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Original Study

Regular Source of Care for the Elderly: A Cross-National Comparative Study of Hong Kong With 11 Developed Countries

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A B S T R A C T

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Objective: This study aimed to give an international perspective of health service gaps for caring for elderly individuals and explore the role of primary care for caring for elderly individuals with chronic conditions in Hong Kong.

Design: Cross-sectional, telephone survey.

Setting: Hong Kong.

Participant: A sample of 1000 Chinese participants in Hong Kong aged 60 or older.

Measurements: Questionnaire extracted from the Commonwealth Fund 2014 International Health Policy Survey of Older Adults.

Results: Similar to the 11 countries, more than half (about 65%) of Hong Kong respondents suffered from chronic conditions, whereas approximately one-third of them had at least 2 chronic conditions. US respondents had highest rate of having chronic conditions. Only 65% of Hong Kong respondents reported having a regular source of care and a higher proportion of elderly reported having poor self-rated health when compared with overseas counterparts. However, the proportion of elderly individuals who could access same-day or next-day medical care was higher compared with findings of other countries. Both Hong Kong and US respondents were more likely to report cost-related problems when accessing care. Waiting time for specialists in Hong Kong was much longer and coordination between regular doctors was poorer than in all other countries. Although half of Hong Kong respondents had a management plan for chronic conditions, a smaller proportion of them considered it helpful.

Conclusions: Hong Kong has the lowest rate of regular source of care when compared with 11 developed countries, although people in Hong Kong were more likely to be able to access same-day or next-day medical care. To cope with increasing needs of chronic disease care, there may be a need to further develop the provision of regular source of care for elderly individuals, including the development of quality primary care in Hong Kong.

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With the global population aging, an increasing number of people are suffering from chronic conditions. Approximately 1 in 12 of the global population now is 65 years or older and the United Nations estimates that by 2020, 9.3% of the global population will be 65 years or older.¹ The epidemiologic transition in both developed and

developing countries has put significant stress on health systems to cater for increasing demand on chronic disease care.

Although many developed countries, such as the United Kingdom and Australia, have well-established primary care–based health systems, ongoing changes in their health systems are made to cater for rapidly increasing elderly populations.^{2–4} The development of comprehensive, team-based, and accessible primary care for older people with complex health problems is an example of system changes to cope with the increasing demand on medical and social needs among the older population in the community.

Although research conducted in Western countries has examined barriers and experiences of primary care service utilization among the

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elderly with chronic conditions,⁵ only limited research^{6,7} has been conducted to explore gaps for provision of quality care among the elderly population in Asian countries, which have different health financing arrangements and health service delivery organizations. For example, many health systems in Asian countries have a public-private mix in the provision of medical care, with the private sector playing an important role in the provision of primary care. Lee et al⁶ examined the preference of health service use among people with chronic conditions in the general population but have not examined barriers to care or service gaps in people with chronic conditions. Yam et al⁷ examined the mismatch between health care needs and health service utilization among elderly people in Hong Kong, but have not explored or quantified the proportion of elderly people with unmet health care needs and did not describe the specific health care needs and service gaps facing this population.

Hong Kong, once a British colony and now a Special Administrative Region (SAR) of China, has a segmented mixed system of public and private financial and service delivery. The public system is funded from general taxation and provides health services for all residents in Hong Kong, and provides 90% of secondary, tertiary, and rehabilitative care in the territory and 30% of primary care. The private sector provides 70% of primary care and 10% of secondary and tertiary care and is funded primarily out-of-pocket with a small contribution from private health insurance and employer-funded programs.⁸ Accident and Emergency (A&E) Departments exist only in public hospitals. Most of the people in Hong Kong can use public medical services at a low nominal fee of approximately US \$6 (approximately 50 HKD) for primary care services, US \$8 (approximately 60 HKD) for specialist outpatient services and US \$12 (approximately 100 HKD) for each day of hospitalization. Those who are enrolled in the government social assistance scheme can use the public medical services at zero cost.⁹ Hong Kong spends only approximately 5.4% of the gross domestic product on health care expenditure.¹⁰ The public health care system in Hong Kong has been recognized as one of the most efficient in the world¹¹ with one of the most remarkable health outcomes on life expectancy and neonatal mortality in the world.^{12,13} However, the impact of the segmented mixed private-public financing and delivery system on access, coordination, and affordability of health care has not been sufficiently researched.

The 2014 Commonwealth Fund International Health Policy Survey of Older Adults⁵ is a cross-national population health survey commissioned by the Commonwealth Fund in 2014 and involved 11 developed countries (Australia, Canada, France, Germany, the Netherlands, New Zealand, Norway, Sweden, Switzerland, the United Kingdom, and the United States) with the overall aim to identify and compare health service experiences and barriers among elderly people with chronic conditions in different health systems. Findings from the study could inform policy makers and health care providers on potential gaps in different health systems with information such that system change could be planned to address these specific health service gaps. Findings from the study in 2014, which surveyed more than 15,000 elderly individuals aged 65 and older from the 11 countries, were published previously and shortcomings were identified.⁵ To facilitate international comparison and benchmarking with 11 other developed countries, we adopted the 2014 Commonwealth Fund International Health Policy Survey of Older Adults for Hong Kong. As Hong Kong is one of the most developed areas in Asia, which shares similar epidemiologic transition, demographic profile, and health system challenges, such as the high prevalence of doctor shopping¹⁴ and increase in chronic conditions with other developed Asian countries (eg, Singapore, Japan, and Taiwan), findings from Hong Kong could also inform policy makers and health service researchers in both Hong Kong and other Asian countries on shortcomings and strengths of the relationship between health system characteristics and quality of care among elderly people with chronic conditions.

The specific objectives of the current study were to (1) describe and examine health service utilization, health care access, and the role of primary care in the provision of chronic care among the elderly population in Hong Kong and to compare these findings with those from other developed countries; and (2) using the findings from the comparative analyses, to identify potential shortcomings in access and coordination of care of the Hong Kong elderly population.

Methods

Survey Development and Field Work

Approval for adoption and translation of the 2014 Commonwealth Fund International Health Policy Survey of Older Adults was sought from the Commonwealth Fund, which designed and sponsored the 2014 Commonwealth Fund International Health Policy Survey of Older Adults⁵ in collaboration with participating country sponsors and partners. The survey examined health service-related issues, including barriers to access to primary care, care coordination, patient engagement, social care needs, and end-of-life care planning.

Relevant items focusing on primary care, health service utilization, and access to care were extracted from the original survey for the current study. Items on end-of-life care and caregiver burden were taken out, as these were less relevant to the primary aims of the current study, which was to compare the service provision of elderly care in Hong Kong as a comparison with those of other developed countries. Furthermore, other studies have recently been conducted in Hong Kong to explore issues on end-of-life care and caregiver burden.¹⁵ The survey items used for the current study consisted of 7 domains: (1) access to care, (2) relationship with regular doctor, (3) coordination of care, (4) prescription medication use and medical error, (5) chronic illness management, (6) health care coverage and out-of-pocket costs, and (7) sociodemographic information.

An iterative forward-backward translation procedure was adopted for developing the Chinese version of the questionnaire survey. The original 2014 Commonwealth Fund International Health Policy Survey of Older Adults was translated and culturally adapted for Hong Kong Chinese by a bilingual research associate. Discrepancies between the original English language version and the back-translated Chinese version were reviewed and revised. The face validity of the survey was examined by a panel of 2 family medicine academics, 2 public health academics, and a postdoctoral fellow specialized in public health with subsequent revisions. Then, the content validity was examined by a cognitive debriefing interview with 11 Chinese elderly individuals aged 60 years and older (ie, sharing similar age range with our target respondents) to evaluate the clarity and interpretation of each item and response option. The cognitive debriefing results were reviewed while the translation was modified until a version that all parties agreed with was reached. A pilot of 10 respondents was conducted to test the questionnaire as well as the field work logistics before the actual commencement of the survey. This approach of translation and adaptation of the original questionnaire was similar to steps taken in other countries in which English was not the official language.

Similar to methodologies used by countries that participated previously in the 2014 Commonwealth Fund International Health Policy Survey of Older Adults, a random population telephone survey was carried out from June 12 to July 11, 2016, by the Centre for Epidemiology and Biostatistics of the Chinese University of Hong Kong, which had conducted a similar population-based telephone survey on health service use with satisfactory response.¹⁶ To minimize the sampling error, telephone numbers were first selected randomly from an updated telephone directory as seed numbers. Another 3 sets of numbers were then generated using the randomization of last 2 digits to recruit the unlisted numbers. Duplicate numbers were then screened out, and the remaining numbers were mixed in a random

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