

LCQ22: Healthy Cities Projects

Following is a question by the Dr Hon Elizabeth Quat and a written reply by the Secretary for Food and Health, Professor Sophia Chan, in the Legislative Council today (May 16):

Question:

The Government is currently planning for the Stage Two development of the Electronic Health Record Sharing System (eHRSS), including initiating further data standardisation exercises on existing and new data categories (such as Chinese medicine (CM) information, personal life-style habits as well as care and treatment plan) to facilitate data sharing, as well as enhancing patient's choice over the scope of data sharing and facilitating patient access to eHRSS. On the other hand, the World Health Organization (WHO) launched the "Healthy Cities" programme in 1986 to engage the international community in improving health services and living conditions through the collaborative efforts of the public, private, voluntary and community sectors. WHO also advocates the inclusion of health as a factor to consider by governments around the world in their policy-making process. The first Healthy Cities project in Hong Kong was launched in 1997. Such projects are now being rolled out at District Council district level. Regarding the role of eHRSS in Healthy Cities projects, will the Government inform this Council:

(1) given that inter-sectoral action and community participation are essential in taking forward Healthy Cities projects, whether the Government will designate social workers and teachers as two categories of persons authorised to view and share patients' electronic health records; if so, of the details; if not, the reasons for that;

(2) given that the Report of the Working Party on Primary Health Care entitled Health for All, The Way Ahead published in 1990 recommended the establishment of a Primary Health Care Authority by the Government to monitor the delivery of primary health care services, whether the Government will, upon making reference to the experience of the governments of the United Kingdom and Australia in establishing the Clinical Commissioning Groups and Primary Health Networks respectively, study the establishment of such an Authority with a view to coordinating inter-sectoral collaborations and enhancing the efficiency in providing medical services; if so, of the details; if not, the reasons for that;

(3) whether it will analyse eHRSS data to grasp the medical needs and characteristics of each district, thereby assisting in the planning for the provision of the medical services required in various districts and formulating performance indicators; if so, of the details; if not, the reasons for that;

(4) whether it will, for the purpose of conducting health needs assessment, collect relevant data from the Hospital Authority, relevant policy bureaux

and departments (including the Education Bureau, Department of Health, Census and Statistics Department and Social Welfare Department), non-governmental organisations and university departments offering programmes on public health; if so, of the details; if not, the reasons for that;

(5) whether it will plan for the prevention, screening, diagnoses and treatments as well as palliative treatment of diseases that are common among city-dwellers (such as mental illness, diabetes mellitus and cardio-cerebral-vascular diseases) and pain-causing illnesses, and make use of the three analysis tools (cost-effectiveness analysis, cost-utility analysis and cost-benefit analysis) to assess the impact of such efforts on the medical services to be provided in various districts and the effectiveness that can be achieved; if so, of the details; if not, the reasons for that;

(6) whether it will facilitate the role of CM in Healthy Cities projects, including (i) extensively applying the medical concept and treatment method of "preventive treatment of disease" as adopted by Chinese medicine practitioners, (ii) instilling the knowledge of philosophies on health as adopted by Chinese medicine practitioners in patients seeking consultations at District Health Centres so as to enhance their capabilities to manage their own health, (iii) popularising Chinese medical services so that chronically ill and terminally ill patients can access such services more easily, (iv) applying the "emotional health theory" as adopted by Chinese medicine practitioners to soothe the emotion of mentally ill patients and the mental stress suffered by their family members, and (v) stepping up the training on community health and family medicine for Chinese medicine practitioners so as to promote integrated Chinese-Western medicine; if so, of the timetable and other details; if not, the reasons for that;

(7) whether it will, at the institutional level, enhance the capabilities and participation of members of the public in managing their own health, so as to solve the existing problems caused by a lack of participation by patients as well as a relatively low level of health ownership and literacy among them; if so, of the details; if not, the reasons for that; and

(8) whether it will formulate a standing mechanism for conducting opinion surveys and consultations for the purpose of understanding the public's health concerns and encouraging them to participate in formulating the relevant policies and measures in order to perfect the implementation of the Healthy Cities projects; if so, of the details; if not, the reasons for that?

Reply:

President,

My reply to the question raised by Dr Hon Elizabeth Quat is as follows:

The purpose of setting up the Electronic Health Record Sharing System (eHRSS) is chiefly to provide a territory-wide information infrastructure which enables authorised healthcare providers in the public and private sectors, with a patient's informed consent, to view and share his/her electronic health records (eHRs) under the "need-to-know" and "patient-under-

care" principles in the course of provision of healthcare services, so as to promote public-private collaboration, facilitate continuity of care, and enhance the quality and effectiveness of healthcare services. Having regard to the purpose of setting up the eHRSS and the vision mentioned above, and the fact that the eHRSS contains a large quantity of patient records and that eHRs need to be handled with clinical expertise, we do not have plans to extend the categories of persons who can view and share eHRs to include non-healthcare professionals at this stage. On the other hand, to facilitate patients to more proactively manage their health and to tie in with the development of primary healthcare, we are studying the setting up of a Patient Portal to enable patients to access some of their health records on the eHRSS, receive health information, perform registration and other account setting functions, etc. Subject to the outcome of the study, the various functions of the Patient Portal are expected to be rolled out in phases in the coming years.

The Chief Executive has announced in her 2017 Policy Address that a pilot district health centre (DHC) with a brand new operation mode will be set up in Kwai Tsing District to strengthen primary healthcare services, through which we aim to encourage the public to take precautionary measures against diseases, enhance their capability in self-care and home care, and reduce the demand for hospitalisation. The DHC will help strengthen medical-social collaboration and care co-ordination through maintaining a clinical and multi-disciplinary service network.

The DHC in Kwai Tsing District is expected to commence services in the third quarter of 2019. With the experience gained from the pilot scheme, we will progressively set up DHCs in other districts. We have also established a Steering Committee on Primary Healthcare Development (the Steering Committee) to comprehensively review the existing planning of primary healthcare services and draw up a development blueprint. The Steering Committee will review the efficiency and effectiveness of the software and hardware for the delivery of primary healthcare services (including the framework for the delivery of services) and make recommendations.

The Steering Committee will also explore the use of big data in devising strategies which best fit the healthcare needs of the community. Currently, the Steering Committee is deliberating on the operation mode of the DHC to be set up in Kwai Tsing District, including the establishment of an electronic platform by drawing reference from the eHRSS to facilitate the provision of primary healthcare services by the DHC and the service providers of its network, as well as the use of the data collected via the platform for service planning and evaluation. As a territory-wide eHR sharing platform, the eHRSS does not only realise the concept of "records follow the patient" which facilitates the provision of continuous care for patients by different public and private healthcare providers, but also contains eHRs which can be used for research and statistical purposes from the perspectives of public health or safety. We will consider how to put in place a mechanism in this regard when a critical mass of information that is meaningful for research and statistical purposes has been accumulated in the eHRSS.

To tackle major non-communicable diseases (such as cardiovascular

diseases, diabetes mellitus and pain) and common behavioural risk factors (i.e. harms caused by unhealthy diets, lack of physical activities, smoking and drinking) currently threatening the health of Hong Kong people, we will look into the relevant scientific evidence and statistics, implement measures on disease prevention, screening and identification in a systematic manner, and evaluate the anticipated effectiveness of such measures. DHCs can also play a proactive role in public education and disease prevention. When considering the scope of services to be provided by the DHC in Kwai Tsing District, the Steering Committee took into account data from multiple sources, including the Hospital Authority's (HA) statistics on chronically ill patients, the Population Health Survey of the Department of Health, the Thematic Household Survey of the Census and Statistics Department, and a large-scale household survey under the "FAMILY: A Jockey Club Initiative for a Harmonious Society" jointly implemented by the Hong Kong Jockey Club and the School of Public Health of the University of Hong Kong. The Steering Committee opined that the DHC in Kwai Tsing District should direct resources to the treatment of the most prevalent chronic diseases that consume substantial medical resources and explore how to manage their conditions through risk management and early intervention, thereby reducing the unwarranted use of hospital services.

On promoting the development of Chinese medicine (CM), the Government is actively examining the future development needs of the CM sector, so that the widely accepted traditional CM can play a more active role in promoting public health.

To gather experience regarding the integrated Chinese-Western medicine (ICWM) and the operation of CM in-patient services, the Government commissioned the HA to launch the ICWM Pilot Programme (the Pilot Programme) in September 2014. Phase II of the Pilot Programme commenced in December 2015. Under the Pilot Programme, ICWM treatment covering in-patient services and CM out-patient follow-up services for in-patients of three selected disease areas (namely stroke care, low back pain care and cancer palliative care) is provided in seven hospitals of the HA. Phase III of the Pilot Programme commenced in April 2018 and extended to cover a new disease area on shoulder and neck pain care. In addition, the HA provides training on community health and family medicine for Chinese medicine practitioners (CMPs) employed by the Chinese Medicine Centres for Training and Research operated under a tripartite collaboration model. Such training includes:

(i) Pre-service training for CMP trainees: It enables the trainees to understand the roles of various medical professions in community health, covering an introduction to medical professional services, site visits and sharing sessions; and

(ii) Commissioned training: It includes courses in "community psychiatry", "holistic health" and "integrative rehabilitation", so as to enhance CMPs' understanding of community health and family medicine. The collaborating institutions include the Centre on Behavioral Health, and the Department of Family Medicine and Primary Care of the University of Hong Kong; and the Department of Rehabilitation Sciences of the Hong Kong Polytechnic University.

The Government has endeavoured to understand the needs of community through District Councils (DCs). To further the implementation of the Healthy Cities Projects, various departments have sent their representatives to DC meetings to listen to community views, brief the DCs on the Government's policies and plans, and respond to district needs and problems.