# Revisiting primary healthcare and looking ahead

**Harry HX Wang**[1,2,3 #], PhD, **Yu-ting Li**[4 #], MPH, **Yali Zhang**[2 #], MD, **Martin CS Wong**[5,6 *], MD, MPH

[1] *School of Public Health, Sun Yat-Sen University, Guangzhou, China*

[2] *Department of General Practice, The Second Hospital of Hebei Medical University, Shijiazhuang, China*

[3] *Usher Institute, Deanery of Molecular, Genetic and Population Health Sciences, The University of Edinburgh, Scotland, United Kingdom*

[4] *State Key Laboratory of Ophthalmology, Zhongshan Ophthalmic Center, Sun Yat-Sen University, Guangzhou, China*

[5] *The Jockey Club School of Public Health and Primary Care, Faculty of Medicine, The Chinese University of Hong Kong, Hong Kong SAR, China*

[6] *Editor-in-Chief*, Hong Kong Medical Journal

[#] Equal contribution

[*] Corresponding author: wong_martin@cuhk.edu.hk

This article was published on 6 Feb 2023 at www.hkmj.org.

Hong Kong Med J 2023;29:96–8
https://doi.org/10.12809/hkmj235139

Primary care physicians worldwide provide a key point of entry to the healthcare system, and are at the forefront of communicating with the community in the context of vaccination campaign and control of infectious diseases.[1,2] Primary care plays a fundamental role in building a resilient healthcare system by ensuring people's continued access to health promotion, disease prevention, essential treatment, long-term rehabilitation, and supportive care.[3] Topics relevant to primary healthcare are an increasingly common sight in international medical journals, including *Hong Kong Medical Journal* (HKMJ).

COVID-19 (coronavirus disease 2019) has presented an unprecedented dual challenge for primary healthcare in recent years, to respond to the public health threat and simultaneously maintain routine delivery of clinical care and preventive services. A health system's ability to address the ever-growing care complexity is substantially dependent on the accessibility and coordination of primary healthcare. In Singapore, Public Health Preparedness Clinics, an island-wide network of over 900 primary care clinics and polyclinics, served an epidemiological role through the routine collection of data on community transmission by primary care physicians.[4] This approach has added to our understanding of how primary healthcare could contribute to enhancing and tightening disease surveillance. In Europe, primary care physicians coordinate care through active participation in knowledge transfer, integration into crisis management teams, and involvement in strategic responses to the pandemic, which is particularly important for fulfilling shared goals to achieve a high level of resilience.[5] Other low- and middle-income settings in Asia have also provided examples of how primary care providers are in a privileged position to utilise a variety of resilience mechanisms including mentor support, peer communication, family encouragement, and community recognition.[6]

In rural China, there are significant disparities in primary care utilisation among different ethnic minority healthcare providers, together with an association between inadequate clinical competency and poor primary care utilisation. Shi et al,[7] writing in HKMJ's 'Healthcare in Mainland China', found that in-service training investments and favourable learning environments are required to develop the capacity and capability required for ethnic minority health practitioners. Meanwhile, concerns have been raised over the difficulties in retaining qualified healthcare professionals in deprived rural communities.[8] Furthermore, given the possible widening of inequalities in socio-economic determinants of health, people living in more disadvantaged rural areas are more likely to face poor accessibility of healthcare services and suboptimal physician capacity than that in more affluent urbanised areas as a result of the 'inverse care law'.[9] Previous findings suggested that a lack of physician's continuing medical education may serve as a notable barrier to satisfactory primary care performance in rural areas.[10] These challenges highlight the increasing need for system-wide multisectoral collaboration and partnerships with novel tools to enhance physicians' engagement in context-specific training and care empowerment.[11] Alongside efforts to reconfigure primary care teams to address patients' barriers to following evidence-based regime and advice,[12] improved communication skills are crucial not only in clinical practice but also in public health.[13] This will underpin a wider landscape of primary healthcare that incorporates population-wide evidence-based approaches to reducing health inequalities in the context of socio-economic diversity.

From a process of care perspective, there is a greater need for strategies to engage multisectoral efforts to strengthen capacity building within, with and around primary care multidisciplinary teams in joint decision-making and problem-solving.[14] Practice-level strategies have been identified in a most recent review of international literature which summarised new approaches to ensure the continuity of regular care provision during the pandemic.[15]

 

A novel strategy has been characterised by the integration of digital health (or eHealth) services into practice. These services, which can be delivered via telephone, video consultations, email, text messaging, online portals, or smartphone applications, provide an opportunity to expand seamless access to health services for people in remote areas, and also allow rapid exchange of health information. This enables primary care multidisciplinary teams to respond precisely to specific situations of individuals. With the escalating popularity of wearable devices, digital eHealth platforms, and remote patient monitoring tools, decision support solutions driven by artificial intelligence are beginning to appear in daily primary care, and this will be an exciting growth area in the near future.

Managing care for patients with chronic diseases remains a major challenge in primary healthcare although massive efforts and resources directed to COVID-19 tended to have overshadowed the pandemics of noncommunicable diseases. Low et al[16] adopted a constructivist grounded theory design to examine the decision-making experiences of family carers of older people with dementia towards the use of community care services and residential care services regarding a variety of healthcare and illness decisions, including hospitalisation, seeing family doctor, and deteriorating health issues. A deep understanding of patients' and their caregivers' decisions about health seeking, daily living, and lifestyle choices will be of critical importance to strengthen the role of primary care practitioners as the gatekeeper to care.

Community outreach is another essential element of primary healthcare that goes beyond clinical care, and the HKMJ's 'Healthcare for Society' section regularly highlights the exemplary work of local doctors and healthcare workers. For example, Dr Ching-choi Lam has made substantial contributions to vulnerable populations across the age spectrum.[17] In particular, the Elderly Services Programme Plan provides strengthened community care support for the elderly people to enhance their confidence in living at home and in considering community care as a desirable alternative to residential aged care. This represents a significant paradigm shift in our understanding of how primary healthcare could contribute to tackling the long-term care needs that often arise from multimorbidity, frailty, disability, and dependence to achieve 'Ageing in Place'. Another example is Dr Yu-cheung Ho, who is dedicated to providing a variety of health-related campaigns and humanitarian work that target poverty and healthcare together.[18] The dedication to improve equity in medical services and health outcomes is in line with the ultimate goals of primary healthcare, and support from local healthcare workforce engaging in charitable contributions could further help orient the service delivery to local healthcare needs and priorities.

Primary healthcare will continue to be of paramount value for meeting the healthcare needs of individuals, families, and communities within a larger society. In Hong Kong, with the establishment of the Primary Healthcare Commission and the launch of the Primary Healthcare Blueprint, we are looking forward to concerted efforts among key stakeholders in primary care to create a healthier tomorrow.[19]

## Author contributions

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

## Conflicts of interest

The authors have declared no conflict of interest.

## References


1. Poon PK, Wong SY. Primary care doctors and the control of COVID-19. Hong Kong Med J 2021;27:86-7.
2. Chau CY. COVID-19 vaccination hesitancy and challenges to mass vaccination. Hong Kong Med J 2021;27:377-9.
3. World Health Organization. Regional Office for the Western Pacific. Role of primary care in the COVID-19 response. Available from: https://apps.who.int/iris/handle/10665/331921. Accessed 22 Dec 2022.
4. Liow Y, Loh VW, Goh LH, et al. COVID-19 primary care response and challenges in Singapore: a tale of two curves. Hong Kong Med J 2021;27:70-2.
5. Stengel S, Roth C, Breckner A, et al. Resilience of the primary health care system—German primary care practitioners' perspectives during the early COVID-19 pandemic. BMC Prim Care 2022;23:203.
6. Golechha M, Bohra T, Patel M, Khetrapal S. Healthcare worker resilience during the COVID-19 pandemic: a qualitative study of primary care providers in India. World Med Health Policy 2022;14:6-18.
7. Shi Y, Song S, Peng L, et al. Utilisation of village clinics in Southwest China: evidence from Yunnan Province. Hong Kong Med J 2022;28:306-14.
8. Yang L, Wang H. Who will protect the health of rural residents in China if village doctors run out? Aust J Prim Health 2019;25:99-103.
9. Mercer SW, Patterson J, Robson JP, Smith SM, Walton E, Watt G. The inverse care law and the potential of primary care in deprived areas. Lancet 2021;397:775-6.
10. Dowling S, Last J, Finnigan H, Cullen W. Continuing education for general practitioners working in rural practice: a review of the literature. Educ Prim Care 2018;29:151-65.
11. Campos-Zamora M, Gilbert H, Esparza-Perez RI, et al. Continuing professional development challenges in a rural setting: a mixed-methods study. Perspect Med Educ 2022;11:273-80.
12. Wang HH, Mercer SW. Understanding barriers to adherence to optimal treatment of elevated blood pressure and hypertension-insights from primary care. JAMA Netw Open 2021;4:e2138651.

13. Wang HH, Li YT, Wong MC. Leveraging the power of health communication: messaging matters not only in clinical practice but also in public health. Hong Kong Med J 2022;28:103-5.
14. Wang HH, Li YT, Wong MC. Strengthening attributes of primary care to improve patients' experiences and population health: from rural village clinics to urban health centres. Hong Kong Med J 2022;28:282-4.
15. Matenge S, Sturgiss E, Desborough J, Hall Dykgraaf S, Dut G, Kidd M. Ensuring the continuation of routine primary care during the COVID-19 pandemic: a review of the international literature. Fam Pract 2022;39:747-61.
16. Low LP, Lee DT, Lam LW. Decision-making experiences of family carers of older people with moderate dementia towards community and residential care home services: a grounded theory inquiry (abridged secondary publication). Hong Kong Med J 2022;28(Suppl 3):S24-7.
17. Tsui M, Cheuk N. Community health advocate from paediatrics to elderly healthcare: an interview with Dr Ching-choi Lam. Hong Kong Med J 2021;27:386-8.
18. Chan W, Lo A, Wong K. Services make our community a better place to live: an interview with Dr Yu-cheung Ho. Hong Kong Med J 2022;28:415-6.
19. Pang FC, Lai SS. Establishment of the Primary Healthcare Commission. Hong Kong Med J 2023;29:6-7.