



Hong Kong Dental Association (Ltd.) 香港牙醫學會 (有限公司)

Duke Of Windsor Social Service Building, 8/F., 15 Hennessy Rd., H. K. Tel: (852) 2528 5327 Fax: (852) 2529 0755 E-mail Address: hkda@hkda.org
香港軒尼詩道十五號溫莎公爵社會服務大廈八樓 電話：(852) 2528 5327 圖文傳真：(852) 2529 0755 電子郵件：hkda@hkda.org

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(By Post & By Fax: 2102 2525)

Ms Sandra Lee, JP
Permanent Secretary for Food and Health (Health)
Food and Health Bureau
19/F Murray Building
Garden Road
Central
Hong Kong

Dear *Sandra,*

Submission on Healthcare Reform

On behalf of Hong Kong Dental Association (the Association), may I first thank Mrs Ingrid Yeung and Dr Antonio Sek for attending the Open Forum organized by the Association on 21 May 2008 and briefing the attendees respectively on the proposed Supplementary Healthcare Financing options and the development of electronic healthcare sharing infrastructure. We appreciate the Government adopts an open stance in conducting dialogue with our profession.

On behalf of the Association, I write to present our members' concern to your Bureau in regard to the Healthcare Reform Consultant Document released in March 2008. We earnestly hope that the Government will take heed to our views when taking forward the reform.

In face of ageing population, rising chronic disease, increasing medical costs and growing public expectation, it is high time for the Government to initiate public discussion on the introduction of supplementary financing to support healthcare reform and the sustainable development of health care system, with an aim to maintain high level of quality and service capacity for long. We applaud the Government's decision to increase the recurrent expenditure on medical and health services from the present 15% to 17% in 2011-12. The Financial Secretary has also pledged in the Budget to draw \$50 billion from the fiscal reserves to mobilize the healthcare reform. All these shows the Government has made strong commitment to further improve the healthcare system in order to meet challenges ahead. Promotion of public-private partnership seems to be a natural development in healthcare. It offers the public wider choice of services and hence encourages healthy competition, exchange of expertise and allows better use of resources. The Health Care Voucher Pilot Scheme implements the "money follows

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patient” concept, with an aim to enhance primary care services for the elderly on top of existing public primary care services, will mark the kick-off of public-private partnership.

Meanwhile, we observe dental service gap do exist in our community for certain groups of people in particular for secondary students and the elderly. In this connection, I am going to spell out the situation and hope the Government could address their needs in the forthcoming second phase of consultation period.

Measures for Raising Oral Health Awareness of Secondary Students

Good oral health is an integral part of one’s general health. It is a concept advocated by the World Health Organization worldwide. We hope the Government could attach more importance to dental care which is indispensable to total health. We understand that the Government’s policy on dental services is to improve oral health and prevent dental diseases through promotion and education, raising public awareness of oral health and developing oral health habits. The School Dental Care Service (SDCS) by the Department of Health, targeting all primary school children has been receiving high recognition and scored well. Our profession holds the view that oral health care promotion should extend to secondary schools for continuity. The Oral Health Survey 2001 disclosed a large proportion of students had stopped receiving regular oral health care after entering secondary school. The use of oral health care services had dropped dramatically after students entered secondary school. It was reported that only 21% of students surveyed still maintained dental visit after primary school years. We therefore consider it is necessary for the Government to allocate resources to encourage secondary students to continue their habit of seeking dental check up and hence reinforce the effectiveness brought about by SDCS.

Oral Health Status of the Elderly

The Oral Health Survey 2001 also revealed that institutionalized older persons (IOP) are suffering from the worst oral health condition. Based on the data from Social Welfare Department, about 70% of IOP are CSSA recipients. In response to the need of enhancing primary care to improve the health of our community as raised in the Document, we urge the Government to mobilize more resources to rectify the situation through providing IOP with primary dental treatment and preventative consultation service in particular for IOP admitted into publicly funded homes because they are all those physically impaired or having cognitive disability.

Under the CSSA Scheme, CSSA recipients who are old, disabled or in ill



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health are eligible for dental grant. As for able-bodied CSSA recipients who are not eligible for the grant, they should be encouraged to approach private dentists, as an alternative choice, for the same dental service. It is because in fact, according to an internal survey previously conducted by the Association, a considerable number of private dentists are willing to offer dental service to CSSA recipients at charges compatible to that of NGO dental clinics offered to CSSA recipients. We therefore suggest the Government to study the possibility of compiling and providing such a list of private dentists to those able-bodied CSSA recipients, enabling them to afford private dental service that suits their needs. By this way, social resources could be fully utilized on one hand. On the other, the consciousness of sharing social responsibility by the profession could be further uplifted.

Supplementary Financing for Healthcare

A total of six supplementary healthcare financing options are presented in the Document. Each option has its pros and cons. Among all these proposed options, the Mandatory Health Insurance and Personal Healthcare Reserve are most controversial and have drawn much attention from the community. For these two options offer common advantage of allowing all participants to enjoy same premium regardless of their age and medical history, enabling the high risk groups with pre-existing medical conditions to get insured. The Government predicts under the risk sharing principle, with large number of people get insured, people can enjoy lower premiums.

Currently, it is a common practice for insurance companies to charge high premiums on high risk people or even refuse their applications in order to maintain business performance. Our concern is whether the Government can formulate an effective monitoring mechanism to ensure the professional diagnosis and the patients' rights would not be affected or even deprived by the commercial and costs factors under mandatory insurance scheme.

As for the Personal Healthcare Reserve, part of the deposit will be used for subscribing to a government-regulated personal healthcare insurance, and the remainder will be accrued in the account for insurance subscription and supporting medical expenses after retirement. It is predictable that the administration costs for the part of contribution savings might be relatively high and the Government should remove the worries of the public by giving us more concrete figures and proposing some measures dealing with this potential problem. A comparison between mandatory health insurance and the current insurance in the market concerning the estimated premiums and service quality will also help the community to make a wiser choice.



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There is no panacea as different means of financing arrangement involve merits and demerits. It is rather essential for the Government to reach a consensus with members of the public and make a choice which is fit for the community in long term vision.

Electronic Health Record Sharing

We in principle welcome the proposed development of electronic health record (eHR) system with an attempt to establish a record sharing infrastructure to maintain a more comprehensive medical history, in order to provide patients with more timely, efficient and accurate diagnosis treatment and to facilitate public-private partnership in the future.

However, the recent suspected cases of data leakage have aroused the public's worry about the data security problem brought about by Foxy, an online file-sharing software. Computer technology is ever-changing. The Government should therefore take proper action by raising the online security awareness of the civil service, keeping them abreast with the advanced trends in order that hidden security risks could be detected in advance and loopholes could be removed.

At present, maintaining patients' record in electronic format is not a common practice among dental colleagues. A user-friendly program design and time-saving data input procedure are therefore important to gain support for the development of such a territory-wide eHR system. To ensure cost-effectiveness of its development, we shall appreciate it if the Government could collect views from users, the dental profession, before taking further step and provide sufficient technical support to the sector.

We thank you for your kind attention and look forward to working closely with you and your colleagues in the second stage consultation for better healthcare service provision through collaborative effort.

With regards,

Yours sincerely,


Dr Sigmund Leung
President
Hong Kong Dental Association