

REGIONAL ROUNDUP

Primary care in Hong Kong

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As a metropolis whose population has an extremely low infant mortality rate and a long life expectancy, it seems Hong Kong's health care system is something to be proud of. Furthermore, the Hong Kong government has pledged that every resident should have access to quality health care that is affordable. However, since the 1970s, other countries have been calling for improvements in primary health care; strengthening the individuals' responsibility for health issues; and setting up and achieving health care targets. Unlike these countries, the Hong Kong government has continued to propagate the idea that hospital is the place for health care if you are ill. Although it is well known that a properly structured family medicine service is pivotal to health care, little attempt has been made by the Hong Kong government to provide either the financial or physical support for these primary health care providers.

The Hong Kong health care system has shown its worth after decades of functioning, due mainly to our core values. It is a dual system, with the private and public sectors working side by side, each complementing the other and providing patients with much needed choices. Furthermore, Hong Kong has always valued the concept that public hospital services should take a dominant role and the private services a residual role. Among primary health care providers the reverse is true with private practice responsible for some 75% of the market.

Private primary care providers

At present, the primary care providers in the private sector in Hong Kong include:

- specialists in family medicine who have received vocational training and the necessary

assessment, and who hold recognized higher qualifications

- trainees in family medicine
- general practitioners with no higher qualifications. Most doctors from this group have not gone through structured training and have not sat for examinations to obtain a higher qualification.
- specialists in other fields with no training in family medicine. Most of these are physicians but some surgeons and gynecologists also provide primary care.
- estate doctors – a special group of general practitioners who practice in housing estates with a designated population catered for by a single 'estate doctor'. They provide services for longer than usual hours at affordable prices. This is possible because of a 'guaranteed' patronage by residents of the estate. The qualifications of this group of doctors vary, with most of them learning their clinical skills from experience.
- licentiate doctors – doctors who were trained and obtained their qualification abroad; the majority of these doctors are from mainland China.
- limited registration doctors – a group of doctors who obtained their registration by inheriting the license to practice from their forefathers who served the community when there was a shortage of doctors. Their practice is limited to a specific clinic, usually in more rural areas.

Public primary care providers

The primary care providers in the public sector include:

- government run specialist family medicine clinics
- government run general outpatient departments of the Department of Health
- government run maternal and child health clinics. It is a unique feature of Hong Kong that most people receive their routine vaccinations at these government clinics rather than from their family physicians.
- hospital authority clinics, including accident and emergency departments.

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Approximately 15% of the public patronise traditional Chinese medicine practitioners or seek alternative therapy.

Outpatient clinics

The general outpatient clinics of the Department of Health provide approximately 10% of the primary health care market. However, they only provide a service for a fixed quota of patients on a daily basis and are often clogged up with patients with chronic illnesses who simply need a refill of their medication. Most of these clinics are closed during public holidays and none are open 24 hours a day. Service provision and availability of drugs are not at par with those of the hospital authority facilities. Only a few of these clinics are staffed with qualified family physicians

The public hospitals in Hong Kong also provide primary care. Because of the convenience and free service, non-emergency patients swarm the accident and emergency departments of public hospitals, despite knowing that there could be a few hours wait. Despite having a triage system, no patient attending these accident and emergency departments are denied medical services.

The Hong Kong Government commissioned a group of experts from Harvard in 2000 to make recommendations for health care reform in Hong Kong. Although many have stated there is a need to develop our primary health care services into proper family medicine practice, few have contemplated how this should be developed, financed or funded. The recommendations made by the Hong Kong College of Family Physicians throughout the years remain unheard. Latest figures show that the public visited primary care doctors 7.9 times a year on average, amounting to 49.8 million visits in 1996/97. Some 9% of these visits took place at the Department of Health general outpatient clinics with 75–80% of the population visiting private primary health care doctors. There had been suggestions for the Department of Health to give up curative primary health care and concentrate only on preventive primary health care. How this might be done is being considered.

The Hong Kong College

The Hong Kong College of Family Physicians (HKCFP) was founded in 1978 with the aim of improving the quality and standards of primary care in Hong Kong by promoting the concept of family medicine and encouraging primary care doctors to undergo vocational training and continuous professional development. During the past 20 years, the Hong Kong Government has commissioned experts, including the

past Chief Executive Officer of Wonca, Professor Wes Fabb, to study and evaluate the delivery of primary care. It was not until after the Harvard Report released in 2000 that we saw any definitive action initiated by the health administrators in Hong Kong. Prior to this, the HKCFP was the only body responsible for the training and assessment of primary care doctors without any support. In 1999, the HKCFP developed an examination for the assessment of knowledge and practice as well as observation of consultation and clinical skills. Those who met the standards were awarded a 'Certificate of Primary Medical Care'. The proposal was unfortunately seen as a threat to most primary care doctors who had never undergone structured training and only a handful underwent this program. In 2000, our College therefore launched a primary care assessment program in the form of the Practice Assessment Package, which we distributed to all members of our College free of charge. The package allowed primary care doctors to audit their own practice. Some managed care doctor groups now use this package to provide an assurance of quality.

Patients in primary care

For any health care system to work, proper behaviour of the end-user is just as important as the quality of the service provider. Hong Kong patients generally prefer to be passive recipients of medical care, and are reluctant to share the responsibility of their own health care. Our College therefore urges educators in Hong Kong to teach primary school children about what to expect from a doctor's consultation and how to build a trusting doctor–patient relationship, as well as reminding them to take responsibility for their own health. Our College constantly uses opportunities to provide public education to encourage the Hong Kong community to look at other treatment methods besides pharmaceutical drugs. Hong Kong patients still place enormous value on the amount of drugs received from the doctor during a consultation. There is little appreciation of the time spent in sorting out medical and psychosocial problems. Patients in Hong Kong also tend to prefer 'doctor-shopping behavior' for quick fixes and symptomatic relief of their medical problems. Although a Health Savings Plan has been suggested to allow patients to accumulate funds for future medical expenses it would further encourage a frequent change of doctors. Any medical plan that is subject to abuse by the user will never be sustainable. Public education is essential in this respect.

Conclusion

With greater emphasis placed on training family doctors, we are optimistic about the future of primary care

in Hong Kong. Trained family doctors will provide quality primary care that will lead to competition from other primary care providers. This will lead to quality health service. We expect the present health care

reforms to bring a brighter and healthier future to Hong Kong, a metropolis that we can continue to be proud of.