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New Role of Community Rehabilitation Network (HKSR CRN) in Primary Health Care

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Introduction:

HKSR CRN has endeavored for years in promoting patients self-management. The achievement has been well recognized. However, with the vision of the health care reform, more emphasis will be put on primary care to take care of the chronic disease population in soon future. Promoting change on the side of the patients solely is inadequate to tackle the challenge in health care nowadays. Professional participation and systems change are the pre-requisites on the road ahead for genuine implementation of patients' self management. HKSR CRN is going to renovate a new model with the three wheels closely co-work together: the patients, the health practitioners and the health care system.

Purpose of the Project:

It is to provide an overview of the strategies to be engaged to achieve better chronic care in the community

Material & Methods:

Over the past three years, HKSR CRN has piloted various new initiatives that aimed to facilitate professional participation and system enhancement on self management. The major three of them are:

New partnership at GOPC in promoting chronic disease self-management

It is a project with the focus on the patients who are in more stable condition. Projects on high blood pressure and DM were initiated. Referral system, Interfacing services and outcome evaluation have been carried out.

Professional training on self management to the health care practitioners

HKSR CRN has also been proactively launching training to the Institute of Health Care of Hospital Authority. So far, more than 500 health practitioners were trained and equipped with the core self-management concepts and skills.

New frontier in promoting self-management

Chronic Disease Self-Management has been introduced to Mainland China. Pilot programs were organized in 13 provinces with encouraging results. Furthermore, HKSR CRN is deriving the partnership with the primary care providers and system change based on the UK experience.

Results:

1. Self management has proven to be an effective strategy in promoting care in primary health settings while the productive interactions between the patients and the health practitioners will be the key to success.
2. Besides time resources, professional belief and skills to facilitate patients' self management behavior are vital to the "productive interactions".
3. According to strength-based collaboration, health outcomes will be improved with the joint efforts of the community partners (strong in behavioral change) and the health clinics (strong in knowledge delivery).
4. Setting up platform in collecting feedback from patients, community partners and the health practitioners could make continuous systems enhancement a reality and strive for better chronic care.

Conclusions:

New model in chronic care should be established in HK with the focus on promoting self management in primary care. It should include not only equipping the self management skills for the patients but also the health practitioners. Besides, strength-based collaboration between community partners and the health practitioners would also be the key to success.