

Public Responses to the Harvard Report

Summary

Upon its release in April 1999, the Harvard report generated much in-depth and constructive discussion in the community on Hong Kong's health care system. We attended over 50 seminars and meetings to explain the content and recommendations of the Report and listened to the views of the participants. We received over 2,200 written submissions from different sectors of the community offering advice and suggestions on how to improve our health care system. A summary of the feedback is set out in the following paragraphs.

Overview

2. While opinions on reform options vary, there appears to be a general consensus among the public that there is a need to reform our current health care delivery and financing systems. There is a concern that unless some reform measures are carried out, our health care system may not be able to continue to offer to the community the same quality of service in the future.

Health Care Delivery System

3. There is strong support for the Administration to introduce measures to strengthen primary health care through the development of family medicine practice and improvement to the general out-patient services. It is considered that apart from offering better medical care to their patients, family medicine

practitioners can help contain overall health care cost through their gatekeeping functions.

4. There is a lot of concern about the heavy workload in the public sector and respondents urge for the implementation of measures to ease the burden of our frontline health care staff. It is suggested by some that closer collaboration between the public and private sectors is the key to achieve re-distribution of the present rather uneven workload between the two sectors. In the long term, closer collaboration can help reduce the financial pressure on the public sector.

5. Many respondents are disappointed that the Harvard Report has not discussed how to improve dental care, nor paid sufficient attention to the role and contributions of nurses and supplementary health care professionals to the health care system. We are also reminded that in devising reform measures, the contributions of Chinese medicine must not be overlooked. It is believed that Chinese medicine has a major role to play in our future health care system.

6. There seems to be general agreement among the respondents that our service delivery is at present fragmented and needs improvement. There is however little support to Harvard's proposal of reorganising the Hospital Authority into 12 to 18 regional health care integrated systems. People appear to be generally satisfied with the present services provided by the Authority.

Quality Assurance

7. The main focus of discussion is on continuing medical education (CME) and patient complaint mechanisms. There seems to be general agreement that health care professionals should undertake CME in order to update their knowledge and practice. The point of discussion is whether or not the CME should be made mandatory and linked to the renewal of practising certificate.

8. On patient complaint mechanism, opinions are divided. The community in general, the patient groups in particular, support the proposal of setting up an independent Medical Ombudsman. Some respondents are concerned that the existing complaint mechanism against medical practitioners appears to be biased in favour of the latter, as doctors tend to protect one another. Others point out that the existing mechanism is not user-friendly nor transparent.

9. Medical practitioners do not support the setting up of the proposed Medical Ombudsman. In their view, it would not be possible, nor fair to the profession, to rely on a non-professional who has no or little knowledge about the profession to appraise professional practice and conduct. At the same time, the Medical Council of Hong Kong has proposed to introduce a number of measures to improve the transparency and user-friendliness of the existing complaint mechanism.

10. We received a number of submissions for the separation of the prescribing and dispensing practice as a measure to protect

patient safety and consumers' freedom to choose. This separation is being practised in the public sector; and some respondents point out that in the private sector, patients do have the freedom to choose obtaining drugs from a doctor or a pharmacist, and this freedom to choose should be maintained.

11. There is a good measure of support from the respondents for the establishment of an Institute for Health Policy and Economics to be responsible for collecting data and conducting researches on health care matters.

Financing Options

12. While opinions are divided on what should be the solutions to the financing problems, there appears to be some general consensus among the respondents that we need to look for additional funding sources to the public health care system, otherwise its long term financial sustainability will be in question. Many respondents remind us that the first step should be to look for savings from within the public sector organisations and to enhance productivity. A significant number of respondents appear to accept that some upward revisions of the public sector fees are acceptable, as a way to increase funding and to persuade the better-off patients to use the private sector. There is however little discussion on the level of revisions.

13. There is little support for the proposed Health Security Plan, which spreads the financial risks arising from serious illnesses among the entire community by requiring mandatory contribution of 1.5% to 2% of the salaries from the working

population. This proposal is not popular because many respondents see the contribution as a tax in disguise, increasing further the burden of the middle class. Other arguments have also been put forward against the proposal. It is pointed out that under the proposed plan, people would tend to overuse the medical services and that would drive up the entire health care cost of the community. Such misuse may be restrained by imposing a high co-payment fee for service received, but that is regarded as unfair to the middle class seeking treatment.

14. Some respondents support the idea of a personal savings account to pay for medical services, but there is no detailed discussion on how such a scheme should operate. There is also a suggestion that the promotion of voluntary insurance may be a way to overcome the financing problem. It is proposed that the public sector fees can be raised substantially so as to persuade the community to purchase voluntary insurance. To induce the lower income groups to join in, the Administration can subsidise these groups to pay for the insurance premium through the enhanced fee income.

15. Respondents in general support Harvard's proposed "MEDISAGE" scheme, which is a personal savings arrangement to pay for long term care upon retirement. Again, there is no discussion on the details. Some respondents do question how a rather low savings rate of 1% of the wages would be sufficient to finance the expensive long term care services.