

香港藥學會

The Pharmaceutical Society of Hong Kong
Kowloon G.P.O. Box 73552, Yau Ma Tei, Kowloon, Hong Kong
Society's Fax: (852) 2376-3091
E-mail: pharmacist@pshk.hk
Websites: <http://pshk.hk>

PSHK's Response to Chief Executive's 2017 Policy Address

Chief Executive Mrs. Carrie Lam has just released her maiden policy address. The Pharmaceutical Society of Hong Kong (PSHK) would like to respond to the healthcare policies proposed by the Government.

Primary Healthcare Development

The Government has highlighted the active promotion of primary healthcare as a measure for sustainable development of Hong Kong's healthcare system. The strategies include setting up a steering committee on primary healthcare development and the district health centre starting in Kwai Tsing District within two years. PSHK welcome the development of primary healthcare and community-based health services, and would like to emphasise the importance of inter-professional collaboration and especially the involvement of pharmacists in the provision of primary care services.

Medication therapy is one of the most important long-term care for chronic patients, while drug-related problems due to misuse, inappropriate prescribing and drug interactions can harm the patients. Pharmacists are the most qualified health professionals to provide medication review or therapy management to these patients, and especially community pharmacists who should be the most accessible to the residents in each district. Yet, current pharmacist services are under-utilized due to inadequate awareness of pharmacists' roles, financial barriers to access to pharmacist consultation, and insufficient technical support for the service provision. To achieve good primary care, it is necessary to provide the public with access to comprehensive health services. PSHK urges the Government to increase the accessibility to pharmaceutical care at community level.

Firstly, pharmacist service should be incorporated into the primary care model. For the district health centre proposed to pilot in Kwai Tsing District and to be implemented in all the 18 districts mentioned in item 159, PSHK suggests that multidisciplinary collaboration within

the local district should be ensured. The integration of pharmacists into primary care practice clinics has been studied in other countries. A systematic review identified that comprehensive pharmacist interventions through collaboration with general practitioners or primary care physician can improve management of chronic diseases, especially for hypertension, diabetes and cardiovascular diseases(1). Besides, PSHK supports the policy direction to accord priority to provision of home care and community care. Pharmacist home medication review has been practiced in many countries including Canada, US and Australia. To facilitate elderly and especially those with moderate or severe impairment on their home care, there is the need to develop more home health care services.

Secondly, PSHK urges the Government to accelerate the deployment of the electronic health record (eHR) systems by community pharmacists. It is essential for pharmacists to have access to patient's medication record and past medical history to provide a comprehensive therapy management. Besides, it has been demonstrated that pharmacists can benefit primary care practices at the population level. A pilot study in the US showed that pharmacists can improve prescribing and deprescribing such as identifying patients that were no longer in need of proton pump inhibitors(2). It had been estimated in 2010 that 65% of the chronic patients in HA outpatient setting were receiving five or more prescription items, and 10.8% were taking 10 or more(3), which put them at risk for drug-related problems. Pharmacists screening of patient medication profile and also medication review process can allow early identification of such problems, as long as the eHR is made accessible to pharmacists.

Thirdly, the financial barrier of patient's access to pharmacist service should be alleviated. Patients should be subsidised to seek for local pharmacist service in the district. This can be achieved by extending the coverage of Health Care Voucher (HCV) scheme for the provision of therapy management service by community pharmacists, and by subsidy on pharmacist home care service through the Community Care Service Voucher. Moreover, PSHK supports item 168 of the plan to implement Voluntary Health Insurance Scheme, which can be the first step to build a more balanced health system in Hong Kong.

Services of the Hospital Authority

PSHK welcomes the plan of increasing manpower for clinical pharmacy service in the HA mentioned in item 162. Patients should not only receive more in-depth and detailed medication counselling service during hospitalization, but also post-discharge and during the specialist outpatient clinic follow-up. Pharmacist-run clinic for more services such as renal service should be implemented. Besides, PSHK also echoes to improving pharmacy services in elderly homes. Drug storage, drug distribution, record keeping, drug wastage and staff drug knowledge are

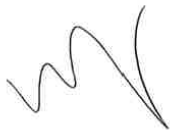
some of the areas that require pharmacist professional expertise to improve the current standard. Pharmacists can also review the drug profile for elderly patient to avoid possible adverse side effect, possible drug-drug interactions, etc. More resources on old aged homes medications management should be deployed.

Support for Uncommon Diseases

Rare disease patients who have economic difficulties may not be able to afford the available treatment. Yet, access to treatment should not be deprived due to such reasons. PSHK supports the extension of scope of the assistance programme to subsidise eligible patients of rare diseases.

To summarise, PSHK urges the Government to enhance pharmacists' roles in primary health care through district health centre on-site or referral service, sharing the access of eHR to community pharmacists, and extending HCV coverage for pharmacist service. Besides, more clinical pharmacy services should be developed in the HA and more resources should be put in old aged home medications management. Lastly, the access to treatment for rare disease patients should be ensured through extension of subsidy.

Yours sincerely,

A handwritten signature in black ink, appearing to be 'Philip Chiu', written in a cursive style.

Philip CHIU

President

The Pharmaceutical Society of Hong Kong

References

1. TanEC, StewartK, ElliottRA, GeorgeJ. Pharmacist services provided in general practice clinics: A systematic review and meta-analysis. *Res Soc Adm Pharm.* 2014;10:608–22.
2. KennedyAG, ChenH, CorriveauM, MacLeanCD. Improving Population Management through Pharmacist-Primary Care Integration: A Pilot Study. *Popul Health Manag.* 2015 Feb 14;18(1):23–9.
3. LamDPY, MakCF, ChanSMC, YaoRWY, LeungSSY, YouJHS. POLYPHARMACY AND INAPPROPRIATE PRESCRIBING IN ELDERLY HONG KONG CHINESE PATIENTS. *J Am Geriatr Soc.* 2010 Jan;58(1):203–5.