Principles of Primary Healthcare and Concept of DHC Scheme

How to run an effective primary health care system / district health center in Hong Kong

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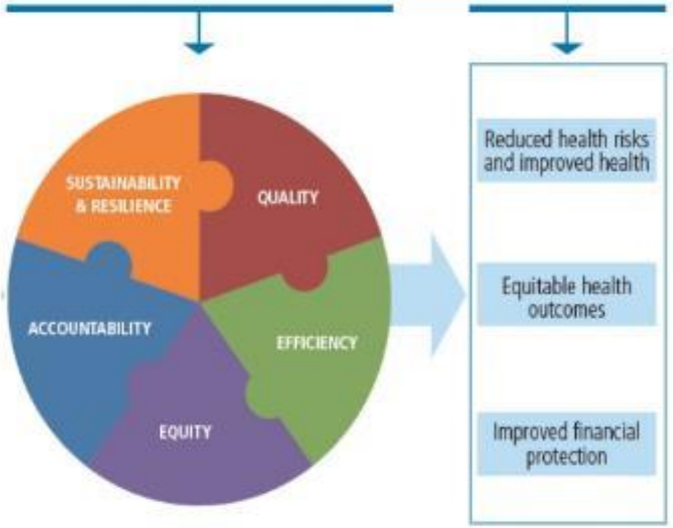
Wonca
World family doctors. Caring for people.

Principles of primary healthcare and concept of DHC scheme

- Global Principles of Primary Care
- Primary Healthcare in Hong Kong – Healthcare reform
- Mission and vision of DHC
- How to run an effective primary health care system / district health centre in Hong Kong
- The Primary Healthcare team
- Contribution of Allied Health Professionals in Primary Healthcare
- DHC setup Strategies
- Chronic Disease Management
- Examples of Innovative programs at DHC – Wong Tai Sin DHC
- Training and qualities of PHC providers to providing holistic, comprehensive Life-long Care in Primary Care Setting
- Way forward

PHC - the foundation for UHC

The goal - Universal Health Coverage and the SDGs

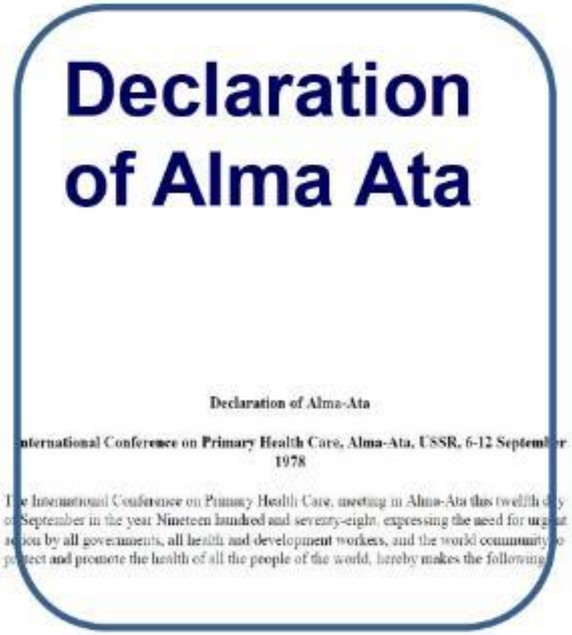


- **All people** (universality and equity) are able to
- use **needed health services** (promotion, prevention, treatment, rehabilitation, palliation)
- at **affordable cost** (does not cause financial hardship)

Equitable access to services

- Widespread access to services for different settings stratified based on need
- Additional measures to target for those who face additional barriers to access including
  - Geography
  - Cost or other economic factors
  - Social and cultural circumstances
  - Political or other context (particularly migrants and refugees)
- Adjust service points or providers as needed

Redefining PHC over the years



1978 **2008** **2018**

Context in which PHC will deliver

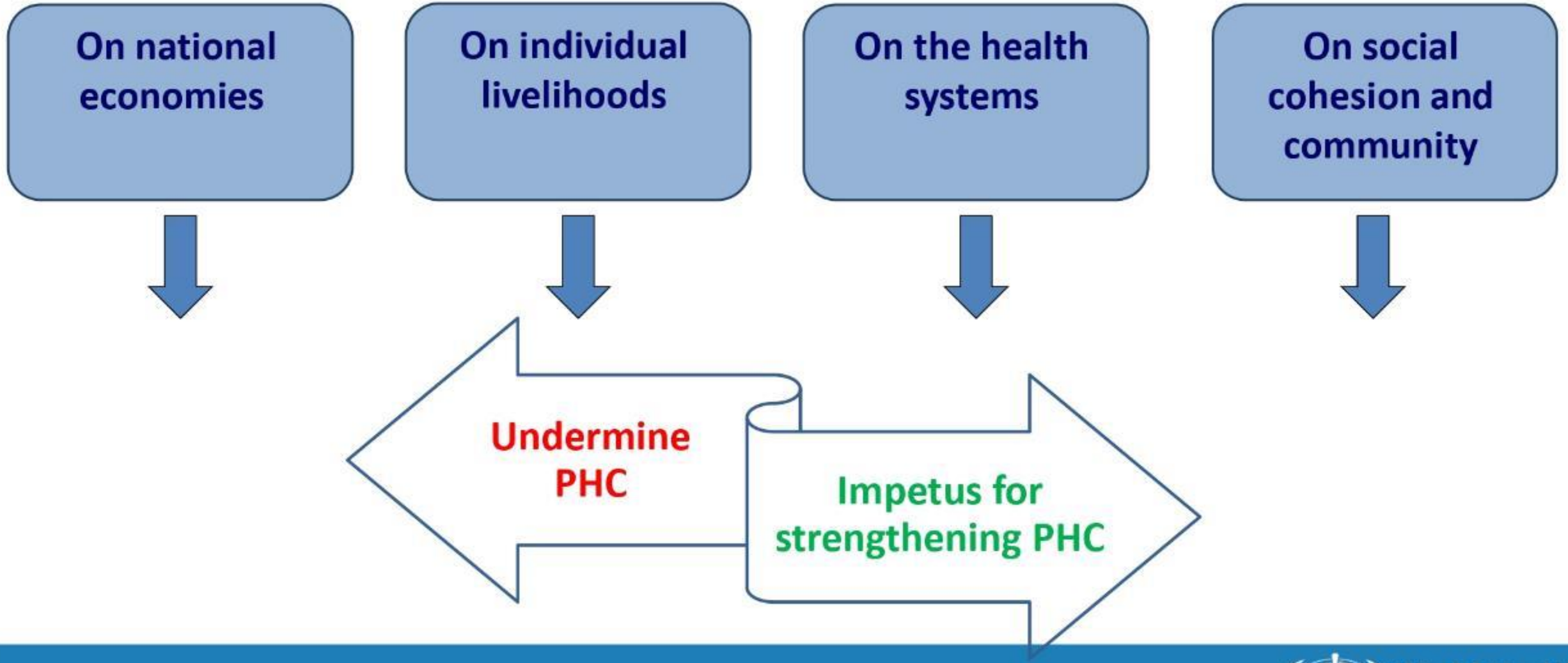
Economic growth in past two decades, modified by the effects of the COVID pandemic
Increasing health costs over an individual's lifetime <- rising prevalence of chronic conditions and longer life expectancy

Rise in availability and use of digital technology, can transform service delivery, diagnostics and health information

More literate and knowledgeable population -> changing expectations from the health system, health-seeking and self care

Increasing urbanization with greater access to amenities + increasing proportion of population living in overpopulated settings + changes in what constitutes a community

Impact of the COVID-19 pandemic



The PHC we want to see…

- Person-centred approach
- Comprehensive services to meet needs through the life course
- Facilitates community participation
- Equitable access to services
- A learning system

Person-centred approach

- Addressing holistic needs of people
- Taking into account the health status and various issues they may be dealing with
- Considering the varying experiences, social environment and preferences of individuals

Comprehensive services to meet needs through the life course

- Services to cater to the needs of the population along the life course - infants and children, older children and adolescents, adult men and women, and older persons
- Services along the continuum of care - health promotion, prevention, treatment, rehabilitation, and palliative care
- Services that address a variety of health conditions and diseases, both communicable and noncommunicable diseases, including traditional and complementary medical options, where appropriate
- Good quality services

Facilitates community participation

- Engaging in self care
- Engaging in decisions about own care pathways
- Contributing to planning and service design for the community as a whole
- Contribute as advocates for the right policies and interventions

Hong Kong

- With longer life expectancy, we need better health.
- Our health system is highly treatment-oriented and the public healthcare system (especially our Hospital Authority) is over-burdened.
- A healthcare system where the most rapid population ageing is coming in the upcoming decade, is vulnerable and its sustainability is threatened.
- There is a pressing need to review the health system to promote and protect people’ s health and well-being.

VISION FOR THE PRIMARY HEALTHCARE SYSTEM IN HONG KONG

Shift of healthcare focus from curative treatment to the prevention of diseases and disability

Necessary for addressing the new challenges to our healthcare system brought about by an ageing population and increase in chronic disease prevalence.

Commitment to enhancing district-based primary healthcare (PHC) services in a bid to shift the emphasis of the present healthcare system and people’ s mindset from treatment- oriented to prevention-focused; through strengthening district-based PHC services across.

VISION FOR THE PRIMARY HEALTHCARE SYSTEM in Hong Kong

- A paradigm that balances a doctor's obligations to the individual patient with that of society at large
- There is also a need for care integrating principles of community medicine and public health into the delivery of PHC
- Community-oriented and community-based PHC
- Demonstrate to the public the concept and value of Family Medicine and raise the awareness of the general public about the importance of the family doctor
  - as health partner for life
  - the value of a trusting and continuous relationship
  - showcase the maintenance of people’ s health by providing appropriate preventive care and treatment at early stages
- Address concerns where there is skepticism and lack of understanding among some quarters of the community of the family doctor concept, with some even seeing the need of primary care doctors’ referral as an obstacle to their direct access to specialist care

Mission of the Primary Healthcare Steering Committee

- enhance primary healthcare service delivery
- strengthen primary healthcare governance
- consolidate primary healthcare resources
- reinforce primary healthcare manpower
- improve data connectivity and health surveillance

In her 2017 Policy Address, the Chief Executive directed that, to further illustrate the effectiveness of medical-social collaboration, the Food and Health Bureau (FHB) should set up a District Health Centre (DHC) with a brand-new operation mode in Kwai Tsing District .

FHB has established the Steering Committee on Primary Healthcare Development in November 2017, to formulate the development strategy and devise a blueprint for primary healthcare services

FHB has also established the Working Group on DHC Pilot Project in Kwai Tsing District, to provide advice on the planning, implementation and evaluation of the DHC pilot project.

District Health Centre Scheme

A brand-new operation mode

Objectives of the Scheme -

- Enhance public awareness of disease prevention and their capability in self-management of health
- Provide support Medical doctors/ Family Physicians to provide continuous comprehensive holistic care for the chronically ill relieving the pressure on specialist and hospital services
- Demand a paradigm shift mindset from treatment-oriented to prevention- focused healthcare system
- DHCs are set to perform the roles of care coordinators, multi-disciplinary support for its network medical professionals, as well as district anchors and resource hub that connect the public and private services in the medical and social sectors in the community, thereby re-defining the relationship among PHC and social service providers
- Public engagement - Personal and Community Ownership of Health

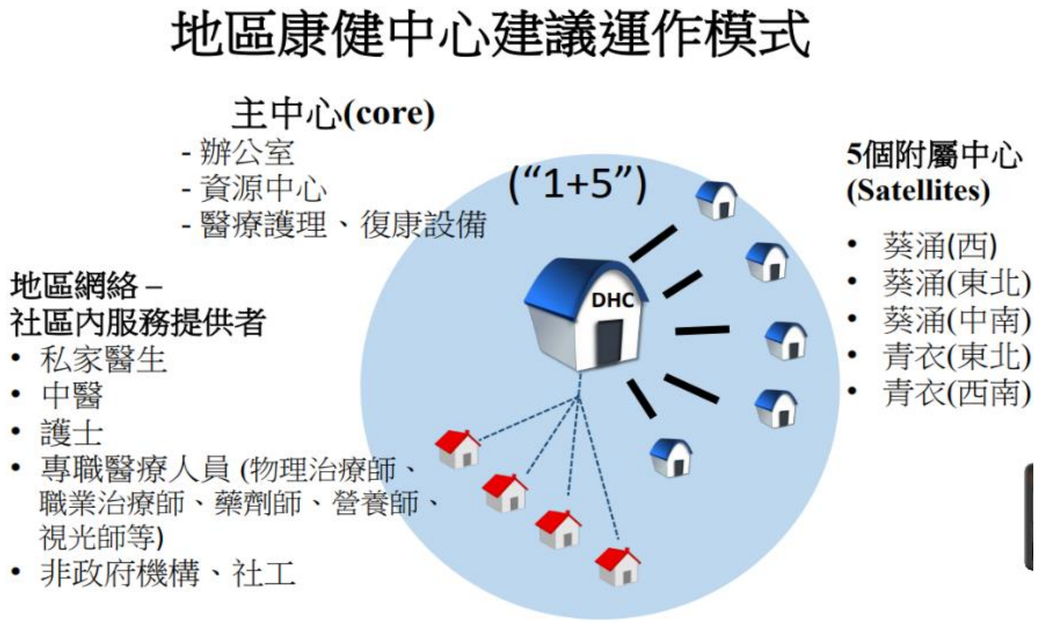
Personal and Community Ownership of Health

District Health Centre Scheme

- Connect healthcare and social care services providers within the community
- Provide person-centered care by a multi-disciplinary healthcare professional team
- Meet individual needs
- Membership and sense of belonging
- Maintaining a close and continuous relationship with the healthcare team, e.g. family doctor, case coordinators
- Ensuring delivery of holistic, comprehensive and quality care
- Empowering individuals to obtain and understand basic health information and services needed
- Healthcare team and individuals making appropriate health decisions

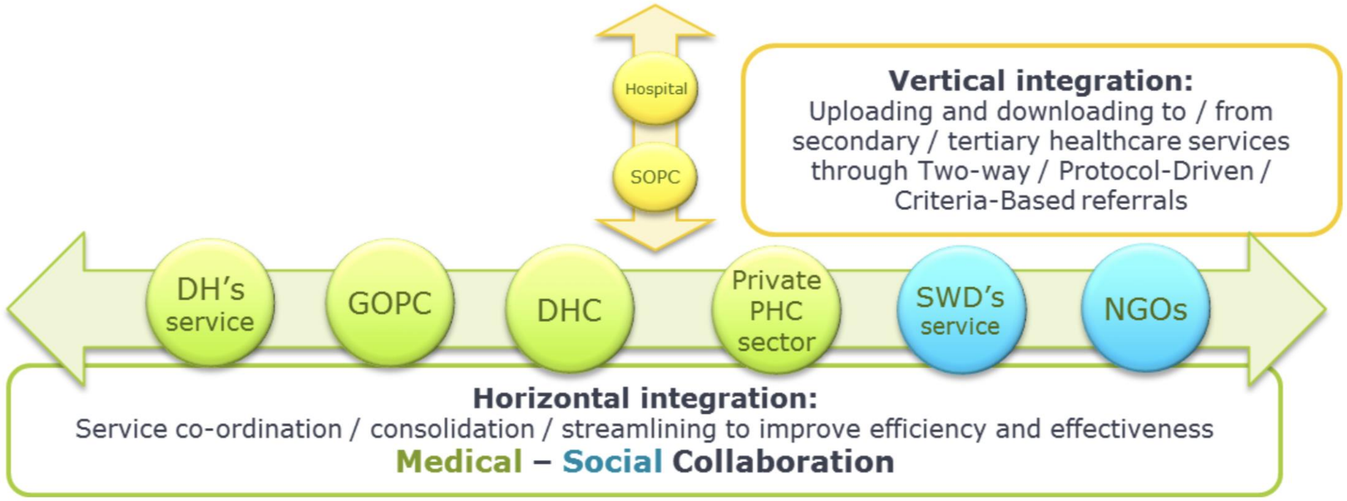
Primary Healthcare Development – District Health Centre

Equipping community based doctors with more support
A team care approach
Subsidize allied medical services
Providing comprehensive holistic care
Keeping patients away from hospitals
Avoid overload of Hospital Authority services



Prevention-focused Primary Healthcare provided by PHC team at DHCs

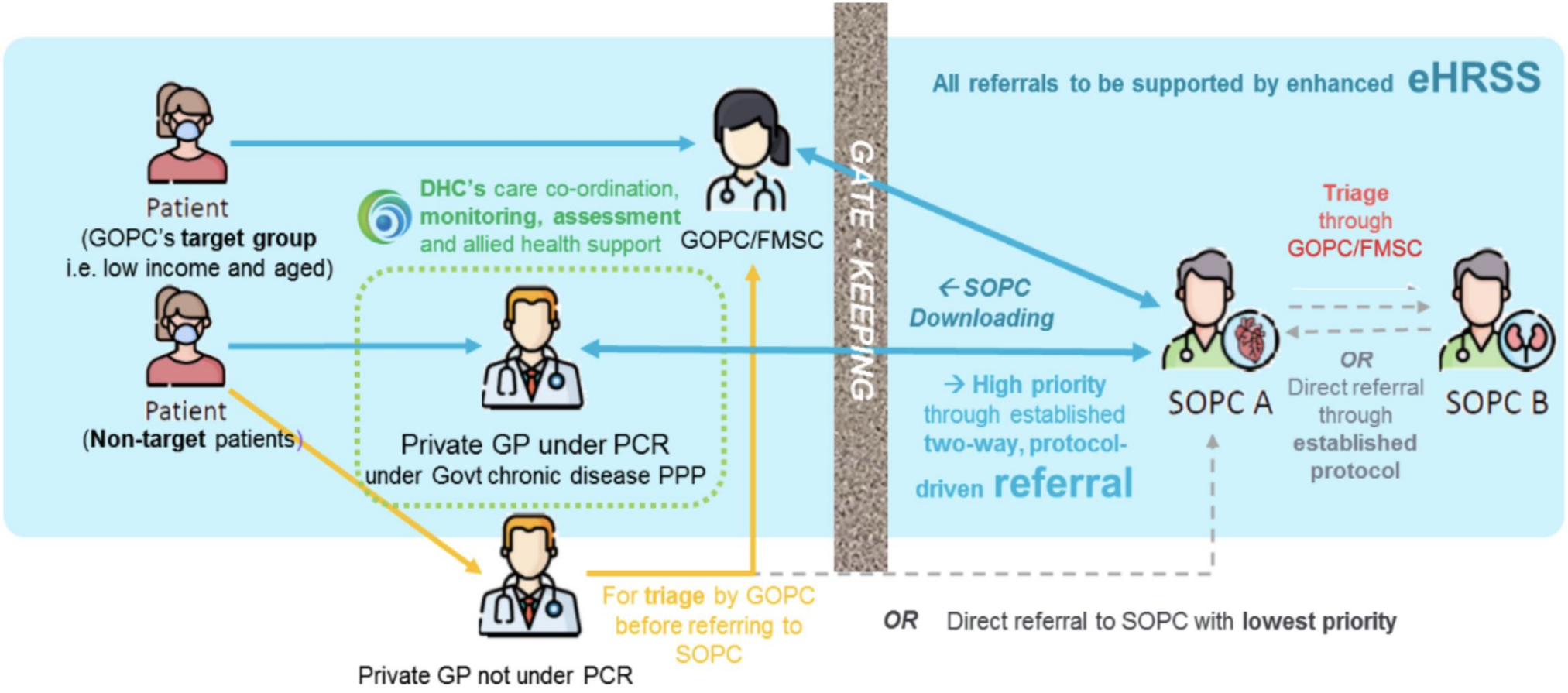
- Prevention oriented primary healthcare services
- Health promotion
- Health risk assessment and screening
- Early identification of health risks
- Early detection and prevention of chronic diseases



Vertical and horizontal integration of primary and secondary services

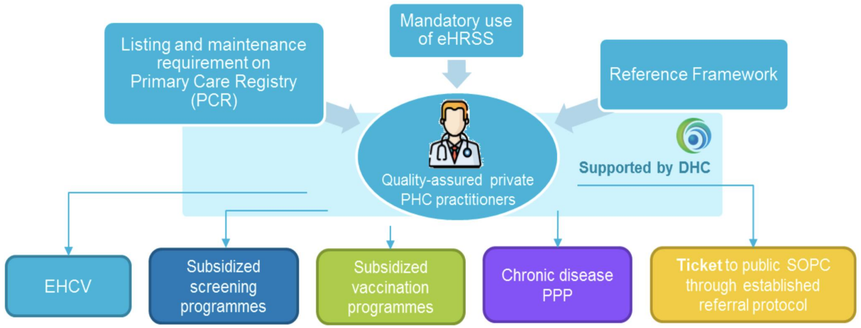
- DHCs further developed with an emphasis on vertical integration of primary, secondary and tertiary care services through protocol-driven care pathway, and horizontal integration of district-based PHC and social service providers through medical-social collaboration, public-private partnership and service co-ordination.

- Private PHC resources are envisaged to be integrated and coordinated to serve as a gatekeeper to the public secondary healthcare system with an aim to improve service efficiency and effectiveness, as well as helping patients navigate each level of the healthcare system efficiently.



A conceptual diagram on the streamlined primary-secondary referral mechanism

The establishment of the Primary Care Directory (PCD) and introduction of Reference Frameworks (RF) for selected disease in the primary care setting



A conceptual diagram on the governance of private PHC practitioners through various policy levers

- RFs will be established as the standard care protocol in PHC services, particularly in government subsidized services, to enhance healthcare quality and facilitate multi-disciplinary care.

- Four RFs have been promulgated by the Government, covering HT, DM and preventive care for children and older adults in primary care settings,

- There will be further development and expansion on the applicability of the RFs to various disease groups with emphasis on patient empowerment and strengthening of multi-disciplinary team management

The Primary Healthcare Team

Multidisciplinary care is one of the focuses in delivering PHC services and management of chronic diseases. all have their distinctive roles in achieving coordinated, person-centered and community-based PHC services. Different allied health professionals, including

- Medical Practitioners
- Case coordinators
- Nurses
- Physical therapists (PTs)
- Occupational therapists (OTs)
- Speech therapist
- Podiatrist
- Dietitian
- Optometrists
- Laboratory technicians

The Primary Healthcare Team

- Traditional Chinese Medicine Practitioners
  - Role of Chinese Medicine Service in Primary Healthcare
  - Principles & Mechanism of Action of Acupuncture /Acupressure in
    - LBP, OA Knee, Stroke Management
- Community Pharmacists
- ?Clinical Psychologists?

How to run an effective primary health care system / district health centre in Hong Kong

QUESTIONS

What does the public want?
What can be offered?
How do we modify health seeking behavior?
How do we keep the patient out of the hospital?
What are the incentives?
Financials?

How does the system work?

- The patient seeks care from doctors when not feeling well.

- When a patient consults a doctor:
  - Looking for knowledge and predictions
  - What is the diagnosis and with or without treatment, will the disease go away?

- The Family Doctor takes into consideration the effect of bio-psychosocial factors, family environment factors on illness

- Family Doctor provides appropriate treatment according to problems identified.

- Only, when necessary, Family Doctor will make the appropriate referral.

- Family Doctor works with the Primary Healthcare team to provide holistic comprehensive continuous care to the patient and family. There is a lot of support by ancillary primary care providers in order for the team to provide holistic care.

Role of a Family Doctor

"We are uniquely at the frontline of continuous and lifelong patient-facing health services."

But we need to build a life long continuous trusting relation between doctor and patient.

Doctors need to be trust-worthy and patients need to respect doctors. Hence Competency and need for appropriate training of Family Doctors.

We also need Family Doctors to lead and be backed up by a Primary Healthcare Team.

「全科醫生儼如家庭一分子」

“The family doctor as a friendly extended member of the family”

“DHC – a Medical home for the Family”

Continuous Care /? Continued care –

Challenges to Family Doctors in providing life-long care in Hong Kong

Healthcare financing

Behavior change of providers, end-users and administrators

Patient Culture – health seeking behavior

Achieving prevention and Anticipatory care

Values system / appreciation

Mismatch of Expectations

Bureaucracy - Stewardship

Target focus of services at the future District Health Centers

Obesity – Anticipatory care, prevention, management
Chronic Disease Management with holistic approach Screening / multidisciplinary team approach- Diabetes Mellitus Hypertension
Musculoskeletal – coordinate physio and occupational therapy Low back pain, Osteoarthritis of knee Fracture hip – rehabilitation, follow-up
Rehabilitation – Post Specialist Intervention, prevention of recurrence, continued care , carer training coordinating multidisciplinary team care Stroke , Coronary artery disease
Good practice – avoiding polypharmacy
Lifestyle modification – Smoking Cessation, Exercise Prescription, Diet advice
Skills – Motivational Interviewing

Chronic Disease Management Program

- Introduction of a Chronic Disease Management Program to enhance the chronic disease management role of the private PHC sector by providing subsidization for chronic disease patients.

- Through subsidizing screening and management of targeted chronic diseases, we aim to achieve the target of early identification and appropriate intervention for these targeted patients at the community level in order to delay complications and alleviate the pressure on secondary and tertiary healthcare.

Habit of Regular Primary Care visits

It is hoped that the image of family doctors as an extended family member can help promote:

- the habit of regular primary care visits to promote a healthy lifestyle
- a preventive approach to health care
- family-wide awareness of each other’ s health
- long-term efficacy of self-care

The Present arrangement
Public vs Private : HA GOPC

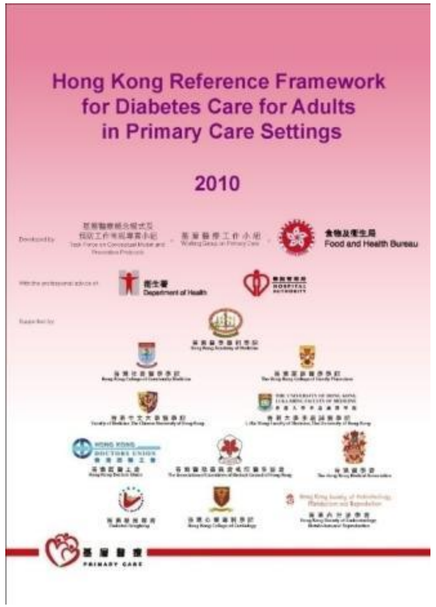
Chronic Disease Management projects

Health Risk Assessment and Management
Managing complications of Chronic Diseases: Wound Care; Continence care
Fall prevention
Medication Management & Compliance
Respiratory Disease Management
Smoking Counselling and Cessation

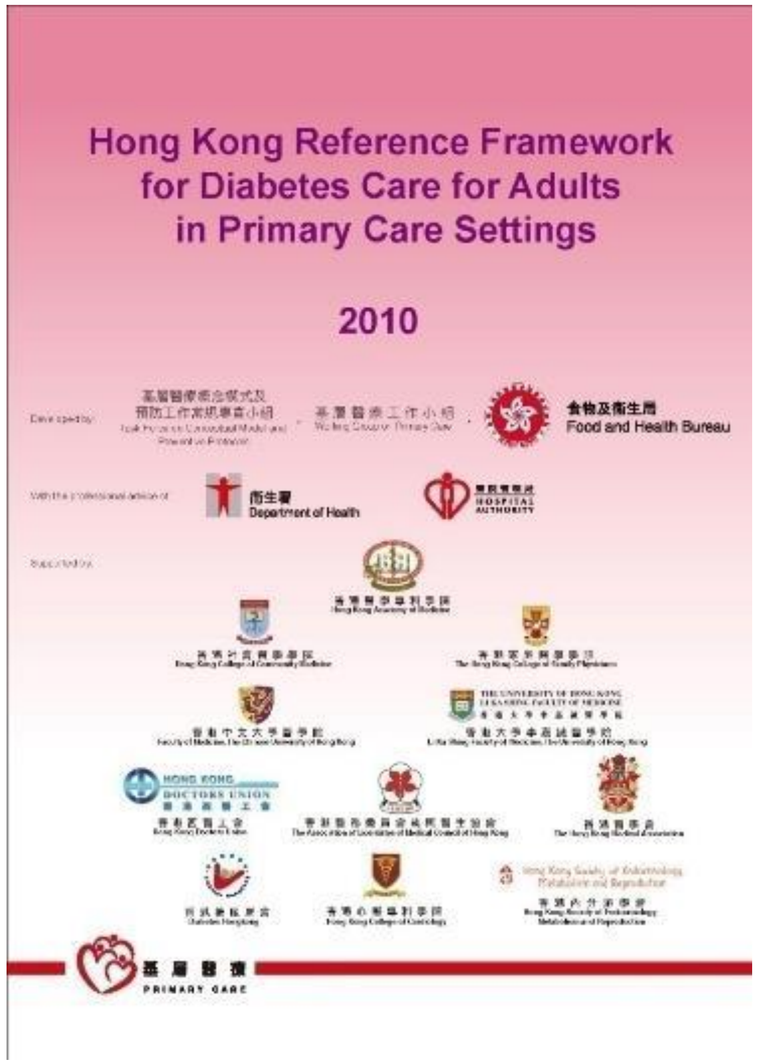
Private assess? Collaboration / Integration

A Population Approach in the Prevention and Control of Diabetes across the Life Course

- Early Identification of People with Diabetes – Doctors, Nurses
- Dietary Intervention for People with Diabetes – Doctors, Dietitian
- Recommending Exercise to People with Diabetes – Doctors, Occupational therapist
- Glucose Control and Monitoring – Nurses
- Drug Treatment for Hyperglycemia – Doctors, Pharmacists



Reference Frameworks

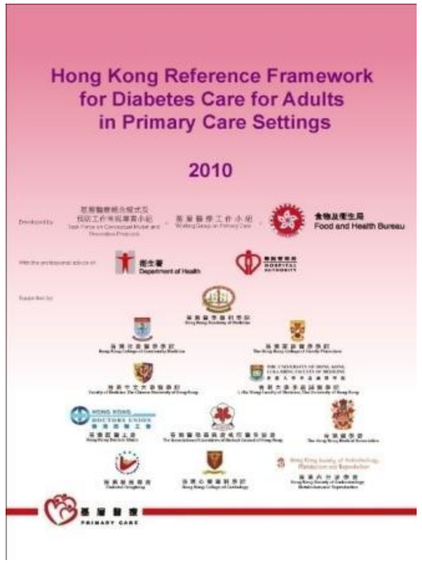


Using management of Diabetes to illustrate need of integrating primary care services

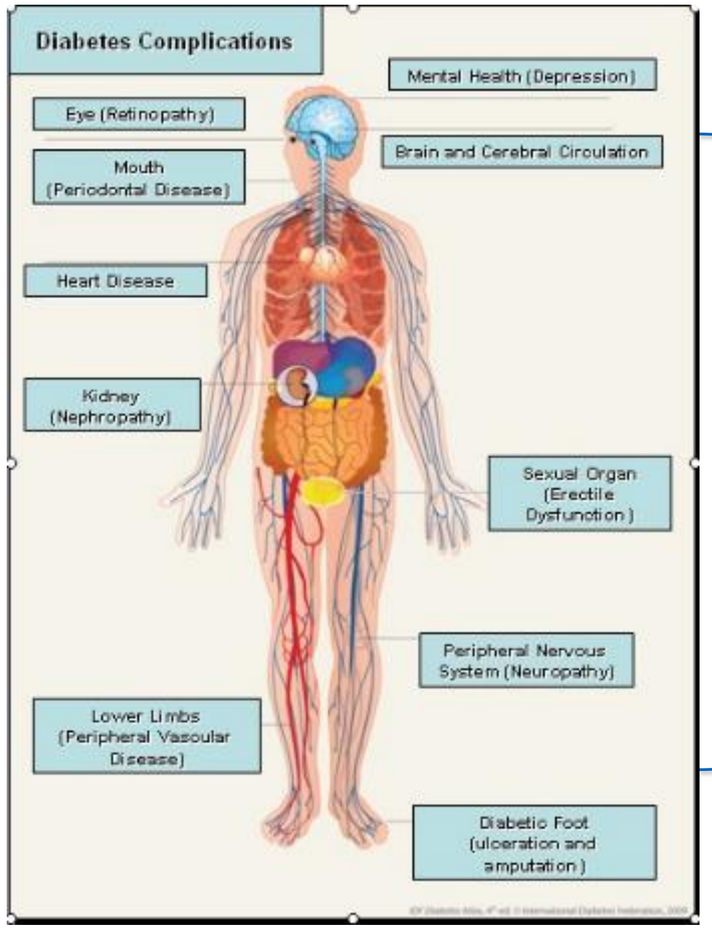
- http://www.fhb.gov.hk/en/press_and_publications/otherinfo/101231_reference_framework/index.html

Framework for Population Approach in the Prevention and Control of Diabetes across the Life Course

- Drug Treatment in Type 2 Diabetic Patients with Hypertension Team – FP, Specialist, Pharmacist
- Lipid Management in Diabetic Patient – Doctor, Dietitian, Pharmacist
- Detecting and managing Complications
  - Diabetic Nephropathy – FP, Specialist
  - Diabetic Eye Disease – Optometrist, Specialist
  - Diabetic Foot Problems – Podiatrist, Specialist



Benefits of Integration in management of NCD



Optometrist

Nutritionist

Podiatrists

Mental Health

Community Nursing

Occupational Therapists

Physiotherapist

Social Worker

A team approach in the Management of Diabetes Mellitus

Integrating :

Nursing services – general / community/specialized
Pharmacy
Occupational Therapy
Physiotherapy
Optometry
Nutrition
Podiatry

Present Allied Health in HA

Audiology
Clinical Psychology
Dietetics
Occupational Therapy (Physical)
Occupational Therapy (Psychiatric)
Physiotherapy
Podiatry
Prosthetic & Orthotic
Speech Therapy

Referral system from Private Practitioners

Integrate services into DHC?

Prevailing charges of Private Ancillary Primary Care Services

Physiotherapist		HKD 500 per hr up
Occupational therapist		HKD 600 per hr up
Optometrist		HKD 500 per exam up
Dietitian		HKD 600 per consult up
Private Nursing		HKD 800 per 8 hour shift up
Clinical Psychologist		HKD 1200 per hour up

GOPD HKD 45
G P consultation HKD 250 including medicine

Other HA community services – For the reference of future DHCs

- Day Hospital- geriatric, psychiatric ambulatory care
- Community Medical Service
- Community Nursing, geriatric assessment, psycho geriatric, community psychiatry, community psychiatric nursing
- Smoking counseling and Cessation
- General Infirmary Service – higher dependency beyond those residential sectors provided by social welfare
- E.A.S.Y program – Early Assessment Service for Young People with Early Psychosis)

Medical Social Integration

Integrate services into DHC as part of primary care

DHC setup - Challenges to meet

- Developing Community Co-ordination Network
- Engagement of Stakeholders and Network Service Providers
- Service design to meet specific needs / Age / Gender

  Groups with health risks behaviors

  Working population with higher health risks and occupation Families with children

  Minorities & disadvantaged groups

  Users with chronic illness

  Population living in public and private estates

- Quality assurance and training

Example of Mission and Vision of a future DHC

Wong Tai Sin DHC

Key Service Attributes:

Professional
Resourceful Accessible
Innovative Supportive
Efficient

我健康 我擔當
My Health My Say

黃大仙地區康健中心
Wong Tai Sin District Health Centre

營運機構
Operator
香港聖公會福利協會有限公司
HONG KONG SHENG KUNG HUI WELFARE COUNCIL LIMITED

Marketing and Social Marketing Campaigns to promote the District Health Centres

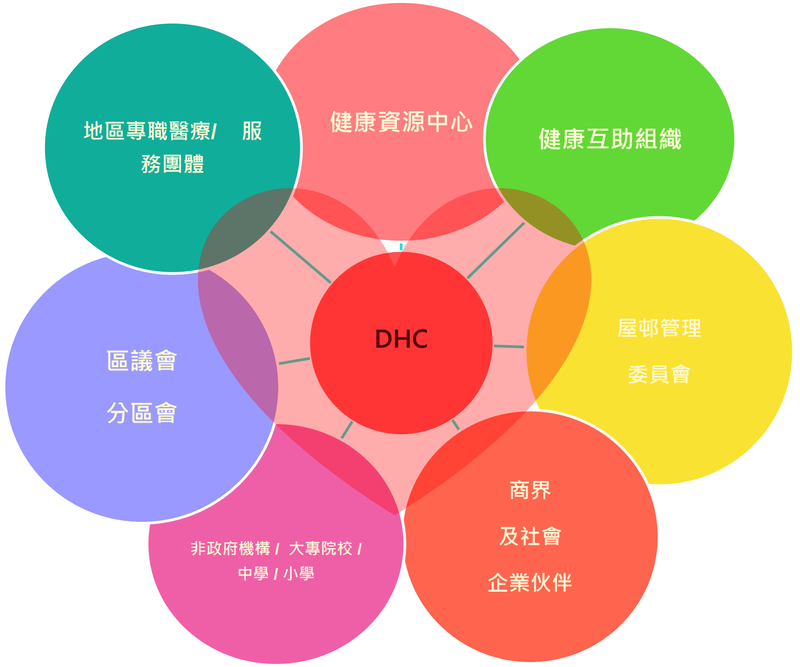
Major influences are often considered

- The medium of communication
- Key opinion leaders
- Community outreach
- Social networks
- In-group leaders or champions

Developing Community Co-ordination Network

聖公會基德小學 (2021.11.15)

Users Workshop on Design for
Core Centre Waiting Area run by
Lab for Ai Design (22.12.2021)



Networking meeting with HA colleagues
(08.12.2021)

Networking meeting on Time-bank
And Health Coach (5.1.2022)

Joint Meeting to explore Social Lab
on Primary Health in WTS:
Make a Difference Institute;
HKU-Faculty of Social Sciences
HKU-Dept. of Civil Engineering;
HKU-Horizons Mingde (14.12.2021)

Example on Stakeholders Engagement

“Promotional Slogan” Campaig

1st Round Judges	
黃大仙區家長教師會聯會	黃妙送主席
竹園南邨居民協會	許錦成主席
嗇色園助理社會服務秘書	陳紹基先生
健康安全城市(黃大仙)義務秘書	鄧鳳琪女士
黃大仙地區康健中心執行總監	李秀霞博士

Final Round Judges	
東九龍居民委員會	李德康主席
黃大仙區學校聯絡委員會主席	莫仲輝校長
聖母醫院、佛教醫院、黃大仙醫院行政總監	劉思廷醫生
黃大仙社會福利署專員	呂少英女士
黃大仙區議會	廖成利議員
黃大仙區議會	譚香文議員
聖公會聖十架堂	劉榮佳牧師

黃大仙地區康健中心
Wong Tai Sin District Health Centre

營運機構 Operator 香港聖公會福利協會有限公司 HONG KONG SHENG KUNG HUI WELFARE COUNCIL LIMITED

Example on Stakeholders Engagement and Health Promotion

運動與血壓自我健康管理計劃 (2-5/2022)

計劃目標:

- 提升黃大仙區居民對高血壓的認識，促進大眾對「自我管理血壓」的關注
- 鼓勵參加者自行訂立及執行持續運動目標，建立持續運動的習慣
- 連結合作伙伴，強化服務及資源網絡

計劃內容:

由黃大仙地區康健中心的團隊向參加計劃的居民提供一系列的「到邨式」服務: 健康評估站，健步行訓練班，健康推廣講座

合作伙伴：

6 居民組織 :
樂富居民聯會；慈雲山居民聯會；彩牛居民力量；
譚香文議員辦事處；竹園南居民協會；黃大仙健康安全城市

院校:
理工大學 應用社會科學系；
香港浸會大學 體育、運動及健康學系;
香港中文大學賽馬會公共衛生及基層醫療學院;
協和書院、聖公會聖本德中學

香港聖公會福利協會康健天地

黃德祥醫生

Service design to meet specific needs

Groups	Plans
Age/gender	Wonderful life series (DHC members only)
Groups with health risks behaviours	Disease/threat-specific talks
Working population with higher health risks and occupation	WISE^2 series Weight management, Illness prevention, Sleeping, Exercise and Eating
Families with children	SWEET series Sleeping, Weight management, Exercise and Eating and Together wellbeing
Minorities & disadvantaged groups	Special arrangements and joint programmes
Users with chronic disease	Self-health management programme, Health coach project
Population living in public and private estates	Residence-based health promotion programmes Mobile service points & promotion booths

Wonderful life series: Support different age groups

Programme title	Special features	Target groups
More than Wonderful 更精彩	fall prevention, nutrition and diet, long-term care planning, longevity health tips, grooming/ skin care tips	Unisex, aged 60+ and carers
More than Gorgeous 更璀璨	Retirement planning, disease prevention	Unisex, aged 50 to 60
More than Charming 更絢麗	Inbody scan, women’ s disease prevention, weight management and diet advice	Women aged 35 to 55
More than Splendid 更輝煌	Inbody scan, men’ s disease prevention, weight management and diet advice	Men aged 35 to 55
More than Beautiful 更美麗	Fitness test, personal grooming/skin care tips and diet advice, beauty inside out	Unisex, aged 20 to 34

WISE² series: Ease occupation-related diseases

Programme title	Special features	Target groups
1. WISE² Driving	Free health check and talks on musculoskeletal, hypertension and digestive problems, which were the most common health problems of professional drivers *(survey by Occupational Safety & Health Council in 2010)*	Professional drivers (10 682 drivers and mobile machine operators in WTS, 2016 By-census)
2. WISE² Working	Free health check and talks on common health problems (knee pain, low back pain) of part-time helpers, elderly home workers, catering workers *(survey by HK Domestic Workers' Union in 2009)*	Part-time domestic helpers (18 475 cleaners, helpers and related workers), health auxiliary workers, etc.

5 components: Weight management, Illness Prevention, Sleeping, Exercise and Eating

SWEET series: Support families

Programme title	Special features	Target groups
1. SWEET Home	10 tips to keep your beloved family healthy and happy	Housewives or married women aged 25-54
2. SWEET Family	Family diet and nutrition assessment, fitness test, health screening, family cooking class	Families with children under 12
3. SWEET Family Plus	Special sessions with customised arrangements (e.g. volunteers) to facilitate their participation	Families with young children with special education needs
	Special sessions with customised arrangements to address cultural differences, including religion, gender and languages	Ethnic minorities families

5 components: Sleeping, Weight management, Exercise and Eating, Together well-being

Behavioral change of the public and the providers

Personal Process involved in uptake

- having knowledge of something new
- being persuaded by it
- deciding to act on it or not
- implementing that decision
- confirming that decision so as to continue its uptake or rejection

Wiser Health Choice Campaign
「智健康」大行動

我健康 我擔當

- Promote Self-Health Management
- Reward Healthy Behaviors
- Engage Young Generations in Primary Healthcare
- Engage Employers and Create Health-Friendly Workplaces
- Promote Healthy Lifestyles on All Fronts in The Community

重連結 共同行

Let’ s Walk Together
樂動行

- Smart Mapping of Individual Needs, local organizations and District-specific Leisure Facilities
- Train Volunteer Coaches for Supporting Local Communities on developing exercise habit
- Engage All in Walking for Health

黃大仙地區康健中心
Wong Tai Sin District Health Centre

營運機構
Operator

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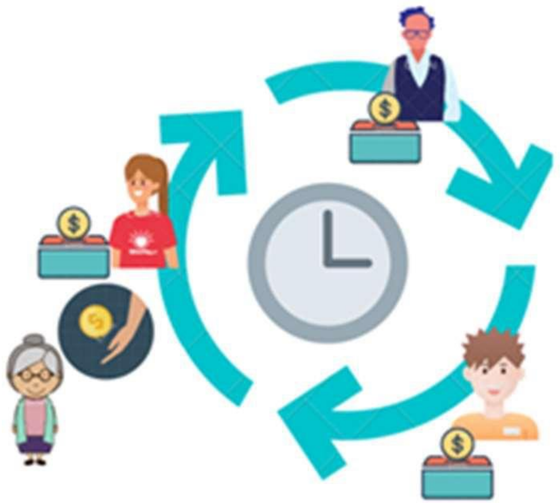
HONG KONG SHENG KUNG HUI WELFARE COUNCIL LIMITED

齊參與 儲健康

Together We Serve
Volunteering & Time banking Programme
織康健-互助時間儲蓄計劃



- Make Everyone a Potential Health Coach
- Incorporate Self-Health Management in Volunteer Training
- Online Matching of Interest and Volunteering Opportunities
- Use Time banking to Boost Volunteering and Mutual Care
- Build Social Capital

The Network Service Providers at WTS DHC

Medical Practitioners

CMP

Dietitian

Occupational Therapist

Physiotherapist

Speech Therapist

Podiatrist

Laboratory

Optometrist

Present Allied Health in HA

Audiology
Clinical Psychology
Dietetics
Occupational Therapy (Physical) Occupational Therapy (Psychiatric)
Physiotherapy
Podiatry
Prosthetic & Orthotic
Speech Therapy

Staff Training and Team Building

Quality Assurance and Training

Enhance primary healthcare-related training for healthcare professionals and promotion of a multi-disciplinary approach

- Certificate Course in Essential Family Medicine
  Diploma Course in Family Medicine
- Post-registration Certificate Course in Primary Health Care Nursing (DHC Module)
- Professional Diploma in Primary Health Care Nursing
- Professional Certificate in Primary Healthcare in Community Care Context for Physiotherapy
- Proposed Professional certificate in Primary Healthcare for Occupational Therapy
- Proposed Certificate in Primary Healthcare for Social Workers

Certificate Course in Essential Family Medicine
Diploma Course in Family Medicine

Certificate Course

- Essentials of Family Medicine
- Problem Solving and Clinical Updates
- Practical Family Medicine (Practical Workshops)

Diploma Course

- Principles of Family Medicine
- Common Problems in Family Medicine
- Essentials of Family Medicine
- Problem Solving and Clinical Updates
- Practical Family Medicine (Practical Workshops)
- Final assessment

Certificate Course in Ophthalmology for Primary Care Doctors

Instruments and recent advances for fundal examination & Optic Disc
DM retinopathy & Vascular diseases
Maculopathy & Fundus photo quiz
Emergency eye condition
GP approach to red eyes

Post-registration Certificate Course in Primary Health Care Nursing (DHC Module)

- Community health, public health and primary healthcare concept and theories
- Health promotion, advisory and counselling services
- Health risk assessment
- Nursing intervention for health problems
- Collaboration with multidisciplinary professional team

Professional Certificate in Primary Healthcare in Community Care Context for Physiotherapy

- Overview of healthcare policy and system and healthcare needs – global and local views
- Primary healthcare service in Hong Kong
- Bio-psycho-social model in healthcare
- Frailty prevention
- Physiotherapy specific topics

Professional Certificate in Primary Healthcare for Occupational Therapy

- Overview of healthcare policy and system and healthcare needs – global and local views
- Primary healthcare service in Hong Kong
- Bio-psycho-social model in healthcare
- Frailty prevention
- Occupational therapist specific topics

Proposed Professional Diploma in Primary Health Care Nursing

- Advanced Physical & Health Assessment and Management in primary health care
- Counseling, consultation skill and nonpharmacological intervention skill
- Case management, community engagement & interdisciplinary collaboration
- Innovative project / case study

Proposed Certificate in Primary Healthcare for Social Workers

- Primary Healthcare Development in Hong Kong
- Health Promotion and Disease Prevention
- Social Work Intervention and Cross-sectoral Collaboration in Primary Healthcare
- Enhancing Social-medical Collaboration for Healthier Life with Technology
- Visitations will be arranged during the 5 session

Conclusion

- Quality desirable Primary Healthcare engaging Hong Kong population delivered through Family Doctor led Primary Healthcare teams' delivery
- Professional
- Resourceful
- Accessible
- Innovative
- Supportive
- Efficient

Thank you