

Response to the Health Reform Consultation Document ” Your Health, Your Life” Food & Health Bureau 2008

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We welcome the Health Care Reform Consultation Document entitled “Your Health Your Life”. The document has further developed the key issues raised in an earlier discussion document “Building a Healthy Tomorrow“ to reform our health care system. It clearly articulates the vision and values of the Hong Kong health care system. Its discussion on the six supplementary financing options is objective and comprehensive, which enables the public to make an informed choice.

We echo the view that the ultimate goal of health care is to improve health and quality of life, and that equity of care should be a priority. We fully agree to the active promotion of preventive care. We strongly support a reform to the currently unsustainable hospital-based system to a family-doctor led primary-care based system. We would like to submit our views and some suggestions in relation to four major areas raised in the Consultation Document:-

1. Accessible health care for all through a family-doctor led primary-care based system
2. Integration of different services in a holistic health care system
3. Sustainable supplementary financing options
4. Research and development for primary care

Accessible Health Care for All through a Family-doctor Led Primary-care Based System

There is increasing evidence to show that populations with better primary care systems consistently have better health outcomes, more equitable care and lower health care costs [1-3]. To be fit for purpose, primary care must be enabled, empowered and engaged to fulfill its roles:-

- a. Primary care needs to be enabled to provide effective care. The family

doctor trained in dealing with all types of patients and illnesses, discriminatory use of resources and whole-person care is most suited for the delivery of primary care. Research has shown that primary care provided by family doctors is the most cost-effective [4,5]. A higher supply of family physicians, but not other primary care subspecialties, was associated with lower mortality rates [6,7] and higher early cancer detection rates [8, 9]. Our recent local population-wide study further proved that people with a regular family doctor had greater improvement in health, more enablement to cope with their illness, more preventive care, healthier life style and less demand on hospital services than people without a family doctor [10]. Training in family medicine for all primary care doctors should be an ultimate goal.

- b. Although primary care is cost-effective, it still requires sufficient resources to enable it to serve its function. We are very pleased to learn about the Government's intention to improve public primary care services but we are not sure the purchase of private services can achieve this goal. More fundamental improvement in the workload and the availability of needed investigations, therapeutics and paramedical services should be considered.
- c. The role of public primary care services should not be limited only to the provision of care for the under-privileged to prevent services for the poor becoming poor services. They should also be the bench-mark of quality and training bases for family doctors and primary care nurses. The network of Government health centres is an excellent infrastructure that can be developed into a public-private integrating hub in providing needed but not readily available services, e.g. dietician and retinal photo for diabetic patients and counselling service for the mentally ill, for both public and private primary care in the districts. This will enable primary care to take up more responsibilities in chronic disease management.
- d. Primary care needs to be empowered to gate-keep health care resources by preventing unnecessary access to secondary care and taking over the care of patients from secondary and tertiary care. The cost differential between publicly funded secondary care and privately funded primary care counteracts this function. The health care reform needs to include a mechanism, through funding or administrative arrangements, to keep patients in primary care.
- e. Primary care needs to be engaged to take up the expanded roles beyond

episodic care of minor illnesses to include anticipatory preventive care and continuing chronic disease management. Financial incentive is an important but insufficient driver; the primary care doctor needs to be trained, equipped, trusted and respected in the profession and society. Experience from the UK, Australia and Canada have shown that compulsory vocational training in family medicine for all primary care doctors and Government incentives to upgrade family practice facilities including computerization are effective strategies.

Integration of Health Services in a Holistic Health Care System

Health care is a complex system that comprises of many interacting elements of which the relationship is non-linear [11]. Changes in one part require and lead to changes in other parts of the system. Small changes can have major effects which may be quite unpredictable. The consultative document has rightly pointed out the problems and wastage from a lack of integration between different sectors and levels of services. A holistic health care system that integrates the public with private sectors, primary with secondary care, and preventive with medical services is the key to effective and efficient use of scarce resources. The following strategies should be considered:-

- a. Every person should have a family doctor who can coordinate care from all sectors. A territory-wide electronic health record system is an excellent idea to facilitate integration and continuity of care but it is insufficient. Full integration of the care of a person needs a mind-set and system for appropriate selection of services and smooth mutual transfer of care empowered to the family doctor. A simple measure of inclusion of the details of patient's family doctor in the hospital record system may make a difference.
- b. A Family Doctor Register is useful to enable the public to identify their family doctors. The register should include all family doctors rather than only private doctors. The entry and renewal criteria of the register are critical in determining whether it will assure quality or mislead the public, which need to be worked out carefully.
- c. Government subsidy for patients to use private services may be a useful interim measure to address the long waiting time of public medical services.

The programme must be properly managed so that it will not lead to the opposite effect of adding more burden to the public system by reverse shifting of patients from the private to public sector.

- d. Integration of preventive with medical services in primary care is a must. Preventive care such as vaccination and cancer screening through opportunistic case finding in primary care is the most cost-effective and sustainable [12]. The roles and model of some existing public preventive services will need to be reviewed to avoid duplication and wastage.
- e. A Government funded task force, such as those in the US and Canada, to develop and disseminate locally relevant evidence-based protocols on preventive care for different groups is an effective way of promoting good practice. It cannot be emphasized more that inappropriate preventive protocols are wasteful and can be harmful.

Sustainable Supplementary Financing Options

There is no one perfect health financing solution, but some are more able to support a primary-care based health care system and equity of care than others. Health care is a professional service to meet the needs of people rather than a commodity that responds to demands. It is well-known that those who need health services the most are often the least able to afford them, and the 'Inverse Care Law' often applies when health services are regulated by market force [13]. Based on the above guiding principles, the financing system must be able to pool resources and share risks.

We prefer the Social Health Insurance and the Mandatory Health Insurance models:-

- a. The Social Health Insurance model is the most able to empower primary care, encourage preventive care, and reduce the divide between public and private services. Some form of co-payment proportionate to the cost of the services is essential to manage demand. Some may think that the middle-class workers are the most burdened in this model but they actually are the group who are most likely to use expensive medical services when they are ill. Extension of the retirement age, which is adopted by some developed countries, is a possible solution to reduce the burden on future generations.

- b. Mandatory Health Insurance model is probably the most acceptable because it is the least disruptive to the existing parallel public and private services. It provides a balance between equity and choice. It can potentially empower primary care and encourage preventive care but it has to be carefully monitored. There has to be an effective system to assure quality and adequacy of services at an affordable premium. Co-payment is essential to control demand.

Research and Development in Primary Care

Effective health care should be evidence-based but there is very little research on local primary care. Extrapolation of results from hospital-based research to primary care is often not appropriate because of major differences in disease prevalence and patient characteristics. There is an urgent need for primary-care based research evidence to inform practice. The commitment of increasing recurrent government expenditure for health and medical services from 15% to 17% should make provisions for health services research and development:-

- a. Year-marked research funds to support primary health care research
- b. Establishment and maintenance of an office for the development and free dissemination of locally relevant evidence-based guidelines for both primary and secondary care.
- c. Incentives for the formation of and participation in primary care research networks that can help to generate important research agenda, collect data, monitor morbidity trends, test new models of care, and translate research results to daily patient care.

Conclusion

The proposed reform to make our health care system to be based on primary-care led by family doctors is most timely for the enhancement and sustainability of our health services. Primary care needs to be enabled, empowered and engaged to fulfill its expanded roles and function in the health care system. Training in family medicine for all primary care doctors should be an ultimate goal for Hong Kong. The Social

Health Insurance and Mandatory Health Insurance models can potentially support the reformed health care system. The administrative and organization details are critical to successful integration of different sectors and levels of care. There is a need for year-marked funding to support primary care research and a task force on local evidence-based guidelines to promote good practice in primary care.

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