你我齊參與 健康伴我行

Lifelong Investment in Health

醫護改革諮詢文件

Consultation Document on Health Care Reform

中華人民共和國
香港特別行政區政府總部衞生福利局
Health and Welfare Bureau, Government Secretariat
Government of the Hong Kong Special Administrative Region
The People's Republic of China

efforts.

Re-organise Primary Medical Care

27. People will still get sick in spite of preventive care, and when that happens, normally their first point of contact is with primary medical care practitioners. Primary care practitioners are engaged in preventive care and provide continuing care and medical treatment to patients and refer them to specialised care where necessary. Effectively carried out, the functions of the primary care practitioners can help reduce significantly the pressure on secondary and tertiary care and the overall health care expenditure of the community.

28. We believe that the effectiveness of primary medical care can be gradually enhanced by the promotion and adoption of family medicine practice and the development of other primary care practitioners, including other physicians, nurses and allied health professionals. Family medicine is a specialised discipline

of medicine that provides primary, continuing and comprehensive care to an individual and the family in their own environment. The care is holistic, incorporating the interaction and inter-relatedness of psycho-social and physical elements of health. In Hong Kong, the development of this specialty is still at an early stage. There are currently only about 120 qualified family medicine specialists, and the benefit of family medicine is still not widely known and appreciated. The role of other physicians as primary care practitioners also needs to be examined. The development of the role of nurses and other allied health professionals, such as pharmacists, as primary care providers is also not well recognised and deserves greater emphasis.

29. At present, primary medical care is predominantly provided by general practitioners in the private sector. Patients prefer to consult private practitioners because :-

(a) the private sector allows choice of doctors and offers more flexible consultation hours. The service is more easily accessible than that in the public sector; and

(b) the fees charged by the general practitioners, in the order of $150 per consultation, are generally affordable by the public and regarded as good value.

30. The Department of Health currently operates 65 general out-patient clinics, charging a low fee of $37 per attendance. About 35% of the patients are elders at 65 or above. At unit cost of $219 per attendance, the general out-patient service is highly subsidised. This marked price difference between the public

and the private sectors has generated huge demand for the Department of Health's clinic services. The huge workload has made it difficult for the quality of service to be upgraded.

Proposal

31. To improve primary medical care, we propose that the public sector should take the lead in promoting family medicine practice by doctors, nurses and allied health professionals and provide the relevant training opportunities. The Hospital Authority has started its family medicine training programme since 1997-98, and set up family medicine-based clinics to assist the specialist out-patient clinics by attending to patients in stabilised conditions. These clinics also serve as training ground for health care professionals. The Hospital Authority plans to provide training to a total of 316 family medicine trainees in 2001-02, and in the longer term, about half of the doctors recruited to the public sector will be trained in family medicine and primary care. The Hospital Authority has also been developing the role of nurses as primary care practitioners for long term care in the community.

32. We propose that the Department of Health's general out-patient service should be transferred to the Hospital Authority to facilitate integration of the primary and secondary levels of care in the public sector. At present, there is regular liaison between the two organisations on the referrals to and from the Hospital Authority's specialist out-patient clinics, and shared care programmes, such as those for diabetic patients, have been implemented, but because of the different environments in which

the staff have to work, there remains interfacing problems that need to be addressed.

33. We propose that upon transfer, the general out-patient service should be redesigned into clinics attending to, primarily, the financially vulnerable and those chronically ill, who are exposed to high financial risk because of the long term treatment required. These clinics can also serve as the training ground for family medicine and other models of primary medical care, such as general medical practice, and for other primary care professionals.

34. We propose that the public sector should explore ways to improve collaboration with the private sector, to assist family medicine trainees to complete their training, and to improve on the quality and continuity of care. This objective can be achieved, for example, by contracting out some of the general out-patient services to private practitioners for the purpose of training in family medicine and establishing a network between public and private sectors to support exchange of information and knowledge in primary medical care.

35. We propose that all health care professionals, in the public as well private sectors, should be required to undertake continuing professional education and development which helps maintain and upgrade their standard of service. This proposal will be discussed further in Chapter 4.

Implementation

36. We shall work out, by the end of 2001 –

(a) an implementation plan for transferring general out-patient service from the Department of Health to the Hospital Authority;

(b) the improvement plans for the general out-patient service, including gradual adoption of family medicine practice and training of health care professionals in primary care; and

(c) some initial proposals for collaborating with the private sector in the provision of primary medical care.

Subject to finalisation of these plans and proposals, and consultation with the staff and other relevant parties, we shall seek to implement these initiatives, incrementally, from 2002 onwards.