

*Going beyond the pill: how the pharmaceutical industry can improve healthcare outcomes through PPP's*



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# Challenges in HK primary care model and GOPC PPP

About **2 million** of the HK population had chronic health conditions (e.g. hypertension, high cholesterol, diabetes mellitus, heart diseases)<sup>1</sup>, with **60% of them aged 55 or above**.

Majority of them seek medical care from **public specialist out-patient clinics**, where new stable cases has to wait for **68-103 weeks** for first visit. There is room to do more in **primary care for diagnosing and managing the diseases at early stage, and for providing holistic care to stable patients at community**.

**Fragmented care and lack of more affordable choices** at private sector also hindered patients to navigate their treatment journey. Inevitably, patients have to wait at long queue for care at hospital.

Lack of more affordable choices for community based allied health support services to lower barrier to seek care for chronic diseases in private sector.

Primary care cost a total HK\$30 billion in 2013/14.<sup>3</sup> Although **Primary Care Strategies** were set in 2010, there is **slow implementation and limited benefits to patients observed**. This also lead to a lack of holistic and patient-centred approach to chronic disease management.

Current GOPC PPP plan mainly works on alleviating capacity issue in GOPC of HA, instead of improving utilization of primary care as gatekeeper to better manage chronic diseases and prevent expensive hospital care

**Low visibility to stakeholders about goals and details of the deployment plan** of the HK\$100 billion PPP endowment fund in GOPC PPP. This limited synergy from private sector to ensure successful running of GOPC PPP.

HA only targets 35000 patients to join **GOPC PPP Program**<sup>2</sup>, that is **below 2%** of chronic disease patients in HK. Only 2 diseases out of the many common chronic diseases are included, and not all patients have right to opt in but selected ones.

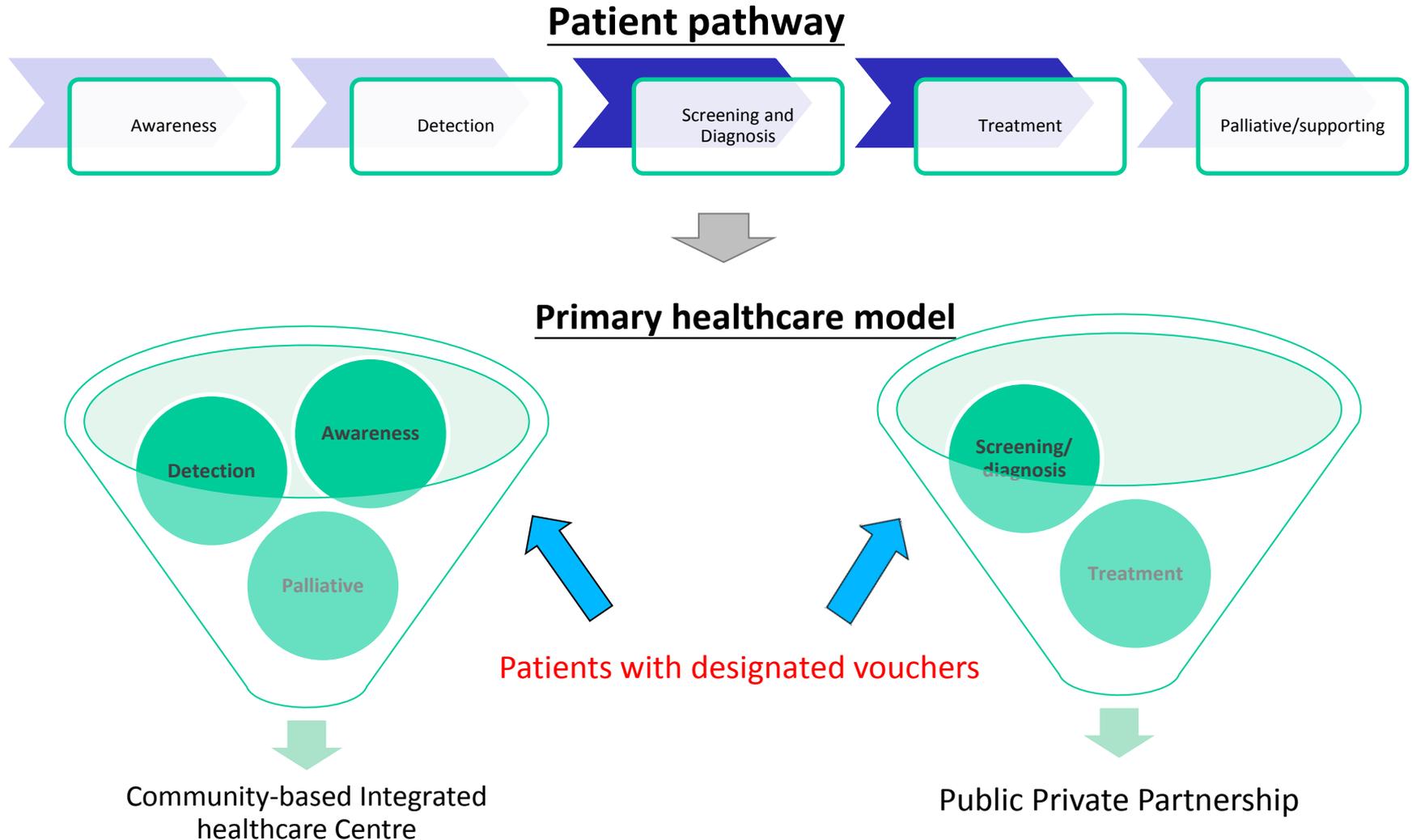
The approach to handle chronic diseases requires immediate attention concerning the fast ageing HK population and healthcare resources constraints in current service model.

Reference: 1. Thematic Household Survey Report No. 58, Census and Statistics Department

2. Primary Care Link, Issue 8 (Kwai Tsing District) - Nov 2016

3. Hong Kong's Domestic Health Accounts. Estimates of Health Expenditure, 1989/90 – 2013/14. [http://www.fhb.gov.hk/statistics/download/dha/en/table6\\_1314.pdf](http://www.fhb.gov.hk/statistics/download/dha/en/table6_1314.pdf)

# A Primary Healthcare model based on the Patient pathway



# The key concepts of the proposed primary healthcare model

## 1. Government attracts experienced NGOs/ interested investors to setup community health centres (CHCs) to support expedite coverage to all 18 districts

- Taking care the awareness programme, including patient empowerment programmes and palliative care
- For some disease, could be first point of detection
- Supported by allied health professionals(e.g. pharmacists, outreach nurses, physiotherapy, lab test, dieticians etc).
- This could encourage utilization to achieve economy of mass for CHCs and help driving improved patients' health outcome.

## 2. Speed up and scale up GOPC PPP expansion

- The treatment part will be dedicated to private doctors with PPP model
- Covering more common chronic diseases by
  - enabling all related patients to opt in instead of selected by HA,
  - improving participation process and communication to patients,
  - strengthening training support to primary care physicians in common chronic diseases management through accredited courses
- Quality of care: incentives for performance , support quality matrix development and monitor treatment outcome

## 3. Government strengthen education to citizens using more integrated healthcare services at community level and taking more ownership of their health by designated coupon and co-payment

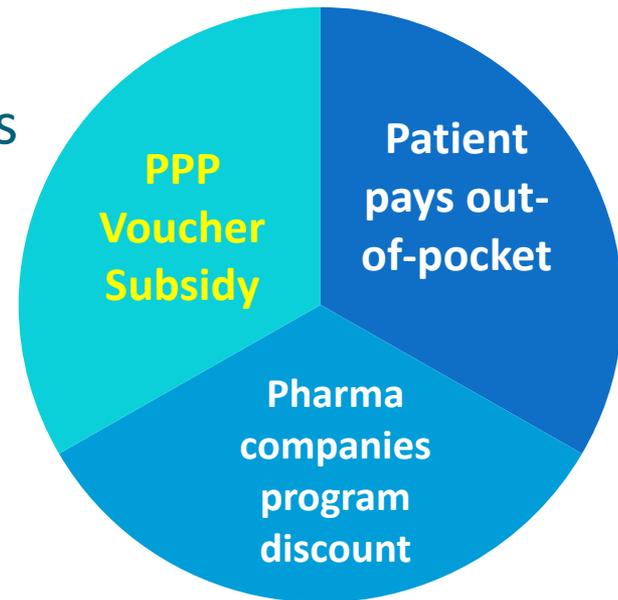
- Designated use of healthcare voucher prescribed by accredited Doctors according to care model developed by Gov't for various chronic diseases, to avoid abuse by un-necessary care, and drive the change of patient's behaviour
- Co-payment concept shall be expanded through issuance of primary care voucher to all GOPC PPP participants to subsidize and motivate access to multi-disciplinary care outside hospital setting

**4. A cross- bureau Primary Care Office** should be made accountable and empowered to drive primary care and PPP strategy deployment and implementation, with integration of existing social services centres. Clear timeframe and measurable outcomes should be made visible to public

To subsidize GOPC-PPP patients (with no age restriction) on innovative medicines offered through PPP drug list

Drug cost of innovative medicines will be split among 3 parties:

1. Patient
2. PPP Voucher
3. Pharma company discount\*



*\*List price same as private sector for pricing non-disclosure purpose, bulk rebate to be arranged through CPO to distributors*

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**THANK YOU**

