



賽馬會長者計劃新里程  
*A Jockey Club Initiative for Seniors*

# Managing World Cities International Workshop on Sharing Evidence on Public Policy Processes

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*A Jockey Club Initiative for Seniors*

Funded by:  
捐助機構:



香港賽馬會慈善信託基金  
The Hong Kong Jockey Club Charities Trust

Project Partners:  
計劃夥伴:



# A Tale of Three World Cities: Health Care Policy Implications

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# Background

- ◀ With population ageing, there will be increasing number of people with chronic diseases
- ◀ It is important to improve planning for health care provision in future

# Three World Cities

- ◆ Hong Kong (HK), New York City (NYC) and London are similar in the size and proportion of the older population

Year 2009	HK	NYC	London
Population aged 65+	0.9M (12.8%)	1.0M (12.1%)	0.9M (11.5%)

- ◆ The three world cities face similar challenges associated with population ageing, including health care provision

# Primary Care

- ❖ The first point of contact with health care system
- ❖ Good primary care system can
  - ❖ Reduce complications of chronic disease
  - ❖ Promote better use of healthcare resources
- ❖ Important to compare the extent to which citizens of each world city have access to effective and timely primary care

# Avoidable Hospitalization Conditions

- Assumed to be affected by access to primary care
- Commonly used as an indicator of access to timely and effective primary care
- Definition of AHC (Weissman et al., 1992) :
  - Ruptured appendix, asthma, cellulitis, congestive heart failure, diabetes, gangrene, hypokalemia, immunizable condition, malignant hypertension, pneumonia, pyelonephritis, perforated or bleeding ulcer

# Marker Conditions

- ❖ Not influenced by access to primary care
- ❖ Definition of MC (Gusmano, Rodwin and Weisz, 2006) :
  - ❖ Appendicitis, gastrointestinal obstruction and fracture

# Health of the Citizens

- Senior citizens in HK seem to enjoy better health than those in NYC and London as reflected by various indicators



# Life Expectancy at Age 65, 2008

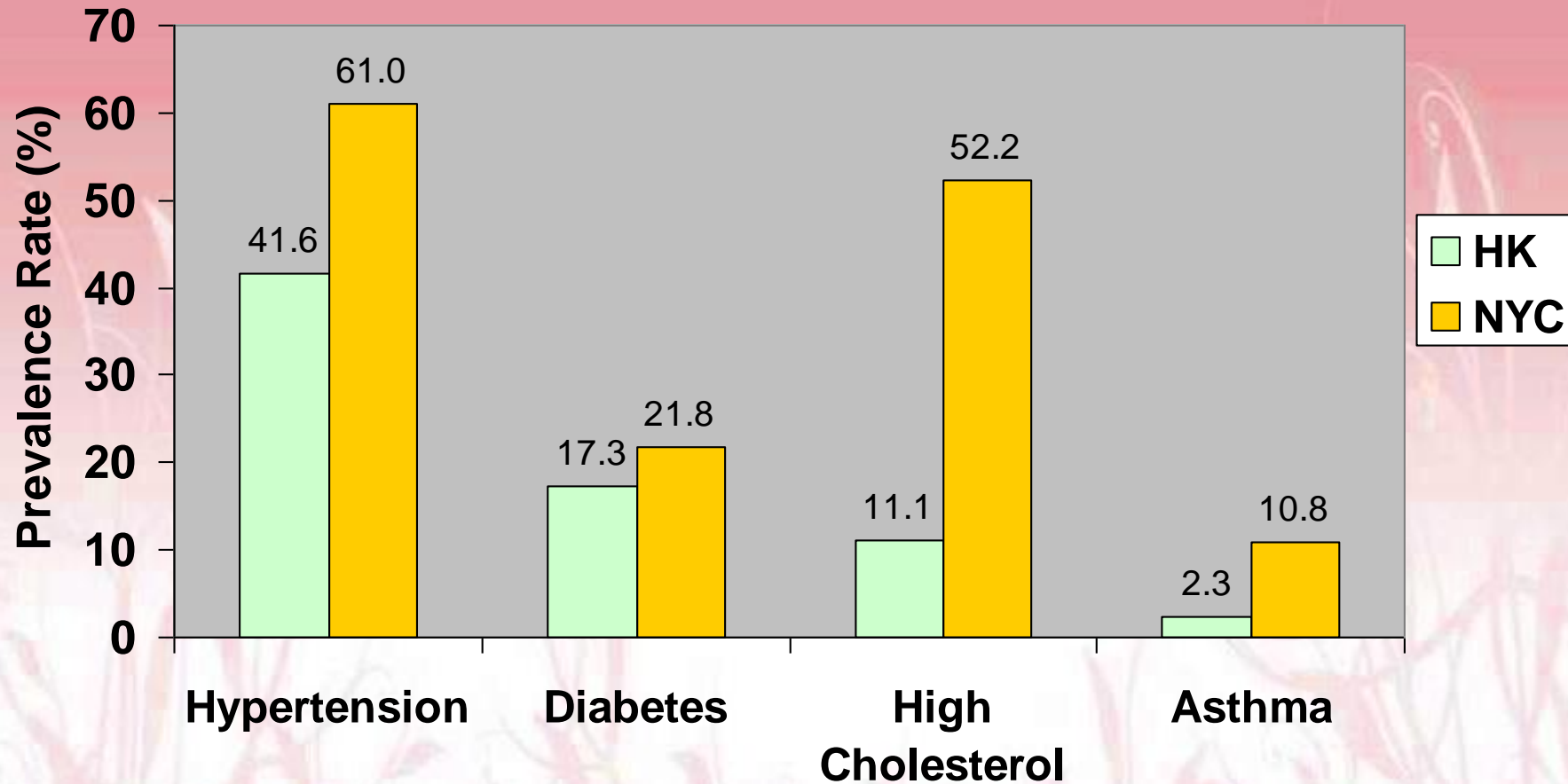


# Mortality Rate for Those Aged 65+, 2008



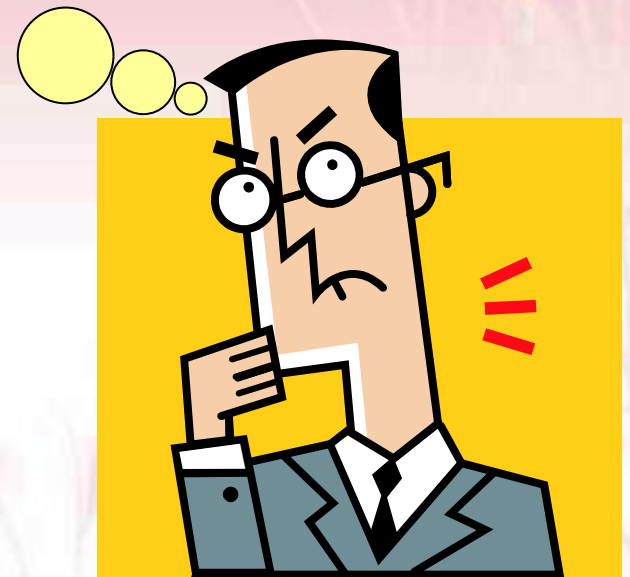
\* Adjusted to 2000 WHO Population

# Self-reported Chronic Conditions among Those Aged 65+\*, 2008



\* We do not have access to equivalent survey data for London

**What would you expect  
the hospitalization rate  
and MC rate in HK as  
compared to NYC and  
London?**

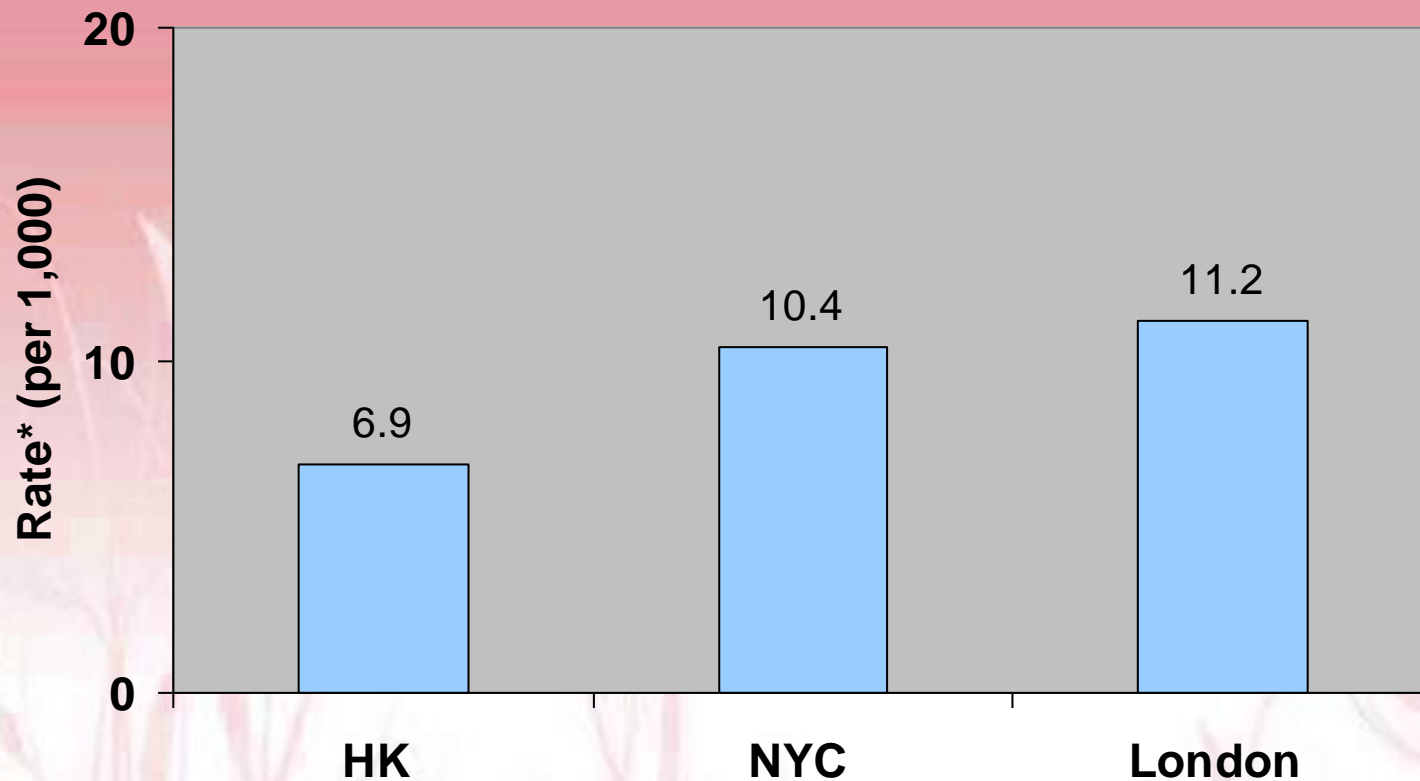


# Hospitalization Rate in Population Aged 65+, 2006-2008



**\* Adjusted to 2000 WHO Population**  
**Episodes without diagnoses information were excluded**

# MC Rate in Population Aged 65+, 2006-2008



\* Adjusted to 2000 WHO Population

**How about  
AHC rate?**



# AHC Rate in Population Aged 65+, 2006-2008



\* Adjusted to 2000 WHO Population

**Does this imply that  
access to primary care  
in Hong Kong is worse  
than in London and  
New York City?**



# Good Primary Care

1. Equitable distribution of resources
2. Access being independent to financial ability
3. Low or no co-payments
4. Comprehensiveness of services

# Primary Care in HK

- ❖ Largely provided by doctors in the private sector, where patients have to pay out-of-pocket fees for consultations with physicians, investigations and drugs
- ❖ Approximately 30% of outpatient episodes were covered by government clinics, where a small fee is charged and can be waived if the patient cannot afford it
- ❖ However, these public outpatient clinics mainly consist of brief doctor-patient encounters and are crowded particularly with older patients
- ❖ The public sector carries out regular health promotion programmes; however health screening is not free

# Primary Care in US

- ❖ The U.S. health care delivery system is dominated by specialists with less emphasis on primary care than most developed countries
- ❖ There are comprehensive screening programmes, which are covered by various insurance programmes
- ❖ Despite the existence of social health insurance for older persons (Medicare) and a federal-state social welfare program (Medicaid) for the very poor, more than 16% of the population has no health insurance coverage
- ❖ Virtually all U.S. patients, regardless of insurance coverage, face substantial out-of-pocket payment for health care



# Primary Care in UK

- ◆ The U.K. National Health System is a very structured primary care system
- ◆ The first point of contact in seeking health care is the GP that the patient is registered with. If indicated, the patient is referred to specialists in hospitals
- ◆ Under the GP contract adopted in 2004, there are financial incentives for primary care practices. E.g., GPs can make additional money by meeting certain health targets relating to control of common chronic diseases or screening rates
- ◆ Consultations are largely free, with the exception of prescription charges, which are not paid by older persons



# Access to Primary Care

- ◀ Besides provision of primary care, the following also affects access to primary care:
  - ◀ Socio-economic status
  - ◀ Gender disparity
  - ◀ Income disparity
  - ◀ Insurance coverage
  - ◀ etc

# Way Forward

- Further research is necessary to explore how to strengthen provision and access to primary care



# Implications

- Through improving primary care, the health of the population could improve because patients with chronic illness would have their conditions managed so as to avoid flare ups requiring hospitalization