

## **Views on “Your Health, Your Life” Medical Reform Consultation document**

After a long wait, it is delighted that the Food and Health Bureau is resuming its step in health care reform. As part of the medical profession, I would like to suggest the following for your consideration. Please let me remain anonymous if my views are published.

*\*\*Due to limited time and manpower, no quantification / figure is given to justify the suggestions.*

### **1. Positioning**

The Consultation document has point out at the start that medical expenditure will not be sustainable. We can either increase the input of money or decrease expenditure. If insufficient budget is the result even after changing the existing financing model, it would be impossible to provide quality and speedy service for all people covering all disease spectrum. A more realistic approach is to redefine the position of the government medical service.

As Dr. York YN Chow pointed out in the Consultation document, we wanted to “look at channel the available resource into the system” and “improvements to the healthcare safety net”. If the Government medical service is positioned to provide a safety net of basic health care, then patients will need to pay (partly or substantially) for investigations and drugs that fall outside the net (defined scope). This is *out of pocket payment* within the government health system. More so, government will consider not providing the service at all. This concentrates the limited resources to provide quality service to confined areas. It is controversial to define what is “within the safety net”, yet a common consensus should be made.

### **2. Money input (Health care financing)**

Hong Kong may consider adopt and modify the Singapore health care model. Their public medical service collects money from Singapore government (tax money) as well as collecting from individual by mandatory medical saving account. For those who are unable to pay, the social safety net should be responsible to provide cover. Among the financing options suggested in the Consultation document, ***medical savings accounts*** serve as the most plausible method for three reasons:

First, a substantial portion of Hong Kong working population are reluctant to be forced to pay extra for existing public medical service, it seems fairer to them that

money is spend on themselves. Second, a significant portion of the Hong Kong citizen do not live and work in Hong Kong. This includes a lot of children born in Hong Kong and currently living in China with their parents. They may or may not pay Hong Kong tax and contribute to the proposed health insurance (if enacted). Many of them are coming and will come for medical care. Third, the insurance premium for individual will be high in order to satisfy the “pooling effect”, as the working population to elderly ratio will be halved in 20 years’ time. Let alone the expensive administration fee incurred in health insurances.

### **3. Service delivery**

Promote public-private partnership (PPP) in healthcare is feasible and particularly attractive for middle in-coming families. Frequently, as a doctor in government service, I was asked to recommend private doctors for patients. A list of quality, efficient and cost-effective services of different specialty could be provided to patients as an option of referral for secondary or tertiary health care. This is suitable for those who are able and willing to pay but do not want to bear the long waiting time in getting a specialty consultation in public hospital. The development of electronic health record sharing will further enhance PPP.

#### **Further details required from the Consultation document**

As this Consultation document is the first phase of the medical reform, I (and many others maybe) would like to see a more detailed description on the following areas:

1. **Positioning:** The scope of the report is too wide and targeted too many improvements. Does the government have priority in them?
2. **Money input:** What is the portion of tax government is able / willing / expected / targeted to contribute in medical care in the future? Then afterwards we will be able to estimate the money needed to be collected by other financing method(s)
3. **Service delivery:** How to “enhance primary care”?
  - Are there particular areas that wanted to be the focus of preventive care?
  - The role of Department of Health and Hospital Authority in doing this

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