

District-level Primary Care in Hong Kong: “Current Practice and Future Development” in Kwai Tsing

Professor Albert Lee, Board Director of Kwai Tsing Safe Community and Healthy City Association (KTSCHCA) and Professor in Public Health and Primary Care and Director of Centre for Health Education and Health Promotion, The Chinese University of Hong Kong

Ms Rebecca Wai, General Manager, KTSCHCA

Community Health Care Conference

Organised by Caritas Institute of Higher Education and Open University of Hong Kong



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 Caritas Institute of Higher Education and Open University, 2018, Hong Kong



Outline of Discussion

- **What health challenges are we facing?**
- **What constitutes community based care and why it is beneficial?**
- **What types of primary health care do we need to meet the needs of our population?**
- **Initiatives and infra-structure by Kwai Tsing Safe Community and Healthy City Association to meet the needs of the population**
- **What should be model of care in Kwai Tsing?**
- **Time for paradigm shift: are we ready?**

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 Caritas Institute of Higher Education and Open University, 2018, Hong Kong

Triple burden of Health

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



Cancer

- In 2012, an estimated 8.2 million people died from cancer worldwide.
- More than half of cancer deaths worldwide occurred in countries at a low or medium level of the Human Development Index (HDI).

Dietary factors account for over 30% of all cancers in Western Countries, and approximately up to 20% in developing countries. Diet is second to tobacco as preventable cause.

Number of new cases is estimated to increase from 10 million annually to 15 million by 2020.

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

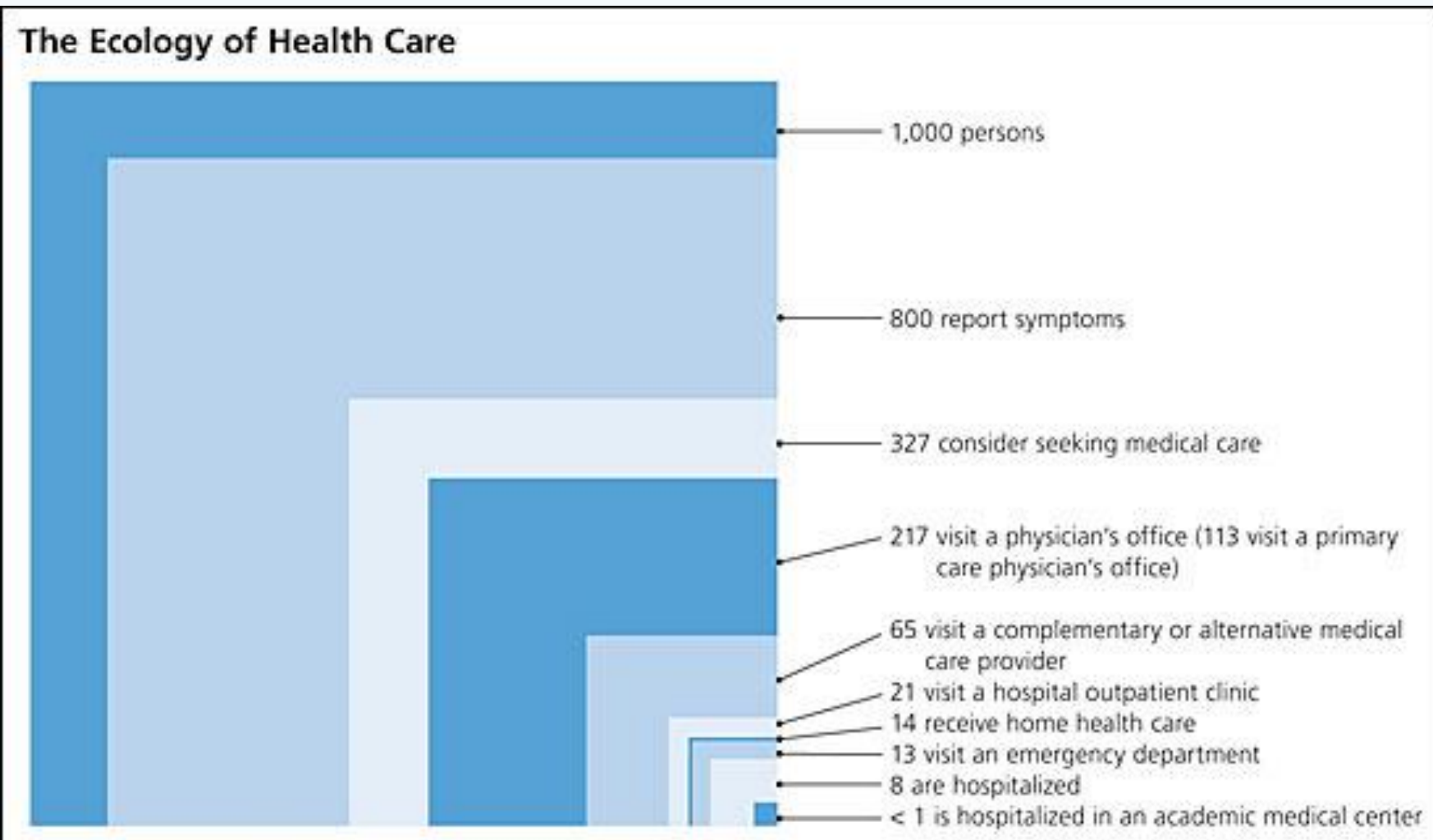
Rapid economic growth and urbanization, knowledge based economy, advancement of technology, changes of family structure, loss of neighbourhood relationship, lack of time for communication and inter-personal interaction would put individual vulnerable to mental distress as resources for emotional support are depriving.

- **5 of the top 10 contributors to years lived with disability globally were mental disorders**

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.



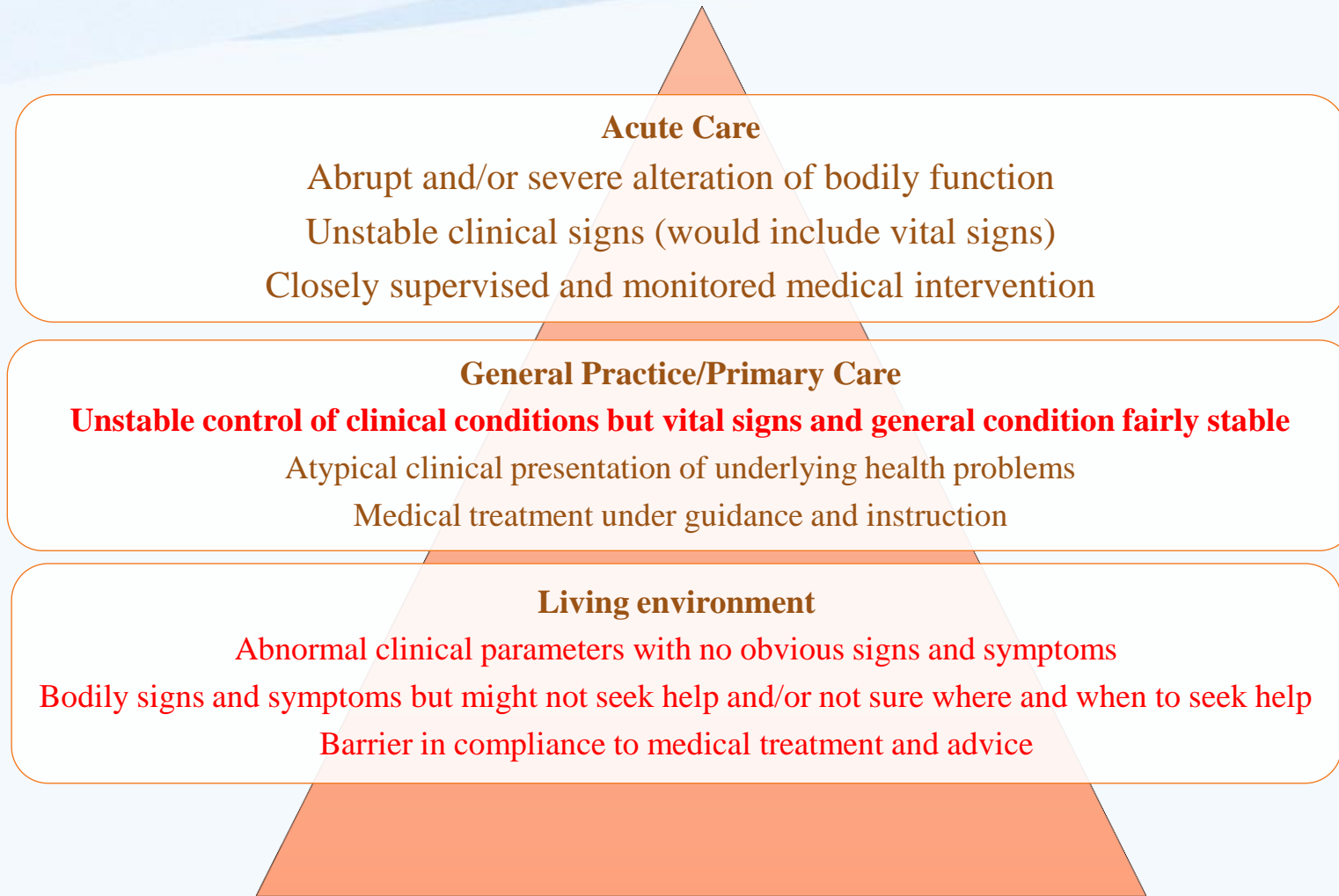
What should be Community Based Care?

- It should NOT simply mean care in community
- It implies continuation of quality care after discharging from hospital
- It implies identification persons at high risk for medical intervention for early intervention
- It implies identification of appropriate service providers to meet the health needs of patients

It implies that patients would receive acute hospital care at the right time and right 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 Caritas Institute of Higher Education and Open University, 2018, Hong Kong

Spectrum of illness in different settings



Effective health care intervention: when, where and how?

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 Caritas Institute of Higher Education and Open University, 2018, Hong Kong

Some misconception of International Health Development leading to Health Inequalities and Inequities

- The importance of global health is driven by communicable diseases ignoring the impact of globalization on non-communicable diseases and mental health in low income countries
- **Subsidized or free health services to low income countries ignores the local culture and social context, inequitable distribution of health, and also system of governance**
- **Improve global economy undermines the significance of detrimental effect of urbanization on health**
- Failure to recognize the important contribution of **non-health sectors** to population health and relying too heavily on WHO as only international organization for global health promotion
- Investment predominately in health care system and **ignoring the investment in social system** for vulnerable population group
- Also lack of involvement of community-organisations in concrete action to address the underlying determinants and implement prevention and health promotion

Why primary health care and community based initiatives are not well developed in less well developed urban areas and hospital care would flourish?

Lee A et al. *J of Urban Health* 2007, 84(3)I 75-83

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?

Citation: Lee A and Wei R. District-level Primary Care in Hong Kong: "Current Practice and Future Development in the Kwai Tsing Community Care Centre" *Journal of Urban Health*, Cartias Institute of Higher Education and Open University, 2018, Hong Kong

- ③ 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
- ③ Comprehensive and holistic care with good co-ordination is essential to help patients navigating complexity, which is at the heart of primary care.
- ③ Patients will need to have professional inputs from different disciplines according to their needs and clinical circumstances.
- ③ 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.
- ③ 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.
- ③ 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.
- ③ 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.

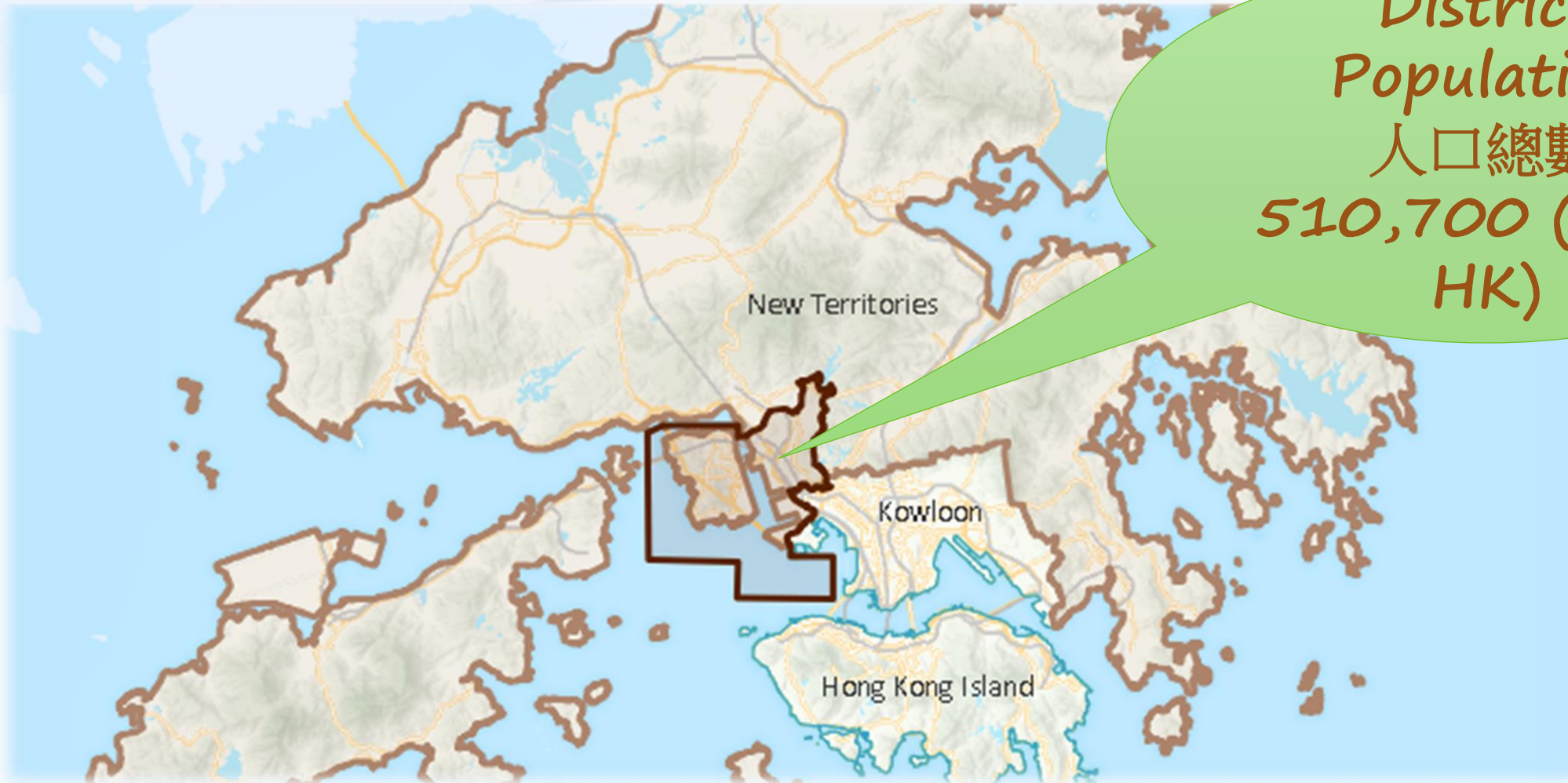
District-based system linking and co-ordinating different Healthy Settings/Medical-Welfare-Community

Collaborative Model in Kwai Tsing

Examples of cases: 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 Caritas Institute of Higher Education and Open University, 2018, Hong Kong

Main complaints/problems	Management plan	Outcomes
Hypertension, palpitation, poor sleep, anxiety, knee pain	Knee pain care including physio, emotional support, management of anxiety, encourage social activities	BP more stable, knee pain decrease, more relaxed
Hypertension, asthma, angina pectoris with complaints of chest discomfort not able to do housework, knee pain, unhappy mood (husband passed away)	Mood and sleep management, pain management, diet and nutrition advice, emotional support, social engagement	BP and mood more stable, less anxious, better pain control
Hypertension (BP 187/106), pacemaker, Hx of stroke, hip pain, BMI 36.6, left hip pain, OA knee and Lumbar-sacral spine degeneration	Weight management (diet and nutrition advice and exercise), fall prevention, pain management including physio, fall prevention	Progressive improvement
Hypertension, gout, cancer breast operated not able to raise up left arm after surgery, shoulder pain, BMI 24.5	Diet advice for gout, exercise and ROM enhancement and swelling control after surgery, emotion support, diet and nutrition for weight management	Blood pressure stable, sleeping well, arm movement improved

葵青區 Kwai Tsing District (as of 2016)



*District
Population
人口總數
510,700 (7.0%
HK)*

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 Caritas Institute of Higher Education and Open University, 2018, Hong Kong

Age Profile (年齡分佈)		% of District Population (佔本區人口%)
0 - 14	58 600	11.5
15 - 24	56 700	11.1
25 - 34	Median Age 年齡中位數 43.5	
35 - 44		
45 - 54	81 500	16.0
55 - 64	77 400	15.2
65 or above	80 500	15.8

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 Caritas Institute of Higher Education and Open University, 2018, Hong Kong

Major contributions

Safe &
Healthy
School

Kwai
Tsing
Signature
Project

Safe &
Healthy
Estate

Safe &
Healthy
Community

Safe &
Healthy
Elderly
Home

Safe &
Healthy
Workplaces

Safe and Healthy Estates

🕒 **Goal: To strengthen the property management on key areas related to safety and health in the neighborhood**

Inspection: 72 blocks in public and private housings which benefit > 106,000 Kwai Tsing residents



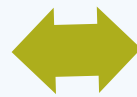
Safe and Healthy Schools



*Formal / informal
curricula in health*



Creation of a safe
& healthy school
environment



Involvement of family / wider
community in effort to promote
safety & health



QK Blog

Quit **K**etamine

Quest for **K**ey to navigate
through adolescence



- ▶ Health screening
- ▶ Professional treatments
- ▶ Counselling
- ▶ Resource centre for youth health

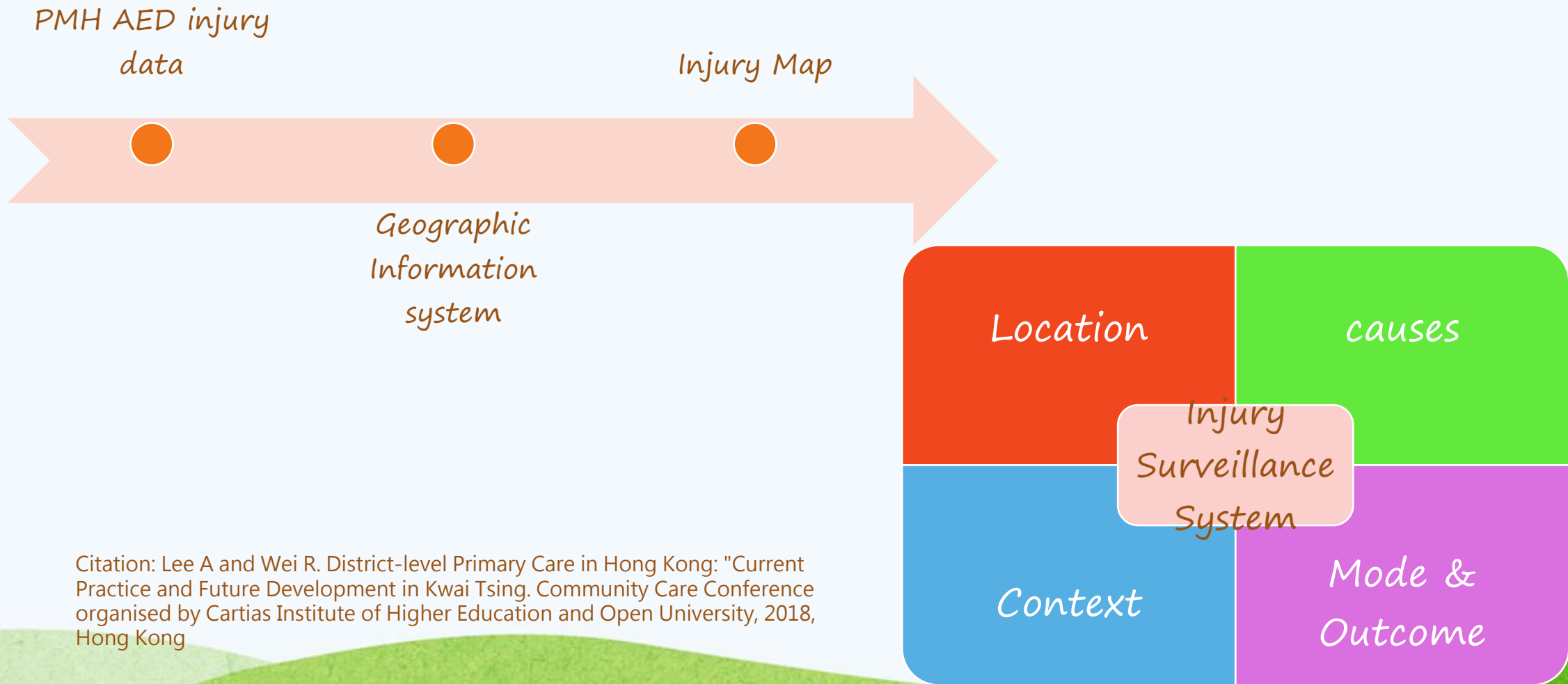
Safe & Healthy Elderly Home

- ⑥ Drug safety in elderly homes (2008-2010)
- ⑥ Influenza prevention in elderly homes (2009)
- ⑥ Fall prevention in elderly homes (2010-2012)
- ⑥ Healthy nutrition in elderly homes (2012-2014)



Over 90% of OAH in Kwai Tsing joined this Safe & Healthy Elderly Home programme

Safe and Healthy Workplaces



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 Caritas Institute of Higher Education and Open University, 2018, Hong Kong



葵青安全社區及健康城市協會
Kwai Tsing Safe Community and Healthy City Association

The Signature Project

- ⑥ 2013 Policy Address: 1 hundred million dollars for every district
- ⑥ Since 2015 a series of health services were implemented for the benefits of Kwai Tsing citizens

Community Health Centre

Nurse Clinic

Prevention
&
Promotion

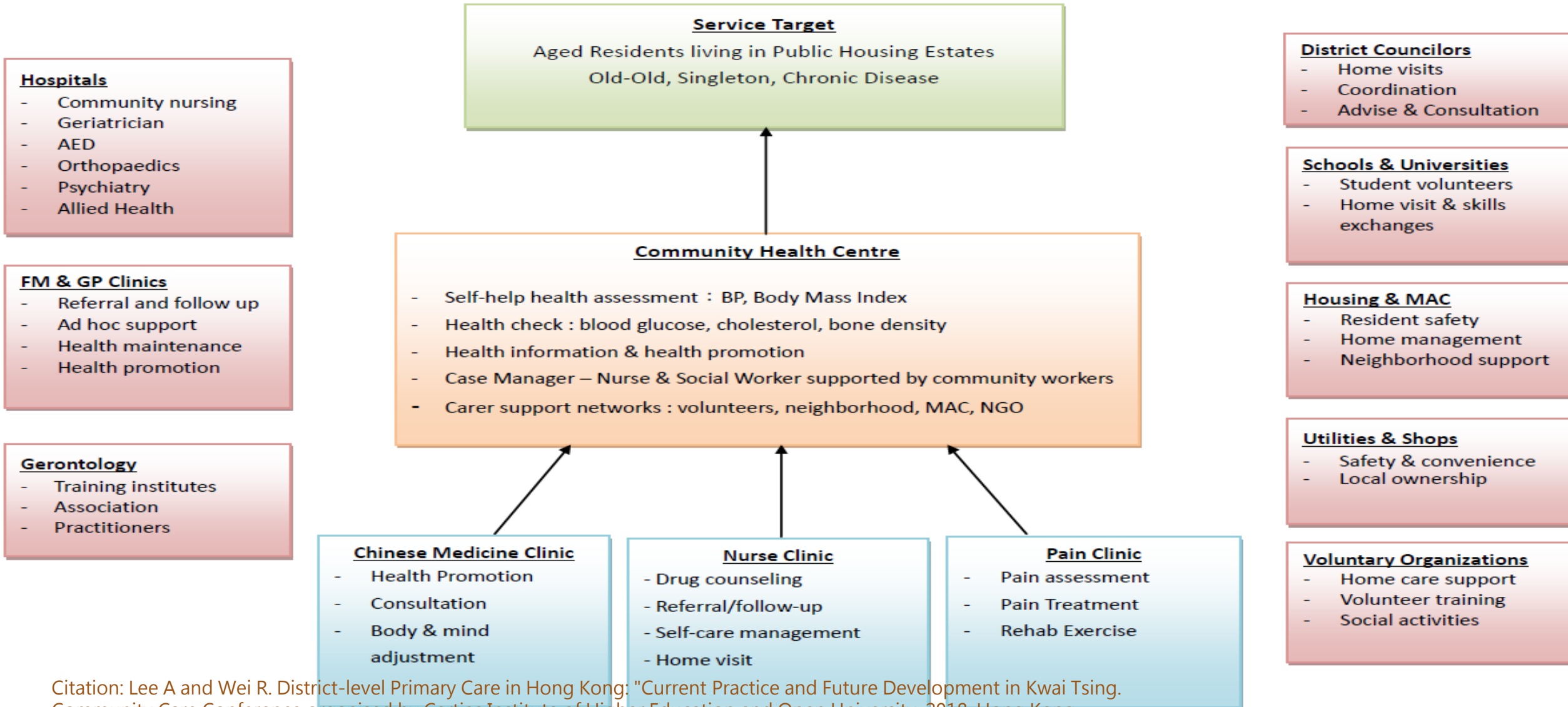
Social
Worker
consultation

Pain Clinic



Service model developed before

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





Public Health & Primary Health Care- Previous proposal by KTSCCHCA

CH Practitioners

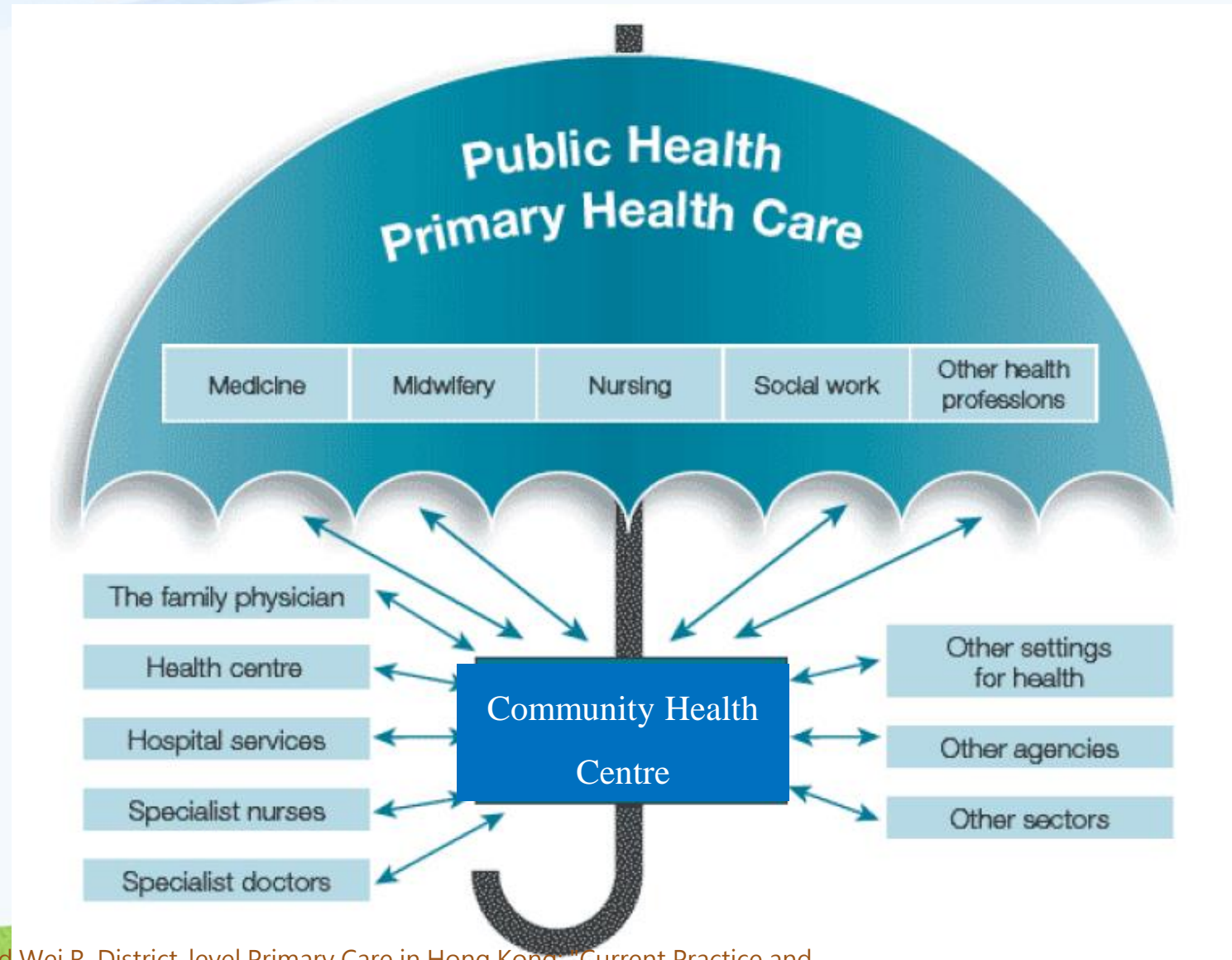
- Nurses, PT, DTN
- OT, Optometrist
- Speech Therapist
- Podiatrist.....

Social Care Networks

- Elderly & Home Care
- Mental Health & Wellness
- Family Support
- Community Rehab Networks

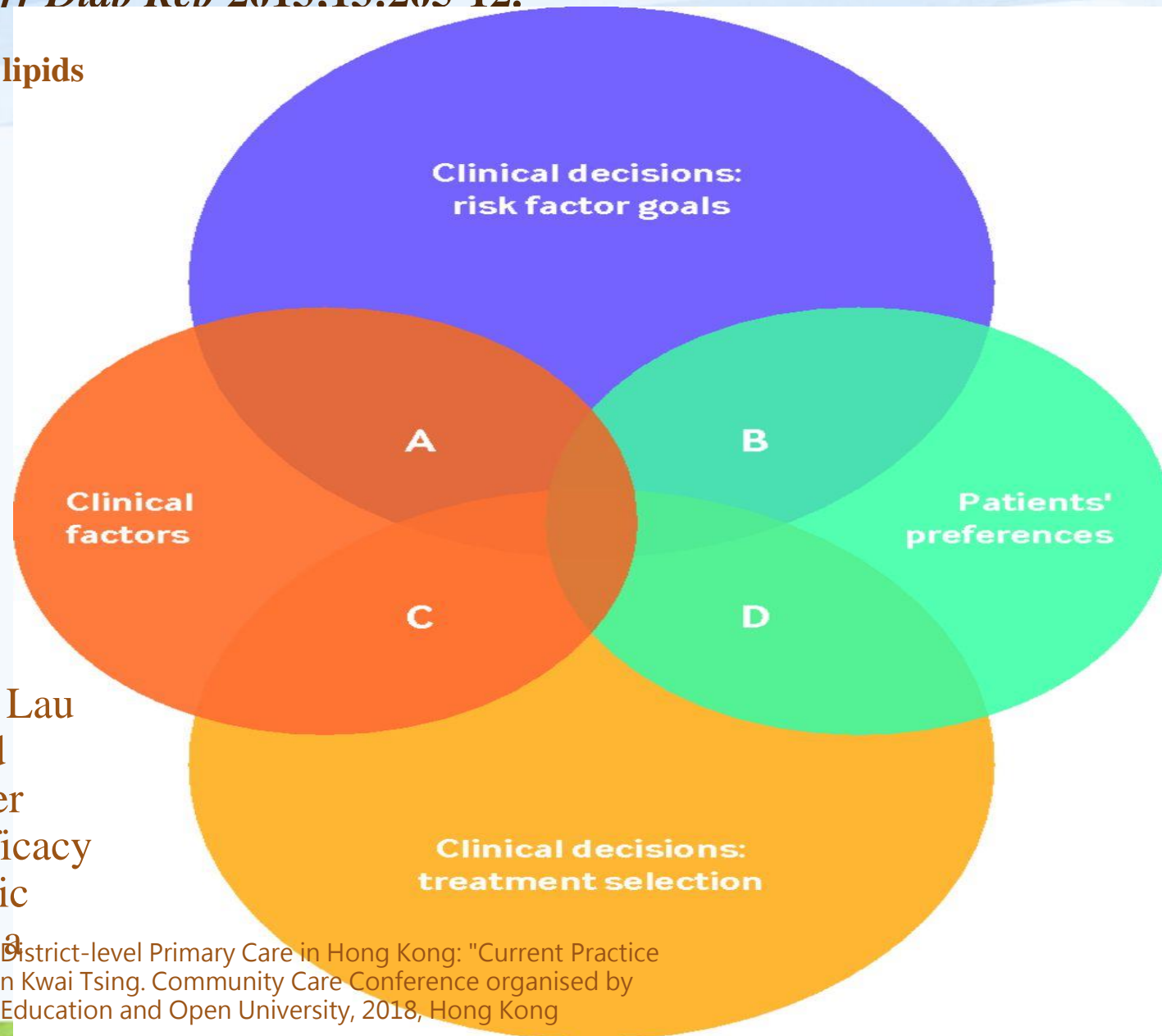
CDM Pilot Projects

- RAMP
- PEP
- NAHC
- Shared Care Program



Wilkinson MJ, Nathan AG, Huang ES. Personalized decision support in type 2 diabetes mellitus: current evidence and future directions. *Curr Diab Rep* 2013;13:205-12.

- **Risk factors- HbA1c, blood pressure, lipids**
- **Clinical factors-comorbidity, stage of disease, co-morbidity**

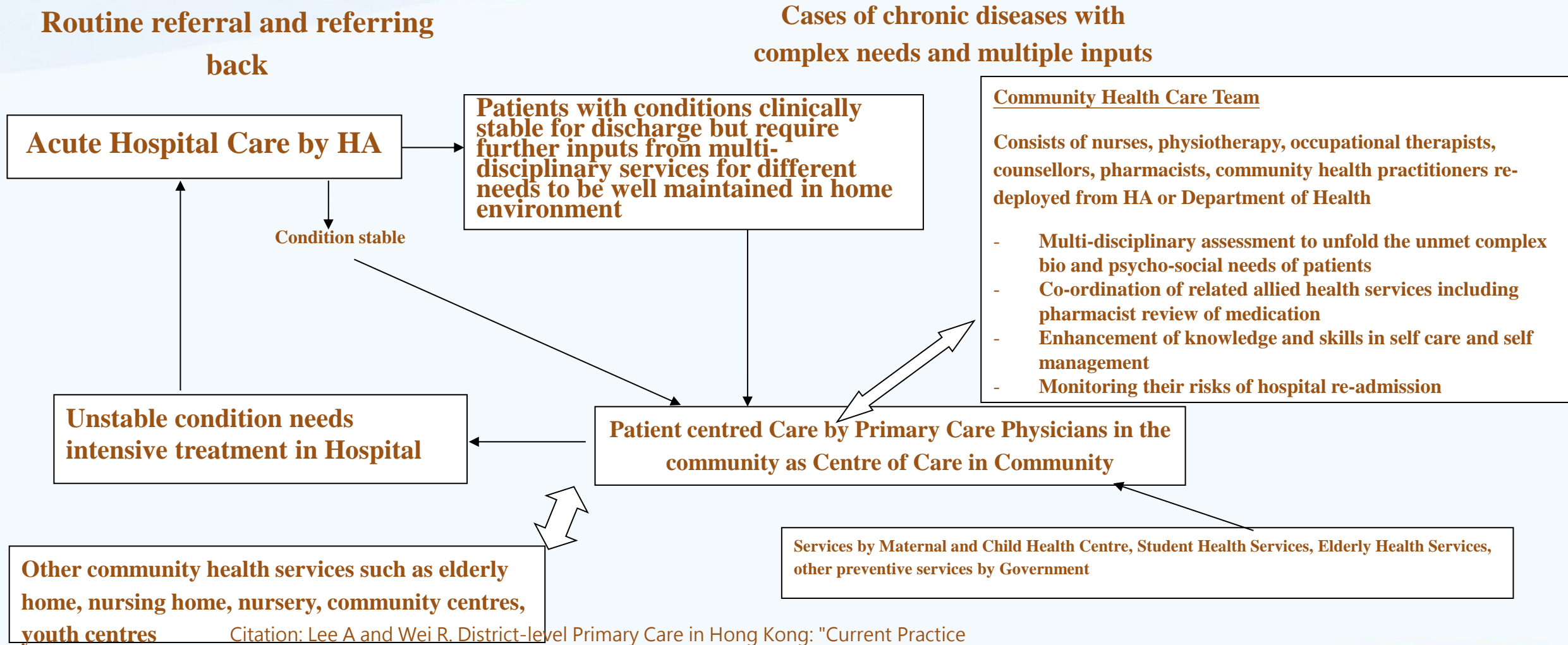


Lee A, Siu CF, Leung KT, Chan C, Lau L, Wong KK. General Practice and Social Service Partnership for Better Clinical Outcomes, Patient Self Efficacy and Lifestyle Behaviours of Diabetic Care: Randomised Control Trial of a Chronic Care Model. *Postgraduate Medical Journal* 2011, 87:688-93

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

District Health Committee to monitor the operation of Local Primary Health Care Team

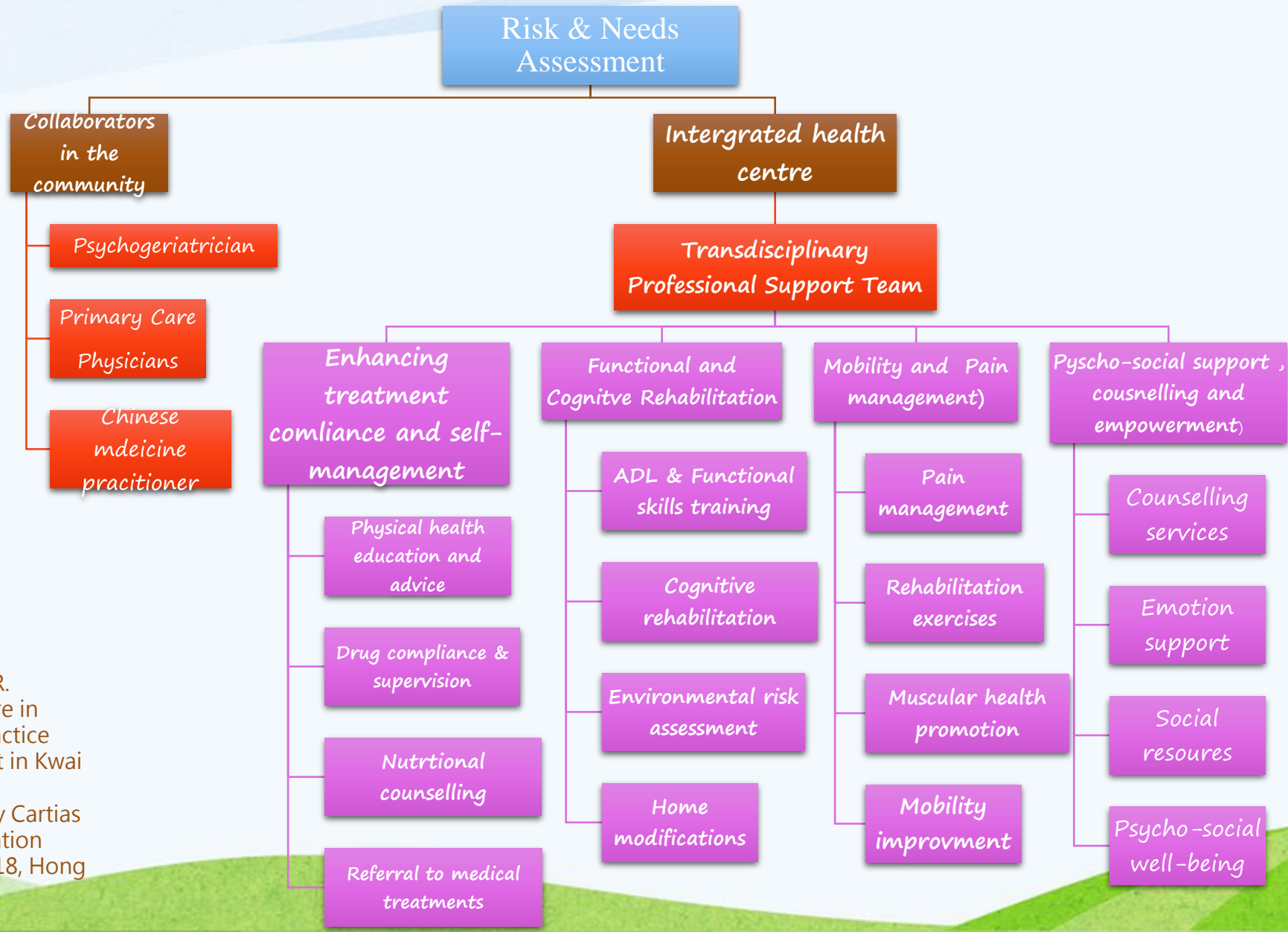
<http://www.cuhk.edu.hk/med/hep/hchsc/District%20Health%20System.pdf>



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 Caritas Institute of Higher Education and Open University, 2010, Hong Kong

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.

Building an Accountable Community for Health and Safety in Kwai Tsing



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 Caritas Institute of Higher Education and Open University, 2018, Hong Kong

1 Core official
centre

主中心

Office 辦公室

Resources centre

資訊源中心

Healthcare &
rehabilitation

facilities 醫療護理
復康設備



5 official satellites
附屬中心

Kwai Chung (west)

葵涌 (西)

Kwai Chung
(Northeast)

葵涌 (東北)

Kwai Chung
(Central & South)

葵涌 (中南)

Tsing Yi
(Northeast)

青衣 (東北)

Tsing Yi
(Southwest)

青衣 (西南)

Local network 地區網絡

Private practitioners 私家醫生

TCM practitioners 中醫

Nurses 護士

Allied health professionals 專
業醫療人員 (e.g. OT 職業治療師、

OPT 視光師、SW 社工)

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 Caritas Institute of Higher Education and Open University, 2018, Hong Kong

Our Promising Journey to Health



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 Caritas Institute of Higher Education and Open University, 2018, Hong Kong