HKPHA

Hong Kong Private Hospitals Association

6 February 2015

Dr the Hon Ko Wing-man, BBS, JP
Secretary for Food and Health
18/F, East Wing, Central Government Offices
2 Tim Mei Avenue
Tamar
Hong Kong

Dear Dr Ko

Re: Consultation on Regulation of Private Healthcare Facilities

Thank you for meeting members of our Association on 26 January 2015 to discuss the captioned. The Hong Kong Private Hospitals Association fully supports the government's initiative to improve on the regulatory framework for private healthcare facilities, so as to safeguard patient interest and ensure a level playing field for the development of private healthcare. Attached please find the formal submission of our Association in response to the consultation document. We have reiterated our concern on the proposed recommendations on price transparency. Our members had reflected these concerns to you in the January meeting, especially on the sample form for financial consent. We were very glad to hear your positive response and understanding. We pledge to work closely with your Bureau to work out a more practical solution, as well as over the realization of the other important recommendations to improve the system.

We are happy to provide more details on our submission if necessary. Thank you for your kind attention.

Yours sincerely

Dr Anthony K Y Lee
Chairman
Hong Kong Private Hospitals Association

AL/WH/hc

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香港私家醫院聯會

對《私營醫療機構規管》諮詢文件的意見書

前言

香港私家醫院聯會（下稱「聯會」）代表全港 11 間私家醫院，其使命為「透過有效的臨床醫療監管、外界專業評審制度、暨同業間互相砥礪及通力合作，致力提升醫護水平，以優質的健康服務，為大眾謀求福祉。」

整體意見

隨著私營體系在本地醫療扮演日漸重要的角色，「聯會」歡迎政府提出新政策改善對私營醫療機構的規管，以保障病人利益及推動醫療系統健康發展。

目前衛生署嚴密監管和巡查私家醫院，但醫療集團及日間醫療中心並不受任何形式的規管，「聯會」對此表示關注。我們歡迎諮詢文件提出監管這些機構，但憂慮其規管範疇並不包括醫生資格認證、臨床審核、風險示警呈報、提供報價等重點。近年愈來愈多檢查和治療在這類機構進行，與在醫院進行並無分別，若對病人風險相同但規管有別則很難說得過去。

詳細意見

(1) 機構管治

「聯會」支持諮詢文件內(A1)委任負責人，(A2)成立醫學顧問委員會，(A3)投訴管理制度，和(A5)維持認證資格 的幾項建議。

對於(A4)可連接電子健康記錄互通系統的資訊系統，「聯會」同意這應是長遠目標。但目前各私家醫院規模有異，發展歷史不同，因此其電子化的程度和結構差異頗大。規模小及電子化程度較低的醫院需要政府幫助較大，不單是硬件和軟件方面，還包括人員系統改變的經驗。另方面，已經具備較複雜電子系統的醫院，卻可能因為系統不同，與政府的一套接駁有相當難度，從而需要費勁先改變自己的系統。我們希望政府的負責團隊能充份考慮這些困難而提供相關協助。

(2) 機構的標準

「聯會」支持諮詢文件內(B6)處所管理，(B7)環境設備，(B8)感染控制 幾個重要的建議。

(3) 臨床質素

「聯會」支持諮詢文件內(C9)服務提供和護理的程序，(C10)急救和應變措施，(C11)特定程序的標準，(C12)客席醫生的資格認證，(C13)臨床工作審核系統，和(C14)醫療風險警示事件的管理幾項建議。但對於(C14)，「聯會」曾在「規管私家醫院工作小組」中強調，要使呈報系統有效運作，必須先確保調查資料和根本原因分析結果的內容得到法定保護。本港私家醫院的病人大部份

由客席醫生收入院，要令他們安心坦誠地參與個案討論，才能達致改進醫療質素的目標。因此相關的法律保障為先決條件。

(4) 收費透明度

「聯會」支持諮詢文件內(D15)提供收費表 的建議，並同意其他建議的背後精神，即增加收費透明度以確保消費者權益及滿意程度。惟我們亦多次向政府強調，諮詢文件未能充份反映現實困難。

就(D18)披露統計數據 的建議，若干私家醫院的網頁已經上載有關資訊，但其他醫院則需要較多時間發展其電腦系統才可做到。

就(D16)提供報價 的建議，我們必須強調醫院不能預知或控制醫生的醫囑，而後者影響病人的住院日數、手術或醫療程序的時數、放射及生化檢驗的種類和數量、藥物處方，及其他消耗品的使用，從而影響醫院收費總額。即使同一醫療程序，不同醫生的喜好和引致的價格差異都可以很大，而且他們大部份都是客席醫生，並非醫院僱員。甚至同一醫生面對同一病症，亦有可能由於病人的狀況和病情輕重而影響其判斷病人所需的療程。因此，目前醫生大都會告訴病人手術費和麻醉費，而醫院也會公布病床每天收費，但醫院很難估算最終收費總額。目前某些私家醫院向每位醫生提供其個人化數據，按病症類別列出他的病人出院繳費總額和分項，幫助他向將來的同類病人報價(包括醫院收費部份)。由於每間私家醫院都有大量客席醫生，而且病人量和病症種類繁多，目前只有少數私家醫院能提供這種資訊。

我們亦須指出，諮詢文件建議提供報價的，主要是指「已知疾病而進行非緊急治療/手術」病人。大部份內科病症(如中風)或只有初步徵狀(如腹痛)而未知確切診斷者，以及屬非緊急治療但出現併發症者，皆不在此範圍；這一點須向公眾強調及加以說明。無論如何，只有如病床每天收費等資料是可以準確「報價」，任何關於收費總額的估計只能稱為「預算」，以反映無可避免的不肯定因素。因此「聯會」希望這一個建議修訂為提供收費預算。

就(D17)認可服務套餐 的建議，我們同意現階段的目標在於鼓勵私營醫療機構提供手術套餐收費。諮詢文件留意到個別醫院已有就某些程序提供服務套餐，市場機制將決定何種產品會變成普及(如分娩套餐)。我們也知道某些已提供的套餐之中，只有少數該類病人最終使用。原因很多，包括病人身體情況不符資格、醫生不願參與、病人不接納套餐所訂例外條款等。另一可能性是套餐比非套餐價格高，因為服務提供者須在訂價中預留空間，以應付個別病人的特殊醫療需要而導致未能估計的成本支出。

(5) 罰則

「聯會」支持對違例者採取適當處罰，惟嚴厲程度應考慮有關機構的營業規模，及其他法案的標準，以確保公平原則。

(6) 規管當局的權力

「聯會」支持諮詢文件建議改變規管當局的權力，惟權力的執行須確保公平原則。例如 10.10 段提到的懲處應對干犯相關過失的公立醫院也一視同仁。我們亦支持設立「獨立覆核規管行動委員會」，以應對規管權力增大。我們歡迎建議中的「規管私家醫院諮詢委員會」可讓各持份者繼續參與。我們希望建議中的「處理私家醫院投訴獨立委員會」能不偏不倚地作出公平判斷，惟目前衛生署作為病人上訴渠道的角色在此委員會成立後該怎樣定位，需要進一步釐清。最後，在私家醫院規管日益嚴謹的情況下，我們支持界定在日間醫療中心進行高風險程序應如何規管的工作，以堵塞目前漏洞，保障病人安全。

香港私家醫院聯會

2015 年 2 月

Submission from the Hong Kong Private Hospitals Association

Re: Regulation of Private Healthcare Facilities Consultation Document

Introduction

The Hong Kong Private Hospitals Association (HKPHA) comprises all 11 private hospitals in Hong Kong, with the Mission that "Through effective clinical governance, external accreditation, mutual encouragement and cooperation, the Private Hospitals Association strives to attain and maintain excellence in health care for the benefit of the community."

Overall Comments

As the private sector is expanding and playing an increasingly important role in the local healthcare scene, the HKPHA welcomes the Government's initiative to improve on the regulation of private healthcare facilities, so as to safeguard the interests of patients and promote healthy development in the system.

While private hospitals are under tight control and inspections from the Department of Health, the HKPHA has noted with concern the unregulated proliferation of other healthcare providers in the ambulatory setting. We support the regulation towards these providers as proposed in the consultation document, which however excludes them from such important regulatory aspects as Credentialing, Clinical Audit, Sentinel Event Reporting and Provision of Quotation. This may not be tenable given that increasing number of similar procedures are performed in these ambulatory settings as in hospitals and carrying similar risks.

Specific Comments

(1) Corporate Governance

The HKPHA supports recommendations (A1) Appointment of Person-in-charge, (A2) Establishment of Medical Advisory Committee, (A3) Complaints Management System, and (A5) Maintenance of Hospital Accreditation Status.

As regards (A4) Establishment of an Information System Connectable with the Electronic Health Record Sharing System (eHRSS), the HKPHA supports in principle and as a long term goal. It should be noted however that there exists wide variation in the degree and structure of computerization among different private hospitals, given their variation in sizes and history of development in this aspect. Small hospitals with less sophisticated IT systems may need more assistance from the Government not only in terms of the hard and software, but also knowhow in the very substantial change process. Conversely, those already with sophisticated but very different IT system environments may find it difficult to connect with the eHRSS without very major work or changes on their own system. We wish the eHRSS project team can take these into account and provide the necessary assistance.

(2) Standard of Facilities

The HKPHA supports recommendations (B6) Premises Management, (B7) Physical Conditions and (B8) Infection Control, as important regulatory aspects to ensure quality and patient safety.

(3) Clinical Quality

The HKPHA supports recommendations (C9) Service Delivery and Care Process, (C10) Resuscitation and Contingency, (C11) Standards Specific to Procedures Performed, (C12) Credentialing of Visiting Doctors, (C13) Establishment of Clinical Audit System and (C14) Sentinel Events Management. On the last item, we have emphasized in the Working Group on Regulation of Private Hospitals the importance of legal privilege of information produced in the investigation and root cause analysis. Most patients of private hospitals are admitted by visiting doctors, and their participation is essential to realize the goal of clinical quality improvement. Hence assurance in the form of legal protection will encourage open discussion among clinicians to learn from these events.

(4) Price Transparency

The HKPHA supports recommendation (D15) Provision of Fee Schedule, and supports the spirit of improving on price transparency to ensure consumer protection and satisfaction as proposed in the other recommendations. However, we have emphasized to the Administration the need to take into account practical issues not adequately reflected in the consultation document.

For recommendation (D18) Disclosure of Historical Bill Sizes Statistics, some private hospitals have already published such statistics on their web sites, while others not as developed in their computer systems may need more time to accomplish it.

For recommendation (D16) Provision of Quotation, we have emphasized the fact that hospitals have little control or prior knowledge over the doctors' orders, which in turn determine the patient's length of stay, duration of operation and procedures, number and type of radiological and laboratory investigations, medications, and use of other consumables. The practice and price variation among doctors for the same standard procedure is great, and most are visiting doctors not under the employ of the hospital. Even for the same doctor and same procedure, the patient's condition and severity may be different so that the doctor, rather than the hospital, will have better idea on what may be needed in the hospitalization episode. So while it is normal for doctors to inform their patients the surgeon's and anaesthetist's fees for the operations, and for hospitals to quote the daily room charges, it is quite impossible for the hospital to quote the ultimate total hospital charges. What some private hospitals are now doing is to provide individual doctors historical statistics of their own patients' total fees with breakdown, by diagnosis, so as to enable them to estimate the total charges (including hospital charges incurred) to their patients with similar diagnosis. Given the large number of visiting doctors per private hospital, and the large variety of their patients (hence number of diagnoses), only a few private hospitals are currently capable of providing such periodic information to the doctors. We would also like to point out that the majority of patients with medical diseases such as stroke or symptoms such as abdominal pain for investigation, do not fall into the category of "elective, non-emergency therapeutic operations/ procedures for known diseases" referred to in the

consultation document, nor do patients developing complications even when they come in for standard elective procedures. This should be clearly communicated to the public. In any case, unlike the case of e.g. daily room charge that can be accurately quoted, any estimation of the total charges likely to be incurred should preferably be called Estimates rather than Quotes to reflect the intrinsic uncertainties.

For recommendation (D17) Provision of Recognized Service Packages (RSPs), we support the approach of encouraging private healthcare facilities to offer them to patients at this stage. The consultation document noted that some hospitals are already offering service packages of certain procedures. Market forces will determine whether such practice will become common, such as in obstetrics. We know for a fact that for some other existing packages on offer, only a small minority of patient with the relevant diagnosis end up included in the package, for various reasons. Some are not eligible because of other patient factors. Doctors have the choice not to participate. Patients may find the exclusion list not advantageous to them. And often patients do not choose the packages because of price difference, as providers might need to factor in a buffer to cover the occasional ones with unexpected higher expenses incurred for medical reasons.

(5) Sanctions

The HKPHA supports appropriate sanctions for regulatory non-compliance, with penalties commensurate with the fairness principle taking into account the business size and other regulatory benchmarks.

(6) Power of the Regulatory Authority

The HKPHA supports in principle the recommended changes in the power of the regulatory authority, provided fairness is maintained in the exercise of such power. For example, what constitutes a "proportionate response" as mentioned in paragraph 10.10 would be when the same would apply to a public hospital with the same condition. We support the proposed establishment of an Independent Review Committee on Regulatory Actions that accompanies the stepping up of regulatory measures. We also welcome the continued involvement of stakeholder parties in the proposed Advisory Committee on Regulation of Private Healthcare Facilities as the way forward. While we hope the proposed Independent Committee on Complaints against Private Hospital would serve as an independent party offering fair judgment on patient complaints, its relation to the Department of Health currently also serving as a channel for patient appeal needs to be clarified. Lastly, we support the continued work on Regulation for High-risk Medical Procedures/Practices so as to plug loopholes in high-risk procedures performed outside the stringently regulated environment of private hospitals, to protect patient safety.

Hong Kong Private Hospitals Association
February 2015

Hong Kong Private Hospitals Association

BY POST AND BY FAX: 2102 2493

13 March 2015

Dr KO Wing-man, BBS, JP
Secretary for Food and Health
Food and Health Bureau
The Government of the Hong Kong Special Administrative Region
18/F, East Wing, Central Government Offices
2 Tim Mei Avenue
Tamar, Hong Kong

Dear Dr Ko,

Re: Consultation on Regulation of Private Healthcare Facilities

Further to my letter addressed to you dated 6 February 2015, our Association is still worried about the over-prescriptive Informed Financial Consent to Services sample form in Appendix D (I) of the consultation document. I hereby write to express our views again that the approach of requiring private hospitals to quote the total hospital charges is impractical. We are grateful for your understanding on our rationale during the meeting on 26 January 2015. It is however apparent that this point is not easy to get across to the public or even officials. Henceforth, we strongly request that the future Bill to be presented to the Legislative Council on this subject should NOT contain such sample form even as illustration in an appendix, because it is misleading in the context of practicality. We also advocate using the word "estimate" to replace "quote" as a more accurate description of any price estimates. In commercial terms, "quote" means a price that the supplier is willing to sell certain products, and is generally understood to be binding. Private hospitals can certainly "quote" the price of a bed day, or obstetric package, or a certain CT scan. But estimates for even the hospital charges related to an operation (non-package) cannot be considered a "quote", as we do not know what the surgeon will incur, let alone the total hospital charges for an admission episode.

We are most obliged to your kind understanding and consideration.

Yours sincerely,

Dr Anthony LEE
Chairman
Hong Kong Private Hospitals Association