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12 June 2008
Dr. York Y N Chow
Secretary for Food and Health

Dear York,

Healthcare Reform Consultation Document

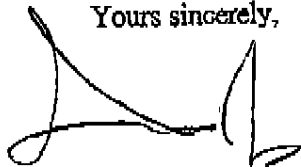
Thank you very much for asking me to comment on the consultation document "Your Health Your Life".

Attached please find the 3 pages of my personal comments on the reform document.

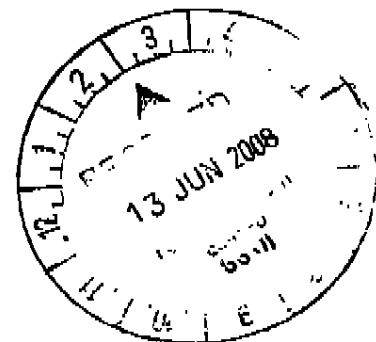
Don't hesitate to let me know for any queries in my comments.

Regards.

Yours sincerely,



Dr. Stephen Foo



My comments on the "Your Health Your Life Healthcare Reform Consultation Document" are as follows:

SECRETARY FOR FOOD AND HEALTH MESSAGE

I support the proposals stated in the Message, namely, enhancing the primary care system and reforming the healthcare market structure to promote greater public-private partnership. The territory-wide electronic health record system will be a pivotal infrastructure for the latter. While I support reforming the current financing arrangements to provide supplementary financing, I also agree with the prudent suggestion to take a critical look at how to channel the available resources into the system to achieve the best results for all (paragraph 2).

CHAPTER 1 – THE NEED FOR CHANGE

I support the last sentence in bold type: "We must therefore act now" and suggest that the 2nd stage consultation document planned for release next year should include:

- (a) detailed proposals for reform,,
- (b) a roadmap and timetable for the reforms, say, in 10 years time.

CHAPTER 2 – ENHANCE PRIMARY CARE

I support that primary care is the base upon which the rest of the healthcare system is organized. Promoting to the public the family doctor concept which emphasizes continuity, holistic and preventive care is important in such endeavour. In recent years, many young medical graduates are employed by Health Management Organizations or "Chain Medical Clinics", which are characterized by a high turnover of junior doctor employees. To be most cost-effective, preventive and clinical services are best delivered by family doctors who know the patient and his/her family well, and who are accessible to patients in a stable locality for a long period of time. Without the prospect and incentive of building up long-term relationships with the local residents, this stability and continuity of care is difficult to achieve. The Family Doctor Register is a feasible and practical way to promote personal continuity of care, and also a golden opportunity for raising the standard of primary care in Hong Kong.

Under this light, I recommend the government to:

- (a) together with the relevant professional bodies (local and overseas colleges in family medicine/general practice) and layman representatives, review the present family medicine training program and set the standard of training and assessment unique to community service for Hong Kong;
- (b) based on (a), develop a primary care workforce policy which includes setting qualification milestones for doctors to be accepted in the Family Doctor Register, and the appropriate conditions (for example, practice protocol-based medicine, fulfilling continuing medical education requirements, sharing patients' record, etc) for them to remain on the register;
- (c) promote the Family Doctor Register as the official and preferred reference for citizens to locate a personal doctor, along with the territory-wide Electronic Health Record system and subsidized care.

As a core member of the Response Committee to the Consultation Document of the Hong Kong College of Family Physicians, I am confident that the College will contribute by sharing with all interested parties the existing training programme. Appropriate modifications of the training programme will be designed to meet the needs of family doctors from diverse backgrounds. She will also be prepared to work with all concerned parties in establishing the training requirements and qualification milestones for Family Doctor Register in order to promote the continuous enhancement of quality of primary care.

On subsidized preventive care, I suggest putting a strong emphasis on the importance of protocol-based screening or/and intervention. In recent years, many healthcare providers are making profit by promoting "body check" on a large scale in the community, regardless of need and risk assessment. Citizens must be educated and be knowledgeable about the age/gender/disease group-based protocol in preventive care services. Unnecessary and even harmful investigations must be discouraged.

CHAPTER 3 - PROMOTE PUBLIC-PRIVATE PARTNERSHIP IN HEALTHCARE CHAPTER 4 - DEVELOP HEALTH RECORD SHARING

The public-private partnership and health record sharing are integral to the Family Doctor Register in the following ways:

(a) Shared care of chronic patients: District-based training courses aimed for shared care of chronic patients between public hospitals and private doctors can be accredited as part of the qualification milestone for doctors to be accepted to the Family Doctor Register. Participation in the district-based training courses can also be a condition for registered doctors to remain on the register;

(b) Sharing health records: subject to patients' consent, registered family doctors are to make use of the future electronic health records (eHR) and enter patients' health information and quality indicators (for example, immunization status, body mass index, smoking status, blood pressure, current medication and so on) to enhance continuity and integration of care. It will be desirable to make record sharing a condition for registered family doctors to remain in the register;

I look forward to the Steering Committee on Electronic Health Record Sharing presenting next year its initial recommendations for a work programme, which would include pilot projects paving the way towards a territory-wide sharing infrastructure.

On public-private partnership (PPP), as in the cataract pilot scheme, new services can be purchased from the private sector to provide care for stable patients piled up in public specialist out-patient clinics. Barriers like patients' financial concern over long-term drugs and follow-up investigations can be addressed by giving registered family doctors access to utilize public pharmacies or laboratories based on agreed protocols. After taking due care to achieve a fine balance and not to attract patients who would have otherwise opted for private sector service, appropriate subsidies in long-term medications and investigations will help releasing the hospital manpower and shortening the waiting time for new patients requiring specialist care.

CHAPTER 5 - STRENGTHEN PUBLIC HEALTHCARE SAFETY NET

I agree that the concept of introducing a limit on medical expenses for individual patients as part of the safety net mechanism to protect families against financial ruin.

CHAPTERS 6 - 13

The most suitable supplementary financing model is one that is simple, efficient, discourages abuse and encourages lower healthcare cost. A combination of taxation (salary and profit tax), social health insurance, out-of-pocket payments and voluntary insurance is most appropriate because this combination is likely to bring about the best outcome balancing the competing forces on financing sustainability, risk-pooling/ sharing, wealth re-distribution, choice of services, market competition/ efficiency and utilization/cost control.

CHAPTER 14 – BUILDING A HEALTHY TOMORROW
CHAPTER 15 – WAY FORWARD

I support to ensure that professional standards and skills, quality of care, as well as healthcare facilities and technology continue to keep pace with international development and continue to uphold high standards of professional conduct and ethics through the professional regulatory framework and peer monitoring. For the healthcare system as a whole, I support more emphasis given to primary care, especially preventive care; and ensure the effective and efficient functioning as well as healthy development of the healthcare market.

I look forward to the second stage consultation document to be issued in the first half of 2009, which is expected to have new health policies formulated and a range of firm proposals for public comment.