination in Malaysia 2018
- Bottom Left:** Primary Care Forum by Kwai Tsing Safe Community and Healthy City Association 26 Nov 2017



If one considers Health and  
Equity, every citizen should be  
access to health care

Then the question is what type of health care and where they  
should seek help?

Patients and health problems have their roots in community and  
we need to solve the roots of problems in community.

Albert Lee

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