



The Hong Kong Geriatrics Society

c/o Department of Medicine, Queen Elizabeth Hospital

30 Gascoigne Road, Kowloon, HKSAR

Tel: (852) 23666813 Fax : (852) 30075383

websites: <http://www.hkgerisoc.org>

<http://www.hkgs.org.hk>

President	: Dr. Kong Ming Hei Bernard	Council	Dr. Kwok Chi Yui	Dr. Ko Chi Fai
Vice-President	: Dr. Lum Chor Ming Christopher	Members	Dr. Law Chun Bon	Dr. Wu Yee Ming
Honorary Secretary	: Dr. Mak Ying Fai		Dr. Au Yeung Tung Wai	Dr. Tam Kui Fu
Honorary Treasurer	: Dr. Luk Ka Hay James		Dr. Hui Elsie	
Ex-Officio	: Dr. Chan Hon Wai Felix	Co-opt:	Dr. Leung Man Fuk	Dr. Wong Wai Ming
			Dr. Ng Winnie	
Honorary Legal Advisor	: Mr. C K Chan			
Honorary Auditor	: Mr. Eddy S B Wong			

7 Jan 2011

Dr. York Chow,
Secretary,
Food and Health Bureau,
19 Murray Building,
Garden Road,
Central
Hong Kong

Dear Dr. Chow,

Re: Responses from the Hong Kong Geriatrics Society on the consultation paper on health care reform entitled “My Health My Choice”(published in Oct 2010)

The Hong Kong Geriatrics Society (HKGS) writes in response to the consultation paper, entitled “My Health My Choice” on “The Voluntary Health Protection Scheme” released by the Government of Hong Kong SAR in Oct, 2010.

Founded in 1981, the Hong Kong Geriatrics Society is the only local professional society of doctors practicing geriatric medicine. All hospital consultant geriatricians and professors in Geriatric Medicine are regular members of our Society. Geriatricians are responsible for the management of acute and chronic illness, severe disability and terminal conditions in older people.

Below outlines our view on overall health care reform with a special emphasis on delivery of medical service to senior citizens, in particular the “Voluntary Health Protection Scheme”.

1. Introduction

The initial proposals for reform of the Hong Kong healthcare system started in late 2008. The proposals identified the need for the reform to cope with emerging healthcare costs as a result of an increase in the size of the ageing population. The main focus of the recently proposed Health Protection Scheme is to improve the access to health services for all Hong Kong citizens, with increased protection under private insurance being able to release capacity in the public sector.

2. Role of medical care for senior citizens in health care reform

- 2.1 Senior citizens predominate hospital populations. Future hospital planning on services for older patients should target at the 75+ age group because they represent most of the frail patients with **complex problems and multiple illnesses**, often presenting as the “geriatric giants” (falls, immobility, confusion, incontinence) instead of singular presentations that can be explained by one single disease as in younger adults.
- 2.2 Since the origin of the specialty of **geriatric medicine** in UK 70 years ago, an impressive knowledge base has been accumulated, and research has confirmed its **effectiveness** in both hospital and community settings in improving the outcomes of older patients with **multiple pathologies and functional problems, and their interactions**.
- 2.3 Current recommendation in the Consultation paper has focused only on a single disease / single procedure and has neglected the special characteristics and needs of older patients.
- 2.4 Recommendations:
 - A. The government should consider address the **role of geriatric medicine and of geriatric specialists** in meeting the needs of the ageing society.
 - B. That there should be increased funding for aged care that adopts a multi-dimensional, multiple pathologies model adopting
 - C. To sustain continuous quality care to our senior citizens, ear-marked funding should also be allocated to research on the health, diseases, and disabilities in older people in Hong Kong.

3. Chronic disease management

- 3.1 Older people often suffer from multiple, interacting chronic diseases. They need to be frequently monitored and managed in outpatient settings. There is a void in the proposed Voluntary Health Protection Scheme in this important area.
- 3.2 One important **role of geriatric medicine** as a specialty is to assess and treat the medical and rehabilitative needs of senior citizens. Every ill person deserves a diagnosis. This is carried out through a process known as **Comprehensive Geriatric Assessment (CGA)**. In simple terms, CGA is the process of knowing the frail older person: a multidimensional, often interdisciplinary, diagnostic process focused on determining a frail older person’s medical, psychological, and functional capabilities in order to develop a coordinated and integrated plan for treatment and long-term follow-up. When this is combined with a coordinated package of health and social care delivered by a **multidisciplinary team, led by a geriatrician**, there is **evidence** that the outcomes for older patients with multiple pathologies and functional problems are improved in terms of: **reduced risk of mortality, greater chance of cognitive improvement, greater chance of physical function improvement, improved likelihood of living at home, and reduced hospital readmissions**.
- 3.3 The need for appropriate long-stay beds for the severely disabled or chronically ill old persons has also been neglected. This unfortunate minority unable to speak out for them are rapidly discharged from acute wards to nursing homes and soon readmitted to hospitals. This ‘revolving door’ phenomenon is a costly burden to the acute hospital service.

3.4 Recommendations:

- A. The Health Protection Scheme should address the needs of older patients who are heavy users of outpatient and rehabilitation facilities for their chronic diseases.
- B. There should be a positive reemphasis of rehabilitation in hospital service. Existing infirmaries and “convalescent hospitals” should be upgraded to provide multi-disciplinary geriatric rehabilitation with appropriate funding / resources.
- C. Adequate long stay beds should be provided to shorten the present long waiting time to more reasonable duration.

4 Community Geriatric Care

4.1 Geriatric medicine has an armamentarium of acute, rehabilitation and long-stay facilities, day hospitals, multidisciplinary rehabilitation team and a close liaison with the community and social welfare service. The nexus of coordinated care helps reduce admission into hospitals and prevent unnecessary institutionalization of senior citizens.

4.2 Geriatricians can contribute to the care of elderly patients in the community by providing direct specialist medical care, advising primary health care, working with a community based or outreach multidisciplinary team, geriatric specialist assessment prior to entry to residential care homes for the elderly (RCHEs) or other community care packages, and giving advice about services.

4.3 Many older patients, upon returning to the community after a course of intensive rehabilitation in hospital wards or geriatric day hospitals, cannot maintain an optimal level of functioning due to the lack of maintenance physical and occupational therapy at primary care level; rapid immobilization with all its undesirable complications (e.g. contractures) render future rehabilitation efforts difficult or impossible.

4.4 The Health Protection Scheme does not address the need for the full spectrum of progressive care from acute to rehabilitation to long-term care, as well as the continuum from hospital to community in the provision of comprehensive effective and efficient geriatric care.

4.5 Recommendations:

- A. The Health Protection Scheme should address the needs of older patients who need more community services.
- B. That the geriatric day hospitals may be linked with selected specialist outpatient clinics to act as nucleus for the district-based community geriatric network.

5. Acute medical care in hospital

5.1 The existing acute medical services have their limitations and problems in tackling the care of older patients who are both frail and acutely ill. It is designed for people who have only one thing wrong at once, is inadequate to meet the needs of frail elders with many things wrong, who turn out to be major users of hospital service.

5.2 Today, the inpatient service for older people is increasingly fragmented with respect to organ specialties and new medical technology. The use of organ based model which provide care episodically is not suitable for senior citizens with multiple diseases. The proposed scheme also fails to address the issue of continuity of care between in-patient and out-patient setting.

5.3 Older patients, often with common diseases and “unusual” presentations, do benefit from specialized acute geriatric services when carefully selected and appropriately applied. Indiscriminate use without a geriatrics perspective and knowledge base however results in costly and harmful medical care of elders, e.g. adverse drug reactions and post-operative cognitive deficit. Without a **system approach, good organization of care, as well as the knowledge, skills and attitude in geriatric medicine**, organ-based medicine would have limitations in the health care of older people, in particular, the frail older patients in hospital.

5.4 Recommendations:

A. That the Government should consider establishing acute geriatric services.

6. Conclusion

6.1 The Health Protection Scheme has a number of inadequacies and the HKGS does not agree this is a good option for older people.

6.2 The HKGS proposes that geriatric medical care should be explicitly considered in the context of **hospital and community care**, and that geriatricians be recruited actively to contribute to future hospital and community care of elders.

6.3 The HKGS is ready to contribute to the planning for the future health care of older people and would be happy to see the establishment of a **communication channel** with the Health, Welfare and Food Bureau for future continuous consultation and dialogue.

Yours sincerely,



Dr. Mak Ying Fai
Honorary Secretary
For and on behalf of Dr Bernard Kong,
President
Hong Kong Geriatrics Society