



"Ng Shu Yan"

28/05/2008 19:25

To <beStrong@fhb.gov.hk>

cc
bcc

Subject Healthcare Refrom Consultation Document

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Dear Sir/Madam,

Please find herewith attached our view relating to the captioned Consultation Document for the perusal of your department. We sincerely hope that consideration be given to our suggestions to improve the healthcare service in Hong Kong. In case you have any queries, please feel free to contact us through email.

Yours sincerely,



Dr S Y Ng DC Healthcare Reform.doc

28th May 2008

The Secretary
Food and Health Bureau
19/F Murray Building
Garden Road
Central
Hong Kong

Dear Sir

Re: Healthcare Reform Consultation

The Consultation Document briefed on the background for the need of healthcare reform in Hong Kong. The increase in proportion of the aging population and the technological advances in medical treatment were cited as factors contributing to the escalating financial burden on the healthcare system. Reform was regarded as imperative and it would entail enhancing primary healthcare, promoting public-private partnership in healthcare, developing electronic health record sharing, and reforming healthcare financing arrangements. These issues are complex and involve different disciplines and departments. Nevertheless, we would like to voice our opinions from the perspective of an alternative healthcare provider.

Healthcare Reform

Evidence-based and Cost-effective Healthcare Interventions

Similar to many developed countries, Hong Kong's problem boils down to economics of healthcare. We believe that in order to tackle this problem effectively, a rational approach must be taken. The new healthcare system that would be put in place should support (1) evidence-based best practices - meaning, healthcare interventions that have been proven effective by objective criteria; and (2) cost-effective practices - meaning, effective interventions that have been proven to cost the least to administer. Big savings can easily be garnered when we do not spend on something that does not work and instead spend on something that works best for least cost.

A case in point is the treatment of low back pain (LBP) - a highly prevalent ailment in the developed world incurring huge financial costs to manage. Currently, there is a preponderance of research evidence to show that physiotherapy for LBP is ineffective, spinal surgery for LBP is effective only in highly selected cases, and chiropractic treatment is cost-effective for most cases of LBP. But we have LBP patients in our public health system being sent routinely for physiotherapy, having unnecessary back surgeries and no chiropractic treatment. Another example closer to home is the use of Traditional Chinese Medicine, which has been shown in China to be effective in treating many chronic diseases, but it is not available in our public health system either. If the therapeutic protocols we have in place remain irrational, our healthcare system would logically be an escalating financial burden for society.

We believe that a sincere reform effort must be made to implement evidence-based, cost-effective interventions. The reform effort must be open and weigh not only allopathic

medicine but all other options including those among the Alternative and Complementary Healthcare Disciplines to identify interventions that can meet these criteria. This approach will create a viable multidisciplinary healthcare system.

Enhancing Primary Healthcare

Family Physician

One of the objectives of the reform is to enhance primary care of patients through increased utilization of the family doctor. The family doctor would play an increasing role in providing preventive care as well as promotion and protection of the well being of patients. With the family physician acting as the gatekeeper, the proposed model should reduce over utilization of costly specialist service.

What we have in actuality is the family doctor who is an allopathic medical service provider, busy focusing on the treatment of diseases and normally spends little time for prevention of diseases. In order to achieve the proposed balance of service utilization, we suggest that the practice of the preventive healthcare be strengthened by making time for the family doctors to advise their patients, and by allowing other qualified healthcare practitioners, such as chiropractors, who actively practise preventive care to take part in providing this service.

Chiropractors and Chinese Medical Practitioners

At present, many hospitals do not accept referrals for specialist services from registered chiropractors nor from Chinese Medical practitioners. Acceptance of referrals from these healthcare practitioners for specialist service would reduce the workload of the front-line medical practitioners and certainly would help relieve some of the financial strain on the hospitals.

Education of the Public

A major determinant of preventive healthcare is proper education of the population. Highly prevalent chronic diseases such as low back pain, diabetes and cardiovascular diseases pose a significant financial strain on the healthcare system. In order to reduce the need for costly tertiary healthcare, patients could be enabled to take an active role in managing their conditions. By educating them about their diseases and the implications, patients would become more compliant with treatment and be more willing to adopt appropriate lifestyle changes

We believe that it would be more cost-effective to start educating the population while they are young. Teaching youngsters how to take proper care of themselves would easily lead to the development of personal habits and preferences that lend to better health later in life. We suggest that health education be made a permanent subject in the curricula of primary and secondary schools which should include topics such as nutrition and diet, personal hygiene, dental care, ergonomics, use of alcohol, cigarettes, and illicit drugs, sex education, and even ecology and environmental protection. Along this line, we commend the recent campaign promoting healthy diets in primary schools and hope that it would be the beginning of the incorporation of health education in the school curricula.

For those who now suffer chronic ailments and those who are at risk to develop such ailments, we suggest that a government agency or a non-governmental organization be tasked to organize short courses promoting preventive aspects of health and self-care

measures. Incentives, such as exemption from payment of one month's insurance premium, may be given to those who have completed the courses.

Laws Relating to Healthcare

In the past years, there has been an increased awareness of consumer protection resulting in the promulgation of laws such as those regulating undesirable medical advertisement and the registration of nutritional supplements. When compared to many developed countries, where there is a free flow of health and medical information, these laws may prove anti-competitive. Take for example the case of nutritional supplements, which are now regulated as drugs in Hong Kong. From the time, nutritional supplements were regarded as drugs, they became far more expensive here than in other countries. As a matter of fact, many of our patients, who are taking supplements such as glucosamine sulphate, get their supply from their relatives overseas where the supplement is freely available and inexpensive. In circumstances like these, the law may actually not be protecting our patients but is instead skewing market forces unnecessarily.

Furthermore, as a result of rapid medical progress, many helpful health products come to the market faster than previously possible. As we have a tight control on media and advertisement, which stifle the flow of health information, the situation becomes counterproductive when aiming to improve the health of the public in Hong Kong. We would like to suggest that a better balance be struck between the benefits of letting people know about health and health products and the law deterring advertisement with false or unjustified claims.

Rather than imposing highly restrictive statutory regulation that could interfere with the free market, we believe that in a highly educated community such as ours, responsible public health education should be an effective tool. When patients are more knowledgeable about their conditions, they are better able to manage themselves and to make reasonable decisions about what would be good for them.

Electronic Health Record Sharing

Developing the electronic health record would certainly encourage improvement in private-public partnership in caring for our patients. We propose that other registered alternative healthcare practitioners, such as chiropractors, be included in the scheme, as many of our patients are concurrently under medical care for other conditions. This sharing of health records would promote cost-effectiveness and better integration of the healthcare system.

Financial Reform

The Consultation Document proposed many financing options, which include the social health insurance, out-of-pocket payments, medical savings accounts, voluntary private health insurance, mandatory private health insurance and personal healthcare reserve. The purpose of many of these schemes is to encourage patients to seek private healthcare treatment, with the purpose of indirectly reducing the financial strain on the public hospitals.

The social health insurance is basically a form of increasing salary tax. With the increasing proportion of our elderly population and reduction in ratio of the working population, the financial burden on the working population would inevitably increase. Moreover, as the healthcare system is highly subsidized, there is a danger of non-judicious use of healthcare resources.

The out-of-pocket payments would not be considered in view of its many disadvantages.

Relating to the Medical Saving Account arrangement, we cannot agree that the scheme would promote judicious use of healthcare resources, as our experience in Singapore did not show this to be the case. The substantial amount of money locked in the Medical Saving Account of some patients provided the incentives for health providers to over-treat. Then patients also became less hesitant to accept proposals for unnecessary major surgeries. One of us had seen many unnecessary orthopedic surgeries while working in Singapore. Among those were total patellectomy and multiple revision osteotomies for tibial varum. Furthermore, there is a danger that the money saved would not be sufficient to cover medical expenses needed for chronic medical conditions that may develop later in the patient's life.

The voluntary private health insurance is at present adopted by many individuals. Further promotion may not significantly increase the proportion of individuals purchasing the insurance. As detailed in the Consultation Document, the scheme has many disadvantages. Pre-existing medical conditions are generally not covered and premium generally increases with increasing age. With this option, the Government is just shifting the burden of medical expenditure from the public hospitals to the willing individuals.

Personal healthcare reserve financing option is basically a form of mandatory healthcare insurance scheme. The scheme again shifts the healthcare responsibility from the public sector to the private sector. Also, the insurance premium is likely to increase with time.

Of all the financial arrangements, we believe that the Mandatory Health Insurance is the most appropriate, as it is a population-wide scheme. Each individual is financially committed to the scheme and is indirectly responsible for his own health. Subsidy from the government may be provided for those underprivileged. The scheme has fewer disadvantages. In order to reduce the possibility of over-utilization of the healthcare services, patients may be required to pay up front a percentage of the fees. The fees can be a percentage of the charges and be capped at a reasonable amount.

Conclusion

In regard the public consultation on the proposal on healthcare reform, we would like to suggest the following: -

- 1 Adopt a rational approach to healthcare reform that identifies evidence-based best practices and cost-effective interventions;
- 2 Emphasize preventive healthcare through a robust public health education programme; and
- 3 Adopt the Mandatory Health Insurance with patients paying a small percentage of the medical expenses upfront in order to reduce the

possibility of healthcare providers and patients abusing the service.
Capping of the upfront payment may be implemented.

With this healthcare reform initiative, the HKSAR Government is in a position to put in place an evidence-based cost-effective system that duly recognizes the genuine multidisciplinary approach to healthcare in the best interest of its citizens. We actually wish to challenge our leaders not to be swayed by vested interests but rather take the sway of reason.

Yours sincerely,

Dr Edward Lee MD, DC
Dr Sandra Leung DC
Dr S Y Ng DC, MAppSc