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Shared Care – What Are The Implications For Our Health Care Delivery System?

In this issue of the Journal, Lee & Chan[1-2] discuss in detail the importance and obstacles of shared care in diabetes in Hong Kong. Shared care – which has been defined as "the joint participation of hospital consultants and general practitioners in the planned delivery of care for patients with a chronic condition, informed by an enhanced information exchange over and above routine discharge and referral notices"[3] – has also been a subject of great interest in other countries.[4] It also highlights the importance of primary care in the health care delivery system.

Most studies carried out to evaluate the shared care programmes seem to indicate that the clinical outcomes are at least as good as care by general practitioners alone.[4,5] Shared care has also been shown to have social and economic benefits.[6] In fact, shared care is often promoted for financial reasons as costs may be reduced when patients are shifted from secondary to primary care.[7] However, comprehensive evaluation of shared care programmes in Hong Kong is still warranted.[7]

In one of Lee & Chan's articles, they suggest "an intermediate infrastructure which provides quality care with affordable treatment cost for a large pool of patients with chronic diseases in the community is potentially achievable and indeed urgently required. Such an infrastructure can only be effectively built under the clear directive of the Government and requires concerted effort and compromise amongst politicians, administrators, hospital specialists, primary health care teams, patients, health insurance and pharmaceutical companies as well as academics and professional organisations." There is little doubt that such an infrastructure is urgently needed, whether for shared care or not, because the existing public health care system is fragmented in Hong Kong. For example, the existence of two separate arms i.e. Hospital Authority and Department of Health looking after secondary and primary care respectively in the public sector, creates bureaucratic difficulties and, possibly, even mistrust. It is quite an impossible task to pool all the groups mentioned by Lee & Chan together to work selflessly for the shared care programme and other patient care activities at the interface of primary and secondary care under the existing public health care system.

EDITORIAL

In Hong Kong, there are no reliable data to estimate the percentage of patients with chronic illnesses e.g. diabetes and hypertension attending the public sector. However, it is likely to be a very significant proportion, with costs being one of the main reasons. It is also because of this reason that many of these patients will stay in the public health care system for their chronic illnesses.

It may indeed be easier for programmes like shared care to succeed, requiring co-operation of primary and secondary care, if the health care system facilitates such a co-operation rather than hinders it.

Hong Kong previously had a public health care system with both the primary and secondary care under the former Medical and Health Department. The Scott Report recommended the establishment of Hospital Authority in 1985.[8] The public primary health care services became separated from the hospital services and were left essentially untouched. This might have been necessary at that time when the hospital services could only be described as chaotic. The early years of the Hospital Authority saw an improvement of services in public hospitals. However, hospital care is expensive and specialists can provide quality care only if they are left to attend to patients who require specialist attention and are not overwhelmed by patients who can be well looked after in the primary care setting. Shared care is a good example of primary care and specialist doctors redistributing their workload on patients with a chronic condition so that most of the patient-doctor contacts happen in the primary care setting and specialist doctors see most of the patients not more than once a year or when it is necessary.

In 1989, Working Party on Primary Health Care chaired by Professor Rosie Young was appointed to review and make recommendations on the delivery of primary health care in Hong Kong. In their report, they considered various options regarding the structure for the delivery of primary health care. They recommended that a statutory Primary Health Care Authority with some degree of financial autonomy, and with the Department of Health as its executive arm, be established to oversee the delivery of primary health care in Hong Kong.[9] This particular recommendation has yet to be adopted by the central Government. Some other options that they had also considered included a "supra" Health Authority responsible for both hospital and primary health care services and an independent Primary Health Care Authority outside the Civil Service along the lines of the Hospital Authority. These options were not recommended for many reasons despite their significant advantages. Some of these reasons were related to the circumstances at that time, such as that the Hospital Authority was still at its early stage of functioning.

It has been eight years since the Working Party investigated in great length the primary health care situation, and 13 years since the Scott Report set the framework of the present fragmented health care system in Hong Kong. However, shared care, as an example, demonstrates the great need for a coherent and integrated health care system.

Is it not the right time for the Government to have a comprehensive review of our health care system before we enter the next millennium? ■

Lam Tai Pong
Editor

References

1. Lee A, Chan JCN. Shared care in diabetes mellitus (Part I): why is it important? *HK Pract* 1997;19:315-322.
2. Lee A, Chan JCN. Shared care in diabetes mellitus (Part II): what are the obstacles? *HK Pract* 1997;19:323-330.
3. Hickman M, Drummond N and Grimshaw J. A taxonomy of shared care for chronic disease. *J Public Health Med* 1994;16(4):447-454.
4. Greenhalgh PM. Shared care for diabetes: a systematic review. *Royal College of General Practitioner* 1994 (occasional paper 67).
5. Hoskins PL, Fowler PM, Constantino M *et al.* Sharing the care of diabetic patients between hospital and general practitioners: Does it work? *Diabetic Med* 1993;10:81-86.
6. Grampian Asthma Study of Integrated Care. Integrated care for asthma: a clinical, social, and economic evaluation. *BMJ* 1994;308:559-564.
7. Sowden AJ, Sheldon TA & Alberti G. Shared care in diabetes. *BMJ* 1995;310:142-143.
8. Scott WD. The delivery of medical services in hospitals. *Hong Kong Government* 1985.
9. Report of Working Party on Primary Health Care. Health for all the way ahead. *Hong Kong Government* 1990.