

2025, 2030, 2047

Gabriel M Leung

June 25, 2016

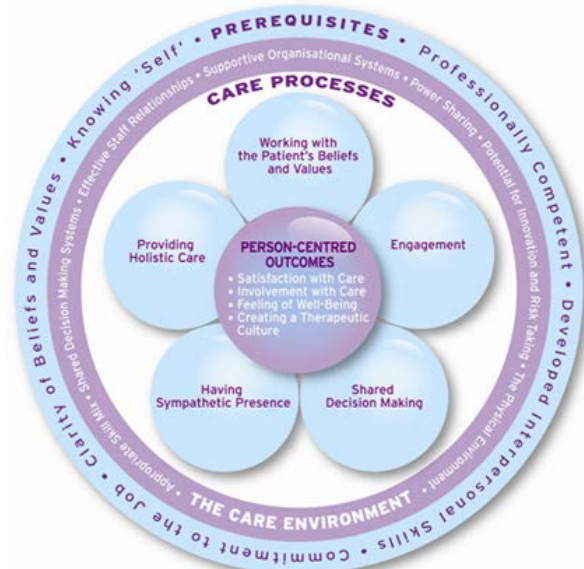
HKEC Symposium on Community Engagement XI



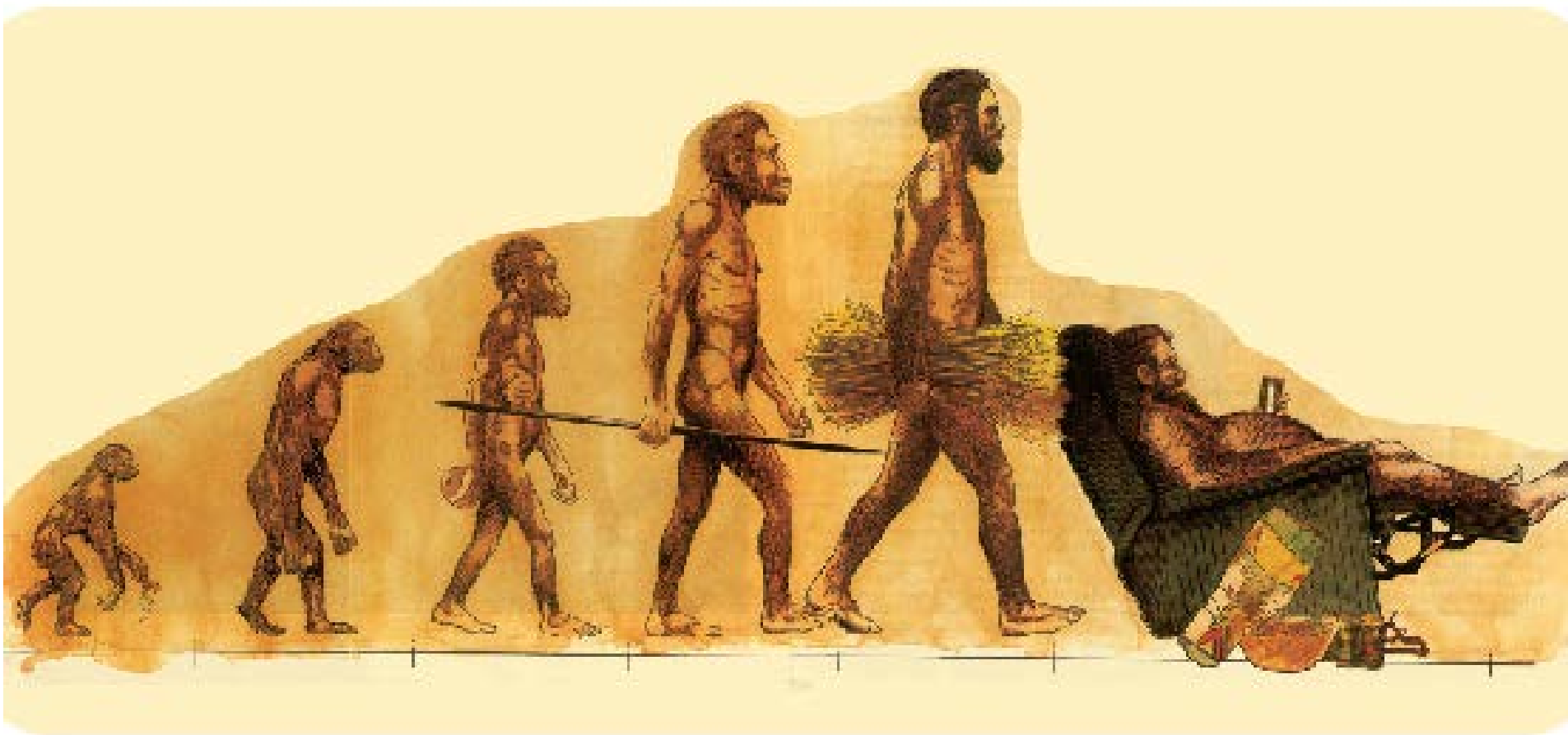
**LI KA SHING FACULTY OF MEDICINE
THE UNIVERSITY OF HONG KONG**

香港大學李嘉誠醫學院

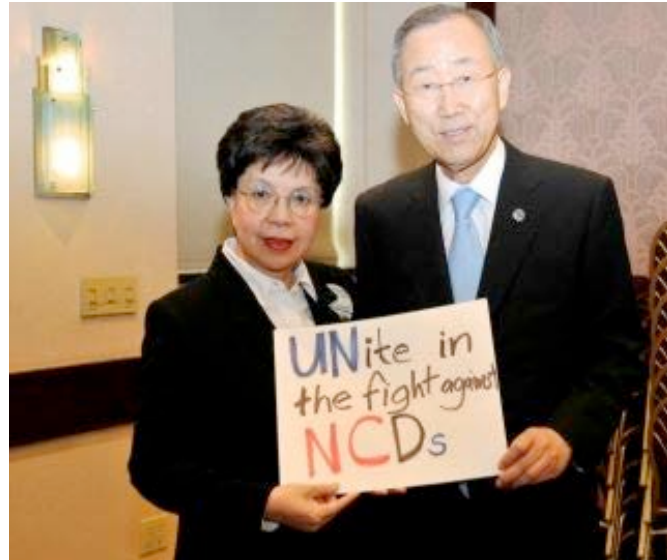
Person-centred Care – From Dream to Reality



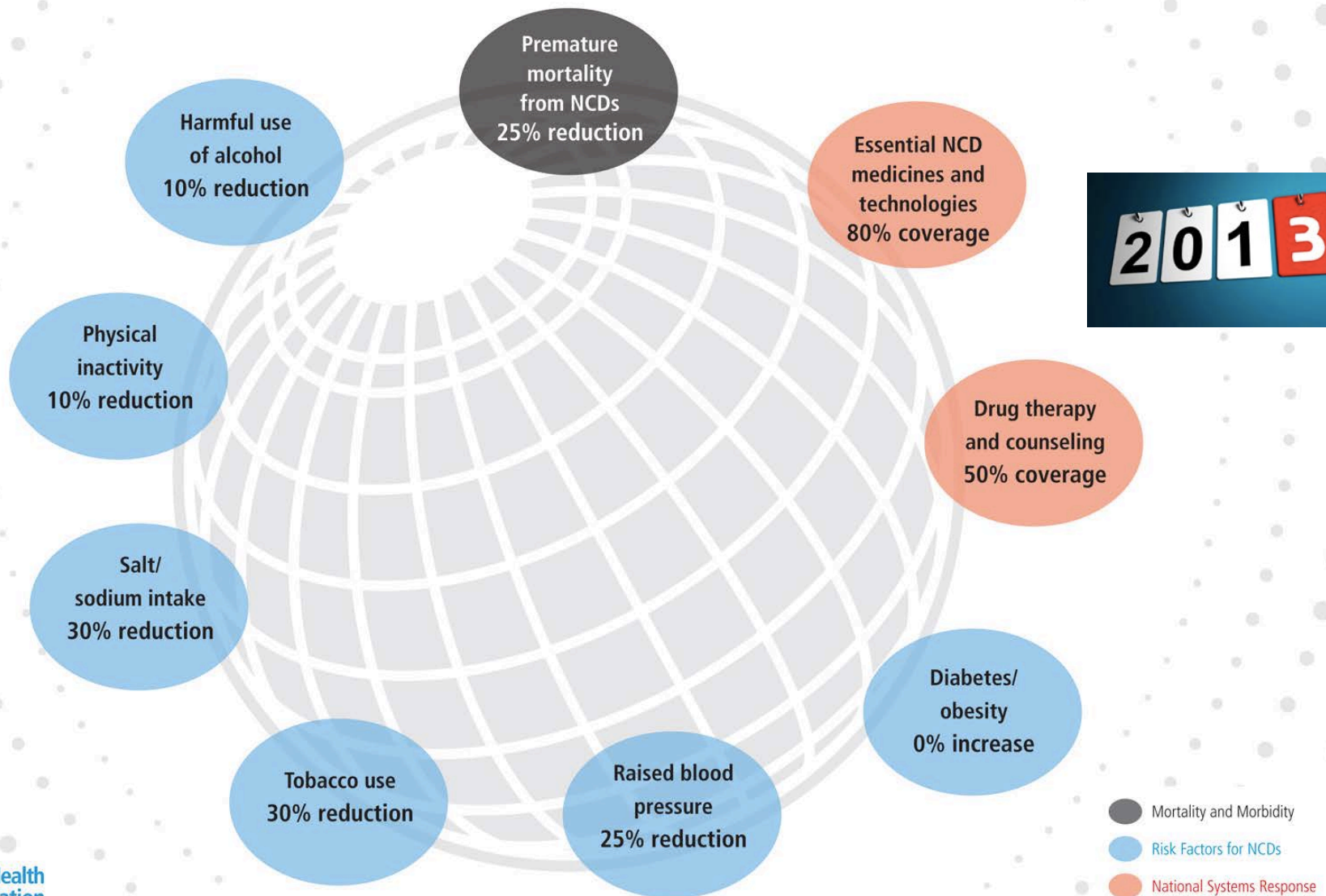
Emerging epidemic of chronic conditions



Provenance of 25x25



Set of 9 voluntary global NCD targets for 2025



Global Monitoring Framework

Mortality & Morbidity

Unconditional probability of dying
between ages 30 and 70 years
from cardiovascular diseases, cancer,
diabetes or chronic respiratory diseases

Cancer incidence by type of cancer

Risk Factors

Harmful use of alcohol (3)
Low fruit and vegetable intake
Physical inactivity (2)
Salt intake
Saturated fat intake
Tobacco use (2)
Raised blood glucose/diabetes
Raised blood pressure
Overweight and obesity (2)
Raised total cholesterol

National Systems Response

Cervical cancer screening
Drug therapy and counseling
Essential NCD medicines & technologies
Hepatitis B vaccine
Human Papilloma Virus vaccine
Marketing to children
Access to palliative care
Policies to limit saturated
fats and virtually eliminate
trans fats

Total number of related indicators in brackets

25 Indicators



SUSTAINABLE DEVELOPMENT GOALS

1 NO POVERTY



2 ZERO HUNGER



3 GOOD HEALTH AND WELL-BEING



4 QUALITY EDUCATION



5 GENDER EQUALITY



6 CLEAN WATER AND SANITATION



7 AFFORDABLE AND CLEAN ENERGY



8 DECENT WORK AND ECONOMIC GROWTH



9 INDUSTRY, INNOVATION AND INFRASTRUCTURE



10 REDUCED INEQUALITIES



11 SUSTAINABLE CITIES AND COMMUNITIES



12 RESPONSIBLE CONSUMPTION AND PRODUCTION



13 CLIMATE ACTION



14 LIFE BELOW WATER



15 LIFE ON LAND



16 PEACE, JUSTICE AND STRONG INSTITUTIONS



17 PARTNERSHIPS FOR THE GOALS



SUSTAINABLE DEVELOPMENT GOALS

NCDs are included in the global sustainable development agenda for the first time.

3 of the 9 health targets under Sustainable Development Goal 3 on health and wellbeing focus on NCD-related issues. The Framework Convention on Tobacco Control (FCTC) is included as a means of implementation target. This is an important shift in setting global health and sustainable human development priorities.



NCD Alliance

#2030Agenda
ncdalliance.org

Getting to 2030: Global vision

By 2030, reduce by one third premature mortality from NCDs

2030 milestone: NCD-related targets in the SDGs

2025 milestone: 9 voluntary global NCD targets

2018 milestone: Four time-bound commitments

Components of national NCD responses

Governance

Risk factors

Health systems

Surveillance

2011 UN
Political
Declaration on
NCDs

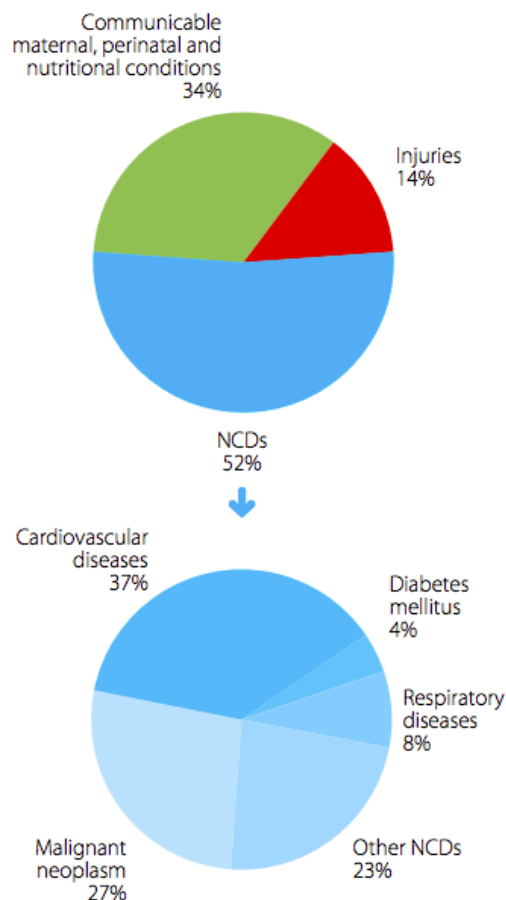
2014 UN
Outcome
Document on
NCDs

WHO Global
NCD Action
Plan 2013-
2020

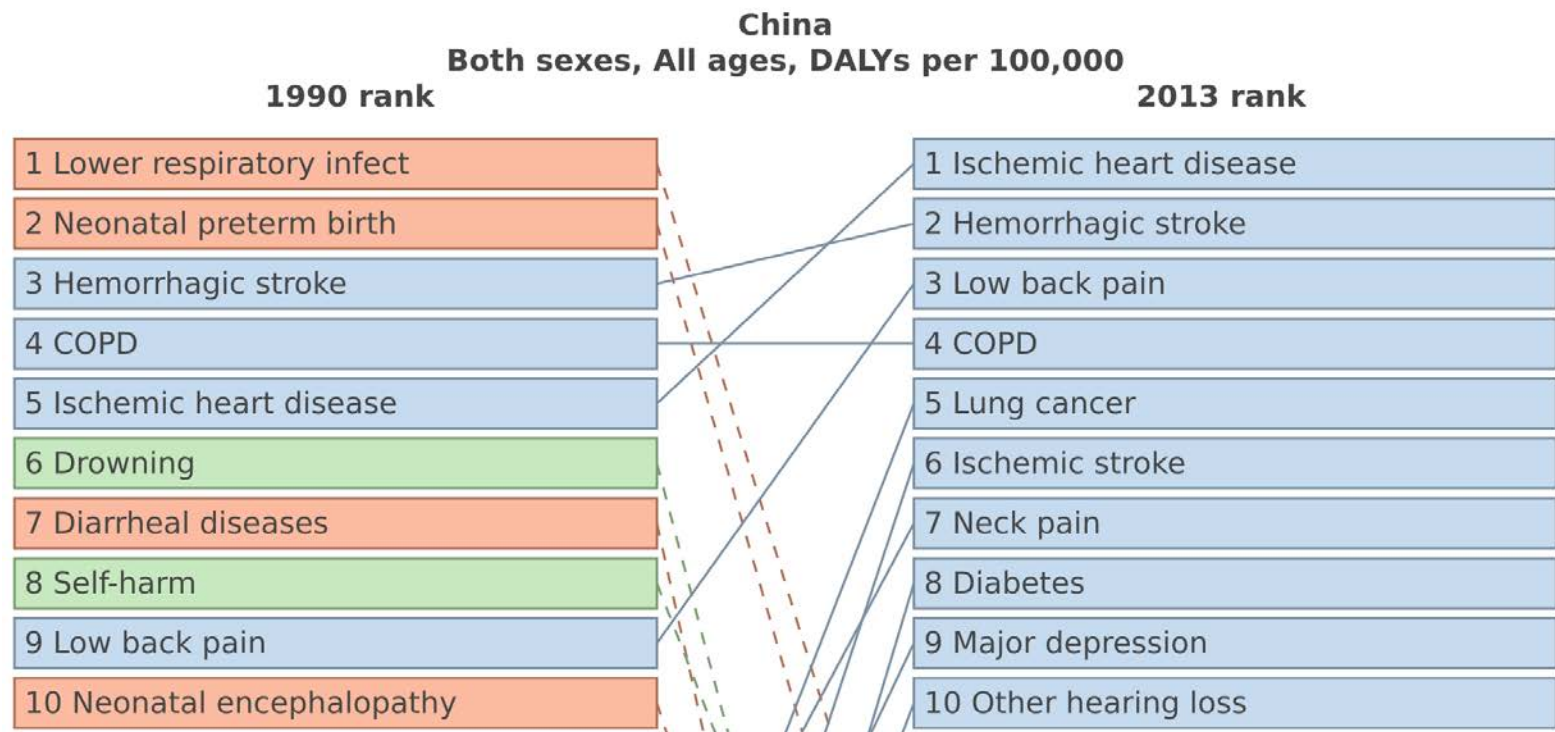
WHO Regional
NCD Action
Plans

Sustainable
Development
Goals

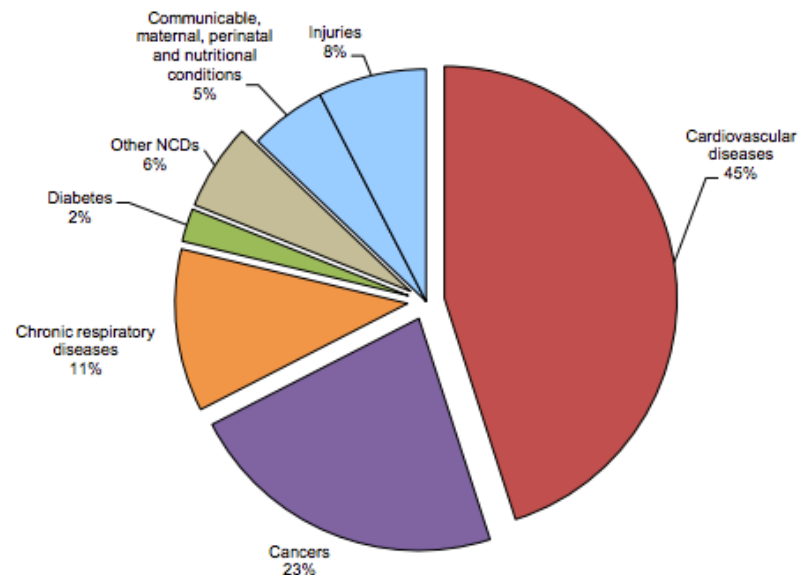
Raison d'être: NCDs dominate GBD



- NCDs accounted for 68% of all deaths globally in 2012
- About 42% of all NCD deaths occurred before age 70 years
- Four killers accounted for 82% of all NCD deaths:
 - Cardiovascular diseases
 - Cancer
 - Chronic respiratory diseases
 - Diabetes

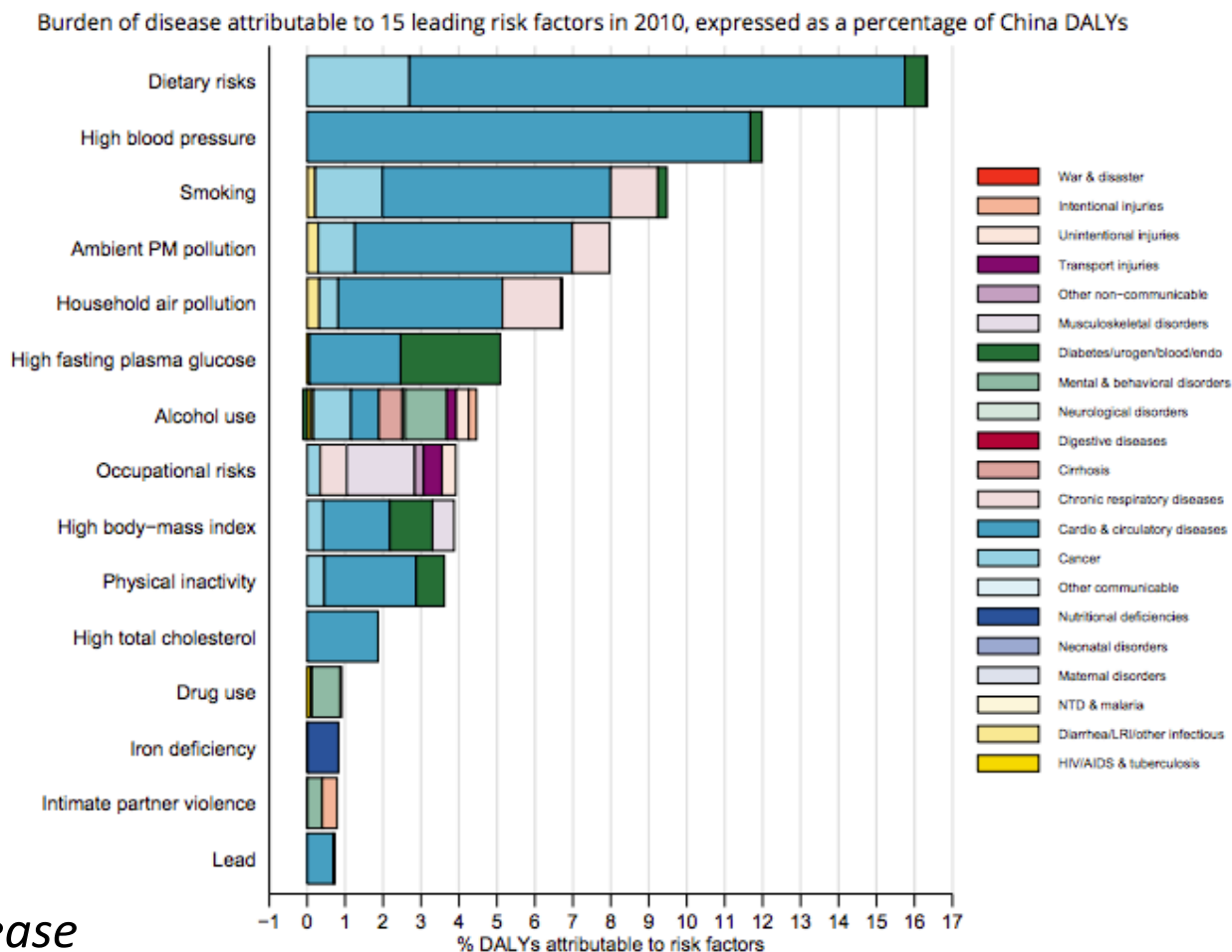


- NCDs accounted for 87% of all deaths in China in 2014
- Cardiovascular diseases, including stroke and ischaemic heart disease, remain the top killers
 - High rates of smoking and hypertension continue to drive the epidemic



NCDs are largely avoidable

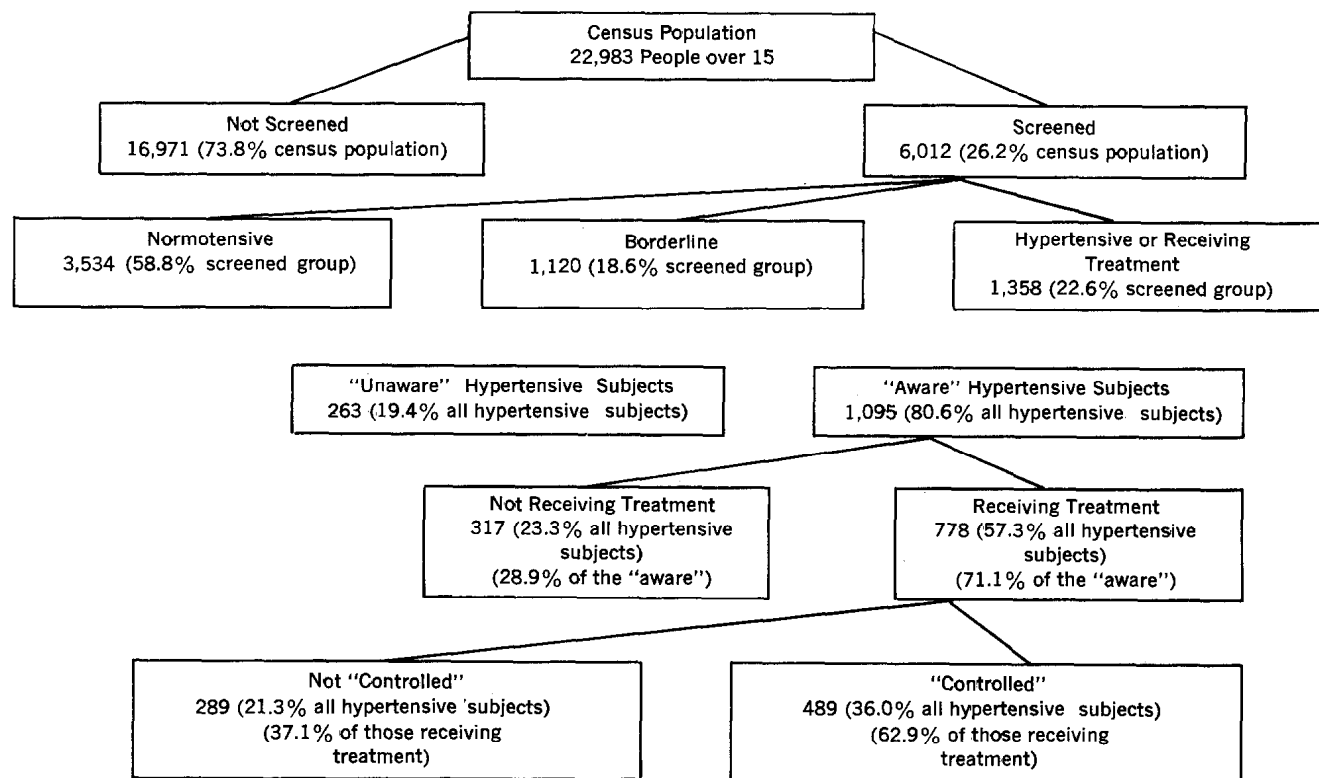
1. Dietary risks
2. High blood pressure
3. Smoking
4. Air pollution
5. High fasting plasma glucose
6. Alcohol use



*Leading risk factors of disease
in China (2010)*

JOSEPH A. WILBER, M.D.
J. GORDON BARROW, M.D.
Atlanta, Georgia

The major problem in achieving better control of hypertension in a community is based on the fact that hypertension is a silent asymptomatic disease. Ignorance of the general population as to the nature of elevated blood pressure, its morbid effects and the methods of maintaining its control is widespread and contributes to the large percentage of undetected and untreated hypertensive subjects in a community. It is suggested that community screening programs combined with simplified diagnostic evaluation and intense patient education and follow-up may greatly increase the percentages under continuous treatment and control.

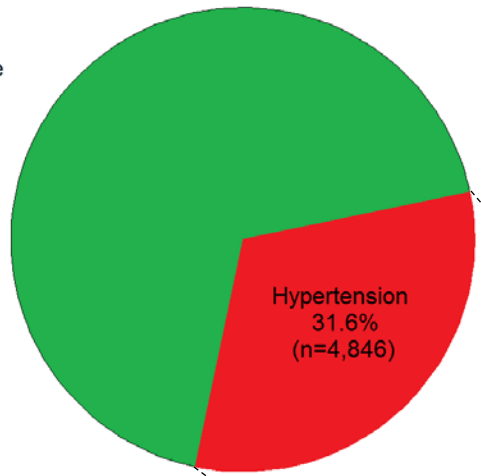


From the Cardiovascular Disease Control Service of the Georgia Department of Public Health and the Georgia Regional Medical Program. This study was supported by Grant No. 27, Georgia Regional Medical Program. Also in part pursuant to Contract No. HSM-110-69-407 with the Health Services and Mental Health Administration, Department of Health, Education and Welfare. Requests for reprints should be addressed to The Cardiovascular Disease Control Service, the Georgia Department of Public Health, 47 Trinity Avenue, S.W., Atlanta, Georgia 30334.

Figure 1. Status of the screened population at time of initial interview.

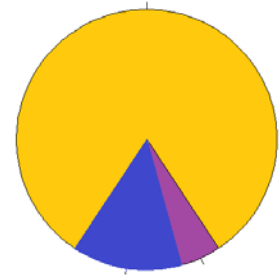
Normal blood pressure
68.4%
(n=10,511)

Blood pressure



Blood pressure level among those with doctor-diagnosed hypertension

All hypertensives, blood pressure not under control
81.4%
(n=3,943)

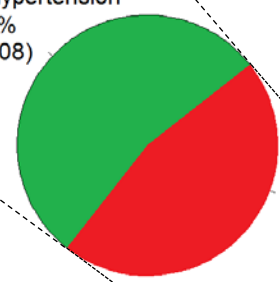


All hypertensives, with medication, blood pressure under control
13.6%
(n=661)

All hypertensives, without medication, blood pressure under control
5.0%
(n=242)

Level 1: Awareness of hypertension

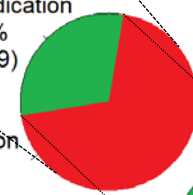
Undiagnosed hypertension
53.8%
(n=2,608)



Doctor-diagnosed hypertension
46.2%
(n=2,238)

Level 2: Management of hypertension

Without medication
30.3%
(n=679)



With medication
69.7%
(n=1,559)

Level 3: Control of hypertension

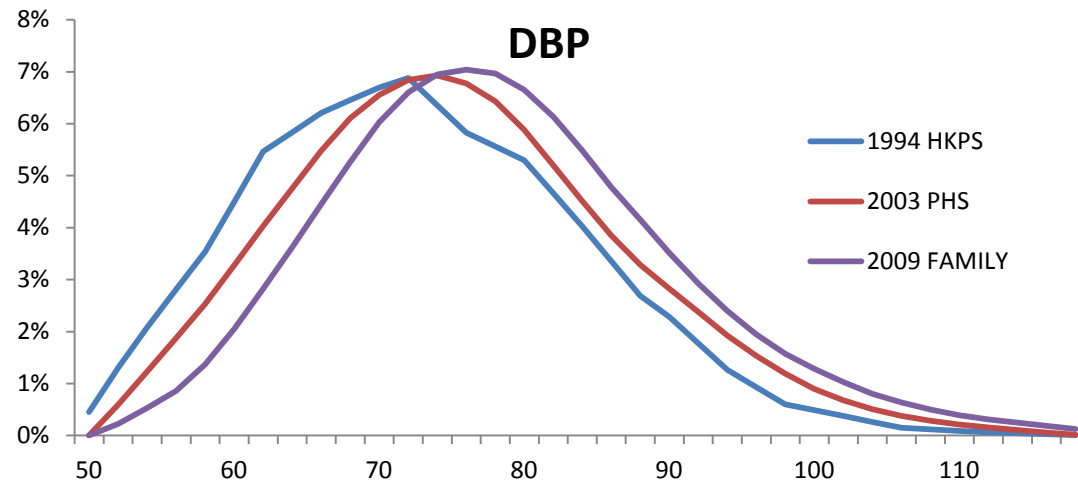
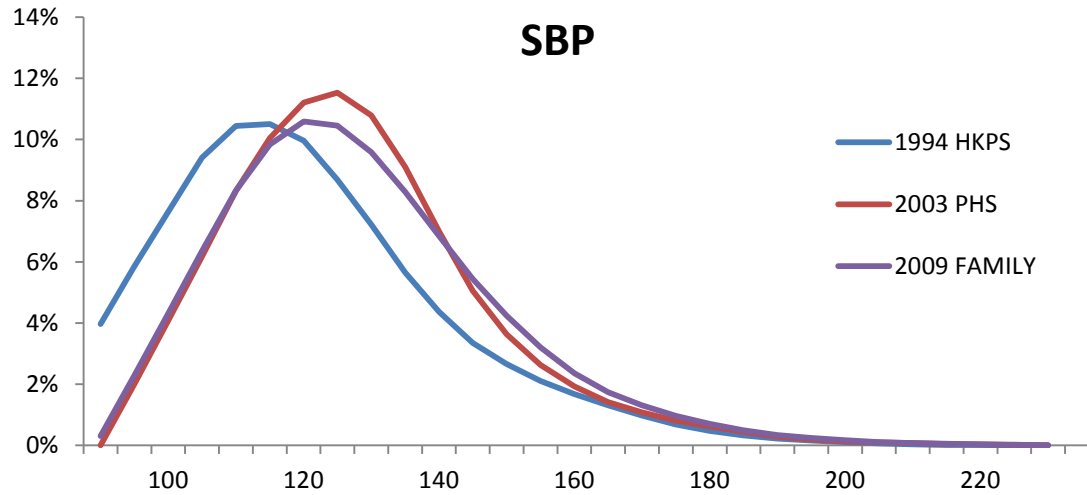
Not under control
57.6%
(n=898)



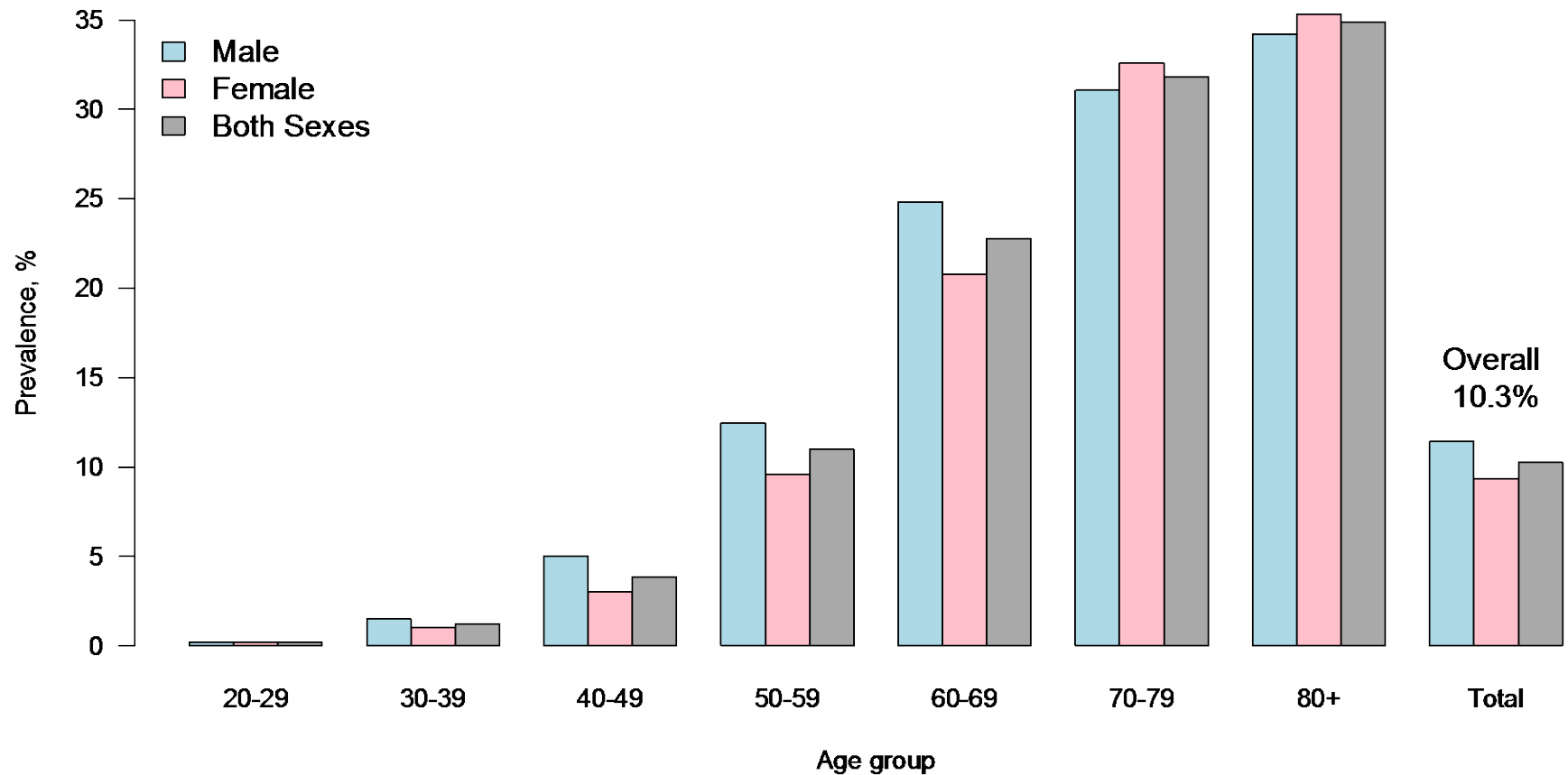
Under control (<140/90)
42.4%
(n=661)

The size of the pie charts is proportional to the sample size

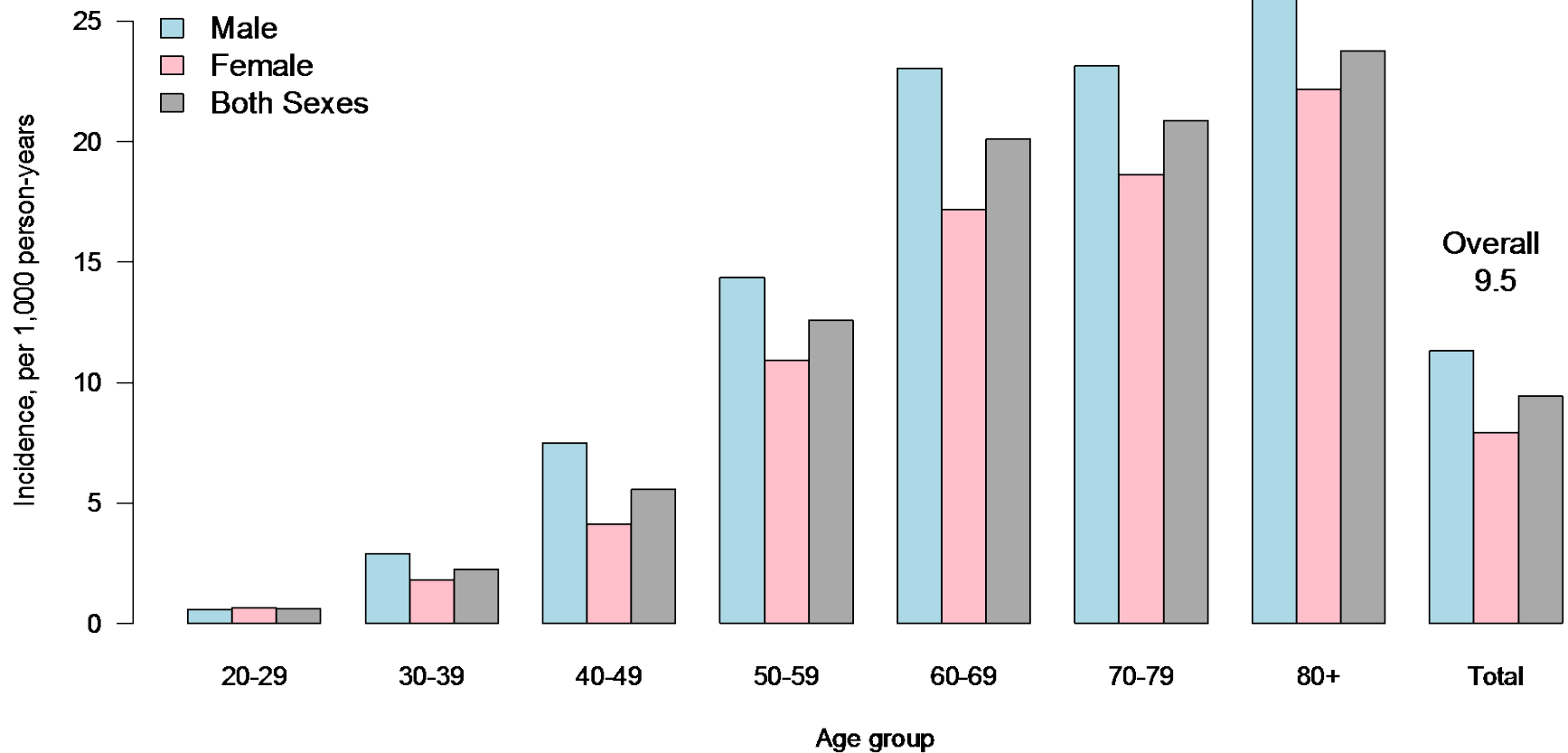
Rosean shift of whole distributions



Prevalence of diagnosed diabetes in HK, 2014



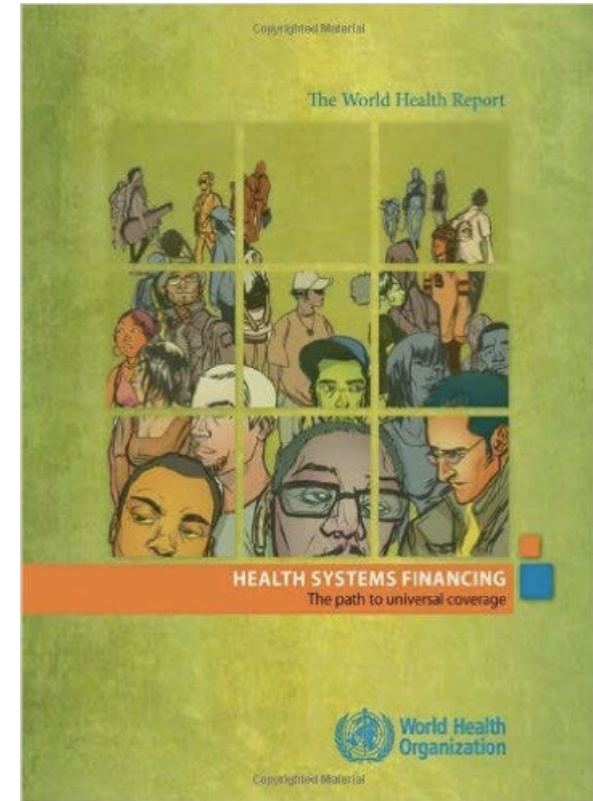
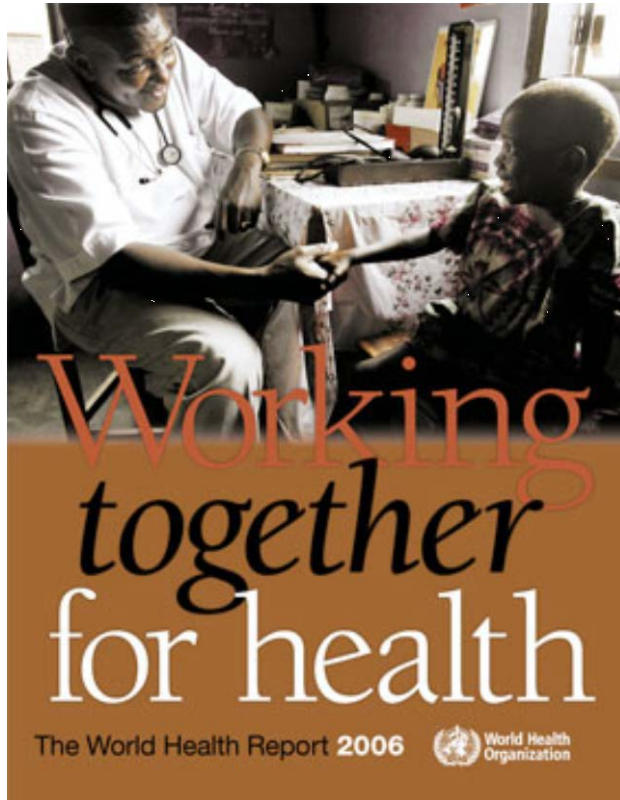
Incidence of diagnosed diabetes in HK, 2014



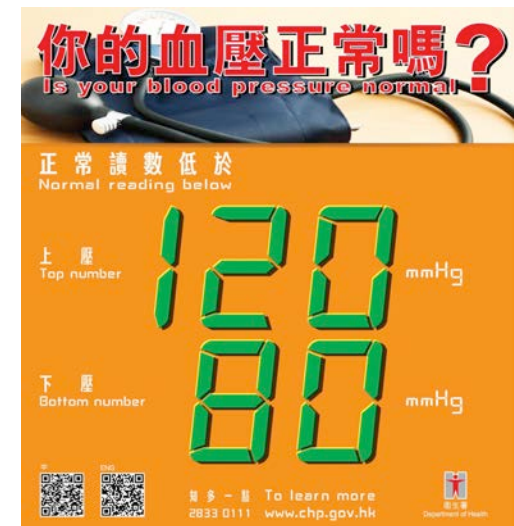
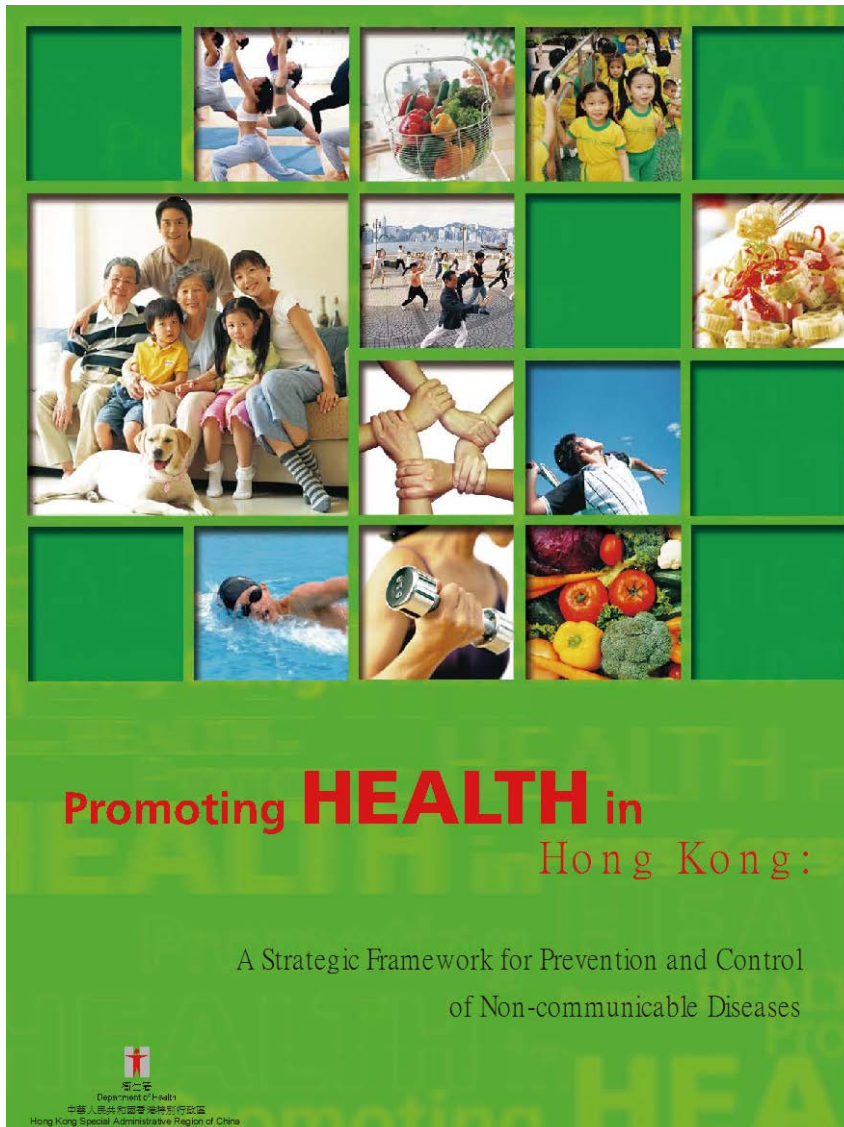
Potential burden

- Prevalence of 10.3% after adjusting for patients who only use private care as at 2014
 - unadjusted prevalence of 9.0%
- Hong Kong is the most and longest developed Chinese city
 - Conservatively assuming 36.4% are unaware as per US
 - actual prevalence rate of 16.2%

The Grand Convergence of Means



What have we done about NCDs in HK?





全城減鹽減糖

Hong Kong's Action on
Salt and Sugar Reduction



Primary Care Initiatives



基層醫療指南

www.pcdirectory.gov.hk



Hong Kong Reference Framework for Hypertension Care for Adults in Primary Care Settings

2010

Developed by: 基層醫療聯合模式及預防工作發展小組 Task Force on Conceptual Model and Prevention Programs 基層醫療工作小組 Working Group on Primary Care 食物及衛生局 Food and Health Bureau

With the professional advice of: 衛生署 Department of Health 醫務委員會 Medical Council

Supported by: 香港醫學會 Hong Kong Medical Association 香港家庭醫學學會 Hong Kong Society of Family Medicine 香港全科醫生學會 Hong Kong General Practitioners Association 香港中區全科醫生學會 Hong Kong Central District General Practitioners Association 香港西區全科醫生學會 Hong Kong West District General Practitioners Association 香港東區全科醫生學會 Hong Kong East District General Practitioners Association 香港南區全科醫生學會 Hong Kong South District General Practitioners Association 香港新界全科醫生學會 Hong Kong New Territories General Practitioners Association 香港醫藥管理局 Hong Kong Medical and Health Services Commission 香港藥劑師學會 Hong Kong Association of Pharmacists 香港護士管理局 Hong Kong Nurses' Association 香港牙醫管理局 Hong Kong Dental Association 香港物理治療師學會 Hong Kong Association of Physiotherapists 香港職業治療師學會 Hong Kong Association of Occupational Therapists 香港社會工作管理局 Hong Kong Social Workers' Association 香港心理學會 Hong Kong Psychological Association 香港心理治療師學會 Hong Kong Association of Psychotherapists 香港營養學會 Hong Kong Nutrition Society 香港營養師學會 Hong Kong Association of Dietitians 香港藥劑師學會 Hong Kong Association of Pharmacists 香港護士管理局 Hong Kong Nurses' Association 香港牙醫管理局 Hong Kong Dental Association 香港物理治療師學會 Hong Kong Association of Physiotherapists 香港職業治療師學會 Hong Kong Association of Occupational Therapists 香港社會工作管理局 Hong Kong Social Workers' Association 香港心理學會 Hong Kong Psychological Association 香港心理治療師學會 Hong Kong Association of Psychotherapists 香港營養學會 Hong Kong Nutrition Society 香港營養師學會 Hong Kong Association of Dietitians



醫療券

Health Care Voucher

香港特別行政區政府
The Government of
the Hong Kong Special Administrative Region

疫苗接種計劃

VACCINATION
SCHEMES



齊來正視糖尿病
LET'S BEAT DIABETES

醫健通
ehealth
香港特別行政區政府 HKSAR GOVT



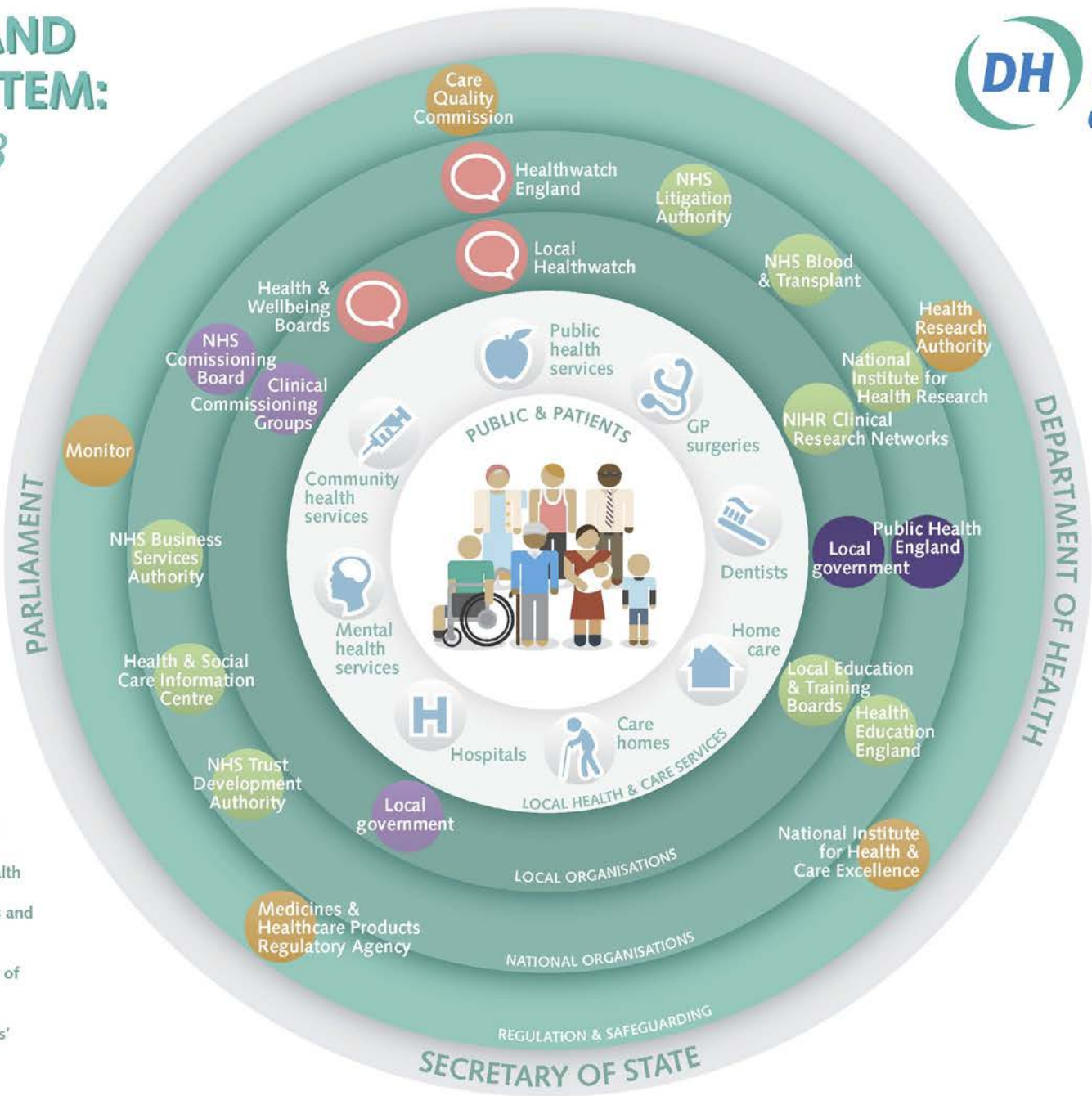
TSWCHC



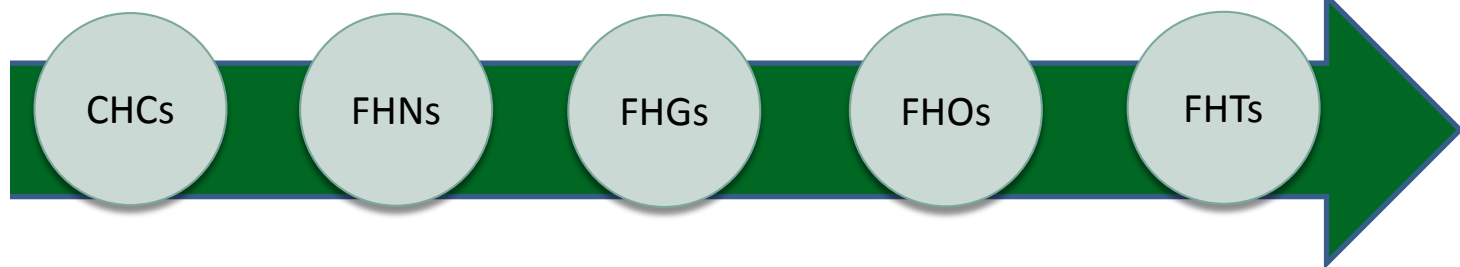
RAMP, PEP, NAHC,
"Shared Care
Programme",
TSWPPP

HEALTH AND CARE SYSTEM:

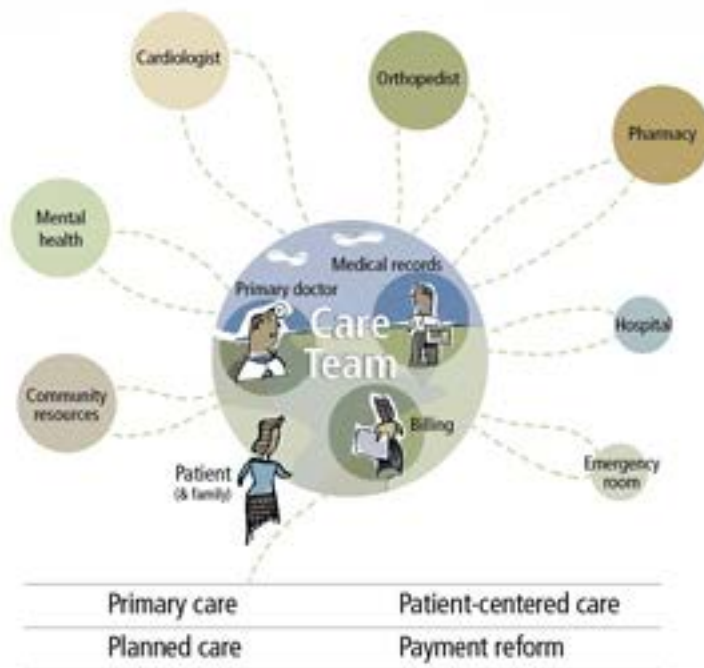
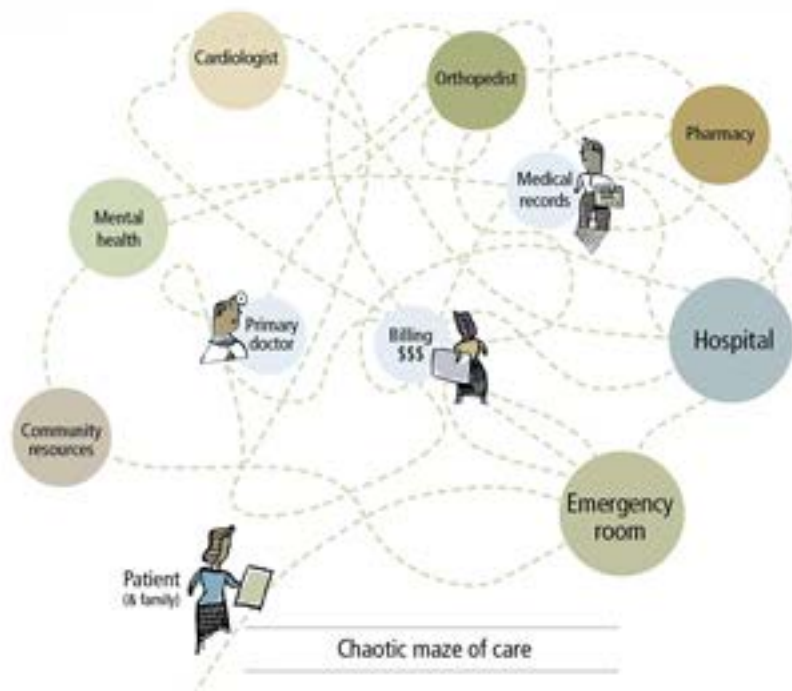
April 2013



- KEY**
- Providing care
 - Commissioning care
 - Improving public health
 - Empowering patients and local communities
 - Supporting providers of care
 - Safeguarding patients' interests



	Community Health Centre	Family Health Network	Family Health Group	Family Health Organization	Family Health Team
Year	Mid-1980s	2001	2003	2005	2006
Physician Reimbursement	Salary	Blended capitation	Blended fee for service	Blended capitation	Blended salary
Governance	Community Board	Physician-led	Physician-led	Physician-led	Mixed
After-Hours Requirement	Yes	Yes	Yes	Yes	Yes
Accountability Agreements	Yes	No	No	No	Yes
Formal Enrollment	No	Yes	Yes	Yes	Yes
Community Outreach/HP	Yes	No	No	No	Yes
Loss of Bonus Payment for outside Primary Care Use	No	Yes	No	Yes	Yes



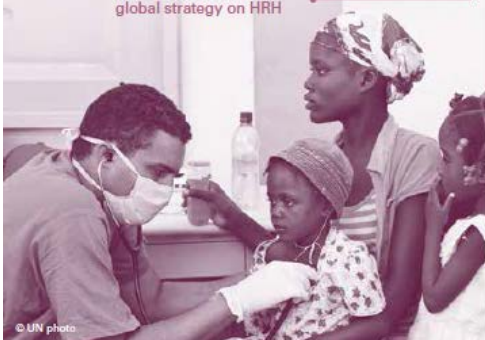
Who will deliver universal primary care?

GLOBAL HRH STRATEGY: KEY TIMELINES

2013

GHWA Board working group on HRH strategy established

16th GHWA Board meeting decides to trigger process to develop a global strategy on HRH



17th GHWA Board meeting reviews drafts of 8 thematic papers and gives feed-back to the working groups

Consultation at PMAC 2014: 8 thematic working groups established

World Health Assembly requests WHO DG to develop global strategy on HRH

Third (final draft) of 8 thematic papers reflecting inputs of public consultation and outcome of UNGA 2014

Public consultation on the 8 thematic papers (launch at Cape Town health system research symposium)

8 thematic working groups develop collate evidence for papers with inputs from stakeholders

Production of second drafts of 8 thematic papers

UNGA debates post-2015 development agenda and goals

Development of synthesis paper with overarching recommendations

2014

2015

18th GHWA Board meeting reviews synthesis paper with recommendation on global HRH strategy

Development of 0 draft WHO global strategy on HRH

UNGA 2015 defines post-2015 development agenda, goals and targets

Collation of evidence and external consultation opportunities with member states

WHO Regional Committees (RCs) consider draft WHO Global Strategy on HRH

Contents of WHO Global Strategy on HRH adapted to reflect RCs inputs and outcome of UNGA 2015



69th WHA considers WHO Global Strategy on HRH

WHO EB considers WHO Global Strategy on HRH

2016





Health professionals for a new century: transforming education to strengthen health systems in an interdependent world



Julio Frenk, Lincoln Chen*, Zulfiqar A Bhutta, Jordan Cohen, Nigel Crisp, Timothy Evans, Harvey Fineberg, Patricia Garcia, Yang Ke, Patrick Kelley, Barry Kistnasamy, Afaf Meleis, David Naylor, Ariel Pablos-Mendez, Srinath Reddy, Susan Scrimshaw, Jaime Sepulveda, David Serwadda, Huda Zurayk*

Published Online
November 29, 2010
DOI:10.1016/S0140-6736(10)61854-5

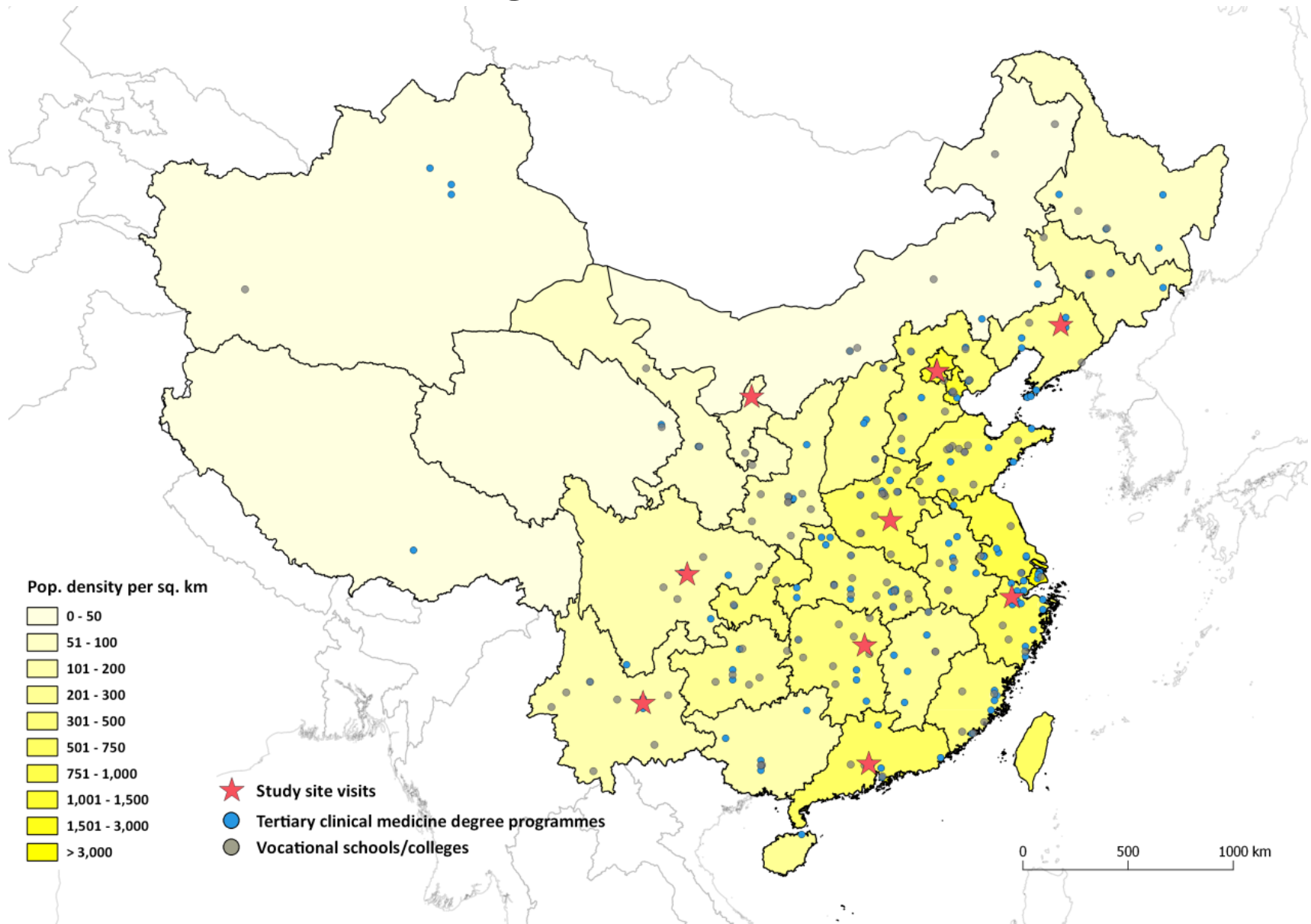
See Online/Comment
DOI:10.1016/S0140-6736(10)62008-9
DOI:10.1016/S0140-6736(10)61968-X

*Joint first authors

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tit-
utions train about 1 million new doctors, nurses, midwives, and public health professionals every year. Severe institutional shortages are exacerbated by maldistribution, both between and within countries.

A landscaping assessment of China's postgraduate primary care medical training under the new “5+3” framework



Official documents issued by:

- State Council ★ Official documents related to GP
- Ministry of Health (MOH) / National Health and Family Planning Commission (NHFPC)
- Ministry of Education (MOE)
- Jointly issued by NHFPC & MOE

Jointly issued by NHFPC, MOE, Ministry of Finance, National Development and Reform Commission, Ministry of Human Resources and Social Security, State Commission Office of Public Sectors Reform, and State Administration of Traditional Chinese Medicine

Jointly issued by NHFPC, MOE, Ministry of Finance, National Development and Reform Commission, State Commission Office of Public Sectors Reform, and State Administration of Traditional Chinese Medicine

Outline for Standardized Clinical Residency Training System
临床住院医师规范化培训大纲

1995

Opinions on the Development of General Practitioner Education
发展全科医学教育的意见 ★

2000

1998

Pilot Work for Standardized General Practitioners Training Program
全科医师规范化培训
试行办法 ★

Outline for Standardized General Practitioners Training Program
全科医师规范化培训大纲 ★

The Measures for Certificate Issues in Standardized Clinical Residency Training system (Trial Implementation)
临床住院医师规范化培训合格证书颁发管理办法 (试行)

2006

The Development of Residency Training for Specialists (Pilot)
关于开展专科医师培训试点工作的通知

Guideline on Setting up General Practitioners System
国务院关于建立全科医生制度的指导意见 ★

2011

Opinions on Establishing Standardized Residency Training
关于建立住院医师规范化培训制度的指导意见

2013

Approval of the First Batch of Clinical Medicine Professional Master's Degree for Training Reform (Pilot)
关于批准第一批临床医学硕士专业学位研究生培养模式改革试点高校的通知

2013

2012

Approval of the First Batch of Excellent Physician Education Programme
关于批准第一批卓越医生教育培养计划项目试点高校的通知

Opinions on Medical Education Reform
关于实施临床医学教育综合改革的若干意见

Opinions on Implementing Excellent Physician Education Program
关于实施卓越医生教育培养计划的意见

Benchmarks of Standardized Residency Training for General Practitioners (Trial Implementation)
全科医生规范化培养标准 (试行) ★

Benchmarks of Residency Training for Assistant General Practitioners
助理全科医生培训标准 (试行) ★

Opinions on Deepening Medical Education Reform
关于医教协同深化临床医学人才培养改革的意见

2014

Change of 7-year Clinical Medicine Programme into Integrated "5+3" Model
关于做好七年制临床医学教育调整为“5+3”一体化人才培养改革工作的通知

2015

2014

Resident Doctor Standardized Training Management Methods (Trial Implementation)
住院医师规范化培训管理办法 (试行)

Entry Criteria for Authorization of Institutions of Standardized Residency Training (Trial Implementation)
住院医师规范化培训基地认定标准 (试行)

Requirements of Standardized Residency Training Bases
关于做好住院医师规范化培训基地有关工作的通知

Benchmarks and Connotations of Standardized Residency Training (Trial Implementation)
住院医师规范化培训内容与标准 (试行)

Before "5+3"

★ Foreign-Language Proficiency Examination & Standardized Professional Examination
外语水平考试及硕士/博士学位学科综合水平全国统一考试

★ Certificate of Graduation 学历证 = Recognition of degree holder's education experience

Qualifications Awarded

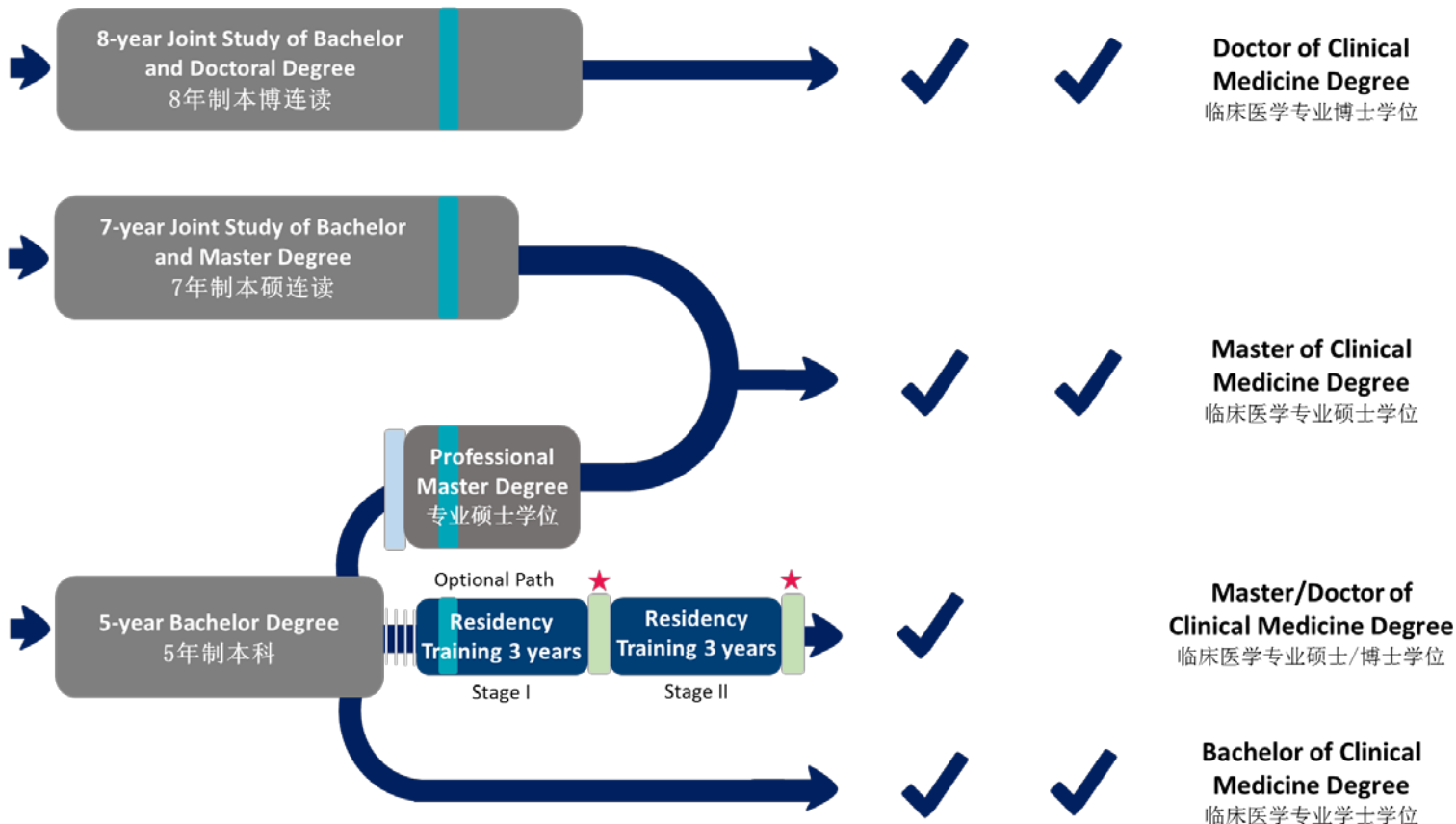
Licence to Practice
执业医师资格证

Certificate of Graduation
学历证 ★

Clinical Medicine Degree
临床医学专业学位

National College Entrance Examination (NCEE)
普通高等学校招生全国统一考试

Year 5 6 7 8 9 10 11



National Medical Licensure Exam
医师资格考试

National Postgraduate Entrance Examination
中国研究生入学考试

Application of Equivalent Academic Attainment of Master/Doctor of Clinical Medicine
申请临床医学专业同等(硕士/博士)学力

Post “5+3”

★ Foreign-Language Proficiency Examination & Standardized Professional Examination
外语水平考试及硕士专业学位学科综合水平全国统一考试

★ Certificate of Graduation 学历证 = Recognition of degree holder's education experience

Qualifications Awarded

Certificate of
Standardized
Residency
Training
住院医师规范化培
训合格证书

Licence to
Practise
执业医师
资格证

Certificate of
Graduation
学历证 ★

Clinical Medicine
Degree
临床医学专业学位

**Doctor of Clinical
Medicine Degree**
临床医学专业
博士学位

**Master of Clinical
Medicine Degree**
临床医学专业
硕士学位

**Master of Clinical
Medicine Degree**
临床医学专业
硕士学位

**Bachelor of Clinical
Medicine Degree**
临床医学专业
学士学位

National College Entrance Examination (NCEE)
普通高等学校招生全国统一考试

Year	5	6	7	8	9	10	11
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**8-year Joint Study of Bachelor
and Doctoral Degree**
8年制本博连读

Standardized Residency Training

Joint Study of Bachelor and Master Degree (Integrated 5+3)
“5+3” 一体化 本硕连读

Standardized Residency Training

Professional
Master Degree
专业硕士学位


**Standardized
Residency Training**

5-year Bachelor Degree
5年制本科

Standardized Residency Training

Residency Training Final Exam
住院医师规范化培训考试

National Medical Licensure Exam
医师资格考试

 National Postgraduate Entrance Examination
中国研究生入学考试

Application of Equivalent Academic Attainment of Master of Clinical Medicine 申请临床医学专业同等(硕士)学力

National Guidelines of Postgraduate Residency Training Curricular Structure

Training locaiton	Specialty	Length of rotation (Month)	
		GP	Assistant GP
Hospitals	Internal medicine	12	8.5
	Emergency	3.5	2.5
	Neurology	2	2
	Pediatrics	2	1
	Surgery	2	1.5
	Gynecology	1	1.5
	Psychiatry	1	0.5
	Dermatology	0.5	0.5
	Ophthalmology	0.5	0.5
	Otolaryngology	0.5	0.5
	Infectious Diseases	0.5	0.5
	Rehabilitation Medicine	0.5	0.5
	Traditional Chinese Medicine	0.5	0.5
	Other Elective	0.5	-
	Subtotal	27	20.5
Grass-roots Health Care Institutions	Subtotal	6	4
	Overall	33	24.5

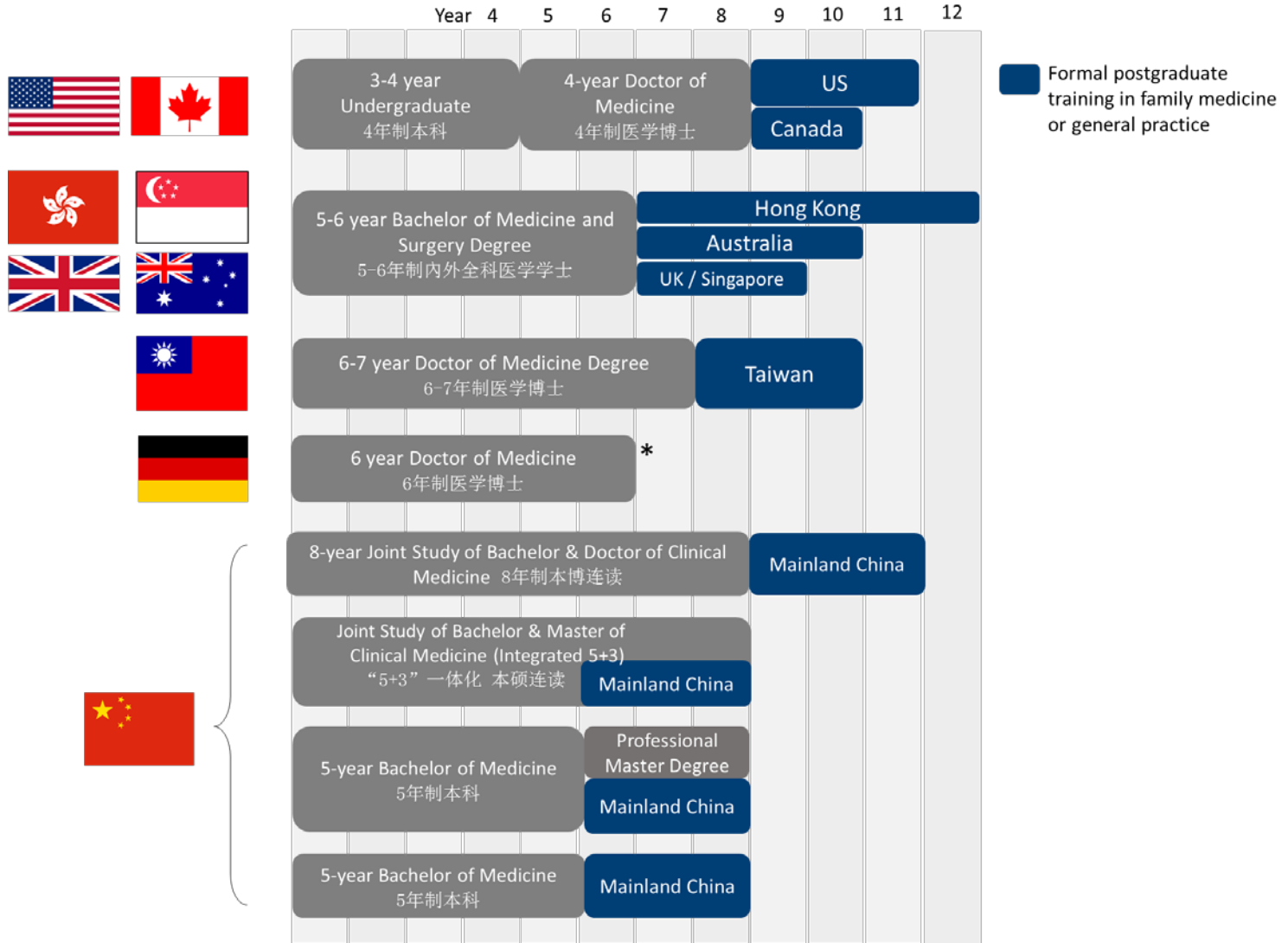
Training Content

GP

1. Theory learning: Medical ethics and communication, law, clinical research, theories of clinical medicine. General practice, community health service and public health.
2. Clinical skills: the detailed requirements is determined by the specific clinical specialty the trainee is rotated to.
3. Clinical practice at primary care settings

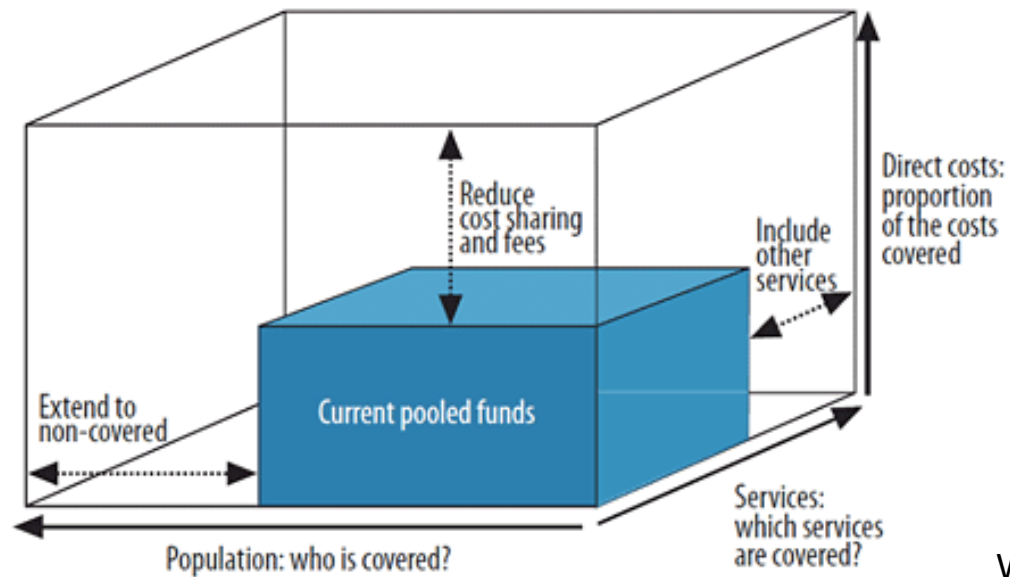
Assistant GP

1. Theory learning: basic theories of GP, behavioral and psychological issues and communication at primary care settings.
2. Clinical services: training of basic clinical skills, diagnosis of common diseases and critical illness.
3. Primary care and public health: preventive health care, common chronic disease management, emergency management.



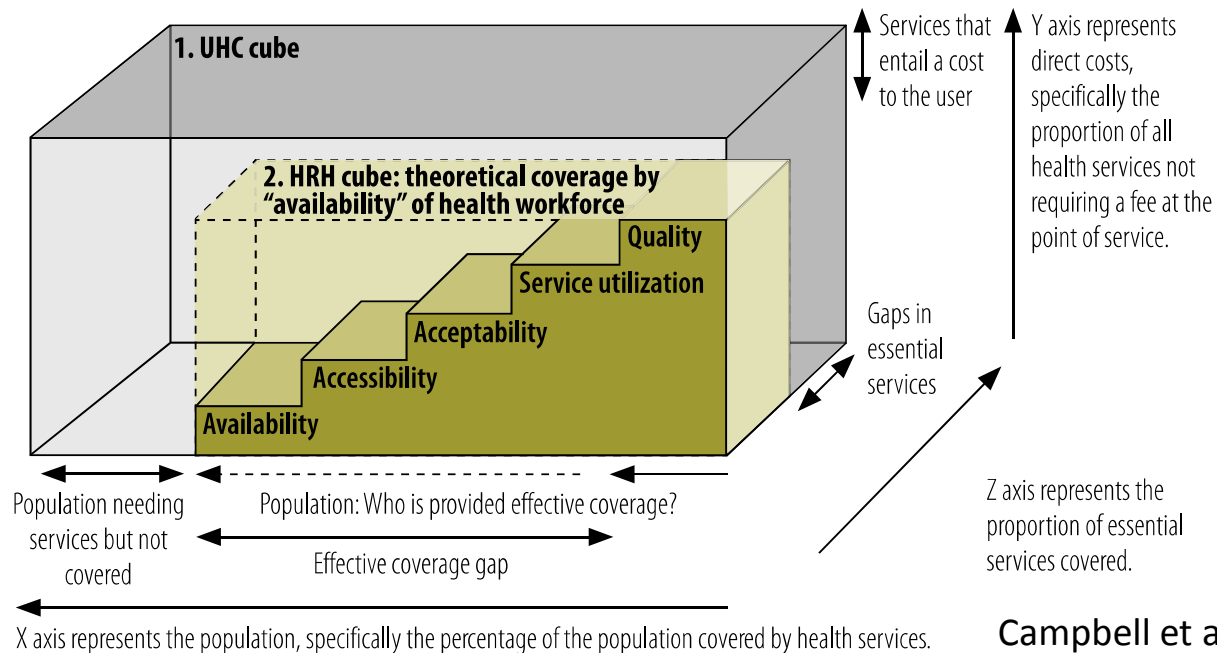
Key Issues Arising

- 1. More than a hundred flowers currently bloom**
 - 1.1. Different schools have different starting points
 - 1.2. Different impact on pre-existing admission tracks
 - 1.3. Standardized assessments that should benefit standardized residency training
- 2. Vying for primacy: academia vs hospitals**
 - 2.1. Locus of control
 - 2.2. Job markets ultimately guide trainee behavior
- 3. Where does one find the founder generation of GP trainers?**
 - 3.1. Insufficient number of GP training bases
 - 3.2. Lack of GP department in most training institutions
 - 3.3. More rotations for GP training
 - 3.4. In need of more qualified GP trainers
 - 3.5. Minimal incentives for GP trainers
- 4. Are there willing GP trainees?**
 - 4.1. Mismatches along the training supply chain
 - 4.2. In need of a national matching system
 - 4.3. Difficulties in filling GP training posts
 - 4.4. A vicious cycle hindering development of GP specialty



WHR 2010

Three dimensions to consider when moving towards universal coverage



Campbell et al. *Bull WHO*. 2013

20+ years of plans and counting...

1999 Harvard Report – Social insurance; vertically integrated MCOs in both public and private sectors

2008 Your Health, Your Life – Review of health financing typologies; health services reform vis-à-vis primary care and informatics



1993 “Rainbow Report” – Income-dependent graduated percentage subsidy, itemised charging for semi-private services and coordinated voluntary private insurance

2001 Lifelong Investment in Health – “Health Protection Accounts”, i.e. Singaporean-style medical savings accounts without the insurance component

2010 My Health, My Choice – “Health Protection Scheme”, i.e. voluntary, regulated private insurance with an emphasis on post-retirement care



Consultation Document

VOLUNTARY

HEALTH INSURANCE SCHEME



Food and Health Bureau
Hong Kong Special Administrative Region Government

2047 – Rose Garden 2.0

