

Chapter 16

Community-Based Rehabilitation in Hong Kong: Opportunities and Challenges

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ABSTRACT

Community care is one of the worldwide strategies for governments to manage contemporary healthcare challenges and long-term care. In response to an ageing population, the Hong Kong government has been promoting the concepts of community care and made initiatives, inter alia, in community-based rehabilitation (CBR). Despite these new drives, there is insufficient supply of CBR services. Provisions of CBR are currently fragmented, project-based, or on a self-financed basis. The authors argue that there is a lack of longer-term plan on CBR and that the government still relies on the heavily subsidized public hospital system. In this chapter, the authors share their views on the opportunities and challenges of CBR in Hong Kong.

INTRODUCTION

Contemporary societies have been exploring appropriate approaches to promote and sustain health (World Health Organization (“WHO”), 2005) and identifying healthcare strategies to help those in suffering (Arnott & Koubel, 2012). Community care is one of the healthcare choices to take care of the needs of those requiring long-term care (Campbell et al., 2016), to manage inherent rising costs (Chappell, Dlott, Hollander, Miller, & McWilliam, 2004) and to address issues arising from an ageing population (Sau Po Center on Ageing & Department of Social Work & Social Administration, 2011). Other tactics may include patients’ self-management, telemedicine, cross-disciplinary disease management programmes, care paths, and financial incentives to minimize preventable admissions to casualties, etc. (Bardsley, Steventon, Smith, & Dixon, 2013).

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Developing countries welcome the concept of community care. In Thailand, for instance, community care provisions such as “the Bangkok 7 Model” have been in place to integrate health care and social services (Kespichayawattana & Jitapunkul, 2008). In China, in view of the increasing social care demand for older people, scholars have advocated that more emphasis should be placed on community care and partnering with families, whereas institutional care should be the last recourse (Zhou & Walker, 2016); and the Chinese government has been developing community care since 2004 to provide care at levels of provinces, municipalities, and counties (Li & Chui, 2016). A number of other developing countries have also realized the need for community care and established national strategies to manage mental patients (Jacob, 2001) and support patients with tuberculosis (WHO, 2003), for example.

Developed jurisdictions have also advocated community care for decades. In the UK, for instance, the policy debate on community care could be dated back to mid-1950s (Smith et al., 1993) and a recent successful story in practice involved a National Health Service foundation trust which satisfactorily piloted a community-based therapy scheme, allowing patients to receive treatment at home or at a health centre to help save bed days (“Antibiotic clinics provide ‘incredible’ community care”, 2015). In the United States, section 10202 of the Patient Protection and Affordable Care Act 2010 has provided for a “State Balancing Incentive Payments Program” to increase financial incentives for states offering home and community-based services as a long-term care alternative to nursing homes. In Canada, the government expanded community care as one of the tactics to ease the financial pressure in the 1990s (Naylor, 1999) and it has become “a vital part of health systems in Canada” (The Conference Board of Canada, 2012, p. i). In Western Australia, community care has been regarded as a non-inpatient means to improve the overall efficient flow of patients and alleviate hospital pressure on space and equipment, on top of increased staff satisfaction gained through new models of community care (Health Reform Implementation Taskforce of Western Australia, 2007). In Japan, the government has put in place an integrated model of community care as a national long-term care policy to facilitate ageing in place (Nakanishi, Shimizu, Murai, & Yamaoka, 2015). In Hong Kong, “[a]geing in place as the core, institutional care as back-up” is the guiding principle of the elderly care policy (Labour and Welfare Bureau (“LWB”) & Social Welfare Department of Hong Kong (“SWD”), 2014, paragraph 2). In this chapter, the authors discuss community care, with a special focus on the opportunities and challenges of community-based rehabilitation (“CBR”) in Hong Kong.

COMMUNITY CARE

Health is a resource for everyday life (the Ottawa Charter for Health Promotion, cited in WHO, 1986). Various modes of care delivery have impacts to different degrees on the quality of life and the cost effectiveness. Elders in institutionalized care, for instance, may feel alienated from their usual living environments and practices, thus resulting in a drop of their perceived quality of life (Kong, Fang, & Lou, 2016). In terms of healthcare financing, home-based care may be more cost-effective than hospital-based care in a shorter term of health maintenance (Knapp et al., 1998). In fact, care shifting from hospitals to the community has been a global trend (Royal College of Nursing of the UK, 2014).

Community care is defined by the WHO (2004, p. 16) as “[s]ervices and support to help people with care needs to live as independently as possible in their communities”. The WHO Centre for Health Development has further elaborated the meaning of community care from the perspective of elderly care (WHO, 2004, p. 3):

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