

A Family Doctor for Everyone

每人一個家庭醫生

Cindy L K Lam, clkلام@hku.hk

Family Medicine Unit,

The University of Hong Kong

Hong Kong SAR, China



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

Student,
Frequent
asthma
attacks

14

10

Down's,
IQ ~50,
Frequent
illnesses



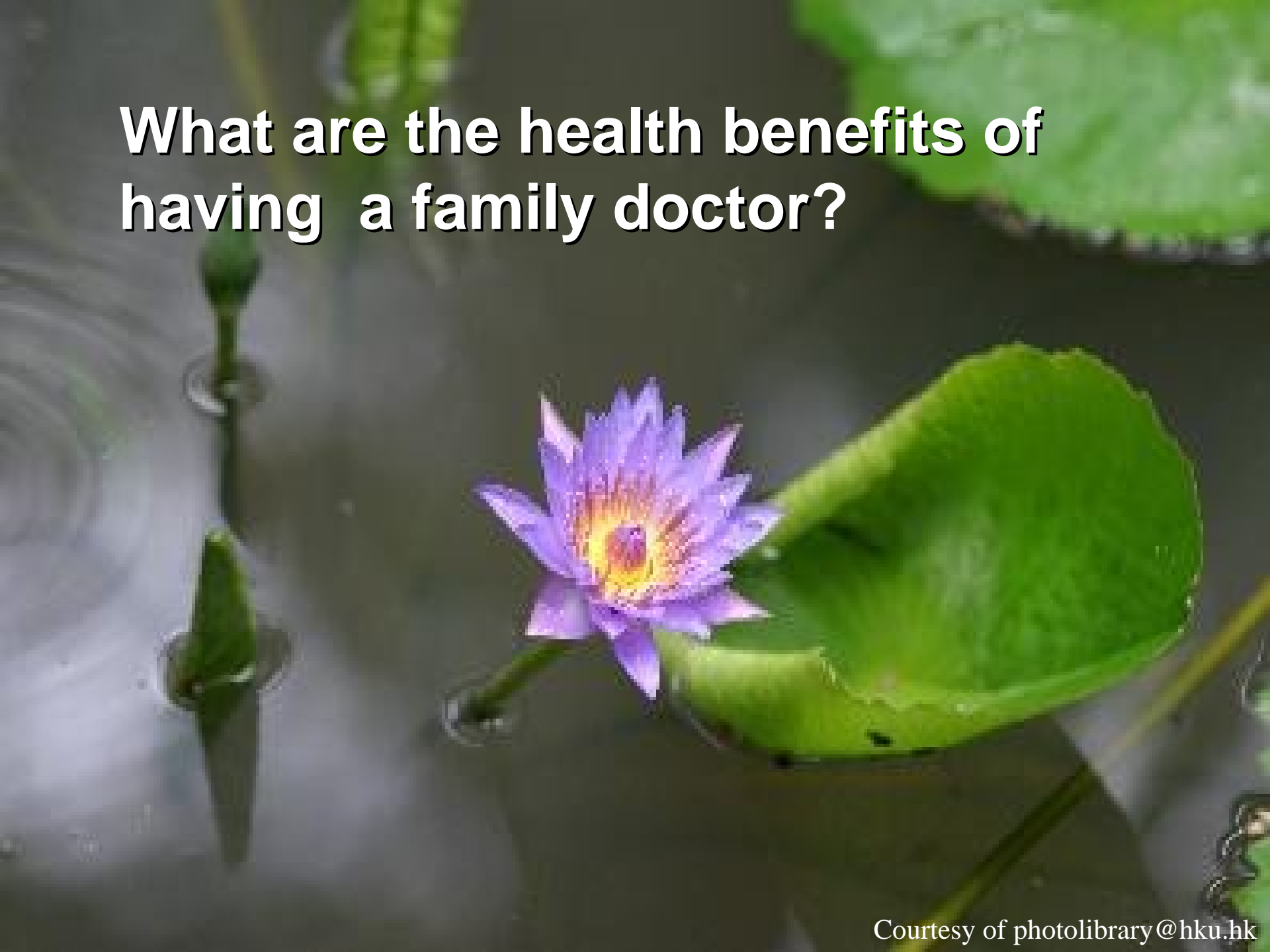
Effective Primary Care

(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

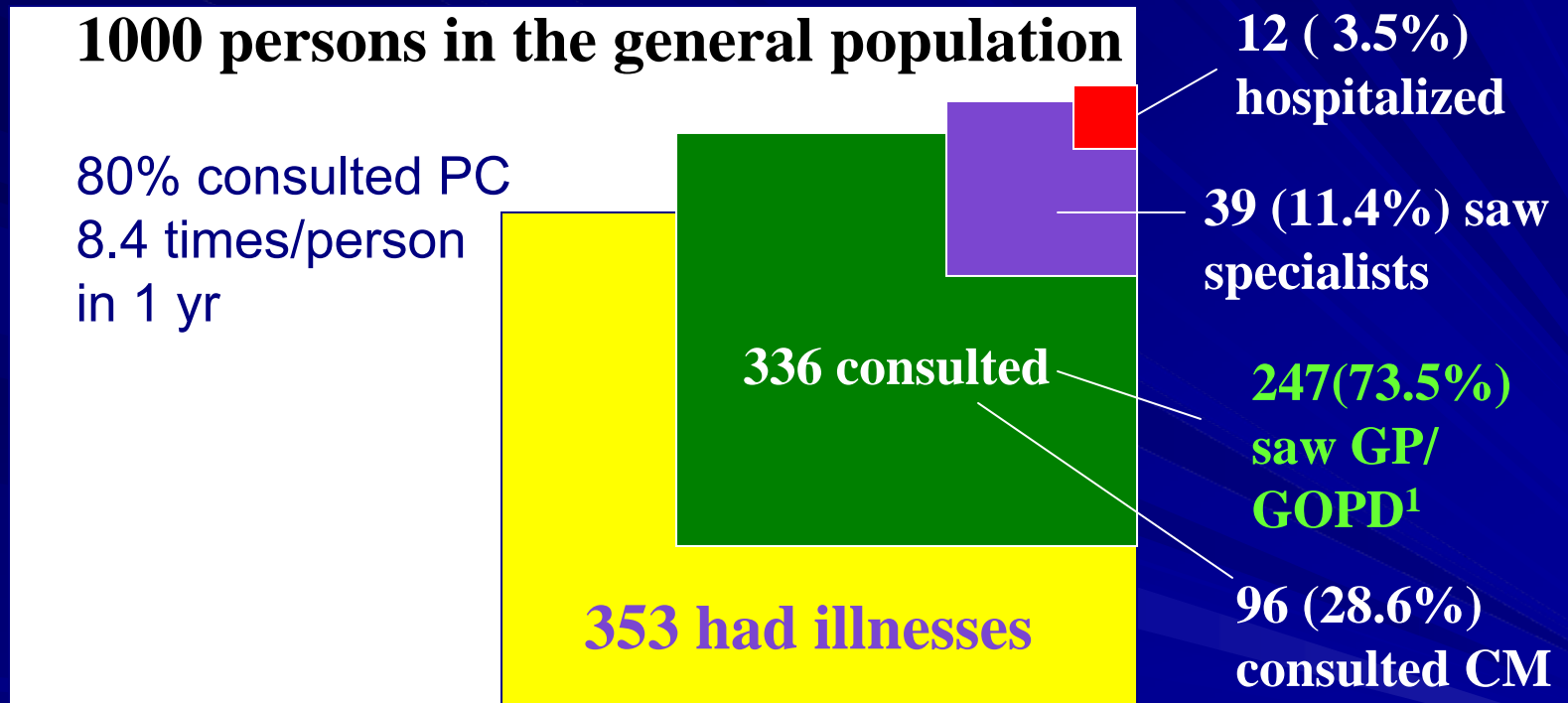
- Better general health & less illness
- More accessible & continuing care
- Less use of A&E or hospital service
- Healthier life style
- More preventive care & screening
- More explanation & reassurance
- More health improvement & enablement from the consultation





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**

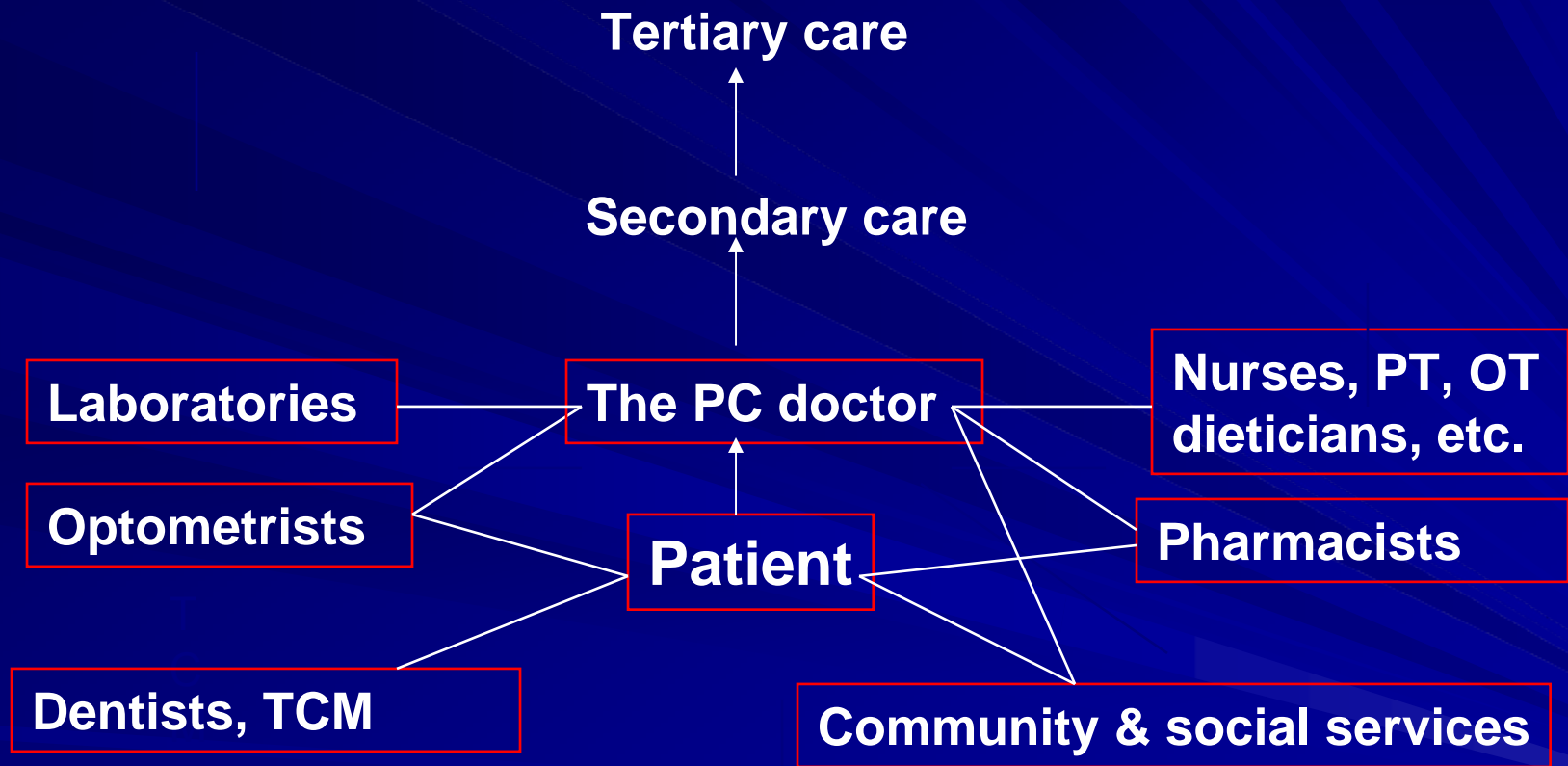


Enable Primary Care

- **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**

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