

15th HKEC Online Symposium on Community Engagement
Medical-social Crystal Anniversary: One team, One heart, No boundaries

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Care without Boundaries – Medical-social Collaboration

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香港聖公會福利協會有限公司
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“One team, One heart, No boundaries”

“Care Without Boundaries”
as a vision for medical-social integration in
the 21st Century



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The Need for Medical-social Collaboration in Hong Kong



The Need for Medical-social Collaboration

- Special needs of ageing population →
- Increasing prevalence of chronic health issues and NCDs →
- Pressure points on healthcare system especially Hospital Authority →
- Recognition of the need for comprehensive primary care that requires participation of a wider spectrum of stakeholders such as social workers →



Medical-social Collaboration - Challenges

- Existing **rigid boundaries** between healthcare and welfare sectors
- **Bifurcation** between public and private healthcare systems with inadequate platforms for effective communications and mutual understanding to achieve collaboration
- **Patient Culture and empowerment** - need to enhance preventive measures and individual's awareness of disease prevention and self-management
- **Psycho-social barriers** and limited access to integrated medical-social services

Medical

Social



Five “Laws” of Medical and Social Services Integration

- Law #1: You can integrate all of the services for some of the people, some of the services for all of the people, but you can't integrate all of the services for all of the people
- Law #2: Integration Costs Before It Pays
- Law #3: Your Integration Is My Fragmentation
- Law #4: You Can't Integrate a Square Peg and a Round Hole - the importance of social determinants of health — housing, education, food insecurity, and related drivers
- Law #5: The One Who Integrates Calls the Tune - Integration is largely a provider-professional initiative rather than a recipient payer-public initiative

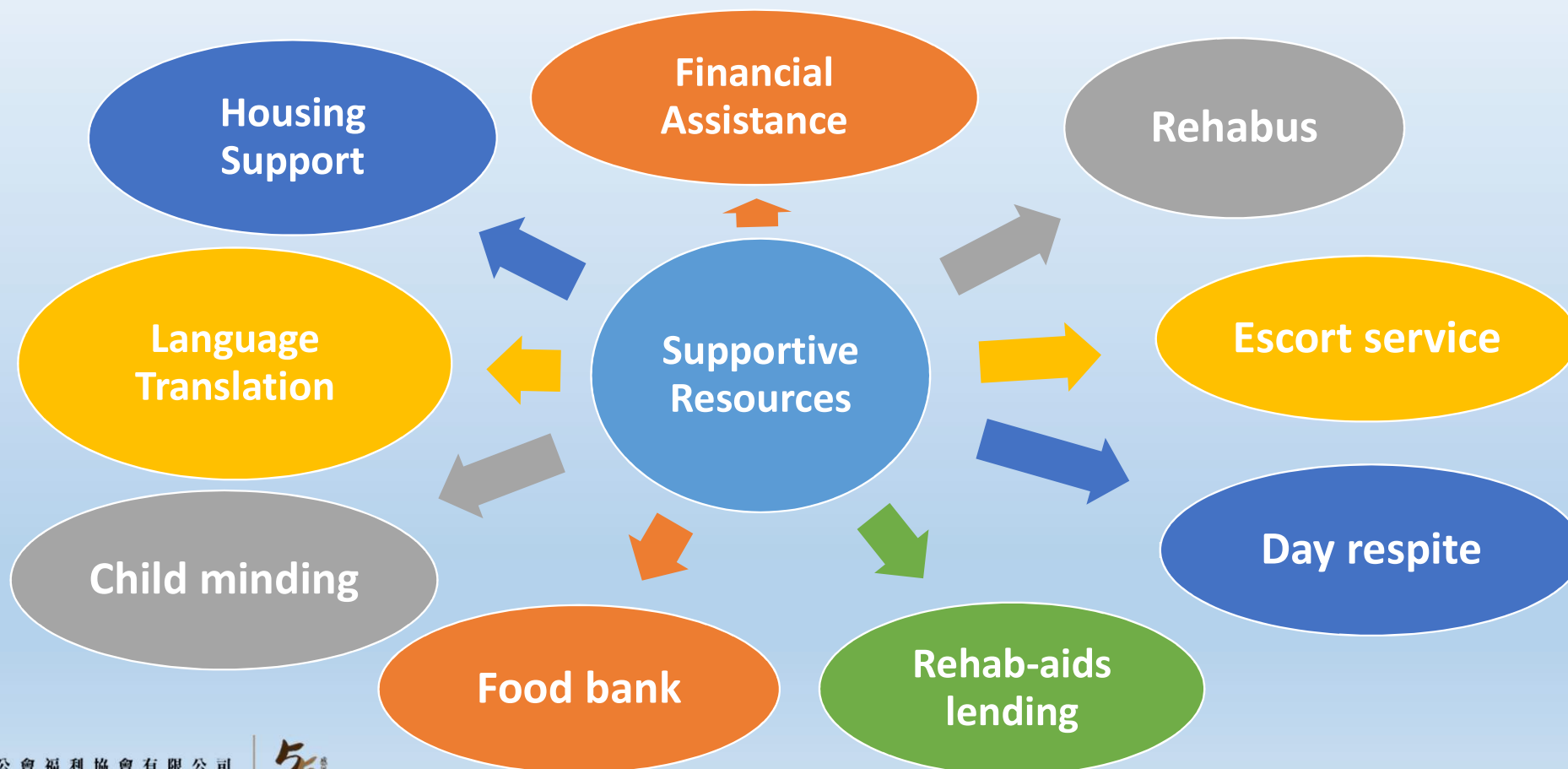
Why Medical-social Collaboration ?

- Investment in three social services in particular is associated with improvements in health outcomes and reduction in health expenditure:
 - ✓ housing support,
 - ✓ nutritional assistance, and
 - ✓ case management.
- All three are important social determinants of health.



Medical-social Collaboration

The Importance of Supportive Resources



Medical-Social Collaboration: Promoting synergies in healthcare system for holistic care in Hong Kong

HA CONVENTION 2021

Dr. Lam Ching-choi
Member of the Executive Council
Chairman of the Elderly Commission
CEO of Haven of Hope Christian Service



- Restructure healthcare division of labour
- Revamp traditional mode of service delivery

- ✓ Coordinated medical & social care services
- ✓ Alleviate the growing service demand
- ✓ Cost saving

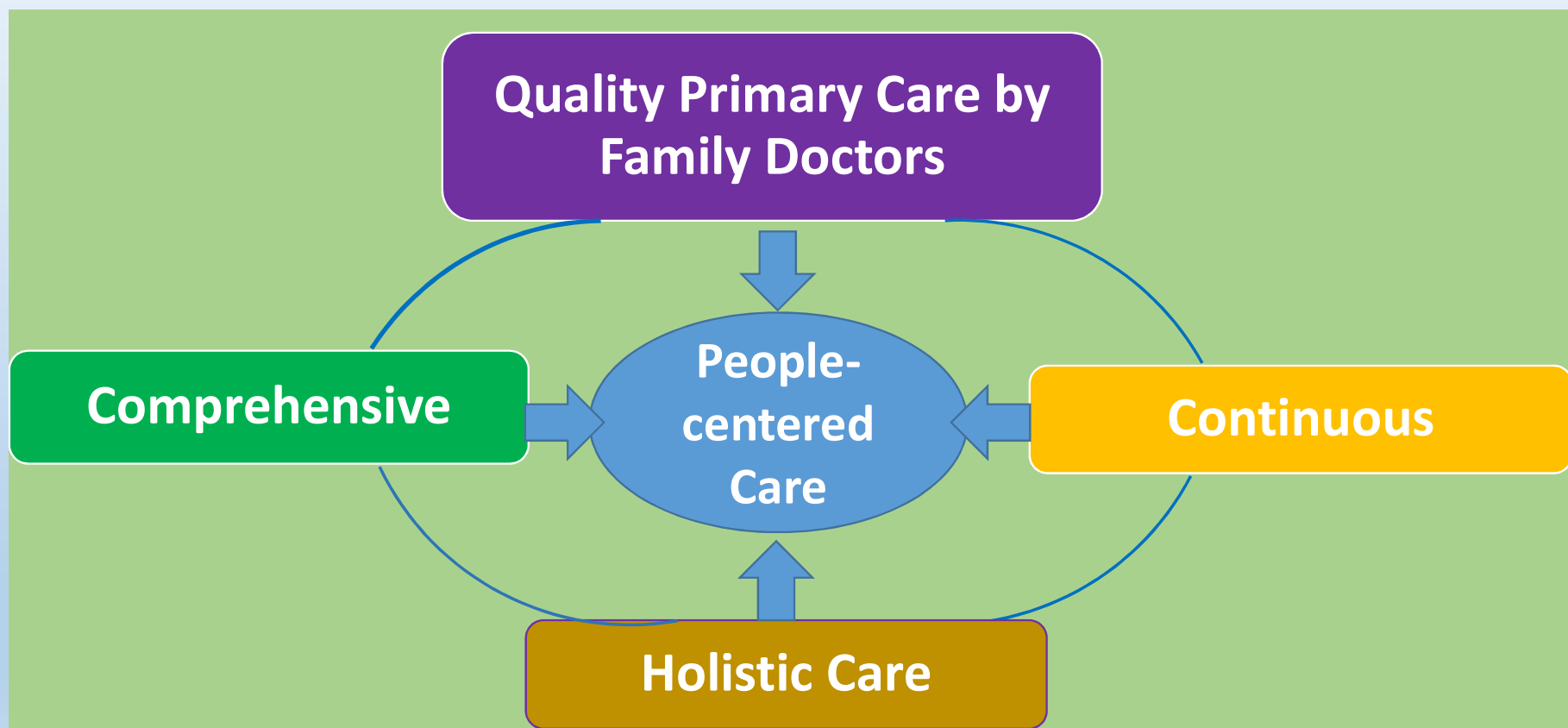


What is Medical-social Collaboration?

- A network of medical and social service providers to effectively **address medical and psycho-social needs** of individuals, either hidden or expressed, preventive or remedial
- Delivery of **quality services** at both community and hospital (private and public) levels
- Effective **coordination of resources** to facilitate easier access to health services for the disadvantaged, and the community, at large

~ The Target outcome is : Provision of Person-centered
Holistic, Comprehensive and Continuous Care~

Effective Quality Primary Health Care



Neglected Roles of the Social Service Sector

NGOs could:

- Address swiftly **psycho-social** needs of individuals living in the community through a network of service centers for different age groups
- Allocate efficient use of scarce resources and give prompt responses to **expressed needs** in innovative ways
- Facilitate **access** to essential healthcare resources for disadvantaged groups (single elders, poor families or ethnic minorities)
- Advocate enhanced **self-awareness** and endorse effective measures in healthcare promotion



The Need for a Medical-social Collaborative Structure

A **formalized structure** for interfacing and collaboration between medical and social service sectors is essential to enhance the effectiveness of our healthcare management.



The Need to Set Up Medical-social Collaborative Structure

An effective medical-social collaborative structure involves:

- **Pluralistic** perspectives in public policy that facilitate participations of healthcare, NGO and academic sectors as well as individuals
- Recognition of **holistic** care and preventive healthcare
- Establishing **community-based** healthcare programs **through strategic partnerships** among relevant sectors, particularly medical and social, concerned



Journey of Medical-social Collaborative Experiences in Hong Kong: From Scattered Care to Integrated Care



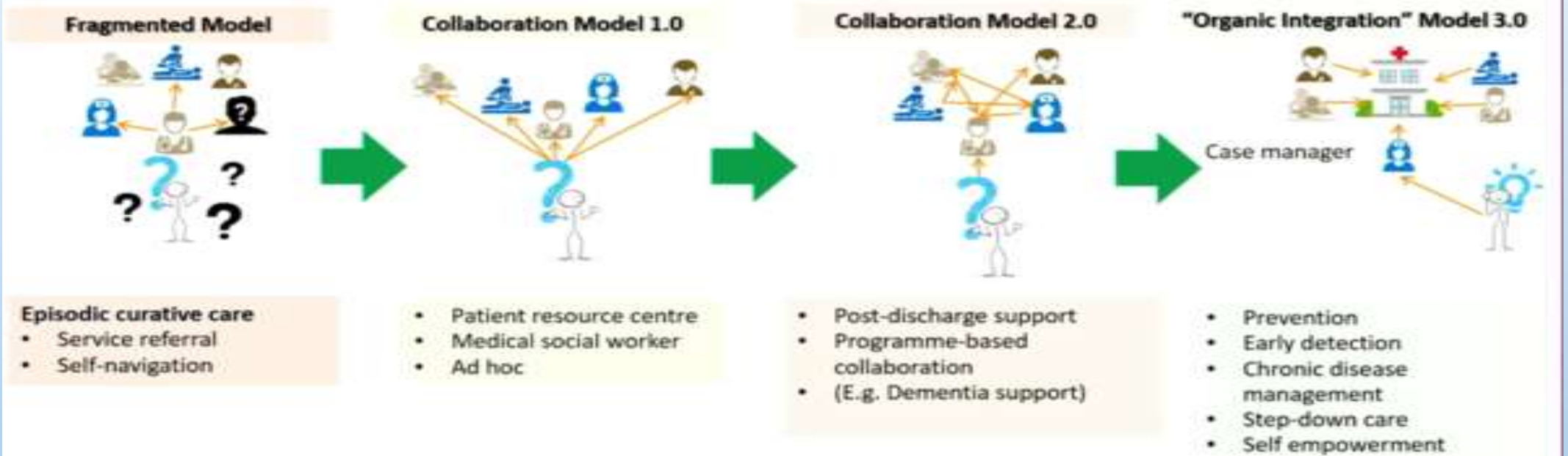
The Journey: From Scattered Care to Integrated Comprehensive Care



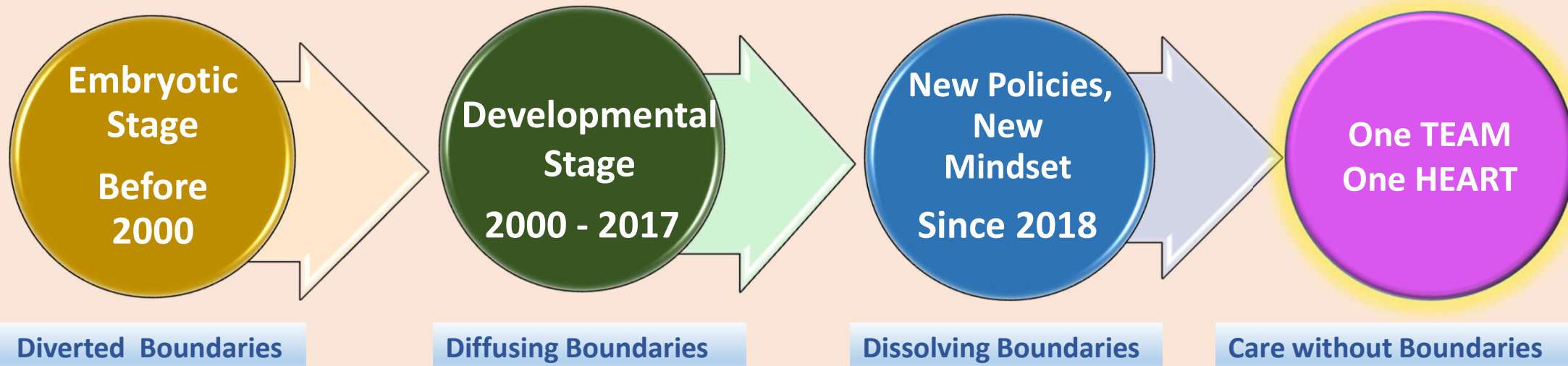
Confined by Professional
Boundaries

Integrated
Comprehensive Care

Transformation to “Organic Integration” Model



The Evolution: An Overview with Illustrations of Works by HK Sheng Kung Hui (HKSKH) Welfare Council



I. Embryonic Stage: Before 2000

Diverted Boundaries



I. Embryotic Stage: Before 2000

The need for medical-social integration was first announced in the Policy Speech of 1997 to address the needs of ageing population.

1. Outreach to Elderly Homes

- Provision of care-need assessments by Social Welfare Department(SWD)
- Community Geriatric Assessment Teams (**CGATs**) and Community Psychogeriatric Teams (**CPTs**) services to elderly homes

2. Outreach to Community

- A model of Community Care Services.
Enhanced Home and Community Care Services (**EHCCS**) for frail older persons since 2001



I. Embryotic Stage: Before 2000

Works and Experiences of HKSKH Welfare Council

SKH has been providing elderly services since the early 1970s.

1. Teaming Up with Hospitals Establishing Hospital-community Partnerships

1.1 Collaboration with CGAT Teams

1.2 Monthly Case Conference for EHCCS Clients

2. Attempt to Operate a Clinic by Multi-disciplinary Professionals



II. Developmental Stage: 2000 – 2017

Diffusing Boundaries



II. Developmental Stage: 2000 – 2017

Medical-social collaborative initiatives were mainly between the **government departments** and **NGOs** on health related projects on a district basis.

The Government's policy objective in 1999 engendered "**Ageing in place**" and promoted the importance of health awareness and health empowerment as core and institutional care.



II. Developmental Stage: 2000 – 2017 (cont'd)

1. **Set up of District Elderly Community Centres (DECC) / Neighborhood Elderly Centres (NEC)**
2. **Medical Policies that Facilitated Medical-social Collaboration**
 - Electronic Health Record Sharing System (eHRSS)
3. **Cross-sectoral Medical-social Collaborative Pilot Schemes**
 - Initiated by the Government as well as other funders like Lotteries Fund and Jockey Club
 - 3.1 Elderly Health Care Voucher Pilot Scheme
 - 3.2 Dementia Community Support Scheme 智友醫社計劃



II. Developmental Stage: 2000 – 2017

Works and Experiences of HKSKH Welfare Council

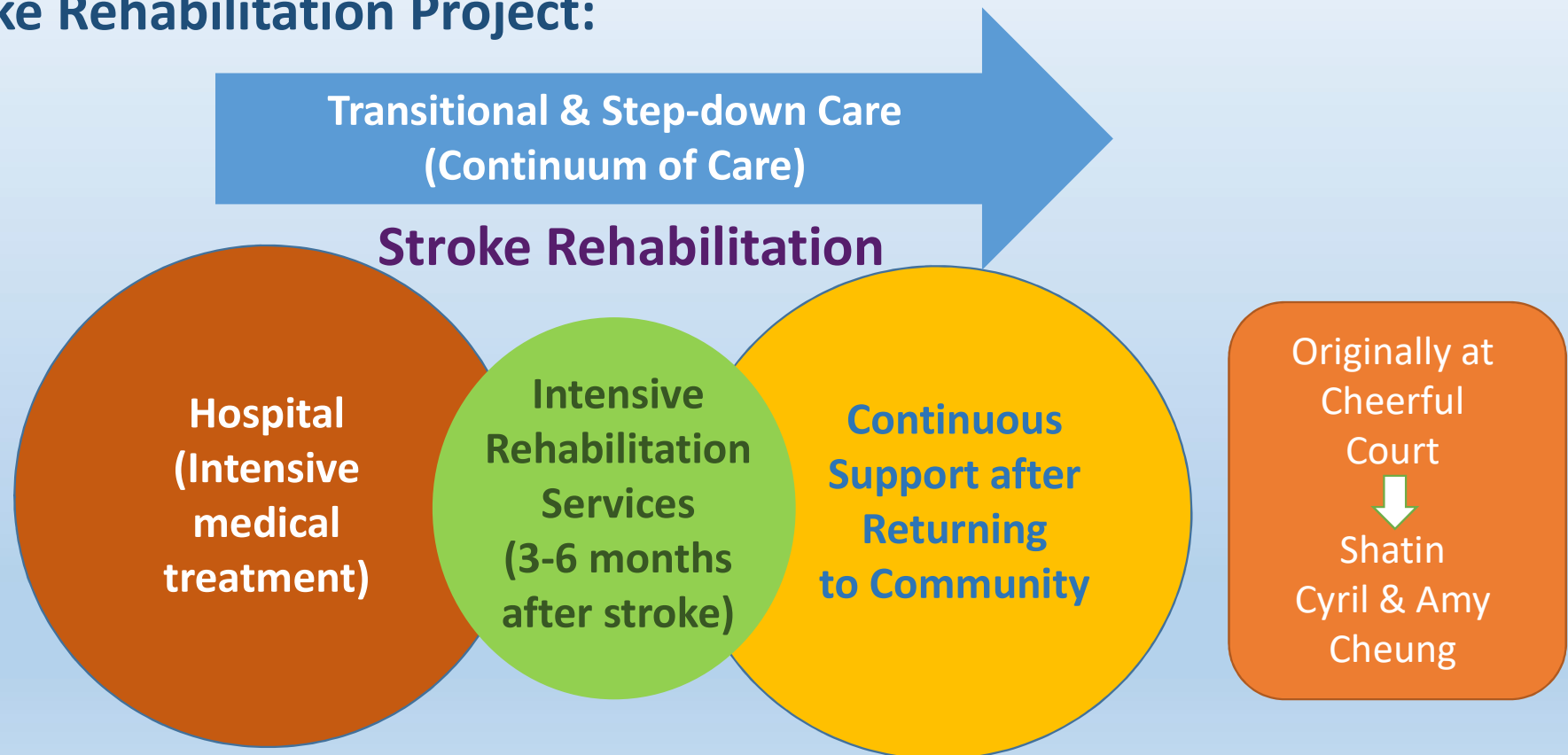
1. SKH's elderly residential homes have started using **Residential Assessment Instrument (RAI) 2.0** and **Care Planning Protocol** since 2004/05
2. SKH set-up **mental rehabilitation** services in **Tuen Mun** in 2009 and SKH team worked closely with **Castle Peak Hospital**
3. HA initiated **community partnership projects** with SKH's elderly service teams and launched preventive care programs
4. **Cross-sectoral collaborative initiatives** of SKH's DECC/NEC teams in partnership with medical professionals and mobilization of volunteers to promote health awareness.
5. **Operated Assisted Housing** – Cheerful Court: blended housing with nursing, medical and social care



II. Developmental Stage: 2000 – 2017

Works and Experiences of HKSKH Welfare Council (cont'd)

6. Stroke Rehabilitation Project:



II. Developmental Stage: 2000 – 2017

Works and Experiences of HKSKH Welfare Council (cont'd)

7. One-stop MSC Centre

- Set-up of **HKSKH Lady MacLehose Centre** (麥理浩夫人中心) which included **health education**, physical training, health maintenance service and rehabilitation services in **Kwai Tsing** in 2013

- Community pharmacy (社區慈惠藥房)
- Optometry services
- Dental services
- Chinese Medicine consultation and pharmacy
- Fall prevention and pain management services

8. End-of-life Care

- Advance directives and the will of “Do-Not-Attempt Cardiopulmonary Resuscitation” (**DNACPR**) for patients living in residential homes
- Home-based palliative care
- Life and death education services

III. New Policies, New Mindset: Since 2018

Dissolving Boundaries



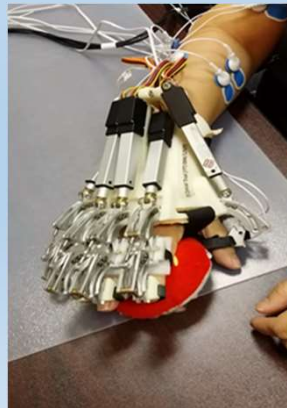
III. New Policies, New Mindset: Since 2018

1. Integration of Medical Professionals in the operation of Welfare Sector

- SWD provided resources to deploy medical professionals to
 - i. strengthen DECC and NEC's role in dementia care
 - ii. strengthen medical and rehabilitation services of the elderly in subsidized elderly homes (both private and public)
 - iii. support rehabilitation for SEN children in kindergarten

2. Cross-sectoral Trans-disciplinary Collaboration made MSC Possible by Undertaking Technological Solutions and Robotic Developments

Rehab Hand Robotics



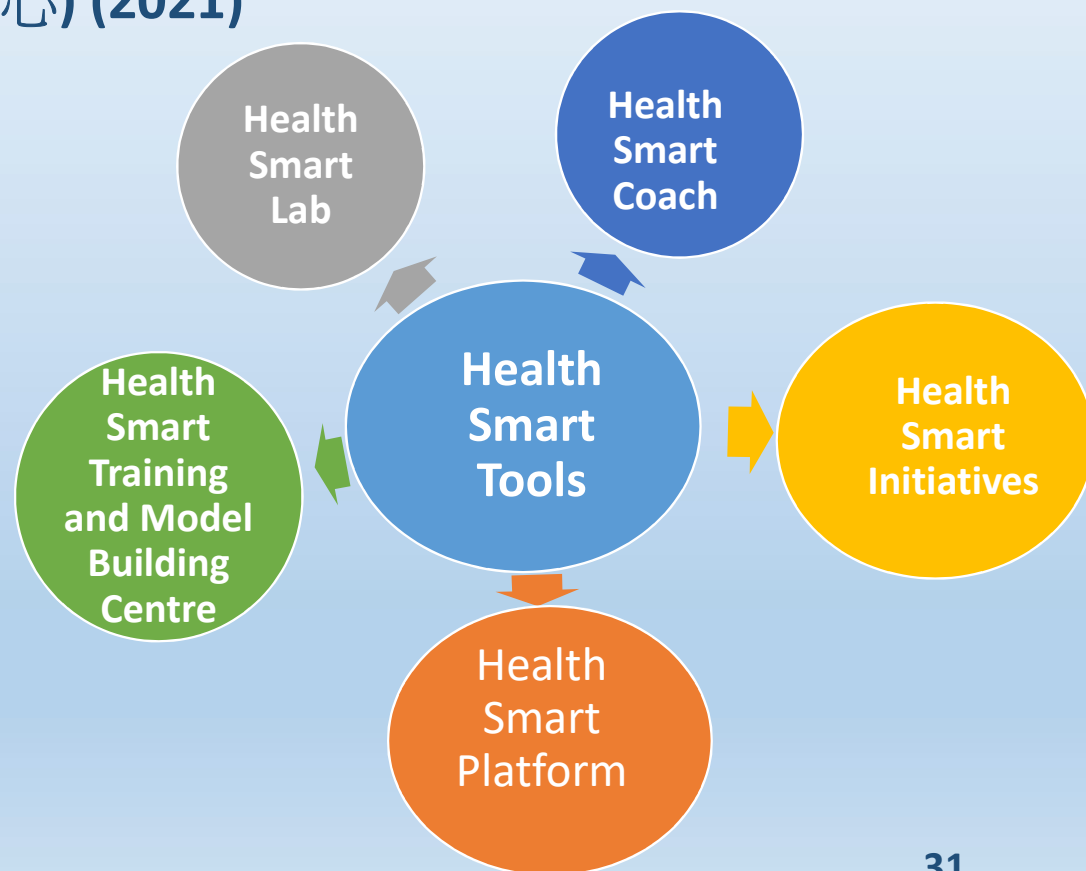
Human Interactive Robots



III. New Policies, New Mindset: Since 2018 Works and Experiences of HKSKH Welfare Council

1. Hong Kong Jockey Club Kwai Wah Wellness Centre of Lady MacLehose Centre (麥理浩夫人中心賽馬會葵華健樂中心) (2021)

- One-stop service centre for health education, wellness services and community support
- Health assessments and guidance, wellness courses and physical training and health maintenance services
- Smart Health Coach and Health Assessment Facilities
- Rehabilitation services



III. New Policies, New Mindset: Since 2018 Works and Experiences of HKSKH Welfare Council (cont'd)

2. Hong Kong Jockey Club “e-Generation” Chronic knee pain management project for seniors (since 2019) with a mobile gaming app



3. HK Jockey Club Community eHealth Care Project (2016 – 2022) Digital Health Devices enabling instant feedback of health data help to empower the elderly’s awareness in health management



4. Multi-disciplinary Approach: Intervention of Chinese Medicine in Stroke Prevention and Rehabilitation Programs (Free services funded by Bank of China since 2020)

A Hong Kong Perspective with a Global Vision : Developing community-based PHC

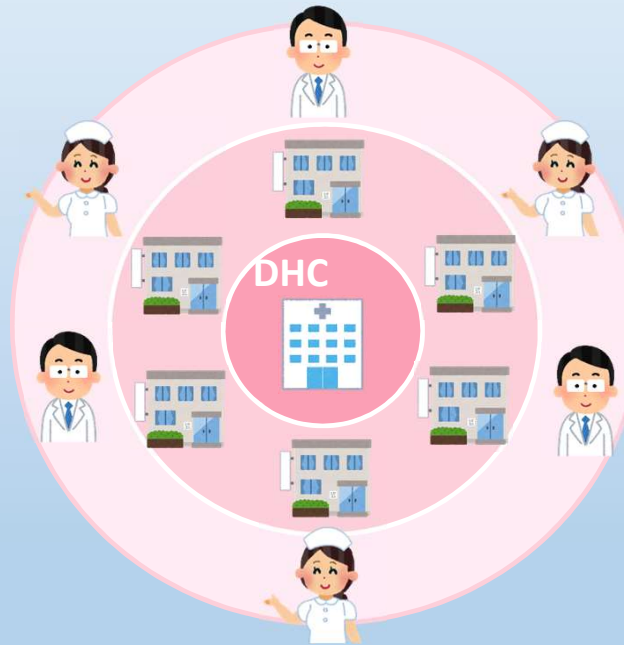


The DHC Scheme

Key Features and Operation Mode

Key Features

- ① Serve as a service / resource hub, coordinating PHC services in community (district-based)
- ② Operation mode - PPP
- ③ Medical-social collaboration
- ④ Outreach services
- ⑤ Relieve the pressure on specialists & hospital services



DHC Operation Mode



Core Centre



Satellite Centres

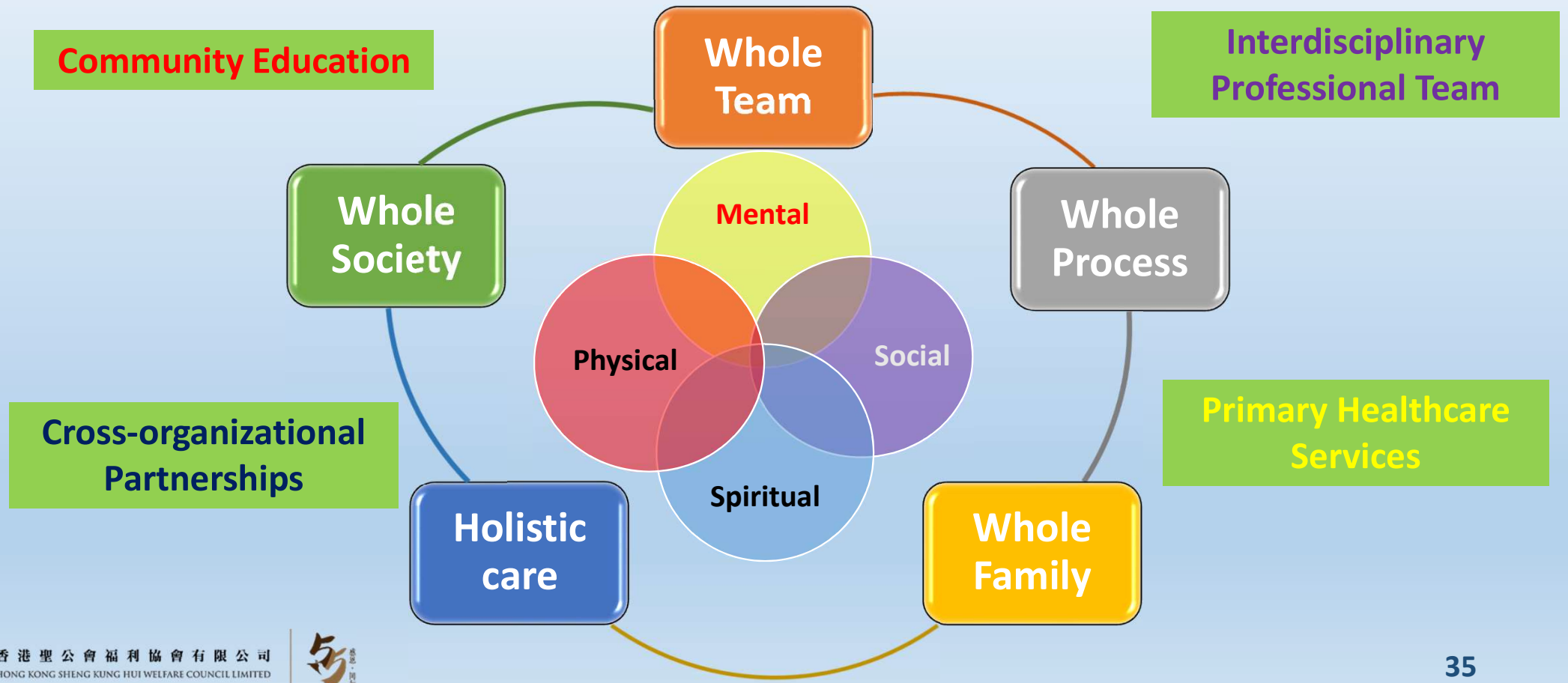
PHC Team:

- Private doctors
- Chinese medicine practitioners
- Care Coordinators (Nurses)
- District allied health professionals
- Social workers, etc.



Works and Experiences of HKSKH Welfare Council

SKH's Ideal Model of Medical-social Collaboration at DHC in Wong Tai Sin



Pivotal Factors for an Effective District Health Ecosystem



Benefits of having Support by a Primary Health Care Team in providing Life-long Care

Family Doctors working with Care Coordinators to provide holistic, comprehensive & coordinated care:

- Advice on education, lifestyle modification, exercise prescription, diet, proper use of medication
- Coordinating social services support
- Coordinating home care, support at home
- Providing supportive care and advise to family members
- Providing post trauma support
- Providing general mental support
- Monitoring progress
- Coordinating Physiotherapy, Occupational therapy where Rehabilitation is needed
- Making referral to appropriate care
- Compliance – Reminders for follow-up, monitoring, Risk Factor Assessment & Management programs

**Empower
Primary
Health Care
Team**



Concluding Remarks



The Journey: From Diverted Boundaries to Care without Boundaries



Diverted Boundaries

- **Outreaching services to residential homes for the elderly and disable**
- **Outreaching community care services for frail elders**

Diffusing Boundaries

- **Synergistic collaboration among different professionals, government and district NGO providers**
- **Strategic partnerships with HA, DH on a cluster basis**
- **Case Management Approach**
- **Post-discharge program and Step-down care**

Dissolving Boundaries

- **Holistic Care: Physical, Psycho-social, Spiritual**
- **Inter-disciplinary Teams**
- **Cross-sectoral Partnerships**
- **Community Network**

Care without Boundaries

- **Seamless cooperation**
- **Community resources and participation**
- **High permeability among stakeholders**

Ultimate Aims of the Journey

- Healthcare division of labor : Greater public awareness and appreciation of the importance of primary healthcare and role of family doctors
- Patient empowerment - greater health consciousness and self-management
- Changes in patients' health seeking behavior with less reliance on public hospital system
- Revamping traditional mode of service delivery: Availability of holistic, person-centered, need-based “Seamless Care” through effective partnerships



Dream to Reality

Structures



Process



Patient Outcomes

- ✓ Cluster platforms
- ✓ Patient resource centres
- ✓ District health centres, NGOs

- Referrals
- Co-care
- Integrated

- Clinical link
- Care plan
- Resources
- Metrics & IT

- Coordinated Care, Quality



From the International Foundation for Integrated Care



**Transforming the
Medical Social Collaborative
Dream into Real Outcomes for Patients**



Dr Carolyn Kng
Consultant (M&G) and HOD (Geriatrics), RTSKH
SD (Primary & Community Healthcare), HKEC

Tues 4 May 2021
HA Convention 2021 – HKEC Seminar



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My Vision: Towards “Care without Boundaries”

The public and community sectors jointly develop a healthcare system capable of enabling “access to lifelong, comprehensive person-centered care with emphasis on health-improving preventive services”

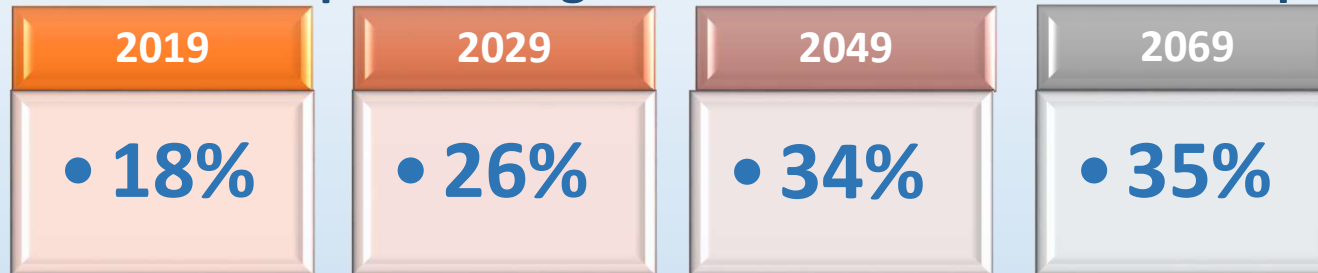


Thank You

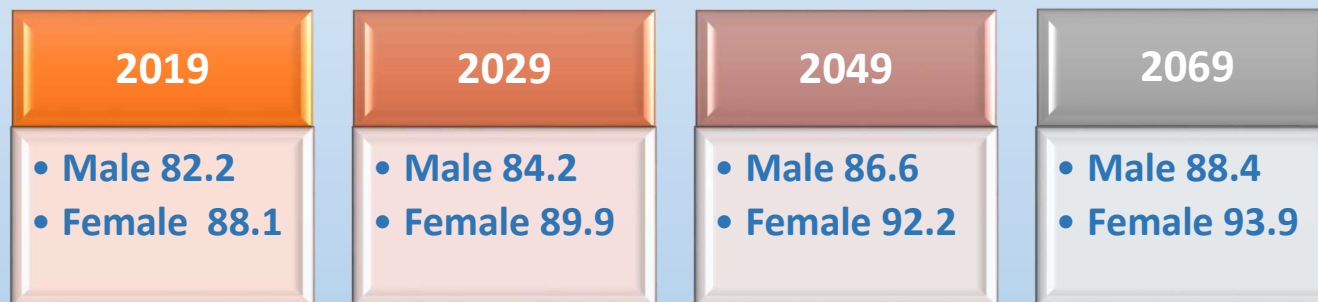


Ageing Population

- **Growth in Population Aged 65 or Over as % of Total Population:**



- **Increase in Lifespan:**



Source: Census and Statistics Department, HKSAR - Hong Kong Population Projection Report 2020-2069

Percentage of population aged 65 or above will double within 50 years and life expectancy will steadily increase.

Growing Prevalence of Chronic Disease

Year	Number of Persons who had Chronic Health Conditions	As % of Total Population
2018/19	2,202,000	31%
2015	2,041,000	30%
2009	1,633,700	25%

Source: Census and Statistics Department, HKSAR – Thematic Household Survey Reports

About 1/3 of the population had chronic health problems as of 2018/19.



Over Reliance on Public Healthcare systems

A&E

- Average waiting time of public A&E services ranged from 2 hours to 6 hours, Mar 2021*

Outpatient

- Longest waiting time for new case booking at public specialist outpatient clinics was about 2 years*, 2020
- A 63-year-old patient with chronic diseases died on stretcher at A&E waiting area while awaiting admission, February 2021

*Source: www.ha.org.hk



Ambulatory Integration of Medical and Social (Aims) Model of Social Work Consultation and Care Coordination

It is widely recognized that medical and social services are fragmented, despite clients'/patients' intertwining needs. While chronic conditions and their symptoms are frequently discussed in healthcare settings, important social factors that influence physical health including substance use/abuse, depression and anxiety, financial concerns, and environmental factors are less recognized. As a result, many patients face difficulty meeting their medical plan of care due to social and environmental barriers that are not taken into account when addressing their physical need.