Assessment of the Hong Kong Reference Framework for Children's Health in Primary Care: A Qualitative Study Using the Consolidated Framework for Implementation Research

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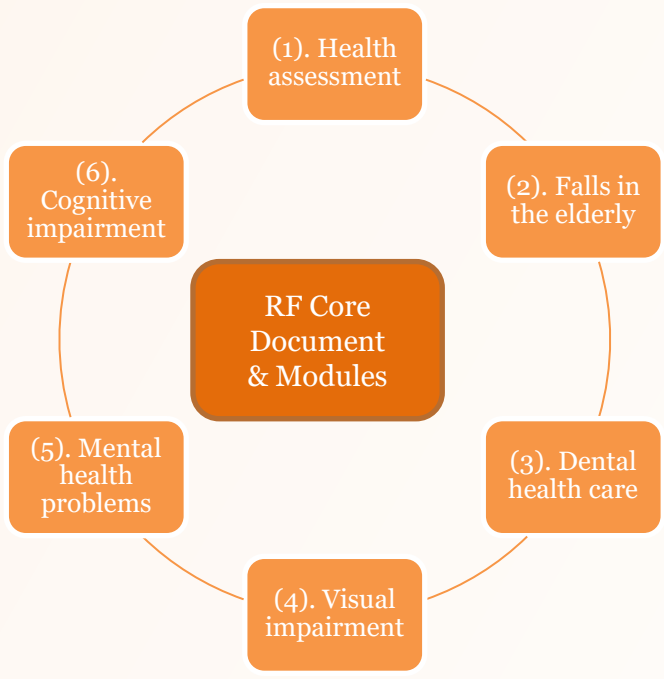
Introduction

The Hong Kong Reference Framework for Children's Health in Primary Care (CRF)

- *Standardize pediatric care in primary settings*
- *Developed by the Hong Kong Government;*
- *Provides evidence-based recommendations for primary care*



Adoption of the RF among primary care physicians

However, its integration into clinical practice remains uncertain

Aims

- *evaluates the facilitators and barriers to CRF adoption among primary care physicians (PCPs) in Hong Kong using the Consolidated Framework for Implementation Research (CFIR).*

Methods

Study design: Qualitative study by individual interview
Participants : 35 primary care practitioners (PCPs) in Hong Kong, with over five years clinical experience
Interview guide : Designed based on the Consolidated Framework for Implementation Research (CFIR)
Coding and analysis: Thematic analysis

Five domains (CFIR)

- **I. intervention characteristics**
- **II. outer setting**
- **III. inner setting**
- **IV. individual characteristics**
- **V. implementation process**

Sociodemographic characteristics

•14 in General Outpatient Clinics (GOPCs), 5 in Family Medicine Specialist Clinics (FMSCs), 4 in Health Maintenance Organizations (HMOs) in the private market, 3 in private practice outside of HMOs, and 2 as solo practitioners in private clinics.

•20 doctors having between 20 and 30 years of experience, 5 doctors with more than 30 years, and 10 doctors with less than 20 years.

Results

Facilitators to the adoption of CRF

•**Credibility**: Backed by the government and expert committees (26 doctors).
•**Research Foundation**: Strong research support (18 doctors).
•**Comprehensive Guidelines**: Helps unify pediatric care (22 doctors).

Barriers to the adoption of CRF

•**Complexity**: Too detailed for busy clinics (11 doctors).
•**Time Constraints**: Difficult for public sector doctors (14 doctors).
•**Feasibility Concerns**: Private doctors unsure about practical use (9 doctors).
•**Lack of Awareness**: Noted by 13 doctors; need for better outreach.

Improvement Suggestions

•**Simplify Content**: Suggested by 14 doctors.
•**Policy Incentives**: Link adherence to reimbursement (12 doctors).

CFIR Domains & Constructs	Facilitators(%)	Quotations of Barriers
I. intervention characteristics	**CRF was established by reliable expertise and authoritative groups (n=11)** *"So if this actually supports their authority, it means a group of professional committees created it. That also provides assurance when you follow it." (CRF04)*	**Summary and graphic design is necessary to improve user-friendliness and clarity (n=20)** "It would be best to have something like a one-page overview with visuals. We should have flowcharts that are really simple and summarize everything, along with large tables. This way, we can quickly see what we need at a glance." (CRF15)
II. outer setting	**Perceived urgency for pediatric prevention care (n=1)** *"I think guidelines will be easy to implement because of the adverse things that have happened, and people know it can happen that makes people more aware, and they will be less resistant to looking at guidelines. Before that they'll just think oh this is just something I already know etcetera, but now that that people are aware I think this is very timely yeah."[CRF06]*	**Declining child population causes less perceived urgency for pediatric prevention (n=3)** "But as for whether it's useful, to be honest, we all know that in society, the number of children is decreasing due to an aging population, so the proportion of children is not very large." [CRF14]
III. Inner Setting	**Training & Awareness as Critical Facilitators for Guideline Adoption (n=19)** *"Perhaps we could develop some educational courses for family doctors. I think we really need to gradually strengthen this. Education is essential so they understand the importance of this resource, why it should be applied in practice, and practical methods they can use. Only then will people start using it." [CRF19]*	**Lack of Audit & financial/professional Incentives and weak non-monetary motivators (n=6)** *"Moreover, if there were a link that allows you to check how often GPs access the information, and if using it frequently came with some incentives, I think definitely more people would use it. For example, if I often check the development charts or humanization records on the website, maybe visiting frequently could earn you some rewards or similar incentives." [CRF28]*
IV. Individual	**Sufficient consultation time to adopt the framework - especially in private setting (n=8)** *"I believe it's feasible in the private sector. I've worked in both public and private settings, and now in private family medicine, I have the time to do it. You don't have to do everything at once. With a bit of knowledge, you can naturally convey it." [CRF04]*	**Limited opportunity to meet children patients in daily clinical practice (n=20)** *"We work in the General Outpatient Clinic (GOPC), so the proportion of children we see is quite low. Private doctors may see more children." [CRF12]*
V. Implementation Process	***Suggestion for Promotion Embedding in Medical Education (n=8)*** *"I think there should be more promotion. If it could be introduced during undergraduate studies, that would be great—it would already serve as a form of promotion. It might also be beneficial to include some assessments on it, so people would pay more attention. Since undergrads have to study other subjects, why not include this as well? Additionally, for GPs and practicing doctors, it would be worthwhile to integrate this framework into CME and CPD, so everyone can take the time to learn and use it." [CRF04]*	***Lack of Timely promotion needed for physicians (n=11)*** *"I think the promotion is not enough. Other than the initial emails announcing the release of the reference framework, it seems to have gone quiet since then." [CRF29]*

Conclusion

- While the CRF is generally well-regarded, its adoption is hindered by factors such as complexity, accessibility, and system constraints.
- Simplifying the framework, enhancing awareness, and integrating it into clinical workflows with policy support could improve its implementation in primary care settings.
- Regular updates are essential to maintain its relevance..

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