



"Dr. Chi-Kong Li"  
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To beStrong@fhb.gov.hk  
cc  
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Subject Health Reform opinion

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Dear Dr. Chow,

My opinion on the proposed health reform paper as follow:

1. Health needs: With the aging population and new technology, I agree that there will be marked increase of health expenditure in the coming 10-20 years. As a doctor in 50s, I start to worry my post-retirement health insurance cover. Though the government and Hospital Authority will provide the basic medical needs, we may not be able to cope with the very expensive medical treatment if getting cancer or other serious illnesses. Additional funding must be gathered from various sources, including increasing the government public health expenditure and also with contribution from citizens.

2. primary care: the existing primary care needs great improvement. The community doctors can do much better on preventive medicine. The government should re-structure the Family medicine system so all the people in Hong Kong have the access to the cost-effective primary care. For example, regular health check for at risk population to pick up serious illness and give early intervention, such as cancer and DM screening. It is the government responsibility to organise such a system.

3. secondary care: the current public hospitals in HA just cannot cope with the tremendous demand with the limited resources. The under-developed private hospital system just diverts patients from private market to public hospitals. Many of my patients have their health insurance cover but they still come to HA hospitals and claim for reimbursement of \$100 per day! The government should immediately review the land supply and rapid approval for building new non-profitable private hospitals.

4. tertiary care: HA hospitals are still bearing the main burden of this expensive component but the resources is inadequate. Some 'standard treatment' in practised in overseas are now 'self financed items' or 'safety net with Samaritan Fund' which is unfair to middle class and low income people. A respectable health body should be set up to scrutinize the introduction of new technology and drugs so as to achieve a fair and effective treatment recommendation. The current vetting system in HA is just restricted by the funding available rather than run by evidence based medicine. Government or any new 'health insurance system ' should inject money for the expensive tertiary care.

5. Finance models: none of the proposed 6 models can solve the above problems. It has to be a combination of the above models. Government should further increase the public health expenditure to improve the primary care and especially children health which is not covered by any of the proposed models. The public health expenditure should not be capped at 17% but rather further increase to 20% or more. Increase in taxation for public health expenditure is necessary to help the under-privileged people in the society. Mandatory health insurance for family income above the safety line is acceptable, but this must

be on family base since housewife and children and elderly are not covered. The mandatory health insurance probably can only deal with the not very expensive secondary care (just 6 billion/year, ie 20% of HA expense), but this will help to divert some patients from public hospitals to private hospitals. Whereas the most expensive tertiary care will require another top up insurance if the individual prefers to take private tertiary care, and thus it is voluntary. The government must impose strict regulation on the mandatory health insurance system to ensure the money is used in most cost-effective way.

Dr. Chi-Kong LI  
Department of Paediatrics, Prince of Wales Hospital, Shatin.