

JCECC Conference 2021

Moving Mountain: Suggestions of General Practitioners Contributing to the Concerted Effort of Health and Social Integration to Providing End-of Life Care Service in the Community of Hong Kong

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Moving Mountain



Background



- ▶ Ageing population across the globe
- ▶ Increasing prevalence of chronic diseases
- ▶ More patients with complex illnesses at their last phase of life are living in the community
- ▶ WHO (2018a) indicated that most people around the world prefer to be at home in the last phase of their lives
- ▶ Providing person-centered end of life care (EOLC) in community is of paramount importance
- ▶ WHO (2018b) suggested that general physicians (GPs) with basic palliative care training are needed in the community and in patients' homes

Ideal Position of General Practitioners Providing EOLC in Community (Ramanayake, 2016; Charlton, 2006) (街坊健康網絡)

- ▶ First point of contact from patients and families
- ▶ Holistic care approach
- ▶ Broad knowledge and skills
- ▶ Long standing relationship with patients and their families
- ▶ Ability to carry out home visits
- ▶ Communicate and coordinate with other health care resources



Hong Kong Situation

- ▶ EOLC service in Hong Kong community is mainly provided in:
 - ❖ residential care homes for the Elderly (RCHEs)
 - ❖ Patient's own home



Preference of Dying-in-Place in HK Population

- ▶ Approximately 35% elderly residents would prefer to die in their nursing homes (Chu et al, 2011).
- ▶ In a community-based telephone survey 2017, Chung et al found that: Regarding place of death, 31.2% of the participants would choose to die at home
- ▶ Among those, 19.5% would still prefer to die at home even if they did not have sufficient support

Government Position

- ▶ HKSAR Policy Address (2017):
- ▶ In the coming five years, to promote health education, primary care and community care are to promote the public health and reduce the need for in-patient services.
- ▶ Advocate cross-sector (engaging the healthcare, social welfare and education sectors) and cross-profession collaboration to consolidate and enhance medical and healthcare services in a comprehensive manner.
- ▶ Ageing in Place
- ▶ The Hospital Authority (HA) formulated a strategic service framework on palliative care services (2017) to guide service development



Challenges of EOLC Provision in Community

- ▶ Insufficient training in curriculum and during professional life
- ▶ Legal barriers in legislations
- ▶ Time constraints
- ▶ Limitations in physical equipment and environment
- ▶ Inadequate public education



A Qualitative Exploratory Study on EOLC Service in HK (Chan et al, 2020)

- ▶ Situation analysis uncovered that a number of political, economic, socio-cultural, technological, environmental, and legal factors were identified as hindering the further development of the service
- ▶ Proposal:
 - ❖ EOLC provision in community involved a paradigm shift relating to society as a whole
 - ❖ The overarching theme is to formulate a government-led policy framework
 - ❖ A public health approach has been advocated to create a supportive environment for service development.

Our Suggestions on Developing Community EOLC

- ▶ General Practitioners (GPs) provide direct clinical care in EOLC provision. (Chu et al, 2020; Tsang et al, 2018; Charlton, 2006)
- ▶ Through the network by:
 - ❖ Government-led District Health Centres
 - ❖ Jockey Club End-of-Life Community Care Project(JCECC)
 - ❖ JCECC and their community partners
 - ❖ Professional bodies and NGOs
 - ❖ HA - Palliative Care (PC) and Geriatrics Medicine
 - ❖ Private medical services

District Health Centres (Food and Health Bureau, 2021)

- ▶ Medical-social collaboration in providing primary healthcare services
- ▶ From pilot District Health Centre (DHC) to future DHCs in 18 districts
- ▶ Aims:
 - ❖ to raise public awareness on personal health management
 - ❖ enhance disease prevention
 - ❖ strengthen medical and rehabilitation services in the community, thereby reducing unwarranted use of hospital services
- ▶ Services by DHC (and through its local network) include:
 - ❖ health promotion, health screening for target groups, case management, care coordination and community rehabilitation.

Jockey Club End-of-Life Community Care Project (JCECC)

- ▶ JCECC is a multi-disciplinary, multi-institutional and cross-sectoral collaboration to help enhance end-of-life care in Hong Kong with special emphasis on the interface between social and medical systems
- ▶ The goal is to enable the city's older people to have informed choices of care and enjoy an improved quality of life.

JCECC - Evaluation of Community-Based EOLC Programmes

- ▶ Patients reported significantly improved quality of life:
- ▶ Family caregivers reported significant improvements in caregiving stress and emotions:
- ▶ Reduced unnecessary medical service utilisation
- ▶ Saving - projected to 777 patients served, save 20.6 million medical costs
- ▶ High service satisfaction among patients, families, and JCECC community partners
- ▶ <http://foss.hku.hk/jcecc/en/evaluation-of-community-based-eolc-programmes/>

Our Strategies

- ▶ Government-led DHCs providing network for involvement by GPs, JCECC and their community partners, professional bodies and private medical services through medical-social integration and public & private collaboration
- ▶ GPs providing clinical care in clinics and patient's homes
- ▶ JCECC providing training to care professionals and public. "Train the Trainers"
- ▶ JCECC community partners providing training and support to patients and family members



Expected Outcomes

- ▶ Improvement in patient and family physical and emotional states
- ▶ Reduction in hospital admissions
- ▶ Ageing in place or even the wish for home-death can be respected
- ▶ Medical-social integration through public & private collaboration



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Thank You

