

Chapter 4 PUBLIC RESPONSES TO PROPOSALS ON SERVICE REFORM

4.1 This chapter summarises the public responses to the proposals in the Consultation Document on the following four major areas of reform to the service delivery model –

- (a) enhance primary care;
- (b) promote public-private partnership in healthcare;
- (c) develop electronic health record sharing; and
- (d) strengthen public healthcare safety net.

4.2 In overall terms, the views expressed by respondents both in open forums and in written submissions reflected overwhelming support for the above service reforms. Most respondents expressed their concerns not because they disagreed or opposed the proposals for reform, but rather to point out areas that should be addressed in their implementation. There was also a strong call from many respondents for early implementation of these reforms.

4.3 This general picture was echoed by the questionnaire surveys and the focus group discussions. In Survey 2, when asked to rate their level of overall support for government proposals for service reform of the public healthcare system, 83.1% of respondents expressed support (20.1% expressed strong support and 63.0% expressed moderate support, with only 2.4% of respondents who said they did not support the initiatives at all).

4.4 On the urgency of taking forward the government proposals for healthcare service reform, the same Survey reflected that 77.2% of respondents considered that the need for implementing the reform was imminent and should be done in the next few years (15.8% considered that the reforms should be done now, 61.4% considered that the reforms were urgent and should be done within next five years, while only 3.7% considered that the reforms could wait for the next decade or were not needed at all).

4.5 Focus Group 1 also found that the focus group participants generally agreed that the service reforms should be carried out expeditiously.

Enhance Primary Care

4.6 The community has actively put forth their views on proposals related to the enhancement of primary care. In general, the feedback has revealed a broad-based support from both individuals and organizations on the enhancement of primary care. Most of them agreed that enhancement of primary care could lead to better health outcomes in long run.

4.7 Almost all respondents supported putting more resources to develop comprehensive, holistic and life-long primary care services in the community. Some respondents would like the Government to put more resources to subsidize the low-income

group so as to ensure that the whole population could receive better and adequate primary care services. Many supported the Government should take a stronger role in primary care, especially in ensuring the standard and quality of healthcare services.

4.8 The respondents generally agreed that the future primary care system should not only focus on curative medical care, but should also put more emphasis on preventive care, health assessment, screening and surveillance, wellness promotion, and health education, healthy lifestyle promotion as well. Most respondents agreed that there was inadequate emphasis on these latter preventive elements in existing primary care.

4.9 Some respondents pointed out that while some individuals and some doctors may be undertaking preventive care on their own initiative, there was not enough recognition among the general public on the importance of such. The extent and scope of such preventive care also varied, and often not putting emphasis on the needs for and risks of such.

4.10 Many healthcare professional bodies have emphasized that healthcare professionals apart from medical practitioners, such as nurses, Chinese medicine practitioners, pharmacists, dentists, physiotherapists, occupational therapists, optometrists, chiropractors, dietician, etc. could play a much more significant role than at present in the provision of comprehensive primary care services to the community, and considered that the primary care reform proposals should put more emphasis in developing the role of these professions in addition to that of doctors. Some Chinese Medicine groups also put forward that Chinese Medicine should have a role on a par with Western Medicine in primary care.

4.11 Focus Group 1 reflected a strong view among the participants that the reform initiatives on primary care should be carried out expeditiously. They supplemented that it would be important to increase health awareness so that people, especially the young, would assume the responsibility to maintain their own health. The opinions given by the participants of the focus group were largely coherent to the results of the opinion surveys and the views expressed in the written submission stated below.

4.12 In Survey 2, about 45.9% (6.5% of respondents strongly agreed and 39.4% of respondents agreed) that there was insufficient emphasis by both patients and healthcare providers on comprehensive primary care currently.

(a) Primary Care – Develop Basic Models

4.13 Some organizations and individuals have indicated in their written submissions that the adoption of a life-course approach in disease prevention and health promotion is essential in achieving better health outcomes. Some also suggested that quality assurance of healthcare service was important in delivering primary care services through marking reference to the basic models to be developed.

4.14 A number of respondents including professional bodies pointed to the need to involve various healthcare professions in developing these models, so as to ensure that the

primary care based on these models would comprehensively cover the services provided by these professions. There were also some respondents who felt that the respective roles of different professions and their collaboration in providing services under these basic models should also be carefully examined.

4.15 Some respondents considered that the objective and function of the basic models should be clarified, especially how these models were to be applied and implemented, and how individuals and providers alike could be encouraged to follow the models. Some respondents also pointed to the fact that the current way of delivering primary care in both the public and private sectors might not be conducive to delivery of comprehensive primary care, and what would be the appropriate delivery models to provide primary care with reference to these basic models should be considered.

4.16 In Survey 2, 83.2% respondents expressed support to the development of basic models for comprehensive primary and preventive care services (31.4% showed strong support and 51.8% expressed moderate support, with only 3.3% expressing no support).

(b) Primary Care – Establish Family Doctor Register

4.17 Respondents in general supported the establishment of the family doctor “register” and some professionals suggested that it should be called “directory” as it could provide essential information to the patients and facilitate them to choose suitable medical practitioners to be their primary care doctors. Nevertheless, some respondents considered that the “directory” should serve not only to provide information to the public but also to give assurance to the quality and standards of services provided by the doctors on the “directory”. Some therefore suggested that appropriate requirements should be in place to ensure appropriate training and experience for the doctors on the “directory” and the quality and standard of the primary care services they provide. Some emphasized the importance of the long term development of family medicine and suggested that family medicine training should be promoted amongst healthcare professions.

4.18 At the same time, a number of respondents especially professional bodies considered that primary care involved medical practitioners in collaboration with other healthcare professionals. Thus the “directory” should be extended to cover not only family doctors but also other healthcare professionals involved in providing comprehensive primary care. Some also considered that the “directory” should serve the purpose of fostering collaboration between different healthcare professionals, especially between doctors and other healthcare providers, in delivering primary care to the community.

4.19 According to Survey 2, 84.5% of respondents expressed support to the establishment of a family doctor “directory” (36.6% of respondents expressed strong support and 47.9% of respondents expressed support, with 5.6% expressed no support).

(c) Primary Care – Subsidize individuals for preventive care

4.20 Respondents generally welcomed the proposal and suggested that the subsidies should cover expenses on disease prevention such as health checks and vaccinations. Some recommended that more financial subsidies should be provided to chronic disease patients, children and the elderly. Some suggested that the Government should provide subsidies to promote health checks for all.

4.21 Some respondents suggested that subsidies could also be provided for individuals to receive primary care from the private sector, as an alternative choice to the existing public services. They suggested that vouchers could be used to relieve both the long queues for public services, as well as providing the public with more choices of their own healthcare providers and services. In this connection, some suggested that the amount of subsidies under the elderly healthcare voucher pilot scheme should be increased, so as to allow the elderly to receive more comprehensive primary care especially preventive care from the private sector.

4.22 According to Survey 2, 80.3% of respondents expressed support to the proposal to subsidize individuals to undertake preventive care through private family doctors (40.5% expressed strong support and 39.8% expressed moderate support, with only 8.5% expressing no support).

(d) Improve public primary care

4.23 Respondents generally welcomed improvement to public primary care and supported further exploration of suitable models to provide better public primary care in the community. Some would like to see the Government allocate more resources to NGOs to set up regional health centres in districts to provide health services and promote healthy lifestyle.

4.24 Some expressed concerns over the current level of public primary care services provided, referring to the often fully used quotas as well as busy telephone booking system, and called for increasing public services. On the other hand, some respondents considered that the private sector should continue to play a major role in primary care for the general public, and the public sector should continue to be confined to serve the low-income and under-privileged.

4.25 On purchasing primary care services from the private sector, some medical practitioners expressed concerns that the Government would interfere with the existing operation of the private healthcare market. On the other hand, some respondents recognized the benefit of purchasing private services which could supplement existing public services, as well as provide alternative choice to patients.

4.26 With respondents' general support on purchasing primary care services from the private sector, some suggested that a transparent mechanism should be established in setting and adjusting the fees as well as monitoring the standard of services provided by the private

sector. Some believed that purchasing primary care services from the private sector could help reduce the existing workloads in General Out-patient Clinics.

4.27 According to Survey 2, 74.9% of the respondents expressed support to the proposal for the Government to purchase primary care services from the private sector for low-income families and under-privileged groups (41.4% expressed strong support and 33.5% expressed moderate support, with 12.4% expressed no support).

(e) Strengthen public health functions

4.28 Many organizations and individuals agreed to the strengthening of public health promotion in the community. Some put forward that health education, in particular for students at school, is essential for improving health outcomes in the long run. Some suggested that a cross-sectoral approach should be adopted to promote healthy lifestyles in the community. A few written submissions suggested that incentives should be provided to encourage people to have a healthy lifestyle.

4.29 Some supported the further strengthening of the role of Department of Health (DH) in promoting primary care and public health. Some respondents also emphasized the importance of community involvement in promoting primary care and healthy lifestyles, and suggested that a more community-based approach to health promotion should be adopted.

4.30 On institutional arrangement, some expressed support to the establishment of a primary health care authority to co-ordinate all primary care initiatives. They suggested that the authority could help setting up “health targets”, implement health and food safety policies as well as co-ordinate district works. Some also proposed to establish a high level authority with mandate to coordinate, plan and implement initiatives for preventing diseases and promoting health. Some suggested that the authority should have the statutory power to enable effective professional governance.

4.31 According to Survey 2, the initiative of strengthening public health education, healthy lifestyle promotion, disease prevention and developing the standards of primary care services received overwhelming support from the respondents at 92.0% (62.3% expressed strong support, 29.7% expressed moderate support and only about 1.5% expressed no support).

Promote Public-Private Partnership in Healthcare

4.32 Many responding organizations and individuals were positive towards this new direction which they believe could help redress the existing imbalance between public and private healthcare services and provide a variety of new service models for the community apart from existing public services. Some commented that PPP could promote competition and enhance efficiency. Some suggested that more concrete policies should be formulated to attract middle income group patients to private healthcare services such as setting up a two-way referral mechanism and subsidizing the use of private health services.

4.33 Some respondents considered that PPP, in the form of direct purchase of private services by the public sector, could provide a cost-effective means of supplementing existing public services and relieving the long waiting queues. This group of respondents maintained that such services should continue to be provided to public patients at a fee level no higher than those being charged by the public sector at present. To this group, PPP must be accompanied by a betterment in capacity and quality of services available to public patients.

4.34 At the same time, some respondents expressed concerns that PPP could lead to reduced resources for public services and lesser capacity or quality of services for the low-income and underprivileged who could not afford the co-payment for private services. That said, some respondents, referring to the experience of some PPP pilots, considered that PPP could also benefit public patients given that those patients who opted for PPP services would relieve the public queues and in turn reduce the waiting time for public patients.

4.35 Meanwhile, some stressed the importance of putting in place mechanism to oversee the PPP models so as to increase transparency of costs and maintain quality of services. Some would like to see more monitoring on the private insurance companies and private healthcare services.

4.36 Some respondents expressed concerns that, in the absence of price transparency, proper monitoring and capacity building in the private sector, PPP could lead to rising healthcare price, while not necessarily delivering more cost-effective services and better health-outcomes. The offer of subsidized services through PPP would also likely lead to increase in healthcare utilization and potential moral hazards, and in turn increasing the total health expenditure of the community.

4.37 In Focus Group 1, the higher income group expressed a relatively stronger interest in possible public-private partnership in healthcare. The focus group findings and views of respondents revealed that to them, the main attraction of PPP is “money-follows-the-patient” whereby they could on the one hand receive subsidies hitherto only available through queuing for public services, and on the other hand could choose their own service providers and choice. To this group, this remained attractive even though they would be expected to co-pay a higher share of the healthcare cost.

4.38 In Survey 2, 54.0% of respondents (13.0% of respondents strongly agreed and 41.0% of respondents agreed) agreed that significant public-private imbalance in the healthcare system has led to limited choice for them as well as inadequate competition and collaboration among healthcare providers in both the public and private sectors.

4.39 The sections below summarises the specific responses received in respect of the individual proposals on PPP.

(a) PPP - Purchase hospital services from the private sector

4.40 A number of organizations and individuals welcomed the proposal as promoting competition and price transparency in the private healthcare market. However, a few organizations including some respondents in the healthcare sector expressed concerns that the proposal might lead to unfair competition between the public sector and the private sector.

4.41 Drawing reference to the pilot Cataract Surgeries Programme (耀眼行動), some proposed that the scheme should be further expanded to provide subsidies for patients to go through certain non-urgent clinical procedures or surgeries in the private sector, when there were long waiting queues in the public sector. Some suggested that the concept should be further expanded such that even the public sector should be required to compete for providing such services, so as to facilitate competition and ensure cost-efficiency.

4.42 According to Survey 2, 76.2% of respondents expressed support towards the proposal for the Government to purchase hospital service from the private sector (31.3% expressed strong support and 44.9% expressed moderate support, while 10.3% of respondents did not support the proposal).

(b) Pursue PPP in hospital development

4.43 Some organizations suggested that land should be made available on a concessionary basis to facilitate private hospital development. They also considered that the proposal was a key step to strengthen the capacity of the private healthcare market both to meet local demand and to strengthen Hong Kong's position as a prime medical centre in the region. Some respondents were interested about the division of rights and responsibility between the public and private sector in a co-located hospital.

4.44 On the other hand, there were concerns whether pursuing PPP in hospital development would be at the expense of public hospital development. While some agreed with the objective of expanding capacity of the private sector, they questioned if this should be done at a high cost to taxpayers. A few also questioned if expanding the private sector would bring benefits to the general public, when private healthcare was often restricted to the better-off or the privileged few who could afford to be insured or were provided generous medical benefits by their employers.

4.45 According to Survey 2, about 68.8% of respondents expressed support to the proposal to facilitate the expansion of capacity in private hospital through leasing out of vacant public premises or making sites available for private hospital development (26.6% expressed strong support and 42.2% expressed moderate support, while 17.9% of respondents did not support the proposal).

(c) Set up multi-partite medical centres of excellence

4.46 Various organizations and individuals supported the setting up of medical centres of excellence. They recognized the benefits these centres could bring to the local community by bringing together expertise in the public and private sectors, and both locally and internationally. Some respondents supported this initiative recognizing that it could, in the long run, have positive impact on the development of Hong Kong into a prime medical centre in the region.

4.47 Some organizations proposed that centres of excellence on musculoskeletal tumour services and organ transplant should also be considered. Some proposed that centre on Chinese Medicine should be set up.

4.48 Survey 2 showed that 81.8% of respondents expressed support to set up medical centres of excellence to draw together top expertise of the relevant specialties locally and overseas, with the participation of experts from both the public and private sectors (42.6% expressed strong support, 39.2% expressed moderate support and, with only about 5.9% of respondents expressed no support).

(d) Engage private sector doctors to practice in public hospitals.

4.49 The written responses from organizations and individuals generally supported this initiative. They were of the view that healthcare service standard could be enhanced which will benefit patients in both public and private sectors. Some organizations considered that it could benefit the patients and reduce the brain drain problem.

4.50 Survey 2 showed that 82.2% of respondents expressed support to engage private doctors in public hospitals on a part time basis to help cross-fertilization of expertise and experience (46.9% expressed strong support and 35.3% expressed moderate support, while about 8.3% expressed no support).

Develop Electronic Health Record Sharing

4.51 In general, respondents were positive to the development of the eHR system on the grounds that the initiative can enhance efficiency and facilitate the follow up of cases amongst different healthcare service providers in a timely manner. Some were of the view that it could serve as the important platform to link other service reforms initiatives. A few also suggested that Chinese Medicine practitioners should also be allowed to join the territory-wide eHR which they opined that it could help facilitate links and co-operations between Western and Chinese Medicines.

4.52 Amongst the participants of Focus Group 1, there was almost a unanimous agreement on the necessity of pursuing the electronic patient records. Patients with chronic disease participating in the focus group would like to see the electronic records to be available as soon as possible so they do not need to spend extra money to repeat medical examinations in private hospital.

4.53 There are however diverse opinions within the healthcare professions. Some healthcare professionals supported the system recognizing the potential benefits it could bring to both patients and the healthcare system as a whole. However, some expressed concerns on whether private practitioners were ready to share their patients' data with the public sector or other private healthcare practitioners. Some were of the view that the existing paper-based practice could sufficiently meet the need in sharing patients' records on an ad hoc basis. Some were worried about the potentially high cost for private practitioners to set up the system.

4.54 In connection with concerns about private sector readiness, some organizations and individuals suggested that financial incentives should be provided to encourage private sectors to build up the necessary infrastructure. Some pointed out that private doctors may neither possess the relevant IT facilities nor knowledge which might hinder the implementation of the initiative, and considered that the Government should take the lead in devoting resources to develop this infrastructure for the community as a whole.

4.55 Some respondents who supported the development of eHR were concerned about the privacy and data security issues. Some suggested that stringent regulations should be imposed to protect the interests of patients whereas some would like to have a legislative framework to back up the use of the patients' data. A few suggested that patients should have access to their own records.

4.56 Survey 2 revealed that 86.0% of respondents expressed support to the development of a territory-wide electronic health record sharing system (53.4% expressed strong support and 32.6% expressed moderate support, with only 4.6% expressed no support). The same survey reflected that 84.4% of respondents expressed support for the Government to fund the capital cost for the necessary infrastructure for electronic health record sharing system (42.1% expressed strong support, 42.3% expressed moderate support, while only 5.4% of respondents expressed no support).

Strengthen Public Healthcare Safety Net

4.57 We have received substantive feedbacks from different organizations and individuals on how to further strengthen our safety net system. Amongst various suggestions, there was a consensus in the community that the medical safety net should be maintained to ensure the low-income and underprivileged groups would not be deprived of adequate medication through lack of means. Some were of the view that public healthcare expenditure should be accorded higher priority in the Government's budget.

4.58 Similar result was found in Focus Group 1 where most of the participants agreed that the public healthcare safety net should be strengthened. The low-income group participants were particularly concerned about the scope and quality of the services provided under the public safety net. Some considered that the public safety net should be strengthened with reference to the four target areas of public healthcare as proposed in "Building a Healthy Tomorrow" in 2005.

4.59 The sections below summarises the specific responses received in respect of the individual proposals on strengthening the safety net.

(a) Reduce waiting time of public hospital services

4.60 Most respondents who commented on the current public healthcare services expressed concerns over the long waiting time for public services, especially for specialist out-patient clinics. Many considered the reduction of waiting time a priority in improving the quality of public hospital services, and should take precedence over other reform measures. Some individuals, however, expressed concern that the reduction of waiting time may even attract more patients to use public hospital services.

4.61 According to Survey 2, 84.8% of respondents expressed support to reducing the waiting time of public hospital services through strengthening existing provision or purchasing services from the private sector (46.9% expressed strong support, 37.9% expressed moderate support, while only 5.0% of respondents did not support).

(b) Improve the coverage of standard public services

4.62 Amongst the written submissions, some respondents called for improvements to the existing mechanisms of Drug Formulary (the Formulary) and self-financed drug items. Some suggested that all medical-proven effective drugs should be included in the Formulary whereas some advocated for a comprehensive research to be done for updating the drug items in the Formulary. A few respondents opined that these existing mechanisms have deprived the low-income group the right to access effective but more expensive drugs.

4.63 According to Survey 2, 92.2% of respondents expressed support to improving the coverage of standard public services especially on the inclusion of new drugs and treatments in the public healthcare safety net and the procurement of new medical equipment (62.6% expressed strong support, 29.6% expressed moderate support, while only 1.3% of respondents did not support).

(c) Explore the idea of a “personal limit on medical expenses”

4.64 Amongst the written submissions from organizations and individuals, the concept of personal limit on medical expenses received strong support from respondents. The main reason cited in support was that the limit could provide a shield to protect individuals against financial ruin because of catastrophic disease, including those in the middle-income group where the expensive medical treatment for certain diseases could still be a heavy burden. A few suggested that supplementary disease insurance could be explored to pool the risk when members of the public have catastrophic or chronic disease.

4.65 According to Survey 2, the proposal of setting a “personal limit on medical expenses” received support from 91.7% of respondents (with 68.9% expressed strong support and 22.8% expressed moderate support, while only 2.6% did not support the proposal).

(d) Inject funding into the Samaritan Fund (the Fund)

4.66 Respondents generally agreed that more resources should be put into the Fund to assist those in need. However, some viewed that the Fund should be the last resort to help the needy patients and should be restricted to who could pass the means-test. On the other hand, some respondents considered that effective but expensive drugs should be offered as standard public services rather than to be provided through the Samaritan Fund. Some called for reviewing the existing operation of the Fund.

Healthcare Manpower Capacity and Training

4.67 In connection with the proposals for service reforms, quite a number of respondents expressed their views on manpower issues under the healthcare system.

4.68 Some respondents advocated the formulation of a long term manpower plan for medical practitioners as well as other healthcare professionals with a view to meeting the needs of the community. Many were of the view that increasing the number of healthcare professionals could help shorten waiting time for public healthcare services and lower the cost of healthcare as a whole.

4.69 Opinions were also received on the training of specific healthcare professionals. Some professionals groups suggested more training places to be provided for their professionals so as to increase their numbers to meet the increasing service needs. Some entities suggested we should make reference to international experience to develop new training models (such as on Family Medicine) for undergraduates who are studying medicine in Hong Kong. Others proposed that the Government should provide fund for other training programmes.

4.70 On increasing the manpower capacity, some respondents proposed that the local healthcare market should be opened for overseas and mainland medical professionals. To meet the increasing healthcare needs and the resultant demand on manpower in the long run, some respondents suggested that the intake of medical students should continue to be increased. Similar suggestions were made in respect of the nursing professions, with a view to addressing the acute shortage of nurses, and also to varying extent in respect of other allied-health professions.

Development of Specific Areas of Healthcare Services

4.71 While the healthcare reform consultation was intended to cover the healthcare system as a whole and service reforms in general, many respondents especially specific healthcare professions stressed the need to develop specific areas of healthcare services and professions. These include Chinese medicine, dental services, mental health services, infirmary services and long-term medical care. Most considered that specific strategy and plans for development of these areas of healthcare services would be needed.

Institutional Reform

4.72 Some organizations advocated an overall review of the institutional setup of the healthcare system, including the role and the structure of the Hospital Authority (HA), with a view to improving operational efficiency and cost control. Some proposed that the role of DH should be strengthened to act as the coordinator and monitor for the healthcare system, exercising regulatory functions and ensuring the quality and standards of services. Some suggested that an independent entity should be established to monitor the quality of healthcare services and performance of healthcare providers.

Summary

4.73 The first stage consultation reflected a broad consensus in the community over the service reform proposals. Most proposals received very strong support from the public. By and large, the key concepts and directions for the reform proposals were endorsed by the community across different sectors. Some concerns and questions had been raised in respect of individual proposals, but none were raising fundamental difficulties with the proposed reforms. Rather, these were constructive comments that should be taken into account when we proceed to implement the proposals for reform.

4.74 In the process of implementing the service reforms, the community would like to know how to further improve the quality as well as cost-effectiveness of the public healthcare services. They also called for enhancing the transparency of the pricing and quality of private healthcare services and monitoring of health insurance system.

4.75 In connection with the service reforms, the feedback during the consultation also suggested a number of other related issues that need to be addressed. These include the manpower capacity and training of healthcare professionals, the capacity of the private healthcare sector and the transparency, quality and standard of services it offers, and institutional setup of the healthcare system, etc. All these should be addressed in the course of taking forward the reforms.