

A Family Doctor for Everyone

每人一個家庭醫生

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A Family Doctor for Everyone

- **Primary care & the family doctor**
- **Primary care for a family in HK**
- **Health benefits of having a family doctor**
- **Primary-care based health care system**



“ Primary health care is the key to attaining the target of health for all by the year 2000.”

Declaration of Alma-Ata, WHO 1978

“ Primary health care: Now more than ever..... Evidence is now overwhelming: countries with a strong service for primary care have better health outcomes at low cost”



WHO World Health Report 2008



Key Concepts

- Primary health care is the essential health care made universally available to individuals and families, which includes public health & self-care (WHO Alma Ata 1978)
- Primary care is the first point of contact of the professional health care system. (AAFP 2009)



The Family Doctor

- **A family doctor** is a qualified medical practitioner who provides primary, continuing, comprehensive and whole-person care to the individual and the family in their natural environment. (WONCA 1991 & Leeuwenhorst 1974)
- **A private practitioner** is one whose service is funded by out-of-pocket or private insurance payment
 - Care can be primary, secondary or tertiary
 - Not all family doctors are in private practice



Primary Care Providers

- Specialists in family medicine
- Family doctors with training in FM
- General practitioners
- Non FM specialists
- Chinese medicine practitioners
- Nurse practitioners/ other health professionals
- Accident & Emergency Department





Primary care for the Ip Family



**Taxi driver
Frequent
headache**

45

40 Housewife

40

**Student,
Frequent
asthma
attacks**

14

10

**Down's,
IQ ~50,
Frequent
illnesses**



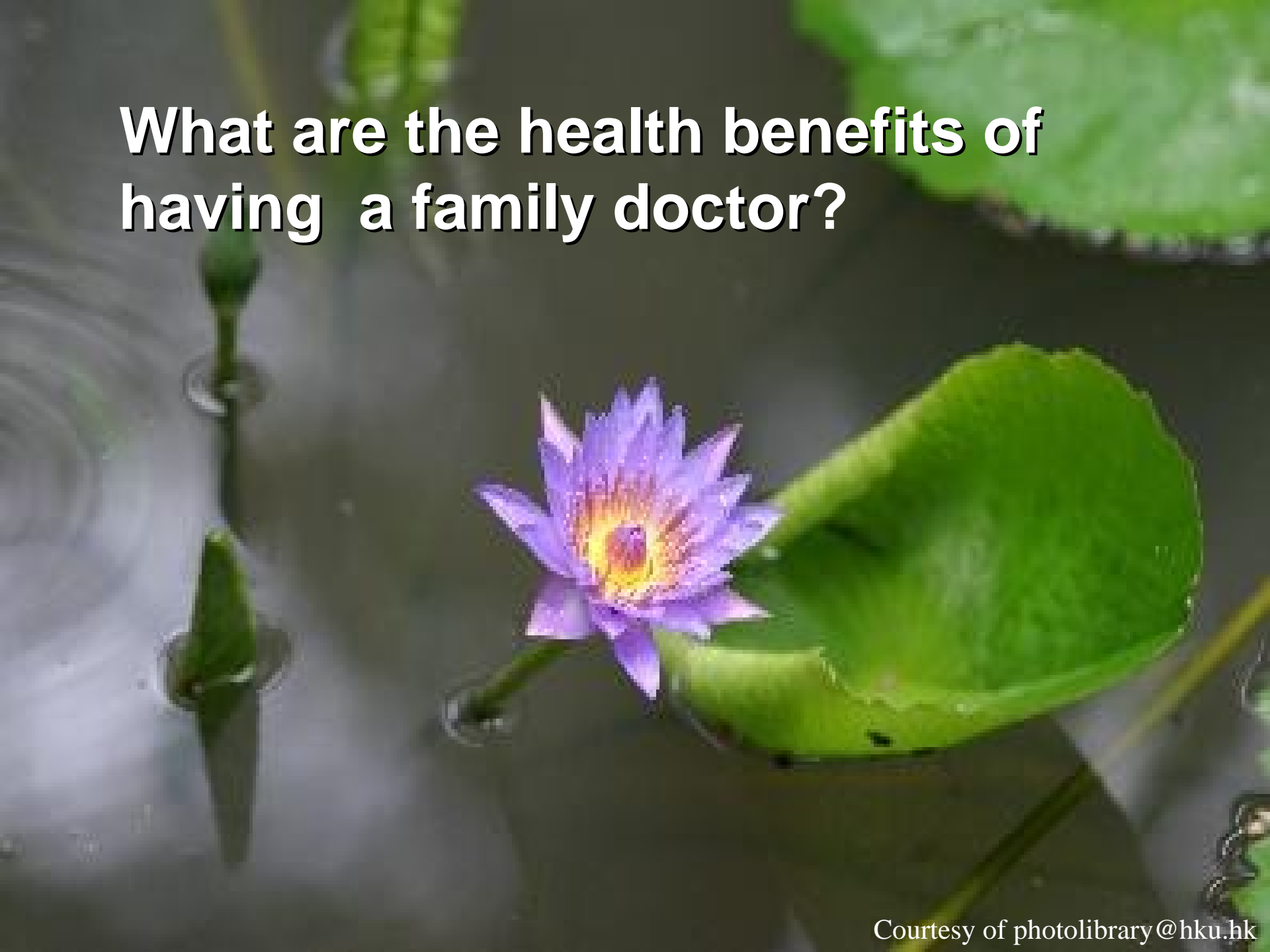
Effective Primary Care

(Starfield Milbank Q 2005)

- Accessible and affordable
- Comprehensive: all people & problems; full service from prevention to rehabilitation
- Early diagnosis & treatment of illnesses
- Continuing: the person & disease esp chronic
- Whole-person (bio-psycho-social)
- Co-ordinate & gate-keep medical & social services



What are the health benefits of having a family doctor?



Illness & Utilization Rates

| Last 4 weeks (N=3053) | FD (n=1150) | ORD (n=746) | NRD (n=1157) |
|--------------------------|----------------|----------------|-----------------|
| Gen health good | 53.2% # | 41.3% ^ # | 50% ^ |
| Illness episodes | 0.51*# | 0.68 # ^ | 0.57 * ^ |
| Consultations | 0.85 * | 0.85 ^ | 0.49 * ^ |
| A&E use | 2.3 % | 5.2% | 3.8% |
| Hospital Ad | 1% | 1.3% | 1.1% |
| Self medication | 28.3% | 31.6% | 31.8% |

* # ^ Significant difference by univariate Poisson regressions



Utilization Pattern in Last Illness

| % Subjects | FD (n=1150) | ORD (n=746) | NRD (n=1157) |
|-----------------|----------------|----------------|-----------------|
| Any med service | 80.2*# | 74.7#^ | 60.8*^ |
| Any WM doctor | 77.6 *# | 68.1#^ | 51.3*^ |
| FD | 67 (86%) | 10.6 | 7 |
| ORD | 16.8 | 54.7 (80%) | 19.4 |
| Other doctors | 14.3 | 13.1 | 29 |
| Chinese med | 13.1 | 13.1 | 10.6 |
| Attended A&E | 4.3*# | 7.8# | 9.6* |
| Hospitalization | 1.7*# | 3.6# | 4.0* |



* # ^ Significant difference by univariate logistic regressions



Preventive & Comprehensive Care

| % Subjects | FD (n=1150) | ORD (n=746) | NRD (n=1157) |
|-----------------|----------------|----------------|-----------------|
| Smoking | 17.6* | 19.2^ | 24.1*^ |
| Drinking | 37* | 40.1 | 41.1* |
| Reg exercise | 68.4*# | 62.6# | 63.3* |
| BP (>30-yr-old) | 85.3* | 81.5 ^ | 69.6*^ |
| Cer smear (MF) | 88.2* | 88.0 ^ | 82.9*^ |
| Preventive care | 52.5*# | 41.6# | 37.3* |
| Chronic Dx | 49.8* | 46.0 | 44.5 * |



Significant difference by Univariate logistic regressions
 * FD & NRD, ^ ORD & NRD, # FD & ORD



Process of Care in Last Consultation

| | FD (n=1150) | ORD (n=746) | NRD (n=1157) |
|----------------------|----------------|----------------|-----------------|
| Prescription (%) | 93.2* | 94.4^ | 87.8*^ |
| Investigation (%) | 7.7* | 10.3 | 11* |
| Referral (%) | 2.8 | 3.5 | 4 |
| Explanation (%) | 80.1*# | 73.1 #^ | 63.4 *^ |
| Address concerns (%) | 69.5*# | 63.4 #^ | 54.5 *^ |
| Lifestyle advice (%) | 45* | 42.2 ^ | 35.4 *^ |
| Screening (%) | 15.8 * | 13.3 | 11.8 * |

*# ^ Significant difference by multivariate logistic regressions controlling for sociodemographics, health status, chronic morbidity & lifestyle.



Outcomes of Last Consultation

| | RFD (n=1150) | RnFD (n=746) | NRD (n=1157) |
|--------------------------------|---------------------|---------------------|---------------------|
| Patient enablement score (PEI) | 3.33 ^{+@} | 2.63 ⁺ | 2.58 [@] |
| Health got better | 53.5% [*] | 50% [^] | 44.8% ^{*^} |
| Satisfied | 96.1% [*] | 93.9% [^] | 92% ^{*^} |
| Recommend doctor | 76.1% ^{*#} | 61.1% ^{#^} | 44.2% ^{*^} |

^{+@} significant difference by multivariate linear regressions

^{* # ^} Significant difference by multivariate logistic regressions



Health Benefits of Having a FD

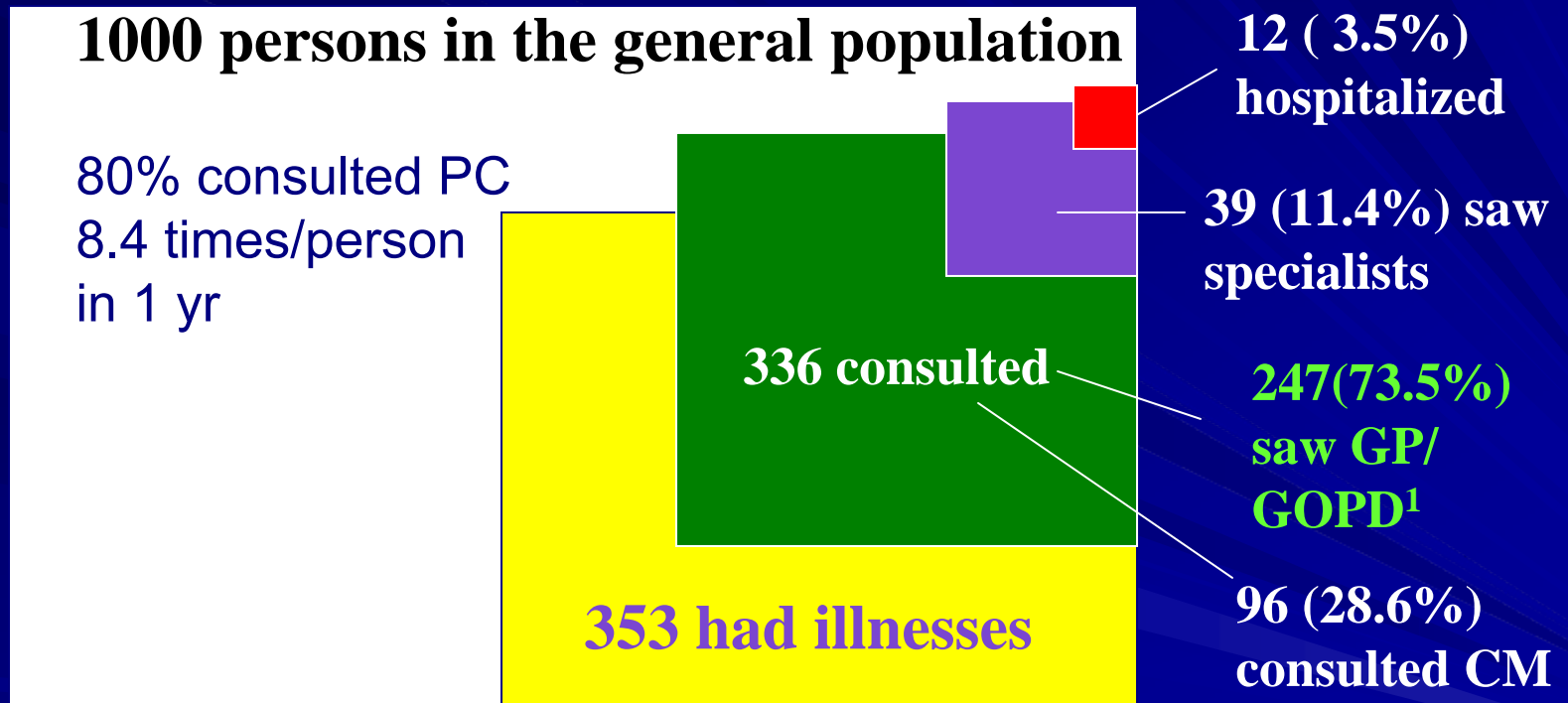
- Better general health & less illness
- More accessible & continuing care
- Less use of A&E or hospital service
- Healthier life style
- More preventive care & screening
- More explanation & reassurance
- More health improvement & enablement from the consultation





Primary care based health care system

Illnesses & Consultations Reported by the HK Population in Four Weeks



Lam et al, SHS-P-10 Report, HHSRF, Food & Health Bureau 2009.



The Butterfly Effect

- Mean referral rate in primary care in HK is 2.5% of all consultations¹
- ↑ referral by 1/ 100 consultations (2.5% to 3.5%) will increase secondary care new case load by 40%
- Each PC doctor shares care of one patient with chronic disease will reduce specialist clinic patient load by >4000



1 Lo et al. SHS-P-11 Report, Food & Health Bureau, 2009, HK.



Empower Primary Care

- **To serve its purpose**
 - Trust from the public, stake-holders & colleagues
 - Every person has a family doctor
 - Financing system encourages PC
 - PC being the continuing link of care
 - Bi-directional referral

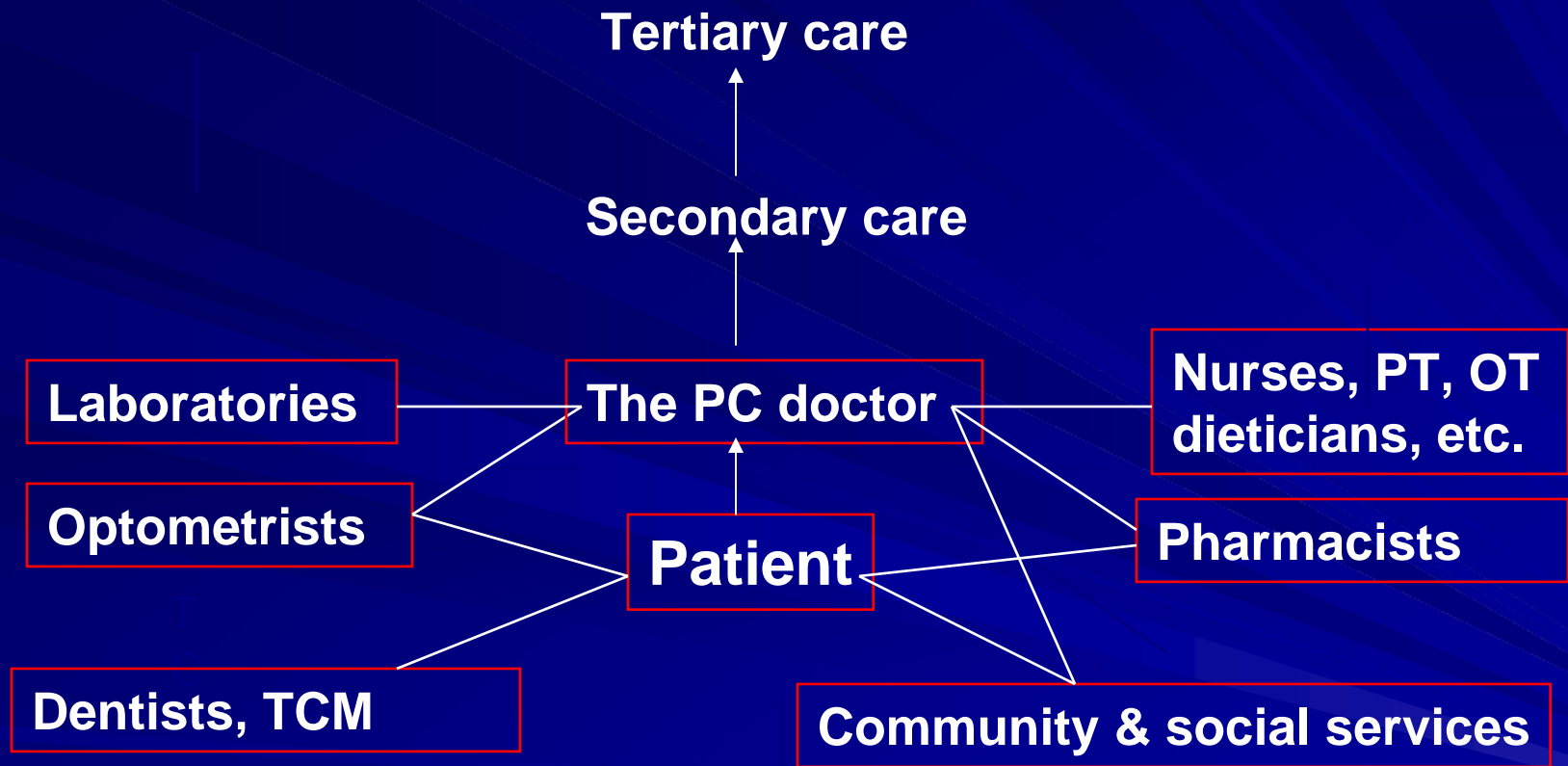


Enable Primary Care

- **To prevent & manage complex / chronic diseases**
 - **Training in FM & CME for PC doctors**
 - **Research & guidelines to inform practice**
 - **Direct access to drugs & investigations**
 - **Resources, facilities & remuneration**
 - **A multi-disciplinary primary care team**



Horizontal & Vertical Integration



**To deliver effective
primary care**



**A family doctor for everyone &
a multidisciplinary primary care
team**

Acknowledgement

- **Co-investigators**
 - **Dr. Yvonne Y.Y. Lo, Professor Stewart Mercer, Dr. Daniel Fong, Dr. Gabriel Leung, Dr. T.P. Lam and Dr. Albert Lee**
- **Study on Health Services Grant, Food & Health Bureau, Government of the HKSAR**

