

Hong Kong Shared Good Values Annual Summit

Panel Discussion Summary

Panel discussion 2: Creating Shared Values for Sustainable Healthcare

In the “Creating Shared Values for Sustainable Healthcare” panel, three speakers from the government, the research and the insurance fields shared their views on the sustainability of Hong Kong’s healthcare system and the way forward, covering topics on community healthcare, medical data-building and also innovative insurance policies that can encourage healthier human behavior.

Facilitator:

Dr. Edward Leung
President, Hong Kong Association of Gerontology

Panel Speakers:

Dr. Fan Ning
Chairman, Health in Action
Dr. Eman Leung
Assistant Professor, Department of Management Sciences, College of Business, City University of Hong Kong
Mr. Low Kok Keong
Head of AIA Vitality Partners and Platform Management, AIA International Limited

Dr. Fan Ning - Spend Public Money on Community-based Preventive Healthcare

Health in Action president and Hospital Authority doctor Fan Ning emphasized that “**healthy cities**” are more than just places that have hospitals well-equipped with the latest technology. Though Hong Kong often prides itself in its economic success and its world-class medical system, it was not listed on CNN’s 10 Healthiest Cities, which covered Singapore, Okinawa, Vancouver, Melbourne, New York City, Copenhagen, Monte Carlo, Napa, Havana, and Jönköping. Fan explained that on top of a strong medical sector, determinants of a healthy city includes issues like quality housing, water, work safety and the environment. Health is about the city as a whole.

In a document called “Building Healthy Cities”¹ published by the Department of Health, the government also affirmed that “health is more than the absence of disease or infirmity”, but a “state of complete physical, mental and social well-being” that depends on personal lifestyle, living condition of individuals, a host of complex physical, social and economic determinants that “go beyond healthcare”. Though Hong Kong has a high GDP, Fan pointed out that there are still quite a lot of people who believe that they are sick. He attributed a city’s health condition to two categories of factors. The first category includes uncontrollable factors like demographics and ageing. The second category includes controllable factors that can be modified such as the design of various systems in place in society. Fan said if a place has resources to modify controllable factors such as medical systems but is not doing it, that place would be considered to be harbouring **social health unfairness**.

¹ Department of Health, “Building Healthy Cities: Guidelines for implementing a health cities project in Hong Kong”, 2007
http://www.chp.gov.hk/files/pdf/building_healthy_cities_guidelines.pdf

Fan said at Health in Action, he advocates for **closer collaboration between the medics and the community (醫社合作)**. He believes such collaborations can help identify health problems in community earlier on and help prevent its worsening. For example, doctors can train social enterprises to scan for health needs in different districts and on community levels. The social enterprises can in return provide relevant medical data for medical practitioners and the government to better plan its resources and healthcare strategies. Fan elaborated that at the moment, the Hospital Authority only has data about people who are sick and receiving treatment from clinics and hospitals. Such data are not conducive to developing preventive healthcare work.

Bringing up the topic of public expenditure, Fan said that it is worthy for the government to explore investing in a **community health budget** to scan hidden health needs. Pumping money into and adding equipments to the hospitals, he said, might not necessarily boost city health more than adding equipments directly to the districts themselves. He thinks effective use of resources is not just about purely increasing our medical expenditure, but also about placing resources in areas where there are service and knowledge gaps, as well as preventive medical care. Summarising, Fan called for more community participation in health needs scanning and other community healthcare initiatives.

Dr. Eman Leung - Data Crunching and Sustainable Patient-centred Care

City University management sciences assistant professor Dr. Eman Leung shared his views on how data lake technology can help make medical services more sustainable at hospitals and also shift some of the responsibility of taking care of the needy, especially the elderly, to the community and residential care.

In order to make healthcare sustainable, Leung believes Hong Kong has to provide healthcare workers with sufficient and accessible patient data on both a community level and a government level. Government level data refers to patient records that can be obtained from the Hospital Authority. Meanwhile **community level data** refers to health related information about people who might or might not be under treatment hospitalised. The latter type of data is non-existent in our current government medical system.

Leung explained that data is important because given data-processing technology, computer models can assist healthcare providers in **optimising and making decisions** about what treatment patients should receive and how long the recovery duration should be. This can help screen away cases that can be sufficiently cared for by social services providers or the community and can reserve resources for those who are most in need.

However, research has first to be conducted among community-dwelling elders in order for healthcare providers to gain access to community patient data. The purpose of such data collection is to figure out how healthcare providers can **optimise coordination between medical and social services** to delay health deterioration and minimise hospitalisation.

In a pilot research, Leung successfully collected health information about 150,000 elders in a district in Hong Kong. The data was collected at the elders' homes and with their consent, Leung linked the data up with patient records provided by the Hospital Authority for analysis.

According to Leung, poor chronic disease management, falls, and dementia are the three major reasons behind elderly hospitalisation in Hong Kong. His study found out that a majority of community-dwelling elders who have received treatment are actually still suffering from hypertension and diabetes. Data showed that 40 percent of community-dwelling elders still have high blood pressure and 60% still have high blood sugar. In addition, 20% of these community-dwelling elders

are suffering from moderate to high risk of fall, while a third are suffering from mild cognitive impairment, which is a precursor to dementia.

Using a machine learning method called artificial neural network, Leung developed risk profiles for each senior citizen to evaluate his or her risk of fall and dementia. Results found out that those who are suffering from cognitive impairment usually have a lack of access to education and are susceptible to social isolation and depression. Meanwhile, those who suffer from falls are people with, again, higher risks of social isolation and depression.

Leung believes that shared information as such can help medical and social service providers to better strategize their work and operations. He hopes that given shared data, both the medical and social service providers can be inspired to take up the shared responsibility of making Hong Kong's medical service more sustainable.

Mr. Low Kok Keong - Incentivise Healthy Behaviour and Habits through Insurance Policies

Head of AIA Vitality partners and platform management Mr. Low Kok Keong (K K Low) elaborated on how insurance companies can help create shared values in healthcare by innovating in its insurance policies. Low said studies have shown that lifestyle is the key risk driver of 60% of all deaths worldwide and 80% of all disease burden. As a result, AIA decided to launch the Vitality programme which aims to make people healthier by **incentivising their lifestyle behaviours** to prevent the development of lifestyle-related diseases.

For example, AIA would reward its insured members with movie tickets if they manage to walk a certain number of steps a day. It applies this type of behavioral economics policy in its insured member management system. Rewards span across key areas of health risk, encouraging physical activity, and discouraging poor diets, smoking, drinking and other other risky behaviour. While the insurance sector has long been seen by its insured members as a security-granting rather than sickness-prevention service, Low made the point that this new innovation in the Vitality programme is now helping to raise people's awareness and desire for healthier behaviour, which can subsequently be developed into habits that can help prevent sickness.

Low said the sustainability of this model rests on the fact that incentivising healthy behaviour can create shared values for all stakeholders involved. For insured members, they can acquire better value from their insurance policies through improved health and also subsequent positive-change-in-lifestyle rewards. Employers can enjoy working with a healthier staff body that is more likely to improve in productivity and less likely to be absent from work. Insurance companies can benefit due to the lower claim rates. Meanwhile, the society at large can reduce its burden of lifestyle-related diseases and medical expenditure, shaping Hong Kong into a healthier society.

Photo highlight:



Photo1 (From left to right): Dr. Edward Leung; Mr. Low Kok Keong; Dr Joseph Lee; Dr. Eman Leung & Dr. Fan Ning



Photo2: Three speakers from the government, the research and the insurance fields shared their views on the sustainability of Hong Kong's healthcare system and the way forward.

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