13th June, 2008.

Hong Kong Occupational Therapy Association's Views on Healthcare Reform Consultation

We, members of Hong Kong Occupational Therapy Association, would like to express our views in response to the Healthcare Reform Consultation Paper. There is, indeed, an imminent need to look at the healthcare system in Hong Kong in view of the pressing challenge of the ageing population.

Reform and Improvement

This consultation document has been the third one of its kind seeking for public's comments on the reform of Hong Kong's future healthcare system since 1999. We agree that there is a need to reform and we are of the view that improvement should target at achieving sustainability, quality, fairness, accessibility, affordability and availability of choice. Indeed, we did give our responses to the previous 2 similar consultations in the year 1999 and 2001. We found that those previous comments opined by us are still valid today, constituting a major part of our viewpoints on currently proposed healthcare reform. Copies of such previous feedback sent by us are attached hereunder as Appendices I & II for reference.

Primary Healthcare

We totally agree with the need for enhancing primary healthcare, especially in the area of healthy lifestyle promotion, primary prevention, risk assessment and curative care.

Involvement of different healthcare professionals in the development of primary healthcare service is of utmost importance to ensure that comprehensive and effective services are there and choice is available.

Occupational Therapy in Primary Healthcare

In recent years, many local occupational therapists have moved to work in the area of occupational life style re-design, primary health prevention using, say, Qigong, home safety screening and enhancement, cognitive assessment (such as mobile memory clinics), well elderly program and cognitive training in the community, so on and so forth. All these modes of intervention are actually primary healthcare in nature. Some have also conducted studies to investigate program effectiveness. The results are very positive and encouraging. Therefore,

we urge that occupational therapists are to be involved in the process of enhancement of primary healthcare.

Manpower Planning to support Healthcare Reform

To ensure success of any healthcare reform, one of the essential factors is the availability of appropriate manpower such as allied health professionals. The present number of student in-take for BSc Hon. Degree Programme in Occupational Therapy at the Hong Kong Polytechnic University is 40 students per year. With such a small number, there will not be enough occupational therapy professionals to face the service demand in the years to come. In fact, new graduates can barely meet the service demand at present and all the occupational therapy graduates are absorbed into the work market right after graduation.

At present, we have just around 1,400 registered Occupational Therapists in Hong Kong. By 20 years later, the ratio of the working-age population to elderly population in Hong Kong will reach 3:1 from the existing 6:1. It is envisaged that the corresponding need of increase in occupational therapist manpower will be doubled. We strongly urge Food & Health Bureau to help recommend that the number of student places for Occupational Therapy programme be increased as soon as possible to 60 per year and also further increase by phases with an addition of 20 places every 4 years in the next two decades to meet the ever increasing service demand.

We envisage that occupational therapists are in high demand in primary healthcare, community service as well as secondary and tertiary or quaternary services, especially in the areas of elderly service, neuro-rehabilitation, mental health and also children with learning or behavioural disability, etc. As a member of the healthcare professions, we are ready to work hand in hand to improve the healthcare system to better serve the public.

For and on behalf of the Association,

Samuel Chan (Mr.)
Chair-person, H.K.O.T.A.,
(08-10)

Appendix I

Response to the Harvard's Report
Hong Kong Occupational Therapy Association
(submitted in Oct., 1999)

Background

Occupational Therapists have a positive role within the health care industry. The profession has been registered and regulated under the Council of Professions Supplementary to Medicine since 1992. As the sole legitimate professional group of Occupational Therapists in Hong Kong, the Hong Kong Occupational Therapy Association, after thorough discussion among our members, deems it necessary to express our collective views and comments on various notions contained in the Harvard's Report.

Lack of Consultation

Before we put forth these comments, we feel it is important to note that our professional group was, unfortunately, not consulted concerning health care issues affecting our population.

Rehabilitation in general seems to be addressed in passing as a sideline of care, rather than as an integral aspect in the process of seamless healthcare for the population who need to return to work and home after injury, disease or dysfunction. Occupational Therapy provides services not only in the transition from hospital to home but also directly in the community to prevent the need for hospitalization.

The Association's Stance

The ensuing passages serve to air our comments on several issues raised by the Harvard Team.

1. Cost of Health Care

In the first place, it is our opinion that this moment is possibly a decent time when the Government, health care providers, consumers as well as the general public can work hand in hand to contemplate and instigate reforms to the current system of health services delivery. We indeed totally agree to the Harvard Team's exhortation that "the longer those reforms are postponed, the higher the costs"[1]. We believe that such costs will not merely be the direct expenses unnecessarily spent as a result of a delay in ameliorating the present systems but may also be an array of related social costs.

2. Funding Health Care

Secondly, we recognize that there may actually be an imminent need for a

transformation of financing mechanism to fund the health care services in forthcoming years as anticipated by the Team. Such a change appears to be inevitable and impending. However, we are not expert economists and so we are not able to reckon the most reasonable percentage of pecuniary contribution (be it 1%, 1.5% or 2% of wages[2]) by citizens to help finance the health care expenses that is conducive to both the economic well being of Hong Kong and to the long term benefits of the population as a whole. Yet what we think ought to be right is an equally urgent need for a substantial reform to the current system of health care delivery alongside such change. We advocate without any reservation the followings:

a. formulation of a really visionary policy of health care for this City addressing the population's 'health needs' rather than simply 'health care needs'[3];
b. a better integration of different domains encompassing primary health care, community medicine and rehabilitation instead of dominantly hospital-based services being prioritized to the highest level of primacy[4];
c. decompartmentalization of various sectors embracing public and private segments[5] and;
d. change of the hitherto health care professional self regulation to a more open governance involving the input of outsiders[6].

3. Quality Improvement

Thirdly, we are inclined to support the Team's suggestion that purchasers and providers of health care services should be separated because we cannot reject the notion that there may likely exist conflict of interests between the purchaser and the provider when they are simultaneously represented by one body. This situation, even by common sense, is disadvantageous if not detrimental to the benefit of consumer groups in the long run. In relation to this advocacy, we therefore also welcome the introduction and creation of some forms of constructive competitive pressures amongst rival providers to help spur quality improvement[7].

4. "Money Follows the Patient"

Fourthly, from a philosophical point of view, the adoption of "money follows the patient"[8] concept is unarguably the ideal and an apt direction of health services funding mechanism in future because it truly reflects a customer-centered ideology and this is basically the ultimate right of clients. Nonetheless, this radical alteration of 'funding' system should, in our opinion, be implemented prudently and incrementally. Besides, parallel to the pursuit of such an ideal, health education to general public must be widely and intensively executed[9] so as to empower them with sufficient knowledge to be shrewd enough in the selection of health care providers for themselves as well as for their families.

5. Inclusion of Paramedical Health Professional in Policy Making

Lastly, should the Institution for Health Policy and Economics be set up in accordance with the recommendation of the Team[10], we strongly suggest that Allied Health Professionals too be offered an official capacity to specifically look into those upcoming policies that are germane to rehabilitation. Likewise, formal inclusion of paramedical health professionals to the "Top Level Commission"[11], when instituted,

is equally important if a comprehensive guiding and progress monitoring system is to be targeted at.

Community Occupational Therapy as a Measure of Primary Health Care

At this point of moment, we would like the funding bodies and our society to ponder on the feasibility of expanding the primary health care as well as community rehabilitation services since these preventive forms of medicine can effectively reduce the chances of unnecessary hospitalization of those at risk. Community or Domiciliary Occupational Therapy is one crucial form of health promotion through which the Therapists help those dysfunctioning individuals to live a life as independently as possible by means of environmental manipulation, architectural modification, on-site pragmatic functional training, prescription of gadgets to compensate for the lost functions, so on and so forth. We are confident that our contribution as an integral part of preventive health care will save considerably on the requisite number of hospital bed days, relieving them for clients with more urgent acute medical care needs.

One example to illustrate the Community Occupational Therapists' potential contribution to primary health care is the preventive interventions that can be done to patients suffering from early Dementia. As a matter of fact, currently some Community Occupational Therapists have already rendered services to this group of customers by paying regular visits to them at their homes or elderly hostels, administering standard tests to evaluate their functional deficits like failure of memory retention as well as the degree of disabilities thus caused, prescribing therapeutic activity programmes to reeducate functions or boost residual capabilities, monitoring the course of the disease and applying many other proactive interventions. Our experience with such preventive practice is positively affirmed to have effectively delayed the progression of the clients' handicaps.

Oversights in the Harvard's Report

Notwithstanding the Report has addressed myriads of the existing problems of the Hong Kong health care delivery system and offered seemingly objective and useful advice as an attempt to surmount them, the Report itself is not without flaws. One of such flaws is that the Report has failed to recognize some other arenas of rehabilitation provision outside the realm of the orthodox medical institutions, namely those service units like Nursing Homes, Special Child Care Centers, Mental Handicap Hostels and the like funded by Social Welfare Department, Education Department and some others. These service arenas are also experiencing the problem of compartmentalization to a certain extent. To remedy this, perhaps the afore-proposed paramedical officials of the 2 prospective policy making institutions can take up the onus of contriving a better integration of rehabilitation services.

The other blunder is that during the preparation of the Report, the Team had collaborated with Hong Kong University as well as The Chinese University of Hong Kong in studying the latest status of health care delivery in Hong Kong but it dared

not to involve, say, paramedical professionals training institutions as partners throughout its research work, such as the Hong Kong Polytechnic University. Similarly, the Team has apparently never consulted paramedical professional bodies like ours from the outset[12]. Ironically the Team presents itself as a righteous figure to criticize the disparity in resources allocation among different sectors and support a more balanced integration of those sectors including rehabilitation, and yet the Team itself has unfortunately if not deliberately forgotten to meticulously collect opinions from the pertinent personnels. We are thus dissatisfied with such negligence committed by the Team. We hope that the Government, contrary to what the Team has done, is more able to open itself to foster at large a substantive consultative culture under which the voices of the paramedical disciplines can be scrupulously heard and thoroughly considered.

For and on behalf of the Association,

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Ruby HO (Ms.)
Chair-person, H.K.O.T.A.

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[1] The Harvard Team, *Improving Hong Kong's Health Care System: Why and For Whom?* 1999 : President and Fellows of Harvard College, p21.

[2] Ibid, p100.

[3] Robinson, J. & Elkan, R., *Health Needs Assessment – Theory and Practice*. 1996 : Churchill Livingstone, p19.

[4] The Harvard Team, *Improving Hong Kong's Health Care System: Why and For Whom?* 1999 : President and Fellows of Harvard College, p8.

[5] Ibid, p81.

[6] Ibid, p5.

[7] Ibid, p7.

[8] Ibid, p13.

[9] Ibid, p117.

[10] Ibid, p120.

[11] Ibid, p121.

[12] Ibid, ppB1-B8.

Appendix II

Hong Kong Occupational Therapy Association

RESPONSE TO
THE CONSULTATION DOCUMENT ON HEALTH CARE REFORM
(submitted in Nov., 2001)

Foreword

The Hong Kong Occupational Therapy Association welcomes Government's initiation to revisit and reform the current health care delivery systems. We also deeply appreciate Government's willingness and readiness to collect public's comments on this move through this consultation exercise. We are submitting hereby our response to it. We really hope that the government is genuinely receptive to various stakeholders' viewpoints and adopts a contemplative openness to even voices that are contrary to some of the directions proposed.

Our Advocacy

In general, the Association advocates the array of moves proposed to ameliorate present modes of health care delivery and to improve the system of service quality assurance. We support without reservation the pursuit of following goals:

1. The existing health care system "has to ***evolve*** and ***develop*** to ***meet changing societal needs***" (p.1). If Government adheres itself to such an evolutionary principle, unarguably patients or service users will be truly placed at the center of the entire system.

2. The six ***strategic directions*** central to the reform but more specifically the first three ones, namely "***strengthen preventive care***", "***re-oganise primary medical care***" and "***develop a community-focused, patient-centred and knowledge-based integrated health care service***" (p.10).

3. The fostering of "an ***environment*** conducive for people to make health-enabling ***personal choices***" (p.7).

4. The enhancement of "***quality assurance*** through ***continuing education, system supports*** and ***regulatory efforts***" (p.38).

5. A pragmatic plan to "set up a ***Research Office***" to "support policy formulation work" (p.41) if ever ***changing societal needs*** are to be met.

Possible Contributions of Occupational Therapists to the "Reform"

Actually, Occupational Therapists are very glad to have witnessed a paradigm shift in health care delivery in this decade from orthodox medical model stressing on 'disease', 'disability' as well as 'handicap' to a positive approach emphasizing 'functional impairment', 'activity', 'participation', 'well-being' and 'quality of life' (World Health Organization, 1998). This latter approach is definitely not new to Occupational Therapy profession. It in fact almost approximates to our professional philosophy because, from a historical point of view, the emergence of this profession and its *raison d'etre* had been intimately linked to an objective that attempted to enable individuals to fulfil human potentials and to achieve successes in self-care, work and leisure arenas. For long what Occupational Therapists believed in was not to give an individual a fish because in so doing, that individual only gets one fish. Rather we targeted at teaching the individual how to fish so that he or she can get fishes throughout his or her life. This metaphor is used here to exemplify that our vision is to help people regain independence. To accomplish this vision, Occupational Therapists need to analyze one's functional status (we call it **occupational performance**) and how one's ill-health and environmental factors have impeded one's independence. Upon the identification of impediments, Occupational Therapists' expertise is in the area of maximizing one's **activity** level and participation so that one with functional loss brought about by diseases can, through development of compensatory living skills and manipulation of environmental demands, still be enabled to cope with it, live with it and even overcome it. In a broader sense, Occupational Therapy profession is thus able to assist a patient to stay away or, from a 'prevention' perspective, to prevent him or her from adopting an unnecessary 'sick role'. Hence, one can be maintained in an ambience where one finds oneself **productive** rather than in a hospital-based caring system which has been found to be disabling and so in turn one may rely much less on the provision of hospital-based services. This is the basis of "community-based rehabilitation". In this way, Occupational Therapists can contribute a significant part to help realize the afore-mentioned paradigm shift as long as they are empowered to.

A great deal of evidence has been found to support Occupational Therapists' contributions to help maintain the patients in the community and prevent them from drawing undue health care resources (Carlson, M. et. al, 1996, pp89-98; Gillespie, L.D. et. al, 2001; Przybylski, B.R. et. al, 1996, pp554-561; University of York, 1997; Weir, R.P., 1999, pp1-53).

The consultative document is also right in pointing out that **holistic** care delivery requires "better understanding of the psycho-social elements of health and illness" (p.19) as well as incorporation of "the interaction and inter-relatedness of psycho-social and physical elements of health" (p.15); thus demands knowledge that is "based on social and behavioural sciences" (p.40) and integration of "environmental, social and behavioural sciences" (p.20). Coincidentally, one additional uniqueness of Occupational Therapists is that throughout their undergraduate training they have

spent virtually equal portions of time in studying physical, mental and social components of human functions (or **occupations** in our terminology) as well as their integrated impacts on one's **occupational performance**. This was probably the reason why Occupational Therapists in Hong Kong had for long been advocating the adoption of **holistic** approach in health care delivery since the inception of local Occupational Therapy teaching school in 1978. In other words, Occupational Therapists have all along been ready to help pursue those virtues of 'Reform' stated in the proposal.

Flaws of the Reformation Proposal

Unfortunately, similar to the Harvard's Report on which this consultation document is based, the newly released proposal is again not without its flaws. We would sincerely like to point out ensuing misconceptions that we think Government ought to be aware of and, ideally, rectify:

1. *A predominantly top-down approach*

It is rather obvious that the party who draws the whole proposal up has adopted a predominantly top-down approach even though its contents have in many places addressed diverse public responses that have been directed to the Harvard's Report. Probably not too many stakeholders have been actively involved in preparation of **this** consultation document. Several proposed directions contained therein tacitly might not be consensus reached by stakeholders. Examples exemplifying this observation are numerous; such as

> The quote "The Hospital Authority has also been developing the role of nurses as primary care practitioners for long term care in the community" (p.16) has given us the impression that as if all other stakeholders including allied health professionals have agreed to Hospital Authority's emphatic investment on mainly, if not solely, one discipline when community long term care is in concern;
>
> The quote "A multi-disciplinary approach links up various parts of the delivery system, ensuring that patients obtain the best care from the most appropriate professional staff" (p.21) has generalized that patients are to be ***directed*** to seek help from ***most*** appropriate professional staff because they may not know how to ***choose*** who to offer help. It is our worry that this may imply a preclusion of ***complementary*** contributions by different professions other than the ***most appropriate one*** in future services delivery.

Of course, a top-down approach, to be followed up by public consultation, is by itself not a wrong strategy. However, we opine that the more the "Reform" can create "a sense of involvement with those likely to be affected by change" right from the beginning, the more will there be encouragement to gain "their commitment to change, …" (McCalman & Paton, 1992, p161).

2. *Simply reform of Hospital Authority will not suffice*

In this consultation document, ubiquitous thoughts have put reform of Hospital Authority in the center of focuses. For instance:

> "We would finalize … a new funding formula for the ***Hospital Authority*** … This will remove one major barrier to the ***development*** of ***community-based*** service. ***Providers*** will ***no longer be deterred*** from developing care programmes ***not directly linked*** to ***beds*** or facilities";
>
> "The ***Hospital Authority*** would formulate … outline plan for the development of ***this*** community-based integrated health care service".

We share with Government's view that the system of health care delivery through Hospital Authority has to be revisited and reformed as indicated but we think that we ought to go farther than that if we are looking for a 'global' health care reform.

3. *Organization of preventive, primary and community-based health care delivery*

As mentioned above, main consideration has been given to develop services in these arenas under Hospital Authority's management. Yet Hospital Authority may not be the most decent or sole body to render health care in the ***community*** at large. Our stance on this is that there may co-exist some other alternative and innovative ways which can equally effectively accomplish community-based health care practice. In reality, ***community-based services***, under normal situations, may be more efficiently provided by ***community-based health care oriented organizations***. Government, being a neutral actor in health care industry, can perhaps explore the option of setting up new statutory body in the community to help take care of services in this realm.

4. *Reactive approaches to improve the system of quality assurance*

The pursuit of merely 2 strategic directions stated in the document, namely "enhance quality assurance through continuing education, systems support and regulatory efforts" as well as "improve the patient complaint mechanism" to achieve a spur to quality improvement (p.38) will not be as effective as anticipated. Indeed these strategies, except continuous education and training, are virtually reactive rather than proactive. When we see the need to carry out clinical audits or handle patients' complaints, it already means that unpleasant experience with questionable quality treatment has taken place. In this regard, all measures taken to mitigate sufferers' feelings are just ***reactive*** remedies.

Parallel to these measures, what we should opt for, on the contrary, are some other proactive methods that can pressurize providers to render substantial quality services. One of them is possibly the implementation of "money follows the patient" policy (The Harvard Team, 1999, p13). Such a "money follows the patient" concept truly reflects a customer-centered ideology and, as a matter of fact, is basically the customers' right. This principle will inevitably lead to a

theoretically constructive rivalry between different service providers and will thus encourage them to survive the competitions through a stringent quality control and management. It is therefore our opinion that Government ought not to forgo delving into such a concept. We acknowledge that such a concept is not without its weaknesses and that it may not be a panacea for all problems related to poor quality. Yet we shall deem it a possible move that is worth investment in conducting in-depth studies, just like the proposed MEDISAGE scheme (p.58) which is also new to Hong Kong and is full of uncertainties.

5. *Misconceptions about public sector and private sector*

The idea expressed through paragraph 51 quoting that "unlike the public sector, the private sector offers patients the choice of doctors, and many of them are generally more flexible in responding to the patient's requests. More importantly, many private doctors have built up continuing long term relationships with their patients and the patients' families …" (p.26) is in effect imprecise. All those virtues listed above can and, ideally, ought to be pursued by every clinician, irrespective of whether he or she works under public or private sectors.

Some other areas of concern

Apart from those afore-mentioned flaws, there are few other points that we opine need to be addressed if the reformation proposal is to be fully cogent and thus supported by stakeholders. They are listed one by one below:

1. *Cautiousness of becoming fanatic about evidence-based clinical practice*

In these days evidence-based clinical practice has almost become a vogue-word. To be in line with this trend, we, Occupational Therapists, do advocate the development of research-based clinical practices (p.20). Nonetheless, we think that to a health care professional, many of the conventional practices that are not based on 'evidence' but for the time being based on empirically appealing treatment outcomes are just as valuable. What we need to do under this situation is to acknowledge such appealing outcomes and proceed to seek for 'evidence'. It will not be advisable for us to give up such conventional practices altogether merely due to lack of 'evidence'.

Many decades ago acupuncture as a mode of clinical practice was not accepted by western medicine and was accused of being unscientific. In contemporary western medical practice, however, it has from time to time been proved to be effective in treating certain diagnostic groups of patient. This example helps to exhort us not to abandon a specific practice simply because it not yet satisfies the requirements of "evidence-based clinical practice".

On the other hand, not too long ago a group of bio-statisticians attempted to review a large volume of clinical papers published in the past and they found that almost 80% of these papers might have been misleading due to imprecise

calculation of related probability values contained in the papers to prove treatment effects (Williamson et. al, 1986). In this connection, we therefore need to caution against undue optimism brought about by "evidence-based clinical practice".

2. *Genuine professional self-regulation must be enforced*

Under the present system, regulation of professional practice and conduct of health care professionals is "based on the principle of professional self-regulation" (p.43). It is expected that such a system will still perpetuate in future (p.45). Unfortunately, five allied health professions embracing Occupational Therapy profession are still not being empowered with substantial autonomy to enforce the principle of professional self-regulation since the ordinance governing these various professional Boards has clearly stipulated that chairman of any of these Boards will not be a person practising same profession. Just as simple as this stipulation has indicated that the "principle" stated in the reform document is not always followed. What we want to pin-point here is that only when the related ordinance is one day rewritten can we genuinely exercise a self-regulation mechanism.

3. *The composition of the proposed Research Office*

As the proposed Research Office is to be set up "to support the Administration in ***collecting*** data, ***identifying problems***, ***assessing priorities***, formulating ***solutions*** and evaluating ***results***" (p.41) so that a "quality policy" can be consummated, we do not want to see information generated by this Research Office is somehow biased. In this regard, we strongly recommend that the Office should foster an openness to allow different disciplines to formally participate in its activities and tasks.

Conclusion

To recapitulate, we share with Government's viewpoint that existing systems of health care delivery have to be reformed and we agree to the Government's formulation of many strategic directions to guide the reform. What we desire to contend hereby are some misconceptions contained in the consultation document, which may arguably blindfold or mislead a reformer's perspectives and thus ought to be revisited. We hope that Government can be truly receptive to public's comments on this important policy paper which is intended to shape the future of health care delivery systems in Hong Kong.

For and on behalf of
Hong Kong Occupational Therapy Association

Samuel Chan (Mr.)

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