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(to remain anonymous.)

I have been a doctor for 20 years.

Another consultation paper again, hopefully can change something?

People have great inertia to change, unless obvious threat, risk, crisis, endemic or epidemic.

1/ Financing reform.

The options are not exclusive.

Private insurance-

Total mandatory private insurance neither acceptable by public nor practical, when many citizens can now enjoying low cost public services. (Unless public services are allowed to deteriorate to unacceptable level)

Most feasible model will be mixture of government subsidy + medical saving account + out of pocket .(Modification from Singapore)

But more important ,whatever financing models, if it collapse, the government is expected to step in & salvage.

Cost containment, improve efficiency and control utilization are utmost important.

2/ Cost

With aging population, more new drugs, surgery, total patient care cost unavoidably will increase. But government can contain its portion by

a. further service prioritization, not just plastic surgery

-Every disease need some form treatment but there is always urgent & non-urgent

-while every COC of HA concern which service should have priority, alternatively there should be some services which deserve less priority.

b. payment to doctors, nurses

-this still constitute a significant portion of expenditure.

-In North America, the difference of salaries between trainee and fully trained staff is much larger than HK. As long as there is training opportunity and well paid after qualification, trainees will continue to flux in despite low wages. (Some countries in fact require the trainees to pay significant training fee). On the other hand, if fully qualified staffs are not 'well' paid or given good promotion prospect, they may not stay after qualified, like nurses. -payment or its increment should be adjusted with performance, workload etc.

3/ Efficiency

- prolonged patient length of stay, poor PRO/social worker discharge support,
- overinvestigation, prolonged waiting list of investigation
- introduction of competition among public & private service is another way to contain treatment cost. Patient can decide how to spend his medical saving and government subsidy.

4/ Control utilization

- prevent over-utilization, copayment or minimal out-of pocket payment is mandatory. Some services subsidy may also need to be capped off.

No single measure like financing reform can solve the problems. Multiple difficult & determined measures in combination hopefully can improve the situation.

BR.

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