



香港防癆心臟及胸病協會
The Hong Kong Tuberculosis, Chest and Heart Diseases Association

PATRON : THE HON. DONALD TSANG, G.B.M., CHIEF EXECUTIVE OF HONG KONG
(INCORPORATED UNDER ORDINANCE CAP. 1024)



Your Ref.
Our Ref.

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10th June, 2008.

Dr. York Y.N. Chow, SBS, JP,
Secretary for Food & Health,
Food and Health Bureau,
19th/Flr., Murray Building,
Garden Road,
Central,
Hong Kong.

Dear Dr. Chow,

Healthcare Reform Consultation Document –
Your Health, Your Life

I am directed by the Board of Directors of the Hong Kong Tuberculosis, Chest & Heart Diseases Association to enclose herewith views and proposals on the “Your Health, Your Life”, Healthcare Reform Consultation Document for your consideration.

I trust you will find these comments to be of practical value in your future deliberations.

Yours sincerely,

Babe Chan
Executive Secretary

Encl.

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60 Years of Anti-Tuberculosis Services: Creating a Healthier Tomorrow

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Healthcare Reform Consultation Document "YOUR HEALTH YOUR LIFE"

INTRODUCTION

The Board of Directors of the Hong Kong Tuberculosis, Chest and Heart Diseases Association has reviewed the Healthcare Reform Consultation Document issued in March 2008. It is a long awaited effort welcomed by the community.

As one of the leading Non-Government Organizations in the provision of health care in Hong Kong, we welcome constructive proposals to improve the general standards of health in Hong Kong and the delivery of the existing healthcare service. In this context, the Association supports the Food and Health Bureau on the issue of this document and expresses its appreciation on the efforts that have been made which have led to this publication.

Generally, we are in agreement with the document.

We need to reform because of the following forces of change to healthcare:-

- the healthcare services to meet major challenges due to ageing population, increasing healthcare expenditure and rapid advances in medical technology.
- the market structure which is characterized by insufficient emphasis on holistic primary care, over-reliance on the public hospital system, significant public-private imbalance and limited continuity and integration of care.
- the financing arrangements for public healthcare which is predominantly funded by the Government through general taxation.

We agree that given the low tax regime and the narrow tax base of Hong Kong, raising public expenditure and in turn taxation or reducing the funding for other public services is not a viable option.

COMMENTS

1. Preventive based primary care

- a. We agree that primary care should go beyond curing of episodic illnesses. It should provide continuous, comprehensive and holistic healthcare to individuals in their home environment. It puts emphasis on preventive care,

the promotion of health and the protection of well-being, as well as the improvement in the quality of life through holistic care.

- b. We believe that preventive based primary care could result in better health of the population at lower cost. We also believe that by providing continuous and comprehensive care as well as serving as a gateway to other parts of the healthcare system, primary care can reduce demand for hospital care, specialist and emergencies services, and the chance of being subjected to inappropriate intervention.

2. *Family doctor register*

We believe that family doctor has a vital role to play as manager of care and long-term provider of holistic care to patients including necessary preventive care, health risk assessment and follow-up care after medical conditions of patients have been stabilized and after discharge from hospitals. The establishment of a family doctor register has double advantages. Firstly, it will encourage doctors in private practice to undertake continuing education and training in family medicine. Secondly, it will provide useful information to the public in choosing their primary care providers who serve them as family doctors. Formal pursuit of this branch of family medicine is to be encouraged.

3. *Basic models for primary care services*

We support the proposed development of basic models for primary care services, establishment of a family doctor register (or panel), preventive care subsidy, improvement of public primary care and strengthening of public health functions.

4. *Territory-wide e-HR*

- a. We also support the development of a territory-wide electronic health record (e-HR) infrastructure to enhance continuity of care and better integration of different healthcare services as well as to support the healthcare reform in the areas of primary care and public-private partnership.
- b. We believe that e-HR sharing allows individuals' health records to follow them wherever they go for healthcare to improve the quality of healthcare for the public and more importantly to avoid duplication of services.

5. *Strengthen Public Health Functions*

We agree that existing public health functions be strengthened by:

- (a) enhancing public health education;
- (b) promoting public health through community involvement;
- (c) strengthening Department of Health's role in primary care.

6. *Supplementary financing options*

We believe that supplementary financing should meet the following criteria:-

- (i) bring about more choice of personalized healthcare services tailored to individual's preferences (e. g. choice of doctors/providers, amenities of care, or options for treatments);
- (ii) bring about a market system that drives competition among healthcare providers and enhance price transparency, quality, efficiency and cost-effectiveness of healthcare services.
- (iii) come up with a built-in mechanism that can inherently encourage judicious use of healthcare resources and control healthcare costs.
- (iv) Government must accept the fundamental and overall responsibility for medical care provision to the community.

7. *Cost versus revenue*

We consider it important to match costing with revenue as all this six financing options have their financial pros and cons. We also consider it important that any financing option, if adopted, should be equitable and must not be overly burdensome on any one class of citizens. We recommend that public consultation be sought in conjunction with all the sectors concerned and the Government must maintain an overall view with no distraction on minor issues.

Members of the Board are invited to endorse the aforementioned paper which will be submitted to the Secretary for Food and Health, Food & Health Bureau, 19/F., Murray Building, 3 Garden Road, Central, Hong Kong on 10th June 2008.