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To <beStrong@fhb.gov.hk>

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Subject My opinion

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Dear Sir,

We can agree that health care cost is increasing and some one has to pay for it or the services have to be stopped.

I agree that it is impossible or impractical count on the government to address this issue with the tax money or public services in other areas would be affected. The public services nowadays is heavily subsidized and it is not unreasonable to ask the user to contribute some to look after their own health. The major issue is who should pay and what kind of services should be charged.

Prior to talking how the public can contribute to the health care cost, I would like to describe the health care model that I would like to see in the future of HK. The public hospitals should provide quality "BASIC" medical care to all local citizens irrespective of their income are entitle to the services at a nominal charge or an affordable price. This gives the public a safety net and they know they would receive quality services when needed though queuing for the services is inevitable. Obviously there is going to be a dispute on what is "BASIC" and what are not. Since we are talking about health care financing, services that involved expensive technology, drugs, imaging studies are not included in the "BASIC" medical care. This means more sensitive imaging studies to look for cancer, new drugs that have better side effect profile and may prolong the life expectancy by a few weeks or months would not be provided with public money. There is a limit to what the government can provide and that is why public housing is not equipped with state of the art club house facilities. This means those who want to have immediate services or want to have the best possible medical care in the world would need to pay out of their own saving or subscribe a health insurance plan.

It follows that there would be two kind of insurance scheme. A scheme that would cover all kind of services including those that would be provided by public hospitals and another insurance scheme that covers only situation where expensive technologies or drugs are required. The former one is no different from what is being sold in the market nowadays whilst the latter needs more discussion and explanation. The whole idea of insurance is to obtain coverage or protection when something bad happens that may incur an enormous lost or expenditure. Usually, this kind of event not necessarily or unlikely to occur but the consequence is huge eg car accident, fire incident of your own home. Hence insurance for common cold does not make sense because it would happen to all those insured and there is no sharing of risk or cost involved. Instead part of the money paid by citizen would be used to cover the administrative cost or become the profit of the insurance company. On the other hand, only a small proportion of people would develop cancer that would be benefited by target therapy, PET scan for follow up, coronary arteries angioplasty. These are expensive

treatments but only a few would require them. People may choose to insure themselves for these services just in case. Unlike the insurance of the first kind, the premium should be lower as only a small number of people would make the claim.

Currently, HA promotes public-private partnership which means pushing public patients to get private services so that the waiting list can be shorter. Public money is also spent to purchase private services as if services provided by the public sector is more expensive. I cannot understand how the calculation was done. However, I would look at this from 2 different angles. If the public service is inefficient and expensive, the first step to do is to improve the efficiency rather than sending patients to the private sectors. I would also like to point out that public services may appear expensive by calculation because many a time more than 1 doctor is involved in taking care of a patient in public hospitals not because the patients need that many doctors but because public hospital is a training ground for the future experts. A surgery can be finished more quickly by one trained specialist than by 1 specialist together with 2 doctors in training. If public services is inefficient, pushing patients to pay a lot of money to receive expensive services in private sector to receive the same services become not cost-effective from a community point of view.

The consultation paper suggests local citizen could contribute a portion of the money for the health care may it be some form of tax, insurance or personal healthcare reserve. I have no problem that the local citizen should contribute but my worry and disagreement is asking these people to come up with some money so that they can pay for their health care cost in the private sectors so that they would not come to the public hospitals and become a burden to the government. This is absolutely wrong in two ways. Firstly, this policy only benefits health care professionals in the private sector and entices more doctors leaving the public hospitals to join the private practice. The training ground for the future doctors would be ruined and this has already happened and both Universities and HA have a problem in recruiting or retaining experienced doctors. If the public is to come up with money to take care of their own health, I would like to see a portion of the money be channeled back to the public health care system. I mean HA hospitals should increase private practice to earn money so that the public health care system can be further improved. The money coming from the taxation to public health care would never increase substantially to cover the bill. The problem can be addressed by increasing the income via enlarging private practice in public hospitals and pushing patients away might not even be effective in burying the problem. The former approach is better because the total budget in the public health care system would increase without taking money away from other government public services. Pushing patients away would only shorten the waiting list but does not reduce the health care expenditure.

Money generated from the private practice in public hospital has a lot of advantages. Money can be used to improve the facilities so that any patients coming to the public hospitals would receive better care. Money can be used for new development so that the standard of care would remain high in HK. Money can also be used to increase the pay of doctors with special expertise to narrow the gap between the public and private practice so that they can continue their service and training commitment in public hospitals. Setting private practice in HA hospitals could also provide some kind of guidance on the fee for different

services in the private sector to minimize over-charging. Pushing more patients to the private market would also run the risk of inflating the charge as the demand exceeds the supply.

Currently, patients can only choose between paying a nominal charge in the public services or extremely expensive charges for services in the private sector. Something in between should be introduced so that patients can choose to pay more to receive a better services. Example, the patient can choose to get seen by a specialist in OPD for a higher consultation fee or be operated by a named doctor for a few thousand dollars more. Those who choose not to would be looked after in the same way as what has been delivering in the past.

One may say doctors and nurses are already over work and introducing private practice would increase their workload and lengthen the waiting list. This argument is only true if the number of doctors and nurses is not increased. With more money pumped into the public health care system, the number of staff could be increased and might therefore shorten the waiting list.

In summary:

- 1/ It is important to maintain and provide a quality "BASIC" services in public hospitals to all citizens. It is important that the services in the public hospital is maintained because it is the training ground for the future.
- 2/ I support personal medical saving accounts because the spirit is to look after yourself
- 3/ Providing options of purchasing comprehensive insurance coverage or insurance scheme that covers rare but expensive services that are not included in the "BASIC". The premium of the latter should be substantially lower and affordable.
- 4/ Increase private practice in public hospitals so that money coming out of the fee paying patients can channeled to the public system to support the services to lower income groups. This is crucial for the health care system reform in HK and cannot be over-emphasis.

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