



香港社會醫學學院  
HONG KONG COLLEGE OF COMMUNITY MEDICINE  
founder College of the Hong Kong Academy of Medicine  
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## ADMINISTRATIVE MEDICINE

### Part I Examination

Thursday 1 June 2023

14:30 – 16:00 (1½ hours)

### Paper IB

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**Candidates must answer all parts of these questions**

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*Style, clear grammatical English and legibility will be taken into consideration by the Examiners. Answers should be written in a form appropriate to the audience specified in the question.*

*Weighting of marks for each part of the question is shown in parenthesis.*

**DO NOT OPEN PAPER UNTIL THE INVIGILATOR  
INSTRUCTS YOU TO BEGIN**

7. Hong Kong's ageing population and increasing chronic disease prevalence are putting pressure on secondary/tertiary care, especially in public hospitals. To achieve a sustainable healthcare system, the government has recently launched a Primary Healthcare Blueprint which states that

"To achieve better population health and quality of life, we need to shift the centre of gravity of our healthcare system from treatment-oriented institution-centric secondary/tertiary healthcare to a prevention-oriented, family-centric Primary Health Care (PHC)."

- a. Please describe the main features of Primary Health Care (PHC) that you consider to be most important in the Blueprint. (3 marks)
  
- b. To support the implementation of the Primary Healthcare Blueprint, a Strategic Purchasing Office has been established to coordinate the primary healthcare services to be provided through the private healthcare sector. Please outline the core decisions the Strategic Purchasing Office needs to make, to achieve this goal. (4 marks)

**QUESTION CONTINUES**

c. What do you anticipate will be some of the key challenges in implementing the Primary Care Blueprint? (3 marks)

**QUESTION CONTINUES**

8. Health Care vouchers might be an approach for government subsidies to induce changes in health seeking behaviour.

The Hong Kong Government has been operating the Elderly Health Care Voucher Scheme (長者醫療券計劃) (“the Scheme”) since 2009. This non-means-tested Scheme subsidises elderly persons with an annual voucher amount of \$250 in year 2009, which was progressively increased to \$2000 as at year 2022. Elderly persons could use the electronic vouchers to pay for private primary care services without any co-payments. The voucher balance cannot be used to pay for inpatient services, day surgery, public services, or solely for health products.

In the period from 2009 to 2017, the number of participating practitioners had increased by 2 folds and that for participating elders have increased by 4 folds. A review of the Scheme was done through analysing user data in the database in this period. Table 1 and 2 show some of the findings.

**QUESTION CONTINUES**

**Table 1 - Percentage of elders who had made at least one visit by principal reason for visit, 2009-2017**

Year	Percentage of elders by principal reason for visit			
	Preventive	Management of acute episodic condition	Follow-up/ monitoring of long-term condition	Rehabilitation
2009	10%	71%	25%	4%
2010	9%	74%	26%	4%
2011	10%	74%	26%	4%
2012	11%	77%	27%	4%
2013	14%	78%	30%	6%
2014	21%	80%	35%	8%
2015	26%	79%	38%	10%
2016	31%	75%	38%	11%
2017	36%	67%	36%	12%

Note: Figures do not add up to 100% as the elders can seek services from more than one category of services in a year.

**Table 2 - Percentage of elders by number of different practitioners visited 2009-2017**

Year	Among voucher users who had made <u>two or more visits</u> to medical practitioners during each time period, they –				
	visited only one medical practitioner	visited two different medical practitioners	visited three different medical practitioners	visited four different medical practitioners	visited five different medical practitioners
2009	87.46%	12.15%	0.39%	0%	0%
2010	84.56%	14.80%	0.64%	0%	0%
2011	82.27%	16.95%	0.76%	0.02%	0%
2012	74.28%	22.64%	2.94%	0.13%	0.01%
2013	65.69%	27.88%	5.70%	0.70%	0.03%
2014	57.72%	31.01%	8.74%	1.95%	0.58%
2015	54.49%	32.36%	10.10%	2.42%	0.63%
2016	53.80%	33.28%	9.88%	2.47%	0.57%
2017	51.59%	34.75%	10.66%	2.42%	0.58%

**QUESTION CONTINUES**

- a. Discuss whether health care voucher is a form of demand-side or supply-side subsidy and explain your answer.  
(2 marks)
- b. Describe 2 pros (2 marks) and 2 cons (2 marks) of using the Scheme in incentivising elderly persons to use private primary care services. (4 marks)
- c. With reference to what the review had already shown in Table 1, suggest how you will further evaluate the Scheme to assess its impact on elderly persons' utilization of private services for chronic disease management.  
(2 marks)
- d. With reference to the pattern shown in Table 2, describe the trend of extent of continuity of care provided by private practitioners patronized by voucher users from 2009 to 2017. Suggest a reason for this trend. (2 marks)

**QUESTION CONTINUES**

9. Clinical governance is an integrated component of corporate governance of health service organisations.

a. What is clinical governance? (2 marks)

b. List 4 elements of clinical governance. (2 marks)

c. Explain the elements listed in (b) and how they can drive for high quality clinical care? (6 marks)

**QUESTION CONTINUES**

- 10 a. What are approaches to manage clinical risk. (1 mark)
- b. Discuss the key features associated with the approach you described in (a) above. Diagram can be used to help your illustration.  
(4 marks)
- c. Discuss enterprise risk management framework, list and describe other non-clinical risk domains. (5 marks)

**END OF PAPER**