



"Alfred"

30/04/2008 22:12

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Dear Sir,

As a Hospital Authority frontline doctor practising for nearly 20 years, I would like to have the following comments.

1. The government suggested schemes should not be mutually exclusive, which means that all these solutions can be practised at different pace and in phase. I would prefer a tax incentive deduction for private health care insurance under those valid pre-approved organisations, and a reasonable increase in HA fee as pioneer move in HK health finance reform.

2. As we all know, price is a major consideration in utilisation of private/ public health care facilities. A modest and reasonable increase in Accident and Emergency fee had resulted in 10-20% drop in attendance. However, it is still much lower than an ordinary GP charge. Considering that emergency services usage should be only once and a while rather than as a routine convenient shopping model for quick fix up, a charge above an average GP consultation should be implemented.

3. The safety net function for patients with financial difficulties should be reinforced, including those medications listed as 'self purchase items'. I just met a patient today required tacrolimus for resistance eczema who asked for 100% disabilities allowance to purchase such items. A more flexible model should include different percentage of subsidy, based on different kind of medications, patient age and income etc.

4. Formation of different charity groups to tackle immediate financial problem of needy patients. For example, HA charity fund, or under PDA, FDU etc.

As there are many possibilities to consider, the above notion is just a beginning rather than end. We can always work together for a better future.

Thank you for your consideration.

Best Regards,

Dr. SNG KP