



The Hong Kong Geriatrics Society
Response to Health Care Reform Consultation Paper
“Your Health Your Life”
June 2008

Founded in 1981, the Hong Kong Geriatrics Society (HKGS) is a specialist medical society of doctors who are responsible for the management of acute and chronic illness, severe disability and terminal conditions in elderly people. The HKGS would like to respond to the Healthcare Reform Consultation Document 2008 “Your Health Your Life”.

In the Consultation document, it was noted that “medical needs will be increasing” with the ageing population and “the proportion of the elderly constantly on the rise”. While the HKGS welcomes the recognition of the needs of the ageing population, we would like to caution on taking a simplistic view that the problems can be solved by a financial solution alone. Rather, we should look into how we can tailor our health care service, in both private and public, to the health care needs of our elderly, present and future. It would involve changes in our health care financial arrangement as well as the mode of health service delivery. Care for the elderly should always remain as one of our Government’s priorities to recognize their contribution to the development and prosperity of Hong Kong in the past.

1. Promote health in partnership with healthcare professionals

In the consultation document, it was suggested to promote health of the public through primary care provided by family doctor. While the HKGS supports the “Family Doctor” concept, it must be emphasized that, at present in Hong Kong, the majority of older persons do not have a regular family doctor, and primary care to older persons, especially those in residential care, are often provided by geriatricians rather than family doctor in the narrow sense.

And the scope of geriatric care provided by the family doctor is currently not clearly

defined. Many family doctors do not possess adequate training in geriatric medicine to take care of the complex needs of the elderly at primary care level. Even for those with structured Family Medicine training, Geriatrics training in the current Family Medicine Curriculum is still largely inadequate. The HKGS believes that primary care for the elderly is a spectrum, ranging from independent living elderly with simple medical problems, to management of the frail elderly with complex medical, functional and social needs. Community geriatricians (as compared to community paediatricians) can contribute to the full range of primary care for older people with different needs, particularly for those with multiple co-morbidities and geriatric syndromes.

On the issue of promoting health in primary care, the importance of multidisciplinary input for the elderly in primary care level cannot be over-emphasized. There is currently lack of such service provision in both the private and public sectors, though the role was somewhat partially fulfilled by the over-subscribed Elderly Health Centres of Department of Health. Moreover, the role of community elderly centres run by various organizations in providing primary geriatric care has not been clearly defined.

2. Encourage Public-Private Partnership

With the enhanced public-private partnership as suggested by the consultation document, we are concerned that the quality of care to the elderly in public sector may actually deteriorate. As the health problems in the elderly are often less well defined (as compared to disease in individual organ system) and the care of them less clearly remunerable (as compared to interventional procedures or surgery), resources and attention may inevitably be shifted away from geriatric care. The proposal of bringing private expertise to public service may be feasible for organ specialists, but unlikely to improve health care for the elderly in public hospitals.

The further development of private medical centres run by Health Management Organizations (HMOs), and the likely lack of long term healthcare insurance mean that the elderly may not benefit from a growth of the private medical service. In addition, geriatric problems, such as “frailty” & “deconditioning”, often do not fall into individual organ systems that can be covered by insurance. At present, private geriatric care is still under-developed for the increasing number of more well-off older persons and the “soon-to-be old” baby-boomers.

3. Develop an electronic database of patient records

The HKGS welcomes the development of electronic database of patient record and the concept of “records to follow the patients”. We would like to further emphasize that the record should not only include diagnoses and treatment, but preferably also details of functional and psycho-social assessment related to chronic illnesses.

4. Strengthen public healthcare safety net

The vast majority of older persons are not the working population; hence they would not have Medical Savings Account or any Supplementary Medical Insurance. As the elderly do not often have financial reserves to cater for their future health care expenses, we support the idea of setting a “personal limit on medical expenses” or a second safety net. It is also worthwhile to explore the concept of a life-time subsidy quota as many of the health problems in the elderly tend to be chronic and recurrent. It is important for the government to consider how, after the reform, the system will actually work to provide for the needs of the elderly in both acute and long term care.

5. Develop supplementary financing options for healthcare

For the welfare of the present generation of the elderly, the HKGS is more supportive to a social health insurance rather than privately-run insurance. It is worried that profit-making private insurance companies will tend not to reimburse the elderly as they often lack the means to seek reimbursement and the complex nature of the medical problems make them more difficult to make claims.

The elderly, often without sound knowledge of financial arrangement and insurance, are likely not able to discern the various insurance options, not to mention negotiating the terms with the insurer. Whether mandatory or voluntary insurance is adopted, insurance companies should be tightly regulated. Policies should include insurance for long term care and chronic illnesses, and are renewable universally. The insurance choice must be simple and easy to understand. The claim procedure should also be simple.

From the consultation document, it seems that none of the currently proposed options can comprehensively cover the needs of older people. One possible solution will be a publicly run insurance scheme or insurance managed by a non-government/

non-profit organization.

In Summary

The HKGS holds the view that:

1. To face the challenge of providing health care to our ageing population, we need to tailor our health care delivery model to the needs of our elderly both in acute and long term care.
2. While the HKGS supports the “Family Doctor” concept, it is important to recognize that primary care for the elderly involves a spectrum ranging from simple medical problems to complex medical, functional and social needs. The importance of multidisciplinary input and contributions from Community Geriatricians to primary care of the elderly should not be overlooked.
3. The elderly patients in the public sector are unlikely to benefit much from the proposed enhanced public-private partnership unless designated resources are ear-marked for care for the elderly and remuneration to private practitioners engaged in elderly care is viewed as financially lucrative.
4. We welcome the development of electronic database of patient records but would like to suggest the inclusion of functional and psycho-social assessment in the record.
5. As the vast majority of older persons are not working population, the government needs to consider how, after the reform, the system will actually work to provide the needs of the elderly.
6. Insurance companies providing health care insurance should be tightly regulated. Policies should include insurance for chronic illness, and are renewable universally for all ages.

CHANHWF/KOPS2008