

28 March 2001

Health and Welfare Bureau  
Government Secretariat  
20/F Murray Building  
Garden Road  
Hong Kong

Dear Sirs,

*Position Paper of the Hong Kong Women Professionals & Entrepreneurs Association on the Consultation Document on Health Care Reform ? Lifelong Investment in Health?/?/span>*

The Hong Kong Women Professionals & Entrepreneurs Association (HKWPEA) value the opportunity to respond to the Consultation Document on Health Care Reform. We would very much like to give you our thoughtful assessment on Hong Kong's proposed strategy for "Lifelong Investment in Health".

A panel of HKWPEA members representing a broad spectrum of professionals and business owners from both public and private organizations, discussed and prepared this response. This document contains our assessment, and recommendations. We are concerned with how the reforms would affect the well-being of women and their families, and ultimately on the well-being of the community at large.

We recognized that the Hong Kong health system has evolved over the years in its endeavor to provide highly "accessible, quality, equitable and affordable health care services" for Hong Kong people. It is time to re-examine whether this level of highly subsidized public health care can be sustained for the near and far future. The needs and expectations of Hong Kong community have changed, and the health care providers, must now look at new and different ways to continue delivering services that are accessible, and of high quality, yet sustainable for future generations to benefit.

**I. Statements of Beliefs and Guiding Principles**

Role of the Individual

1. Health is a personal asset and it is the individual's responsibility to maintain his or her own health.
2. Healthy lifestyle and healthy aging much be advocated and given support.
3. The pursuit of health is a continuous lifelong process and health awareness should start at an early age.

4. Individuals with the means and resources to pay should pay for their own health care cost. We believe that people should be given the choice of paying more for a higher level of service.

#### Role of the Community

5. The community must have an important role in promoting and maintaining health. Society-wide events and campaigns must also contribute to building a culture where personal responsibility for good health is valued and actively sought.
6. Women still have significant influence in ensuring the health of the next generation, and their role in caring for the old and the gravely ill in family and community settings.

#### Role of the Government

7. The Government must take the lead to develop community based health care; provide the infrastructure to increase and promote sporting facilities; maintain a clean and unpolluted environment; and promulgate cultural and social values of being caring, in order to sustain community-based health care programs.
8. People subsisting at poverty levels should continue to receive subsidized health care.
9. The Government should continue to subsidize catastrophic illness.

## **II. Positions on the Health Care Delivery System**

In general, we agree with the strategic directions of strengthening preventive care, reorganizing primary care, developing community-focused, patient-centered integrated health service.

1. Community health should be developed to meet the needs of the aging population. Caring for the elderly and chronically ill in the community is now a significant challenge to the public health care system. The ways in which community health "interfaces" or works with the welfare sector, the primary care doctors, the family care-givers and the hospital system, needs to be defined and strengthened with greater coordination and collaboration among these parties.
2. The role of Department of Health should be active in health data collection, conducting epidemiology research, formulating health promotion and disease prevention strategies, deliver health promotion and disease prevention programs, evaluating effectiveness of interventions, and advising on public health policy.
3. Most primary care is currently provided by the private sector and the Department of Health's General Outpatient Clinic. Although the Hospital Authority has the resources to employ most of the junior doctors, Family Medicine training should be developed and administered outside the hospital system. The private sector and the existing General

Outpatient Clinic should receive resources and support for establishing and delivering accredited Family Medicine training programs for junior doctors. With the private sector taking on an active role in training Family Medicine, the quality of primary care could be monitored and improved through the accreditation process.

4. The interface between private and public care needs to be strengthened. Knowledge and skills transfer among the professionals and sharing of patient information are the keys to bridge the gap. Setting up the infrastructure, such as an integrated health information system, could facilitate the interface.
5. The fundamental barrier to the private/public interface is the current pricing structure. This has created imbalance in the demand for services provided by private and public sectors. The shift of demand towards the public sector is due to the low price yet high quality care provided by the public hospitals. If this trend continues, it will be impossible to sustain Hong Kong's private health care system, as the public will continue to increase their dependence on Government-funded public health service.
6. To reverse the trend of over-dependence on the public health system, the Government should formulate policies to revive the private health care system. These would include: Incentives for the Hong Kong people to use private health care, and disincentives to use the public health system. Greater public education and awareness is needed to discourage the public from abusing the public health service. Private practice can be introduced and offered in public hospitals. Public clinics can be contracted out to the private sector
7. The consultation paper has neglected the needs of the elderly for dental care. In its health care strategy, the Government should include provisions of dental care for the aging population.

### **III. Positions on Systems of Quality Assurance**

1. We agree that Hong Kong needs a health sector-wide, coordinated program of data collection and research activities to support policy formulation for quality assurance. This could be done by strengthening the research function of the Department of Health. The setting up of a new Research Office at the Health and Welfare Bureau would duplicate resources and expertise.
2. We do not support the setting up of a Complaint Office in the Department of Health to deal with medical complaints from the public. There are presently many channels for complaints if the patients are not satisfied with the medical treatment. These include the Hong Kong Medical Council, the Hospital Authority and the Ombudsmen. Creating another complaint system is not a solution for responding to doubts about the efficacy of current complaint handling systems. It is more efficient and cost-effective to review and strengthen the existing complaint mechanism rather than to set up a new complaint office. Patients may also be confused by having so many complaint handling systems to use.

3. We agree that the private hospitals should be accredited by the Department of Health to ensure quality and standards.
4. Continuing medical education and professional development should be mandatory for all health care professionals.

#### **IV. Positions on Health Care Financing**

1. The Hospital Authority has been enhancing productivity in the past few years with rationalization of services and good management. Continuing this direction will not reform and solve the existing problems of Hong Kong's health care system.
2. Revamping public fees structure may appear to be an effective way of diminishing the demand for the public sector. For it to be effective, the increase in public hospital charges has to be significant to create a disincentive for the Hong Kong people to use the public service. A small increase in fees and charges will result in the Government continuing to carry the burden of medical costs. Such additional revenue from the increase in public hospital charges will lead to further expansion of the public health sector and encourage more middle-class patients to use the services as it will still be considerably less expensive than fees in the private sector. An undesirable vicious cycle will be created and perpetuated. For sure, the competition between the public and the private sectors will not be resolved. As mentioned, the increase in fee must be significant enough so that fees in the public sector are on par with the private sector.
3. We do not support the Health Protection Account because it would cause financial burden for the employers, especially the small and medium sized enterprises, and the employees. The implementation of the Mandatory Provident Fund has brought on non-compliance, forced self-employment, wage reduction and exclusion of unemployed people. We observe that many Hong Kong people have not yet benefited from the economic recovery. The monthly savings contribution to the Health Protection Account would worsen the financial hardship of many people. Under these conditions, implementing the Health Protection Account would create social instability. We anticipate that few people will accept the financial viability of the Health Protection Account. We are in doubt about whether such savings are sufficient to cover the medical expenses of people after the age of 65.
4. Private health insurance is the best option in health care financing, in view of Hong Kong's present political and economic environment. Private health insurance will offer choice and flexibility to consumers as well as competitive premiums. The abuse of medical care could be curbed with institutionalizing co-payments. With private insurance, the insured could choose between different health care providers, be it private or public. The premium could be charged according to the level and range of service.

5. The Government must create incentives for the Hong Kong people to buy private health insurance. Measures that include tax relief, premium subsidy, discounts for maintaining healthy lifestyles, could be considered.
6. We agree that the Government should provide a safety net for the poor who cannot afford to buy private health insurance and for catastrophic illness. Means testing will identify people who truly qualify for free health care.

## **V. In Summary**

Health care reform is necessary and the changes should be incremental. Members of HKWPEA take a serious stance to the Consultation Document on Health Care Reform and greatly appreciate the Government's vision for "Lifelong Investment in Health".

1. We support accreditation of private hospitals.
2. We support the setting up a Research Office in the Department of Health.
3. We do not support the setting up of a Complaint Office in the Department of Health.
4. We urge the Government to formulate policy to increase the market share of the private health care sector.
5. We believe that the health care cost of the poor should be borne by the Government.
6. We believe that the health care cost of catastrophic illness should be borne by the Government.
7. We do not support the Health Protection Account.
8. We support private health insurance.

We believe that the Hong Kong Government in its efforts to gather the intelligent and thoughtful input of the public, is genuinely sincere in building a sustainable health care infrastructure and systems for its citizens. Healthy citizens are essential for a country's economic development.

Yours sincerely,

Marina Wong  
President