

CPCE HEALTH CONFERENCE 2019

PROGRAMME BOOK



**Towards a more humanistic,
holistic and integrated model of care**

邁向更人性化、全面化及一體化的醫護模式



Date | 14 January 2019 (Monday) Time | 9:00 am - 5:30 pm

**Venue | PolyU Hung Hom Bay Campus, 8 Hung Lok Road,
Hung Hom, Kowloon**

Co-Organisers:



Sponsors:



Supporting Organisations:



TABLE OF CONTENTS

| | |
|---|-----------|
| INTRODUCTION | 1 |
| ORGANISATION OF CONFERENCE | 3 |
| Conference Chair | 3 |
| Conference Co-Chairs..... | 3 |
| Conference Organiser | 3 |
| Conference Advisors..... | 3 |
| Organising Committee | 4 |
| Co-organisers, Supporting Organisations and Sponsors..... | 5 |
| <i>Co-organisers</i> | <i>5</i> |
| <i>Supporting Organisations (in alphabetical order)</i> | <i>5</i> |
| <i>Bronze Sponsors</i> | <i>5</i> |
| <i>Sponsor</i> | <i>5</i> |
| PROGRAMME..... | 6 |
| Welcoming Remarks | 6 |
| Professor Peter Y. YUEN..... | 6 |
| Inauguration Ceremony of Centre for Ageing and Healthcare Management Research (CAHMR) | 7 |
| Professor Peter Y. YUEN..... | 7 |
| Professor Warren C. K. CHIU..... | 7 |
| Dr Simon T. W. LEUNG..... | 7 |
| Dr Jack M. K. LO | 7 |
| Dr Artie W. NG | 7 |
| Dr Ben Y. F. FONG | 8 |
| Dr Vincent T. LAW | 8 |
| Invited Speakers | 9 |
| Professor Soonman KWON..... | 9 |
| <i>Professor and Former Dean of the School of Public Health, Seoul National University (SNU), South Korea</i> | <i>9</i> |
| Professor Kai Hong PHUA | 9 |
| <i>Adjunct Associate Professor, Lee Kuan Yew School of Public Policy and the Saw Swee Hock School of Public Health, National University, Singapore.....</i> | <i>9</i> |
| Professor Tomonori HASEGAWA..... | 11 |
| <i>Professor and Chair, Division of Health Policy and Health Service Research Department of Social Medicine, Toho University School of Medicine, Japan.....</i> | <i>11</i> |
| Professor David BRIGGS | 11 |

| | |
|--|-----------|
| <i>Adjunct Professor, Faculty of Medicine and Health, University of New England, Australia and Naresuan University Thailand Editor, Asia Pacific Journal of Health Management Immediate Past President, Society for Health Administration Programs in Education (SHAPE), Australia</i> | <i>11</i> |
| Professor Gordon LIU..... | 12 |
| <i>MOH Yangtze River Scholar in Economics of Peking University (PKU) National School of Development Vice Dean, PKU Faculty of Economics and Management Director, PKU China Center for Health Economic Research.....</i> | <i>12</i> |
| Professor Peter P. YUEN | 13 |
| <i>Dean, College of Professional and Continuing Education (CPCE); Professor, Department of Management and Marketing, The Hong Kong Polytechnic University.....</i> | <i>13</i> |
| Dr Zhanming LIANG..... | 14 |
| <i>Senior Lecturer, School of Psychology and Public Health, La Trobe University President, the Society for Health Administration Programs in Education; Australia Fellow, Australian College of Health Service Management.....</i> | <i>14</i> |
| Dr Hui (Vivienne) ZHANG | 14 |
| <i>Assistant Professor, Department of Health Policy and Management, Sun Yat-sen University.....</i> | <i>14</i> |
| Professor Dongwoon HAN..... | 15 |
| <i>Professor, Department of Global Health and Development, Graduate school, Hanyang University</i> | <i>15</i> |
| <i>Hanyang University Institute of Health Services Management</i> | <i>15</i> |
| Dr the Honourable LAM Ching-choi, BBS, JP..... | 16 |
| <i>Chief Executive Officer, Haven of Hope Christian Service</i> | <i>16</i> |
| <i>Member of the Executive Council, HKSAR</i> | <i>16</i> |
| Moderators and Facilitators of Plenary Sessions | 17 |
| Professor Peter FONG..... | 17 |
| Dr Jack M. K. LO | 17 |
| Ms Samantha Y. C. CHONG | 17 |
| Dr Simon T. H. CHEUNG | 17 |
| Dr S. H. LIU | 18 |
| Dr Artie W. NG | 18 |
| Professor Kenneth K. C. LEE..... | 18 |
| Dr Ben Y. F. FONG | 18 |
| Professor Daniel W. L. LAI..... | 19 |
| Dr Simon T. W. LEUNG..... | 19 |
| Professor Albert LEE | 19 |
| Professor Warren C. K. CHIU..... | 19 |
| Professor Peter P. YUEN | 19 |
| Chairs of Parallel Sessions..... | 20 |
| Dr Artie W. NG | 20 |
| Dr Pimtong TAVITIYAMAN..... | 20 |
| Dr Simon T. Y. CHEUNG..... | 20 |

| | |
|--|-----------|
| Dr Eric K. S. WOO | 20 |
| Dr Vincent T. LAW | 20 |
| Dr Florence H. C. HO | 20 |
| Dr S. H. LIU | 20 |
| Dr Fowie S. F. NG | 20 |
| Dr Adam K. L. WONG | 21 |
| Dr Simon C. W. WONG | 21 |
| Dr Ben Y. F. FONG | 21 |
| Dr Carrie H. S. WONG | 21 |
| Programme Rundown | 22 |
| PLENARY SESSIONS | 27 |
| Plenary Session - Country/Region Reports I: South Korea, Singapore, Japan | 27 |
| <i>Long-term Care Insurance and the Challenges of Coordinated Care in South Korea</i> | 27 |
| Soonman KWON | 27 |
| <i>Professor, Former Dean of the School of Public Health, Seoul National University</i> <i>(SNU), South Korea</i> | 27 |
| <i>Ageing in Singapore: Contemporary Trends and Policy Issues</i> | 27 |
| Kai Hong PHUA | 27 |
| <i>Adjunct Associate Professor, Lee Kuan Yew School of Public Policy and the Saw Swee</i> <i>Hock School of Public Health, National University of Singapore</i> | 27 |
| <i>Aging and Diversity of Medical Needs: Cost of Illness of Cerebrovascular Disease</i> <i>in Each Prefecture of Japan</i> | 28 |
| Tomonori Hasegawa*, Kunichika Matsumoto, Koki Hirata | 28 |
| <i>Professor and Chair, Division of Health Policy and Health Service Research</i> <i>Department of Social Medicine, Toho University School of Medicine, Japan</i> | 28 |
| Plenary Session - Country/Region Reports II: Australia, Chinese Mainland, Hong Kong | 30 |
| <i>Moving Towards More Holistic and Humane Integrated Models of Care: Perspectives from Australia</i> | 30 |
| David BRIGGS | 30 |
| <i>Adjunct Professor, Faculty of Medicine and Health, University of New England, Australia and Naresuan University Thailand Editor, Asia Pacific Journal of Health Management Immediate Past President, Society for Health Administration Programs in Education (SHAPE), Australia</i> | 30 |
| <i>Health Policy Settings in China: Political versus Economic Considerations</i> | 31 |
| Gordon LIU | 31 |
| <i>MOH Yangtze River Scholar in Economics of Peking University (PKU) National School of Development Vice Dean, PKU Faculty of Economics and Management Director, PKU China Center for Health Economic Research</i> | 31 |
| <i>Towards a More Humanistic Model of Care: A Case Study of Hong Kong's Long Term Care System</i> | 32 |
| Peter P. YUEN | 32 |

| | |
|---|-----------|
| Dean, College of Professional and Continuing Education (CPCE) Professor, Department of Management and Marketing, The Hong Kong Polytechnic University..... | 32 |
| Plenary Session– Issues in Asia-Pacific | 33 |
| <i>Integrated Care Across Boundaries – Experience and Lessons from Australia.....</i> | <i>33</i> |
| Zhanming LIANG | 33 |
| Senior Lecturer, School of Psychology and Public Health, La Trobe University President, the Society for Health Administration Programs in Education; Australia Fellow, Australian College of Health Service Management..... | 33 |
| <i>Pharmacovigilance and Participatory Medicine through Social Media – We are Still not There</i> | <i>33</i> |
| Francesca QUATTRI..... | 33 |
| Associate Professor, School of Foreign Languages, Jiangsu University, Jiangsu Province, China | 33 |
| <i>Direct Medical Costs for Patients with Schizophrenia: A 4-year Cohort Study from Health Insurance Claims Data in Guangzhou City, Southern China</i> | <i>34</i> |
| Hui (Vivienne) ZHANG..... | 34 |
| Assistant Professor, Sun Yat-Sen University, School of Public Health, Guangzhou 510080, China..... | 34 |
| <i>Implementation of community care policy in South Korea: will it be achieved?</i> | <i>35</i> |
| Dongwoon HAN | 35 |
| Department of Global Health and Development, Graduate school, Hanyang University..... | 35 |
| Hanyang University Institute of Health Services Management | 35 |
| Department of Preventive Medicine, Hanyang University College of Medicine, 222 Wangsimni-ro, Seongdong-gu, Seoul, 04763, South Korea | 35 |
| <i>Dying-in-Place: Advancing End-of-life Care in Hong Kong.....</i> | <i>36</i> |
| LAM Ching-choi, BBS, JP | 36 |
| Chief Executive Officer, Haven of Hope Christian Service; Member of the Executive Council, HKSAR | 36 |
| PARALLEL SESSIONS..... | 37 |
| A. Lifelong Learning and Health | 37 |
| <i>A1. Lifelong Learning and Healthy Aging: The Conceptual Underpinning and Strategy of a University-based Model.....</i> | <i>37</i> |
| Daniel W. L. LAI..... | 37 |
| PhD, Chair Professor of Social Work and Gerontology, Head of Department of Applied Social Sciences, Director of Institute of Active Ageing, The Hong Kong Polytechnic University, Hong Kong..... | 37 |
| <i>A2. Back to the Campus: Implications of an Intensive Lifelong Learning Experience for Wellness among Older Learners in a University Setting</i> | <i>37</i> |
| Vincent W. P. LEE*, Emma LIU, Gary H. F. WAI, Yongxin RUAN..... | 37 |
| Department of Applied Social Sciences, The Hong Kong Polytechnic University, Hong Kong..... | 37 |
| <i>A3. Healthy Aging and Community Learning – Findings from Lifelong Learning Courses</i> | <i>38</i> |

| | |
|---|-----------|
| Jessica J. LI^a, Daniel W. L. LAI^{ab*}, Alison X. OU^a | 38 |
| <i>^a Department of Applied Social Sciences, The Hong Kong Polytechnic University, Hong Kong.....</i> | <i>38</i> |
| <i>^b Institute of Active Ageing, The Hong Kong Polytechnic University, Hong Kong</i> | <i>38</i> |
| A4. Achieving the Impossible? Empowerment-based Learning to Enhance Health and Capacity of Mature Learners | 39 |
| Alla LAU, Daniel W. L. LAI*, Gary, H. F. WAI, Yongxin RUAN | 39 |
| <i>Department of Applied Social Sciences, The Hong Kong Polytechnic University, Hong Kong.....</i> | <i>39</i> |
| A5. Higher Awareness of Healthy Lifestyle among Students from the New Academic Structure in Hong Kong..... | 40 |
| Joseph C. H. SO^{a*}, Karly O. W. CHAN^b, Victor, C. W. Chan^a | 40 |
| <i>^a College of Professional and Continuing Education, The Hong Kong Polytechnic University, Hong Kong</i> | <i>40</i> |
| <i>^b Hong Kong Community College, The Hong Kong Polytechnic University, Hong Kong</i> | <i>40</i> |
| B. Community and District Health Practice and Their Effectiveness | 41 |
| B1. Community Health Coaching Integration in District Health Management of Non-Communicable Diseases, Thailand..... | 41 |
| Patcharin SIRASOONTHORN^{a*}, Watcharabon BUDDHARAKSA^b, Phudit TEJATIVADDHANA^c | 41 |
| <i>^a Department sociology and anthropology, Faculty of social sciences, Naresuan University, Thailand</i> | <i>41</i> |
| <i>^b Department political sciences, Faculty of social sciences, Naresuan University, Thailand.....</i> | <i>41</i> |
| <i>^c College of health system management, Naresuan University, Thailand.....</i> | <i>41</i> |
| B2. Gramsci Theory and Health System Management: A Case Study of Kosamphi Nakhon District Health Service in Rural Thailand..... | 42 |
| Watcharabon BUDDHARAKSA^{a*}, Patcharin SIRASOONTHORN^a, and Phudit TEJATIVADDHANA^b | 43 |
| <i>^a Department political sciences, Faculty of Social Sciences, Naresuan University, Thailand.....</i> | <i>43</i> |
| <i>^b ASEAN Institute for Health Development, Mahidol University, Thailand.....</i> | <i>43</i> |
| B3. Establish Linguistic Validity of the Rapid Assessment of Physical Activity (RAPA) Questionnaire for Community-dwelling Older Adults in Hong Kong | 43 |
| Janet L. C. LEE^{a*}, Rainbow T. H. HO^{abc} | 43 |
| <i>^a Department of Social Work and Social Administration, The University of Hong Kong, Hong Kong.....</i> | <i>43</i> |
| <i>^b Centre on Behavioral Health, The University of Hong Kong, Hong Kong</i> | <i>44</i> |
| <i>^c Sau Po Centre on Ageing, The University of Hong Kong, Hong Kong</i> | <i>44</i> |
| B4. Review on the Postural Treatment for Patients with Adolescent Idiopathic Scoliosis (AIS)..... | 45 |
| Sze-Ham WONG^a, Joanne YIP^{a*}, Kit-Lun YICK^a, Zerance S. P. NG^b, Kenny Yat-Kong KWAN^c | 45 |
| <i>^a Institute of Textiles and Clothing, The Hong Kong Polytechnic University, HungHom, Hong Kong.....</i> | <i>45</i> |

| | |
|---|-----------|
| <i>^b Division of Science and Technology, Hong Kong Community College, The Hong Kong Polytechnic University, Hong Kong.....</i> | <i>45</i> |
| <i>^c Department of Orthopaedics and Traumatology, Li Ka Shing Faculty of Medicine, The University of Hong Kong, Pokfulam, Hong Kong.....</i> | <i>45</i> |
| B5. Strengthening STEM and Arduino to Foster Integrated Cares in Hong Kong | 46 |
| Tiffany Ka-hang CHAN^a, Gabriel Hoi-huen CHAN^a, Simon Chi-wang WONG^a, Joseph Yui-yip LAU^{bc} | 46 |
| <i>^a Division of Science and Technology, Hong Kong Community College, The Hong Kong Polytechnic University.....</i> | <i>46</i> |
| <i>^b Division of Business, Hong Kong Community College, The Hong Kong Polytechnic University.....</i> | <i>46</i> |
| <i>^c European Centre for Social Responsibility, Constanta, Romania.....</i> | <i>46</i> |
| C. Ageing and Population Policy | 47 |
| C1. Ageing is Viewed with Trepidation, or is there an Alternative? | 47 |
| Florence H. C. HO | 47 |
| <i>School of Professional Education and Executive Development, The Hong Kong Polytechnic University.....</i> | <i>47</i> |
| C2. Significance of Speech Therapy Service in Elderly Settings..... | 48 |
| Carol T. YUEN..... | 48 |
| <i>Speech Therapist, The Hong Kong Society for the Aged.....</i> | <i>48</i> |
| C3. The Role of Monitoring and Evaluation in Evidence-based Policy Making: Public-private Partnership in Chinese Healthcare Sector | 49 |
| Sam YU..... | 49 |
| <i>Lecturer in Accounting & Finance, Soochow University International Cooperative Education Program, China.....</i> | <i>49</i> |
| C4. Policy and Financial Regulatory Measures for Integrated Reporting by Private Healthcare Providers..... | 50 |
| Artie W. NG, Vincent T. LAW* | 50 |
| <i>School of Professional Education and Executive Development, The Hong Kong Polytechnic University, Hong Kong.....</i> | <i>50</i> |
| C5. Transition of Hospital Acute-Centric to Long Term Care in an Ageing Population in Hong Kong – Is It an Issue of Policy, Governance or Service Gap?..... | 50 |
| Tommy K. C. NG^{a*}, Ben Y. F. FONG^a, Catherine K. Y. KWONG^b | 51 |
| <i>^a Centre for Ageing and Healthcare Management Research (CAHMR), School of Professional Education and Executive Development, The Hong Kong Polytechnic University, Hong Kong</i> | <i>51</i> |
| <i>^b School of Professional Education and Executive Development, The Hong Kong Polytechnic University, Hong Kong.....</i> | <i>51</i> |
| D. Accreditation and Safe Practices..... | 52 |
| D1. Building a Safe Medication Management Service for the Elderly in Elderly Homes and in the Community..... | 52 |
| Shao-haei LIU^a, Sau-chu CHIANG^{b*}, Kei-hong SO^b | 52 |
| <i>^a Hong Kong College of Health Services Executives, Hong Kong.....</i> | <i>52</i> |
| <i>^b Hong Kong Pharmaceutical Care Foundation, Hong Kong</i> | <i>52</i> |

| | |
|---|-----------|
| D2. Big Data and Evaluation for Hospitals in Greater Bay Area (大數據與粵港澳大灣區醫院評價)..... | 53 |
| Dr Eric CHONG | 53 |
| CEO, Guangzhou Asclepius Management Consulting Co. Ltd..... | 53 |
| D3. Health Service Planning in Greater Bay Area: Case Study of Running Health Clinics in Shenzhen (從運營深圳醫療機構的個案分析看大灣區醫療服務規劃)..... | 54 |
| Hubert C. H. WONG | 54 |
| Founder and CEO, Globalclinic | 54 |
| D4. Crisis Response and Reputation Management: A Case Study in Hong Kong | 54 |
| Edmund T. M. WUT | 54 |
| School of Professional Education and Executive Development, The Hong Kong Polytechnic University, Hong Kong..... | 55 |
| D5. Case Study on Complaint of Abortus Handling..... | 55 |
| Celine S. M. CHENG*, Amanda P. Y. LAU | 55 |
| School of Professional Education and Executive Development, The Hong Kong Polytechnic University, Hong Kong..... | 55 |
| E. Utilising Technologies to Enhance Holistic and Integrated Care | 57 |
| E1. Impact of Co-creation Footwear Workshops on Older Women in Elderly Centres in Hong Kong | 57 |
| Mei-ying KWAN, Kit-lun YICK*, Yan-yan WONG | 57 |
| Institute of Textiles and Clothing, The Hong Kong Polytechnic University, Hong Kong..... | 57 |
| E2. Thermal Equations for Predicting Foot Skin Temperature..... | 57 |
| Pui-Ling LI^a, Kit-Lun YICK^{a*}, Zerance S. P. NG^b, Joanne YIP^a | 57 |
| ^a Institute of Textiles and Clothing, The Hong Kong Polytechnic University, Hong Kong..... | 57 |
| ^b Hong Kong Community College, The Hong Kong Polytechnic University, Hong Kong..... | 57 |
| E3. Blockchain-based Electronic Health Record and Wearable Computing Devices..... | 58 |
| Eddie K. L. LAW | 58 |
| PhD, Director, Kirin Cloud Solutions Limited..... | 58 |
| E4. Effects of Tai Chi Qigong Training on Functional Aerobic Capacity, Arterial Hemodynamics and Upper Limb Lymphoedema in Older Survivors of Breast Cancer: A Randomized Controlled Trial..... | 59 |
| Joyce C. Y. LEUNG^{ab*}, Karen P. Y. LIU^c, Catherine Mary SCHOOLING^{ad}, W. S. LUK^e, Shirley S. M. FONG^a | 59 |
| ^a School of Public Health, The University of Hong Kong, Hong Kong..... | 59 |
| ^b School of Nursing and Health Studies, The Open University of Hong Kong, Hong Kong..... | 59 |
| ^c School of Science and Health (Occupational Therapy), Western Sydney University, NSW, Australia..... | 59 |
| ^d Graduate School of Public Health and Health Policy, City University of New York, New York, USA | 59 |
| ^e The Association of Licentiates of Medical Council of Hong Kong, Hong Kong..... | 59 |

| | |
|---|-----------|
| <i>E5. Investigation of Thumb Curvatures for Enhancement of Splint for de Quervain's Treatment</i> | <i>60</i> |
| W. S. TAM^a, Joanne YIP^{a*}, Kit-lun YICK^a, Zerance S. P. NG^b, Christian X. S. FANG^c | 60 |
| <i>^a Institute of Textiles and Clothing, The Hong Kong Polytechnic University, Hong Kong</i> | <i>60</i> |
| <i>^b Hong Kong Community College, The Hong Kong Polytechnic University, Hong Kong</i> | <i>60</i> |
| <i>^c Department of Orthopaedics and Traumatology, The University of Hong Kong, Queen Mary Hospital, Hong Kong</i> | <i>60</i> |
| F. Holistic and Integrated Models of Care | 61 |
| <i>F1. Breastfeeding Innovations at District Level: Welcome in Hong Kong?</i> | <i>61</i> |
| Graeme SMITH^{a*}, Candy Y. Y. TSOI^b, Jessica Y. F. CHAN^b, Fowie S. F. NG^c | 61 |
| <i>^a Caritas Institute of Higher Education, Hong Kong</i> | <i>61</i> |
| <i>^b United Christian Hospital, Hong Kong</i> | <i>61</i> |
| <i>^c Hong Kong College of Health Services Executives, Hong Kong</i> | <i>61</i> |
| <i>F2. An organisation-based model in developing the health service management workforce – a pilot study</i> | <i>62</i> |
| Zhanming LIANG^{a*}, Jian WANG^b, Min XU^c | 62 |
| <i>^a School of Psychology and Public Health, La Trobe University, Australia</i> | <i>62</i> |
| <i>^b Shandong University, Shandong Province, China</i> | <i>62</i> |
| <i>^c Qian Fo Shan Hospital, Shandong Province, China</i> | <i>62</i> |
| <i>F3. Direct Access Endoscopy Booking by Family Physicians: Clinical Factors Associated with a Positive Endoscopy Findings in Primary Care Setting</i> | <i>63</i> |
| Lok-hang LEUNG | 63 |
| <i>Family Medicine & Primary Health Care, Kowloon West Cluster, Hospital Authority, Hong Kong</i> | <i>63</i> |
| <i>F4. Community-based and hospital-social collaboration service for substance abusers in a local region of Hong Kong</i> | <i>63</i> |
| Chi-kin IP[*], F. CHAN, W. S. CHUNG | 63 |
| <i>Department of Psychiatry, North District Hospital, Hong Kong</i> | <i>63</i> |
| <i>F5. Oncology Pharmacists' Role and Impact in the Multidisciplinary Patient-Center Practice of Oncology Clinic in Public Hospitals</i> | <i>65</i> |
| Hinson CHU^a, Gary CHONG^a, Daisy S. M. LEE^{b*} | 65 |
| <i>^a United Christian Hospital, Hong Kong</i> | <i>65</i> |
| <i>^b School of Professional Education and Executive Development, The Hong Kong Polytechnic University, Hong Kong</i> | <i>65</i> |
| POSTER PRESENTATIONS | 67 |
| <i>P1. Keeps a Life on the Line: The Investigation of the Efficiency and Improvement of the "Heart Saver Scheme" for the Prehospital Service in Hong Kong</i> | <i>67</i> |
| Alex Ho-yin LAU | 67 |
| <i>School of Professional Education & Executive Development, The Hong Kong Polytechnic University, Hong Kong</i> | <i>67</i> |

| | |
|--|-----------|
| <i>P2. The Impact of Tobacco Policy in Hong Kong – Is It Sufficient to Reduce the Prevalence of Tobacco Consumption?</i> | <i>69</i> |
| Stanley W. F. WONG[*], Vincent T. LAW, Ben Y. F. FONG | 69 |
| <i>School of Professional Education & Executive Development, The Hong Kong Polytechnic University, Hong Kong.....</i> | <i>69</i> |
| <i>P3. Downsizing Food Portions in Restaurants.....</i> | <i>71</i> |
| Tiffany K. Y. HO^a, Tan CHOW^{b*} | 71 |
| <i>^a School of Professional Education and Executive Development, The Hong Kong Polytechnic University, Hong Kong.....</i> | <i>71</i> |
| <i>^b Hong Kong College of Community Health Practitioners, Hong Kong.....</i> | <i>71</i> |
| <i>P4. Implications of Elderly Services of Greater Bay Area to Hong Kong (粵港澳大灣區安老對香港的啟示)</i> | <i>73</i> |
| Tommy K. C. NG (吳洸鏞)[*], Ben Y. F. FONG (方玉輝) | 73 |
| <i>Centre for Ageing and Healthcare Management Research (CAMHR), School of Professional Education & Executive Development, The Hong Kong Polytechnic University, Hong Kong</i> | <i>73</i> |
| <i>P5. Role of Traditional Chinese Medicine in Primary Care</i> | <i>75</i> |
| Yiu-nam CHAN | 75 |
| <i>School of Professional Education & Executive Development, The Hong Kong Polytechnic University, Hong Kong.....</i> | <i>75</i> |
| <i>P6. Promtion of Appropriate Use of Electronic Devices among Hong Kong Adolescents</i> | <i>77</i> |
| Catherine K. Y. KWONG[*], Ben F. Y. FONG..... | 77 |
| <i>School of Professional Education & Executive Development, The Hong Kong Polytechnic University, Hong Kong.....</i> | <i>77</i> |
| ACKNOWLEDGEMENT | 79 |

INTRODUCTION

The College of Professional and Continuing Education (CPCE) of The Hong Kong Polytechnic University (PolyU), incorporating the School of Professional Education and Executive Development (SPEED) and the Hong Kong Community College (HKCC), is currently the largest self-financing tertiary education provider in Hong Kong. It has around 10,000 full time students. It offers a range of programmes in many different disciplines including health related programmes at Associate Degree, and Honours Bachelor's Degree levels.

This Conference with the theme “**Towards a More Humanistic, Holistic and Integrated Model of Care**” aims to explore various issues and stakeholders’ concerns over healthcare services delivered by both public and private providers. It is supported by a funding of HKD2.45 million under the Institutional Development Scheme (IDS) of the Competitive Research Funding Schemes for the Local Self-Financing Degree Sector in 2018/19 of the Research Grants Council (RGC) to establish the **Centre for Ageing and Healthcare Management Research (CAHMR)** [Ref. no.: UGC/IDS24/18]. PolyU SPEED under CPCE is the grantee of this research funding. CAHMR will be inaugurated at the Opening of the Conference.

CAHMR will leverage the expertise and interest among faculty members, connecting them from a diverse array of disciplines and cultivating their scholarship in the realms of health care, health services management, finance, information technology, data science, public policy, marketing and hospitality management. The goal is to develop CAHMR into a centre of excellence with four fundamental objectives:

1. Generating novel and useful knowledge;
2. Developing research capabilities of faculty members;
3. Sharing insights with stakeholders; and
4. Informing curriculum development across related academic programmes.

Speakers for the Plenary Sessions include: (1) **Professor Soonman KWON**, Professor and Former Dean of the School of Public Health, Seoul National University (SNU), to speak on “*Long-term Care Insurance and the Challenges of Coordinated Care in South Korea*”, (2) **Professor Kai Hong PHUA**, Adjunct Associate Professor, Lee Kuan Yew School of Public Policy and the Saw Swee Hock School of Public Health, National University of Singapore, to speak on “*Ageing in Singapore: Contemporary Trends and Policy Issues*”, (3) **Professor Tomonori HASEGAWA**, Professor and Chair, Division of Health Policy and Health Service Research Department of Social Medicine, Toho University School of Medicine of Japan, to speak on “*Aging and Diversity of Medical Needs: Cost of Illness of Cerebrovascular Disease in Each Prefecture of Japan*”, (4) **Professor David BRIGGS**, Adjunct Professor, Faculty of Medicine and Health, University of New England, Australia and Naresuan University Thailand; Editor, Asia Pacific Journal of Health Management; Immediate Past President, Society for Health Administration Programs in Education (SHAPE), Australia, to speak on

“Moving Towards More Holistic and Humane Integrated Models of Care: Perspectives from Australia”, (5) **Professor Gordon LIU**, MOH Yangtze River Scholar in Economics of Peking University (PKU) National School of Development; Vice Dean, PKU Faculty of Economics and Management; Director, PKU China Center for Health Economic Research, to speak on *“Health Policy Settings in China: Political versus Economic Considerations”*, (6) **Professor Peter P. YUEN**, Dean, College of Professional and Continuing Education (CPCE); Professor, Department of Management and Marketing, The Hong Kong Polytechnic University, to speak on *“Towards a More Humanistic Model of Care: A Case Study of Hong Kong’s Long Term Care System”*, (7) **Dr Zhanming LIANG**, Senior Lecturer, School of Psychology and Public Health, La Trobe University; President, the Society for Health Administration Programs in Education (SHAPE), Australia; Fellow, Australian College of Health Service Management, to speak on *“Integrated Care Across Boundaries – Experience and Lessons from Australia”*, (8) **Dr Hui (Vivienne) ZHANG**, Assistant Professor, Department of Health Policy and Management, Sun Yat-sen University, Guangzhou, China, to speak on *“Direct Medical Costs for Patients with Schizophrenia: A 4-year Cohort Study from Health Insurance Claims Data in Guangzhou City, Southern China”*, (9) **Professor Dongwoon HAN**, Professor, Department of Global Health and Development/ Institute of Health Services management, Hanyang University, South Korea, to speak on *“Implementation of Community Care Policy in South Korea: Will it be Achieved?”*, and (10) **Dr the Honourable LAM Ching-choi**, BBS, JP, Chief Executive Officer, Haven of Hope Christian Service and Member of Executive Council, The Government of the Hong Kong Special Administrative Region, to speak on *“Dying-in-Place: Advancing End-of-life Care in Hong Kong”*.

There are six parallel sessions containing a wide range of important topics pertinent to ageing and healthcare management that are not only crucial to Hong Kong and also to other international communities. We are delighted to report that contributors to these parallel sessions include scholars and practitioners from Australia, Chinese Mainland, Hong Kong, Japan, South Korea, Singapore, Thailand, United Kingdom, and the United States of America. These contributors from the region and other parts of the world share their perspectives about ageing and healthcare management which include lifelong learning and health, community and district health practice and their effectiveness, ageing and population policy, accreditation and safe practices, utilising technologies to enhance holistic and integrated cares, as well as holistic and integrated models of care.

ORGANISATION OF CONFERENCE

Conference Chair

Professor Peter P. YUEN

Dean, College of Professional and Continuing Education (CPCE);
Professor, Department of Management and Marketing, The Hong Kong Polytechnic University

Conference Co-Chairs

Dr S. H. LIU

President,
Hong Kong College of Health Service Executives (HKCHSE)

Ms Samantha Yuen-chun CHONG

President,
Hong Kong College of Nursing and Health Care Management (HKCNHCM)

Conference Organiser

Centre for Ageing and Healthcare Management Research (CAHMR) at SPEED, PolyU

Conference Advisors

Professor Peter FONG

President, Hong Kong Public Administration Association (HKPAA)

Dr the Honourable LAM Ching-choi, BBS, JP

Chief Executive Officer, Haven of Hope Christian Service and Member of Executive Council, The Government of the Hong Kong Special Administrative Region

Professor Albert LEE

Director, Centre for Health Education and Health Promotion, The Chinese University of Hong Kong

Professor Kenneth K. C. LEE

Professor of Pharmacy and Head, School of Pharmacy, Monash University Malaysia

Professor Ting-hung LEUNG

Director, School of Chinese Medicine, The Chinese University of Hong Kong

Professor Warren C. K. CHIU

Associate Dean (Quality Assurance), College of Professional and Continuing Education (CPCE), The Hong Kong Polytechnic University

Dr Simon T. W. LEUNG

Associate Dean (Development), College of Professional and Continuing Education (CPCE) and Director, Hong Kong Community College (HKCC), The Hong Kong Polytechnic University

Dr Jack M. K. LO

Director, School of Professional and Executive Development (SPEED), The Hong Kong Polytechnic University

Organising Committee

| | |
|-------------------------------|--|
| Chair | Dr Ben Y. F. FONG , Senior Lecturer and Director of Centre for Ageing and Healthcare Management Research (CAHMR), PolyU SPEED |
| Scientific Subcommittee Chair | Dr Artie W. NG , Principal Lecturer and Deputy Director, PolyU SPEED |
| Publication | Dr Vincent T. LAW , Senior Lecturer, PolyU SPEED |
| Media and Publicity | Ms Sophia WONG , Marketing and Communications Officer, PolyU SPEED |
| Administrative Support | Ms Isis CHEUNG , Programme Manager, PolyU HKCC |
| Website & IT Support | Mr William LO , Information Technology Manager, PolyU CPCE |
| Members | Dr Pimtong TAVITIYAMAN , Senior Lecturer, PolyU SPEED Dr Adam K. L. WONG , Senior Lecturer, PolyU SPEED Dr Simon T. Y. CHEUNG , Lecturer, PolyU SPEED Dr Tiffany C. H. LEUNG , Lecturer, PolyU SPEED Dr Kelvin M. F. LO , Lecturer, PolyU SPEED Dr Jack H. C. WU , Lecturer, PolyU SPEED Ms Sarah TANG , Senior Administrative Officer, PolyU SPEED |
| Secretary | Mr Tommy K. C. NG , Project Associate, Centre for Ageing and Healthcare Management Research (CAHMR), PolyU SPEED |

Co-organisers, Supporting Organisations and Sponsors

Co-organisers

- Hong Kong College of Community Health Practitioners (HKCCHP)
- Hong Kong College of Health Service Executives (HKCHSE)
- The Hong Kong College of Nursing and Health Care Management (HKCNHCM)

Supporting Organisations (in alphabetical order)

- Asia Pacific Journal of Health Management (APJHM)
- Auxiliary Medical Service (AMS)
- Centre for Health Education and Health Promotion, The Chinese University of Hong Kong
- College of Health Systems Management (CHSM), Naresuan University, Thailand
- College of Pharmacy Practice
- DoctorNow NEEDS
- HKMA Institute of Healthcare Management
- Hong Kong Association of Family Medicine and Primary Health Care Nurses
- Hong Kong Public Administration Association (HKPAA)
- Hong Kong Society for Rehabilitation (HKSR)
- Hong Kong Telemedicine Association
- Institute of Active Aging (IAA), The Hong Kong Polytechnic University
- Jade Club
- Knowledge Management and Innovation Research Centre (KMIRC), The Hong Kong Polytechnic University
- Macau Association of Health Service Executives, Macau
- Northumbria University, Newcastle, United Kingdom
- School of Chinese Medicine, The Chinese University of Hong Kong
- Sik Sik Yuen
- Society for Health Administration Programs in Education (SHAPE), Australia
- Society for the Promotion of Hospice Care (SPHC)
- Yee Hong Centre for Geriatric Care.

Bronze Sponsors

- Gain Miles Assurance Consultants Limited
- Pfizer Hong Kong

Sponsor

- Human Health HK Limited

PROGRAMME

Welcoming Remarks



Professor Peter Y. YUEN

Dean, College of Professional and Continuing Education (CPCE);
Professor, Department of Management and Marketing,
The Hong Kong Polytechnic University

BA, MBA [S.U.N.Y. (Buffalo)]; PhD (Birm.); FCHSM (Aust.)

It gives me much pleasure to welcome you to the CPCE Health Conference 2019: “**Towards a More Humanistic, Holistic and Integrated Model of Care**”.

The CPCE Health Conference was first organised in 2016. We have explored issues relating to ageing, sustainability, healthcare delivery and financing reform, and healthcare quality. The conclusions from these four conferences are clear: our healthcare system needs to be drastically overhauled. The status quo is not an option.

This year, the Conference is supported by a grant from the Research Grants Council (RGC) to establish the **Centre for Ageing and Healthcare Management Research (CAHMR)** under PolyU SPEED. The new research centre will leverage the expertise among our faculty members, connect them to a diverse array of disciplines including healthcare, health services management, finance, information technology, data science, public policy, marketing and hospitality management, in a common effort to tackle complex issues in ageing and healthcare management. This Conference is the Inaugural Conference for the Centre.

We are privileged to have academics and experts from Australia, Chinese Mainland, Hong Kong, Japan, South Korea, Singapore, Thailand, United Kingdom, and the United States of America here with us today. There will be eleven plenary presentations (six in the morning and five in the afternoon), six concurrent sessions with 30 presentations and six poster presentations. Around 200 participants have registered.

I would like to express my sincere appreciation to the Conference Organising Committee, our co-organisers, our sponsors, our supporting organisations and my colleagues at CPCE for making this happen.

I wish to thank all participants for coming to the Conference. It is indeed our great pleasure to see so many old friends and new like-minded friends in this event.

As we are in January 2019. I wish to take this opportunity to wish everyone a Happy New Year and Good Health and an enjoyable and fruitful day at CPCE!

Inauguration Ceremony of Centre for Ageing and Healthcare Management Research (CAHMR)



Professor Peter Y. YUEN

Dean, College of Professional and Continuing Education (CPCE);
Professor, Department of Management and Marketing,
The Hong Kong Polytechnic University

BA, MBA [S.U.N.Y. (Buffalo)]; PhD (Birm.); FCHSM (Aust.)



Professor Warren C. K. CHIU

Associate Dean, College of Professional and Continuing Education
(CPCE); The Hong Kong Polytechnic University

BSocSc (C.U.H.K.); PhD [S.U.N.Y. (Albany)]



Dr Simon T. W. LEUNG

Associate Dean, College of Professional and Continuing Education
(CPCE) and Director, Hong Kong Community College (HKCC),
The Hong Kong Polytechnic University

BSocSc (H.K.); MBA, PhD (C.U.H.K.); FCPA; FCCA; FCIS; FCS;
FCMA; CGMA; CMA



Dr Jack M. K. LO

Director, School of Professional and Executive Development (SPEED),
The Hong Kong Polytechnic University

BSSc (C.U.H.K.); MPA (Car.); PgD (C.U.H.K.); PhD (Birm.)



Dr Artie W. NG

Principal Lecturer and Deputy Director, School of Professional and
Executive Development (SPEED), The Hong Kong Polytechnic
University

BSc (Calif.State.); MSc (Calif.State.); MBA (Tor.); MEng (Wat.);
PhD (Glas.); FCMA (U.K.); FCPA (H.K.); CPA (U.S.A.); CMA (Can);
SrMIIIE (U.S.A.)



Dr Ben Y. F. FONG

Senior Lecturer and Director of Centre for Ageing and Healthcare Management Research (CAHMR), School of Professional and Executive Development (SPEED), The Hong Kong Polytechnic University

MBBS(Syd.); MPH(Syd.); DOM(C.U.H.K.); DFM(C.U.H.K.); FRACMA; FHKCCM; FHKAM(Community Medicine); Specialist in Community Medicine



Dr Vincent T. LAW

Senior Lecturer, School of Professional and Executive Development (SPEED), The Hong Kong Polytechnic University

BSc (HKU); MBA (City H.K.); DBA [PolyU (H.K.)]; PMgr (HKMA)

Invited Speakers



Professor Soonman KWON

Professor and Former Dean of the School of Public Health, Seoul National University (SNU), South Korea

BA, MPH, MA, PhD

Long-term Care Insurance and the Challenges of Coordinated Care in South Korea

Professor Soonman Kwon has held visiting positions at the Harvard School of Public Health, London School of Economics, University of Toronto, University of Bremen, Peking University, and Beijing Normal University. He is the founding director of the WHO Collaborating Centre for Health System and Financing and was the Chief of the Health Sector Group in the Asian Development Bank (ADB). He is the president of the Korean Health Economic Association and was president of the Korean Association of Schools of Public Health and of the Korean Gerontological Society. He is the Associate Editor of Health Policy (Elsevier), and was the editor of the Korean Journal of Public Health and the Korean Journal of Health Economics. He has been a member of board or advisory committees of Health Systems Global, WHO Alliance for Health Policy and Systems Research, GAVI, and WHO Centre for Health and Development. He has occasionally been a short-term consultant of WHO, World Bank, and GIZ for health system and financing in Bhutan, Cambodia, China, Egypt, Ethiopia, Fiji, Ghana, India, Indonesia, Kazakhstan, Kenya, Lao PDR, Malaysia, Maldives, Mongolia, Myanmar, Nepal, Pakistan, Philippines, South Africa, Uganda, and Vietnam. He holds PhD in health economics from the Wharton School, University of Pennsylvania (1993) and taught at the University of Southern California School of Public Policy.



Professor Kai Hong PHUA

Adjunct Associate Professor, Lee Kuan Yew School of Public Policy and the Saw Swee Hock School of Public Health, National University, Singapore

PhD (LSE), SM, AB cum laude (Harvard) University

Ageing in Singapore: Contemporary Trends and Policy Issues

Dr PHUA Kai Hong is currently Visiting Professor in Health and Social Policy at the Nazarbayev University Graduate School of Public Policy, as adjunct faculty at the Lee Kuan Yew School of Public Policy and the Saw Swee Hock School of Public Health, National

University of Singapore, and teaches health economics at Singapore Management University. He was previously Associate Professor and Head, Health Services Research at the Department of Community, Occupational & Family Medicine, NUS Faculty of Medicine, and an Adjunct Senior Fellow at the Institute of Policy Studies, Singapore. He graduated cum laude (honours) in pre-medical and general studies from Harvard University and received graduate degrees in Health Services Administration & Population Sciences from Harvard School of Public Health, and a PhD in Social Administration (Health Economics) from the London School of Economics & Political Science.

Dr Phua wrote the official Singapore Chronicles: Healthcare (2018) published by the Institute of Policy Studies, Singapore, and co-edited Ageing Asia: Contemporary Trends and Policy Issues. He was co-author of Asian Trends Monitoring (2016), based on a project of which he was a Principal Investigator, funded by the Rockefeller Foundation, Centre for Strategic Futures, Prime Minister's Office, Singapore, and the Lee Kuan Yew School of Public Policy. He was the co-lead and corresponding author of the overview article in the Lancet Series on Health in Southeast Asia (2011) and is Guest Editor of the Social Science & Medicine special issue on Health Systems in Asia (2016). He delivered the 2012 ST Lee Lecture at the Menzies Centre for Health Policy of the University of Sydney and the Australian National University. He has produced numerous publications in health policy and related areas, including the history of health and socio-economic development, population ageing, health systems management, health economics and financing. He had served in the past as Associate Editor of the Singapore Economic Review and Asia-Pacific Journal of Public Health.

Dr Phua received The Outstanding Young Person (TOYP) award in 1992 for his contributions to health policy and community service in Singapore. He is currently serving on the WHO Expert Committee on Economics of Healthy Ageing, Geneva, and Fees Benchmark Committee, Ministry of Health, Singapore. He was a past Vice-Chairman of the Singapore Red Cross and Chair of its Governance and Nominations Committee; served on the Board of Management of the Home Nursing Foundation and was a founder Council Member and Chairman, Resource Committee of the Gerontological Society. He was Chairman of the Task Force on Social Services 2015, to develop a strategic plan for the National Council of Social Service. He was appointed on many national advisory committees, including the Government Parliamentary Committee Resource Panel on Health. From 2000-2005, he was Chair, Technical Advisory Group for Health Sector Development, WHO Western Pacific Regional Office, and has consulted for many regional governments and international organizations, including the Asian Development Bank, Red Cross, World Bank, and UNESCAP. He has conducted numerous consultancies, executive education and training programmes throughout the Asia-Pacific and the Middle East on healthcare reforms, eldercare, financing and health systems management.



Professor Tomonori HASEGAWA

*Professor and Chair, Division of Health Policy and Health Service
Research Department of Social Medicine, Toho University School of
Medicine, Japan*

MD PhD

Aging and Diversity of Medical Needs: Cost of Illness of Cerebrovascular Disease in Each Prefecture of Japan

Professor Hasegawa is Professor and Chair of the Division of Health Policy and Health Service Research Department of Social Medicine at the Toho University School of Medicine of Japan. He had his medical education at the Tokyo University School of Medicine, where also received his Doctor of Philosophy. He was previously a Resident at the Tokyo University Hospital in Internal Medicine.

He is a member of the Japanese Society of Public Health, Japanese Society of Hygiene, Japanese Society of Transplantation, Japanese Society of Hospital Administration, Japanese Society of Healthcare Management. He also holds membership of the following specialist councils or committees: Ministry of Labour, Health and Welfare, Committee on Disclosure of Healthcare Information, Committee on the Administration of Healthcare Organizations, Cabinet Office Council for Regulatory Reform, Office for the Promotion of Regulatory Reform and Private Finance Initiative, Japan Council for Quality in Health Care Center for Medical Accident Prevention (vice-chair).

Professor Hasegawa's research background includes health policy, health economics, quality assessment of health care.



Professor David BRIGGS

*Adjunct Professor, Faculty of Medicine and Health, University of New
England, Australia and Naresuan University Thailand
Editor, Asia Pacific Journal of Health Management
Immediate Past President, Society for Health Administration Programs in
Education (SHAPE), Australia*

BHA(NSW) MHM(1st class Hons) PhD(UNE) DrPH(HonNU) FACHSM
FHKCHSE

Moving Towards More Holistic and Humane Integrated Models of Care: Perspectives from Australia

Professor Briggs is Adjunct Professor at the Naresuan University of Thailand, and Editor of Asia Pacific Journal of Health Management. He is the Immediate Past President of Society

for Health Administration Programs in Education (SHAPE). Professor Briggs is Fellow, Life Member and Past National President of the Australasian College of Health Services Management (ACHSM) and Founding Fellow of the Hong Kong College of Health Service Executives. He was awarded the College gold medal for his contributions to health services and was the recipient of the NSW ACHSM Presidents Award 2014 for his extensive contributions to the College and to health services in NSW.

He has had extensive senior management and governance experience in the public health sector. His consultancy, research and publications include work in the health sector, most recently in PHC, in the Asia Pacific as well as Australia. Currently he is Deputy Chair and Director of a PHN network, HNECCPHN and Chairs the Research, Innovation, Design and Planning Sub Committee, former Chair, New England Medicare Local, former Director, HealthWise P/L, a Director of DSB Consulting A/Asia P/L and a former Director of North West Division of General Practice.

Professor Briggs was previously Head of the Health Management Program at the University of New England and has taught across the range of course units in that program both domestically, and overseas at the Chinese University of Hong Kong. His research and publications interest focus on health policy, health reform, health systems management and the potential for distributed networks of practice in the delivery of primary health care. He has presented and published extensively in relation to his work in the Asia Pacific and this detail is available at https://www.researchgate.net/profile/David_Briggs/timeline.



Professor Gordon LIU

*MOH Yangtze River Scholar in Economics of Peking University (PKU)
National School of Development
Vice Dean, PKU Faculty of Economics and Management
Director, PKU China Center for Health Economic Research*

BS, MS, PhD

Health Policy Settings in China: Political versus Economic Considerations

Professor Liu previously served a fulltime faculty at PKU Guanghua School of Management; UNC Chapel Hill; and USC. Prof. Liu currently serves as the China-side organizer for the annual US-China Health Dialogue Track II, in collaboration with the National Committee for US-China Relations (NCUCR). He also sits on the China State Council Health Reform Advisory Commission; the UN “Sustainable Development and Solution Network” (SDSN) Leadership Council led by Jeffrey Sachs of Columbia University, and Co-Chairs the SDSN Health Thematic Group. He was the President of the Chinese Economists Society (CES), and the founding Chair of ISPOR Asian Pacific Consortium. Prof. Liu has served as Associate Editor for academic journals Health Economics (HE), Value in Health (The ISPOR official journal), and China Economic Quarterly (CEQ). His recent book (co-edited with Robert

Burns of Wharton) was “China’s Healthcare System and Reform” published by Cambridge Press, 2017.



Professor Peter P. YUEN

*Dean, College of Professional and Continuing Education (CPCE);
Professor, Department of Management and Marketing, The Hong Kong
Polytechnic University*

BA, MBA [S.U.N.Y. (Buffalo)]; PhD (Birm.); FCHSM (Aust.)

Towards a More Humanistic Model of Care: A Case Study of Hong Kong’s Long Term Care System

Prof. Peter P. Yuen is Dean of the College of Professional and Continuing Education (CPCE) of The Hong Kong Polytechnic University (PolyU). He is also Professor of PolyU’s Department of Management and Marketing. He received his Bachelor of Arts degree in Cellular and Molecular Biology and Master in Business Administration degree from the State University of New York at Buffalo, USA, and his Doctor of Philosophy degree in Health Economics from the University of Birmingham, UK.

Prior to his appointment as Dean of CPCE, Prof. Yuen held a number of management positions at PolyU, including Associate Vice-President (Management), Director of the Public Policy Research Institute, and Head of the Department of Management. He was also the founding Director of the Doctor of Business Administration programme in the Faculty of Business.

Prof. Yuen’s research mainly focuses on public policy formulation and evaluation, and health services management. He is the Co-Editor-in-Chief of Public Administration and Policy and an Editorial Committee member of Asia Pacific Journal of Health Management. He was also a consultant for the Hong Kong Special Administrative Region (HKSAR) Government and the Bauhinia Foundation on a number of public policy related projects including the West Kowloon Cultural District, Sustainable Built Environment, Subsidised Homeownership, Managed Care in Hong Kong, and Health Systems Reform.

Prof. Yuen is currently Chairman of the Federation for Self-financing Tertiary Education (Hong Kong). He is a member of the HKSAR Government Manpower Development Committee, Health and Medical Development Advisory Committee, and the Committee on Self-financing Post-secondary Education. He is a founding Fellow of the Hong Kong College of Health Services Executives, and an Honorary Fellow of the Australian College of Health Services Management. He once served as Vice-President of the Chinese National Institute of Health Care Management Education, and President of the Hong Kong Public Administration Association.



Dr Zhanming LIANG

Senior Lecturer, School of Psychology and Public Health, La Trobe University
President, the Society for Health Administration Programs in Education; Australia
Fellow, Australian College of Health Service Management

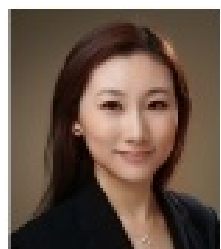
MBBS, MSc, PhD FCHSM

Integrated Care Across Boundaries – Experience and Lessons from Australia

Dr Liang has spent the last decade researching and teaching in the areas of management competency, evidence-informed decision-making, health management workforce development, healthcare quality, and program planning and evaluation. Prior to becoming an academic, she worked in diverse roles as a medical practitioner, a planning and evaluation consultant and a senior manager.

Dr Liang has been the leader of the Management Competency Assessment Partnership (MCAP) Program, which has resulted in the development and validation of an evidence-based Managerial Competency Assessment Tool. The MCAP Tool can assess the competence of middle and senior level managers working in the health sector and provide evidence to guide the direction of management training and development. In the past three years, Dr Liang has been working with partners in China and Thailand to develop the capacity in health service management training, education and research in both countries.

The book she co-authored with colleagues entitled ‘Project management in health and community services: getting good ideas to work’ has been recognised as the best project management book for the health sector in Australia and adopted as a textbook by majority of the Master of Health Administration Programs in Australia. The new 3rd edition of the book will be published in early 2019. The book has also been translated into Mandarin and published by The People’s Medical Publishing House, China.



Dr Hui (Vivienne) ZHANG

Assistant Professor, Department of Health Policy and Management, Sun Yat-sen University

MSc PhD

Direct Medical Costs for Patients with Schizophrenia: A 4-year Cohort Study from Health Insurance Claims Data in Guangzhou City, Southern China

Professor Zhang is an Assistant Professor in the Department of Health Policy and Management of the Sun Yat-sen University in China. She received her PhD in health

economics from The Hong Kong Polytechnic University, her MSc in economics from The Hong Kong University of Science and Technology.

As a doctoral student, she spent one year as a visiting scholar at the University of California in the Los Angeles (UCLA) School of Public Health. Professor Zhang's research focus is health economics, especially health insurance reform, health care financing, health policy evaluation, and cost-effectiveness analysis.



Professor Dongwoon HAN

*Professor, Department of Global Health and Development, Graduate school,
Hanyang University*

Hanyang University Institute of Health Services Management

MD, MPH, PhD

Implementation of Community Care Policy in South Korea: Will it be Achieved?

Dongwoon HAN, MD, MPH, PhD (in health service management) is a professor at Hanyang University, College of Medicine, and chairperson of global health and Development. He was also a chairperson of both Department of Preventive Medicine, College of Medicine, and Department of Medical Administration at Graduate School of Public Policy. He is also currently director of Institute of Health Services Management, Hanyang University. He received a bachelor's degree in medicine from Hanyang University College of Medicine, master's degree (MPH) from Seoul National University, Graduate School of Public Health, and a doctoral degree from The University of Birmingham (UK). Professor Han was a member of WHO working group for various health related topics include traditional medicine. For many years, he has worked as short-term consultant at many developing countries, Vietnam, Nepal, Cambodia, Iraq, Afghanistan, Peru, Honduras and so on.

For the Korean government, he has advised national and local governments on health promotion, health planning, and Official Development Assistant (in Health). Since 2004, he has been trying to establish public health program using traditional Korean medicine in public health care system. Dr. Han is serving as Director of the National Traditional Korean Medicine Research and Development Centre. From 2010 to 2012, he had also directed a research team for the evaluation of Korean Case Payment System (KCPC) funded by Health Insurance Review Agency (HIRA).

His research interests focus in interface research between Western and Asian medicine, health care management and economics, ethics, health promotion using traditional medicine and include health financing and insurance; health, health systems; the economic evaluation of health promotion programs and emergency and humanitarian services; health and social justice; global health. He has led research and written many papers in health policy and health promotion program using traditional Korean medicine, health care management, and global health.



Dr the Honourable LAM Ching-choi, BBS, JP

Chief Executive Officer, Haven of Hope Christian Service

Member of the Executive Council, HKSAR

MBBS

Dying-in-Place: Advancing End-of-life Care in Hong Kong

Dr Lam is currently the Chief Executive Officer of Haven of Hope Christian Service. He also serves as Chairman of the Elderly Commission, the Community Investment and Inclusion Fund Committee and Elderly Care Service Industry Training Advisory Committee as well as Member of the Steering Committee on Primary Healthcare Development and Ex-officio Member of the Family Council. Dr Lam was awarded the Bronze Bauhinia Star in 2008.

Moderators and Facilitators of Plenary Sessions

PLENARY SESSION - Country/Region Reports I: South Korea, Singapore, Japan

Moderators



Professor Peter FONG

President,
Hong Kong Public Administration Association



Dr Jack M. K. LO

Director,
School of Professional and Executive Development (SPEED),
The Hong Kong Polytechnic University



Ms Samantha Y. C. CHONG

President,
Hong Kong College of Nursing and Health Care Management

Facilitator of Q & A



Dr Simon T. H. CHEUNG

Lecturer
School of Professional and Executive Development (SPEED),
The Hong Kong Polytechnic University

PLENARY SESSION - Country/Region Reports II: Australia, Chinese Mainland, Hong Kong

Moderators



Dr S. H. LIU

President,
Hong Kong College of Health Service Executives



Dr Artie W. NG

Principal Lecturer and Deputy Director,
SPEED,
The Hong Kong Polytechnic University



Professor Kenneth K. C. LEE

Professor of Pharmacy and Head,
School of Pharmacy,
Monash University Malaysia

Facilitator of Q & A



Dr Ben Y. F. FONG

Senior Lecturer and Director of CAHMR,
School of Professional and Executive Development (SPEED),
The Hong Kong Polytechnic University

PLENARY SESSION - *Issues in Asia-Pacific*

Moderators



Professor Daniel W. L. LAI

Chair Professor of Social Work and Gerontology,
Head of Department of Applied Social Sciences,
Director of Institute of Active Ageing,
The Hong Kong Polytechnic University



Dr Simon T. W. LEUNG

Associate Dean (Development), College of Professional and Continuing Education (CPCE) and Director, Hong Kong Community College (HKCC),
The Hong Kong Polytechnic University



Professor Albert LEE

Director,
Centre for Health Education and Health Promotion,
The Chinese University of Hong Kong



Professor Warren C. K. CHIU

Associate Dean (Quality Assurance), College of Professional and Continuing Education (CPCE),
The Hong Kong Polytechnic University



Professor Peter P. YUEN

Dean, College of Professional and Continuing Education (CPCE),
Professor, Department of Management and Marketing,
The Hong Kong Polytechnic University

Chairs of Parallel Sessions

Session A: Lifelong Learning and Health



Dr Artie W. NG

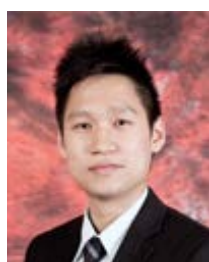
Principal Lecturer and
Deputy Director,
SPEED,
The Hong Kong
Polytechnic University



**Dr Pimtong
TAVITIYAMAN**

Senior Lecturer,
SPEED,
The Hong Kong
Polytechnic University

Session B: Community and District Health Practice and Their Effectiveness



**Dr Simon T. Y.
CHEUNG**

Lecturer,
SPEED,
The Hong Kong
Polytechnic University



Dr Eric K. S. WOO

Principal Lecturer,
HKCC,
The Hong Kong
Polytechnic University

Session C: Ageing and Population Policy



Dr Vincent T. LAW

Senior Lecturer,
SPEED,
The Hong Kong
Polytechnic University



Dr Florence H. C. HO

Senior Lecturer,
SPEED,
The Hong Kong
Polytechnic University

Session D: Accreditation and Safe Practices



Dr S. H. LIU

President,
Hong Kong College of
Health Service
Executives (HKCHSE)



Dr Fowie S. F. NG

Academic Convenor,
Hong Kong College of
Health Service
Executives (HKCHSE)

Session E: Utilising Technologies to Enhance Holistic and Integrated Cares



**Dr Adam K. L.
WONG**

Senior Lecturer,
SPEED,
The Hong Kong
Polytechnic University



**Dr Simon C. W.
WONG**

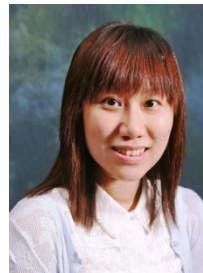
Lecturer,
HKCC,
The Hong Kong
Polytechnic University

Session F: Holistic and Integrated Models of Care



Dr Ben Y. F. FONG

Senior Lecturer and
Director of CAHMR,
SPEED,
The Hong Kong
Polytechnic University



**Dr Carrie H. S.
WONG**

Senior Lecturer,
HKCC,
The Hong Kong
Polytechnic University

Programme Rundown

| Time | Event |
|--|--|
| 9:00 am – 9:30 am | Registration |
| 9:30 am – 10:00 am | Welcoming Remarks Professor Peter P. YUEN (<i>Dean, PolyU CPCE</i>) Inauguration Ceremony of CAHMR Professor Peter P. YUEN (<i>Dean, PolyU CPCE</i>) Professor Warren C. K. CHIU (<i>Associate Dean (Quality Assurance), PolyU CPCE</i>) Dr Simon T. W. LEUNG (<i>Associate Dean (Development), PolyU CPCE and Director, Hong Kong Community College (HKCC), PolyU</i>) Dr Jack M. K. LO (<i>Director, PolyU SPEED</i>) Dr Artie W. NG (<i>Principal Lecturer and Deputy Director, PolyU SPEED</i>) Dr Ben Y. F. FONG (<i>Senior Lecturer & Director of CAMHR, PolyU SPEED</i>) Dr Vincent T. LAW (<i>Senior Lecturer, PolyU SPEED</i>) |
| PLENARY SESSION - | |
| Country/Region Reports I: South Korea, Singapore, Japan | |
| 10:00 am – 10:20 am | <i>Long-term Care Insurance and the Challenges of Coordinated Care in South Korea</i> Professor Soonman KWON <u>Moderator:</u> Professor Peter FONG , <i>President, Hong Kong Public Administration Association</i> |
| 10:20 am – 10:40 am | <i>Ageing in Singapore: Contemporary Trends and Policy Issues</i> Professor Kai Hong PHUA <u>Moderator:</u> Dr Jack M. K. LO , <i>Director, PolyU SPEED</i> |
| 10:40 am – 11:00 am | <i>Aging and Diversity of Medical Needs: Cost of Illness of Cerebrovascular Disease in Each Prefecture of Japan</i> Professor Tomonori HASEGAWA <u>Moderator:</u> Ms Samantha Y. C. CHONG , <i>President, Hong Kong College of Nursing and Health Care Management</i> |
| 11:00 am – 11:15 am | Q & A <u>Facilitator:</u> Dr Simon T. H. CHEUNG , <i>Lecturer, PolyU SPEED</i> |
| 11:15 am – 11:30 am | Tea Break |
| PLENARY SESSION – | |
| Country/Region Reports II: Australia, Chinese Mainland, Hong Kong | |
| 11:30 am – 11:50 am | <i>Moving Towards More Holistic and Humane Integrated Models of Care: Perspectives from Australia</i> Professor David BRIGGS <u>Moderator:</u> Dr S. H. LIU , <i>President, Hong Kong College of Health Service Executives</i> |
| 11:50 am – | <i>Health Policy Settings in China: Political versus Economic Considerations</i> |

| | |
|---|--|
| 12:10 pm | Professor Gordon LIU <u>Moderator:</u> Dr Artie W. NG, Principal Lecturer and Deputy Director, PolyU SPEED |
| 12:10 pm – 12:30 pm | <i>Towards a More Humanistic Model of Care: A Case Study of Hong Kong's Long Term Care System</i> Professor Peter P. YUEN <u>Moderator:</u> Professor Kenneth K. C. LEE, Professor of Pharmacy and Head, School of Pharmacy, Monash University Malaysia |
| 12:30 pm – 12:45 pm | Q & A <u>Facilitator:</u> Dr Ben Y. F. FONG, Senior Lecturer and Director of CAHMR, PolyU SPEED |
| 12:45 pm – 2:00 pm | LUNCH |
| PLENARY SESSION – Issues in Asia-Pacific | |
| 2:00 pm – 2:20 pm | <i>Integrated Care Across Boundaries – Experience and Lessons from Australia</i> Dr Zhanming LIANG <u>Moderator:</u> Professor Daniel W. L. LAI, Chair Professor of Social Work and Gerontology, Head of Department of Applied Social Sciences, Director of Institute of Active Ageing, PolyU |
| 2:20 pm – 2:40 pm | <i>Pharmacovigilance and Participatory Medicine through Social Media – We are Still not There</i> Dr Francesca QUATTRI (Associate Professor, School of Foreign Languages, Jiangsu University, Jiangsu Province, China) <u>Moderator:</u> Dr Simon T. W. LEUNG, Associate Dean (Development), PolyU CPCE and Director, Hong Kong Community College (HKCC), PolyU |
| 2:40 pm – 3:00 pm | <i>Direct Medical Costs for Patients with Schizophrenia: A 4-year Cohort Study from Health Insurance Claims Data in Guangzhou City, Southern China</i> Dr Hui (Vivienne) ZHANG <u>Moderator:</u> Professor Albert LEE, Director, Centre for Health Education and Health Promotion, The Chinese University of Hong Kong |
| 3:00 pm – 3:20 pm | <i>Implementation of community care policy in South Korea: will it be achieved?</i> Professor Dongwoon HAN <u>Moderator:</u> Professor Warren C. K. CHIU, Associate Dean (Quality Assurance), PolyU CPCE |
| 3:20 pm – 3:40 pm | <i>Dying-in-Place: Advancing End-of-life Care in Hong Kong</i> Dr the Honourable LAM Ching-choi, BBS, JP <u>Moderator:</u> Professor Peter P. YUEN, Dean, PolyU CPCE |
| 3:40 pm – 4:00 pm | Q & A |

| | |
|--|--|
| Facilitator: Professor Peter P. YUEN, Dean, PolyU CPCE | |
| PARALLEL SESSIONS | |
| 4:00 pm – 5:30 pm | <p>Session A: Lifelong Learning and Health Chairs: Dr Artie W. NG (Principal Lecturer and Deputy Director, PolyU SPEED) & Dr Pimtong TAVITIYAMAN (Senior Lecturer, PolyU SPEED)</p> <p>(1) <i>Lifelong Learning and Healthy Aging: The Conceptual Underpinning and Strategy of a University-based Model</i> (Prof. Daniel W. L. Lai, Chair Professor of Social Work and Gerontology, Head of Department of Applied Social Sciences, Director of Institute of Active Ageing, PolyU)</p> <p>(2) <i>Back to the Campus: Implications of an Intensive Lifelong Learning Experience for Wellness among Older Learners in a University Setting</i> (Dr Vincent W. P. LEE, Emma LIU, Gary H. F. WAI, Yongxin RUAN, Department of Applied Social Sciences, PolyU)</p> <p>(3) <i>Healthy Aging and Community Learning – Findings from Lifelong Learning Courses</i> (Dr Jessica J. LI, Prof. Daniel W. L. LAI, Alison X. OU, Department of Applied Social Sciences, PolyU)</p> <p>(4) <i>Achieving the Impossible? Empowerment-based Learning to Enhance Health and Capacity of Mature Learners</i> (Alla LAU, Prof. Daniel W. L. LAI, Gary, H. F. WAI, Yongxin RUAN, Department of Applied Social Sciences, PolyU)</p> <p>(5) <i>Higher Awareness of Healthy Lifestyle among Students from the New Academic Structure in Hong Kong</i> (Dr Joseph C. H. SO, Dr Karly O. W. CHAN, Victor C. W. CHAN, PolyU CPCE)</p> <hr/> <p>Session B: Community and District Health Practice and Their Effectiveness Chairs: Dr Simon T. Y. CHEUNG (Lecturer, PolyU SPEED) & Dr Eric K. S. WOO (Principal Lecturer, PolyU HKCC)</p> <p>(1) <i>Community Health Coaching Integration in District Health Management of Non-Communicable Diseases, Thailand</i> (Prof. Patcharin SIRASOONTHORN, Department sociology and anthropology Faculty of social sciences; Prof. Watcharabon BUDDHARAKSA, Department political sciences, Faculty of social sciences; Dr Phudit TEJAVADDHANA, College of health system management, Naresuan University, Thailand)</p> <p>(2) <i>Gramsci Theory and Health System Management: A Case Study of Kosamphi Nakhon District Health Service in Rural Thailand</i> (Prof. Watcharabon BUDDHARAKSA, Department political sciences, Faculty of social sciences; Prof. Patcharin SIRASOONTHORN, Department sociology and anthropology Faculty of social sciences; Dr Phudit TEJAVADDHANA, College of health system management, Naresuan University, Thailand)</p> <p>(3) <i>Establish Linguistic Validity of the Rapid Assessment of Physical Activity (RAPA) Questionnaire for Community-dwelling Older Adults in Hong Kong</i> (Janet L. C. LEE, Prof. Rainbow T. H. HO, Department of Social Work and Social Administration, HKU)</p> <p>(4) <i>Review on the Postural Treatment for Patients with Adolescent Idiopathic Scoliosis (AIS)</i> (Sze-Ham Wong, Dr Joanne YIP, Dr Kit-Lun YICK, Institute of Textiles and Clothing, PolyU; Dr Zerance S. P. NG, PolyU HKCC; Kenny Yat-Kong KWAN, Department of Orthopaedics and Traumatology, Li Ka Shing Faculty of Medicine, HKU)</p> <p>(5) <i>Strengthening STEM and Arduino to Foster Integrated Cares in Hong Kong</i> (Tiffany K. H. CHAN, Dr Gabriel H. H. CHAN, Dr Simon C. W. WONG, Joseph, Y. Y. LAU, PolyU HKCC)</p> |

Session C: Ageing and Population Policy

Chairs: **Dr Vincent T. LAW** (Senior Lecturer, PolyU SPEED) & **Dr Florence H. C. HO** (Senior Lecturer, PolyU SPEED)

- (1) *Ageing is Viewed with Trepidation, or is there an Alternative?* (Dr Florence H. C. HO, PolyU SPEED)
- (2) *Significance of Speech Therapy Service in Elderly Settings* (Carol T. YUEN, The Hong Kong Society for the Aged)
- (3) *The Role of Monitoring and Evaluation in Evidence-based Policy Making: Public-private Partnership in Chinese Healthcare Sector* (Dr Sam YU, Lecturer in Accounting & Finance, Soochow University International Cooperative Education Program, China)
- (4) *Policy and Financial Regulatory Measures for Integrated Reporting by Private Healthcare Providers* (Dr Artie W. NG, Dr Vincent T. LAW, PolyU SPEED)
- (5) *Transition of Hospital Acute-Centric to Long Term Care in an Ageing Population in Hong Kong - Is It an Issue of Policy, Governance or Service Gap?* (Tommy K. C. NG, Dr Ben Y. F. FONG, CAHMR PolyU SPEED; Catherine K. Y. KWONG, PolyU SPEED)

Session D: Accreditation and Safe Practices

Chairs: **Dr S. H. LIU** (President, HKCHSE) & **Dr Fowie S. F. NG** (Academic Convenor, HKCHSE)

- (1) *Building a Safe Medication Management Service for the Elderly in Elderly Homes and in the Community* (Dr S. H. LIU, Hong Kong College of Health Services Executives; S. C. CHIANG, Hong Kong Pharmaceutical Care Foundation; K. H. SO, Hong Kong Pharmaceutical Care Foundation)
- (2) *Big Data and Evaluation for Hospitals in Greater Bay Area (大數據與粵港澳大灣區醫院評價)* (Dr Eric CHONG, CEO, Guangzhou Asclepius Management Consulting Co. Ltd.)
- (3) *Health Service Planning in Greater Bay Area: Case Study of Running Health Clinics in Shenzhen (從運營深圳醫療機構的個案分析看大灣區醫療服務規劃)* (Dr Hubert C. H. WONG, Founder and CEO, Globalclinic)
- (4) *Crisis Response and Reputation Management: A Case Study in Hong Kong* (Dr Edmund T. M. WUT, PolyU SPEED)
- (5) *Case Study on Complaint of Abortus Handling* (Celine S. M. CHENG, Amanda P. Y. LAU, PolyU SPEED)

Session E: Utilising Technologies to Enhance Holistic and Integrated Cares

Chair: **Dr Adam K. L. WONG** (Senior Lecturer, PolyU SPEED) & **Dr Simon C. W. WONG** (Lecturer, PolyU HKCC)

- (1) *Impact of Co-creation Footwear Workshops on Older Women in Elderly Centers in Hong Kong* (Mei-ying KWAN, Dr Kit-lun YICK, Yan-yan Wong, Institute of Textiles and Clothing, PolyU)
- (2) *Thermal Equations for Predicting Foot Skin Temperature* (Pui-ling LI, Dr Kit-lun YICK, Institute of Textiles and Clothing, PolyU; Dr Zerance S. P. NG, PolyU HKCC; Dr Joanne YIP, Institute of Textiles and Clothing, PolyU)
- (3) *Blockchain-based Electronic Health Record and Wearable Computing Devices* (Dr Eddie K. L. LAW, Kirin Cloud Solutions Limited)
- (4) *Effects of Tai Chi Qigong Training on Functional Aerobic Capacity, Arterial Hemodynamics and Upper Limb Lymphoedema in Older Survivors of Breast Cancer: A Randomized Controlled Trial* (Dr Joyce C. Y. LEUNG, School of

Public Health, HKU; Karen P. Y. LIU, School of Science and Health (Occupational Therapy), Western Sydney University, NSW, Australia; Dr Catherine Mary SCHOOLING, Graduate School of Public Health and Health Policy, City University of New York, New York, USA; Dr W. S. LUK, The Association of Licentiates of Medical Council of Hong Kong; Dr Shirley S. M. FONG, School of Public Health, HKU)

- (5) ***Investigation of Thumb Curvatures for Enhancement of Splint for de Quervain's Treatment*** (Eunice W. S. TAM, Dr Joanne YIP, Dr kit-lun YICK, Institute of Textiles and Clothing, PolyU; Dr Zerance S. P. NG, PolyU HKCC; Dr Christian X. S. FANG, Department of Orthopaedics and Traumatology, HKU, Queen Mary Hospital)

Session F: Holistic and Integrated Models of Care

Chair: **Dr Ben Y. F. FONG** (Senior Lecturer, PolyU SPEED) & **Dr Carrie H. S. WONG** (Senior Lecturer, PolyU HKCC)

- (1) ***Breastfeeding Innovations at District Level: Welcome in Hong Kong?*** (Prof. Graeme SMITH, Caritas Institute of Higher Education; Candy Y. Y. TSOI, Jessica Y. F. CHAN, United Christian Hospital; Dr Fowie S. F. NG, Hong Kong College of Health Services Executives)
- (2) ***An Organisation-based Model in Developing the Health Service Management Workforce – A Pilot Study*** (Dr Zhanming LIANG, La Trobe University, Australia; Prof. Jian WANG, Department of Social Medicine and Health Administration, Shandong University, Shandong Province, China; Min XU, Qian Fo Shan Hospital, Jinan, Shandong Province, China)
- (3) ***Direct Access Endoscopy Booking by Family Physicians: Clinical Factors Associated with a Positive Endoscopy Findings in Primary Care Setting*** (Dr Lok-hang LEUNG, Family Medicine & Primary Health Care, Hospital Authority)
- (4) ***Community-based and Hospital-social Collaboration Service for Substance Abusers in a Local Region of Hong Kong*** (Chi-kin IP, F. CHAN, W. S. CHUNG, Department of Psychiatry, North District Hospital, Hospital Authority)
- (5) ***Oncology Pharmacists' Role and Impact on the Multidisciplinary Patient-Center Practice of Oncology Clinic in Public Hospitals*** (Hinson CHU, Gary CHONG, United Christian Hospital; Dr Daisy S. M. LEE, PolyU SPEED)

PLENARY SESSIONS

Plenary Session - Country/Region Reports I: South Korea, Singapore, Japan

Long-term Care Insurance and the Challenges of Coordinated Care in South Korea

Soonman KWON

Professor, Former Dean of the School of Public Health, Seoul National University (SNU), South Korea

Correspondence: Professor Soonman KWON (kwons@snu.ac.kr)

Abstract

To respond to the rapid ageing of population and the increasing demand for long-term care, South Korea introduced public insurance for long-term care (LTC) in 2008. NHIS (National Health Insurance Service) also manages LTC insurance to collect the contribution, assess the eligibility for applicants, and reimburse providers. All the insured of national health insurance are the insured of the LTCI, but in case of those under 65 years, it provides coverage only for age-related LTC needs. The LTC insurance contribution is collected from all enrollees of the NHI and set 6.55% of the contribution for NHI until 2017, then increased to 7.38% in 2018 and further to 8.51% of NHI contribution in 2019. Benefit package consists mainly of in-kind benefits, i.e., home care and institutional care, home-visit care/nursing, bathing, and assistive device. Ceiling of benefits per month for residential care exists depending on the functional levels based on the need assessment by the NHIS. Separate public insurance for health care and long-term care, although managed by a single entity NHIS, still causes problems in the coordination of health care, e.g., those provided by long-term care hospitals, and long-term care, e.g., those provided by long-term care facilities. About one thirds of older patients in LTC hospitals seem better suited to be taken care of in LTC facilities. Lack of gatekeeping in health and LTC system, and perverse financial incentives for both patients and providers are main barriers to the coordination of health care and LTC, resulting in inefficiency in care provision and lower quality of life of older people in Korea.

Ageing in Singapore: Contemporary Trends and Policy Issues

Kai Hong PHUA

Adjunct Associate Professor, Lee Kuan Yew School of Public Policy and the Saw Swee Hock School of Public Health, National University of Singapore

Correspondence: Professor Kai Hong PHUA (sppphk@nus.edu.sg)

Abstract

An overview of current trends and policy issues among the fastest ageing societies in Asian economies. This covers the latest findings from a multi-disciplinary research project on ageing in Asia, to integrate healthy living with community features of “ageing in place”. This includes the latest concepts of the “Vertical Kampung”, to bring back the village concept of “Gotong Royong” or community self-reliance, into modern high-rise living in the public housing of Singapore.

The Kampung Admiralty model will be expanded in future HDB housing projects to integrate community health and social care components, including wellness programmes like community gardens, food & nutrition kitchens, exercise and rehabilitation classes, health education, disease screening, integrated community health clinics and “Hospitals without Walls”, thus applying best practices of preventive care and universal health coverage, towards a cost-effective eldercare policy for ageing Singapore.

Aging and Diversity of Medical Needs: Cost of Illness of Cerebrovascular Disease in Each Prefecture of Japan

Tomonori Hasegawa*, Kunichika Matsumoto, Koki Hirata

Professor and Chair, Division of Health Policy and Health Service Research Department of Social Medicine, Toho University School of Medicine, Japan

* Correspondence: Professor Tomonori Hasegawa (tommie@med.toho-u.ac.jp)

Abstract

Background

Aging in Japan is advancing most rapidly in the world, and is expected to increase demand of medical services more in near future. Aging is uneven and progress of the aging varies from regions resulting in great differences in medical needs. In order to supply the needs for medical services, Japanese government developed “Regional Medical Vision”, which estimates the near future requirements for medical resources. However, this is a plan for redistribution of medical resources taking into only future changes of population composition based on current situation. In fact, each region has diversity of medical needs, and it is difficult to use average medical needs even if they are adjusted by population structures.

In consideration of such situation, we tried to estimate the social burden of major diseases of each region in order to estimate the medical needs. We picked up cerebrovascular diseases (CVD, ICD10 code: I60 - I69) and dementia (ICD10code: F01, F03, G30), and calculated their social burden of all 47 prefectures in Japan that have great authority for health policy.

Method

Modifying the COI method developed by Rice D, we newly defined and estimated C-COI of CVD (ICD10 code: I60 - I69) and dementia (ICD10code: F01, F03, G30). C-COI consists of five parts; direct cost (medical), morbidity cost, mortality cost, direct cost (long term care (LTC)) and informal care cost (family's burden). Direct cost (medical) is medical cost of each disease. Morbidity cost is opportunity cost for inpatient care and outpatient care. Mortality cost is measured as the loss of human capital (human capital method). These three costs are known as components of original cost of illness by Rice D. Direct cost (LTC) is long term care insurance benefits. Family's burden is "unpaid care cost" by family, relatives and friends in-home and in-community (opportunity cost). We calculated such costs at 2013/2014 using Japanese official statistics.

Results

The total C-COI of CVD in Japan was about 6,177 billion JPY, the maximum was 621 billion JPY in Tokyo and the minimum was 33 billion JPY in Tottori (Tokyo/Tottori=18.8), whereas the total C-COI of dementia was 3,778 billion JPY, the maximum was 341 billion JPY in Tokyo and the minimum was 22 billion JPY in Tottori (Tokyo/Tottori=15.5). The C-COI per capita of CVD in Japan was about 48 thousand JPY, the maximum was 66 thousand JPY in Kagoshima and the minimum was 38 billion JPY in Saitama (Kagoshima/Saitama=1.7), whereas the total C-COI of dementia was 3,778 billion JPY, the maximum was 46 thousand JPY in Shimane and the minimum was 22 thousand JPY in Chiba (Shimane/Chiba=2.1).

Conclusion

We substantiated a method to calculate the social burden of medical care and LTC care for each prefecture using C-COI methods. In both diseases, a large difference was found in total costs per capita and components ratio between prefectures. The situations of social burden of diseases has diversity among prefectures. When estimating the future medical needs of each region, it is necessary to take each regional condition into account.

Plenary Session - Country/Region Reports II: Australia, Chinese Mainland, Hong Kong

Moving Towards More Holistic and Humane Integrated Models of Care: Perspectives from Australia

David BRIGGS

Adjunct Professor, Faculty of Medicine and Health, University of New England, Australia and Naresuan University Thailand

Editor, Asia Pacific Journal of Health Management

Immediate Past President, Society for Health Administration Programs in Education (SHAPE), Australia

Correspondence: Professor David BRIGGS (dsbriggs007@gmail.com)

Abstract

The Australian Healthcare system needs to be seen in the context of divided accountabilities between the States and Territories as providers of acute care services that are also partially funded by the National government that, in turn has direct responsibility for also funding primary health care, aged care and disability services. These fragmented responsibilities and accountabilities reflect a specific challenge for public policy that might seek to achieve more humane integrated models of care.

Australia health system responds admirably on most OECD indicators with life expectancy at 82.5 the fifth highest in the OECD along with lower mortality from ischaemic heart disease and lower prevalence of dementia. Australia has the third lowest 30-day mortality rate for heart attack and high survival rates for colon cancer. Hospital admission rates for asthma and COPD and higher antibiotic prescribing rates are all higher than OECD averages. Good quality cancer care (networked) has contributed to better survival outcomes and lower cancer mortality rates. Obesity rates are unacceptably high. The population is ageing except for the Indigenous population. There are equity and access issues for that group and for rural and remote communities as well as the increased burden of chronic disease.

The recent establishment of Primary Health Networks (PHN) across Australian has given some hope at the community level for better provision and access to primary health care services and codesign of services with providers increasing potential for an emphasis on more humane integrated care and place based as well as service-based commissioning.

Public policy progression and health reform is incremental and constrained by the need for formal agreements for change by seven State and Territories governments together with the Commonwealth or National Government. The advent of PHNs has provided opportunities at the more local level to work with and across sectors to improve health access and health outcomes for individuals and, to place the patient at the centre of the care process. These opportunities are demonstrated in the paper.

These changing circumstances towards more humane integrated care brings into contention the role of health professions and managers and leaders at the more local service delivery

level as being required to be role models, advocates and navigators for patients and communities and to do this requires an understanding of how health reform of public policy might occur and how health reform at the care level might be facilitated. This presentation suggests a framework of public policy analysis that might allow those involved to achieve a more humane and integrated approach to models of care. The framework asks us to question what is happening and for what purpose by asking ‘what is the challenge or problem we are attempting to address’, ‘whose interests are being served’, ‘what does the data tell us’ and ‘are we (as individuals, communities and organisations “fit for purpose?”’.

Health Policy Settings in China: Political versus Economic Considerations

Gordon LIU

MOH Yangtze River Scholar in Economics of Peking University (PKU) National School of Development

Vice Dean, PKU Faculty of Economics and Management

Director, PKU China Center for Health Economic Research

Correspondence: Professor Gordon LIU (gordonliu@nsd.pku.edu.cn)

Abstract

Since 2009 when China launched its state health reform plan, the most remarkable progress must be the establishment of the universal health insurance coverage for nearly over 97% of the population. Among all conditions, the political commitment with public finance serves the most driving force for the accomplishment. However, the state-led universal health coverage also must always deal with the challenge of tradeoffs between committed goals and budget constraints. As a result, while economic cost-benefit evaluations of medicine are increasingly called for in various health policies on the one hand, government agencies also often intervene with regulated measures on the other hand. The most recent such intervention is the mandatory inclusion of 17 oncology drugs for the national insurance, resulting from the direct negotiations between the government and manufactures. While it is perceived as good news from the patient humanistic view, it remains a serious question from economic perspective. Using the quality adjusted life years (QALY) as a standardized measure of health outcomes, our research finds that the average cost of gaining a QALY would be as high as \$21,308 for oncology products as compared to \$8,655 for all medicines, and even cost savings for the treatment of endocrine and metabolic diseases. Our economic questions are further echoed by some local government insurance agencies concerning the affordability and deficit issues under the public budgetary constraint. Thus, in order to be sustainable and efficient, the state insurance policy settings may have to consider greater room for economic assessment.

Towards a More Humanistic Model of Care: A Case Study of Hong Kong's Long Term Care System

Peter P. YUEN

Dean, College of Professional and Continuing Education (CPCE)

Professor, Department of Management and Marketing, The Hong Kong Polytechnic University

Correspondence: Professor Peter P. YUEN (mspeter@cpce-polyu.edu.hk)

Abstract

This paper describes the context and the existing delivery and financing systems of long term care in Hong Kong. It presents evidence highlighting the inadequacies and inefficiencies of the existing system and points out the underlying causes of the problems. It evaluates the recent initiatives by the Government to address some of these problems – pilot schemes in social care; district health centres, public-private-partnership schemes etc. -- and concludes that they are likely to be inadequate and non-sustainable in the longer term. The paper suggests a number of ways forward in terms of the governance, financing and delivery in order to achieve a more humanistic, holistic and integrated long term care system for Hong Kong.

Plenary Session– Issues in Asia-Pacific

Integrated Care Across Boundaries – Experience and Lessons from Australia

Zhanming LIANG

*Senior Lecturer, School of Psychology and Public Health, La Trobe University
President, the Society for Health Administration Programs in Education; Australia
Fellow, Australian College of Health Service Management*

Correspondence: Dr Zhanming LIANG (z.liang@latrobe.edu.au)

Abstract

Internationally, improved integration of care and service delivery across boundaries between primary, community, allied health and hospital care is key to the sustainability of healthcare systems. Systems integration is critical for shifting the paradigm from volume to value care and extending beyond health into social care and support. By bringing together critical resources and processes to provide customised services to people using a patient-centred integrated care approach, health services are more responsive to changing needs and can optimise the outcomes for patients, healthcare providers and systems. In the past decade, improved integration of care has been the ‘blueprint’ guiding health reform in Australia for building a strong primary care infrastructure and a strong public health sector, and, crucially, a higher level of integration between the two. The presentation will explore the efforts taken in Australia in particular and discuss the lessons learnt and the challenges facing ahead.

Pharmacovigilance and Participatory Medicine through Social Media – We are Still not There

Francesca QUATTRI

Associate Professor, School of Foreign Languages, Jiangsu University, Jiangsu Province, China

Correspondence: Dr Francesca QUATTRI (PhD in Applied Linguistics from PolyU and post-doc in Medical Education; Chang Gung Medical Education Research Center, Linkou, Taiwan)(quattri.francesca@gmail.com)

Abstract

Turning citizens into patients may be unnecessary and premeditated. We talked about this in last year’s CPCE conference, where we discussed some results we collected on disease branding. We framed this practice as hazardous, pervasive and profiting from poorly regulated (mis)information.

We detected a staggering number of symptoms and diseases that we should be aware of and diagnosed. Then, we went a step further.

A humanistic approach to medicine lays its foundation on the importance of human (alias patients') needs and values. Shared medical decision making shall foresee healthcare professionals, regulators and policy makers jointly care for and value patients' opinions.

Is this the case? In part.

The good news is that patients are talking, sharing and reporting their first-hand encounters with medicine, their treatments, and post-marketing experiences. In our digitalized era, thousands do so on the daily, on- and offline. The unknown is whether producers policymakers and regulators are listening to them and taking action to respond to their worries.

For this research, we focused on one chronic disease that we detected through the disease-mongering study and focused on a vaccine-preventable ailment. We followed the users' and patients' tweets, those in favor and those against the vaccine, as collected around a specific timespan. We then followed, over several months, the public presence of producers, regulators, selected governments, to see whether any action was undertaken to reflect concerns on the matter. Our study suggests that no significant changes were made in the marketing communication, production or distribution of the same drug, although some other action was noticed. The latter hints at interest on the subject but also, possibly, at vested interests.

This work wants to acknowledge and understand the dialogue, on social media, of users of a suggested vaccine and compare it with the mainstream information and action by producers, regulators and selected policymakers.

Disclaimer: The author declares no conflict of interests. The content of this speech was previously presented at the Preventing Overdiagnosis Conference (PODC) 2018, 20-22 August, Copenhagen, co-sponsored by the World Health Organization, and a similar abstract (longer, structured) published by BMJ Evidence-Based Medicine, vol. 23 supplement 2.

Direct Medical Costs for Patients with Schizophrenia: A 4-year Cohort Study from Health Insurance Claims Data in Guangzhou City, Southern China

Hui (Vivienne) ZHANG

Assistant Professor, Sun Yat-Sen University, School of Public Health, Guangzhou 510080, China

Correspondence: Dr Vivienne ZHANG (zhanghui3@mail.sysu.edu.cn)

Abstract

Background: Schizophrenia is one of the leading public health issues in psychiatry and imposes a heavy financial burden on the healthcare systems. This study aims to report the direct medical costs and the associated factors for patients with schizophrenia in Guangzhou city, Southern China.

Methods: This was a retrospective 4-year cohort study. Data were obtained from urban health insurance claims databases of Guangzhou city, which contains patients' sociodemographic characteristics, direct medical costs of inpatient and outpatient care. The study cohort (including all the reimbursement claims submitted for schizophrenia inpatient care during November 2010 and October 2014) was identified using the International Classification of Diseases Tenth version (F20). Their outpatient care information was merged from outpatient claims database. Descriptive analysis and the multivariate regression analysis based on Generalized Estimating Equations model were conducted.

Results: A total of 2,971 patients were identified in the baseline. The cohort had a mean age of 50.3 years old, 60.6% were male, and 67.0% received medical treatment in the tertiary hospitals. The average annual length of stay was 254.7 days. The average annual total direct medical costs per patient was 41,972.4 Chinese Yuan (CNY) (\$6,852.5). The inpatient costs remained as the key component of total medical costs. The Urban Employee Basic Medical Insurance enrollees with schizophrenia had higher average costs for hospitalization (CNY42,375.1) than the Urban Resident Basic Medical Insurance enrollees (CNY40,917.3), and had higher reimbursement rate (85.8% and 61.5%). The non-medication treatment costs accounted for the biggest proportion of inpatient costs for both schemes (55.8% and 64.7%). Regression analysis suggested that insurance type, age, hospital levels, and length of stay were significantly associated with inpatient costs of schizophrenia.

Conclusions: The direct annual medical costs of schizophrenia were high and varied by types of insurance in urban China. The findings of this study provide vital information to understand the burden of schizophrenia in China. Results of this study can help decision-makers assess the financial impact of schizophrenia.

Keywords: schizophrenia; direct medical costs; cost of illness; health insurance; China

Implementation of community care policy in South Korea: will it be achieved?

Dongwoon HAN

Department of Global Health and Development, Graduate school, Hanyang University

Hanyang University Institute of Health Services Management

Department of Preventive Medicine, Hanyang University College of Medicine, 222 Wangsimni-ro, Seongdong-gu, Seoul, 04763, South Korea

Correspondence: Professor Dongwoon HAN (dwhan@hanyang.ac.kr)

Abstract

A rapidly aging population along with the increasing burden of patients with chronic conditions, has led to a sharp increase in the demand for care in South Korea. These needs are not well met within existing care models. Moreover, overall care delivery remains fragmented and diverse. Under new government, “community care”, the provision of home and community based social services, is the subject of major policy debates. This policy on community care is aimed at expanding community engagement for all to live together.

This presentation aims to introduce the Korean government policy with respect to home and community based social services. It also looks at the development of Korean government's policies in relation to new models of care to balance increasing demand for improved health and social care services against reducing public expenditure. It discusses the policy implementations, gaps, and critiques in developing community care model and services. It will pose some questions on the way forward for age-friendly community care plan in Korea.

Dying-in-Place: Advancing End-of-life Care in Hong Kong

LAM Ching-choi, BBS, JP

Chief Executive Officer, Haven of Hope Christian Service; Member of the Executive Council, HKSAR

Correspondence: Dr LAM Ching-choi (drcclam@hohcs.org.hk)

Abstract

Currently in Hong Kong, over 90% of deaths occur in hospitals. Unlike people in other developed countries or regions like the UK, the US, Taiwan and Japan, Hong Kong people are seldom aware that they can choose where to spend their last days - at home, in nursing homes in the community or in hospitals. Ageing-in-place has long been advocated by the Hong Kong government, dying-in-place is equally important.

To explore options of not dying in hospitals, Haven of Hope Christian Service (HOHCS) commissioned the University of Hong Kong to conduct a research regarding a pioneer Dying-in-Nursing-Home program conducted in one of HOHCS' nursing homes. From 2000 to 2017, 111 residents, 9.6% of the total deaths of residents, passed away in the more familiar and comfortable setting of the nursing home.

Family of dying patients could spend more time accompanying by their beloved ones, not restricted by normal visiting hours, while patients could be taken care of by staff familiar with their preferences and habits. Patients could pass away peacefully and comfortably, without receiving unnecessary life-sustaining treatments. The choice of "good death" should be made available to all people in Hong Kong.

The transformation requires cross-sectoral collaboration to disrupt our legislation, operational hindrance and cultural barriers etc. to make dying-in-place a real option. The Hong Kong Government has commissioned the Chinese University of Hong Kong to study the viability of rebuilding the end-of-life care model in Hong Kong, and public consultation would soon commence.

One in three Hong Kongers will be aged 65 or above in a decade' time. As we shape a more humanistic, holistic and integrated model of care, end-of-life care and dying-in-place should be made a key topic in the public discourse, to prepare us to embrace the upcoming grey tsunami.

PARALLEL SESSIONS

A. Lifelong Learning and Health

A1. Lifelong Learning and Healthy Aging: The Conceptual Underpinning and Strategy of a University-based Model

Daniel W. L. LAI

PhD, Chair Professor of Social Work and Gerontology, Head of Department of Applied Social Sciences, Director of Institute of Active Ageing, The Hong Kong Polytechnic University, Hong Kong

Correspondence: Professor Daniel W. L. LAI (d.lai@polyu.edu.hk)

Abstract

The benefits of engagement in lifelong learning extend beyond knowledge acquisition and self actualization, with research evidence pointing to its positive health impacts and outcomes. A well organized and holistic approach to lifelong learning is critical to enable broad-based participation of aging learners. However, there is a lack of systematic exploration of the conceptual and strategic underpinnings of lifelong learning models. This presentation will first provide a systematic review of evidence illustrating the importance of lifelong learning for enhancing the health and wellbeing of older adults. This provides a framework for presenting a community-based lifelong learning platform established by the Institute of Active Ageing, which is used to illustrate the critical conceptual basis connecting lifelong learning and the health and wellbeing of older adults. Strategic approaches of capacity building, co-creation, and empowerment will be examined to showcase a lifelong learning model that can drive future learning and health promotion. This presentation sets the stage for three research studies that examine the relationships between lifelong learning and health-related benefits in different learning settings and contexts.

A2. Back to the Campus: Implications of an Intensive Lifelong Learning Experience for Wellness among Older Learners in a University Setting

Vincent W. P. LEE*, Emma LIU, Gary H. F. WAI, Yongxin RUAN

Department of Applied Social Sciences, The Hong Kong Polytechnic University, Hong Kong

* Correspondence: Dr Vincent W. P. LEE (vwp.lee@polyu.edu.hk)

Abstract

Lifelong learning has been found to be beneficial in helping people, particularly older adults, to stay healthy, stay connected with others, and develop more cohesive social networks. Taking courses and participating in educational activities also enables older adult to acquire new knowledge, cultivate interest in further studies, and feel more self-efficacious, fulfilled, and optimistic. In Hong Kong, various historical, sociocultural, and economic constraints

have meant that many older people did not have the opportunity to take part in higher education in their youth. Busy work lives and long working hours have also meant that many older adults did not have the chance to engage in continuous lifelong learning.

The Institute of Active Ageing at Hong Kong Polytechnic University has conducted an annual Summer Mini-U programme since 2011, providing a lifelong learning experience in a university setting for people aged 50 and above. This consists of an intensive two-week programme with classes on academic subjects, experiential learning activities, and a formal graduation ceremony. This research examined the learning experience of older learners who took part in the MiniU programme, and sought to understand how this learning experience affected their psychological and physical wellness. Qualitative semi-structured interviews were conducted with 30 participants who took part in the MiniU program in the summers of 2017 and 2018. Thematic analysis was conducted to identify relevant themes and concepts associated with the research objectives.

Almost all participants described the MiniU programme as very practical and useful. The programme's health-related content helped them to gain knowledge of how to improve their health and resolve some of their problems by applying health-related knowledge learned from the classes. The programme also motivated some participants to take up outdoor activities and learning, which could be beneficial to their health. Most participants also believed that their interpersonal relationships improved after participating in the programme, as their participation in a lifelong learning programme in a university setting was a topic to share with their friends and family members, enhancing their relationships with friends, children, and grandchildren.

These findings support the value of lifelong learning in a university setting as an invaluable experience for older adults. The unique setting and learning environment that a university offers to older learners provides them with an opportunity to pursue experiences in higher education. Although the primary target of universities is young people, co-sharing of university spaces to enable older people to engage in lifelong learning is a creative approach that could motivate them to be more active and healthy.

A3. Healthy Aging and Community Learning – Findings from Lifelong Learning Courses

Jessica J. LI^a, Daniel W. L. LAI^{ab*}, Alison X. OU^a

^a *Department of Applied Social Sciences, The Hong Kong Polytechnic University, Hong Kong*

^b *Institute of Active Ageing, The Hong Kong Polytechnic University, Hong Kong*

* Correspondence: Professor Daniel W. L. Lai (d.lai@polyu.edu.hk)

Abstract

Reduced social connectedness is an emerging problem faced by older adults, which is harmful to their physical and mental health. Lifelong learning is a potential opportunity to increase older adults' social connectedness by creating a classroom-based community, and accordingly promote older learners' well-being. This exploratory study aimed to understand

the association between older adults' perceived classroom connectedness (CC), and their emotional well-being, including happiness and loneliness.

A total of 482 headcount of Hong Kong Chinese older adults registered for classroom-based courses in a variety of topics offered from April to July 2018. They were invited to fill in a questionnaire in the final session of the course, and 343 questionnaires were collected with a response rate of 71.2%. For those who have attended multiple courses and filled in multiple questionnaires, information from only one questionnaire is randomly chosen for analytic use. Eventually, 200 valid questionnaires were used in the data analysis. Classroom connectedness was measured by the connectedness subscale of Classroom Community Scale (CCS). Happiness was measured by the validated single-item self-reported measure. Loneliness was measured by the De Jong Gierveld 6-item scale measuring social and emotional loneliness. Methods including descriptive statistics, bivariate correlation, and linear regressions were adopted. Two-way ANOVA was used to test whether there are any moderating effects of socio-demographic or course-related factors.

Descriptive statistics show that the participants perceive a high level of classroom connectedness. The bivariate correlation shows that CC is related to a lower level of social loneliness and a higher level of happiness. Linear regressions show that CC is positively related to higher level of happiness among older learners, controlling demographic characteristics and loneliness. Two-way ANOVA shows that the total length of the course moderates the relationship between CC and older adults' social loneliness. Specifically, CC perceived by older adults enrolled in courses with a greater length has a stronger association with reduced social loneliness.

Even though this study is cross-sectional in nature and its sample size is relatively small, it carries some implications for future research and practice. Importantly, as social isolation is an emerging problem faced by older adults, how to enhance social connectedness in the context of a classroom and its influence on psychosocial well-being of older learners, such as reduced loneliness, need more examination by longitudinal and experimental studies in the future. Moreover, it is of potential importance to compare the health outcomes of lifelong learning programs in different modes, such as length as found in this study.

A4. Achieving the Impossible? Empowerment-based Learning to Enhance Health and Capacity of Mature Learners

Alla LAU, Daniel W. L. LAI*, Gary, H. F. WAI, Yongxin RUAN

Department of Applied Social Sciences, The Hong Kong Polytechnic University, Hong Kong

* Correspondence: Professor Daniel W. L. Lai (d.lai@polyu.edu.hk)

Abstract

Taking part in physical activities is beneficial to older people. Previous research has demonstrated that for older people, participation in physical activities help improve physical fitness and functional capacity, reduce risk of chronic conditions or diseases and

disease-related disability, increase life expectancy, and lower risk of early mortality. Yet there is a misperception that older people are generally weak and frail, requiring special attention and care when activities are designed and organized. This research aims to examine the use of outdoor intensive physical activities as an approach to empower the physical, mental, and social capacity of older people. The study's objective was to examine the health and wellbeing outcomes of participants who took part in a specially designed intensive outdoor physical activity program. A quasi-experimental before-after design was used to measure the changes of all the 21 participants in various health and wellbeing aspects. Qualitative face-to-face interviews were also conducted with 17 participants after the program to examine their experience and perceived impact of taking part in this intensive physical activity program. The results of all the 21 participants have indicated that after participating in the intensive outdoor physical activity program, self-rated physical health was significantly improved for participants with a post-secondary education level but decreased for those with secondary and below level education. Perception of self-image has also significantly enhanced for those who live in public and subsidized housing, not for their counterparts living in private housing. Most of the participants who completed the qualitative interviews reported benefiting from an embodiment of team spirit, forming bonds with others, and acquiring new skills from taking part in the outdoor physical activity. Other key benefits included achieving unfulfilled wishes, enjoying beautiful scenic environments, gaining confidence, and having a new experience. Qualitative data also showed major shifts in participants' perspectives after the outdoor physical activity. Participants reported changes on perspectives regarding their plans for future, self-efficacy, connection with others, possession of materials, and personality.

A5. Higher Awareness of Healthy Lifestyle among Students from the New Academic Structure in Hong Kong

Joseph C. H. SO^{a*}, Karly O. W. CHAN^b, Victor, C. W. Chan^a

^a *College of Professional and Continuing Education, The Hong Kong Polytechnic University, Hong Kong*

^b *Hong Kong Community College, The Hong Kong Polytechnic University, Hong Kong*

* Correspondence: Dr. Joseph C. H. SO (ccso@hkcc-polyu.edu.hk)

Abstract

The senior secondary education and higher education in Hong Kong has changed from the British system (3+2+2+3) to a new academic structure (3+3+4) since 2009/2010. The new academic structure emphasizes on a more flexible, coherent and diversified senior secondary curriculum. It aims to enable students to build a broader knowledge base and a more solid foundation for whole-person development and life-long learning.

The current study aimed to (i) compare the cohort from the old academic structure (Cohort 2010, entrants of the Hong Kong Advanced Level Examination) and the cohort from new academic structure (Cohort 2015, entrants of the Hong Kong Diploma of Secondary

Education) on the 14 categories of generic competencies (ii) compare these attributes among students from different divisions in PolyU Hong Kong Community College (HKCC).

Data were collected via Self-Assessment of All-Round Development (SAARD) questionnaire which consisted of 28 items were distributed to students who commenced their studies in Cohort 2010 and Cohort 2015 on a self-administered basis.

Each participant gave their opinion of how well they thought that they were able to accomplish the different tasks indicated in the statements, according to a 7-point Likert scale (1 = not well at all; 7 = very well). A total of 4424 students in the two-year sub-degree programmes offered by a Community College in Hong Kong were surveyed immediately after admission, comprising 1423 students from Cohort 2010 and 3001 from Cohort 2015. Data were analyzed with t-test to compare between two cohorts. Further analyses were done among 3 divisions' students: business (BUSS), communication and social science (CSS), and science and technology (S&T). A p-value (2-tailed) of less than 0.05 was interpreted as statistically significant.

When comparing Cohort 2015 to Cohort 2010, significantly higher score was observed on five areas including teamwork, global outlook, social and national responsibility, entrepreneurship and healthy lifestyle. Significantly lower score was observed on the other five areas including problem solving, critical thinking, leadership, communication and interpersonal effectiveness. Students from all divisions unanimously showed higher perceived rating on social and national responsibility and healthy lifestyle.

With the elimination of one public examination in the senior secondary education, students are expected to have more time to enrich their learning experience and learning effectiveness. The newly included components such as other learning experiences (OLE) and applied learning (ApL) courses were believed to contribute to the different responses of the two cohorts. The new academic structure was particularly successful on promoting healthy lifestyle and social and national responsibility. On the other hand, the lower rating areas gave insights for the tertiary education sector to formulate policy on student development services to supplement the new academic structure.

B. Community and District Health Practice and Their Effectiveness

B1. Community Health Coaching Integration in District Health Management of Non-Communicable Diseases, Thailand

Patcharin SIRASOONTHORN^{a*}, Watcharabon BUDDHARAKSA^b, Phudit TEJATIVADDHANA^c

^a *Department sociology and anthropology, Faculty of social sciences, Naresuan University, Thailand*

^b *Department political sciences, Faculty of social sciences, Naresuan University, Thailand*

^c *College of health system management, Naresuan University, Thailand*

* Correspondence: Professor Patcharin SIRASOONTHORN (patcharins76@gmail.com)

Abstract

Health systems in Thailand are undergoing considerable change, often in a context of ongoing national politics and health reforms. This article argues that without community empowerment solely policy planning might not bring sustainability to district health system. By adopting participatory learning appraisal approach (PLAA), the researchers develop health coaching model and integrating in district health management of non-communicable diseases, diabetes and hypertension, in Thailand. The model has been adopted and tested in Kosumpinakorn, a district in Kamphengphet located in lower northern Thailand. Considering district health system (DHS) as a priority in community health management, the researchers apply transformative learning theory by using problem-experience-skill based adult learning for five groups of active health actors. These include district health officers, district health volunteers, academic consultants, representatives from local administration or local political leaders, and community health idols. These groups are identified as the “Health Coaching Team (HCT)”. The district health coaching system (DHCS) are flexible and applicable across the target area. It covers character building, principles, key performance indicators, empowerment process and tools. To establish community learning platform, six workshops of community health practice have been organized by HCT. Each workshop was systematically evaluated by academic consultants using empowerment evaluation.

As a result, four district health coaching modules are synthesized and meant to be used as generic materials based on socio-cultural context and community demands. The modules aimed to strengthening HCT by expanding health coaching network. They include Module one: lesson learnt and developing community of health practice which comprises three units: problem-experience-skill based adult learning, expanding community health coaching network, and leadership and effective communications. Module two: district health system management comprises three units: partnership collaboration in primary health care, community health care management, and teamworking. Module four comprises three units: strategic planning and implementation, essential health package, and disaster preparedness. DHCS function includes stewardship in community system, resource sharing, community care and preventive service delivery, and community financing. Since the assessment is generally the responsibility of the HCT, the tools have been developed as practical self-assessment. The health coaching system is the evidence based for both operational and strategic planning processes for empowering both HCT and the district health officers. Regular supervision, monitoring and institutional research of academic consultants should be integrated into routine district health system management under the approval of district health board. To facilitate regular assessment, learning and sharing with neighboring districts could be the basis for enlarging community learning platforms as well as structural exchange of experience and solutions.

Keywords: Capacity Building, District Health Management, District Health Coaching Model

B2. Gramsci Theory and Health System Management: A Case Study of Kosamphi Nakhon District Health Service in Rural Thailand

Watcharabon BUDDHARAKSA^{a*}, Patcharin SIRASOONTHORN^a, and Phudit TEJATIVADDHANA^b

^a *Department political sciences, Faculty of Social Sciences, Naresuan University, Thailand*

^b *ASEAN Institute for Health Development, Mahidol University, Thailand*

* Correspondence: Dr. Watcharabon BUDDHARAKSA (watcharabonb@nu.ac.th)

Abstract

The study of public health and health system management has been dominated by positivist and medical science approaches. We argue that applying critical social science perspectives to the study of health sciences and health system management has been lacking. This paper applies the social theories of Antonio Gramsci to public health and health system management connecting social science perspectives with the study of health sciences and health system management. Antonio Gramsci's theories of common sense and historical bloc were applied to examine the dominant health system management in a case study of district health system service in the rural area of Kosamphi Nakhon in Kamphaeng Phet Province, Thailand.

Working under the 'District Health Startup' (DH Startup) project funded by the Thai Health Foundation between 2016 and 2018, we questioned the top-down and centralized health promotion policies of the Thai state seen as common sense policy by offering the more sustainable and humanistic model of 'Health Coaching Teams' (HCT) to promote health literacy as regards non communicable diseases (NCDs) in rural Thailand. We argue that the HCT could be seen as Gramsci's 'intellectuals' concept as they produce, transfer, and transform common senses in health behaviors via many active ways. The HCT plays crucial roles in rural transformative health literacy against both NCDs and other important health issues. Also, they act as the agency of change in both health behaviors and social-political development. The authors suggest that in order to develop a sustainable district health system, we should employ a more holistic, multidisciplinary approach to public health. We argue that bottom up policy processes in health promotion should be created. In addition, a more humanist and critical social sciences approach to public health and health system management should be reconsidered and encouraged. We have found that bridging Gramsci's social theories with public health management encourages creative perspectives and insights for health literacy promotion in rural Thailand.

Keywords: Gramsci, Intellectuals, Health System Management, District Health System, Transformative Health Literacy

B3. Establish Linguistic Validity of the Rapid Assessment of Physical Activity (RAPA) Questionnaire for Community-dwelling Older Adults in Hong Kong

Janet L. C. LEE^{a*}, Rainbow T. H. HO^{abc}

^a *Department of Social Work and Social Administration, The University of Hong Kong, Hong Kong*

^b *Centre on Behavioral Health, The University of Hong Kong, Hong Kong*

^c *Sau Po Centre on Ageing, The University of Hong Kong, Hong Kong*

* Correspondence: Ms Janet L. C. LEE (janet_lee@hku.hk)

Abstract

Aims and objectives

To validate a Hong Kong Chinese version of the Rapid Assessment of Physical Activity (RAPA) questionnaire.

Background

The Rapid Assessment of Physical Activity (RAPA) is a 9-item questionnaire used to assess and monitor the physical activity of adults aged 50 years and older. RAPA has been well received by geriatricians, nurse and social worker for research and program evaluations at the community support program[1]. Apart from English, the questionnaire was translated into Spanish, Vietnamese and Portuguese. A Hong Kong Chinese version was currently not available.

Methods

The original English version of RAPA was translated into Chinese with reference to WHO translation protocol [2] and translation protocol suggested by the author of RAPA [3]. The translation steps were as follows: 1) Permission from author 2) Forward translation from two independent translators 3) Reconciliation 4) Expert Panel 5) Backward translation 6) Cognitive debriefing 7) Final version

Results and Discussion

Researchers with the background in sports science and psychology forward translated the RAPA. Expert Panel composed of scale validation expert, an occupational therapist with scale development experience and expert in behavioural health rated the translation quality and gave suggestions to the translation. The translated version as backward translated by a researcher with a background in social work. Pilot testing and cognitive debriefing were conducted with 12 individuals aged range from 23 to 70 years old 50% male. Half of them aged 50 and above. Final version was finalised after incorporating comments from cognitive debriefing. The final version was tested among 15 community-dwelling elders aged 62-88 years old.

Conclusion

Linguistic validity was established. In this sample of older adults, most community-dwelling elders preferred RAPA to be read to them because of the problem of vision and literacy. In this sample, only 2 out of 15 community-dwelling elders were competent in completing the questionnaire by self-administration. All of them find the final version of the questionnaire understandable and clear. The final Hong Kong Chinese version of RAPA is ready to test on a larger scale for concurrent validity and test-retest reliability.

References

1. Topolski, T.D., et al., *Peer reviewed: the Rapid Assessment of Physical Activity (RAPA) among older adults*. Preventing chronic disease, 2006. 3(4).
2. World Health Organization. *Process of translation and adaptation of instruments*. Available from: http://www.who.int/substance_abuse/research_tools/translation/en/.
3. University of Washington. *Health Promotion Research Center*. The Linguistic Validation of the Rapid Assessment of Physical Activity]. Available from: <https://depts.washington.edu/hprc/wp-content/uploads/RAPA-translation-process.pdf>.

B4. Review on the Postural Treatment for Patients with Adolescent Idiopathic Scoliosis (AIS)

Sze-Ham WONG^a, Joanne YIP^{a*}, Kit-Lun YICK^a, Zerance S. P. NG^b, Kenny Yat-Kong KWAN^c

^a *Institute of Textiles and Clothing, The Hong Kong Polytechnic University, HungHom, Hong Kong*

^b *Division of Science and Technology, Hong Kong Community College, The Hong Kong Polytechnic University, Hong Kong*

^c *Department of Orthopaedics and Traumatology, Li Ka Shing Faculty of Medicine, The University of Hong Kong, Pokfulam, Hong Kong*

* Correspondence: Dr Joanne YIP (tcjyip@polyu.edu.hk)

Abstract

Objective

Adolescent Idiopathic Scoliosis (AIS) is the most prevalent form of three-dimensional spinal deformity, which affects 2% to 4% of children during their pubertal growth spurt. Such disease may not only bring them the posture and aesthetics problems but also impact their quality of life. Once mild idiopathic scoliosis has developed, it is indicated that the progression of the spinal curve of patients gets worse possibly before skeletal maturity. In order to minimize and control the rate of progression, different treatment are recommended to AIS patients depends on their spinal curvature. There are some specific exercises for scoliosis, especially focusing on postural re-education, such as physiotherapy and schroth exercise. It is because the asymmetric loading of the spinal deformities as well as reverse situation of spinal curvature progression can be reduced by correcting posture theoretically. Previous studies also pointed out that such postural re-education might benefit patients to control their spinal progression. After all, there are many various types of treatment focusing on corrective postures and most of them are diffused and rare. It is difficult to compare them and their effectiveness for AIS patients. Thus, this paper aims to review these treatments, including current evidence for the various kinds of postural re-education applying in AIS.

Methods

The recent articles and journals have been researched from PubMed and Web of Science for

evidence in terms of their effectiveness. Search strings were set as “Adolescent Idiopathic Scoliosis”, “spinal deformity”, “postural rehabilitation”, “posture”, and “Cobb’s angle”. Articles, which were written in English, published within the last 15 years (from 2003 until November 2018), and application of postural re-education for AIS, were selected for review.

Results

41 articles were found based on keywords of which 8 articles met the established eligibility criteria. According to the scores obtained from the Physiotherapy Evidence Database (PEDro) scale, six of these selected studies achieved the high quality randomized trial. Scientific Exercise Approach to Scoliosis (SEAS.02) exercises, active self-correction, task-oriented exercises, core stabilization training, 3D corrective spinal technique, schroth exercise, and aerobic exercise training were involved. This review revealed that there were limited studies on application of postural re-education in AIS. These studies revealed exercise interventions might benefit the patients with AIS, including reducing their Cobb angle, vital capacity, respiratory muscle strength, and even the quality of life. Most of selected studies (5 out of 8 studies) stated exercises were superior to no treatment or other traditional treatments such as conventional physiotherapy in reducing Cobb’s angle with significant difference after doing exercises for several weeks. The rest of them also shown the same trend.

Conclusions

Exercise program had a positive influence on AIS in arresting the progression of curve and reducing the deformity. However, it is difficult to compare the movement and effectiveness among these exercises that can reach the best improvement for each specific patient. As how to do the exercise correctly acts an important role in these mentioned exercises, limited exercises were developed without supervision or complicated instructions. Therefore, further studies on this area are required.

B5. Strengthening STEM and Arduino to Foster Integrated Cares in Hong Kong

Tiffany Ka-hang CHAN^a, Gabriel Hoi-huen CHAN^a, Simon Chi-wang WONG^a, Joseph Yui-yip LAU^{bc}

^a *Division of Science and Technology, Hong Kong Community College, The Hong Kong Polytechnic University*

^b *Division of Business, Hong Kong Community College, The Hong Kong Polytechnic University*

^c *European Centre for Social Responsibility, Constanta, Romania*

* Correspondence: Miss Tiffany Ka-hang CHAN (khtchan@hkcc-polyu.edu.hk)

Abstract

‘Integrated care’ refers to the concern to improve a quality of care and patient satisfaction along with the efficiency and value from health delivery systems (Shaw, Rosen, Rymbold, 2011). This study is mainly divided into three main phrases. The first phase discusses the result of the pilot study of using Arduino to measure health related data such as temperature, humidity and heartbeat by students in secondary schools and analysis their feedbacks.

Participated students (n=8) have no resistance and most of them are willing to use Arduino in their learning process. The second phase investigates the future development of bringing health care in school to the community and how the implementation of technologies in secondary schools can contribute to the community. By integrating Arduino and STEM (i.e., Science, Technology, Engineering and Mathematics) related knowledge, the study indicated approaches of improving patient experience and satisfaction. Depending on the strength and aspects of education policies, schools can carry out comprehensive assistance in integrated care development through STEM education. The third phase reviews current education policies on STEM and healthcare and to propose policy recommendations for the local community. In this study, the purposes are to alleviate the issues originated from ageing population which has raising incidence of chronic disease and to improve patient services with more harmonized and continuous care (Shaw, Rosen, Rymbold, 2011), to distribute a pilot study of the efficacy and effectiveness evaluation on implementing health education in secondary schools with advanced technologies as well as the continuity and future development of health education and to carry out a critical review on current education policies of health and technology.

Reference:

Shaw, S, Rosen, R, Rymbold, B. (2011). *An overview of integrated care in the NHS. What is integrated care?*. Retrieved from
[<https://www.nuffieldtrust.org.uk/files/2017-01/what-is-integrated-care-report-web-final.pdf>]

C. Ageing and Population Policy

C1. Ageing is Viewed with Trepidation, or is there an Alternative?

Florence H. C. HO

School of Professional Education and Executive Development, The Hong Kong Polytechnic University

Correspondence: Dr Florence H. C. HO (spfho@speed-polyu.edu.hk)

Abstract

With the challenges in connection to the ageing population becoming more apparent, it is imperative that we need to embrace and tackle the impending issues. First of all, there have been rumbling if Hong Kong should do away with the mandatory retirement age. Dr. Lam Ching-choi, Head of the Elderly Commission, suggests that those who are approaching the mandatory retirement age should be given the opportunity to extend their career, so that this valuable pool of human assets would be able to continue contributing to the society. Dr. Lam further pointed out that Hong Kong seems to have failed to cash in on the “silver economy” with 70% of the elderly citizens feel being let down by choices and services. While there are many elderly who may be struggling to make ends meet, for those who need residential care, the situation is equally tough. The provision of institutional facilities stands

out as a priority; at the same time service providers are facing serious shortage of care-takers. We should not just expect that these issues can be resolved with the swing of the magic wand. Elderly in Hong Kong are badly in need of a comprehensive policy, requiring multi-faceted efforts from the policy-makers, community, businesses, and service providers. The objective of this study is to explore some viable options amid the unique constraint that Hong Kong faces.

C2. Significance of Speech Therapy Service in Elderly Settings

Carol T. YUEN

Speech Therapist, The Hong Kong Society for the Aged

Correspondence: Miss Carol T. YUEN (carol.yuen@sage.org.hk)

Abstract

Out of 137 nations included in a recent study provided by the World Economic Forum, Hong Kong people live an average of 84.3 years from birth, ranked the first with the highest life expectancy. Conversely, deficits in swallowing, speech, language, communication and cognition emerge with normal aging and neurogenic diseases (mainly dementia, stroke and Parkinson's disease). For instance, 47 to 86% of late-stage demented patients manifest different severity of dysphagia (Chang & Roberts, 2008). These conditions are often overlooked, then possibly lead to fatal consequences such as aspiration pneumonia, malnutrition and dehydration. Indeed, the impairments and conditions can be substantially improved by proper therapy given by professional Speech Therapists.

The Hong Kong Society for the Aged (SAGE) has recruited full-time Speech Therapists (ST) since 2013 for serving residential elderly homes, day care centres and home care projects. The ST department is responsible for conducting assessments and periodic reviews, generating therapeutic plans to improve or maintain elders' abilities in speech, language and communication, oral motor, respiratory-phonation coordination, voice and swallowing. Apart from the mentioned conventional roles, ST moreover contributes to the quality of care (QoC) through dietetic supervision, hospital networking, staff training, service promotion and environmental modification. Contrary to popular belief, the residents in SAGE who are having pureed diet as well enjoy moon-cakes and other festival feasts with all other residents, with food modifications by the collaboration of STs, dietitians and cooks. Without an in-house ST and solely relying on ST service from Hospital Authority or outsourced STs, the scope of ST service would be underestimated and less patients would be reached. Recently in late 2018, HKSAR Government announced and released an additional funding provision to provide speech therapy services specifically for elderly service units, benefiting senior citizens with swallowing difficulties or speech impairment. The trend of institutions and organizations serving elders employing in-house STs is on an increase. The 5-year practical experience of SAGE's ST department provides us insights on the significance of speech therapy service in helping safeguard the health and welfare of the elders consistently, as well as illustrates the challenges and obstacles that encountered, and the possible solutions.

Sharing of ST service models, case studies, trans-disciplinary collaboration with other professionals, output and outcome reviews will be presented and discussed.

C3. The Role of Monitoring and Evaluation in Evidence-based Policy Making: Public-private Partnership in Chinese Healthcare Sector

Sam YU

Lecturer in Accounting & Finance, Soochow University International Cooperative Education Program, China

Correspondence: Dr Sam YU (samyu@suda.edu.cn)

Abstract

A series reforms aiming at promoting Public-Private Partnerships (PPPs) in Chinese health care infrastructure delivery have drawn vast attention from the public and academia. For instance, China has entered the aging society in 1999 and has been expected to reach the level of 400 million aging population, whose age are above 65 years old, becoming the most aged country (Chen et al., 2014). The data from National Bureau of Statistics shows that, in the past ten years, the number of aging population has grown from 104 million to 144 million. The old-age dependency ratio, which is the ratio of old-age population (65+) to working-age population (15-64), also rises from 11.0% to 14.3%, so each one hundred working-age people need to support the lives of 14 or 15 senior citizens in 2015. China's security system therefore no doubt faces the challenges of a low GDP per capita, an economic imbalance between costal and interior areas, rural to urban migration and the increasing amount of geriatric medical expenses.

Besides, as of the end of March 2018, there were 31 thousand hospitals, including 12,235 public hospitals and 19,139 private hospitals. Compared with the end of March 2017, the number of public hospitals decreased by 373, and private hospitals increased by 2,332. There are 939 thousand medical and health institutions at the primary level, including 35 thousand community health service centers (stations), 37 thousand township health centers, 633 thousand village health rooms and 216 thousand clinics (medical rooms). Compared with the end of March 2017, community health service centers (stations) and clinics increased, township hospitals and village clinics decreased. There are 20 thousand public health institutions, including 3,460 centers for disease control and prevention and 3,148 health supervision centers. Compared with the end of March 2017, the centers for disease control and prevention (CDC) decreased by 27, and the health supervision centers (centers) increased by 14, according to various media resources.

However, due to the existence of imperfect information, constraints on sub-national governments and various stakeholders' self-interested nature mean that the socially desirable outcome is hard to achieve when co-ordination failed (Adams et al., 2006), in particular when delivering health care services. Questions remain unanswered such as: is it a joint ownership

of a health care project / proposal by two or more stakeholders that really aim to achieve a common goal? Will such partnership generate a higher level of collaboration that delivers better and more balanced health care services to the community in China in a sustainable manner?

This paper aims to highlight the importance of the co-ordination of health care resources in inter-regional public service network in China from evidence-based policy making perspective and tries to detect some potential defects of the regional co-ordination in the on-going health care projects planning and delivery nationwide based on PPP models. Some suggestions on improving the effectiveness of institutions for better regional co-ordination by implementing “evidence-based policy making tools” are also provided.

Keywords: Public-Private Partnerships, health care, institution, evidence-based policy making, stakeholders

C4. Policy and Financial Regulatory Measures for Integrated Reporting by Private Healthcare Providers

Artie W. NG, Vincent T. LAW*

School of Professional Education and Executive Development, The Hong Kong Polytechnic University, Hong Kong

* Correspondence: Dr Vincent T. LAW (spvinlaw@speed-polyu.edu.hk)

Abstract

Financial regulators and credit rating agencies around the world have developed guidelines and standards to reveal Environmental Social Governance (ESG) performance in order to enhance quality disclosures for evaluation by the stakeholders. Hong Kong has adopted policy and regulatory measures for all publicly listed companies, including private healthcare providers, to provide ESG reporting and related disclosures to their stakeholders. It is argued that, more than the other sectors, private healthcare companies should be deemed accountable for a range of specific ESG issues directly linked to the well-being of customers. Considering these companies as responsible investing vehicles, this paper outlines pertinent reportable information, such as product responsibility, quality of healthcare services, assurance of safety procedures, as well as professional and system integrity beyond ESG compliance. With reference to the UNPRI Framework, an integrated reporting model of private healthcare providers is envisaged for economic and social sustainability of the private healthcare sector beyond the legitimacy theory.

Keywords: Sustainability performance, private healthcare providers, ESG reporting, responsible investing, integrated reporting

C5. Transition of Hospital Acute-Centric to Long Term Care in an Ageing Population in Hong Kong – Is It an Issue of Policy, Governance or Service Gap?

Tommy K. C. NG^{a*}, Ben Y. F. FONG^a, Catherine K. Y. KWONG^b

^a *Centre for Ageing and Healthcare Management Research (CAHMR), School of Professional Education and Executive Development, The Hong Kong Polytechnic University, Hong Kong*

^b *School of Professional Education and Executive Development, The Hong Kong Polytechnic University, Hong Kong*

* Correspondence: Mr Tommy K. C. NG (kctng@speed-polyu.edu.hk)

Abstract

Health expenditure at around 5.7% GDP is low for a developed society like Hong Kong, which is unique in having a dual track of public and private services in its health care system. Such phenomenon has been fairly steady over the last three decades, apparently not affected at all by a major change in the Government in 1997. The public and private sectors have nearly equal share of the total health dollars consistently over the years, despite the increase of Government's annual spending from 11% to 17% since 1990, or from 10 to 60 billion Hong Kong dollars, implying a similar trend in the private sector, which is funded predominantly by out of the pocket expenses with some insurance contribution, mostly through employee benefits. However, Hong Kong has a rather unexpected result of achieving the longest life expectancy in the world among its residents in this tiny, crowded city, that is full of stressful urban life and activities. It has resulted in the increase in the demand for health and long-term care, casting doubt on whether the traditional model of financing and delivery of care will face huge problems in terms of sustainability, patients' best interests, and equity. The authors have examined the issues of policy and governance system in the health system with respect to these problems in the rising elderly population in Hong Kong. The Government has pledged that policies are carried out effectively to protect and promote public health, provide lifelong holistic health care to every citizen of Hong Kong, and ensure that no one is denied adequate medical treatment due to lack of means, a stance in existence for decades and being reflected by the steady state of public and private share of health expenditure in the health system, which has undergone changes on the delivery and management of health care services accordingly to meet the needs of modern society, arising from increasing aging populations, limited resources, technological advancements and higher patient anticipations, etc. Apart from two major re-structuring of the governance system, i.e. management of all public, heavily funded hospital services under the statutory Hospital Authority in 1991 and reshuffling of policy secretariats in 2000, there has been little, if any at all, change in the service provision organisations. With a long time policy and steady state structure, the system is often criticised for being heavily hospital-based and acute-centric, particularly in the public services. On the other hand, primary care is taken up predominantly by the private sector, but mostly in clinical services, not focusing on prevention or education. Thus it is apparent that there is a significant service gap, that needs to be examined and addressed systematically before a practical solution can be formulated, although it appears that a more holistic, humanistic and better integrated system of care, with innovative care patterns, shall be the way forward, supported by political commitment and appropriate governance frameworks.

D. Accreditation and Safe Practices

D1. Building a Safe Medication Management Service for the Elderly in Elderly Homes and in the Community

Shao-haei LIU^a, Sau-chu CHIANG^{b*}, Kei-hong SO^b

^a *Hong Kong College of Health Services Executives, Hong Kong*

^b *Hong Kong Pharmaceutical Care Foundation, Hong Kong*

* Correspondence: Ms Sau-chu CHIANG (scchiang.ppi@outlook.com)

Abstract

There are 1.17 million people aged 65 or above in Hong Kong, with over 90% living in the community and the remaining institutionalized.¹ The elderly in the community are facing many medication problems, including polypharmacy², non-compliance³, failure to understand dosage instructions, and poor general medication knowledge. The traditional and manual medication handling process in Residential Care Homes for the Elderly (RCHes) is also tedious, labor-intensive, and error-prone. Information and Communication Technologies (ICT) can be utilized to build a safer medication management plan for both institutions and homes.

Hong Kong Pharmaceutical Care Foundation (HKPCF), a charitable organization, has developed a system for medication management in RCHes. First, the electronic profile will be built up by entering information of the collected drugs with the aid of a comprehensive database and intelligence, complete with drug image, common dosage instructions, interaction checking, etc. The packaging step can be done traditionally by medicine cups or Webster-pak with guidance from tablet app. The system can also interface with Automated Tablet Dispensing & Packaging System (ATDPS) for more efficient and accurate workflow. The checking step is guided by the app too. Finally, paper-based or electronic Medication Administration Record (MAR) can be used for the administration. Use of facial recognition is planned in the future to ascertain residents' identity during administration.

To cater for the majority of the elderly who are living in the community, another model is proposed. The elderly can bring their medications dispensed from hospitals and clinics to a pharmacist (e.g. in District Health Centres, DHC), who will perform medication reconciliation with the help of the system. Then, their medications may be repackaged into multi-dose pouches using ATDPS. A smart home drug dispenser can dispense the correct pouch with alarms at each of the right drug administration times. Smartphone applications will also be developed for drug administration record checking.

To conclude, with the help of ICT, a safer medication management service can be used at both institutions and the elderly in the community. This can improve medication adherence with better control on chronic diseases and related hospitalizations^{4,5}, and reduce the pressure of caretakers.

References:

1. Research Office, Legislative Council Secretariat. Statistical Highlights: Residential care

- services for the elderly. 2017. ISSH22/16-17. <https://www.legco.gov.hk/research-publications/english/1617iss22-residential-care-services-for-the-elderly-20170314-e.pdf>. Published 2017 Mar 14. Accessed 2018 Dec 13.
2. Leung DY, Bai X, Leung AY, Liu BC, Chi I. Prevalence of medication adherence and its associated factors among community-dwelling Chinese older adults in Hong Kong. *Geriatr Gerontol Int*. 2015 Jun;15(6):789-96.
 3. Lee VW, Pang KK, Hui KC, Kwok JC, Leung SL, Yu DS, Lee DT. Medication adherence: is it a hidden drug-related problem in hidden elderly? *Geriatr Gerontol Int*. 2013 Oct;13(4):978-85.
 4. Col N, Fanale JE, Kronholm P. The role of medication noncompliance and adverse drug reactions in hospitalizations of the elderly. *Arch Intern Med*. 1990 Apr;150(4):841-5.
 5. Gurwitz JH, Field TS, Harrold LR, et al. Incidence and preventability of adverse drug events among older persons in the ambulatory setting. *JAMA*. 2003 Mar 5;289(9):1107-16.

D2. Big Data and Evaluation for Hospitals in Greater Bay Area (大數據與粵港澳大灣區醫院評價)

Dr Eric CHONG

CEO, Guangzhou Asclepius Management Consulting Co. Ltd.

艾力彼醫院管理研究中心主任；中國器官移植發展基金會副秘書長；中國研究型醫院學會 QSH 管理專委會副主委；中國衛生資訊與健康醫療大數據學會中醫藥專委會常委；中國醫院協會原副秘書長；數家大學客座教授，開設“醫療大數據與第三方評價”；“中國醫院競爭力”排名、星級醫院評價、HIC 評價、BHI 評級、品質與安全 HQ-share 創始人之一

Correspondence: Mr Roy ZHENG (roy.zheng@ailibi.com)

Abstract

隨著粵港澳大灣區建設的逐步推進，大灣區的大健康、大融合邁上了新臺階。但大陸與港澳的社會管理體制有所不同，監管部門對醫療服務的管理機制也有所差異，如何以統一的標準去橫向比較粵港澳地區醫院的水準成為一個難題。因此，在粵港澳大融合的新形勢下，建立一套標準化的醫院競爭力評價指標體系勢在必行。

基於廣州艾力彼醫院管理顧問有限公司近 10 年對超過 3000 家醫院進行競爭力評價的數據和經驗積累，本報告探究一套操作性強的、標準化程度高的醫院評價體系，共有醫療技術、資源配置、醫院運行、學術影響力等 4 個一級指標，並篩選出 ICU 床占比、平

均住院天數、床位使用率、醫療旅遊病人占比、學術領袖占比等 17 個可跨粵港澳地區使用的二級指標，同時依據指標體系計算併發布了“粵港澳大灣區最佳醫院 50 強”。本報告還將根據排名結果，對“粵港澳大灣區最佳醫院 50 強”進行多維度分析，探究粵港澳大灣區醫院競爭力的異同，為大灣區的大健康、大融合建言獻策。

D3. Health Service Planning in Greater Bay Area: Case Study of Running Health Clinics in Shenzhen (從運營深圳醫療機構的個案分析看大灣區醫療服務規劃)

Hubert C. H. WONG

Founder and CEO, Globalclinic

Correspondence: Dr Hubert C. H. WONG (hubertwongch@yahoo.com.hk)

Abstract

There are increasing need and demand for high quality primary care in China especially in the Greater Bay Area. Effective health care system of Hong Kong and international standard of diagnostic and therapy skill of local doctors attract a lot of patients to Hong Kong for treatment. The recognition of Hong Kong model of health service posts big opportunities to health care operators and investors. Expanding the existing services or opening the new medical facilities are the trend we saw in Hong Kong. However, traveling to Hong Kong is not convenient for most of local people, especially patients. The advocacy of using the Hong Kong model of family medicine and private outpatient clinics in China posted both opportunities and challenges for the operators and investors.

In 2009, Ministry of Health of China has officially announced opening the market of health care to foreigners and Hong Kongers. 10 years have passed. We cannot see successful health care facilities or models run by foreign operators or Hong Kong operators. Ongoing changing policy and intransparent regulations and rules hinder or hamper health care investors to invest in China.

With the initiative of Greater Bay Area, health care cooperations in the region are becoming the trend. More policies will tailor for Hong Kong and Macau health care operators. However, unfamiliar with the most updated regulations and rules will put your investment at risk. With the use of a case study of eight years of experiences in running health care clinics in Greater Bay Area, both challenges and opportunities as well as unique issues are addressed in an attempt to fit in the market gap and give a short cut to those who are interested in investing or operating health care facilities in those areas.

D4. Crisis Response and Reputation Management: A Case Study in Hong Kong

Edmund T. M. WUT

Abstract

Kowloon Hospital established in 1920 and its major provides acute and extended-care service. The hospital is managed by the Hospital Authority which operated by the Hong Kong government and belongs to Kowloon Central Cluster (Kowloon Hospital, 2018).

According to Cheung (2018), the cancer patient, Wang Keng-Kao, was transferred to Kowloon Hospital for medical treatment after doing “Total Laryngectomy” surgery at Queen Elizabeth Hospital in 2011. It has to cover the throat by gauze with tapes for protection. The gauze was affecting his breath and died on 14 November 2011. After the investigation, the Coroner’s Court stated that the patient died is an accident. Then, the Nursing Council of Hong Kong judged three nurses who were found guilty to the case was convicted of professional misconduct. After that, the Medical Council of Hong Kong stated the Doctor Wong Cheuk-yi was accused of doctor negligence and three professional misconducts (Cheung, 2018; Tsang, 2016).

The crisis type is preventable crisis cluster since there were two human mistakes. Dr. Wong Check-yi failed to alert nurses that the wound was a permanent tracheostomy and the nurses wrongly placed the gauze that blocked the breath of Wang. Before the year 2011, there are three negative cases of Kowloon Hospital which is installed circuit television cameras without patients’ approval, lost the USB with patient’s data and lost 300 nurses student data. It reflected the hospital does not have any similar mistake before.

Hospital Authority, Dr. Wong and the nurses had responded in the crisis. Hospital Authority use denial response which stated it is an accident. The doctor use scapegoating response to pass the whole responsibility to the nurses. The nurses use excusing strategy to lower the responsibility for the death of Wang. However, wrongful crisis responses strategy had been used by the organization and unfavorable impression was created.

According to the case, Kowloon Hospital does not have crisis history before and it is a preventable crisis. It should apply rule number six of Situated Crisis Communication Theory (SCCT) for its crisis response, then use rule number thirteen and rule number ten to reduce the impact on their reputation. Kowloon Hospital should consider taking up responsibility for the crisis by rebuilding posture rather than Denial and Diminishment posture. Kowloon Hospital should tell the stakeholders about its past good works under reminding strategy to regain trust.

D5. Case Study on Complaint of Abortus Handling

Celine S. M. CHENG*, Amanda P. Y. LAU

School of Professional Education and Executive Development, The Hong Kong Polytechnic University, Hong Kong

* Correspondence: Celine S. M. Cheng (17037323S@student.speed-polyu.edu.hk)

Abstract

Aim

Understanding the point of view from different stakeholder towards the issue of handling abortus and therefore giving suggestion to improve current policy.

Background

The case of a couple experienced the challenge of taking back their less than 24 week's baby due to bargaining with different government departments. With the help of legislative councilors, they finally succeeded. However, they face difficulty when they wanted to bury their child. Another case from Mr. Chung, he was successful to fight for a legal cremation from the Food and Environmental Hygiene Department and having a niche for his son. The successful precedent from Mr. Chung may help other parents to fight for legal burial in public cemeteries when they bargain with the government departments.

Discussion

Under current policy, there is no limitation on distributing the certificate of stillbirth (form 13). But, NHS classifies fetus that is larger than 24 weeks or weight over 500g as a stillbirth. Therefore, the less than 24 weeks fetuses are not eligible to receive form 13. HA also follows the definition of NHS and agreed by medical industry. Although these fetuses can still be taken back by their parents, there is a limited choice of arranging a funeral for their child. Even though the UK has a similar policy with Hong Kong, the UK has a more humanized measure on handling abortus within the hospital, e.g. caring parents' emotions, handing abortus disposal procedures, communication between medical staff and parents and training on medical staff.

Limitation

However, distributing certificate of stillbirth to less than 24 weeks fetus is not feasible. It may against other policy and affect regulation of before 24 weeks pregnancy abortion.

Suggestion

In order to provide more options for parents when they arrange a funeral for their child, establish form 13A would be an effective approach. It can ensure the public and private sectors are legal to provide service for these parents and the parents are more flexible to choose the service that satisfies their need of the format of the funeral. Furthermore, the medical staff should have more training and ensure the parents fully understand the procedures of handling abortus by signing a document. Moreover, HA can take NHS guideline as a reference to handling abortus within the hospital so as to show respect to these abortuses.

E. Utilising Technologies to Enhance Holistic and Integrated Care

E1. Impact of Co-creation Footwear Workshops on Older Women in Elderly Centres in Hong Kong

Mei-ying KWAN, Kit-lun YICK*, Yan-yan WONG

Institute of Textiles and Clothing, The Hong Kong Polytechnic University, Hong Kong

* Correspondence: Dr Kit-lun YICK (tcyick@polyu.edu.hk)

Abstract

The use of appropriate footwear could reduce the risk of falls among the geriatric population. However, the elderly are generally reluctant to accept new footwear designs particularly with the incorporation of fabrication materials and functional design features that are perceived to be less comfortable. Co-creation activities that encourage user involvement during the product design process and development can therefore address this issue and provide unique benefits and better value for users, increase acceptance, and even lead to positive perception as well as positive psychological impacts, thereby increasing the practical use of newly designed footwear. This study aims to investigate the impact of hands-on footwear workshops on perceived functionality of geriatric footwear for older women. A questionnaire survey shows positive results in the psychological value of the workshops for older women. The participants express high levels of satisfaction with the co-design process and a strong sense of achievement with the newly designed geriatric footwear. The acceptance and awareness of the functions of the footwear are greatly enhanced.

Keywords: psychological value, co-creation, co-design, footwear workshops, older women

E2. Thermal Equations for Predicting Foot Skin Temperature

Pui-Ling LI^a, Kit-Lun YICK^{a*}, Zerance S. P. NG^b, Joanne YIP^a

^a *Institute of Textiles and Clothing, The Hong Kong Polytechnic University, Hong Kong*

^b *Hong Kong Community College, The Hong Kong Polytechnic University, Hong Kong*

* Correspondence: Dr Kit-lun YICK (tcyick@polyu.edu.hk)

Abstract

Studying the foot skin temperature of both the young and elderly is important for preventing foot diseases and improving thermal comfort and variability during gait. However, few studies have predicted the thermal conditions in footwear under different variables. The aim of this study is to therefore formulate thermal equations for both the young and elderly to predict their foot skin temperature under the variables of age, gender, activity level and various properties of different types of footwear. A total of 80 participants between 20 and 85 years old are recruited in this study, including 40 younger subjects (mean: 23.0; SD: 4.05) and 40 elderly subjects (mean: 69.8; SD: 4.59). They are tasked to sit, walk and run in a

conditioning chamber. Regression equations for predicting the foot skin temperature of the young and elderly people are formulated, with R squares of 0.513 and 0.350 respectively. The level of activity is the most important factor when predicting the foot skin temperature. The material properties of the footwear also show a significant impact on the foot skin temperature of the elderly. The findings of this study provide the basis for better thermal comfort and help to facilitate the footwear design process.

Keywords: foot temperature, physiological factors, footwear, activities, prediction equations

E3. Blockchain-based Electronic Health Record and Wearable Computing Devices

Eddie K. L. LAW

PhD, Director, Kirin Cloud Solutions Limited

Correspondence: Dr Eddie K. L. LAW (eddielaw@gmail.com)

Abstract

Hospital Information System (HIS) interconnects different departments within a hospital and can communicate with external healthcare institutions for facilitating expedited and accurate treatments and services for patients. Typically, patients' personal and illness information as well as their basic measured health data including those detailed historical treatments and medical data are stored in Electronic Health Records (EHRs).

In today's Big Data era, amount and quality of data available for EHR can be huge and sophisticated, respectively. They can be useful for machine learning purposes which may further enhance medical and healthcare services. In our design of the HIS, we shall implement a novel design of blockchain technology for registering EHR data automatically and accurately. Blockchain technologies have been renowned for their enabling of the different cryptocurrencies, such as the Bitcoin and Ethereum. There are different operating concepts for the blockchain formation, including the proof of work and proof of stake designs. A hospital is a closed environment which needs security and high accuracy of correctness, our underlying EHR blockchain technology shall be modified to facilitate these objectives.

Besides, with the advancement in digital technology, numerous personal electronic devices can assist on health matter. The Apple iWatch Series 4 is one of those examples, and this device would be the first one which offers electrocardiogram (ECG) time series measurements. Our HIS system shall offer in-patients an electronic wristband which will also be equipped with basic data storage of the latest EHR records. The wristband provides drug administration reminder signals to nursing stations and measures some simple life signals such as pulse counts, step counts of walking, etc. This patient wristband shall interact with authorized app within hospitals which permit doctors and nurses to be aware of some basic life signals from patients inside the institution.

All in all, we hope to build a distributed HIS system which enhance the healthcare services in healthcare institutions. The system will be built with highly accurate EHR data chain based on an in-house designed blockchain technology, and a front-end patient wristband system for drug administration monitoring and some life signal measurements.

E4. Effects of Tai Chi Qigong Training on Functional Aerobic Capacity, Arterial Hemodynamics and Upper Limb Lymphoedema in Older Survivors of Breast Cancer: A Randomized Controlled Trial

Joyce C. Y. LEUNG^{ab*}, Karen P. Y. LIU^c, Catherine Mary SCHOOLING^{ad}, W. S. LUK^e, Shirley S. M. FONG^a

^a *School of Public Health, The University of Hong Kong, Hong Kong*

^b *School of Nursing and Health Studies, The Open University of Hong Kong, Hong Kong*

^c *School of Science and Health (Occupational Therapy), Western Sydney University, NSW, Australia*

^d *Graduate School of Public Health and Health Policy, City University of New York, New York, USA*

^e *The Association of Licentiates of Medical Council of Hong Kong, Hong Kong*

* Correspondence: Dr Joyce C.Y. LEUNG (jcyleung@ouhk.edu.hk)

Abstract

Aim: This randomized controlled trial explored the effects of a Tai Chi Qigong training program on functional aerobic capacity, arterial hemodynamics and upper limb lymphoedema in older survivors of breast cancer.

Methods: We randomly assigned 54 older female survivors of breast cancer to either a Qigong group (n = 31, mean age = 53.4 years) or a control group (n = 23, mean age = 50.7 years). The Qigong group received a one-hour 18 Forms Tai Chi Internal Qigong training session per week and practiced it at home 3 times per week for 12 weeks. Measurements were collected before, after and 3 months after the intervention period. Primary outcome measure was functional aerobic capacity as measured by a six-minute walk test. Secondary outcome measures included: girth differences between the affected and unaffected upper limbs at 4 sites (wrist, forearm, elbow and upper arm) as measured by a tape; arterial resistance and blood flow velocities of the affected arm were measured ultrasonically using the radial artery; and skin temperature of the affected arm at 3 levels (axilla, cubital fossa and middle of palm) were measured using an infrared thermometer.

Results: There was a significant group-by-time interaction effect ($p = 0.023$) in the 6-minute walk test outcome. Post hoc analysis revealed that participants in the Qigong group can cover 26.39 m ($p < 0.001$) and 21.32 m ($p = 0.001$) more at follow-up test compared to pretest and posttest values, respectively. The group-by-time interaction effect ($p = 0.032$) and time effect ($p < 0.001$) were also significant for the cubital fossa skin temperature outcome. Further analysis revealed that in the Qigong group, skin temperature at cubital fossa increased by 1.02°C ($p = 0.002$) and 2.05°C ($p < 0.001$) at posttest and follow-up test, respectively, when compared with the pretest value. In addition, skin temperature at cubital fossa increased by 1.03°C at follow-up test when compared with the posttest value in the same group ($p = 0.001$). No significant group-by-time interaction, group or time effects were noted in all other outcome measures.

Conclusions: Tai Chi Qigong training could have a latent positive effect on functional

aerobic capacity and superficial blood flow of older survivors of breast cancer. However, it may not be able to improve arterial hemodynamics and upper limb lymphoedema in this population.

E5. Investigation of Thumb Curvatures for Enhancement of Splint for de Quervain's Treatment

W. S. TAM^a, Joanne YIP^{a*}, Kit-lun YICK^a, Zerance S. P. NG^b, Christian X. S. FANG^c

^a *Institute of Textiles and Clothing, The Hong Kong Polytechnic University, Hong Kong*

^b *Hong Kong Community College, The Hong Kong Polytechnic University, Hong Kong*

^c *Department of Orthopaedics and Traumatology, The University of Hong Kong, Queen Mary Hospital, Hong Kong*

* Correspondence: Dr Joanne YIP (joanne.yip@polyu.edu.hk)

Abstract

Objective

De Quervain's Tenosynovitis is a common hand condition in the general population, with a higher prevalence rate in women than men. Splint treatment is one of the conservative methods for helping the patients to rest their affected hands with the thumb-supporting component of the splint. This paper aims to investigate the curvatures at the thumb portion of the hand, so as to have better understanding of the shape at the radial side of the hand. Understanding the shape of thumb and radial side of hand is important in designing and constructing shape-fitting thumb supporter of the splint. Splint with well-fitting performance can avoid the occurrence of skin irritation and skin ulcer due to inappropriate contact and pressure.

Method

Ten healthy female subjects aged 20 to 29 years old were involved in the study. The subjects' right hands were scanned by Artec Eva handheld 3D scanner for obtaining the 3D image of the hands and further edited by Artec Studio software. 3D right hand images were then cut into cross-sections at specific portions by Geomagic studio. Curves of the cross-sections boundaries were imported into Solidwork software for angle measurements in order to understand the curvatures of different portions at the thumb and radial side of the hand.

Result

At the proximal phalanx (PP) position, angles α , θ and β are generally smaller when comparing to that at other thumb positions, which indicated that the curvature at PP position was larger. Obvious increase of angle α from metacarpo-phalangeal (MCP) joint to metacarpals (MC) position was observed that the curvature at MC position was smaller than

that at MCP joint. Angles measured at MC position and carpo-metacarpal (CMC) joint are relatively larger than other positions, which the curvatures at these two positions are smaller. Decrease and increase of angle β at the carpals (C) position and radius (R) position were observed respectively, whereas this feature was not noticeably found in the results of angle α and θ .

Conclusion

In this paper, angles related to the curvatures of different specific thumb positions were measured and discussed. The angle measurement results can provide better understanding of the shapes and curvatures of the radial area of the hand, which are strongly related to the anatomical structures of the hand. With better knowledge of the shape of thumb, occupational therapists and splint designers can design and fabricate splints with better fitting properties, thus, skin problems due to improper fitting of splint such as irritation and ulcer can be avoided. Furthermore, patients with de Quervain's tenosynovitis can undergo splinting in a safer and healthier condition.

F. Holistic and Integrated Models of Care

F1. Breastfeeding Innovations at District Level: Welcome in Hong Kong?

Graeme SMITH^{a*}, Candy Y. Y. TSOI^b, Jessica Y. F. CHAN^b, Fowie S. F. NG^c

^a *Caritas Institute of Higher Education, Hong Kong*

^b *United Christian Hospital, Hong Kong*

^c *Hong Kong College of Health Services Executives, Hong Kong*

* Correspondence: Professor Graeme SMITH (smithgd0901@gmail.com)

Abstract

Breastfeeding has an extraordinary range of benefits, including a profound impact on a baby's survival, health, nutrition and development. As such, UNICEF views breastfeeding as the optimal way to support infant health, to decrease infant death and illness worldwide. The World Health Organization also strongly recommends breastfeeding, as it is beneficial to maternal health, families, society and environmental protection. One of the ways to increase maternal breastfeeding rates is to educate and influence adolescents and young adults.

In Hong Kong, the Committee on Promotion of Breastfeeding aims to promote breastfeeding as the norm for baby care in the community. Promotion of breastfeeding may be enhanced through the development of innovation approaches.

In this presentation we examine one innovative approach that has the potential to ensure that community-based health care professionals and parents are adequately and appropriately informed about the basic knowledge of child/maternal health. The *Lactation Simulation Model*, the world's first comprehensive, hands-on training tool for enhancing breastfeeding education. It is a realistic breastfeeding simulator that can be used to teach parents, students,

and health providers how to identify, prevent, or manage common breast and breastfeeding-related prenatal and postpartum concerns. We will present case studies to highlight the potential community-based benefits of using the innovative approach. Despite cultural controversies, breastfeeding in public is now a legal requirement in Hong Kong, supported strongly by UNICEF HK 'Say Yes to Breastfeeding'. We believe that Hong Kong, as a society, will benefit in many ways from innovative developments in primary care at district level with the use of simulation.

F2. An organisation-based model in developing the health service management workforce – a pilot study

Zhanming LIANG^{a*}, Jian WANG^b, Min XU^c

^a *School of Psychology and Public Health, La Trobe University, Australia*

^b *Shandong University, Shandong Province, China*

^c *Qian Fo Shan Hospital, Shandong Province, China*

* Correspondence: Dr Zhanming LIANG (z.Liang@latrobe.edu.au)

Abstract

Empirical evidence links the competence of managers positively to efficient and effective health service provision, productivity of organisations, and the sustainability of health systems. Human resource development strategies that provide targeted training and support to health service managers are crucial to enable the improvement of management competence in the organisational level.

However, the formulation of human resource development strategies is often based on an ad hoc basis. As a result, training and professional development provided may not be targeted to the actual competency development needs of health service managers. Guided by the experience in Australian public health services, the MCAP team developed the following four-step approach in developing health service managers in organisation level and commenced a pilot with three hospitals in Jinan, Shandong Province:

1. An online survey to develop understanding of the management competence and training requirements of senior managers in public hospitals;
2. Focus group discussions to identify the best approaches in providing training, development and support to health service managers;
3. Development of training and support framework for health service managers in the targeted hospitals in consultation with hospital executives, and
4. Provision of training, professional development and support to health service managers and the evaluation of outcome related to the above efforts.

The presentation will discuss the above approaches, share the preliminary results of the online survey completed by 135 senior managers in one of the Category three hospitals in China, and discuss implications to overall health service management workforce

development in the Chinese context.

F3. Direct Access Endoscopy Booking by Family Physicians: Clinical Factors Associated with a Positive Endoscopy Findings in Primary Care Setting

Lok-hang LEUNG

Family Medicine & Primary Health Care, Kowloon West Cluster, Hospital Authority, Hong Kong

Correspondence: Dr Lok-hang LEUNG (will_hkc@yahoo.com.hk)

Abstract

Background: Dyspepsia is a common clinical problem in the Asia-Pacific region and can have a variety of presentations. Patients who require an oesophagogastroduodenoscopy (OGD) were conventionally referred by Family Physicians to Surgeons or Gastroenterologists, who perform endoscopy and offer follow-up care. In order to shorten the waiting time for patients indicated for OGD, a mode of direct access endoscopy was launched: OGDs were performed by surgeons, follow-up care sessions were offered by Family Physicians in the public sector.

Methods: A retrospective case-control study of 14 months 2015-16. Adult patients who had OGD booked under the programme were included. Demographics and clinical variables with $P < 0.1$ in the simple logistics regression analysis were included in the multiple regression model. Adjusted odds ratio and 95% CI were calculated. A P-value of < 0.05 was considered statistically significant.

Results: 198 patients were arranged direct access endoscopy during study period. 173 patients completed OGD. 15% had significant positive OGD findings including ulcer and neoplastic conditions, one of which was stomach adenocarcinoma. Clinical factors associated with a positive OGD included ever smoking status (adjusted OR 3.15; 95%CI 1.00-9.86; $P = 0.049$), presence of epigastric pain on history (adjusted OR 3.32; 95% CI 1.19-9.26; $P = 0.022$) and a positive H. Pylori status (adjusted OR 3.60; 95%CI 1.39-9.36; $P = 0.009$).

Conclusions: Direct assessment endoscopy in primary settings may have a role in early detection of significant pathologies. Clinical factors associated with positive OGD findings may be useful for triage purpose as patients may not present classical red flags symptoms in primary care settings.

Keywords: Direct Access Endoscopy, Peptic Ulcer Disease, Family Physicians, Primary Care, Oesophagogastroduodenoscopy

F4. Community-based and hospital-social collaboration service for substance abusers in a local region of Hong Kong

Chi-kin IP*, F. CHAN, W. S. CHUNG

Department of Psychiatry, North District Hospital, Hong Kong

* Correspondence: Mr Chi-kin IP (ick302@ha.org.hk)

Abstract

Background

Substance abuse is a worldwide and community health challenge issue. It will affect not only substance abusers themselves, but also affecting their families and community like criminal offenses and violence act. In Hong Kong, most of the substance abusers are resided at homes and community-based addiction services are important to be stressed. In recent years, the number of substance abusers using of psychotropic substances is more than those using opioid-types substances. The growing concerns on the health problems including physical illness like cystitis, and mental illness like psychosis and depression are much needed to be addressed. In health care system, community-based service is limited for them. As a result, a program called “Tap the hidden, Tap your talent” sponsored by Narcotics Division of Security Bureau is implemented from 8/2015 to 7/2018.

Implementation

Based on the importance on early engagement, early assessment and early treatment, substance abusers who have suspected mental problems will be referred to service and an outreach-based assessment by psychiatric nurse and peer specialist will be done. By focusing on the affected areas in physical-psychosocial condition, substance abuse issues as well as the personal strengths, mutual-agreed care plans with close collaboration with psychiatrist and social workers in NGOs geared for detox service for multidisciplinary and integrated care have been set up for substance abusers and their families. Continuity of care by health care teams in hospital and social workers in NGOs will then be proceed, aiming to stabilize the physical and mental conditions, deliver addiction counseling and enhance daytime engagement and so to boost up the strength and confidence of service users to face future challenges. A pre-test and post-test design on the mental conditions, social functioning, and frequency to use substances and motivation to quit substances have been used to evaluate the outcomes on the program.

Result

216 substance abusers have participated in the service with male dominant (66.7%). The four most used substances for the substance abusers are methamphetamine (47.9%), hypnotics (20.5%) and ketamine/cough mixture (17.9%). 25.6% of the participants were polysubstance abusers in which was documented to have much poorer in cognitive functions and progress of mental illness. Among all participants, 76.9% of substance abusers have finished the program with evaluation done. All aspects on the mental conditions, social functioning, frequency to use substances and motivation to quit substances are showed significantly improved ($p < 0.01$) and 66.9% of evaluated substance abusers demonstrated evidence of abstinence of substances after program.

Conclusion

Through “Tap the hidden, Tap your talent”, substance abusers can receive out-reached and

integrated care through multi-disciplines with hospital-social collaboration approach. The outcomes for the programs demonstrated significant improvement on the stabilization on psychosocial aspects as well as detox journey.

F5. Oncology Pharmacists' Role and Impact in the Multidisciplinary Patient-Center Practice of Oncology Clinic in Public Hospitals

Hinson CHU^a, Gary CHONG^a, Daisy S. M. LEE^{b*}

^a *United Christian Hospital, Hong Kong*

^b *School of Professional Education and Executive Development, The Hong Kong Polytechnic University, Hong Kong*

* Correspondence: Dr Daisy S. M. LEE (smdlee@speed-polyu.edu.hk)

Abstract

Oncology pharmacy service was developed and integrated into the multidisciplinary team of oncology clinic in 2013 at the United Christian Hospital aiming to enhance the holistic patient-centre practice of the clinic through the optimization of the safety and efficacy of anti-cancer treatment. This review aims to describe the role and impact of oncology pharmacists (OPs) in clinical setting to optimize anti-cancer treatment for cancer patients in a multidisciplinary care approach. From selection, prescribing, procurement to monitoring and patient education, OPs significantly contribute to the safety and effective use of anti-neoplastics in any circumstances. OPs provide professional advices to oncologists in choosing the appropriate anti-cancer agents for specific cancer and designing personalized anti-cancer treatment according to patients' fitness and appropriateness for chemotherapy. Parenteral and oral chemotherapeutic agents carry heightened risk of causing significant patient harm when they are used in errors. Thus, OPs also develop standardized chemotherapy orders and ensure the final dose is appropriate in terms of both hematological and non-hematological responses and tolerability. Moreover, OPs play an important role in procuring anti-cancer drugs and sourcing alternative drug choices that will deliver similar clinical outcomes. In addition, OPs also assure the clinical integrity of anti-cancer drugs for full anti-neoplastic activity and safe administration of these drugs by nursing staff to minimize potential occupational risk. Most importantly, OPs play a vital role in providing direct patient care functions such as drug therapy monitoring and management (e.g. ensure that patients receive sufficient pre-medications for administration of anti-cancer drugs), and medication counseling for patients and their carers to better understand their anti-cancer treatment. The positive impact of integrating OPs into the multidisciplinary patient-center practice of oncology clinic includes (1) reduction in potentially life-threatening medication incidents and cancer drug administration errors in public hospitals; (2) collaboration with

oncologists to select the most suitable cancer drug regimens for patients; (3) prevention of potential occupational risk to the healthcare professionals who handle cancer drugs; and (4) provision of optimal therapy treatment, monitoring and counseling to patients to reduce side effects and hospital readmission. The professional drug knowledge of OPs adds value to the multidisciplinary team in oncology clinics and the growth of OPs into effective direct patient care in oncology clinics should be encouraged to optimize medication-related outcomes.

POSTER PRESENTATIONS

P1. Keeps a Life on the Line: The Investigation of the Efficiency and Improvement of the “Heart Saver Scheme” for the Prehospital Service in Hong Kong

Alex Ho-yin LAU

School of Professional Education & Executive Development, The Hong Kong Polytechnic University, Hong Kong

Correspondence: Mr Alex Ho-yin LAU (17014266s@student.speed-polyu.edu.hk)

Abstract

Accidents do not only exist anywhere and anytime without expectation but are also sufficient to influence the daily life of victims. Therefore, a well-planned precaution with high quality is the best tool against accidents. In the past years, cardiac arrest has become an important public health issue and has brought severe impact on human well-being. Previous research has shown that more than half of cardiac arrest patients could collapse in out-of-hospital cardiac arrest (OHCA) within 4 minutes. A high quality of Cardiopulmonary Resuscitation (CPR) collaborated with early defibrillation are useful against OHCA and increase the chance of survival. To enhance the public's understanding of heart disease and awareness of life-saving skills, a community-faced education programme called the “Heart Saver Scheme” was launched by the Hong Kong Fire Services Department in 2007, which aims to popularize CPR and Automated External Defibrillators (AED). Yet the survival rate for non-traumatic OHCA cases in Hong Kong was still relatively lower as compared with other Asian cities in the past few years. It is regretful to say the community is still lacking enough skills and knowledge in first aid and AEDs. The reassessment of the “Heart Saver Scheme” is necessary to improve the efficiency and quality of the scheme. Based on concepts of planning, scheduling, and controlling in project management, a lot of problems could be found in the scheme. For instance, poor resources allocation, uneven human resource distribution, unclear support for further continuing study in life-saving skills, as well as the insufficient public promotion. The project quality can also be evaluated by 6 dimensions of quality management. Through the standard of 6 dimensions, the pros and cons of the scheme have become more understandable for public and project managers. Reassessment without further improvement is insufficient. The quality of project management can be optimized through work breakdown structure, annual report and risk management plan; PDSA cycle and DMAIC process are useful when applied in the quality management step-by-step. Meanwhile, continuous improvements such as redesigning of the public courses, technological support and education are the factors that affect the efficiency of the scheme. All in all, accidents will happen everywhere. Everyone should take his/her own responsibility to save life.

Poster P1 by Alex Ho-yin LAU:



COLLEGE OF PROFESSIONAL AND
CONTINUING EDUCATION
專業及持續教育學院

Lau Ho Yin Alex

School of Professional Education and Executive Development,
The Hong Kong Polytechnic University



Keeps a life on the line The investigation of the efficiency and improvement of the "Heart Saver" scheme for the prehospital service in Hong Kong

The Heart Saver Scheme

- A community-faced education programme since 2007
- Launched by Hong Kong Fire Service Department (HKFSD)
- Aim and Objectives: 1. To enhance the public's understanding of heart disease
2. To encourage the public to perform CPR with AED for patients in cardiac arrest before hospitalization



The relationship between current situation in Hong Kong and the potential factors of the scheme

1. The number of out-of-hospital cardiac arrest (OHCA) in Hong Kong

- The incidence of OHCA is **around 5000-6000** in every year as estimation.
- The survival rate for OHCA cases in Hong Kong was only **1.25%**.
- More than **50%** of cardiac arrest patients could be collapse in OHCA within 4 minutes.



2. Public awareness of CPR & AED in Hong Kong

- More than **¾** respondents claimed that they did not know the location of an AED.
- The number of qualified person via the scheme is **less than 8000** until 2015.

Conclusion: **Public awareness is very low!**



3. Scheme Analysis

- **Low prevalence** of life-saving skills and public knowledge of AEDs among local citizen.
- Necessary to **reassess** the process of project planning, scheduling and controlling.



Recommendations for the project quality management and the continuous improvement of the scheme

1. Improvement of project management

- ✓ **Work Breakdown Structure (WBS):** It lists tasks that need to be accomplished, including how the project goals are to be achieve and resource required. By using the WBS, the scheme can be distinguished into different section clearly.
- ✓ **Annual Report:** The annual report can be a platform which listed the tasks within the part of a years and clear to point out the whether the task can be done and approached the goal.

2. Continuous Improvement of the quality

- ✓ **First aid training programme couple with AED**
- ✓ **Compulsory course for student**
- ✓ **Increase the distribution number of AEDs**
- ✓ **Technology Practice**



To save life, everyone on duty!!!

References

Fan, K., Leung, L., Poon, H., Chiu, H., Liu, H., & Tang, W. (2016). Public knowledge of how to use an automatic external defibrillator in out-of-hospital cardiac arrest in Hong Kong. *Hong Kong Medical Journal*, 22(6), 582-588. doi:10.12809/hkmj164896



P2. The Impact of Tobacco Policy in Hong Kong – Is It Sufficient to Reduce the Prevalence of Tobacco Consumption?

Stanley W. F. WONG*, Vincent T. LAW, Ben Y. F. FONG

School of Professional Education & Executive Development, The Hong Kong Polytechnic University, Hong Kong

* Correspondence: Stanley W. F. WONG (fatfung811@gmail.com)

Abstract

Tobacco consumption causes the occurrence and development of a variety of fatal diseases but they can be prevented through policy interventions. The Framework Convention on Tobacco Control (FCTC) of the World Health Organization (WHO) was the significant tobacco control policy that aimed to reduce smoking prevalence and protect public health in the world. The framework was extended to Hong Kong since 2006. Although Hong Kong has rapidly developed tobacco control policy in the last decade, there is still room for improvement. E-cigarettes control policy was obviously neglected in the government's Policy Address in 2017. In recent years, e-cigarettes have grown popular and become an alternative to traditional cigarettes. Importantly, the advantages and disadvantages of the use of e-cigarettes have not been substantiated by scientific research and the harm of e-cigarettes should not be underestimated. The Chief Executive of Hong Kong proposed to legislate for the sales restriction of e-cigarettes in the 2018 Policy Address. Therefore, this review described the updated Hong Kong tobacco control policy and analyzed the effectiveness of the policy by the data collected by the Census and Statistics Department of the Hong Kong Special Administrative Region. With reference to information from the Policy Address, the government Budget, government report and academic journals, this study shows Hong Kong's tobacco control policy in past, present and future perspectives. By drawing the experience of Taiwan and Singapore, Hong Kong may adopt well-established tobacco control policy in both countries/regions. This paper also provides recommendations based on the impacts of individual and public measures. The individual-oriented measures use the Health Belief Model to change the smokers' behaviors and achieve smoking cessation. The public-oriented measures incorporate the coping with illicit consumption, enlargement of warning label, policy of regulation electronic cigarettes, as well as strengthening of smoking cessation services. It is concluded that successful tobacco control interventions are available to hinder smoking prevalence. Further hindrance of the smoking prevalence is achievable and it is no doubt that the smoke-free environment is no longer being unachievable. It is time to enact total ban on sales of e-cigarettes and enlarge smoke-free environment in order to safeguard public health of the community.



THE HONG KONG
POLYTECHNIC UNIVERSITY
香港理工大學

COLLEGE OF PROFESSIONAL AND
CONTINUING EDUCATION
專業及持續教育學院

The impact of tobacco policy in Hong Kong – Is it enough to reduce the prevalence of tobacco consumption?



Stanley Wai-fung Wong, Vincent T. LAW & Ben Y. F. FONG
School of Professional Education and Executive Development
The Hong Kong Polytechnic University



Tobacco Control Policy in Hong Kong – Three Main Pathways

- Hong Kong adopted the FCTC of the WHO in 2006
- Expansion of statutory no-smoking areas
 - All indoor areas of workplaces and public areas (restaurants, shops and other premises)
 - Public outdoor space (leisure facilities, bus interchanges and public transport facilities)
- Regulation of tobacco packaging and promotion
 - The plain of packaging, advertising, promotion and labeling of tobacco products
- Assessment of additional tobacco tax
 - Increasing tax for cigarettes to around 70% of the retail price
- The prevalence of smoking has dramatically dropped from 23.3 % in 1982 to 10.5 % in 2015 ↓



Rise in the use of E-cigarettes

- E-cigarettes contain electronic nicotine delivery systems, alternative nicotine delivery systems or vaporized nicotine products
- Perception of the smokers: e-cigarettes can facilitate the withdrawal of tobacco smoking and be easier to quit smoking
- The impact of e-cigarettes is not clearly or accurately presented to the public
- The US Food and Drug Administration have not approved e-cigarettes as a smoking cessation aid

Global approaches to regulating e-cigarettes

World Health Organization have established regulatory frameworks for e-cigarettes and tobacco products

- (1) To apply health warning for e-cigarettes
- (2) To ban the use of e-cigarettes in public areas
- (3) To ban the sale of e-cigarettes to anyone who are illegal to purchase the conventional cigarettes
- (4) To restrict marketing strategies (advertising, promotion and sponsorship)
- (5) To ban the diversity of characterizing flavors use, especially the candy and alcohol flavors
- (6) To restrict the product design, information and health claims

Lessons from Taiwan and Singapore

Taiwan

- Based on MPOWER strategies
 - Expansion of statutory smoke-free areas
 - Second generation smoking cessation services
 - Ban on advertisements, sales promotion, and sponsorships for tobacco products
- Improve the accessibility of smoking cessation services
 - Include outpatient, inpatient, emergency, and pharmaceutical treatment for smokers
 - The smoking cessation medication and related services are greatly subsidized (not >NT\$ 200)

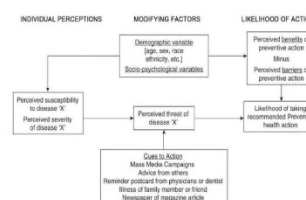
Singapore

- Four aspects in tobacco control policies
 - Standardizing the tobacco packaging
 - Increasing warning prompt in the plain packaging
 - Limiting the retails of flavored cigarettes
 - Ban on consumption, possession and purchase of cigarettes among the individuals < 21 year-old

Recommendations

➢ Individual-oriented measures – Health Belief Model

The Health Belief Model (HBM) is one of the most widely used approaches to advocate health behavioral change particularly in smoking cessation



➢ Public Policy Perspectives

- Coping with illicit consumption
- Licensing system for tobacco products
- Enlargement of warning label
- Policy of regulating electronic cigarettes
- Ban on sales of electronic cigarettes
- Reinforcement on smoking cessation services

P3. Downsizing Food Portions in Restaurants

Tiffany K. Y. HO^a, Tan CHOW^{b*}

^a *School of Professional Education and Executive Development, The Hong Kong Polytechnic University, Hong Kong*

^b *Hong Kong College of Community Health Practitioners, Hong Kong*

* Correspondence: Ms. Tan Chow (ftchow@gmail.com)

Abstract

Over the past decades, the number of high-calorie foods and beverages has been increasing, which can affect people's physical and psychological behavior in dietary planning. World Health Organization (WHO) addresses that long-term intake of excessive food, particularly unhealthy ingredients, can increase the incidence of chronic diseases. Overweight and obesity are associated with a higher risk of type 2 diabetes and hypertension. Retrospective studies have not confirmed the direct causal relationship between dietary intake and obesity. Studies have shown that providing individuals with larger portions of food and drink can lead to significant increases in energy intake. Increasing portion size may cause misconception that a normal standard diet has become larger. This trend can be attributed to personal, economic and psychological factors. This paper evaluates the changes in food, beverages and the feasibility of interventions which aimed at reducing the portion size of meals. For instance, to provide education, nutritional label information, inviting and motivating restaurant owners and customers to the portion of food in the restaurant. Behavioral intervention may help reduce the amount of food sold on the market and change people's attitudes and dietary patterns. The results of increase in food intake can be attributed to the lack of awareness. Changes in dietary habits can effectively limit food intake and reduce calorie consumption. Studies have shown that using smaller bowls and plates can help determine age-appropriate portions based on the nutritional needs of different ages. Some evidence that limited daily food intake can reduce total energy intake. Appropriate guidance is an effective approach to educate customers in controlling the relevant food portion. Changing people's dietary patterns and attitudes can stimulate them to make healthier choices. Behavior intervention of different stakeholders, labeling and marketing strategies are considered contributing factors in promoting healthy eating among people. To conclude, early formation and maintenance of a healthy diet with appropriate portions, well-balanced meals can become an important factor in reducing sub-health risks. Consumers in restaurants can benefit from focusing on choosing less oil, salt and sugar, which can be good for health. More research is needed to identify effective strategies for controlling food intake with smaller plates. Therefore, encouraging downsizing food portions shall potentially be a useful health management strategy.



**THE HONG KONG
POLYTECHNIC UNIVERSITY**
香港理工大學

**COLLEGE OF PROFESSIONAL AND
CONTINUING EDUCATION**
專業及持續教育學院

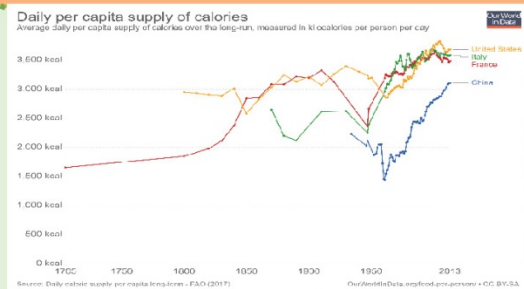
Downsizing food portions in restaurants

Ho KY, and Chow FT

*School of Professional Education and Executive Development,
The Hong Kong Polytechnic University, Hong Kong*

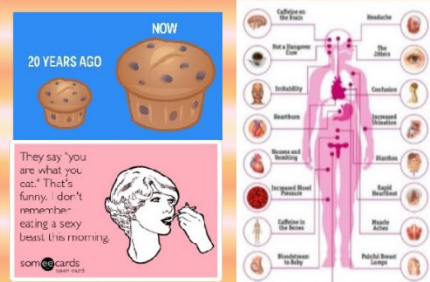
Backgrounds & Objective

The number of high-calorie foods and beverages has been increasing over the past decades. Intake of excessive food (especially unhealthy food) from restaurants may increase the incidence of chronic diseases, thus influence people to consume more unhealthy food. The aims are to change people's dietary patterns, to encourage them to make healthier choices, and to implement the behavioral interventions for different stakeholders to downsizing their portions.



Reviews

Retrospective studies have not confirmed the direct causal relationship between dietary intake and obesity. However, providing individuals with larger portions of food and drinks can lead to significant increases in energy intake. The increase in food intake can be attributed to a lack of awareness. Increasing portion size may cause misconception that a normal standard diet has become larger. Long-term intake of excessive food, particularly of unhealthy ingredients can increase the sub-health risks.

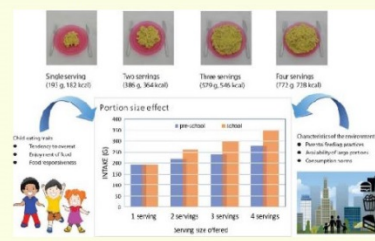


Factors of expanding food portion

- Personal
- Economical
- Businesses competitions
- Psychological

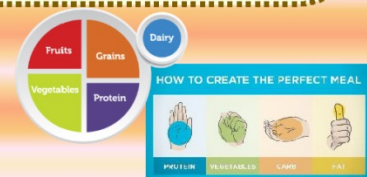
Recommendations

- ✓ Provide education to the public and nutritional label information in controlling the relevant size portion of food
- ✓ Inviting and motivating catering industry and customers about the downsizing of food portions
- ✓ Controlling food intake with smaller bowls and plates can help determine age-appropriate portions based on the nutritional needs for different ages.



References

- Vermeer, W. M., Steenhuis, I. H., & Poelman, M. P. (2014). Small, medium, large or supersize? The development and evaluation of interventions targeted at portion size. *International journal of obesity* (2005), 38 Suppl 1(Suppl 1), S13-8.
- Riis J. (2014). Opportunities and barriers for smaller portions in food service: lessons from marketing and behavioral economics. *International journal of obesity* (2005), 38 Suppl 1(Suppl 1), S19-24.



P4. Implications of Elderly Services of Greater Bay Area to Hong Kong (粵港澳大灣區安老對香港的啟示)

Tommy K. C. NG (吳珈銓)*, Ben Y. F. FONG (方玉輝)

Centre for Ageing and Healthcare Management Research (CAMHR), School of Professional Education & Executive Development, The Hong Kong Polytechnic University, Hong Kong

* Correspondence: Mr Tommy K. C. NG (kctng@speed-polyu.edu.hk)

Abstract

香港的資助安老院舍輪候時間長，令每年有超過五千名在輪候冊上的長者未獲分配宿位已經逝世。此外，院舍人均面積低及人手短缺也是香港安老現時面對的情況。隨著廣深港高速鐵路及港珠澳大橋正式開通，香港人能夠更便捷地往返粵港澳大灣區的城市。因此，粵港澳大灣區為香港長者提供了額外的安老選擇。長者福利完善、院舍床位數目不斷增加、人手比例高、交通便利等因素也是粵港澳大灣區安老的優勢。縱使長者需要重新適應新環境或粵港醫療水平的差異令部分香港長者對粵港澳大灣區安老卻步，但兩地之間的合作及交流有助改善這些問題。再者，香港安老業的人才培訓亦需要加強，以吸引更多年青人投身安老事務，從而優化香港安老業的人手比例及服務質素。



THE HONG KONG
POLYTECHNIC UNIVERSITY
香港理工大學

COLLEGE OF PROFESSIONAL AND
CONTINUING EDUCATION
專業及持續教育學院

粵港澳大灣區安老對香港的啟示

吳迦綏, 方玉輝

香港理工大學專業進修學院老齡化和醫療管理研究中心

香港的資助安老院舍

- 輪候時間長
 - 每年有>5000名在輪候冊上的長者未獲分配已經逝世
- 安老院舍人均面積低
 - 每名住客計的最低面積: 香港 6.5平方米 vs 澳洲 12平方米

導致安老院舍輪候時間長的原因

- 安老院舍宿位不足
- 安老院舍人手不足

粵港澳大灣區的優勢

- 長者福利
- 安老院舍床位數目不斷增長
- 安老院舍人手比例高
- 院舍環境優勝
- 入住價格較低
- 交通便利

往粵港澳大灣區安老問題

- 長者需重新適應新環境
- 醫療水平差異

啟示 • 粵港澳大灣區可為香港長者提供一個養老的選擇
• 香港安老業界亦可以有更多的改善
例如提供專業資格證書及學位課程吸引人才



P5. Role of Traditional Chinese Medicine in Primary Care

Yiu-nam CHAN

School of Professional Education & Executive Development, The Hong Kong Polytechnic University, Hong Kong

Correspondence: Mr Yiu-nam CHAN (cynam1103@gmail.com)

Abstract

Primary health care plays an important role in public health which handles over 90% of illnesses and contributes to maintaining the health qualities of daily living for most of the Hong Kong citizens. Traditional Chinese Medicine (TCM) is an ancient natural treatment which originated in China and has evolved over 2500 years. In the last three decades, TCM has been gradually recognized in local primary care. This paper aims to discuss the role of TCM in Hong Kong's primary care system, the development and integration between Western medicine and TCM.

The core concepts about TCM are the balance of Yin and Yang, pulse diagnosis, by using herbal remedies and other psychosomatic ailments as treatment. In 1989, the Hong Kong Government had established a working party on reviewing Chinese Medicine. Preparatory Committee on Chinese Medicine and Chinese Medical Council of Hong Kong had been set up to formalize rules and validating qualification in order to legalize the tradition practice of TCM. Thereafter, TCM institutions were set up by various organizations for the development and promotion of TCM in Hong Kong.

In order to meet the demand on increasing usage of TCM, Hong Kong needs to have more recognized Chinese Medicine practitioners (CMP) for the maintenance and expansion of services. The three local universities namely the Hong Kong Baptist University, The University of Hong Kong and The Chinese University of Hong Kong offer full-time undergraduate programs in Chinese Medicine, to train recognized TCM Practitioners. The universities also explore integrated plans with the local primary healthcare programs.

The acceptability, accessibility and availability of TCM services contribute to the effectiveness of promotion strategies. According to a survey, over 35.8% of Hong Kong citizens believe that the side effects of taking TCM are less than the Western medicine. A recent CUHK survey found out that the use of Chinese medicine in the local community has gradually increased in the past 20 years, from 29.4% in 1993, 43.6% in 2004 and 45.2% in 2015. However, it is difficult to integrate TCM in the primary healthcare sector which is still dominated by Western medicine. It is hope that more clinical research centres and integration programs with Western medicine be set up to prove the effectiveness of the TCM. Lastly, Chinese Medicine can integrate with Western medicine to complement each other to achieve effective treatment and with less side effects.

Poster P5 by Yiu-nam CHAN:



THE HONG KONG
POLYTECHNIC UNIVERSITY
香港理工大學

COLLEGE OF PROFESSIONAL AND
CONTINUING EDUCATION
專業及持續教育學院

Role of Traditional Chinese Medicine (TCM) in primary care



Chan Yiu Nam

School of Professional Education and Executive Development
The Hong Kong Polytechnic University



Primary care in Hong Kong

- ◆ Handles **over 90%** illnesses
- ◆ Contributes to maintaining the good health qualities for Hong Kong citizens

The history and development of TCM

- TCM is originated in China which evolved over 2500 years
- Since 1995, TCM associations was established for promoting TCM (Eg. Preparatory Committee on Chinese Medicine, Chinese Medical Council of Hong Kong)

Training of Chinese Medicine practitioners in Hong Kong

- Since 1998, full-time undergraduate courses in Chinese medicine was started up by different local universities (Eg. CUHK, HKU, BUHK)

TCM services in primary care

- ✓ **Accessibility** : 35.8 % Hong Kong citizens by used TCM because they reckon the side effects after prescribed TCM is less than Western Medicine
- ✓ **Acceptability** : The use of Chinese medicine in primary care by Hong Kong people were 29.4% in 1993, 43.6% in 2004 and 45.2% in 2015.
- ✓ **Availability**: To further integrate TCM into the mainstream healthcare system by pass Evidence-based medicine (Eg. enacted the regulation of The Chinese Medicine Ordinance to qualify the Chinese Medicine Professionals)

Integration of TCM and Western Medicine in primary care

Complementary services

- Body Constitution Analysis : realize patient's body type for selecting suitable healthcare treatments
- Design the suitable therapeutic programme by physician with Chinese medicine practitioners
- Pain management , rehabilitation of stroke and sore backs

The effectiveness in modern treatment

- ✓ Additional use of acupuncture could more effective for treating coronary artery disease
- ✓ Optimize the clinical effectiveness of radiotherapy and chemotherapy
- ✓ Relief toxic side effects (Eg. hepatic or renal impairment)

P6. Promtion of Appropriate Use of Electronic Devices among Hong Kong Adolescents

Catherine K. Y. KWONG*, Ben F. Y. FONG

School of Professional Education & Executive Development, The Hong Kong Polytechnic University, Hong Kong

* Correspondence: Miss Catherine K. Y. KWONG (kwongkiuyan@gmail.com)

Abstract

Electronic devices are necessities in this urban society, in which everyone, including children and adolescents, are spending more and more time on them. According to the survey conducted by the Census and Statistics Department of Hong Kong Special Administrative Region in 2018, there were significant increases in the rate of use coverage of the electronic devices among all age levels especially in the younger age groups (10-29 years old) and their rising time consuming on those electronic screen products. Although the popularity of technological utilisation brings lots of convenience to our daily tasks, there are still some leading problems resulting from the excessive use in kids and youths. A number of physical, mental and social complications are correlated to this behavior, such as bodily health, personal development and social ability respectively. It is essential to educate the adolescents in making good use of the electronic devices in a healthy way. Different stakeholders are responsible for working cooperatively in promoting the appropriate use of electronic devices. Parents and teachers should educate the youths about the correct use of devices so as to give them the right direction. Governmental departments should take the leading role of the scheme by organising promotion projects and campaigns. Non-governmental organizations are the adjacent executors in providing social supports for the needy adolescents. Last but not least, teenagers should pay attention to the cyber traps and have self-control from the electronic enticement. Therefore, the goal of reducing the prevalence and reliability on the electronic products among the adolescents can be successfully accomplished by the joint force of all parties concerned.



THE HONG KONG
POLYTECHNIC UNIVERSITY
香港理工大學

COLLEGE OF PROFESSIONAL AND
CONTINUING EDUCATION
專業及持續教育學院

PROMOTION OF APPROPRIATE USE OF ELECTRONIC DEVICES AMONG HONG KONG ADOLESCENTS

Catherine K.Y. Kwong, Ben Y. F. Fong

School of Professional Education and Executive Development, The Hong Kong Polytechnic University, Hong Kong

Survey from the Census and Statistics Department (2018) concluded:

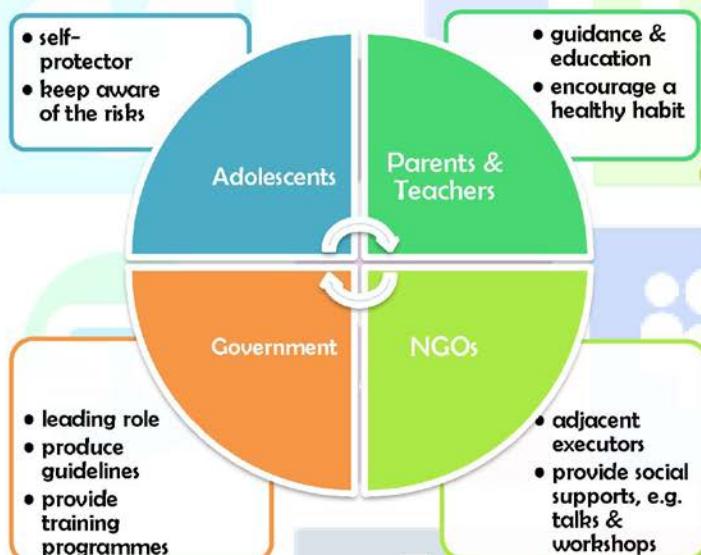
- (i) the increasing rate of use coverage of the electronic devices in household among all age levels especially in 10-29 years old, and
- (ii) the rising time consuming on electronic screen products



Problems resulting from the excessive use of
electronic devices in youths:

- ↔ **Physical** – poor bodily health
- ↔ **Psychological** – addiction
- ↔ **Social** – affect social development

Roles of Stakeholders



References: Census and Statistics Department, (2018, March). Thematic Household Survey Report No. 64.

ACKNOWLEDGEMENT

The Conference Chair and Director of Centre for Ageing and Healthcare Management (CAHMR) of PolyU SPEED wish to thank members of the Organising Committee for making all of the arrangements for the CPCE Health Conference 2019. This Conference is supported by a funding of HKD2.45 million under the Institutional Development Scheme (IDS) of the Competitive Research Funding Schemes for the Local Self-Financing Degree Sector in 2018/19 of the Research Grants Council (RGC) to establish the CAHMR [Ref. no.: UGC/IDS24/18]. SPEED under PolyU CPCE is the grantee of this research funding. CAHMR will be inaugurated at the Opening of the Conference. Thank should also be conveyed to the Conference Advisors, Co-organisers, colleagues and students of HKCC, SPEED, CPCE and The University, Sponsors, and Supporting Organisations for the great support to this important event.

We are honoured to have the blessings of the Dean of CPCE, Professor Peter P. Yuen, to officiate the opening. Moreover, the presence of academics from Australia, Chinese Mainland, Hong Kong, Japan, South Korea, Singapore, Thailand, United Kingdom, and the United States of America as speakers at the Conference has granted the programme a great learning opportunity for our students, academic colleagues, as well as professionals in health care and other disciplines.

The enthusiastic submissions by authors and presenters of papers in the Parallel Sessions and Poster Presentations reflect the importance of the themes under discussion at the Conference. We would like to express our sincere thanks for their contributions to the knowledge and ideas on the topics of concern in ageing and healthcare management.

We wish to thank all participants, from both local and overseas, for their time and support dedicated to the Conference and hope to meet them again in future seminars and events. Best wishes and good health!