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Response of Primary Care Doctors and Geriatricians to the Recommendations Made in the “Building a Healthy Tomorrow - Discussion Paper on the Future Health Service Delivery Model” for Residential Care Homes for the Elderly – A Local Questionnaire Survey

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Introduction:

A number of recommendations concerning elderly services were made in the health care reform document published by the Health, Welfare & Food Bureau (HW&FB) in July 2005, including revision of the Code of Practice for Residential Care Homes for the Elderly (RCHEs), enhancing the role of primary doctors, and revamping the role of Community Geriatric Assessment Teams (CGATs).

Purpose of the Project:

To examine the views of primary doctors and geriatricians on the recommendations made by HW&FB.

Methods:

Postal questionnaires were sent to primary doctors with post-graduate diploma and/ or experience as Visiting Medical Officers (VMOs) in community geriatrics, and specialists in Geriatrics in Hong Kong.

Results:

404 questionnaires were posted with 171 (42.3%) returned (42.6% from primary doctors, 41.7% from geriatricians). Nearly all respondents agreed VMOs should attend to the basic medical needs of RCHEs regularly. 95.3% agreed the Code of Practice for RCHEs should be revised to engage doctors to take care of RCHEs' medical needs. 73.1% were willing to devote more time looking after RCHEs, and 74.7% of them could devote up to 1-3 hours per week. However, only 15.3% respondents were willing to provide 24 hour support. Differences were observed between geriatricians and primary doctors' views on whether geriatricians should focus more on hospital work rather than RCHEs (64.2% geriatricians disagreed; 70.9% primary doctors agreed). While 97.3% of primary doctors considered that they could act as gatekeepers to hospitals, a significant proportion of geriatricians disagreed (43.2%). The success elements essential for VMOs to take up gatekeepers' role, in order of importance, were time and frequency VMOs could devote in RCHEs, financial return, experience of working with CGATs, and possession of a post-graduate diploma. 84.7% of respondents considered HK\$ 500-1500 per hour as a reasonable financial return. VMOs' right of access to HA's medical record system and referral rights to community nursing / allied health service were considered as essential support required.

Conclusion:

While most respondents were receptive of the recommendations for change, there should be further understanding between primary doctors and geriatricians on their respective roles in meeting the needs of RCHEs. Pertinent questions on health care financing have to be solved in order to bring about reform for sustainability, affordability and accessibility while maintaining quality health care for RCHEs.