Comments on the Healthcare Reform submitted by the Hong Kong Association of Speech Therapists (HKAST)

Background of HKAST

Currently there are roughly 400 speech therapists working in Hong Kong. The HKAST has approximately 250 members, representing a majority of the profession in the territory. Our members are employed in a number of settings, including the government (Education Bureau and Department of Health), NGOs, special schools, private clinics and also the Hospital Authority.

Current role of speech therapists in the healthcare system

At present, there are about 55 speech therapists employed under the Hospital Authority and a much smaller number (~15) are working in private setting and practicing in private hospitals and clinics. Most cases handled in the medical setting include dysphagia (swallowing problem), acquired and developmental speech and language disorders, voice disorders.

Current demand-supply situation

The demand for speech therapy service in the public medical sector clearly outweighs the supply. To illustrate such, data obtained from a local hospital indicated a waiting time of 1.5 year for non-urgent cases (e.g. pediatric articulation disorder) and 7 months for semi-urgent cases (e.g. voice disorders), which is unacceptable by medical standards and often draws complains from our patients.

Trend of increasing demand in speech therapy service

As highlighted by the healthcare reform documents, our population is definitely an aging one. This will undoubtedly contribute to a further increase in our caseload, especially for our colleagues in the public healthcare system.

Main concern and point of interest regarding healthcare reform

As illustrated above, our main focus is clearly the current imbalance between public and private sector. The public healthcare system can be foreseen to be overloaded with cases awaiting speech therapy service. This will hamper the chances of their recovery and seriously affect the quality of life for patients suffering from various kinds of disabilities.

The private sector of speech therapy service, however, is expanding at a considerable magnitude in recent years. Although private-public-partnership exists in our field (under the PPI scheme of HA), it is virtually non-effective due to the extreme difference in cost.
Therefore, we agree that a healthcare reform is needed, especially in tackling the problem of private-public imbalance.

Preference of different proposals

a. Social health insurance: This will not solve our problem of imbalance.
b. User fees: Our service delivery is usually on a long-term basis. It is often that we see cases regularly (i.e. about once every month) for up to 1-2 years. Adding on to the present medical fees will undoubtedly increase the burden for our citizens, especially those not taking CSSA and not well-off enough to afford full private service.
c. Medical Savings account and Voluntary private health insurance: Same as (a), this will not change the face of the private-public imbalance as it does not facilitate any changes.
d. Mandatory private health insurance and personal healthcare reserve: As these two proposals would allow citizens to share risks and hence facilitate a reform in the healthcare system itself, especially on increasing the usage of the relatively spared private sector. We agree that these two proposals will be able to alleviate the significant imbalance in the public and private sector.

Conclusion

The overload of the public speech therapy service is evident and must be dealt with before it gets out of hand. A healthcare reform, as proposed by the government, is much needed. Our main concern is the significant imbalance between the public and private sector. From the proposals provided, we see that both mandatory private health insurance and also personal healthcare reserve are likely to alleviate the current situation.

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