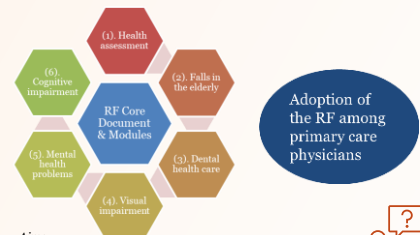


Adoption of the Hong Kong Reference Framework for Preventive Care in Older Adults: A Qualitative Study Using the Consolidated Framework for Implementation Research

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Introduction

- Evidence-based guidelines inform physicians, allied health professionals, and policymakers, enabling tailored health programs for more effective outcomes.
- Reference Framework for Preventive Care for Older Adults (RF)
 - developed by the Hong Kong Government;
 - provides evidence-based recommendations for primary care.



- Aims**
- To explore PCPs' perceptions of the RF and identify barriers and facilitators to its adoption in primary care settings.

Methods

- Study design: Qualitative study
- Participants: 40 primary care practitioners (PCPs) in Hong Kong
- Theoretical framework: The Consolidated Framework for Implementation Research (CFIR)
 - Five domains:



Results

- Among the 40 PCPs, most participants were male (77.5%, n = 31), while 22.5% (n = 9) were female (Table 1).
- Nearly half (45%, n = 18) were recruited from public healthcare settings, and 90% (n = 36) had over 16 years of clinical experience.
- Sixty percent (n = 24) reported seeing fewer than 40 patients per day.
- The majority were family physicians (77.5%, n = 31).

CFIR Domains	Barriers (%)	Facilitators(%)
I. Innovation	Concerns over outdated or overly theoretical content: 12 (30%) “The framework is too theoretical, vague academic, and complex, especially for beginners.” (Doctor 013)	Confidence in evidence-based approach: 26 (65%) “That is, a lot of evidence base information can actually remind us of some updated treatment plan or some care plan, so this is actually a good direction for our management.” (Doctor 04)
II. Outer Setting	Concerns over compulsory adoption and loss of professional autonomy: 29 (72.5%) “If you stipulate that you have to follow...it will make many frontline doctors worry because if there is no more room for freedom for doctors to deal with the matter on their own, first of all, they may offend patients, or some patients who have medical needs will not be able to receive suitable treatment.” (Doctor 004)	Incentives and Continuing Medical Education (CME) accreditation promote RF engagement: 3(7.5%) “They can also earn some CME credits. This encourages all doctors to reference, learn, and study.” (Doctor 001) “The government may need to provide more incentives, like funding, to support and motivate doctors to perform these screenings.” (Doctor 017)
III. Inner Setting	Time constraints and resource limitations: 29 (72.5) “I look for opportunities during the consultation; if I have extra time, I can discuss a bit more.” (Doctor 018) “The practicality of the guidelines really depends on how many staff members are available in your clinic and how well you manage your own time.” (Doctor 007)	Communication and Peer Support: 9(22.5%) “Sometimes, there may be specific content that we can discuss together... For example, the practice of up and go test... Maybe we can encourage more to do it.” (Doctor 010)
IV. Individual	Lack of access to training and awareness: 10 (25%) “When we are working, there may be some CME activities on primary care related topics, but we do not pay special attention to attend a workshop on framework.” (Doctor 022)	Accessibility and availability of RF information facilitate uptake: 28 (70%) “Regular updates provided through the Primary Care Office website contribute to sustained engagement with RF.” (Doctor 011) “Email notifications and printed summary materials enhance accessibility and reinforce RF awareness.” (Doctor 004)
V. Implementation Process	Challenges with patient adherence and expectations: 5(12.5%) “However, when it comes to private practices, if it involves blood tests, it requires citizens to be willing to pay. If a doctor suggests a blood test and the patient is unwilling, that can pose difficulties.” (Doctor 027)	Continuous evaluation and iterative refinement of RF to ensure relevance: 10(25%) “It would be ideal if there were committees that regularly review this, as that would be very practical.” (Doctor 015)

- This study highlights that while the RF has potential to improve preventive care in Hong Kong's primary care setting, its adoption is constrained by systemic, organizational, and individual barriers.
- To ensure its successful integration, flexible implementation, institutional support, tailored incentives, and enhanced clinician and patient engagement are essential.

Conclusion

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The Survey and Behavioural Research Ethics Committee of the Chinese University of Hong Kong approved the study (approval no. SBRE-22-0193). All eligible participants provided digital informed consent at the survey's start.
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