ROLE OF FAMILY DOCTORS IN THE HEALTHCARE SYSTEM – NOW AND THE FUTURE

Dr Donald K.T. Li
Censor
Hong Kong College of Family Physicians
President
WONCA APR

Role of the Family Physician in the Healthcare System

- The Present: The WONCA Jeju Declaration
- The Healthcare Reform in Hong Kong
  - What has the reform addressed
  - What can we do to achieve the objectives of the reform?
- The future
Health

Health is about people – beyond the glittering surface of modern technology, the core space of every health system is occupied by the unique encounter between people who need service and those entrusted to deliver them.

The trust is earned through a special blend of technical competence and service orientation, steered by ethical commitment and social accountability which forms the essence of Professional work.

Health Professionals for a New Century Lancet 2010

As Primary care Providers we make a difference in the health and lives of ourselves, our patients and our communities in a privileged way.

Central to this is the unique depth and breadth of our relationship with patients and the care and comfort we provide to them.
Primary care providers achieve this individually and collectively through a richness of diverse and flexible practices, organizational structures and career paths.

The practice of Family Medicine is an assurance of quality primary care.

Key to Family Medicine

Patient-Doctor Relationship

- The covenant of trust
  - Competent physicians
  - Acting in the interest of the patients
- Patient as central focus
  - Technical competence
  - Service orientation
  - Ethical commitment
  - Social accountability
5 Family Medicine Principles (5 Cs)

- Context of Care
  - Evidence-based
- Continuity of Care
  - Continuous Healing Relationships
- Comprehensive Care
  - Whole Person Care
- Coordination of Care
  - Integration of complex care
- Centered on the Patient
  - Bio-psychosocial Approach

Holistic Medicine

- Balancing the science & the art of medicine
  - Away from being too reliant on science, technology & medicines
  - Towards focusing on the whole person
The WONCA Jeju 2012 Declaration on Family Medicine Enhancement

Observations
Asia Pacific is a region of diversity -- cultural differences, state of maturity in Family Medicine development, and structures of health care
Plan of action

There is a need to collaborate to take advantage of the diversity across the member organizations and work together as a region on actionable plans focusing on *clinical practice, research, and medical education* to realize the vision of enhancing family medicine.

Vision of family medicine enhancement – 1

- Agreed to Training family physicians in the 7 roles of:
  - Family medicine expert in Primary, Personal, Preventive, Comprehensive, Continuing, and Co-ordinated Care
  - Communicator
  - Collaborator
  - Advocate/Leader
  - Manager
  - Medical Professional
  - Researcher and Teacher
Vision of family medicine enhancement – 2

- Agreed to Training of family physicians in the 6 core competencies:
  - Relevant medical knowledge
  - Problem-based learning and improvement
  - Medical practice
  - System-based practice
  - Professionalism
  - Interpersonal communication skills

Vision of family medicine enhancement – 3

- Allow learning from the diverse, old and young countries in our region where there are many models of family medicine
Contribute to the development of new structures to support high quality primary health care with ideas from the future family medicine workforce.

Develop global disaster response teams for immediate deployment as part of corporate social responsibility and advocacy role of family physicians.
Research is the means to develop, consolidate and disseminate new knowledge in the development of the vision of Family Medicine and capacity building through:

- Training in evidence based medicine in its application to health care
- Training in medical writing
- Training in writing a clinical review
- Training in doing original research

Call for action

A call is made to all Wonca Asia Pacific member organizations to develop and implement the actionable activities with family physicians collaborating with health care providers, training providers, and the government to achieve the vision of Family Medicine enhancement enunciated in this Declaration
<table>
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<th>Universal Healthcare Problems</th>
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<td>• Mismatch of competencies to patient and population needs</td>
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<td>• Poor teamwork</td>
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<td>• Narrow technical focus without broader contextual understanding</td>
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<td>• Episodic encounters rather than continuous care</td>
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<td>• Predominant hospital orientation at the expense of primary care</td>
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<td>• Quantitative and qualitative imbalances in the professional labor market</td>
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<td>• Lack of leadership to improve health-system performance</td>
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<td>• Tribalism of professions – tendency of various specialties to act in isolation from or even in competition with each other</td>
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<th>Primary care in Hong Kong</th>
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<td>• <strong>Fragmented &amp; Uncoordinated</strong> Mainly out of pocket – privately funded</td>
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<tr>
<td>• Episodic rather than continuous</td>
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<td>• Focusing on acute not long term management</td>
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<td>• No clear clinical standards – administered by Hospital focused administrators</td>
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<td>• Doctor shopping behavior of patients</td>
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<td>• Generalist / specialist issues <strong>Non-FM Specialists providing primary care</strong></td>
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<td>• No recognition / register of primary care practitioners (prior to 2010)</td>
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<td>• No comprehensive data system for research and future planning</td>
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Is there Imbalance ?? appropriate distribution?

Community Medical Care in Hong Kong

Public (28%)
- Department of Health (4%)
- Hospital Authority (24%)

Private (72%) (Affordable)
- General Practitioners (56%)
- Chinese medical practitioners (15%)
- Others (1%)


Our Present Primary Care System

In need of service reform & re-organization

In need of incentives, funding and recognition
Socio-cultural Issues

- Western Medicine in the context of a difference race with different culture and expectations
- The Hong Kong Patient Culture
  - Lack concept of family medicine / family doctor
  - Direct consultation with specialists
  - Symptom orientated
  - Value in medication received
  - Doctor Shopping
  - Values / Appreciation

The career of FAMILY PHYSICIANS

**Our wish:**

To receive wide recognition, trust, personal fulfillment, intellectual and financial reward

The reality?
Professional status, income, recognition
The challenge of reform:

- What are the priority groups/health problems we need to address, and to develop the appropriate protocols?
- Can we avoid rationing? Can we afford not to focus only on healthcare financing?
- How can we engage practicing primary doctors to buy in? What incentives can be created?
The challenge of reform:

- How to develop the REFORMED Healthcare model in the Hong Kong context? Problems with existing funding mechanism and antagonizing Strong Provider Unions.
- Need for a more regulated fund holding mechanism
- What kind of workforce do we need?

Healthcare Reform Proposals (2008 & 2010) First Stage

- Introduce supplementary financing
- Promote public-private partnership
- Strengthen healthcare safety net
- Enhance primary care
- Develop electronic health record

Enhance primary care

- Developing primary care conceptual models and clinical protocols
- Setting up a Primary Care Directory
- Devising feasible service models to deliver enhanced primary care services
Major strategies of the Healthcare Reform

1. Develop comprehensive care by multi-disciplinary teams
2. Improve continuity of care for individuals
3. Improve co-ordination of care among healthcare professionals across different sectors
4. Strengthen preventive approach to tackle major disease burden
5. Enhance inter-sectoral collaboration to improve the availability of quality care, especially care for chronic disease patients
6. Emphasize person-centred care and patient empowerment
7. Support professional development and quality improvement
8. Strengthen organizational and infrastructural support for the changes
Develop comprehensive care by multi-disciplinary teams

- Mutual understanding and respect
- Tackle high Costs of supportive / ancillary services such as physiotherapy, occupational therapy, rehab services, dietitian consultation, etc.
- Public private cooperation – efficiency, bureaucracy
- The role of private practitioners in government funded CHC

Improve continuity of care for individuals

- Attitude of provider
- Behavior of patient – doctor shopping
- Administrative support – dictated by funding mechanism – NHS (fixed GP) / free market system (Hong Kong) – Danish system (allows change in GP)
- Health voucher – transferrable?
- HA – allow patients to ? Select provider? See the same provider?
Improve co-ordination of care among healthcare professionals across different sectors

- Understanding what family medicine is about (especially by other specialists)
- Appreciating the role of Family Doctors – All specialists ? to undergo FM training for a year or two after internship
- What is the true meaning of gate keeping – Is there empowerment – Informed choice / comfort and support after referral
- Experience of FM trainees during clinical attachments in other specialties

Strengthen preventive approach to tackle major disease burden

- Reform document – Life course approach to prevention
- Doctor behavioral changes
- Administrators behavioral change – especially in government clinics – availability of screening facilities – e.g. Pap Smear?
- Financial implication – funding of prevention
- Success stories – cervical screening, smoking cessation, colorectal screening – Vaccination – Hepatitis B
- More Incentives
A Different Type of Health Assessment

- A check is not a check
- Value in the consultation process and review
- Opportunistic screening
- Opportunity for health education / Life style modification
- Risk Assessment
- Prevention of NCDs

Promote changes in behaviors

Behavioral changes needed — Bauhinia Foundation Research Center

- "Currently, primary medical care is predominantly provided by the private sector, by solo practitioners or group practices, mainly on out-patient curative care with some preventive elements."

- "Health education and promotion is often perceived as the sole responsibility of the government"
Population-Based Health Care

- Community-oriented primary care (COPC)
  - A paradigm that balances doctors' obligations to the individual patient with those of society at large
  - Integrates principles of community medicine and public health into the delivery of primary health care
  - Preventive care – new models Reference framework

Reference Frameworks

[Links to reference frameworks]

Enhance inter-sectoral collaboration to improve the availability of quality care, especially care for chronic disease patients

1. Understanding and appreciation of FM by other specialist / traditional misconception of shared care / one way transfer
2. Gatekeeper role – Public
   Private – financial implications, influence of insurance and funding mechanism
3. True 2 way relation – refer back- reply letter
   HA system to ensure reply
4. Communication – PPI / eHR
Emphasize person-centered care and patient empowerment

- Attitudes of providers – incentives to change behavior
- Administrative support – consultation time – allow extended consultation
- Patient value system - Need for change of patient culture and expectations
- Importance of public education – initiatives of PCO

providers to be reimbursed what they are worth – Health Protection Scheme / Health vouchers / more government subsidy/ regulation of Medical insurers

- Reward for quality and innovation
- Medical Indemnity of Providers Escalating costs - Reward for ongoing self improvement CPD /CME
- Insurance rebate initiatives
Changing Role of the Patients

- Passive dependent
- Active, autonomous participant

Establishment of a trusting Relationship
Patient Empowerment (PPP)

Promulgation of guidelines to patients

- ~ 500 downloads per month
- ~ 155 000 booklets distributed
Support **professional development and quality improvement**

- **Primary Care Directory**
- **Support CME CPD**
- **Reform medical education curriculum**
  - Doctors to be better prepared for [holistic medicine](#)
  - Support expansion of FM units to department
  - Focus on skill based and non skill based post graduate training
  - Practitioners trained to be patient centered, team oriented & evidence based
  - Ability to observe, communicate, understand and care
  - Exposure HAA trainees to the private market – to match patient expectations

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**Support professional development and quality improvement**

**Fundamental shift in Medical Education**


- From fact memorization to searching, analysis and synthesis of information for decision making

- From seeking professional credentials to achieving core competencies for effective teamwork in health systems

- From non-critical adoption of educational models to creative adaption of global resources to address local priorities

- Informative → Formative → Transformative
Strengthen organizational and infrastructural support for the changes

1. Primary Care Office
2. ?Hospital Authority
3. Training budget?
4. Allocation of resources?
5. *Brave new kind of Stewardship* - ?
   A Primary Care Authority

The Future of Primary Care – by Design

- Primary Care needs to be designed to fit the society demands and needs
- Design need to find favor with:
  - Peers
  - Patients
  - Administrators
  - Politicians
Designing Primary Care to meet peer expectations

- A career path for the provider that leads to a sustainable satisfying lifelong occupation
- The vision is to receive wide recognition, trust, personal fulfillment, intellectual and financial reward
- Adequate system to enable delivery of quality care through proper incentives, recognition

Designing Primary Care that addresses hopes and fears of providers

- A professional life where growth, development and advancement of profession is addressed
- Where there is professional fulfillment
- A professional life that allows a healthy personal life with a sense of well being and satisfaction
- Where there is allowance for passion, security and autonomy
Designing Primary Care to meet Patient Expectations – role of Family Physicians

- When a patient consults a primary care provider:
  - Looking for knowledge and predictions:
    - What is the diagnosis and
    - With or without treatment,
    - Will the disease go away?

Providing Holistic Care
- Innovative care – addressing an ageing population, chronic care, terminal care, participate in disaster management, S.A.R.S, H7N9 “swine flu”

Providing Cost-effective care
- The entrusted provider providing the desired quality care

The Ideal Family Physician

Manager
Communicator
Advocate
Scholar
Collaborator
Medical expert & healer
Family Physicians Care meet expectations of administrators, government and politicians

- Gate keeping role / ticket for admission into the healthcare system – support of sustainable quality healthcare system in Hong Kong
- Provide Cost-effective primary care
- Provide Quality primary care
- Public satisfaction
- Good health indices

Change – Healthcare System

- Primary care provider / Primary Care Directory/ peer recognition
- Population based Community oriented care – Conceptual Models / Reference framework
- **Stewardship?** Organized primary care – A Primary care authority vs. hospitals authority - Primary Care Office
Financing

Using Financing to Leverage Changes in Provision

Health Protection Scheme

- Healthcare Manpower and Professional Development (manpower needs, professional standard, regulatory structure)
- Supervisory Framework for Health Insurance (legislative and institutional setup, incentive proposals)
- Healthcare Service Development (private hospitals, market transparency, packaged charges)

Using funding to alter behavior
Future of Primary Care

- Hopefully a future designed by the profession for the profession that becomes decree
- A future that is built by mutual support
- Delivered by a workforce of fortified providers with the right balance
- Future practice – not to be dominated by managed care, medical insurance companies
- Continue to keep the patients out of hospital beds!!

The Future Health System

Smith, R. BMJ 1997;314:1495
The future of Primary Care

- If the providers fails to meet public needs, society will find some way of meeting the need, if necessary by turning to a group outside the profession

- Ian McWhinney

Thank you!

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