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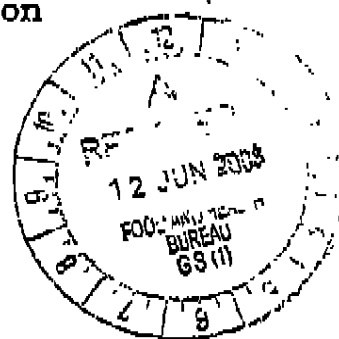
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公立醫院院務主任協會
Public Hospital Administrators' Association

Dr York Chow, SBS, JP
Secretary for Food and Health
Food and Health Bureau
Murray Building
Garden Road, Central
Hong Kong



10 June 2008

Dear Dr Chow,

Healthcare Reform Consultation Document

Thank you for inviting our Association to participate in the first part of a two-stage public consultation exercise on healthcare reform and supplementary financing options. As members of the healthcare professionals, we support the launching of a reform in the current healthcare system so as to make it more sustainable and responsive to the increasing needs of the community in Hong Kong.

Being a public good, consumer choices for healthcare services should be limited as public funds are involved. In line with any new healthcare financing initiatives, primary healthcare should be restructured with either accreditation or greater control in terms of both quality and pricing by independent governance. A strategy on reimbursement for drugs for chronic disease and certain non-life-style illness should also be established to achieve equity for all.

Assuming that the Government will still maintain a safety net (scope to be clearly defined) for all in need of healthcare, the most pressing pitfalls of the existing healthcare financing system are heavily linked with the less advantaged groups such as the low to middle income groups [e.g. employees without a healthcare insurance scheme or medical benefits and retired persons (those without life-long retirement benefits other than a small lump-sum gratuity) living on a meagre "income"] who are ill afford to make any contributions. With a tax-funded public healthcare system no longer holds, what is the role of the Government in the provision of healthcare services for "all" entitled persons must be mapped out clearly. Otherwise adverse public opinion will prevail against rational choices and decisions. There are also concerns about the tendency of insurance companies ripping off both the insurees and the Government, having noted that some insurance companies might give incentives to insurees using public healthcare services.

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Although the consultation document is very comprehensive, with "pros and cons" for each option being listed, the relevance to the targeted audiences or stakeholders has not been clearly spelt out. In this regard, we consider that the engagement of different groups of stakeholders (i.e. consumers and employers) and the services providers (public, private and insurance companies as well as employers) is vital during the consultation process.

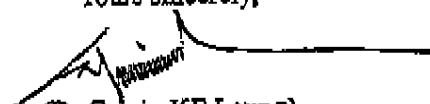
Given the complexity of the issue, we would suggest more detailed proposals such as the contributory options to be adopted, who should contribute, the level of contributions, what tangible benefits to be gained, and what options are available for those who had joined the health insurance scheme, etc, should be provided in the second-stage consultation so that more in-depth discussion could be made among the stakeholders.

We consider existing public hospital services operated and managed by the Hospital Authority should be maintained as both the quality and accessibility considerations are well proven; whilst the funding and charging (co-payment) options can be widened with choices already proven to be working reasonably well in places like Singapore. To ensure the success of the reform, the Government should take proactive measures to formulate a long term manpower plan for the healthcare professionals and supporting staff. Above all, the public and private partnership should be strengthened and allocation of resources to enhance the interface with the private sector should be made as far as possible.

Lastly, we look forward to receiving more detailed reform proposals in the next stage of consultation and would appreciate every opportunity to exchange views on the various issues mentioned above.

Thank you for your attention.

Yours sincerely,



(Dr Calvin KF Leung)
Chairman

Public Hospital Administrators Association

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