



"Chetwyn Chan [RS]"

11/06/2008 12:32

To <Bestrong@fhb.gov.hk>

cc

bcc

Subject Comments on Your Health Your Life from Dept of Rehab Sci, PolyU

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Dear Sir,

Below are our views on the Your Health Your Life consultation document:

1. We concur with the standpoints conveyed in the document that the expenses for the health care services would be drastically increased as the older population expands in the future. We also concur with your views that we should think of other ways to further subsidize the health care services.

2. We concur with the views that instituting "insurance" by sharing the risks is one feasible way of tackling the problems at hand.

However, as an academic Department which offers educational programmes for training occupational therapists and physiotherapists, and engaging in active rehabilitation research, we share a lot of the worries which our users and other stakeholders are having about the proposed options in particularly on how to safeguard equitable and evidence-based rehabilitation services in the future. Below are a few points for your consideration:

3. We are concerned with letting private insurance companies to operate the system. We have had ample experience to learn that private insurance companies are aiming at profit making rather than providing equitable and evidence-based services to their clients. Looking at the MPF, the way that private operators charging the management fees. The system has been criticized as not transparent and unfair to the users/customers. As business environment and government policy fluctuates as time goes, the general public would not have the sense of security and chance of receiving equitable services as if these services are to be operated by the government or a public scrutinized board. Our recommendation is for the government to consider operating the "insurance" through setting up a central board which is under the scrutiny of the public. One example is like the system run in Canada. Everyone has to pay extra dollars as the insurance premium, but the operator of this insurance is the government or one independent board.

4. Our worries are that rehabilitation services are likely to be cut under the proposed new system(s). The reason is that rehabilitation is not a service which has a high profit margin (in contrast to open heart surgery or other medical services). There is a tendency for insurance companies or other private operators to cut services to the bear minimum like 10 sessions of PT for one year and nil for OT. The consequence is that the people who are in need of rehabilitation services no matter they undergo a heart surgery or suffer from stroke cannot get the adequate level of rehabilitation services. The worse is that the bills will be picked up by the welfare sector or just merely becoming burdens to the society. It would therefore be of the utmost importance to safeguard the provision of "adequate" level of rehabilitation sciences for different medical procedures and diagnostic groups by relying on the best evidence. These principles have to be determined right before the establishment of the system and handover to the insurance operators.

5. Our other worries are that all along there is no well-thought out manpower plan for rehabilitation professionals such as occupational therapists and physiotherapists. Our Department has taken a lot of initiatives since the 90's to let the government know about such gap in the system. More importantly, the government has kept on saying that manpower plan does not need to take into the account of the needs from the private market. If the "insurance" system is going to be in place, the implication is that there will be a lot more expansion in the private PTs and OTs. The government therefore would need to take the manpower supply in the ever expanding private market and the volatile NGO system into the future manpower equation. To further raise the competence level of our rehabilitation professionals for becoming independent practitioners, the government should consider uplifting the entry-level qualifications of these professionals such as OTs, PTs and STs to be at the second-degree level, i.e. a two to 2.5 years Master's entry-level education rather than the existing bachelor degree training.

Please do not hesitate to contact us should you require further elaborations on these points. We are also ready to participate in the development of the policy and operation systems in the future.

Yours sincerely,

Chetwyn Chan, PhD
Chair Professor in Rehabilitation Sciences
Head
Department of Rehabilitation Sciences
The Hong Kong Polytechnic University
Hung Hom, Kowloon
Hong Kong