

Establishment of the Primary Healthcare Commission

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In Hong Kong, it is government policy that no one is denied adequate medical care due to a lack of means, making Hong Kong a proud provider of almost universal access to medical services. Nonetheless, these medical services provided by the Hospital Authority mostly involve specialist care that eventually dominates a ‘treatment-based’ patient care system and plays down preventive care. With a rapidly ageing population¹ and escalating burden of chronic diseases, the impact of complicated disease is compounded by neglect of care for patients who are otherwise well but at an early stage of disease. This results in increasingly long waiting times for ‘routine’ specialist out-patient care.²

As evidenced by Hong Kong’s Domestic Health Accounts in 2019/20, only around 17% of the total public current health expenditure was spent on primary healthcare, with the remaining 83% spent on secondary and tertiary healthcare services.³ This implies that most individuals will not undergo individual health assessments because they are rarely able to obtain routine individualised preventive care advice from doctors about issues such as vaccination scheduling, cancer screening or chronic disease screening.⁴

Data from the Hong Kong Population Health Survey 2014/15 revealed that 54.1% and 47.5% of patients with diabetes mellitus (DM) and hypertension, respectively, were unaware of their condition prior to the health examination that formed part of the survey.⁵ Even worse, patients known to be pre-diabetic did not receive the care that may have prevented their progression to DM (an annual conversion rate of approximately 5-10%).^{6,7} With no alternative, public hospitals must care for these patients, with approximately 40 000 per year newly diagnosed and referred.⁸ The dilemma is how to tackle the challenge of maintaining public health with minimal intervention in a city where the number of patients with chronic disease is projected to reach 3 million by 2039.⁹

Currently, Hong Kong has an underdeveloped primary healthcare system with the private sector providing around 70% of all services.¹⁰ Compared with 11 developed countries, Hong Kong lacks a mature family doctor network, a core component of continuous care provision that can improve

chronic disease management and prevention.¹¹ The concept of ‘family doctor for all’ is one of the key visions of the Primary Healthcare Blueprint issued by the Government of the Hong Kong Special Administrative Region in December 2022. The plan is to formalise and link the Primary Care Directory and subsidised services, not only for Elderly Health Care Vouchers, vaccination and cancer screening but also chronic diseases, with matched family doctors.

In 2023, the Health Bureau will pilot the Chronic Disease Co-Care Scheme announced in the Policy Address 2022. The objective is to make use of the community network to improve (1) screening, (2) diagnosis of pre-diabetes, early DM and hypertension, and to (3) match patients with a family doctor listed in the Primary Care Directory. There is evidence that for individuals with early-stage or asymptomatic chronic disease, lifestyle modification and early medical intervention are essential.¹² Therefore, the programme will coordinate and subsidise both local and professional support for patients to receive holistic care and lifestyle interventions from family doctors and District Health Centres. The proposed packages will encourage individuals to build a long-term relationship with a self-selected family doctor supported by a community coordinator.

A new statutory body to be established in 2024, the Primary Healthcare Commission, will develop district-based healthcare and drive the ‘family doctor for all’ policy in an attempt to shift the focus of patient care towards prevention by increasing public funding. Through coordination and networking, the future healthcare model will provide public access to screening, health planning, community care and individual advice/intervention by a family doctor. This will be achieved through: (1) consolidation of existing services provided by the Department of Health, (2) purchased private services, (3) enhanced training in family medicine, (4) coordination of community networks, and (5) better governance including bi-directional referrals between primary and secondary care. Setting up of clinical standards and performance monitoring will be core functions to build public confidence in the purchased or network services. The Primary Care Register for family doctors will be formalised and structured for the general public under a legal

framework. Furthermore, through the Electronic Health Record Sharing System and the eHealth App, more initiatives rolled out via digital healthcare will increase connections and networks available within the community. With a mature family doctor system, more subsidised and convenient disease prevention programmes can be initiated to improve public health.

Hong Kong has a dual track medical system, but ‘treatment-based’ healthcare is not sustainable in the provision of quality care. The Primary Healthcare Blueprint aims to steer our future multidimensional development to include a prevention centric system. The reform requires the full support of our professionals who can share common goals in building trust between professionals and the community, as well as pursuing timely interventions for people of all ages within a strong primary healthcare system.

Author contributions

Both authors contributed to the editorial, approved the final version for publication, and take responsibility for its accuracy and integrity.

Conflicts of interest

Both authors have declared no conflict of interest.

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