Primary Health Care:
a Symphonic Approach

Digest of a conference addressing major health care reform issues for Hong Kong in the context of the consultation document
"Your Heath, Your Life"

14 March 2008

Organized by

School of Pharmacy

Faculty of Medicine
The Chinese University of Hong Kong

Co-organized by

The Nethersole School of Nursing

and

School of Public Health

Conference Digest

OVERVIEW

This digest draws on the remarks of conference speakers and delegates in order to address those features of health care reform given particular prominence in the consultation document *"Your Health. Your Life,"* published on 13 March, 2008 by the Government of the Hong Kong SAR.

The conference broadly welcomed the consultation document's presentation of the challenges that Hong Kong's health care system faces, and it recognized the intrinsic value of the Government's proposal to enhance primary care.

It considered, however, that such an enhancement would only be at its most effective and efficient if it was firmly grounded in a carefully designed, systematic and multidisciplinary team approach to primary health care delivery.

Since such an approach was not given due weight in the consultation document, there was a pressing need for the merits—and indeed the fresh challenges—of multidisciplinary team based care to be actively assessed in the near future.

Specifically, the present digest highlights the crucial roles that pharmacists and nurses, as well as public health specialists and other scholars, must play in any team approach.

After drawing attention to the importance of cost effectiveness data in any future health care system for Hong Kong, the digest concludes with suggestions for further discussion and action by concerned professionals, academics and the Government.

1 A Fresh Initiative—Modelling Primary Health Care in Hong Kong on a Team Approach

1.1 On 14 March 2008, some 300 delegates attended a conference at The Chinese University of Hong Kong entitled "Primary Health Care: a Symphonic Approach".

1.2 The initiative for the conference came from the University's School of Pharmacy, which acted as organizer, inviting two other schools within the University's Faculty of Medicine, The Nethersole School of Nursing, and the School of Public Health, as co-organizers.

1.3 The conference brought together distinguished local and overseas expert practitioners and academics from three closely related allied health care disciplines, and they were joined by a large body of current students. The organizers also solicited the insights of eminent doctors and experts in health care policy and medical insurance.

1.4 **The chief aim was to discuss the role that a carefully designed, evidence based team approach to the planning and delivery of primary health care might play in helping to meet Hong Kong's medium and long term health care objectives efficiently and cost effectively.**

1.5 This was designed as a formative across-the-board conference which would begin the task of enquiring how Hong Kong could give its increasingly informed and aspiring citizens improved access to primary health care through a much wider variety of first points of contact than has historically been the case.

1.6 The decision to organize the conference was arrived at long before the Government's health care reform consultation document *Your Health. Your Life*

was published.[1] However, it was agreed that the conference should make its views known to the Government by way of a digest addressing selected key features of that document.

1.7 While the conference was structured so as to allow speakers from different health care disciplines every opportunity to discuss both theory and practice from their own unique perspectives, the overarching "symphonic" theme turned out to be warmly embraced by delegates.

1.8 The conference showed that many of Hong Kong's health care professionals are already becoming more intent on demystifying their work and reaching out to other professionals.

1.9 **The School of Pharmacy is understandably concerned to further strengthen the perceived and actual role of pharmacy in primary health care and will continue to draw, as it did during the conference, on relevant overseas and local references to build a well researched and compelling case. The School's stance is, however, just part of a much wider policy requirement.**

1.10 **There is an urgent need to thoroughly interrogate Hong Kong's fragmented health care system and to explore all aspects of team development across all relevant health care and related disciplines.**

1.11 **Such a strategy would actively seek to provide different levels and types of patient care in line with an explicit determination of health care needs, a reduction in health inequities, and a focus on patient centred care. It would also exploit the growing importance of information technology in the lives of Hong Kong citizens.**

[1] Coincidentally on the day before the conference.

1.12 **Above all, such a fresh initiative would encourage transformational, systemic change, and "disruptive innovation"[2] rather than relying on incremental changes and attempts to adjust different elements on a piecemeal basis.**

1.13 A health care model based on careful design (as opposed to models persisting by default or handed down by administrative decree) would meet societal needs and find favour with peers, providers, politicians and administrators.

1.14 A **community oriented health care system would be most effective in providing the critical basis for a healthier Hong Kong; strengthening it would reduce pressure on the hospital system.**

1.15 **The conference illustrated how team based community oriented health care can lead to a variety of primary health care delivery models. Since such models can often highlight the value of first points of contact through many different allied health care (and other) channels, they deserve the fullest possible evaluation from all angles.**

1.16 **Discussion of such delivery models should logically be agreed prior to discussion of different financing models. It was noted, however, that *Your Health. Your Life* did not in Chapter 2 explicitly set out any delivery models that might help the Government best achieve its laudable vision.**

[2] The term eventually used by Harvard's Prof Clayton Christensen to replace his earlier coinage, "disruptive technology". It has had a wide currency in discussions of models of health care delivery characterized by simpler, more affordable rules-based solutions, including nurse-(practitioner)-led clinics and consultations with community pharmacists. See for example, http://www.changemakers.net/competition/disruptive/definition, accessed 14 May 2008.

1.17 Delegates supported the engagement of doctors in primary health care with allied health care professionals, including, but not limited to, community pharmacists, nurse practitioners, dieticians, optometrists, physiotherapists, health educators and TCM researchers and practitioners.

1.18 This teaming up of health care professionals and medical practitioners should seek to build an optimum workforce on a foundation of sensible informed solidarity exercised for the public good, and should remain alert to the pressures from vested interests.

1.19 Truly able people can rise above their professional labels and above the desire for sectoral gain; individual action must be supported by informed collective action.

1.20 Providers can also learn much by extending their collaboration to involve lay people, who can very often help frame the right questions to ask.

1.21 Locally and overseas, successful outreach programmes and clinic based programmes with a multi-disciplinary emphasis have proved useful in motivating patients to themselves better manage disease, e.g. chronic heart failure, handle emotional and psychological issues, and address life style changes.

1.22 Many areas for active teamwork in Hong Kong among medical practitioners, pharmacists, nurses and other health care professionals clearly exist, but they have so far resulted relatively rarely in studies or specific models being tested. One overseas speaker nevertheless stated how evidence based projects described by Hong Kong delegates would be leading her to actively explore a specific teaming opportunity in her home territory.

1.23 The conference was solid in its belief that a far stronger commitment to interdisciplinary communication, studies and practice was needed all round. This

would gain immeasurably from interprofessional education and training early on in undergraduate programmes.

1.24 If treatment plans and drug therapy are to be fully optimized through a team approach, the implications for the training curricula of all health professionals will be profound, and now require urgent attention.

1.25 One overseas expert expressed the view that Hong Kong was well positioned to show other administrations the way forward in reforming primary health care. Hong Kong should strive to shake off any conservatism which might inhibit progress towards a well orchestrated team approach.

1.26 Whatever the difficulties in forging a solid all round commitment to the team approach, these will be reduced if the merits of such an approach can be actively pursued and investigated as a matter of Government policy.

1.27 Current developments in community pharmacy overseas were explored and the use of ICT in dispensing was noted as just one of the drivers that could enable an extension of the clinical and public health roles of pharmacists working in community settings.

1.28 **The increasing attention to drug efficacy and safety, the growing complexity of therapeutic plans and the rising incidence of multiple diseases are yet another reason for a thoroughgoing team approach. In turn, this requires seamless communication within the team and between team members and the patient.**

1.29 Very recently, a grouping spearheaded by WONCA—The World Association of Family Doctors—has declared that the time has come to strengthen primary health care as the critical base for extending care to the community, and

has set out its "15 by 2015" consensus.[3] This proposes that, by 2015, 15 percent of the budgets of vertical disease oriented programmes be invested in strengthening well coordinated, integrated local primary health care systems and that this percentage should increase over time.

1.30 **Allocation of resources aside, significant change must take place within systems if Hong Kong is to provide quality assured shared care that returns patients opportunely to community care. Such changes are likely to include provider/professional registries and portable electronic records, together with the provision of appropriate rewards and incentives for quality and innovation.**

1.31 Individual providers must also be willing to change themselves and their attitudes. To fortify themselves to become excellent providers of balanced care they need a real spirit of collegiality and mutual support and must pursue a genuine quest for personal growth.

1.32 The challenging role changes so often involved in dynamic cross-disciplinary collaboration can induce real anxiety, but history shows how well nurses, for example, have coped effectively with such changes.

1.33 We are already starting to put the values of the "symphonic approach" practically to the test, but more studies and more educational exchanges are needed. The best learning means learning together in actual clinical practice—training wards developed for medical students being rolled out to all students, for example.

1.34 The conference underlined the value for each health care profession of looking afresh at its own role. While pharmacists, for example, might well wish to

[3] For one account see http://www.15by2015.org/wp-content/uploads/2008/01/editorial.pdf, accessed 14 May 2008.

strengthen their profession, it was just as vital that they should review their formal place within the health care team as a whole.

1.35 Pharmacists should work constructively with other health professionals with a view to bringing the most appropriate and efficient knowledge and practice to bear on patient care in community and hospital settings. The health care team's acknowledged drug experts, they are well positioned to win the confidence and cooperation of their patients, providing quality information and ready access to beneficial, cost-effective therapy.

1.36 **Those attending the conference hoped that the insights gained during the day would prove valuable in helping the Government develop the best possible scenarios for the health care of the future. We now look to the Government to enter into significant discussions of the hitherto underplayed role of a multidisciplinary team based approach to primary health care reform and primary health care delivery models.**

1.37 The conference showed that the stage is well set for active cross-sectoral cooperation in the interests of providing the best possible health service to everyone in Hong Kong. The Government is now urged to act promptly to leverage the opportunities for transformational systemic change in Hong Kong's health care provision.

1.38 The conference marks the first step in a principled wider discussion of how the specific contributions of a wide range of health care professionals can best be harmonized in the interests of patients and society at large.

1.39 The organizers now intend to press forward with further action plans that will build on this valuable initial stimulus to reflective practice and also contribute to the forming of a fully coherent health care policy.

2 The Crucial Roles of Pharmacists, Nurses and Public Health Specialists in Delivering Tomorrow's Primary Health Care

2.1 Throughout, the conference emphasised mechanisms whereby pharmacists and nurses could not only undertake educational and gatekeeping roles but also themselves treat a number of common conditions.

2.2 **Several examples of changing roles for pharmacists and nurses were placed by speakers in a public health policy context. Changes in systems and workforce organization were frequently discussed with special reference to the needs of an ageing population, and people with long term conditions and non-communicable diseases.**

2.3 Current developments in community pharmacy overseas were explored and the use of ICT in dispensing was noted as just one of the drivers that could enable an extension of the clinical and public health roles of pharmacists working in community settings.

2.4 Delegates were invited to consider how popular mobile information technology could be pressed into service to provide alerts to patients and team members. Pharmacists and others are reaching out to see how communications engineering and nanotechnology can provide tools to improve patient compliance, drug delivery and aspects of self-care.

2.5 **Pharmacists in Hong Kong represent a large body of hitherto under-utilized talent, and are a valuable community knowledge resource for the healthy and the sick. Given that the work of primary care doctors and nurses is likely to shift more towards supporting people with serious and complex health problems, community pharmacy can readily assist in this transition. Its role should be**

extended to include self care support, risk factor management, and health care provision for common conditions.

2.6 Allocation of resources aside, significant change must take place in systems if Hong Kong is to provide quality assured shared care that returns patients opportunely to community care. Such change is likely to include provider registries and portable electronic records, the provision of appropriate rewards and incentives for quality and innovation.

2.7 A current project between The Nethersole School of Nursing and the School of Pharmacy is examining how a nurse and a pharmacist working as a team can improve the drug compliance of older people.

2.8 Pharmacists should work constructively with other health professionals with a view to bringing the most appropriate and efficient knowledge and practice to bear on patient care in community and hospital settings. The health care team's acknowledged drug experts, they are well positioned to win the confidence and cooperation of patients, providing quality information and ready access to beneficial, cost-effective therapy.

2.9 **The overarching importance of education in changing patient behaviour and ensuring better acceptance of alternative provision of health care was a constantly recurring theme during the conference. There was considerable discussion of the systematic and determined effort that would be needed to reshape patient culture. In particular, ways should be found to encourage general practitioners to spend time educating their patients.**

3 The Cost Effective Use of Medicines in Primary Health Care

3.1 **It is crucial that the health care system finally devised for Hong Kong should provide cost effective and holistic anticipatory care and innovative care for people who are ageing, or who have chronic and terminal diseases or epidemic diseases.**

3.2 Such care can very usefully be viewed as the judicious use of medicines plus health related behavioural change—and in that order.

3.3 **While the long term cost effectiveness of new drugs should always be taken into account in determining the use of health care resources, decisions about their adoption and the use of a formulary depends on far more than the application of cost effectiveness thresholds. Budget impact and a wide range of priority considerations need to be researched in order to establish a meaningful economic context for formulary and other decisions.**

3.4 On the broader economic front, given the threat of insatiable demand that Hong Kong faces, providers must all use their primary contact and consultation opportunities better in order to instil in their clients the attitudes needed if a system is to become truly transparent and economically sustainable. They themselves must also show a willingness to change.

3.5 **Self care was much discussed during the conference; it was generally felt that the concepts supporting it required much further research and that it might not necessarily reduce the costs of formal health care overall.**

3.6 Self care was perhaps best viewed and placed within the context of existing care services, entering into closer alignment with the original meaning of "anticipatory care"[4] so as to better deal with tomorrow's problems today.

4 Lessons Learned and Plans for Action

4.1 As mentioned earlier, the timing of the conference did not permit delegates to undertake a point by point examination of the Government's health care consultation document.

4.2 **Much of the discussion was, however, predicated on issues to which the Government has drawn attention, including the pressing need to emphasize holistic primary care, including preventive care. Such care should be better integrated and should exhibit a far higher level of continuity.**

4.3 **Similarly, the need to develop basic models for primary care service was a major assumption of the conference, and it was felt that further elaboration of such models and their delivery was urgently required now that the public and professional mind had been engaged anew by the Government's consultation process.**

4.4 Any adequate discussion of the specifics of supplementary health care financing would need more economic data than the consultation document had offered. It was also felt that a single financing model might not be adequate to address the full range of health care needs, e.g. the financing of care for acute conditions might need to be very different from that for chronic conditions, not to mention other variable elements.

[4] As elaborated for the United Kingdom by Dr Julian Tudor Hart, for example.

4.5 Public confidence in the quality of health care needs building up **and quality assurance is one area where a clear sense of direction from the Government is particularly important. This will require the provision of suitable training and the implementation of appropriate registers.**

4.6 **The conference underlined the value for each health care profession of looking afresh at its own role. Each should review its formal place within the health care team as a whole, working constructively with other health professionals to bring the most appropriate and efficient knowledge and practice to bear on patient care in community and hospital settings.**

4.7 **The School of Pharmacy of The Chinese University of Hong Kong is now preparing to build on the significant learning experience and shared insights gained from this foundational conference. It will do so in ways that echo the sincere aspirations of delegates for a better primary health care deal for the community, and will draw on evidence based studies and clear policy formulations to help shape much needed transformations into sustainable practice.**

4.8 **The School will be airing these and other issues as part of its ongoing pursuit of action for optimum health reform and looks forward to working constructively with the Food and Health Bureau, with professional associations, and with colleagues from every branch of health care in an effort to put health care provision in Hong Kong on a footing that is financially and conceptually sound—as well as being socially and culturally workable.**

4.9 **The team approach to primary health care is a much undervalued area of study and concern in Hong Kong. The School has taken an important step in broaching it across a number of major**

disciplines, and it now looks to the Government to enter into significant discussions of the crucial role of such an approach to health care reform and primary health care delivery models.

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12 June 2008