Tradeoffs and Strategies in the Quadruple Aim

Lessons from Hong Kong's Health System

Policy Conference Presentation | Hong Kong

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01 | The Quadruple Aim Framework

The Quadruple Aim

- Four goals that every high-performing health system pursues at the same time
- **Population health –** better health outcomes for the whole community
- **Patient experience –** timely, respectful and patient-centred care
- **Cost control –** affordable care that stays within fiscal limits
- **Provider well-being –** a satisfied workforce, protected from burnout

Originally the Triple Aim (Berwick et al.); provider well-being added as the fourth aim by Bodenheimer & Sinsky, 2014

Alignment Is a Policy Choice, Not a Given

- Achieving all four aims together takes deliberate policy design – it does not happen by default
- **Well-designed policies create virtuous cycles:** better health lowers costs and eases the burden on providers
- Example: tobacco control cut COPD admissions, saving money and staff time at once
- **Blunt cost-cutting triggers vicious cycles:** capacity limits lead to long waits, burnout and staff exodus
- Example: budget ceilings left 2.1 doctors per 1,000 people and waits of over 100 weeks

02 | Hong Kong: Achievements and Tradeoffs

Hong Kong at a Glance

- **Life expectancy of 85.2 years** – the highest in the world
- Smoking prevalence of 9.1% and child immunisation coverage above 97%
- Health spending of just 8.3% of GDP – below the EU average
- **But only 2.1 doctors per 1,000 people** (OECD average: 3.4)
- Specialist waits exceed 100 weeks, and 32% of health spending is paid out of pocket

The Scorecard: Strong on Two Aims, Weak on Two

- **Population health – achieved:** #1 life expectancy and the lowest smoking mortality in the high-income world
- **Cost control – achieved:** efficient hospitals and spending below comparable systems
- **Patient experience – lagging:** specialist waits beyond 100 weeks and rushed five-minute visits
- **Provider well-being – lagging:** 72.6% of young doctors report burnout
- The paradox: world-class results achieved partly by shifting costs onto patients and staff

Where Aims Aligned: Virtuous Cycles

- **Tobacco control** (taxes, bans, education) drove smoking down to 9.1% – among the world's lowest
- Fewer COPD and lung cancer admissions cut costs and eased the workload on providers
- **Colorectal cancer screening** via subsidised private colonoscopy caught 65% of cancers early; incidence fell from #1 to #3
- **Nurse-led chronic disease management (RAMP)** reduced vascular complications and mortality over ten years
- Common thread: upstream investment pays off across all four aims at once

Where Tradeoffs Emerged: Vicious Cycles

- **Fiscal restraint capped capacity:** training places and beds were held down, so hospitals now run above 90% occupancy
- The workforce absorbs the overload – 72.6% burnout and a steady exodus to the private sector
- **The two-tier system leaves gaps:** 32% out-of-pocket costs, fragmented records and “doctor shopping”
- Patients default to A&E for everyday care, deepening overcrowding
- Primary care reforms since 2010 stalled – without gatekeeping, the hospital-centric model reinforces itself

03 | Responses and Global Lessons

Course Correction: Building a Learning Health System

- **Primary Healthcare Blueprint (2022):** District Health Centres in every district and chronic disease co-care with private GPs
- **IMACE (2025):** health technology assessment to align spending with value and retire ineffective tasks
- **QEH command centre:** patient-flow data fixed A&E boarding bottlenecks without major capital spending
- **Workforce expansion:** a third medical school and simpler pathways for overseas-trained doctors
- A learning system speeds the path to alignment – but it does not guarantee it

Lessons for All Health Systems

- **Alignment is deliberate:** test every major reform against all four aims before it launches
- **Upstream investment compounds:** prevention lowers disease burden, costs and provider strain together
- **Protect the workforce:** burnout erodes capacity, quality and ultimately population health
- **Anticipate tradeoffs:** use systems thinking, impact assessment and co-design with patients and clinicians
- Balance across the four aims is what makes health care sustainable and equitable

Thank you