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

June 10 2008

Dear Dr. Chow, ,

Health Care Reform Consultation Document -- Your Health Your Life

The Pharmaceutical Society of Hong Kong (PSHK) would like to take this opportunity to congratulate the Bureau of kicking off the consultation on our future health care reform again in which it was stalled after the consultation paper "Building a Healthy Tomorrow" in 2005. We are in no way discouraging the Bureau to pursue this imminent reform but we do have reservation over the proposals & the consultation process logistics with such an emphasis on the financial aspect of the reform at this stage. The PSHK reckons that there is an imminent need to reform our current health care **delivery system** that is not catching up with the advancement and development in the health care arena occurring in the world in the past few decades.

The title of the consultation document this time is "Your Health Your Life" (the document). The Bureau did not hide away this time that the document only touches mainly on reform of the primary medical care sector. But we are not expecting the reform is fragmented and sectorial approach because it is about one's life. We need to address the change of the norm towards the meaning of health which everyone should take an active and responsible role on one's own health. **It is not about treatment alone.**

We are so concerned over such emphasis on medical care & financial reform it ends up with only cost-escalating and unaffordable health care services. In the document, the Government has not indicated whatsoever what Health Policy it holds. We would like to point out that "No one should be denied adequate healthcare through lack of means" is only a guiding principle. It cannot be replaced as a policy statement. Be it a national health system nor a private insurance system, the Government should direct the public discussion on what delivery system the society would opt for. Furthermore, the policy should also touch on the roles & responsibilities of each health care provider and the users. It should also govern how the government handles public health issues.

Without such policy direction, we believe it is almost impossible to work out a true and sustainable reform on healthcare including health care financing.

If we don't have a Health Policy, how could we define adequate? How could both the public & private healthcare sectors plan for their service provision and business development? How we, as the public, know how much we should contribute? It is very obvious that no one can decide how to pay and what to pay for in such a black hole.

Poor healthcare manpower planning has been witnessed on and off and it is a barrier to the development & advancement of health care services and a waste of resources. Why does such vicious cycle revolving in the last 2 decades? The answer is simple. We don't have a Health Policy and all the expenses spent were piece-meal approach. Such deficiency further damages the already wobbling structure of allied health professionals hence affecting the overall health status of the public. One classic example is there are still many allied health professionals' qualifications are unregistered and the practice standards are unregulated.

Without a Health Policy, who would be the ultimate victim of it? The public at large has all along been the victim of such lack of policy and direction. Take a look at our current situation in air-pollution, nutrition labelling, undesirable medical advertisement, control of health products, **various dispensing standards** etc. Many laws & regulations are out-dated and could not meet the needs of the daily operation of a developed society. For instance, why pharmacists do not have Pharmacist Council to govern the standard and practice of the profession? Why the Pharmacy & Poisons Ordinance is still based on the one enacted in 1968 where in other advanced & well-developed countries the law has been thoroughly revamped at least once or twice to meet the health care system needs.

On health care financing, we were absolutely amazed by the figures and projections stated in the document. We did not quite apprehend how such estimates were projected. On one hand, the document claimed that we would be in big trouble if no supplementary health finance source being identified. But on the contrary, it did not mention at all whether the current expenditure was well spent or not? If the projection was based on something which is not cost-effective, the estimate could be far-fetched. It is historical that our health care system is far too relied on medical treatment. Such situation will only drives the health care cost escalating at a rate which could be out of control particularly in our situation where no health policy is in place.

From our point of views, **splitting up the dispensing and prescribing functions** by allowing 2 different professions to perform has been proven a useful tool to monitor cost-effective use of drugs and enhance patient's safety in the use of drug. If such system tool does not build in to our future health care system, how could pharmacists agree with the risk pooling theory when such messy operation is not properly addressed? Before we can put our bet in any one of the finance options recommended in this consultation paper, being one of the health care providers, we want to know first the quality assurance mechanism and future service delivery model the government would endorse. Everyone wishes to know the price of the product before deciding to buy it or not.

Our government always prefers little intervention to the market and this worries us most. For health care, even one goes for a complete private market system the

government must exercise its control in the accessibility, affordability and quality of all health services. This is particularly true to health insurance model. Otherwise, we will end up with the escalating cost like in the USA. **It is always the middle class who would suffer.** The under-privileged will be taken care of by the government though we don't know how adequately it is. The rich will not bother any way because they can afford it. Always it is the middle class who bears the bulk. And it will be even worst if voluntary insurance option is chosen.

The coverage on the actual reform on the current health care system is minimal except on primary medical care. The PSHK strongly believes that **Primary Medical Care DOES NOT EQUAL to Primary Health Care.** Over emphasis on primary medical care will neither decrease the health care cost, nor will it change the public norm towards health which they should take an active and responsible role on one's own health. How about the other health-related sectors? Does the document imply that they were perfect and reform was unnecessary? For example, the elderly care services provided by the old-aged homes. If all of them could provide an adequate health care standard that includes pharmaceutical care, the current hospital care cost could have been much lowered. We don't quite understand why this document did not mention a single word on allied health professions like pharmacists what they could contribute and provide and what assistance the government would give to develop pharmacist profession like the government proposed to pump in resources to develop Family Physicians? Should we continue this imbalance dependence on medical care, it would only drive up the health care cost up to a level which the insurance industry and the middle class may find it difficult to operate and to afford.

If the government really aims at identifying supplementary funding, we would propose such supplementary funding should be used in primary health care and public health.

To summarise, we, PSHK, would like to see the Bureau to address the following issues in the 2nd consultation document before addressing on the future healthcare finance crisis:

1. What is our Health Policy?
2. Where is the deficiency of our existing system that leads to the anticipated crisis due to aging population?
3. How does the Bureau address healthcare manpower planning?
4. What action plans does the Bureau have in promoting "Be responsible for your Own Health"?
5. Would the Bureau consider incorporating the tool of sharing the responsibility of dispensing and prescribing in the future delivery model?
6. When will our healthcare related out-dated Ordinances & Regulations be revamped as a whole?
7. What reform would the Government take in the provision of elderly care services particularly in old-aged home?
8. Will the government consider increasing the fees and charges of the public system as a source of supplementary fund?
9. What reform would the government take in the provision of safety net to the public?

We are absolutely uncomfortable with this document by being asked to pay without knowing what we get. Without such information, it is much better just to revamp the current fee charging of our health care system instead of creating a new supplementary source of health care revenue.

We look forward to seeing those questions mentioned above would be answered in the second consultation document.

Yours sincerely,



Mr Benjamin Kwong
President
The Pharmaceutical Society of Hong Kong