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 Cartias 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?

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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

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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

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.


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Effective health care intervention: when, where and how?

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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?
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.

Comprehensive and holistic care with good co-ordination is essential to help patients navigating complexity, which is at the heart of primary care.

Patients will need to have professional inputs from different disciplines according to their needs and clinical circumstances.

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.

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.

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.

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

<table>
<thead>
<tr>
<th>Main complaints/problems</th>
<th>Management plan</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hypertension, palpitation, poor sleep, anxiety, knee pain</td>
<td>Knee pain care including physio, emotional support, management of anxiety, encourage social activities</td>
<td>BP more stable, knee pain decrease, more relaxed</td>
</tr>
<tr>
<td>Hypertension, asthma, angina pectoris with complaints of chest discomfort not able to do housework, knee pain, unhappy mood (husband passed away)</td>
<td>Mood and sleep management, pain management, diet and nutrition advice, emotional support, social engagement</td>
<td>BP and mood more stable, less anxious, better pain control</td>
</tr>
<tr>
<td>Hypertension (BP 187/106), pacemaker, Hx of stroke, hip pain, BMI 36.6, left hip pain, OA knee and Lumbar-sacral spine degeneration</td>
<td>Weight management (diet and nutrition advice and exercise), fall prevention, pain management including physio, fall prevention</td>
<td>Progressive improvement</td>
</tr>
<tr>
<td>Hypertension, gout, cancer breast operated not able to raise up left arm after surgery, shoulder pain, BMI 24.5</td>
<td>Diet advice for gout, exercise and ROM enhancement and swelling control after surgery, emotion support, diet and nutrition for weight management</td>
<td>Blood pressure stable, sleeping well, arm movement improved</td>
</tr>
</tbody>
</table>
Kwai Tsing District (as of 2016)

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

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<table>
<thead>
<tr>
<th>Age Profile (年齡分佈)</th>
<th>% of District Population (佔本區人口%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 14</td>
<td>58 600</td>
</tr>
<tr>
<td>15 - 24</td>
<td>56 700</td>
</tr>
<tr>
<td>25 - 34</td>
<td>76 600</td>
</tr>
<tr>
<td>35 - 44</td>
<td>79 300</td>
</tr>
<tr>
<td>45 - 54</td>
<td>81 500</td>
</tr>
<tr>
<td>55 - 64</td>
<td>77 400</td>
</tr>
<tr>
<td>65 or above</td>
<td>80 500</td>
</tr>
</tbody>
</table>

Median Age 年齡中位數 43.5

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
Major contributions

Kwai Tsing Signature Project

Safe & Healthy Community

Safe & Healthy School

Safe & Healthy Estate

Safe & Healthy Elderly Home

Safe & 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 Cartias Institute of Higher Education and Open University, 2018, Hong Kong
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

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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
Quit Ketamine

Quest for Key to navigate through adolescence

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

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

- **Drug safety** in elderly homes (2008-2010)
- **Influenza prevention** in elderly homes (2009)
- **Fall prevention** in elderly homes (2010-2012)
- **Healthy nutrition** in elderly homes (2012-2014)
Safe and Healthy Workplaces

PMH AED injury data

Injury Map

Geographic Information system

Location

causes

Injury Surveillance System

Context

Mode & Outcome

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The Signature Project

- 2013 Policy Address: 1 hundred million dollars for every district

- Since 2015 a series of health services were implemented for the benefits of Kwai Tsing citizens
Community Health Centre

- Nurse Clinic
- Social Worker consultation
- Prevention & Promotion
- Pain Clinic
Service model developed before

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

**Service Target**
Aged Residents living in Public Housing Estates
Old-Old, Singleton, Chronic Disease

**Community Health Centre**
- Self-help health assessment: BP, Body Mass Index
- Health check: blood glucose, cholesterol, bone density
- Health information & health promotion
- Case Manager – Nurse & Social Worker supported by community workers
- Carer support networks: volunteers, neighborhood, MAC, NGO

**Chinese Medicine Clinic**
- Health Promotion
- Consultation
- Body & mind adjustment

**Nurse Clinic**
- Drug counseling
- Referral/follow-up
- Self-care management
- Home visit

**Pain Clinic**
- Pain assessment
- Pain Treatment
- Rehab Exercise

**Hospitals**
- Community nursing
- Geriatrician
- AED
- Orthopaedics
- Psychiatry
- Allied Health

**FM & GP Clinics**
- Referral and follow up
- Ad hoc support
- Health maintenance
- Health promotion

**Gerontology**
- Training institutes
- Association
- Practitioners

**District Councilors**
- Home visits
- Coordination
- Advise & Consultation

**Schools & Universities**
- Student volunteers
- Home visit & skills exchanges

**Housing & MAC**
- Resident safety
- Home management
- Neighborhood support

**Utilities & Shops**
- Safety & convenience
- Local ownership

**Voluntary Organizations**
- Home care support
- Volunteer training
- Social activities

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Public Health & Primary Health Care - Previous proposal by KTSCHCA

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

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

Community Health Care Team

Consists of nurses, physiotherapy, occupational therapists, counsellors, pharmacists, community health practitioners redeployed from HA or Department of Health

- Multi-disciplinary assessment to unfold the unmet complex bio and psycho-social needs of patients
- Co-ordination of related allied health services including pharmacist review of medication
- Enhancement of knowledge and skills in self care and self management
- Monitoring their risks of hospital re-admission

Routine referral and referring back

Acute Hospital Care by HA

Patients with conditions clinically stable for discharge but require further inputs from multi-disciplinary services for different needs to be well maintained in home environment

Condition stable

Unstable condition needs intensive treatment in Hospital

Unstable condition needs intensive treatment in Hospital

Patient centred Care by Primary Care Physicians in the community as Centre of Care in Community

Cases of chronic diseases with complex needs and multiple inputs

Community Health Care Team

- Multi-disciplinary assessment to unfold the unmet complex bio and psycho-social needs of patients
- Co-ordination of related allied health services including pharmacist review of medication
- Enhancement of knowledge and skills in self care and self management
- Monitoring their risks of hospital re-admission

Services by Maternal and Child Health Centre, Student Health Services, Elderly Health Services, other preventive services by Government

Other community health services such as elderly home, nursing home, nursery, community centres, youth centres

Building an Accountable Community for Health and Safety in Kwai Tsing

Risk & Needs Assessment

Collaborators in the community

Psychogeriatrician
Primary Care Physicians
Chinese medicine practitioner

Integration health centre

Transdisciplinary Professional Support Team

Enhancing treatment compliance and self-management
- Physical health education and advice
- Drug compliance & supervision
- Nutritional counselling
- Referral to medical treatments

Functional and Cognitive Rehabilitation
- ADL & Functional skills training
- Cognitive rehabilitation
- Environmental risk assessment
- Home modifications

Mobility and Pain management
- Pain management
- Rehabilitation exercises
- Muscular health promotion
- Mobility improvement

Pyscho-social support, counselling and empowerment
- Counselling services
- Emotion support
- Social resources
- Psycho-social well-being

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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)

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Our Promising Journey to Health

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