

Orientation and Induction training for the
network service providers for the K&TDHC
17th August 2019

Provision of life-long care in the primary care setting Chinese and Western Practitioner collaboration

Dr Donald Li

President

World Organization of Family Doctors

WONCA



Role of a Family Doctor

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



Effective Primary Health Care

- Person Centered – not just disease orientated
- Comprehensive – Acute and Chronic care
- Holistic – Takes into consideration of Physical, social, mental aspects
- Continuous – Trusted relation, primary healthcare team working with doctors
- Life-course approach
- Preventive, risk reduction, lifestyle modification
- Community-orientated – public health conscious
- Coordinated – multidisciplinary, teamwork, avoiding duplications and wastes
- Matches Patients values and expectations
- Cost-effective, supports healthcare financing and policies

Life long care / Continuous Care



- Management of **Acute** problems as well as
- Management of **Chronic** problems – NCDs
- **Preparation** for hospitalization
- **Post** Hospitalization Follow-up
- Public Private Services Co-operation
- Two-way referrals
- Supporting healthcare financing policies
- BUT.....
- Need appropriate health seeking behavior - Modifying through Incentives
- Difficulties in achieving preventive and anticipatory care due to Patient values

Patients' Patterns – creating challenges

- become more and more media - and technology-savvy
- prefer the traditional practice of seeking secondary and curative health care rather than primary and preventive health care
- self-medicate directly by going to the local pharmacy
- tend to treat the medical consultation merely as a service, instead of viewing the doctor as a caring long-term health partner
- Used to the low cost Hospital Authority services

Mission and Vision of District Health Centers

People become engaged with medical professionals in the community providing quality care and will benefit from improvement of their health and well-being. This leads to a reduction in the need for secondary and tertiary care, hospitalization and wider social benefits

I have a trusting relationships with professionals that will help me stay healthy and well



I am working with a team of supporting professionals



I have support, choice and control over my healthcare



I understand my health status and will look after myself



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

Taking care of the patient throughout the life course



Cradle to Grave?



Family Doctors - Caring for you for the whole of your life



Cradle

- Child care by Family Doctors – often neglected by Family Doctors / Not sought by parents?
- Leave it to the Pediatricians?
- Records / Data / Growth Charts / Vaccination records
- Reluctant to stock and dispensing Pediatric dosage of medicine
- The need to treat the parent rather than the child
- The Family Doctor can however provide influence – behavior and health seeking behavior modification

Immunization

HK Childhood Immunization program provides free vaccines to children in HK for 11 infectious diseases

Family Doctors to provide proper information and clear myths (carry our preventive role)

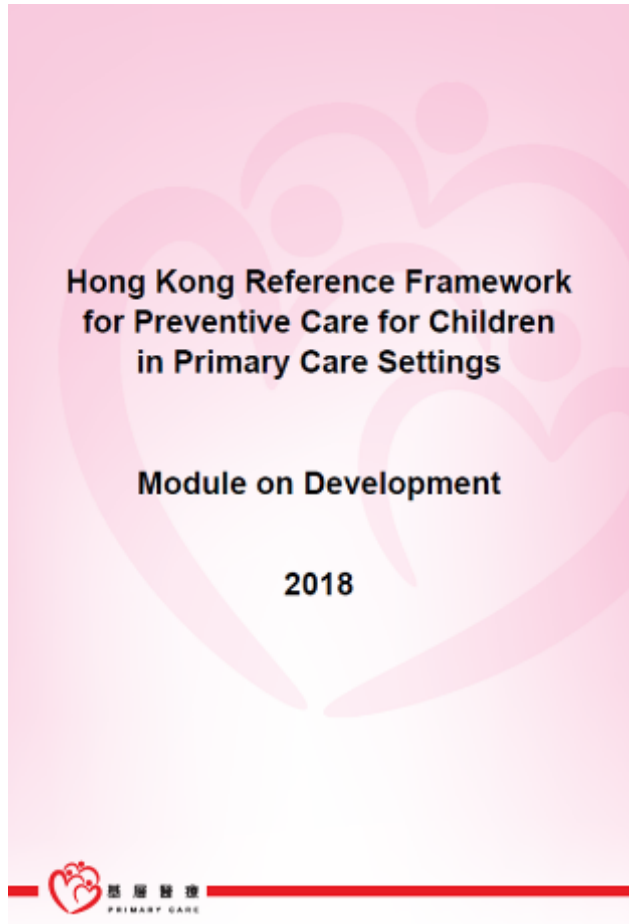
Encourage and check on compliance



香港兒童免疫接種計劃年歲	應接種之各種疫苗
兩個月	白喉、破傷風、無細胞型百日咳及減活小兒麻痺混合疫苗 (第一次)、肺炎球菌疫苗 (第一次)
四個月	白喉、破傷風、無細胞型百日咳及減活小兒麻痺混合疫苗 (第二次)、肺炎球菌疫苗 (第二次)
六個月	白喉、破傷風、無細胞型百日咳及減活小兒麻痺混合疫苗 (第三次)、肺炎球菌疫苗 (第三次)、乙型肝炎疫苗 (第三次)
一歲	麻疹、流行性腮腺炎及德國麻疹混合疫苗 (第一次)、肺炎球菌疫苗 (加強劑)、水痘疫苗 (第一次)
一歲半	白喉、破傷風、無細胞型百日咳及減活小兒麻痺混合疫苗 (加強劑)
小一	麻疹、流行性腮腺炎、德國麻疹及水痘混合疫苗 (第二次)、白喉、破傷風、無細胞型百日咳及減活小兒麻痺混合疫苗 (加強劑)
小六	白喉、破傷風、無細胞型百日咳 (減量) 及減活小兒麻痺混合疫苗 (加強劑)



Child Development



Child Development

Role of Family Doctor – watching the child grow – accompanying the parent

Knowledge

Show concern

Attention and care

Be inquisitive

Be prepared to Answer questions

Primary Healthcare
Teamwork - Care
coordinators

Hong Kong Reference Framework for Preventive Care for Children in Primary Care Settings Module on Development				
Assessment of children with developmental problems (Ch. 3) <small>Ask about the child's acquisition of developmental milestones. Developmental problems present with delay in one or more developmental domains. Developmental milestones are listed for the first 12 months of life. Some children have problems.</small>				
Major domain	Developmental milestones for babies from 0 to 12 months old			
	0-1 month	1-3 months	4-7 months	8-12 months
Gross and fine motor	<ul style="list-style-type: none"> Move with jerky arm thrusting and leg kicking Keep hands fisted most of the time but can grasp whatever is placed in hand 	<ul style="list-style-type: none"> Lift head and chest when lying on tummy and support body with both forearms Keep hands open most of the time and grasp rattle placed in palm 	<ul style="list-style-type: none"> Roll over Sit with support Reach out and grasp objects Transfer object from one hand to the other 	<ul style="list-style-type: none"> Sit without support Crawl on tummy/crawl on limbs/shuffle on bottom Stand with support Demonstrate pincer grasp
Speech and language	Refer if: <ul style="list-style-type: none"> ► Persistent low muscle tone or floppiness. ► Asymmetry of movement or other features suggestive of cerebral palsy. 			
Social, activities of daily living	<ul style="list-style-type: none"> Show social smile Pay attention to human voices 	<ul style="list-style-type: none"> Start cooing Laughter when played with Turn head to the direction of sound 	<ul style="list-style-type: none"> Start babbling Develop stranger anxiety Locate the source of soft noise 	<ul style="list-style-type: none"> Vocalizing noises Feed by using fingers to hold food
Hearing	Hearing problems (Ch. 4.2) <ul style="list-style-type: none"> Screen for hearing loss in all newborn infants. Refer for hearing impairment at any age. 			
Vision	<ul style="list-style-type: none"> Follow human face/ large object briefly Turn head/ eyes to follow moving objects Recognize familiar persons at a distance 			
	Vision problems (Ch. 4.3) <ul style="list-style-type: none"> Screening should be performed at the earliest age. Any child unable to be tested after two attempts / abnormality is detected should be referred for evaluation 			

Developmental Surveillance (Ch. 1)

- Always perform developmental surveillance:
1. Elicit and attend to parental concerns.
 2. Obtain a relevant developmental history.
 3. Make accurate and informative observations of children.
 4. Identify risk and protective factors.
 5. Maintain an accurate record of the process and findings.

Normal Development (Ch. 2)

- There is considerable variation in the achievement of milestones among children.
- Encourage caregivers to talk and play more with the children for normal development.

(continued)

Major domain	Developmental milestones for children from 1 to 6 years old			
	1-2 years	2-3 years	3-4 years	4-6 years
Gross and fine motor	<ul style="list-style-type: none"> Walk alone well by 2 years Walk up and down stairs with support Build tower of 4 or more blocks 	<ul style="list-style-type: none"> Run fast Walk up and down stairs without any help pedal bicycle Turn page of book one at a time 	<ul style="list-style-type: none"> Stand on one foot momentarily Draw circle and square Draw a person with a few body parts 	<ul style="list-style-type: none"> Jump forward on one foot for 2-3 metres Write numerals and alphabets Do simple art work
Speech and language	Language Impairment (Ch. 4.4) Refer if the following red flags are detected:			
	<ul style="list-style-type: none"> Not putting words together by 2 years old 	<ul style="list-style-type: none"> Not speaking with 2-3 words/phrases by 3 years old 	<ul style="list-style-type: none"> Does not speak in sentences, has unclear speech and difficulty in being understood by 4 years old 	<ul style="list-style-type: none"> Cannot retell simple stories in an organized way by 5 years old
Social, activities of daily living	<ul style="list-style-type: none"> Drink from cup Wash off shoes 	<ul style="list-style-type: none"> Keep dry by day Feed self more skilfully 	<ul style="list-style-type: none"> Identify own sex Put on shoes 	<ul style="list-style-type: none"> Wash face and brush teeth
Performance and cognition	Social Developmental Problems (Ch. 4.5) <ul style="list-style-type: none"> Autism Spectrum Disorder is characterized by impairments in two major domains: <ol style="list-style-type: none"> 1) deficits in social communication and social interaction and 2) restricted repetitive patterns of behavior, interests, and activities. 			
	<ul style="list-style-type: none"> Sort objects by shapes and sizes Enjoy pretend play 	<ul style="list-style-type: none"> Match objects with pictures Identify a few colours 	<ul style="list-style-type: none"> Buy numbers up to 10 Use to ask 'Why', 'Who' 	<ul style="list-style-type: none"> Do simple one-digit addition and subtraction within 10

Developmental Delay (Ch. 4.1)

- Global developmental delay: levels below children of the same age across two or more developmental domains.
- Intellectual assessment and referral is needed.

Specific Learning Difficulties (Ch. 4.6)

- Involves academic difficulties, like reading, writing or mathematics.
- Usually not discovered until children start school.
- Should avoid "wait and see", early referral and intervention is necessary.

Development

Know More about Child Development (0 - 12 months)

Discuss with doctors or nurses
if your baby has the following problems

By the end of 1 month,
my baby still:

- ★ Seldom moves his/her arms or legs
- ★ Appears excessively floppy or stiff
- ★ Does not blink to bright light
- ★ Does not respond to loud noises
- ★ Does not focus on or follow your face at near



By the end of 3 months,
my baby still:

- ★ Does not move much and not support his/her head temporarily when lying on his/her tummy
- ★ Does not look at his/her own hands
- ★ Does not follow moving objects with his/her eyes at near
- ★ Does not respond to loud noise
- ★ Does not make any sound
- ★ Keeps his/her hands fisted all the time and does not hold rattle put in his/her hand
- ★ Does not smile in response to your voice or face



By the end of 7 months,
my baby still:

- ★ Does not sit well with support on her hands
- ★ Does not bear some weight on legs when being held up
- ★ Does not reach and grasp objects
- ★ Does not visually follow objects at near and far distance
- ★ Has one or both eyes consistently turn in or out (ie, squinting)
- ★ Does not respond to calling
- ★ Does not turn head to locate sound



By the end of 9 months,
my baby still does not sit alone

By the end of 12 months,
my baby still:

- ★ Does not walk along holding onto furniture
- ★ Appears not to hear or see well
- ★ Does not pick up tiny objects using thumb and index finger (like pincers)
- ★ Does not respond to calling of his name often
- ★ Does not respond to command with gestured cues e.g. wave "bye-bye", "clap your hands"
- ★ Does not use sound, words, gestures or pointing to indicate needs



If you have any concerns or queries, please discuss with nurses and doctors in any Maternal and Child Health Centre or your family doctor / paediatrician or related health care professionals



Child development
(0 to 12 months)
<http://chs.hk.gov.hk/0-12>



Child development
(1 to 12 months)
<http://chs.hk.gov.hk/1-12>



Know More about Child Development (1 - 6 years)

Discuss with doctors or nurses
if your baby has the following problems

By the end of 18 months,
my baby still:

- ★ Speaks no single words
- ★ Cannot walk alone
- ★ Does not play meaningfully but still engages in throwing and mousing of objects
- ★ Does not have eye contact with carer
- ★ Does not point with finger to indicate needs



At any age: Appears not to
see or hear well

By the end of 24 months,
my child still:

- ★ Cannot walk steadily
- ★ Can only speak in single words
- ★ Does not show any pretend play such as playing tea set
- ★ Unable to identify common household objects and body parts
- ★ Does not use gestures or words to draw your attention to his/her interest

Almost 3 years old,
my child still:

- ★ Falls frequently or cannot walk on stairs by himself
- ★ Shows no interest in other children
- ★ Does not participate in pretend play
- ★ Does not draw vertical and horizontal lines
- ★ Does not use eating utensils (such as spoon)
- ★ Shows extreme difficulty in separating from caregiver in most situations
- ★ Fails to understand simple instructions e.g. "Go to the room and take the coat"



Almost 4 years old,
my child still:

- ★ Has difficulty in following adults' daily instructions
- ★ Appears clumsy in manipulating simple eating utensils such as spoon or fork
- ★ Does not speak in sentences
- ★ Has unclear articulation that is difficult to be understood
- ★ Still clings and cries excessively whenever you (or the main caregiver) leaves him/her



- ★ Shows excessive or persistent aggressive behaviour
- ★ Shows no interest in playing with others; ignores other children and prefers playing on his/her own
- ★ Has learning or behavioural problems at school

Already 5 years old,
my child still:

- ★ Shows excessively aggressive behaviour
- ★ Is excessively timid, fearful, or emotionally labile
- ★ Cannot follow instructions at home or in school
- ★ Cannot relate simple events
- ★ Cannot speak in adult-like sentences
- ★ Is easily distracted and inattentive when compared to others in class

- ★ Shows little interest in other children and not joining in games
- ★ Appears clumsy in physical activities
- ★ Shows definite problem in learning concepts
- ★ Appears clumsy in pencil skill or in using simple tools
- ★ Has other learning or behavioural problems at school



If you have any concerns or queries, please discuss with nurses and doctors in any Maternal and Child Health Centre or your family doctor / paediatrician or related health care professionals



Child development
(1-6 years)
<http://chs.hk.gov.hk/1-6>



Child development
(1-6 years)
<http://chs.hk.gov.hk/1-6>



Childhood Injury Prevention

Share your Knowledge
Engagement with parents
Proactively remind / discuss / educate parents

Primary
Healthcare
Teamwork -
Education

Hong Kong Reference Framework
for Preventive Care for Children
in Primary Care Settings

Module on
Childhood Injury Prevention

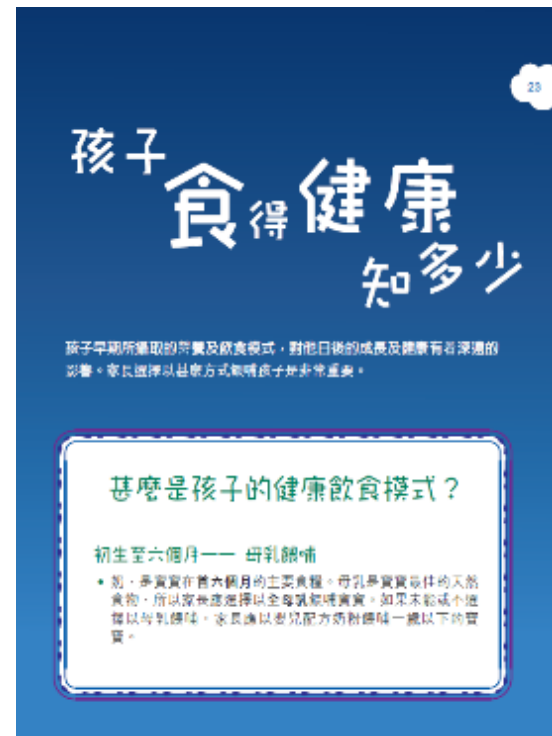
2018

Hong Kong Reference Framework for Preventive Care for Children in Primary Care Settings Module on Childhood Injury Prevention						
Counsel parents on the following evidence-based strategies to prevent childhood injury						
Injury Prevention (Chapter 3)	Age (Years)					
	0 year	1 year	2 years	3 years	4 years	6 years
Falls	<ul style="list-style-type: none"> Install window guards and fences or wire meshes around balconies. Never leave a baby alone on a diaper changing mat, adult bed or sofa. Avoid infant walker. Raise and lock side rails when leaving a baby in a cot. 	<ul style="list-style-type: none"> Always supervise children in playgrounds. Play on equipment <1 m height. 	<ul style="list-style-type: none"> Play on equipment <1.5 m height. Avoid using bunk beds. 			
Burns	<ul style="list-style-type: none"> Prevent water heater temperature to <50°C. Supervise cooking area from living area. Do not add water before hot water and test temperature before placing a child into a tub. Test temperature of food before feeding. Avoid heating milk or food in microwave. 	<ul style="list-style-type: none"> Keep electrical cords, matches and lighters out of reach. 	<ul style="list-style-type: none"> Keep children out of reach of hot objects and away from kitchens. Avoid smoking. Do not place heaters near the edge of beds. 			
Choking and suffocation	<ul style="list-style-type: none"> Keep plastic bags away from children. Avoid using foldable furniture. Avoid hard and small foods such as nuts. Ensure toys are free from small parts that could be swallowed. 		<ul style="list-style-type: none"> Avoid using curtain cords, or tie them properly. 			
Drowning	<ul style="list-style-type: none"> Never leave bathing unsupervised. Maintain adult supervision during swimming. 		<ul style="list-style-type: none"> Wear personal flotation devices around water. 			
Poisoning	<ul style="list-style-type: none"> Keep poisoning agents in their original containers and out of reach of children. Use child-resistant locks on cupboards containing cleaning products and other household chemicals. Dispose out-of-date or unwanted medications, chemicals and batteries properly. Follow the instructions strictly when giving medications to children. 					
Traffic accident	<ul style="list-style-type: none"> Never leave children unsupervised in the car. Age appropriate child restraints should be used. 		<ul style="list-style-type: none"> Do not let a child cross the street alone. Supervise children closely in places where there are cars. 			
Others	<ul style="list-style-type: none"> Sleep safety: <ul style="list-style-type: none"> Maintain a smoke-free environment. Sleep the infant in their own sleeping cot with a firm surface. Sleep the infant on the back. Keep the head and face uncovered. Do not use pillows, soft toys, pacifier cords and loose bedding. 	<ul style="list-style-type: none"> Finger pinching: <ul style="list-style-type: none"> Be aware of children when opening or closing doors. Fix the doors in place or use finger pinch guard. Have safety locks fitted to cupboards and drawers. 				

Hong Kong Reference Framework for Preventive Care for Children in Primary Care Settings Module on Childhood Injury Prevention						
Counsel parents on the following evidence-based strategies to prevent injury						
Injury Prevention (Chapter 3)	Age (Years)					
	0-1 years	1-2 years	3-4 years	5-6 years	7-12 years	13-18 years
Falls	<ul style="list-style-type: none"> Install window guards. Prevent water heater temperature to <50°C. Never leave a baby alone on a diaper changing mat, adult bed or sofa. 	<ul style="list-style-type: none"> Always supervise children in playgrounds. Play on equipment <1 m height. 	<ul style="list-style-type: none"> Play on equipment <1.5 m height. Avoid using bunk beds. 			
Burns	<ul style="list-style-type: none"> Prevent water heater temperature to <50°C. Supervise cooking area from living area. Do not add water before hot water and test temperature before placing a child into a tub. Test temperature of food before feeding. Avoid heating milk or food in microwave. 	<ul style="list-style-type: none"> Keep electrical cords, matches and lighters out of reach. 	<ul style="list-style-type: none"> Keep children out of reach of hot objects and away from kitchens. Avoid smoking. Do not place heaters near the edge of beds. 			
Choking and suffocation	<ul style="list-style-type: none"> Keep plastic bags away from children. Avoid using foldable furniture. Avoid hard and small foods such as nuts. Ensure toys are free from small parts that could be swallowed. 		<ul style="list-style-type: none"> Avoid using curtain cords, or tie them properly. 			
Drowning	<ul style="list-style-type: none"> Never leave bathing unsupervised. Maintain adult supervision during swimming. 		<ul style="list-style-type: none"> Wear personal flotation devices around water. 			
Poisoning	<ul style="list-style-type: none"> Keep poisoning agents in their original containers and out of reach of children. Use child-resistant locks on cupboards containing cleaning products and other household chemicals. Dispose out-of-date or unwanted medications, chemicals and batteries properly. Follow the instructions strictly when giving medications to children. 					
Traffic accident	<ul style="list-style-type: none"> Never leave children unsupervised in the car. Age appropriate child restraints should be used. 		<ul style="list-style-type: none"> Do not let a child cross the street alone. Supervise children closely in places where there are cars. 			
Others	<ul style="list-style-type: none"> Sleep safety: <ul style="list-style-type: none"> Maintain a smoke-free environment. Sleep the infant in their own sleeping cot with a firm surface. Sleep the infant on the back. Keep the head and face uncovered. Do not use pillows, soft toys, pacifier cords and loose bedding. 	<ul style="list-style-type: none"> Finger pinching: <ul style="list-style-type: none"> Be aware of children when opening or closing doors. Fix the doors in place or use finger pinch guard. Have safety locks fitted to cupboards and drawers. 				

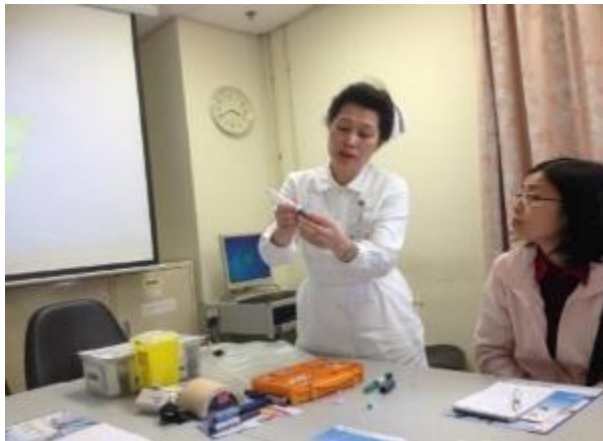
Parent Empowerment – Promote Booklets on Health Care Tips

Show interest and Care – you as the Family Doctor is part of the “Family”



A team approach is necessary in Life long care Take the Management of Diabetes Mellitus as an example

From early detection to diagnosis to treatment to managing complication through a life course



**Introducing Care
Coordinators**

Integrating :

**Nursing services –
general / community/specialized**

Pharmacy

Occupational Therapy

Physiotherapy

Optometry

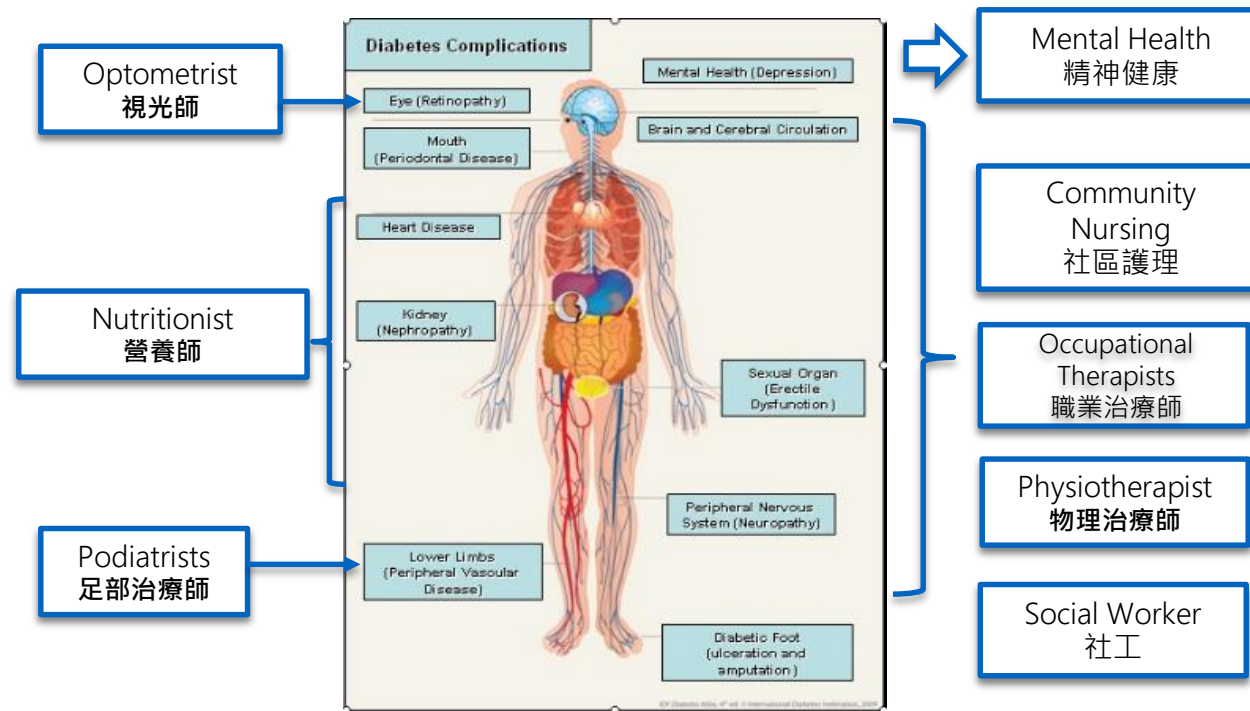
Nutrition

Podiatry



Benefits of the Primary Health Team in the management of NCD

基層醫療團隊在非傳染性疾病管理的益處



Present Allied Health in HA

Audiology

Clinical Psychology

Dietetics

Occupational Therapy (Physical)

Occupational Therapy (Psychiatric)

Physiotherapy

Podiatry

Prosthetic & Orthotic

Speech Therapy

Can we make
these services
available in DHC?

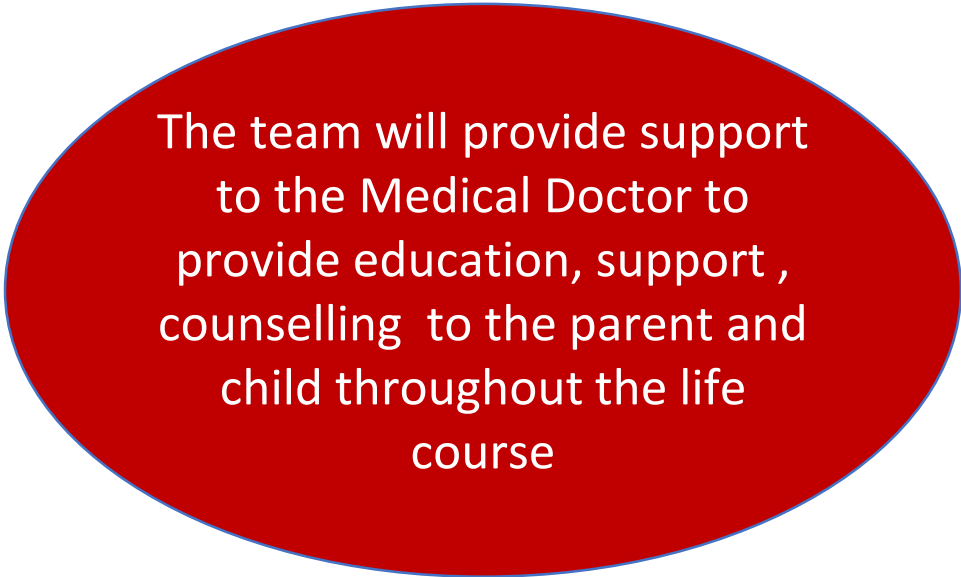
Service Guides



The Primary Healthcare Team

Service Providers available at future District Health Centres

- Medical Doctors – Family Doctors
- Case Coordinator
- Nurses
- Chinese Medicine Practitioner
- Dietitian
- Occupational Therapist
- Optometrist
- Physiotherapist
- Podiatrist
- Speech Therapist



The team will provide support to the Medical Doctor to provide education, support , counselling to the parent and child throughout the life course

Life-long Care Introducing Care Coordinators Providing Guiding and Coaching

- Perform Health screening and assessment
- Provide Health coaching that helps people to set goals and take actions to improve their health and lifestyle
- Makes contacts and referrals to network health partners and other services/programs in K&TDHC
- Works with Family Doctors , acting as the Case Manager to monitor and follow up on the individual self-managing health plan
- **TEAMWORK**



Benefits of having support by a Primary Healthcare Team in providing life-long care

- Family Doctors working with Care Coordinator - Referral to appropriate care
- Compliance – Reminders for follow-up, monitoring, RAMP programs
- Monitoring progress
- Education, lifestyle modification, exercise prescription, Diet advice
- Rehabilitation – coordinating Physiotherapy, Occupational therapy
- Post trauma support
- Coordinating social services support
- General mental support
- Proper use of medication, prescription
- Providing supportive care and advise to family members
- Coordinating home care, support at home



A Community Healthcare Centre in Shanghai China

家庭醫生團隊與 社區衛生服務中 心平台的關係

家庭醫生團隊

立足社區, 中心與站
為主要服務場所

為簽約居民提供有針
對性服務

社區衛生服務中 心平台的關係

主要提供群體性、
專業條線服務功能

形成若干個輔助部門
作為對家庭醫生團隊
的支撐



A Community Healthcare Centre in Shanghai China

社區衛生服務中心 公共衛生工作開展策略

- ◆ 老年人 (elderly) 為主的家庭 - 以慢性病管理、助老關愛服務作為切入點
- ◆ 年輕人 (young) 為主的家庭 - 以免疫接種、婦女兒童保健服務、網路管理作為切入點
- ◆ 特殊人群 (terminal care) 為主的家庭 - 以關愛服務作為切入點

Aim elderly care



What influences Health in Older Age



► WHAT IS NEEDED FOR HEALTHY AGEING

A change in the way we think about ageing and older people

Creation of age-friendly environments

Alignment of health systems to the needs of older people

Development of systems for long-term care



Healthy Ageing...being able to do the things we value for as long as possible
#yearsahead

Reference Framework produced by the Primary Care Office of the Department of Health of Hong Kong September 2017

➤ Core document

- Evidence-based recommendations according to the conceptual model for preventive care of older adults in primary care settings

➤ Modules

- Elaboration of health domains in the preventive care for older adults in primary care setting
- Modules
 - Health assessment
 - Falls
 - Dental health care
 - Visual impairment
 - Cognitive impairment

Primary Healthcare
Teamwork - Care
coordinators



Hong Kong Reference Framework for Preventive Care for Older Adults in Primary Care Settings

Perform the following evidence-based recommendations on preventive activities for older adults in your clinics

Vaccination

(Core Document Ch.5.1)

Seasonal influenza vaccination

Annually for age ≥ 65 and high risk groups

23-valent pneumococcal polysaccharide vaccination

1 dose for age ≥ 65 if not received before, or have received 1 dose before age 65 but >5 years earlier

Practice of healthy lifestyle

(Core Document Ch.5.2)

Smoking

Ask about tobacco use at every opportunity and advise all current smokers to quit smoking

Drinking

Assess the quantity and frequency of alcohol intake
Advise on drinking to minimise alcohol-related harm

Physical Activity

Assess current level of activities and promote regular physical activity whenever possible

Weight Management

Screen for overweight and obesity, and advise on behavioural interventions to optimise body weight

Dental health

(Core Document Ch.5.3)

Promote oral hygiene and assess oral health problems periodically

Chronic diseases

(Core Document Ch.5.4.1)

Hypertension

Measure blood pressure annually for older adults

Diabetes Mellitus

Screen every 3 years for age ≥ 45
Annually when risk factors are present

Hyperlipidaemia

Screen every 3 years for age 50-75
Annually when risk factors are present

Cancer screening

(Core Document Ch.5.4.2)

Cervical Cancer

Cervical cytology test every 3 years for women aged 25-64 who have ever had sex after 2 consecutive normal annual tests
May be discontinued for age ≥ 65 after 3 previous consecutive normal tests
For women aged >65 who have never had test should be screened

Colorectal Cancer

Screen by one of the methods including annual or biennial faecal occult blood test (FOBT), flexible sigmoidoscopy every 5 years and colonoscopy every 10 years for age 50-75

Functional disability

(Core Document Ch.5.4.3)

Hearing Impairment

Opportunistic screening

Visual Impairment

Opportunistic screening

Urinary Incontinence

Opportunistic screening

Risk of Falls

Opportunistic screening

Mental disorders

(Core Document Ch.5.4.4)

Depression

Opportunistic screening

Dementia

Assess cognitive function when cognitive impairment or deterioration is suspected

Polypharmacy & adverse drug reactions

(Core Document Ch.5.4.5)

Review all the medications (include over-the-counter drugs and herbal remedies) so as to avoid possible drug duplications, interactions or adverse drug reactions

Assessment of social network and support

(Core Document Ch.5.5)

Opportunistic screening on the social support networks
Provide support to carers enabling them to remain mentally and physically well

Extracted from the Hong Kong Reference Framework for Preventive Care for Older Adults in Primary Care Settings available at www.fhb.gov.hk and www.pco.gov.hk

Developed by the Task Force on Conceptual Model and Preventive Protocols of the Working Group on Primary Care

May 2013

(Please turnover to continue)



基層醫療
PRIMARY CARE

Health Assessment of the Elderly

Cue cards for doctors –
a quick reference of the
functional assessment tools



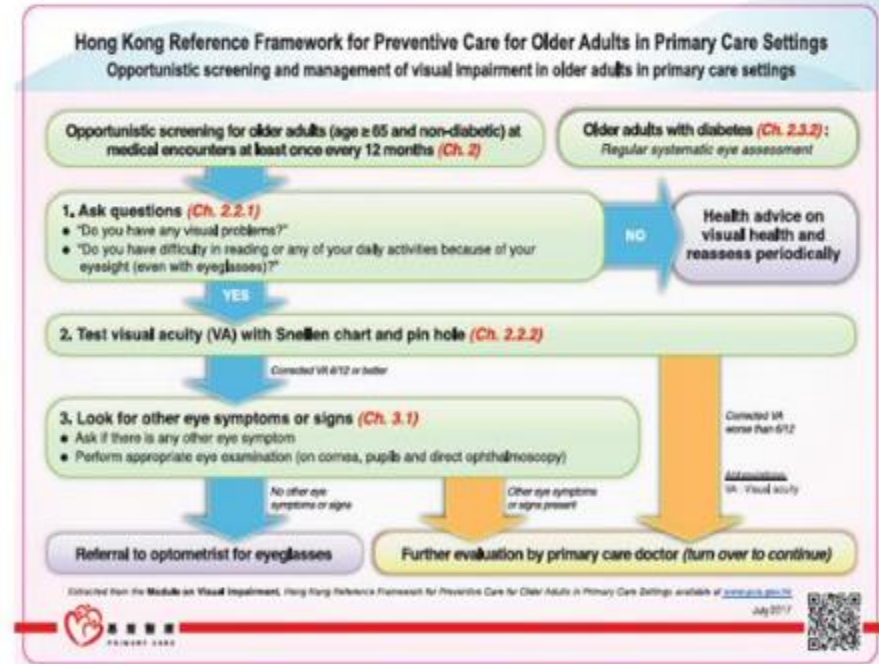
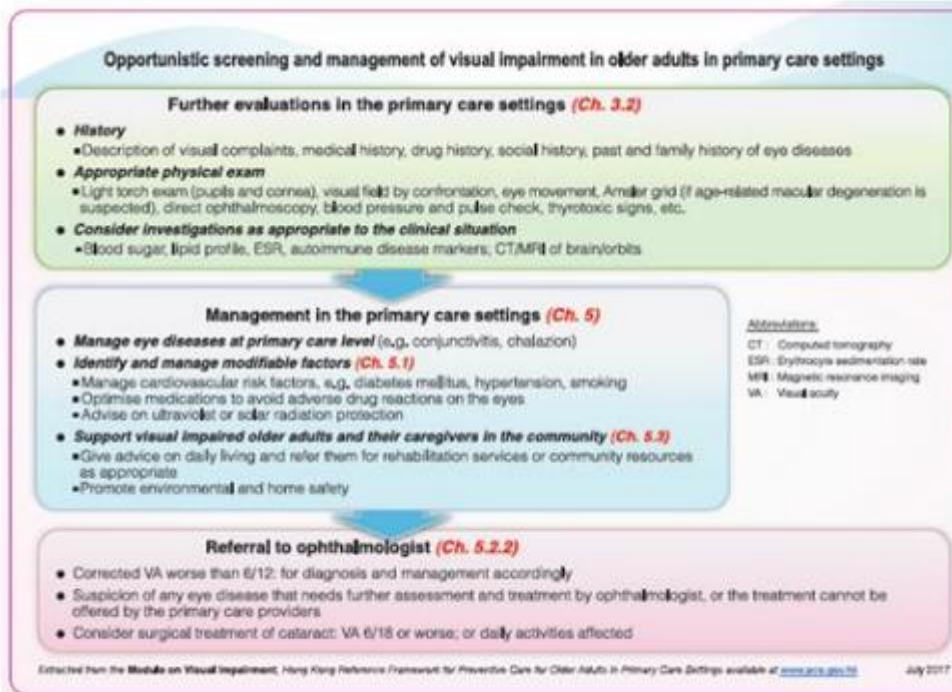
Poster for patient
empowerment

Definite role for the Family Doctor and **team-Care Coordinator can initiate and assist**

The trusted relationship developed over the years

The accepted advice

Visual Impairment

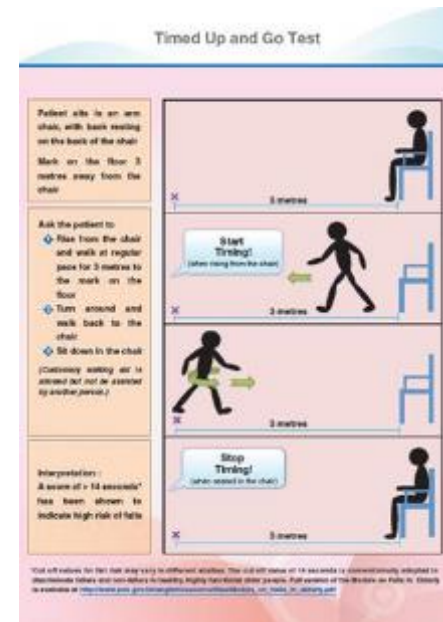
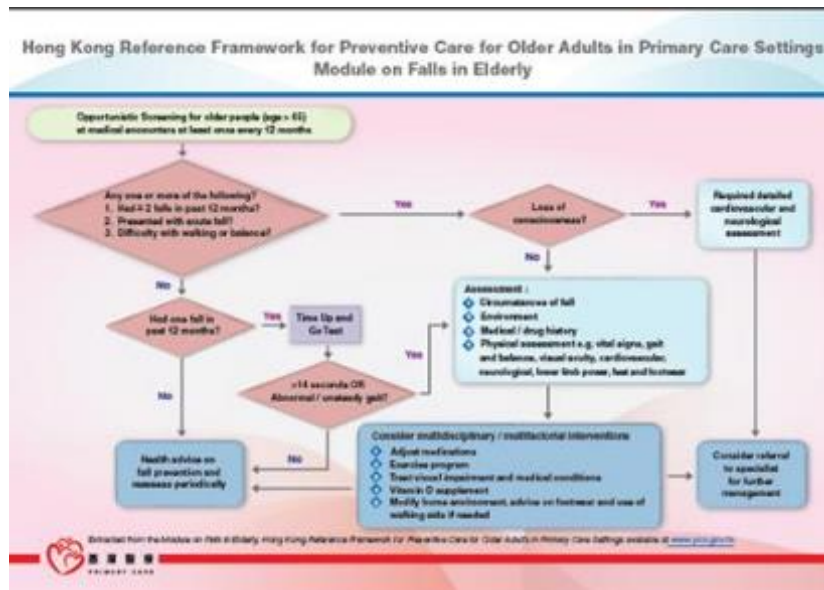


Initial evaluation by Family Doctor / **Optometrist** and referral as necessary

Awareness

Associated problems – family support , home arrangement , safety, accident prevention

Falls in Elderly



Time consuming but worthwhile

Demonstrate care and concern

A real life hazard

Not to forget possibility of osteoporosis and fragile bones

Associate with life style advise

Family Support

Primary Healthcare Team need to provide coordinated care and support – care coordinator, occupation, physiotherapists



Cognitive Impairment



Role of Family Doctor:

Awareness / proactive discussion with family

Provide Information

Assessment – Hong Kong Brief Cognitive Test HKBC, MMSE

Work with Geriatrician

Promote family support – stimulation

Involve primary healthcare team to provide comprehensive support – nurses can perform HKBC

Towards End of Life

Preparing for end of life

Advanced directives

Certification

Power of Attorney

Wills

End of Life Decisions

- Narrow definition:
 - Application or withdraw of life sustaining therapies
- Broader definition
 - "As you approach the end of your life, what do you want to happen?"
 - Other issues unrelated to health care

安寧療護



Medical Social Integration

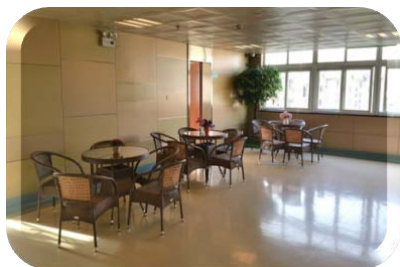
Integrating End of Life Services in the community setting

- Not necessary in Hospitals
- Hospice care
- Certification by Family Doctor
- Coroner's role
- **Work with Social Workers**

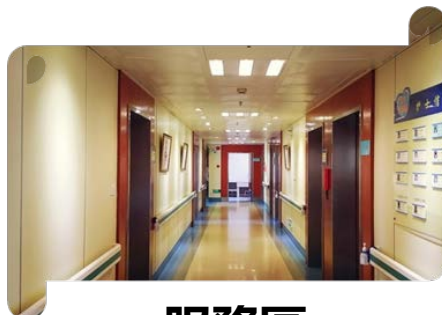


社區衛生服務中心 特色工作

安寧療護



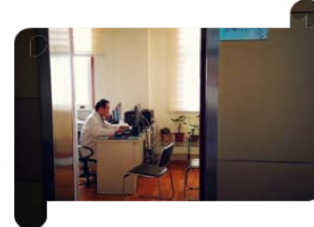
生活輔助區



服務區



管理區



鎮痛門診



傾談室



配膳室及沐浴室



關懷室



護士站

Medical-Social Integration in China

醫養結合

融合

醫：全科、中醫、康復

養：養老院、日照中心、鄰里匯

護：護理院、日間照護

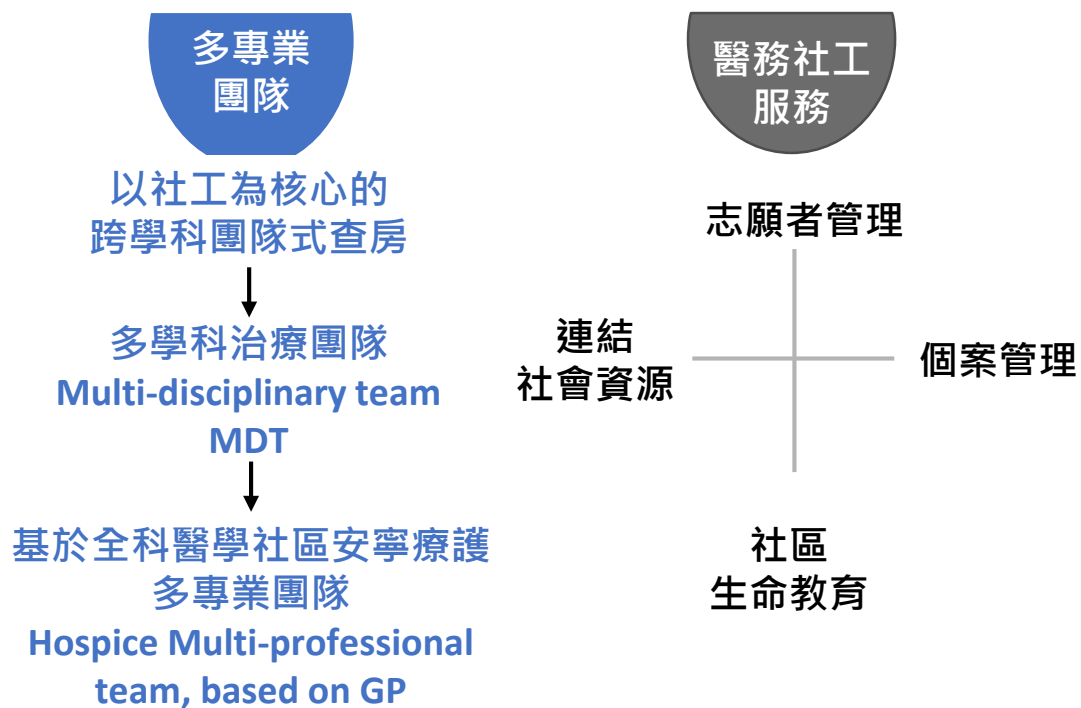
居：居家照護、家庭病床

送：安寧療護

整合資源，為社區居民提供全生命週期的健康管理和照護

社區“醫養護居送”全程健康管理模式榮獲首屆上海市醫改十大創新舉措提名獎

社區衛生服務中心 社工與社區



Strengthening support for Elderly Care

Jockey Club Community eHealth Care Project

The population in Hong Kong is ageing, and the number of older people with chronic conditions will continue to grow. In this relation, The Hong Kong Jockey Club Charities Trust has adopted a proactive approach to strengthen the support for senior citizens, and has earmarked HK\$138 million to carry out the three-year "Jockey Club Community eHealth Care Project" together with the Senior Citizen Home Safety Association (SCHSA), the CUHK Jockey Club Institute of Ageing (IoA) and various NGOs. The Project adopts an innovative approach to encourages the elderly to build self-management habits and gain a better understanding of their own health.

Objectives:

- › To apply eHealth solutions to empower individuals to build self-management habits
- › To promote elderly centres as the first point of contact for detecting and addressing the health and social needs of the elderly
- › To pilot eHealth technology to improve quality of life for the elderly, and analyse the health characteristics and patterns of the elderly through big data analytics



The Jockey Club Community eHealth Care Project consists of three main components:

1. Tele-care programme. E-health corners will be set up in 80 elderly centres, benefiting some 5,000 elderly people over the three-year project period. After logging in to the e-health stations with their smart cards, the elderly will be assisted to conduct health measurements of blood pressure, blood glucose and weight by trained staff or professional health workers. This data will then be transferred to SCHSA by cloud technology for real-time monitoring and analysis. If the readings fall outside expected norms or no data is recorded for a prolonged period, the SCHSA nursing team will call those participants and follow up. Regular outreach visits will also be provided by a multi-disciplinary team of nurses, health workers and social workers to share health information with the elderly. The project is not aimed at replacing existing medical services or body checks received by the participants; instead, it will encourage them to build self-management habits and gain a better understanding of their own health.

2. Well-being surveys. The IoA will support the participating elderly centres in carrying out regular well-being surveys for around 10,000 people, focusing on their cognitive, psychological and social well-being. The results will help give the elderly centres a comprehensive understanding of their users' needs, enabling them to design suitable activities and services for them.

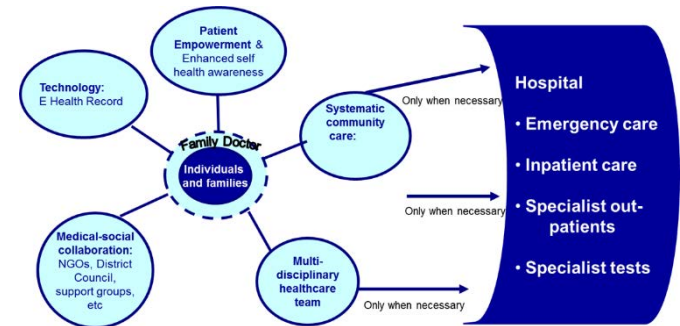
3. Big data analysis. IoA will apply big data analysis to the information collected from the tele-care programme and well-being surveys to better understanding the health status and health trends of the elderly in Hong Kong.

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

- Healthcare financing – Resource allocation – Fundholding by Hospital Authority
- Behavior change of providers, end-users and administrators
- Patient Culture – health seeking behavior
- Values system / appreciation
- Mismatch of Expectations
- Government Policy - Bureaucracy – Need of Stewardship

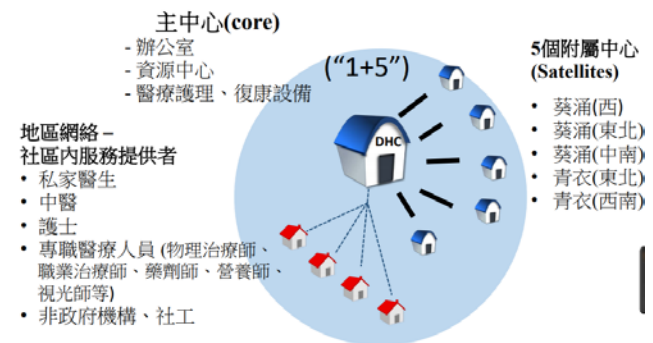
Way Forward – Primary Healthcare development – District Health Centre

Stay Healthy in the Community
Hospital Care only when necessary



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

地區康健中心建議運作模式



Common health concerns

Target focus of services at the future District Health Centers

Obesity – Anticipatory care, prevention, management

Screening by Case Coordinator Team, Education, Monitoring. Involve dietitian.
Exercise prescription.

Chronic Disease Management with holistic approach Screening / multidisciplinary team approach –

Family Doctor, Case Coordinator, Nurses, dietitian, Occupational therapist, Optometrist

Diabetes Mellitus

Hypertension

Musculoskeletal – assessment by family doctor, coordinate physio and occupational therapy by case coordinator.

Low back pain, Osteoarthritis of knee

Fracture hip – rehabilitation, follow-up

Common health concerns

Target focus of services at the future District Health Centers

Rehabilitation – Post Specialist Intervention, prevention of recurrence, continued care,
Family Doctor Case Coordinator leading and coordinating multidisciplinary team care

Stroke , Coronary artery disease

Promotion of Good practice and appropriate health seeking behavior
– understanding prescribed medication, avoiding polypharmacy ,doctor shopping behavior
Whole team , involve pharmacists

Lifestyle modification
– Smoking Cessation, Exercise Prescription, Diet advice
Multi-disciplinary team led by case coordinator, nurses under direction of Family Doctor involving Special Skills – e.g. Motivational Interviewing

Present Allied Health in HA

Audiology

Clinical Psychology

Dietetics

Occupational Therapy (Physical)

Occupational Therapy (Psychiatric)

Physiotherapy

Podiatry

Prosthetic & Orthotic

Speech Therapy

Can we make
these services
available in DHC?

Service Guides



THE KTDHC TEAM		Number
Key	Executive Director	1
	Chief Care Coordinator (Registered nurse)	1
Care Coordinators (Registered nurse)		≥ 6
Physiotherapist		≥ 1
Occupational Therapist		≥ 1
Pharmacist (Full-time equivalent)		≥ 1
Social Workers		≥ 3
Administrative Staff		≥ 6
Dietitian (Part-time)		≥ 1
Others, e.g. supporting staff		

Working
with a
Network
of
Family
Doctors

KTDHC Network Service Providers

- Medical Doctors – Family Doctors
- Chinese Medicine Practitioner
- Dietitian
- Occupational Therapist
- Optometrist
- Physiotherapist
- Podiatrist
- Speech Therapist
- Not yet – clinical psychology

醫療趨勢 Trends of Medicine

21st Century

急性病照護

Acute diseases care



22nd Century

慢性病管理

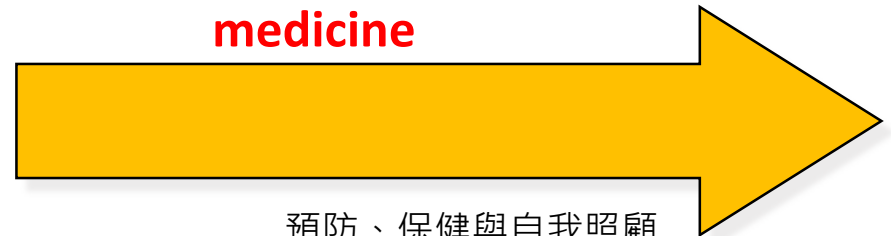
Chronic diseases
management

生物醫藥
醫院為基礎
急重症照護

Medication and hospital
based acute care



替代醫學
alternative
medicine



預防、保健與自我照顧

Prevention, health maintenance and self care



社區醫療照顧
Care provided in the
community

全科醫生的發展趨勢 – 中西醫結合

Development Trend in General Practice

- Integration of Chinese and Western medicine

- 全科醫生增加對中醫藥的瞭解，世界各地包括西方社會都對中醫藥有濃厚興趣
- General practitioners are enhancing their knowledge about Traditional Chinese medicine (TCM), different countries around the world including the West, has an intense interest in Chinese medicine
- 不少西方人士也有接觸中醫，甚至接受中醫治療
- Many Westerners have experience and contact with TCM, and some have even undergone TCM treatment.



傳統醫學與現代醫學兩個系統並無衝突。在健康照顧保健中，二者能有利和諧交融，取其優勢，並互補弱點

陳馮富珍

世界衛生組織總幹事

「我愛家庭醫學」



There is no contradiction between traditional and modern medicine. In health care , the two disciplines can facilitate a harmonious care, supplement each others' merits and weaknesses.

2011 Albert Lasker Medical Research Awards

THE 2011
LASKER MEDICAL RESEARCH AWARDS

The discovery of artemisinin (qinghaosu) and gifts from Chinese medicine

Youyou Tu



Dr. Tu Youyou at 2011 Lasker Awards ceremony, with Maria C. Freire, Lasker Foundation President (left) and Alfred Sommer, MHS Lasker Foundation Chairman (right). Photo: ©Stephanie Badini



Dr. **Tu Youyou** became the first Chinese woman to accept the Lasker Prize for her lifelong malaria research in 2011 and later the **Nobel Prize**.

2011年拉斯克獎日前揭曉，中國科學家**屠呦呦**獲得其中的臨床醫學獎。獲獎理由是“因為發現青蒿素 -- 一種用於治療瘧疾的藥物，挽救了全球特別是發展中國家的數百萬人的生命。” 其後獲**諾貝爾獎**

- ♦ The root of TCM is in primary care 中醫藥的根在基層
- ♦ TCM itself is general practice / medicine 中醫本身就是全科
- ♦ TCM is unique and precious resources 中醫藥是獨特、寶貴的資源
- ♦ TCM has been trusted by local communities Globally 中醫藥服務獲全球社區居民信賴
- ♦ TCM compliments and enhance western Medical practice

中醫在全科醫療上的優勢

The strength of TCM in general Practice

- ❖ Holistic care 整體觀
- ❖ Emphasis on health preservation 注重養生
- ❖ The ideology and implementation of health prevention “治未病”的理念與實踐
- ❖ Individual care model 個體化的診療模式
- ❖ A combined application of medicine, acupuncture, diet and exercises 藥、針、食、體兼通的綜合技術

中醫在社區的發展迎合了全科發展的趨勢
符合中國國家醫改的政策

The development of Chinese medicine in the community aligns with
the development of general medicine, and is in line with China's
national health care reform

Positioning of General Chinese Medicine Practitioners

中醫全科醫師的定位

- Service providers of TCM for solving health problems in the community 中醫師是綜合運用中醫藥理論和技能解決健康問題的**服務提供者**
- Managers who guide the development of TCM in the community and bring the benefits to the people 中醫師是指導中醫藥進社區，發揮社區中醫藥應用的綜合效益的**管理者**
- Successors of TCM knowledge and skills 傳統中醫藥知識、技能的**繼承者**
- Promoters of TCM culture 中醫藥文化的**傳播者**

HIGHER DEMAND 要求越來越來高

全科醫生的發展趨勢 – 中西醫結合

Development Trend of General Practitioners - Integration of Chinese and Western medicine



- Hong Kong is a place featured with fusion of cultures. Many patients may have both Chinese and Western medicine treatments concurrently in their search for a quicker cure.
- 香港是個文化融和的社會，不少病者可能會中、西醫同步治療，希望儘早藥到病除
- General practitioners, during treatments, can incorporate the TCM theory to achieve better treatment
- 全科醫生診治時也可以配合中醫藥的理論，以達到更好的治療目的
- General practitioners should communicate with Chinese medicine practitioners to increase mutual understanding and enhance application of TCM
- 全科醫生應該多與中醫交流，增加相互的認識，提高中醫在全科診治的應用範圍

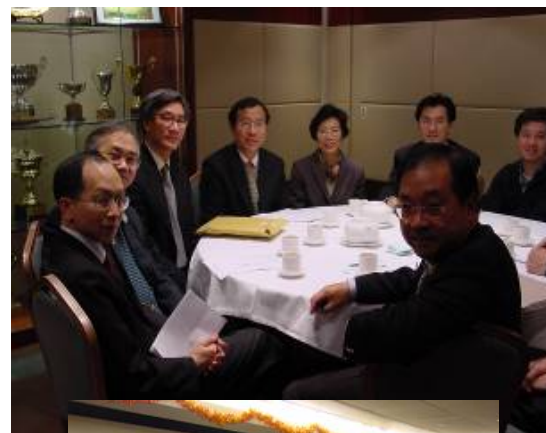
香港中西醫結合醫學會

**Hong Kong Association for Integration of Chinese
Western medicine**



A group of senior Western doctors, TCM practitioners and university professors established the Association in 2001, with a mission to further develop and promote the integration of Chinese and Western medicine.

一群資深的西醫、中醫和大學教授於2001年抱著以結合運用中西醫學知識，發展更好的醫學理念下成立香港中西醫結合醫學會。



Highly respected former chairmen, including Prof Chow Shew-ping, Dr Ko Wing-man, Dr. Vivian Wong Tam Chi-woon, Dr Yu Chau-leung, have laid a good foundation for the Association

歷任德高望重的會長周肇平教授、高永文醫生、黃譚智媛醫生、余秋良醫生/中醫師為學會打下良好基礎。



會議、研討會
Conference and seminars

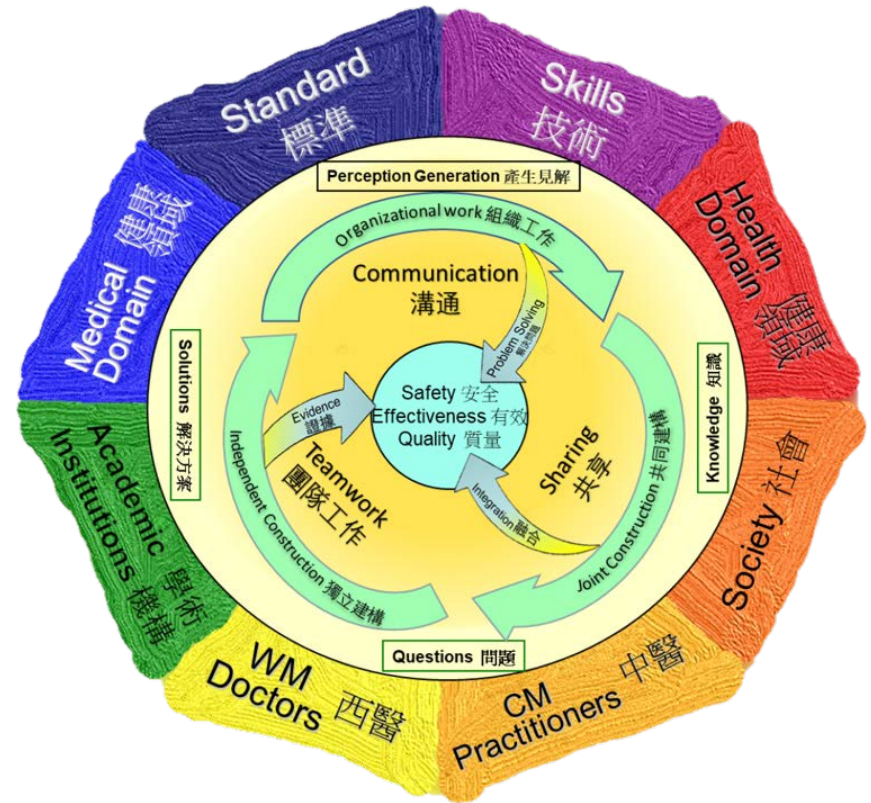


課程
Curriculum

IJOP Philosophy 理念

在病人間常見因中醫西醫間不溝通而承受的病苦。見諸於情，引發我等爭取設立中西醫醫學平台，尋求各界支持；發之於心，希望中醫西醫一起提升醫療健康水平。

在醫學中，既可藉西方科研方法學來研究分析，又可從中醫累積千年的思維及經驗中琢磨觀點。可望求同存異，發展和擴闊醫學精準療效，讓智慧重新，共識疾病治療和健康調理。



The Integrative Joint Organizational Platform -IJOP

介紹「中西醫醫學平台」

- **IJOP 1** – set the direction and recommendation for integrative CM-WM collaboration
第一期 2015 —— 訂定方向和提出建議，以備中西醫協作之用
- **IJOP 2** - Disease Management Information Network
第二期 2019 —— 疾病治理共策網絡
 - Funded by ITC 由創新科技署資助
 - 病 Diseases - 3 Chosen : **Breast Cancer, Stroke and Eczema**
疾病 - 三種選定：乳腺癌半恢復期、中風後治理和濕疹
 - 方 Framework for CM-WM collaboration
中西醫協作框架
 - 人 Community Network
社協醫網
 - 網 Web-based platform for CM-WM collaboration
供中西醫協作之用的網絡平台

Integrated Medicine 結合醫學

- Patient-centered care (individualized) 病人為中心的照顧 (個體化)
- Holistic analysis 整體分析
- Apply all proper treatments (routine or non routine) 利用所有適當的治療方法 (常規或非常規)
- Enhance self-healing through self health maintenance 透過自我保健照顧提升人體自愈能力
- Emphasis on prevention and protection 強調預防與保健
- Evidence-based medicine 實證醫學
- Diversification in clinical practice 臨床實踐中的多樣化

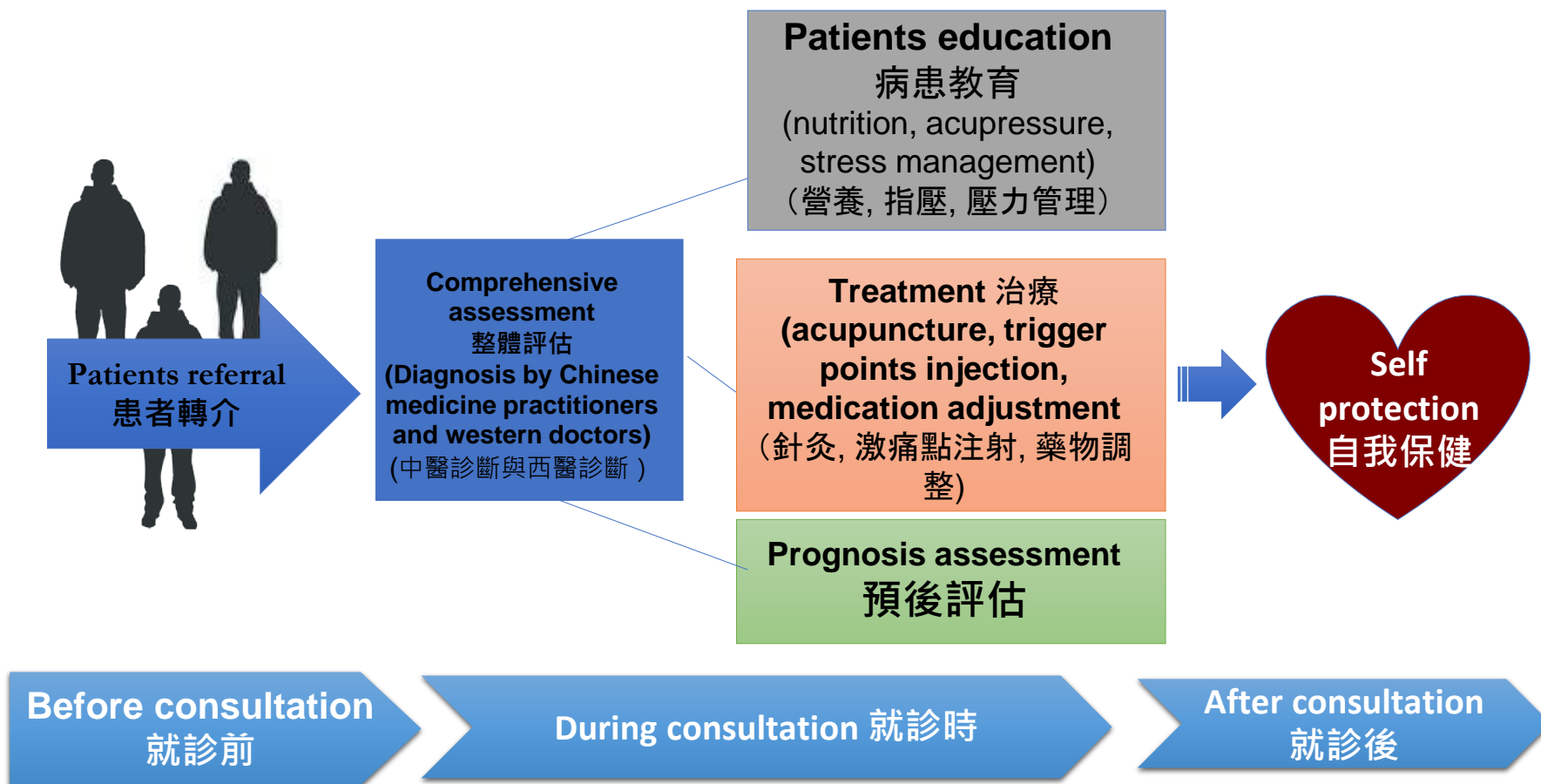
The best of the two types of medicine 兩種醫學的最佳:
The essence of integrated medicine 東西醫學模式的關鍵點



- Use the strength of biomedical knowledge, such as diseases detection, acute diseases management and methods for stabilizing vital signs 利用生物醫學的強項，如發現疾病，急性病管理和穩定生命指征的方法
- Rely on the “perspective of balance” of TCM 依賴傳統中醫的平衡觀
- Believe in self-healing ability of our inner bodies 相信機體內在的自愈能力
- Flexible and comprehensive treatment for individuals 靈活和全面性的個體化治療
- Investigate the root cause of diseases through symptoms and presentations of diseases 在症狀和疾病的“標”的背後，尋求疾病的“根本”
- Treat patients through targeting at parts or the overall health problems 通過處理局部和全身的問題，治療病人
- Actively engaged in preventive and promotive health 積極參與預防和促進健康
- Safe, effective and affordable health care 安全，有效和價廉的治療

Clinical model of Chinese and Western Medicine Centre

中西醫學中心臨床模式

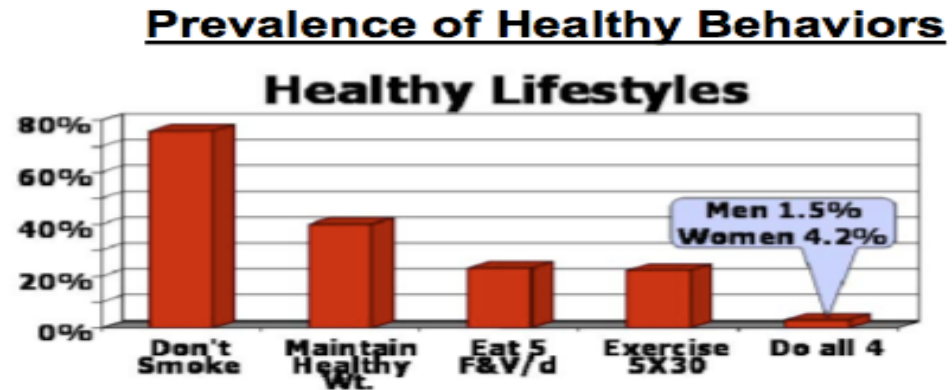


Healthy life-style 健康的生活方式

Importance of Patient education and engagement
Value of Primary Healthcare Teamwork - with Care coordinators

70% 的早逝與生活方式相關

後三分之一的生命所伴隨的疾病和損傷中，50% 可以通過改變生活方式而得到消除



70% of premature death is lifestyle-related

50% of all illness & injuries in the last third of life can be eliminated by changing lifestyle

Reeves, MJ, Rafferty AP. Healthy Lifestyle Characteristics Among Adults in the United States, 2000, *Arch Intern Med*, 2005; 165(8): 854-57.

Crowley & Lodge, *Younger Next Year*, Workman Publishing Company, 2004.

Education and treatment of Integrated Chinese and Western Medicine 中西醫學教育與治療

Education 教育

- The importance of balance 平衡的重要性
- Life-style adjustment 生活方式調整
- Sports/sleep/diet 運動/休眠/營養建議
- Self Massage and acupressure 自我按摩與指壓
- Stress management 壓力管理

Treatment 治療

- Acupuncture 針灸
- Acupressure 穴位按摩療法
- Trigger Point Injections 激痛點注射 (TPI)
- Medication adjustment 藥物調整

Features of success for integrated medicine

成功的結合醫學專案的特點

Boon HS, et al. 2008

- Open and inclusive institutional culture 開放相容的機構文化;
- Integration of outstanding CAM with western doctors 能力突出的 CAM 聯合西醫從業者 (同時具有兩種醫學知識者為佳);
- Effective communications among team members 團隊成員間的有效溝通;
- Sustainable environment for medical practice 可持續的醫療實踐環境 (實體和經濟上的); 以及
- Competency to handle some difficult cases 有能力處理一些特殊的疑難病情

Changes of Medical Practice 醫學實踐轉變表

The present medical model is changed from ... 當前的醫學模式演變為...	To an Integrated medical practice 結合醫學實踐
Doctors playing an authoritative role 醫生在防治過程中扮演權威角色	Doctors play the role as a partner 醫生在防治過程中扮演夥伴的角色
Intervention mainly targeted at specific disease treatment 干預常常僅針對特定疾病的治療	Intervention is given after an overall assessment of health, psychology, sentiment and social factors 干預不僅針對特定疾病，還從整體考慮影響健康的 身體，心智，情感和社會因素
Ignored Patients diet and eating habits 大多忽略患者的飲食習慣	Food is an important health factor, patients would be given diet and nutrition advice 食物是影響健康的一個關鍵因素。患者常常得到飲食諮詢
Patients' psychological factors or stress are not normally considered 患者的情志因素（壓力）經常不加考慮	Educate patients how to manage stress 教育病人怎樣處理壓力
Treatments are fragmented 治療常常是割裂的，沒有協同	Treatments are coordinated by several clinicians 治療在多個臨床人員間協同處理

Source: IOM Summit on Integrative medicine, 2009



中醫在社區醫療健康中心的工作

平台建設深化內涵

- 打造中醫藥健康管理服務網路
- 設立中醫藥健康管理服務站
- 一體化中醫藥服務區建設
- 制定中醫健康管理服務規範
- 制定中醫健康管理服務流程
- 建立中醫健康管理服務品質控制與考核體系



中醫在社區醫療健康中心的工作

中醫基本公共衛生服務

高血壓患者中醫
藥服務試點

慢性病中醫健
康管理

中醫參與傳染
病防治

中醫孕產婦健康
管理

中醫藥
服務

中醫體質辨識

重點人群中醫養
生保健





中醫在社區醫療健康中心的工作

建造一個平台

在各社區衛生服務站點心及中心建立“中醫健康管理”流動服務站；社區衛生資訊中心積極推進中醫預防保健資訊管理平臺建設，強化與家庭醫生工作站資訊管理平台對接，及社區居民健康檔案管理共用的功能，體現政策宣傳、知識普及、文化傳播互動一體的中醫資訊化特色。



社區衛生服務中心工作

提升健康促進內涵

確保經費投入, 保證工作成效
Ensure adequate resources,
Ensure efficiency

建立監測系統, 評估工作效果
Audit, assessment

突出工作重點, 培育健教品牌
Highlight work focus, Create
branding

完善網絡建設, 加強部門合作
Network construction,
Interdisciplinary cooperation

拓展健康傳播, 深化行為干預
Develop and strengthen Health
education

五
項
舉
措

An effective District Health Centre

- Comprehensive 服務全面
- Accessible 方便
- Attractive / Innovative 有創意、具吸引力
- Affordable 能負擔
- Quality assured 優質保證
- Competitive 俱競爭力



CHANGE is the only constant thing.

“Once qualified, we cannot be complacent, storage vessels of knowledge and wisdom.”

Thank
you!