
Findings of Telephone Survey on Supplementary Healthcare Financing

29 July - 12 August 2010

Food and Health Bureau

Hong Kong Special Administrative Region Government

August 2010

Opinion Survey on Supplementary Healthcare Financing (29 July - 12 August 2010)

(A) More detailed findings

- From the results of the survey, 61% of the respondents supported or strongly supported the Government to implement the voluntary standard private health insurance scheme (the Scheme), which is somewhat higher than the corresponding percentage (53%) found in the survey conducted during 24 June to 4 July 2010. Some 9% did not support it, which is about the same as that in the last survey round. [[Chart 1](#)]
- Analyzing the results by characteristics of the respondents, it can be seen that somewhat higher proportions of respondents in the higher income group and older age group were supportive to the Scheme. However, the results did not show apparent differences when analyzed by whether the respondents were covered by medical insurance / benefit. [[Charts 1a to 1c](#)]
- 29% of respondents reported that they were satisfied with current private health insurance schemes, including scope of protection and claim arrangement, whereas 13% were not satisfied. About half gave neutral view. [[Chart 2](#)]
- No major differences are observed in the results on satisfaction to current private health insurance schemes when analyzed by monthly personal income and age of the respondents. However, somewhat higher proportion of respondents with medical insurance / benefit were satisfied while lower proportion dissatisfied with current health insurance schemes when compared with those without medical insurance / benefit. [[Charts 2a to 2c](#)]
- On the views of Government regulation, 78% of respondents agreed or strongly agreed with the Government to regulate insurance companies in respect of the design, cost and operation (including claim arrangement) of private health insurance plans under the Scheme. Only 7% disagreed or strongly disagreed on this. [[Chart 3](#)]
- About the same percentage (78%) of respondents agreed or strongly agreed with the Government to regulate the quality of healthcare services provided and the fees charged by private hospitals and doctors under the Scheme. Also, only 8% disagreed or strongly disagreed on this. [[Chart 3](#)]

- A high percentage (84%) of respondents agreed or strongly agreed with the Government to set up a mechanism to handle disputes related to medical insurance claims among patients, insurance companies, private hospitals and doctors under the Scheme. Only 5% disagreed or strongly disagreed on this. [Chart 3]
- If private insurance companies cannot provide medical insurance products that meet the requirements of the Scheme, 75% of respondents agreed or strongly agreed with the Government to set up a company to provide medical insurance. However, 12% of respondents disagreed or strongly disagreed on this. [Chart 3]
- If, under the Scheme, private hospitals and doctors cannot provide reasonable services with transparent fees and charges to cope with the public's demand, 72% of respondents agreed or strongly agreed with the Government to set up a company to provide private healthcare services, whereas 16% disagreed or strongly disagreed on this. [Chart 3]
- Analyses of the results for the views on Government regulation on the Scheme by characteristics of respondents, including monthly personal income, age group and whether with medical insurance / benefit coverage, are shown in Charts 3a to 3c.
- Under the Scheme, 29% of respondents were willing to pay a premium of \$100 to less than \$200 per month so that they could stay in common wards of private hospitals and have average doctors to perform surgical operation for them when needed. It is followed by 21% of respondents only willing to pay less than \$100 per month and another 21% willing to pay \$200 to less than \$300 per month. Only 12% of respondents were willing to pay a premium of \$400 or more per month. [Chart 4]
- When analyzed by monthly personal income, it can be seen that relatively higher proportions of the higher income group were willing to pay higher premium of \$300 or above per month while relatively higher proportions of the lower income group were just willing to pay lower premium of less than \$200. On the other hand, relatively higher proportions of the younger age group were willing to pay higher premium while a high proportion of the older age group were only willing to pay low premium. Besides, relatively higher proportions of respondents with medical insurance / benefit were willing to pay higher premium of \$200 or above

per month while relatively higher proportions of those without medical insurance / benefit were just willing to pay lower premium of less than \$200. [Charts 4a to 4c]

- If for encouraging the public to join the Scheme, 86% of respondents agreed or strongly agreed with the Government to make use of government funds to subsidize old people to take out medical insurance. It is followed by 60% of respondents agreed or strongly agreed to subsidize people with high health risk and 54% to subsidize young people to take out medical insurance. On the other hand, 25% of respondents disagreed or strongly disagreed with the Government to subsidize young people and 18% to subsidize people with high health risk to take out medical insurance. [Chart 5]
- Relatively higher proportions of respondents in the lower income group agreed or strongly agreed while lower proportions disagreed or strongly disagreed with Government subsidization to various groups of people. However, relatively lower proportions in the higher income group agreed or strongly agreed while higher proportions disagreed or strongly disagreed with Government subsidization to various groups of people. It is also observed that the middle age group of 30 to 49 was relatively less supportive and more opposing to providing subsidies to young people. Besides, there appears to be higher proportion of respondents without medical insurance / benefit agreeing or strongly agreeing while lower proportion disagreeing or strongly disagreeing to Government subsidization to young people. [Charts 5a to 5c]
- On the method of providing Government subsidy to the public for joining the Scheme, 86% of respondents agreed or strongly agreed to provide tax exemption to people who pay premium for themselves and their family members. It is followed by 64% of respondents agreed or strongly agreed to subsidize the insured to save for paying premium when they retired, 59% to subsidize the insured to pay premium, and 51% to subsidize the high risk insured to pay the additional premium. On the other hand, 25% of respondents disagreed or strongly disagreed with the Government to subsidize the high risk insured to pay the additional premium, which is followed by 16% disagreed or strongly disagreed to subsidize the insured to save for paying premium when they retired, and 14% to subsidize the insured to pay premium. Few (5%) disagreed or strongly disagreed to provide tax exemption to people who pay premium for themselves and their family members. [Chart 6]

- Results on the views for different ways of Government subsidization analyzed by characteristics of the respondents, including monthly personal income, age group and whether with medical insurance / benefit coverage, are shown in Charts 6a to 6c.
- As regards increase of user fees for public healthcare services for subsidizing low income families, underprivileged groups and persons with serious illnesses, 37% of respondents considered that it was reasonable to increase inpatient fee from \$100 per day at present to \$150 per day, which is followed by 22% regarding an increase to \$200 per day was reasonable. However, there were also 19% of respondents replying that inpatient fee should not be increased. [Chart 7]
- Relatively higher proportion of the lower income group responded that inpatient fee should not be increased, whereas a high proportion of the higher income group considered it reasonable to increase the fee to \$300 per day. Also, relatively higher proportion of respondents in the older age group replied that inpatient fee should not be increased, while relatively higher proportions of those in the younger age group were more acceptable to higher fee at \$200 or more. Besides, relatively higher proportion of respondents without medical insurance / benefit answer that inpatient fee should not be increased, whereas relatively higher proportions of respondents with medical insurance / benefit regarded it reasonable to increase the fee to \$200 or more. [Charts 7a to 7c]
- 42% of respondents considered that it was reasonable to increase the Accident & Emergency (A&E) fees from \$100 per attendance at present to \$150 per attendance, and 19% regarding it reasonable to increase to \$200 per attendance. Nevertheless, 24% of respondents replied that the A&E fees should not be increased. [Chart 8]
- In general, relatively higher proportions of respondents in the lower income group, older age group and without medical insurance / benefit replied that A&E fee should not be increased, whereas relatively higher proportions of those in the higher income group, younger age and with medical coverage considered it reasonable to increase the fee to \$200 or more. [Charts 8a to 8c]
- About half (49%) of the respondents considered that it was reasonable to increase specialist outpatient fees from \$60 per attendance at present to \$100 per attendance and 14% further to \$150 per attendance, whereas 19% of respondents replied that specialist outpatient fees should not be increased. [Chart 9]

- When analyzing views on fee increase for public specialist out-patient service by characteristics of respondents, similar observations are noticed as the corresponding analyses on fee increase for other public healthcare services. [Charts 9a to 9c]
- 45% of respondents considered it reasonable to increase general outpatient fees from \$45 per attendance at present to \$80 per attendance and 21% further to \$100 per attendance. There are also 21% of respondents replied that general outpatient fees should not be increased. [Chart 10]
- Results on the views of fee increase for public general out-patient service analyzed by characteristics of the respondents are given in Charts 10a to 10c.
- 35% of respondents agreed or strongly agreed with the Government to increase tax to ensure that there are sufficient resources to provide healthcare services to the public, whereas 41% disagreed or strongly disagreed on this. These results are similar to those in some previous rounds conducted in 2008. [Chart 11]
- Analyses of the results on views of tax increase by characteristics of respondents, including monthly personal income, age group and whether with medical insurance / benefit coverage, are shown in Charts 11a to 11c.

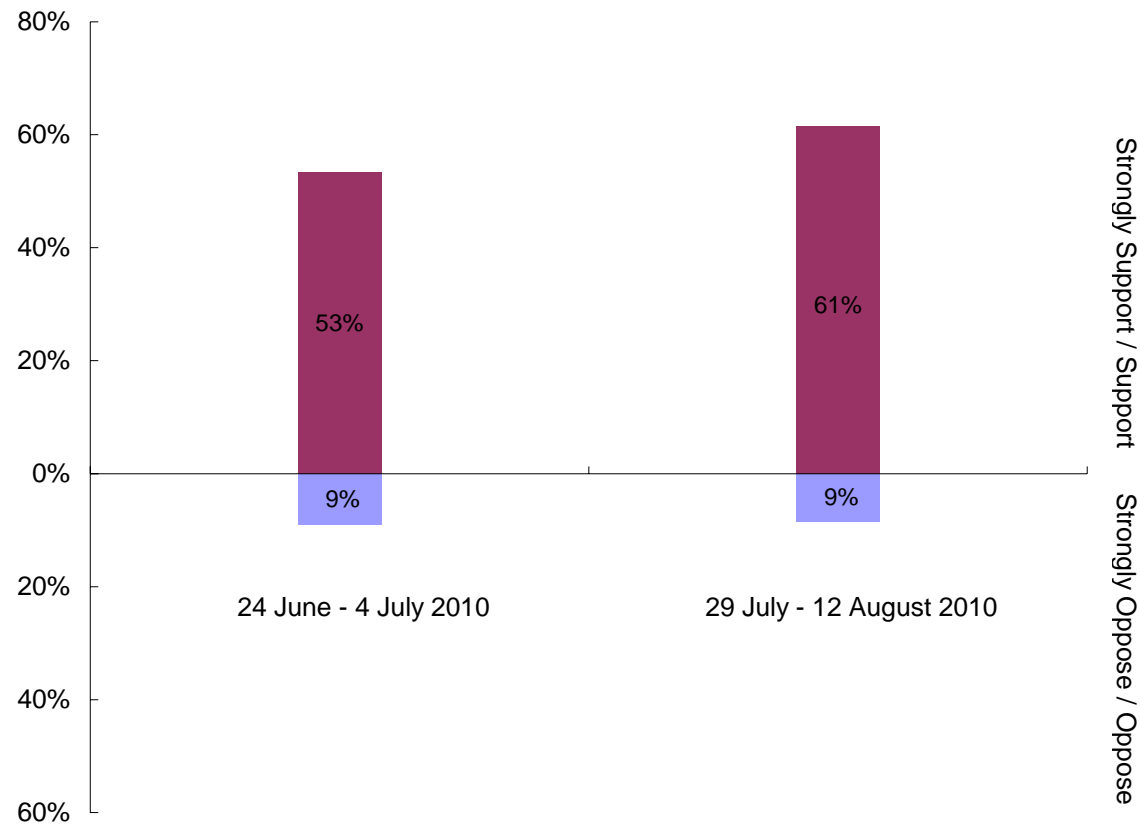
(B) Background

1. The Government commissioned Consumer Search HK Ltd. to conduct an opinion survey on supplementary healthcare financing from 29 July to 12 August 2010.
2. The opinion survey was conducted via telephone interview. During the fieldwork period, a total of 1 006 persons were successfully interviewed.
3. The opinion survey solicited the public's views on the healthcare financing reform, particularly on the voluntary supplementary financing scheme.
4. The response rate of the survey is 23.8%.
5. The questions asked in the survey (both Chinese and English versions) are given in **Annex I**.

Food and Health Bureau
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Opinion Survey on Supplementary Healthcare Financing
(29 July to 12 August 2010)

Chart 1: Support to Implementing Voluntary Standard Private Health Insurance Scheme



[Q1] 請問你支唔支持政府推行呢個自願嘅基本醫療保險計劃呢？

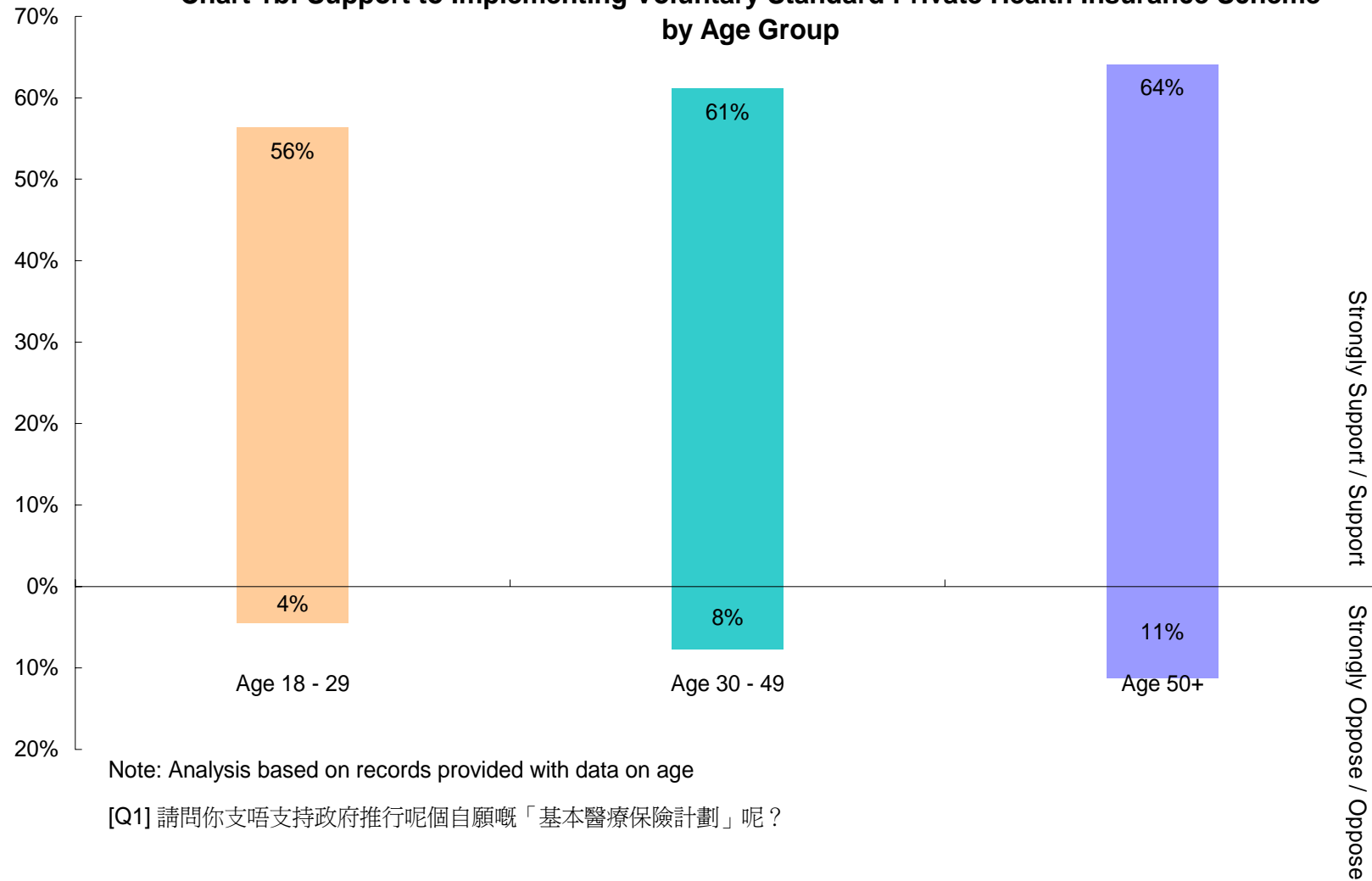
Opinion Survey on Supplementary Healthcare Financing
(29 July to 12 August 2010)

Chart 1a: Support to Implementing Voluntary Standard Private Health Insurance Scheme
by Monthly Personal Income



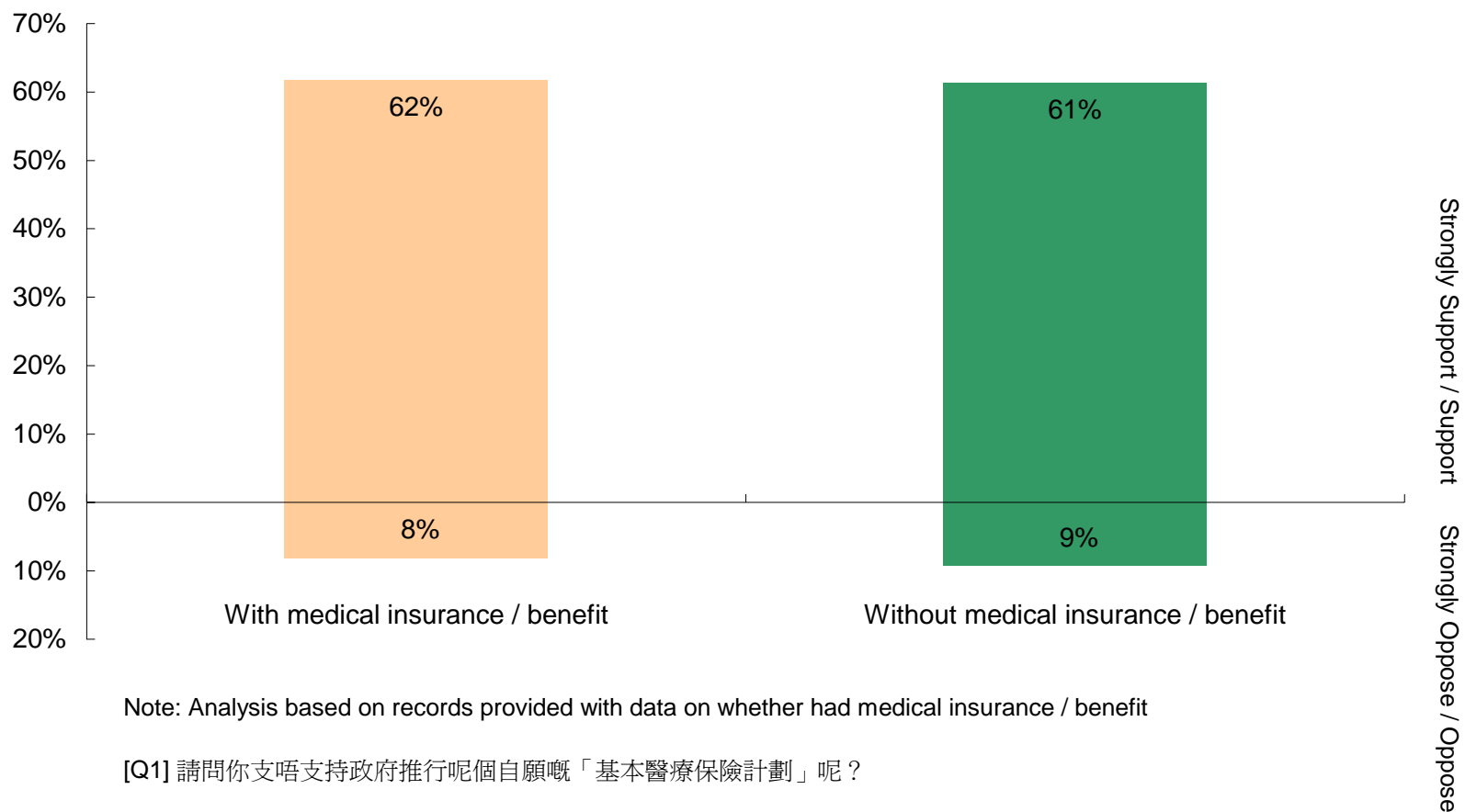
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Chart 1b: Support to Implementing Voluntary Standard Private Health Insurance Scheme
by Age Group



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Chart 1c: Support to Implementing Voluntary Standard Private Health Insurance Scheme
by Whether with Medical Insurance / Benefit

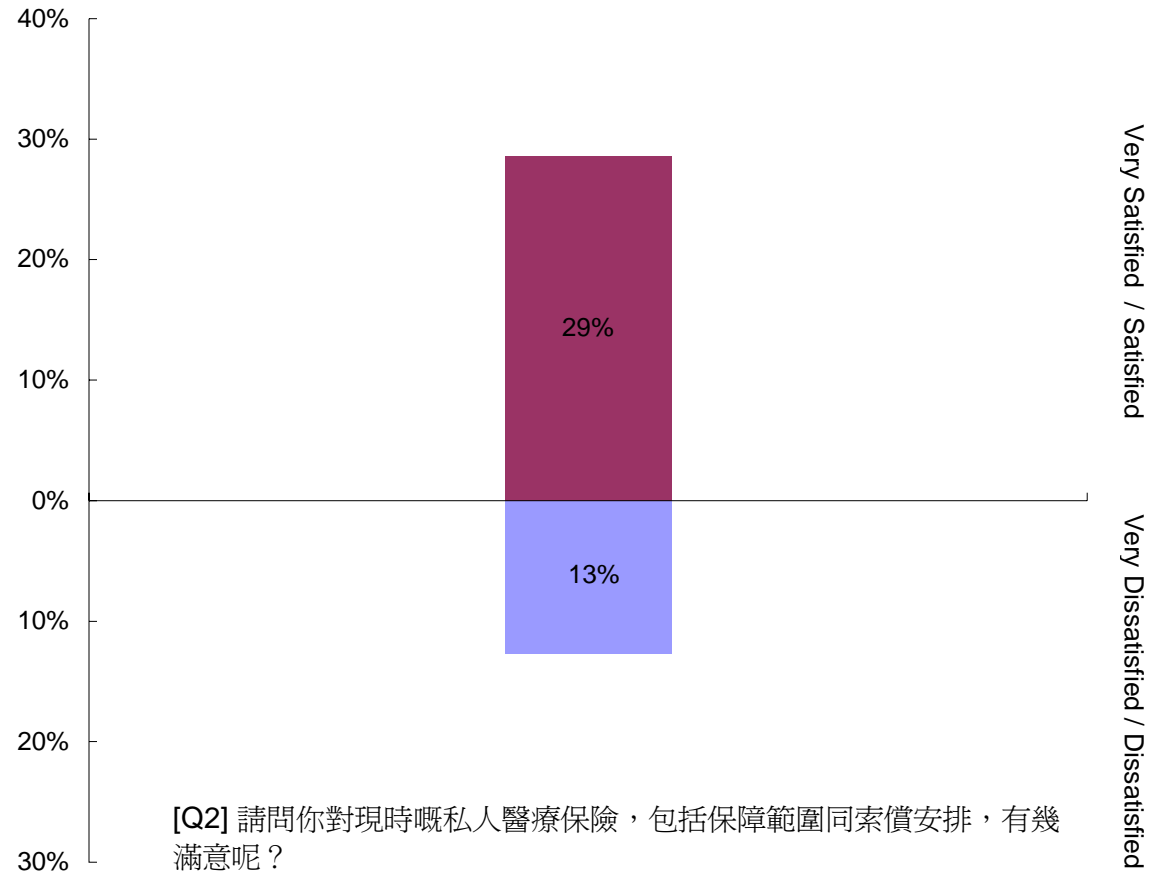


Note: Analysis based on records provided with data on whether had medical insurance / benefit

[Q1] 請問你支唔支持政府推行呢個自願嘅「基本醫療保險計劃」呢？

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Chart 2: Satisfaction to Current Private Health Insurance Schemes



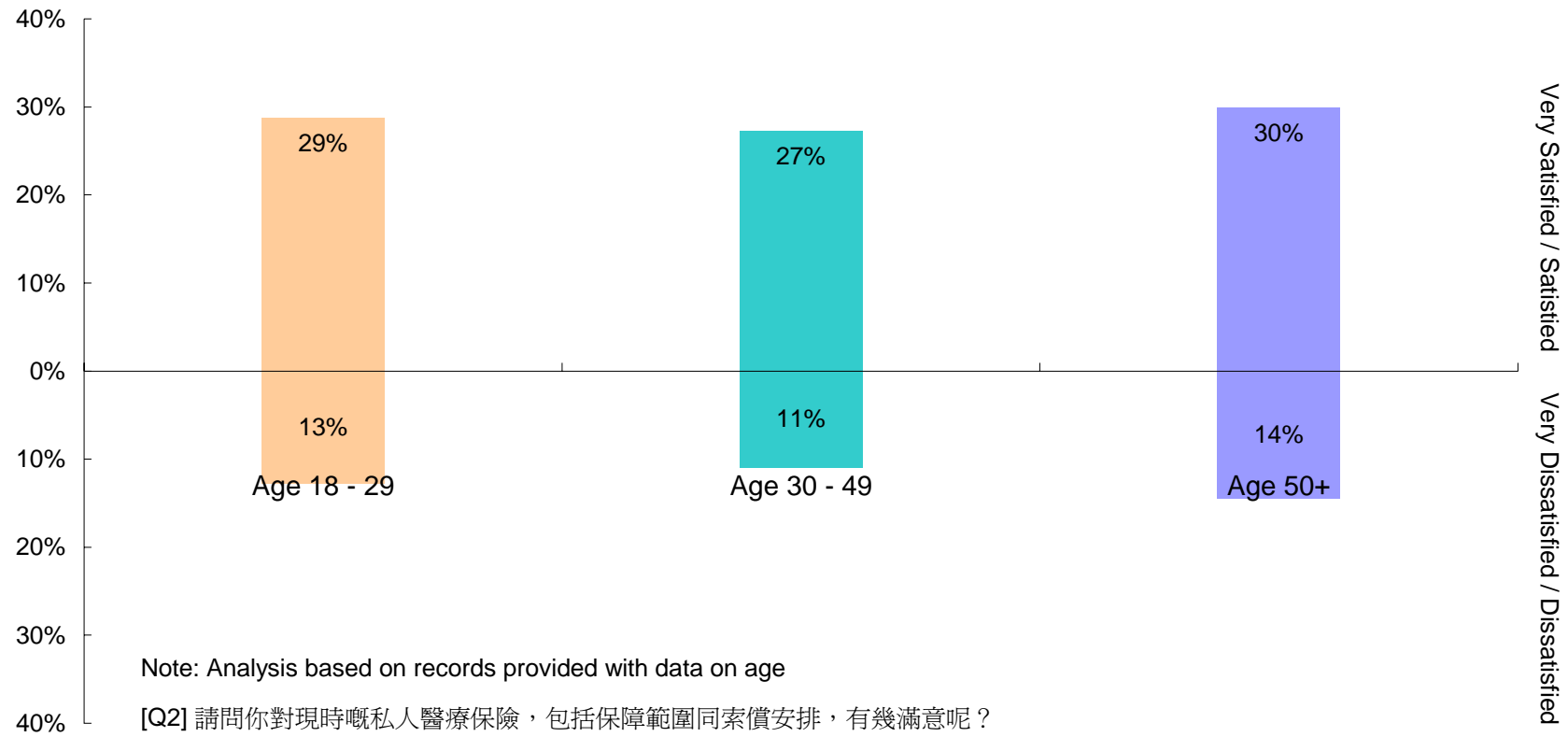
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Chart 2a: Satisfaction to Current Private Health Insurance Schemes
by Monthly Personal Income



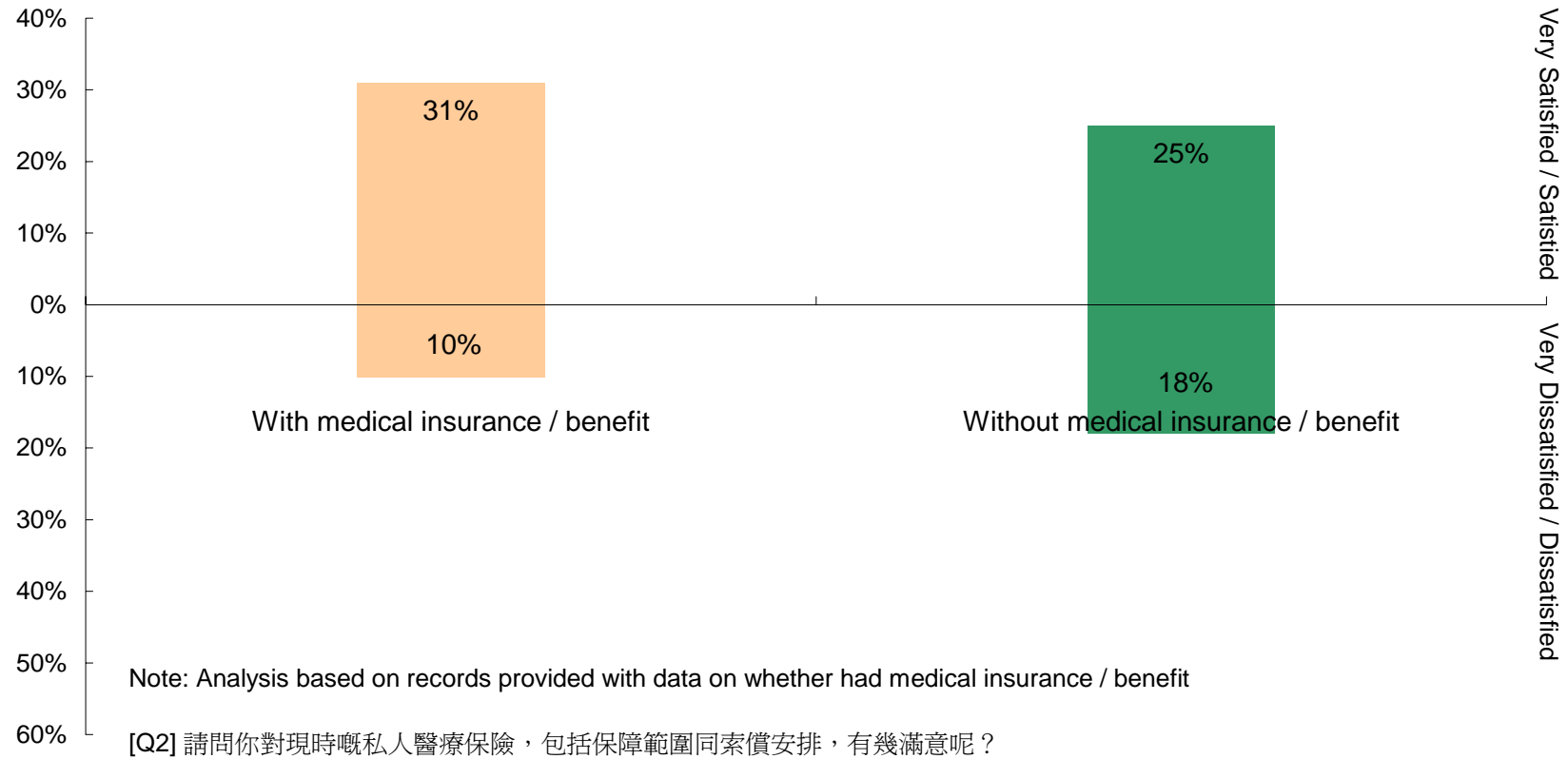
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Chart 2b: Satisfaction to Current Private Health Insurance Schemes by Age Group



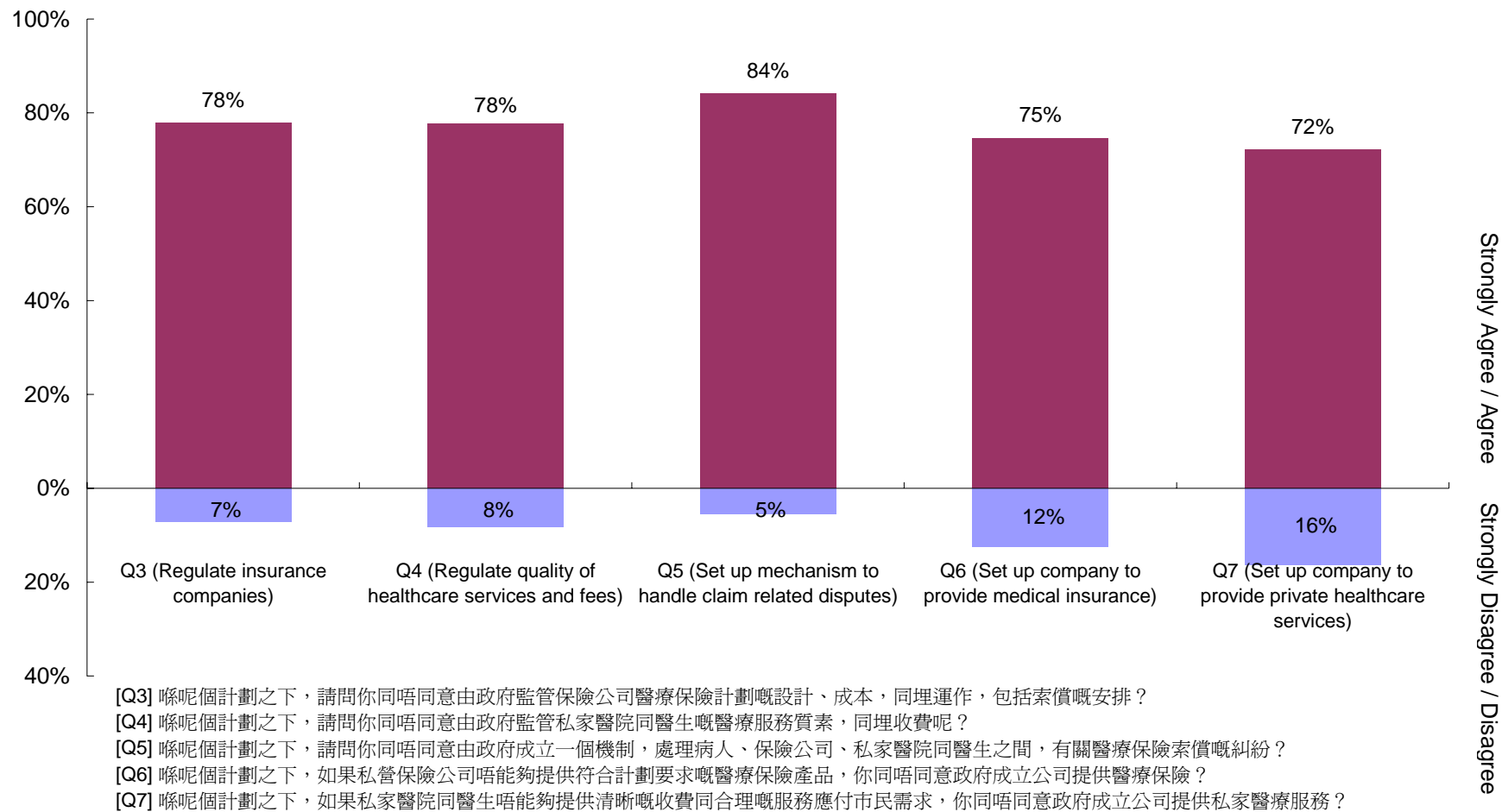
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Chart 2c: Satisfaction to Current Private Health Insurance Schemes
by Whether with Medical Insurance / Benefit



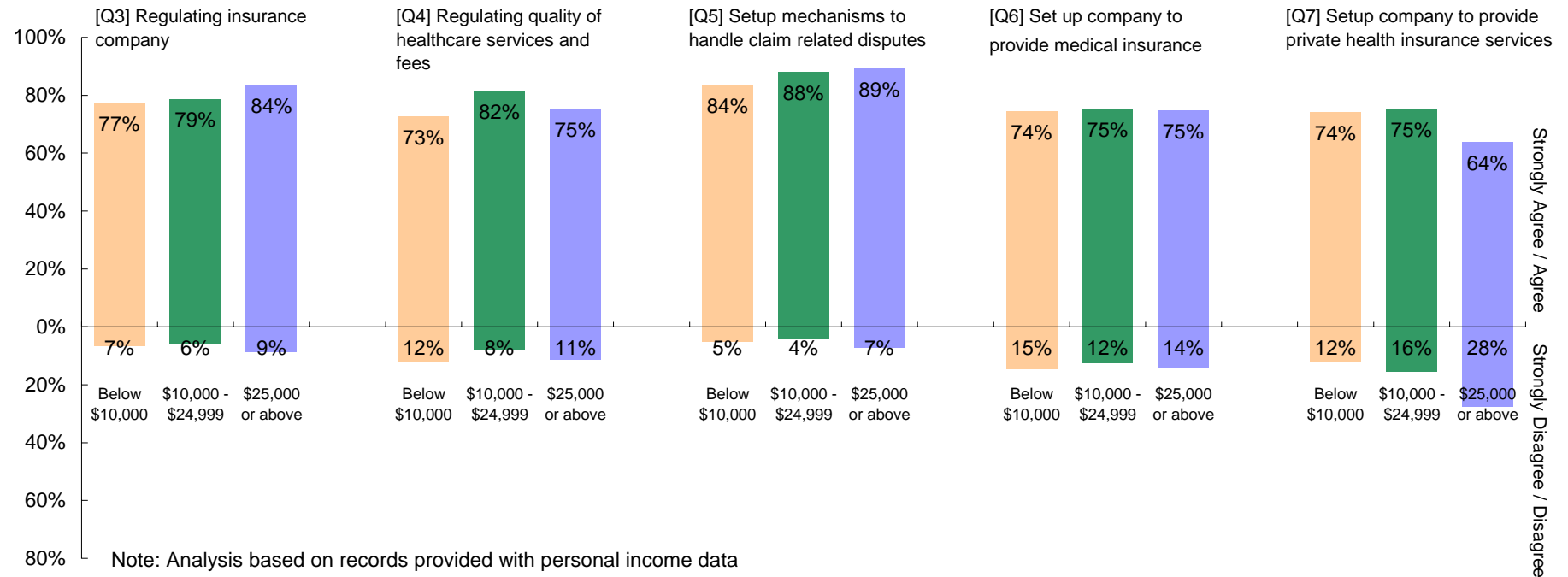
**Opinion Survey on Supplementary Healthcare Financing
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Chart 3: Views on Government Regulation on Voluntary Standard Private Health Insurance Scheme



**Opinion Survey on Supplementary Healthcare Financing
(29 July to 12 August 2010)**

**Chart 3a: Views on Government Regulation on Voluntary Standard Private Health Insurance Scheme
by Monthly Personal Income**



[Q3] 喺呢個計劃之下，請問你同唔同意由政府監管保險公司醫療保險計劃嘅設計、成本，同埋運作，包括索償嘅安排

[Q4] 喺呢個計劃之下，請問你同唔同意由政府監管私家醫院同醫生嘅醫療服務質素，同埋收費

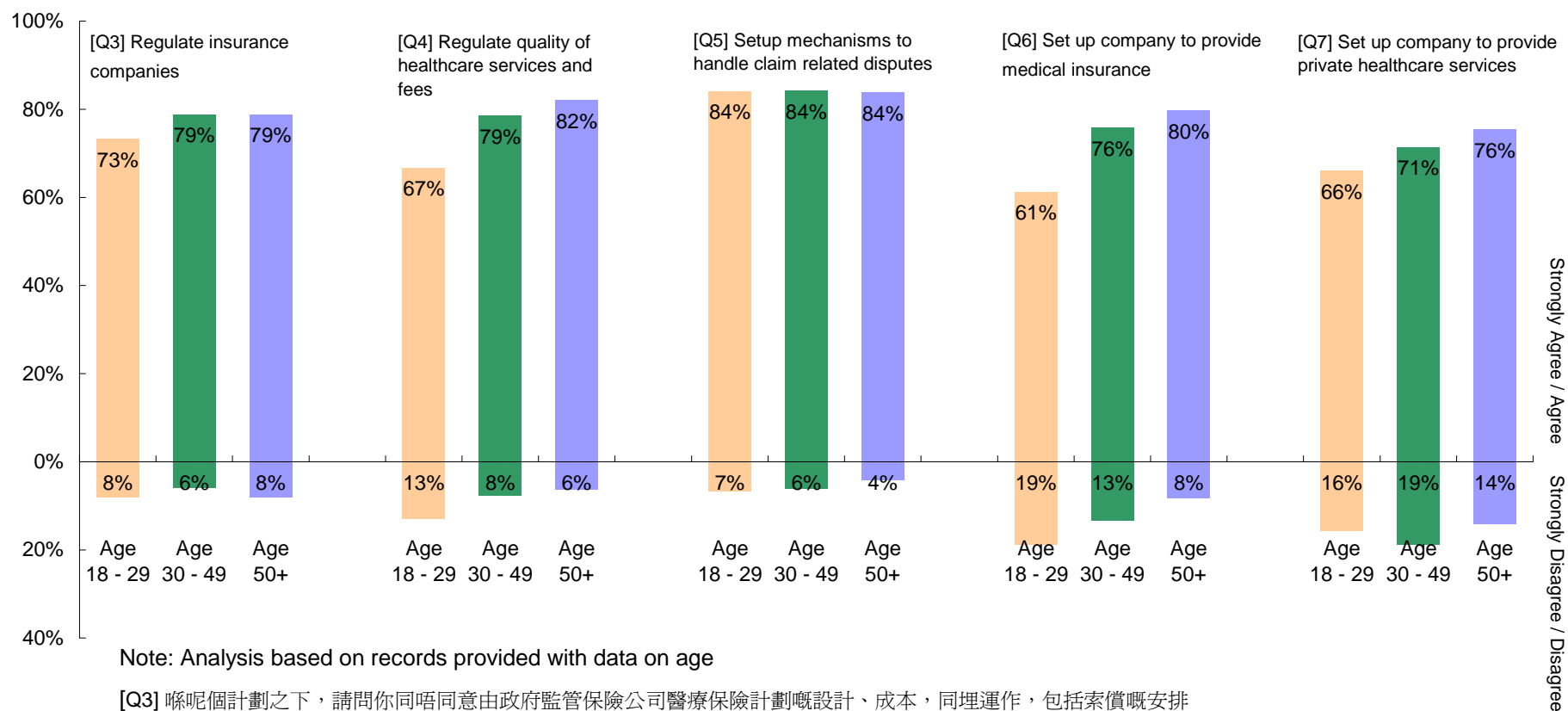
[Q5] 喺呢個計劃之下，請問你同唔同意由政府成立一個機制，處理病人、保險公司、私家醫院同醫生之間，有關醫療保險索償嘅糾紛

[Q6] 喺呢個計劃之下，如果私營保險公司唔能夠提供符合計劃要求嘅醫療保險產品，你同唔同意政府成立公司提供醫療保險？

[Q7] 喺呢個計劃之下，如果私家醫院同醫生唔能夠提供清晰嘅收費同合理嘅服務應付市民需求，你同唔同意政府成立公司提供私家醫療服務？

**Opinion Survey on Supplementary Healthcare Financing
(29 July to 12 August 2010)**

**Chart 3b: Views on Government Regulation on Voluntary Standard Private Health Insurance Scheme
by Age Group**



[Q3] 喺呢個計劃之下，請問你同唔同意由政府監管保險公司醫療保險計劃嘅設計、成本，同埋運作，包括索償嘅安排

[Q4] 喺呢個計劃之下，請問你同唔同意由政府監管私家醫院同醫生嘅醫療服務質素，同埋收費

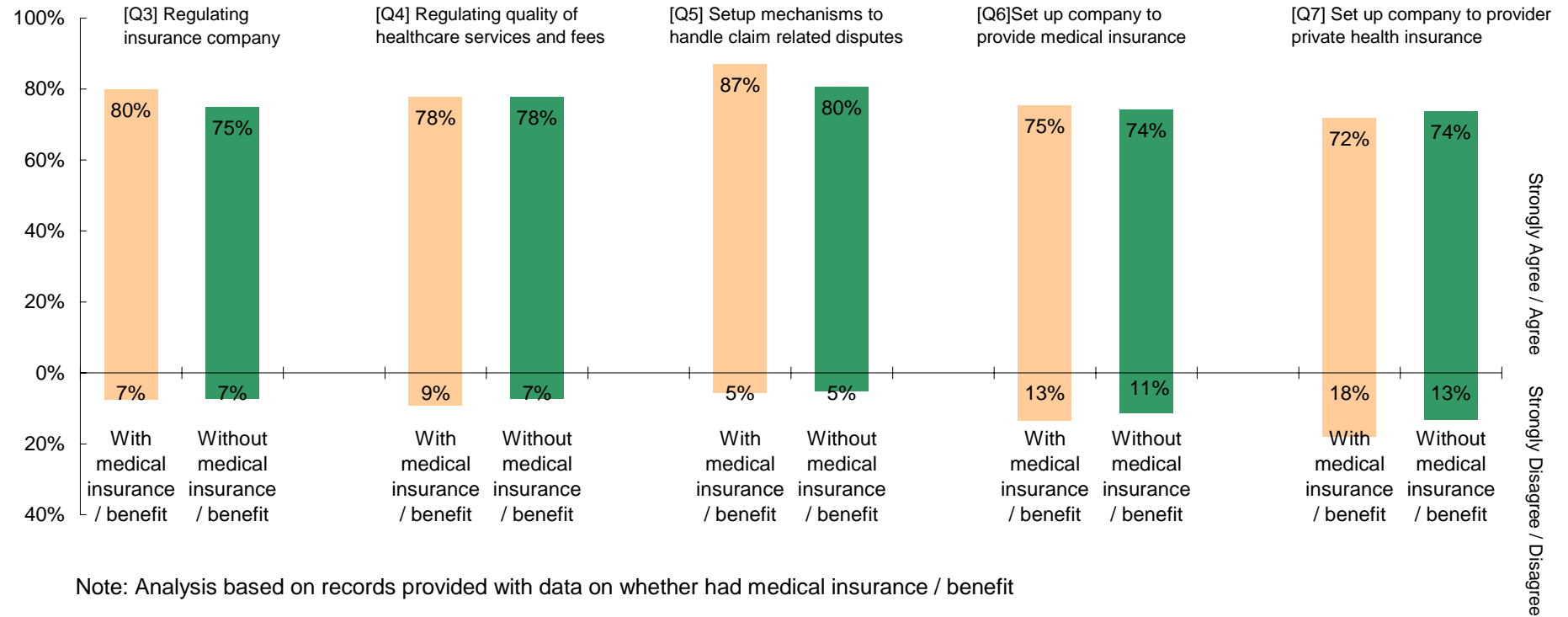
[Q5] 喺呢個計劃之下，請問你同唔同意由政府成立一個機制，處理病人、保險公司、私家醫院同醫生之間，有關醫療保險索償嘅糾紛

[Q6] 喺呢個計劃之下，如果私營保險公司唔能夠提供符合計劃要求嘅醫療保險產品，你同唔同意政府成立公司提供醫療保險？

[Q7] 喺呢個計劃之下，如果私家醫院同醫生唔能夠提供清晰嘅收費同合理嘅服務應付市民需求，你同唔同意政府成立公司提供私家醫療服務？

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Chart 3c: Views on the Government Regulation on Voluntary Standard Private Health Insurance Scheme by Whether with Medical Insurance / Benefit



[Q3] 喺呢個計劃之下，請問你同唔同意由政府監管保險公司醫療保險計劃嘅設計、成本，同埋運作，包括索償嘅安排

[Q4] 喺呢個計劃之下，請問你同唔同意由政府監管私家醫院同醫生嘅醫療服務質素，同埋收費

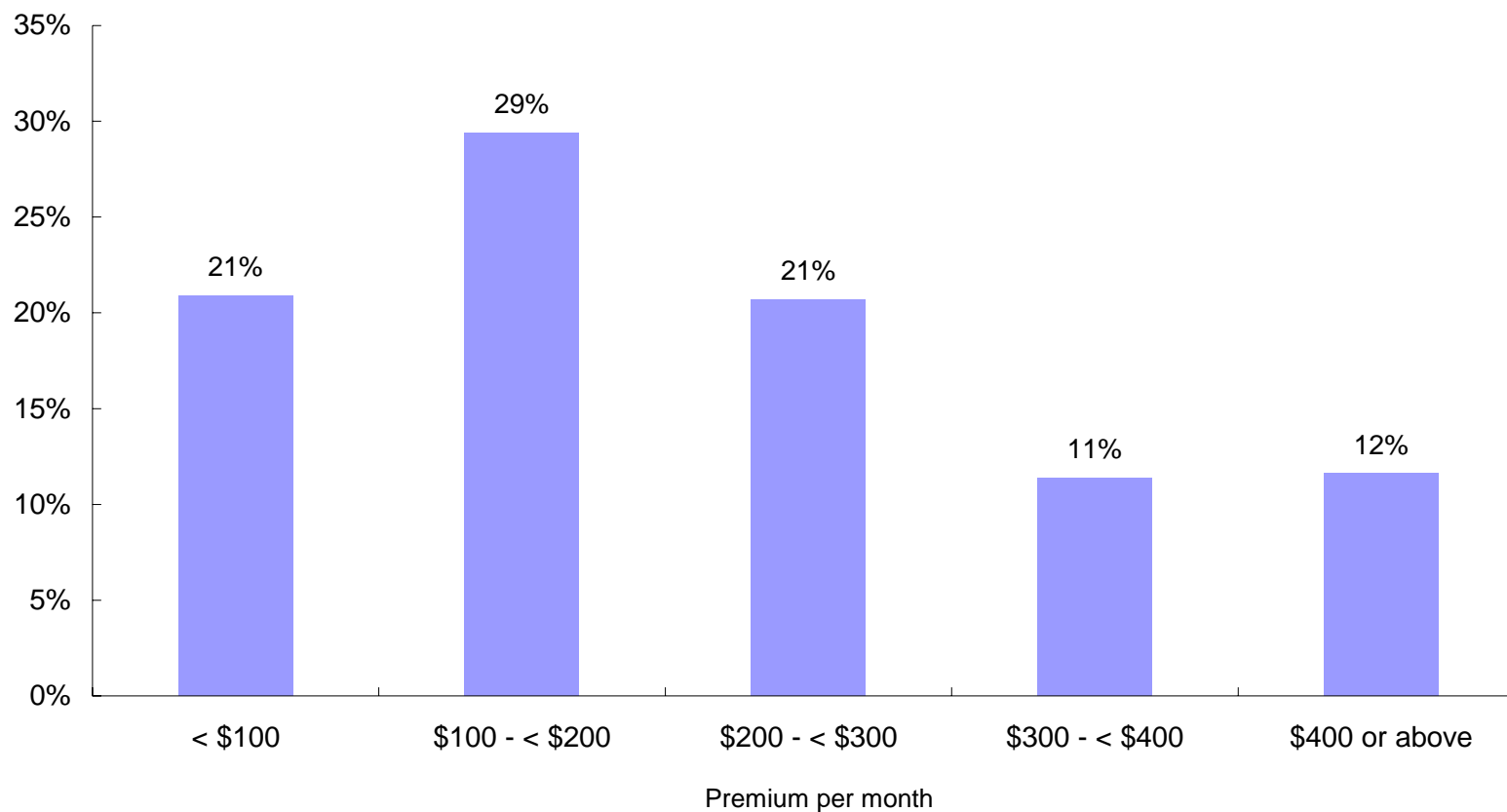
[Q5] 喺呢個計劃之下，請問你同唔同意由政府成立一個機制，處理病人、保險公司、私家醫院同醫生之間，有關醫療保險索償嘅糾紛

[Q6] 喺呢個計劃之下，如果私營保險公司唔能夠提供符合計劃要求嘅醫療保險產品，你同唔同意政府成立公司提供醫療保險？

[Q7] 喺呢個計劃之下，如果私家醫院同醫生唔能夠提供清晰嘅收費同合理嘅服務應付市民需求，你同唔同意政府成立公司提供私家醫療服務？

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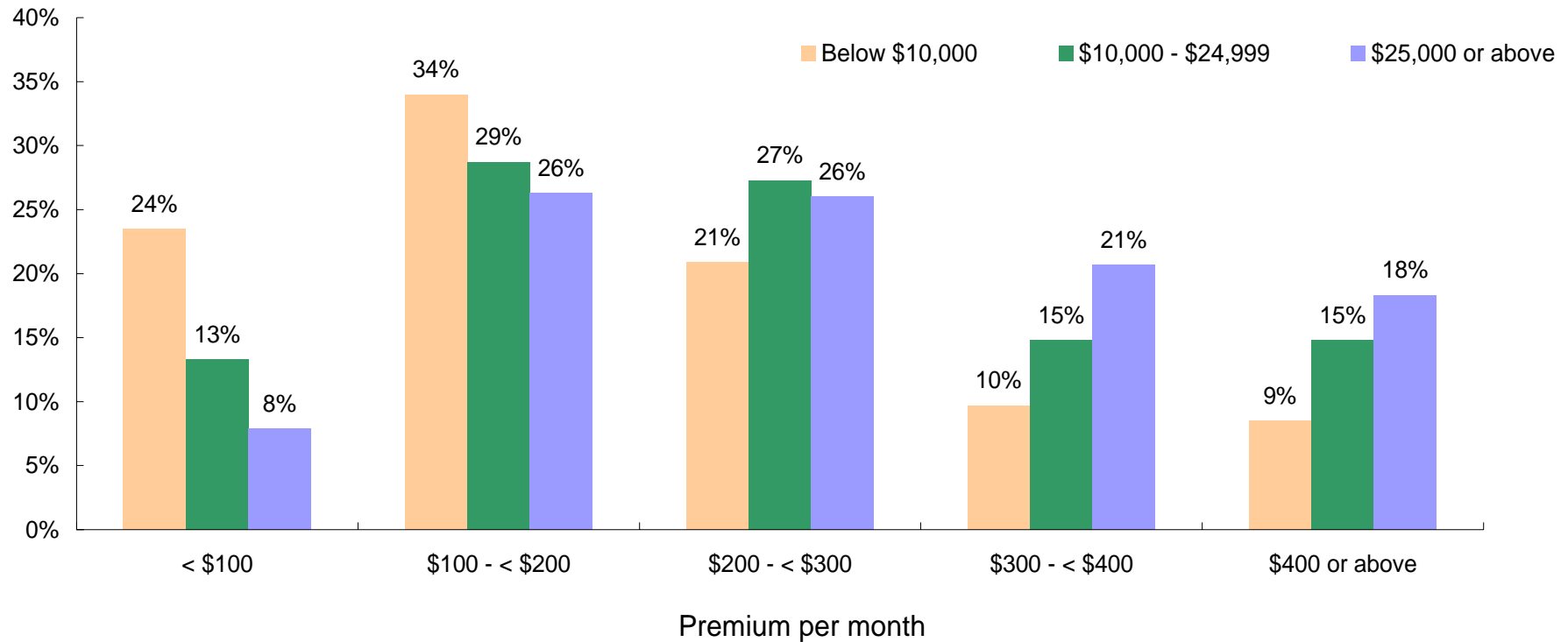
Chart 4: Amount of Premium Willing to Pay under Voluntary Standard Private Health Insurance Scheme



[Q8] 喺呢個計劃之下，你會願意一個月俾幾多錢保費，等你嘢有需要時，可以住私家醫院普通病房同搵一般醫生做手術呢？係少過100蚊呀、百幾蚊呀、二百幾蚊呀、三百幾蚊呀、定係400蚊或以上呢？

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Chart 4a: Amount of Premium Willing to Pay under Voluntary Standard Private Health Insurance Scheme by Monthly Personal Income

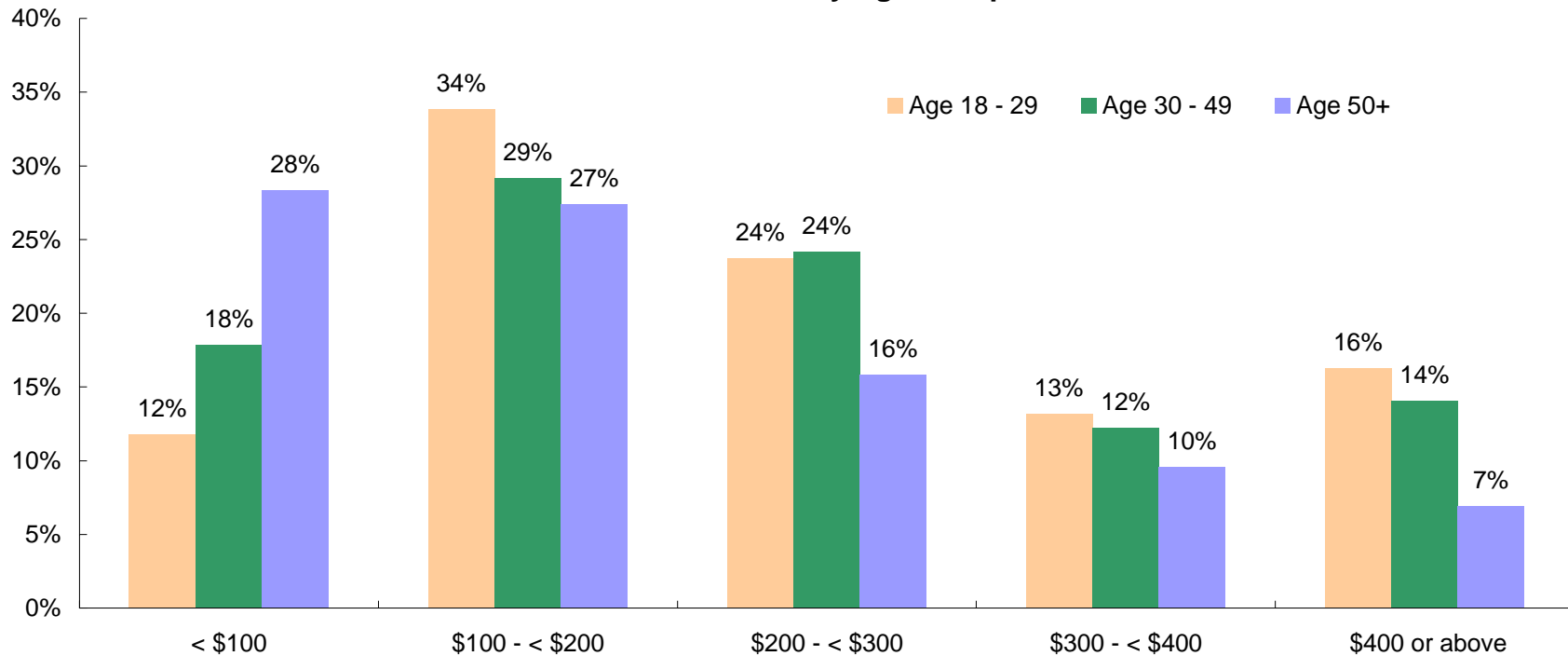


Note: Analysis based on records provided with personal income data

[Q8] 喺呢個計劃之下，你會願意一個月俾幾多錢保費，等你嘍有需要時，可以住私家醫院普通病房同搵一般醫生做手術呢？
係少過100蚊呀、百幾蚊呀、二百幾蚊呀、三百幾蚊呀、定係400蚊或以上呢？

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Chart 4b: Amount of Premium Willing to Pay under Voluntary Standard Private Health Insurance Scheme by Age Group

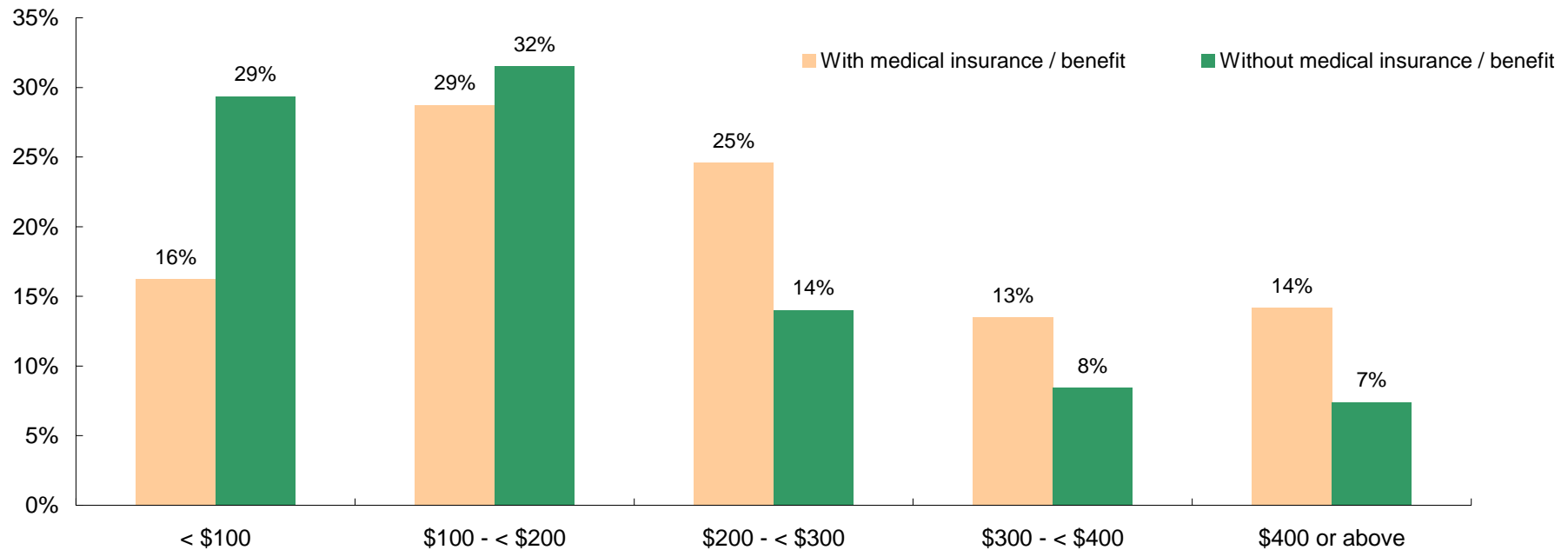


Note: Analysis based on records provided with data on age

[Q8]呢個計劃之下，你會願意一個月俾幾多錢保費，等你嘍有需要時，可以住私家醫院普通病房同搵一般醫生做手術呢？係少過100蚊呀、百幾蚊呀、二百幾蚊呀、三百幾蚊呀、定係400蚊或以上呢？

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Chart 4c: Amount of Premium Willing to Pay under Voluntary Standard Private Health Insurance Scheme by Whether with Medical Insurance / Benefit

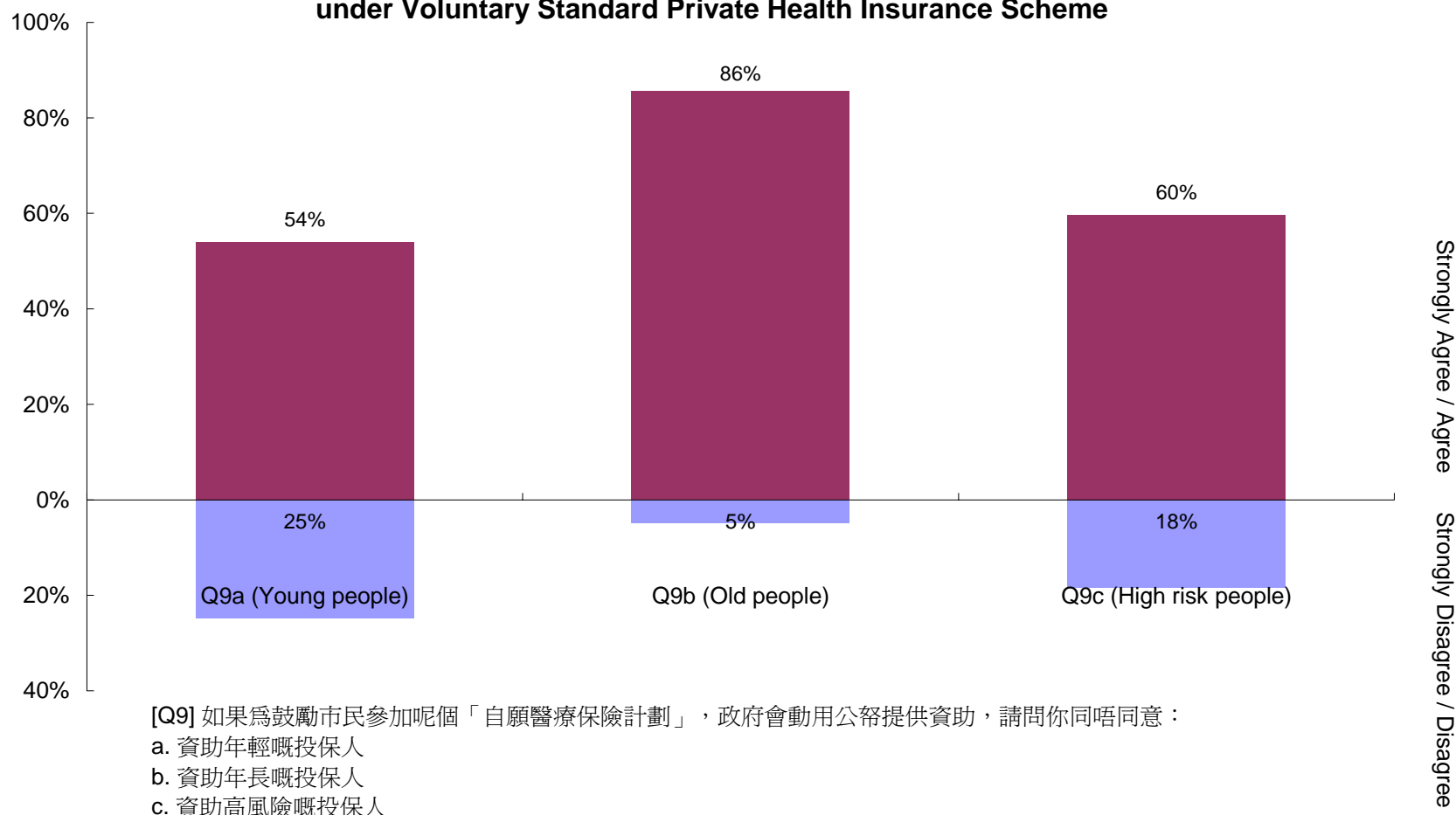


Note: Analysis based on records provided with data on whether had medical insurance / benefit

[Q8] 喺呢個計劃之下，你會願意一個月俾幾多錢保費，等你係有需要時，可以住私家醫院普通病房同搵一般醫生做手術呢？
係少過100蚊呀、百幾蚊呀、二百幾蚊呀、三百幾蚊呀、定係400蚊或以上呢？

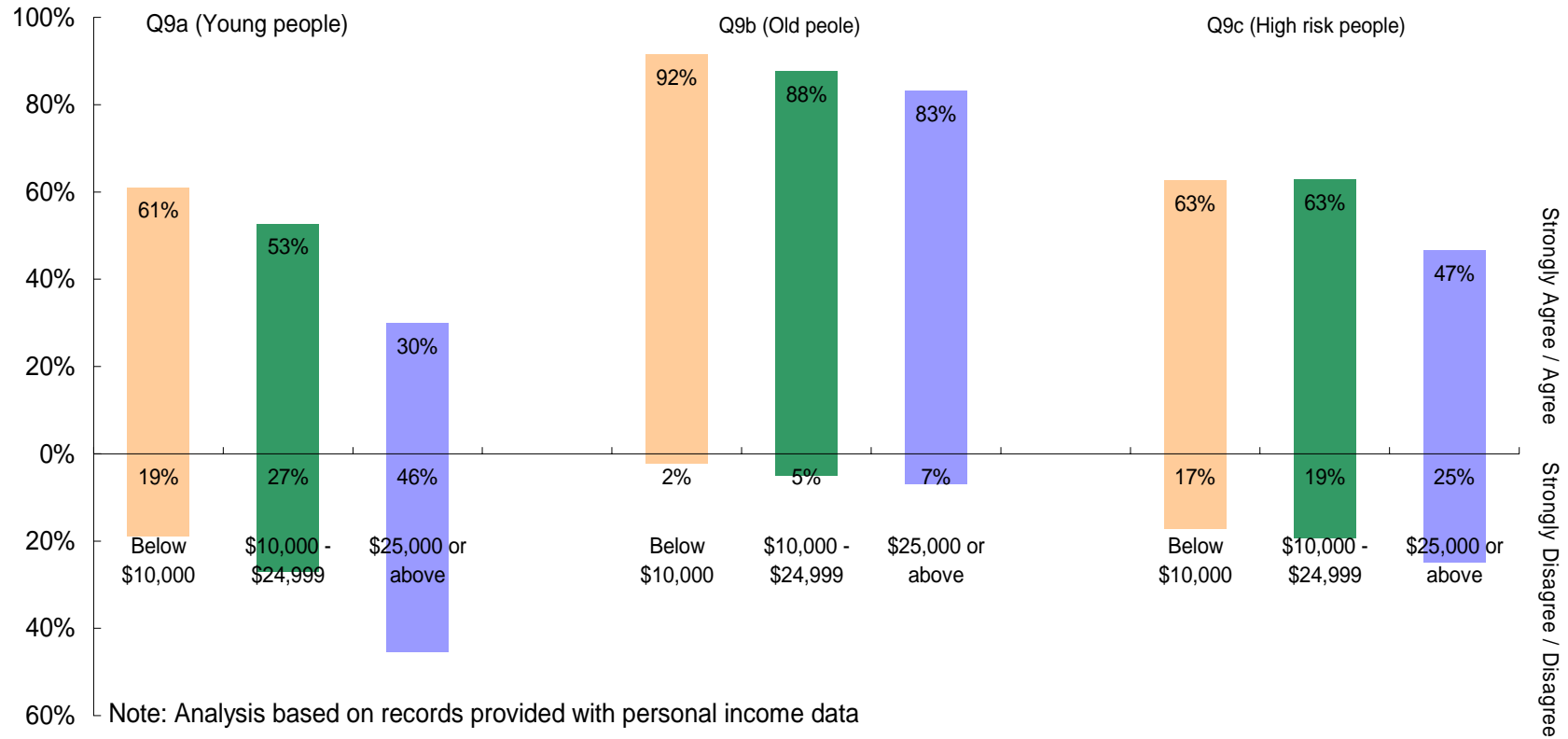
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Chart 5: Views on Government Subsidization
under Voluntary Standard Private Health Insurance Scheme



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Chart 5a: Views on Government Subsidization under Voluntary Standard Private Health Insurance Scheme by Monthly Personal Income

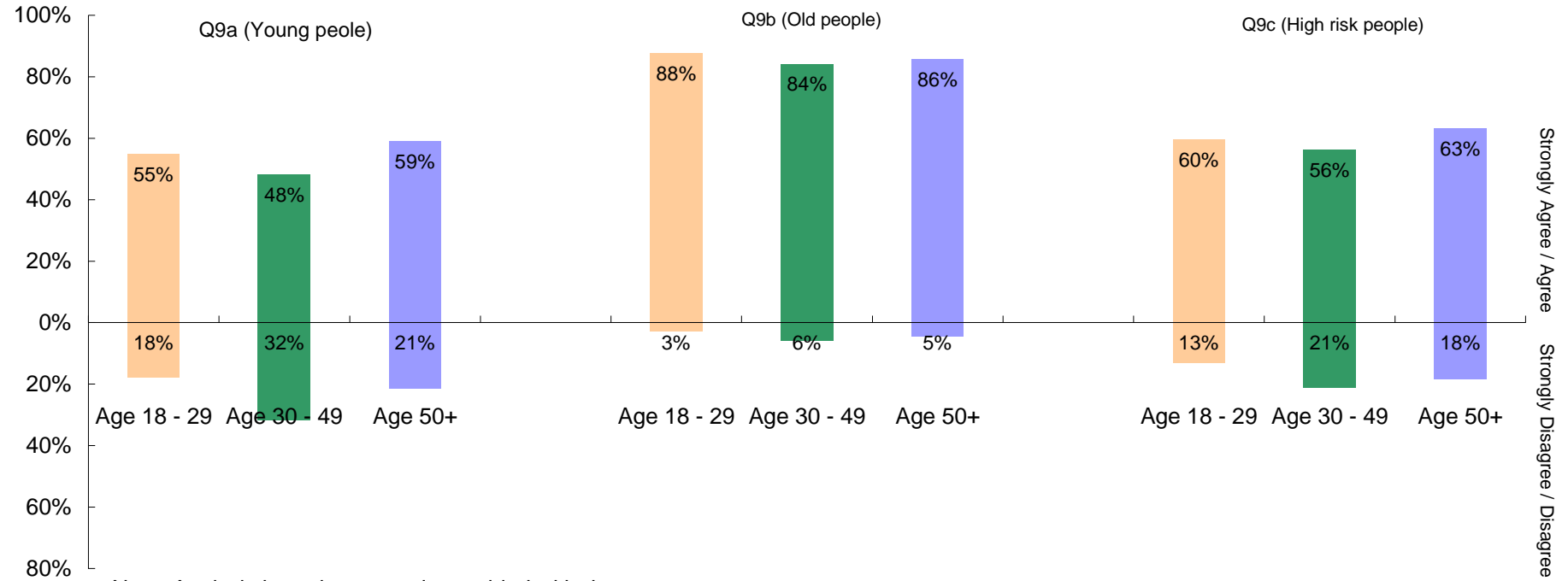


[Q9] 如果為鼓勵市民參加呢個「自願醫療保險計劃」，政府會動用公帑提供資助，請問你同唔同意：

- a. 資助年輕嘅投保人
- b. 資助年長嘅投保人
- c. 資助高風險嘅投保人

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**Chart 5b: Views on Government Subsidization under Voluntary Standard Private Health Insurance
by Age Group**



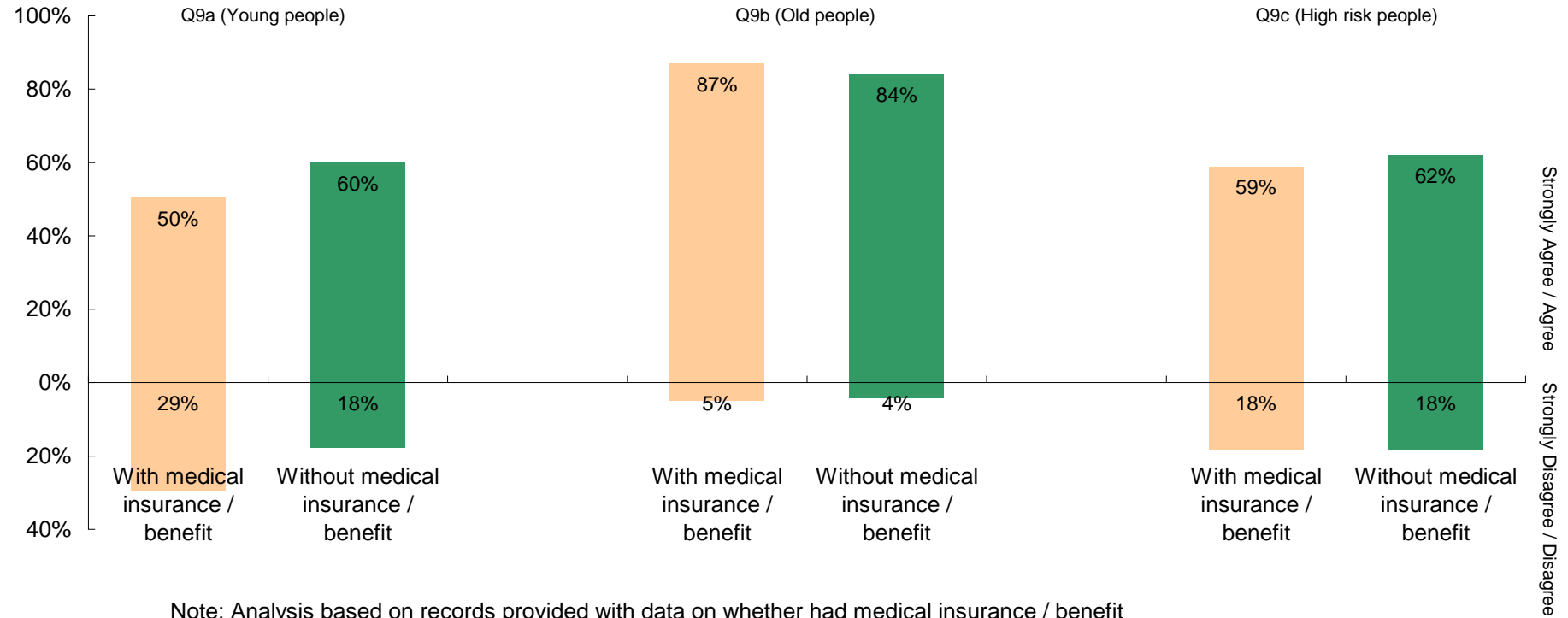
Note: Analysis based on records provided with data on age

[Q9] 如果為鼓勵市民參加呢個「自願醫療保險計劃」，政府會動用公帑提供資助，請問你同唔同意：

- a. 資助年輕嘅投保人
- b. 資助年長嘅投保人
- c. 資助高風險嘅投保人

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Chart 5c: Views on Government Subsidization under Voluntary Standard Private Health Insurance Scheme by Whether with Medical Insurance / Benefit

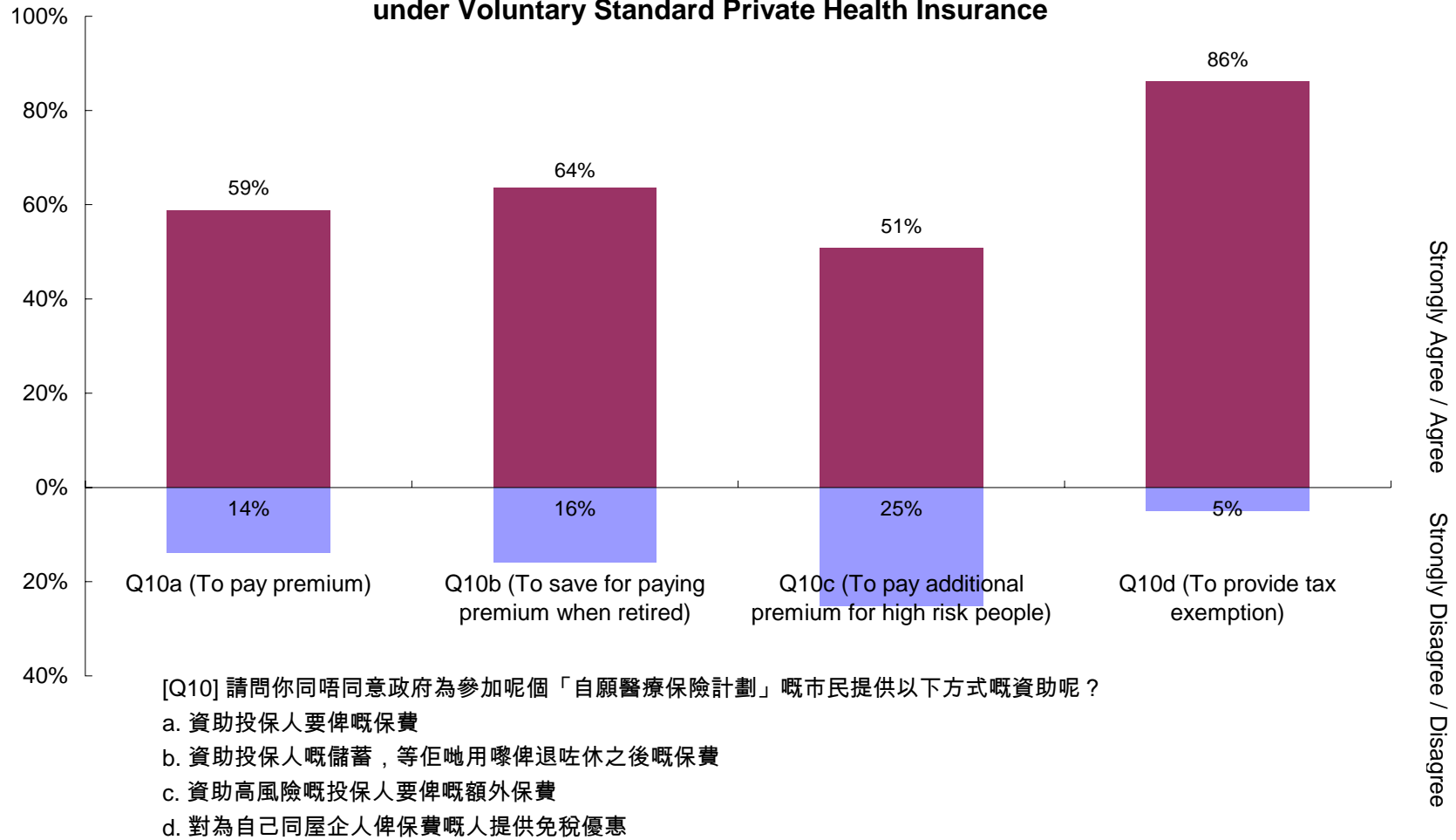


[Q9] 如果為鼓勵市民參加呢個「自願醫療保險計劃」，政府會動用公帑提供資助，請問你同唔同意：

- a. 資助年輕嘅投保人
- b. 資助年長嘅投保人
- c. 資助高風險嘅投保人

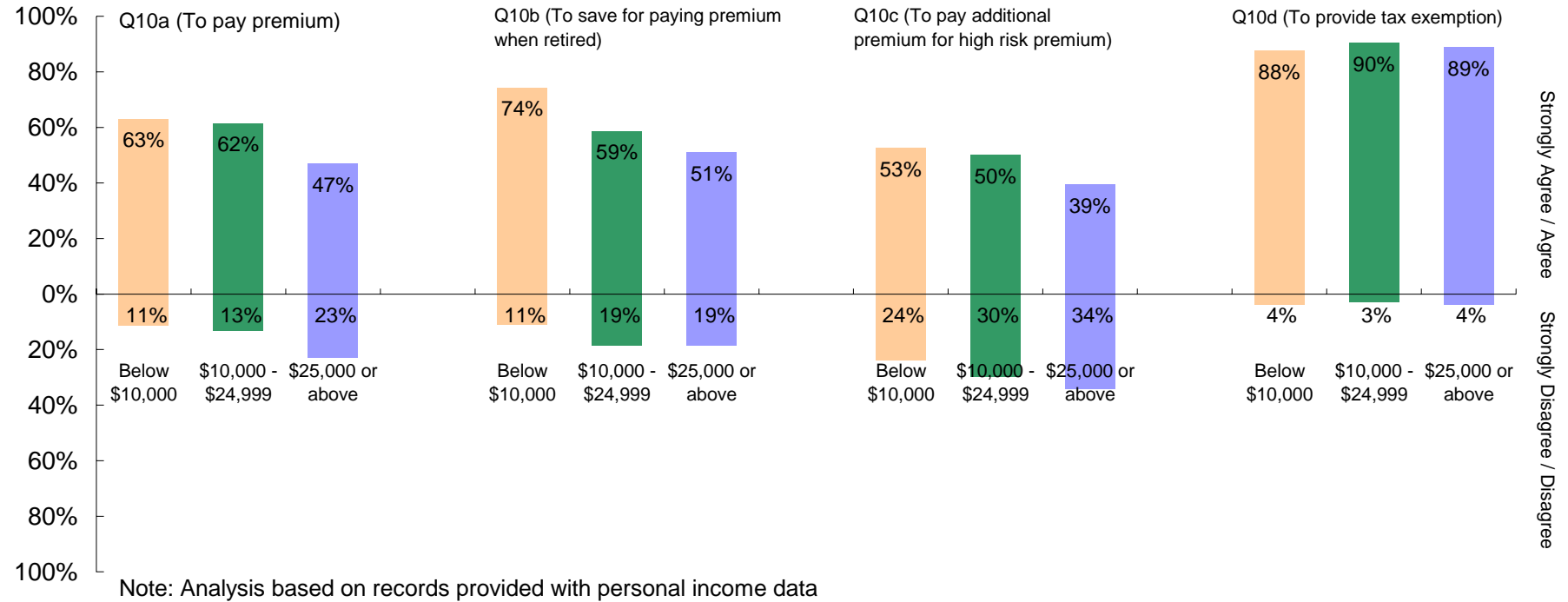
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Chart 6: Views on Ways of Government Subsidization
under Voluntary Standard Private Health Insurance



**Opinion Survey on Supplementary Healthcare Financing
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Chart 6a: Views on Ways of Government Subsidization under Voluntary Standard Private Health Insurance Scheme by Monthly Personal Income

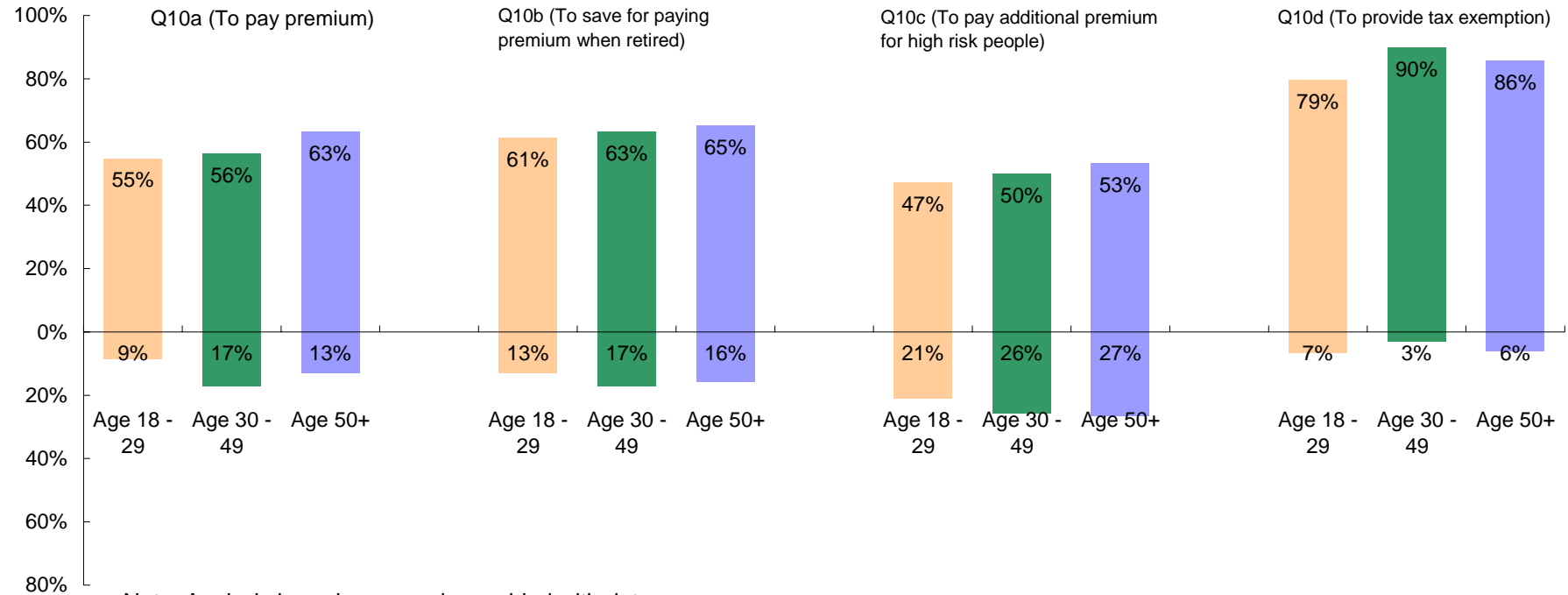


[Q10] 請問你同唔同意政府為參加呢個「自願醫療保險計劃」嘅市民提供以下方式嘅資助呢？

- a. 資助投保人要俾嘅保費
- b. 資助投保人嘅儲蓄，等佢哋用嚟俾退咗休之後嘅保費
- c. 資助高風險嘅投保人要俾嘅額外保費
- d. 對為自己同屋企人俾保費嘅人提供免稅優惠

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Chart 6b: Views on Ways of Government Subsidization under Voluntary Standard Private Health Insurance by Age Group



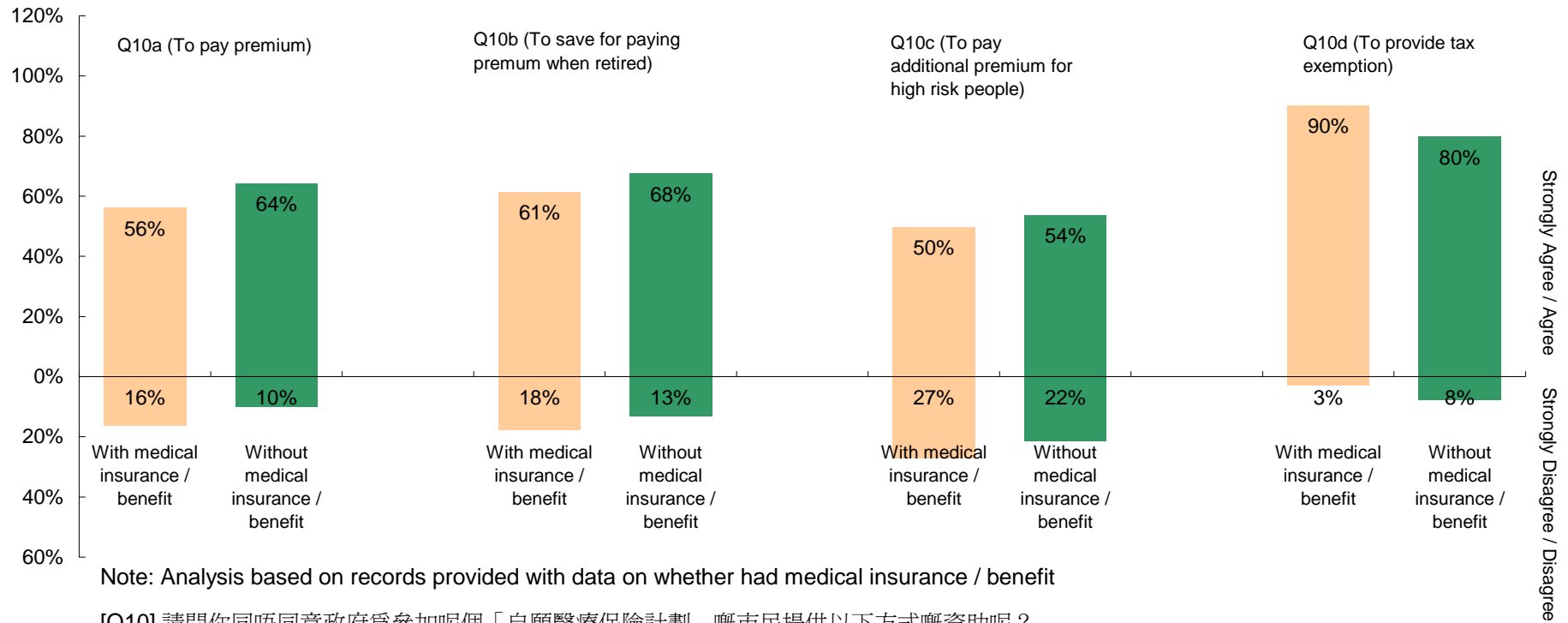
Note: Analysis based on records provided with data on age

[Q10] 請問你同唔同意政府為參加呢個「自願醫療保險計劃」嘅市民提供以下方式嘅資助呢？

- a. 資助投保人要俾嘅保費
- b. 資助投保人嘅儲蓄，等佢哋用嚟俾退咗休之後嘅保費
- c. 資助高風險嘅投保人要俾嘅額外保費
- d. 對為自己同屋企人俾保費嘅人提供免稅優惠

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Chart 6c: Views on Ways of Government Subsidization under Voluntary Standard Private Health Insurance Scheme by Whether with Medical Insurance / Benefit

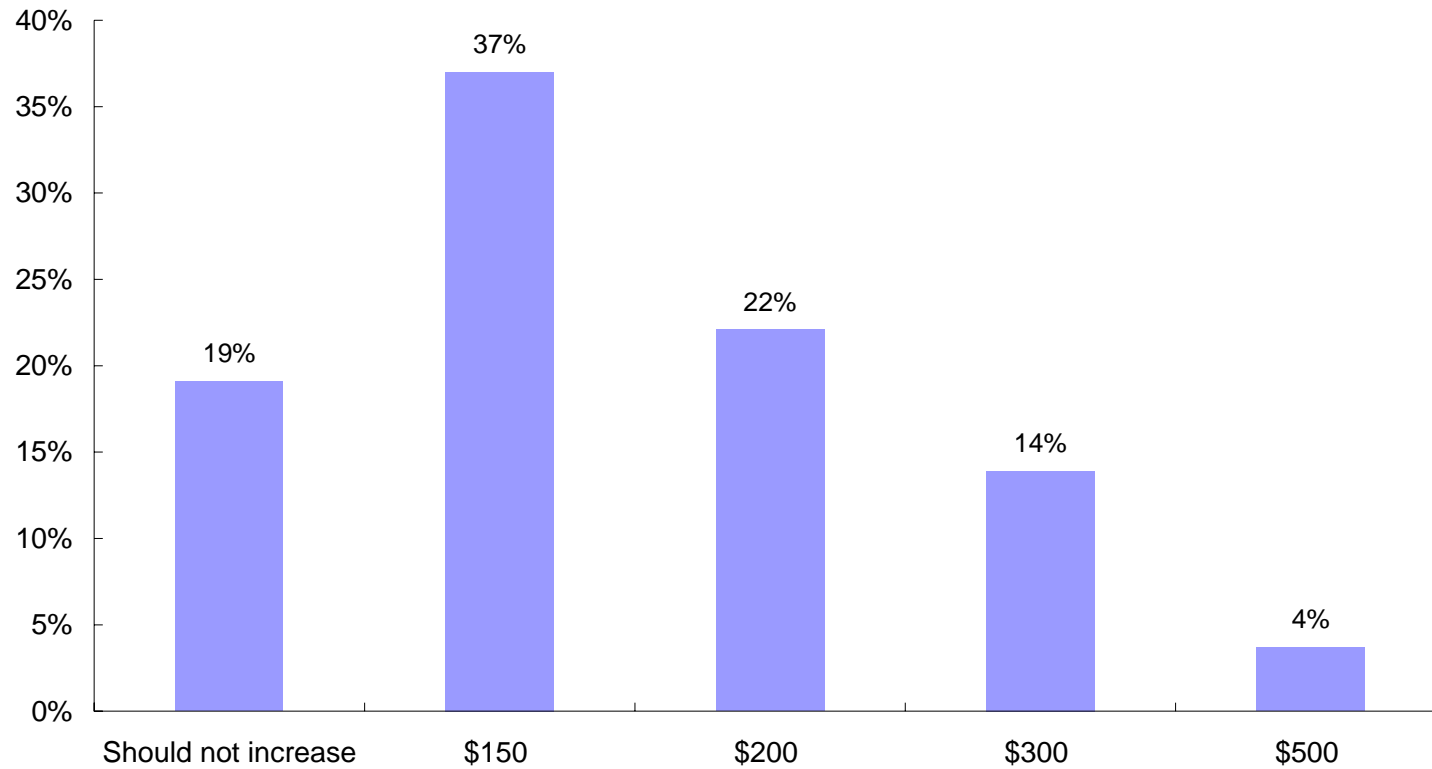


[Q10] 請問你同唔同意政府為參加呢個「自願醫療保險計劃」嘅市民提供以下方式嘅資助呢？

- a. 資助投保人俾嘅保費
- b. 資助投保人嘅儲蓄，等佢哋用嚟俾退咗休之後嘅保費
- c. 資助高風險嘅投保人俾嘅額外保費
- d. 對為自己同屋企人俾保費嘅人提供免稅優惠

Opinion Survey on Supplementary Healthcare Financing
(29 July to 12 August 2010)

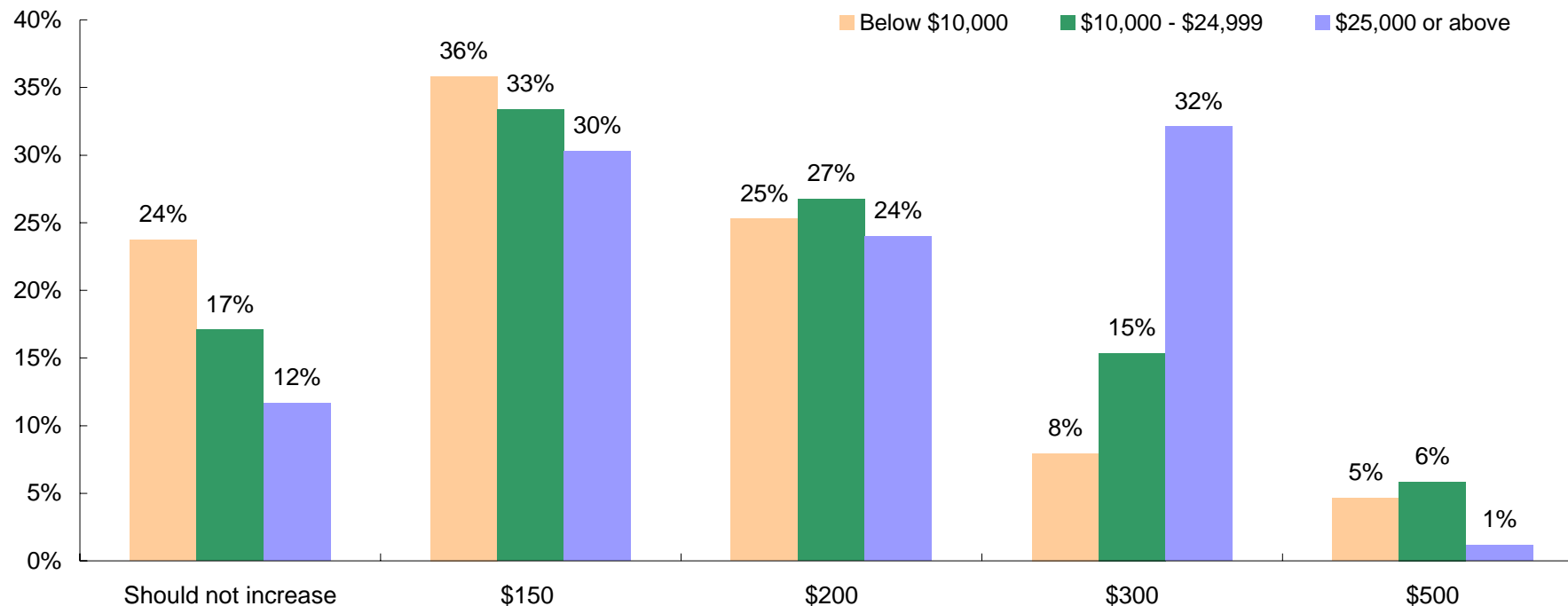
Chart 7: Views on Fee Increase for Public In-patient Service



[Q11a] 如果政府提高公營醫療服務收費，將收到嘅錢用嚟資助番低收入家庭、弱勢社群同埋嚴重疾病嘅人，請問你認為住院收費由現時每日100蚊加到500、300、200、定係150蚊先係合理呢？

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Chart 7a: Views on Fee Increase for Public In-patient Service by Monthly Personal Income

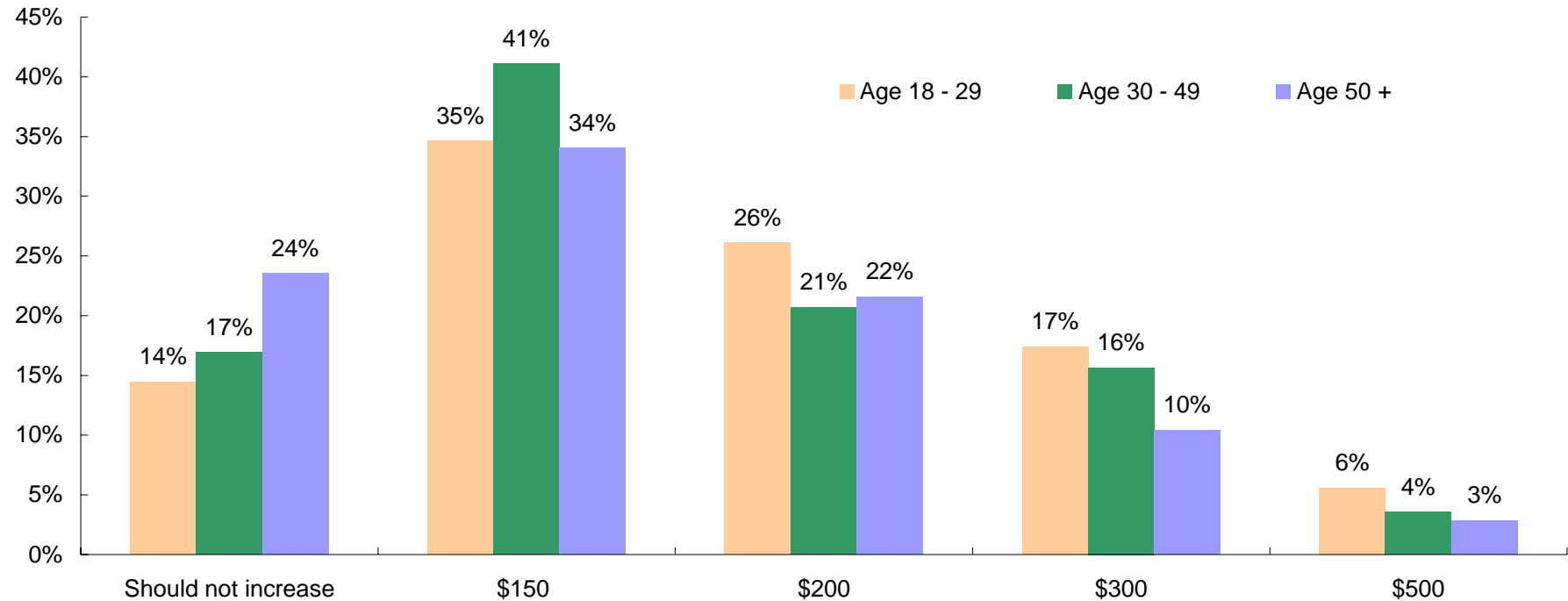


Note: Analysis based on records provided with personal income data

[Q11a] 如果政府提高公營醫療服務收費，將收到嘅錢用嚟資助番低收入家庭、弱勢社群同埋嚴重疾病嘅人，請問你認為住院收費由現時每日100蚊加到500、300、200、定係150蚊先係合理呢？

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Chart 7b: Views on Fee Increase for Public In-patient Service by Age Group

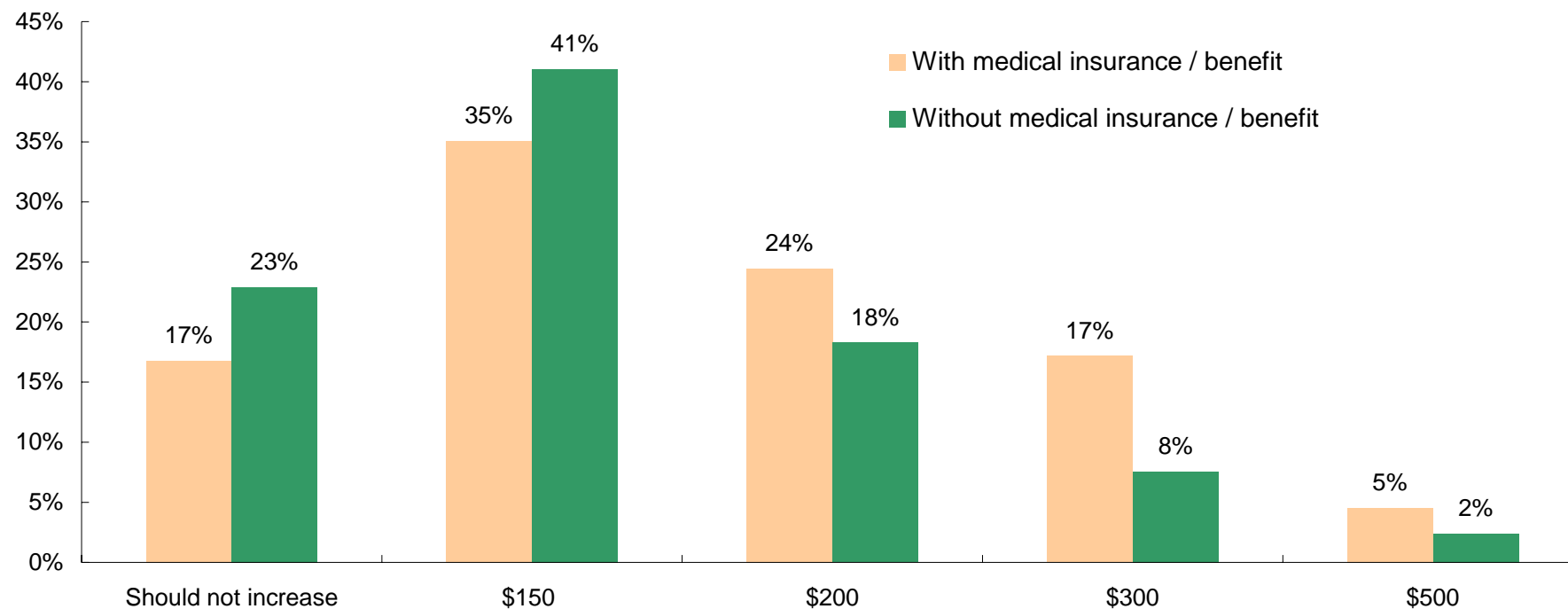


Note: Analysis based on records provided with data on age

[Q11a] 如果政府提高公營醫療服務收費，將收到嘅錢用嚟資助番低收入家庭、弱勢社群同埋嚴重疾病嘅人，請問你認為住院收費由現時每日100蚊加到500、300、200、定係150蚊先係合理呢？

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Chart 7c: Views on Fee Increase for Public In-patient Service
by Whether with Medical Insurance / Benefit

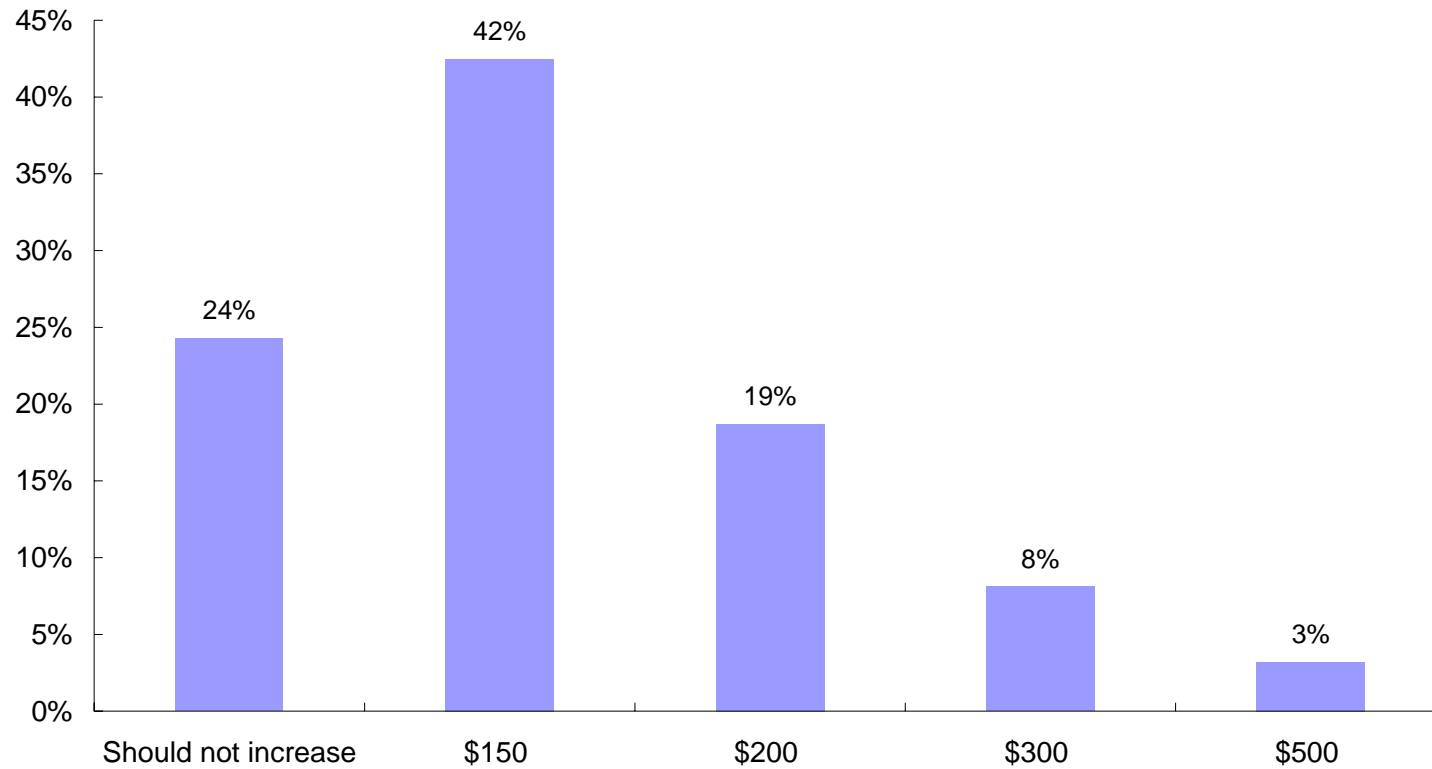


Note: Analysis based on records provided with data on whether had medical insurance / benefit

[Q11a] 如果政府提高公營醫療服務收費，將收到嘅錢用嚟資助番低收入家庭、弱勢社群同埋嚴重疾病嘅人，請問你認為住院收費由現時每日100蚊加到500、300、200、定係150蚊先係合理呢？

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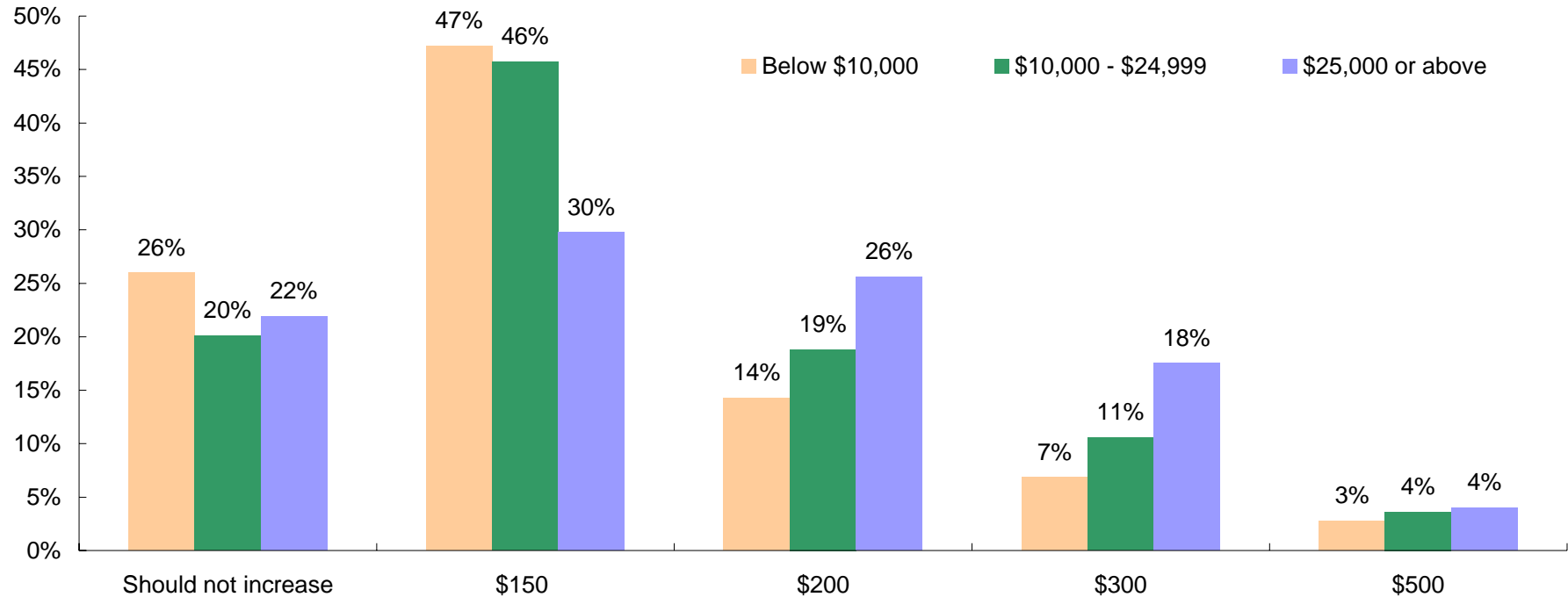
Chart 8: Views on Fee Increase for Public Accident and Emergency Service



[Q11b] 如果政府提高公營醫療服務收費，將收到嘅錢用嚟資助番低收入家庭、弱勢社群同埋嚴重疾病嘅人，請問你認為急症室收費由現時每次100蚊加到500、300、200、定係150蚊先係合理呢？

**Opinion Survey on Supplementary Healthcare Financing
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Chart 8a: Views on Fee Increase for Public A&E Service by Monthly Personal Income

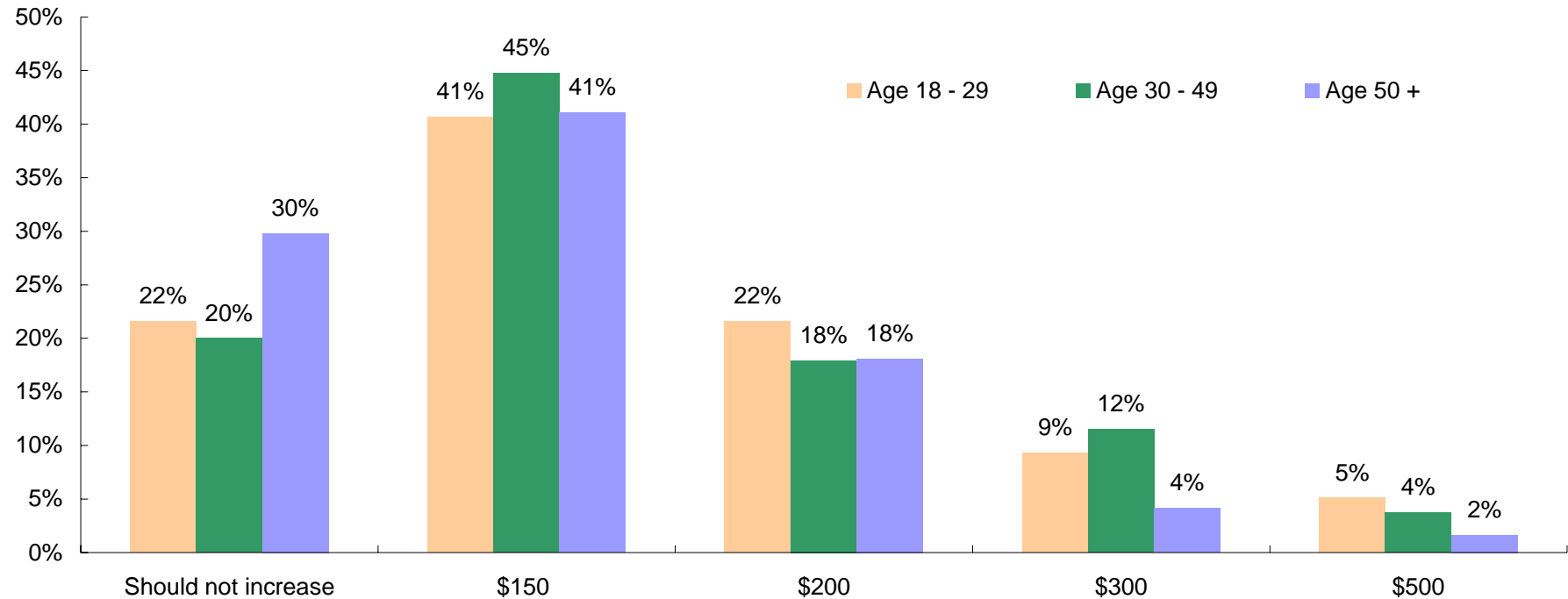


Note: Analysis based on records provided with personal income data

[Q11b] 如果政府提高公營醫療服務收費，將收到嘅錢用嚟資助番低收入家庭、弱勢社群同埋嚴重疾病嘅人，請問你認為急症室收費由現時每次100蚊加到500、300、200、定係150蚊先係合理呢？

Opinion Survey on Supplementary Healthcare Financing
(29 July to 12 August 2010)

Chart 8b: Views on Fee Increase for Public A&E Service by Age Group

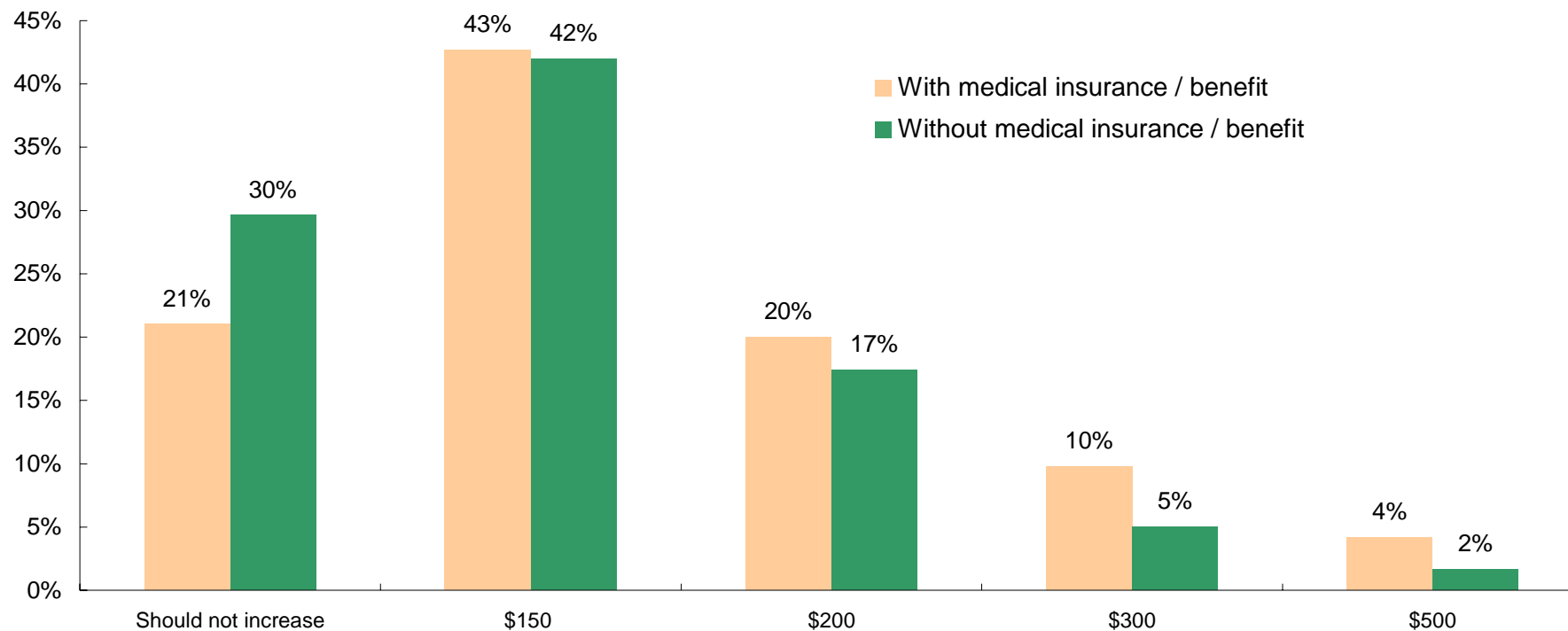


Note: Analysis based on records provided with data on age

[Q11b] 如果政府提高公營醫療服務收費，將收到嘅錢用嚟資助番低收入家庭、弱勢社群同埋嚴重疾病嘅人，請問你認為急症室收費由現時每次100蚊加到500、300、200、定係150蚊先係合理呢？

Opinion Survey on Supplementary Healthcare Financing
(29 July to 12 August 2010)

Chart 8c: Views on Fee Increase for Public A&E Service by Whether with Medical Insurance / Benefit

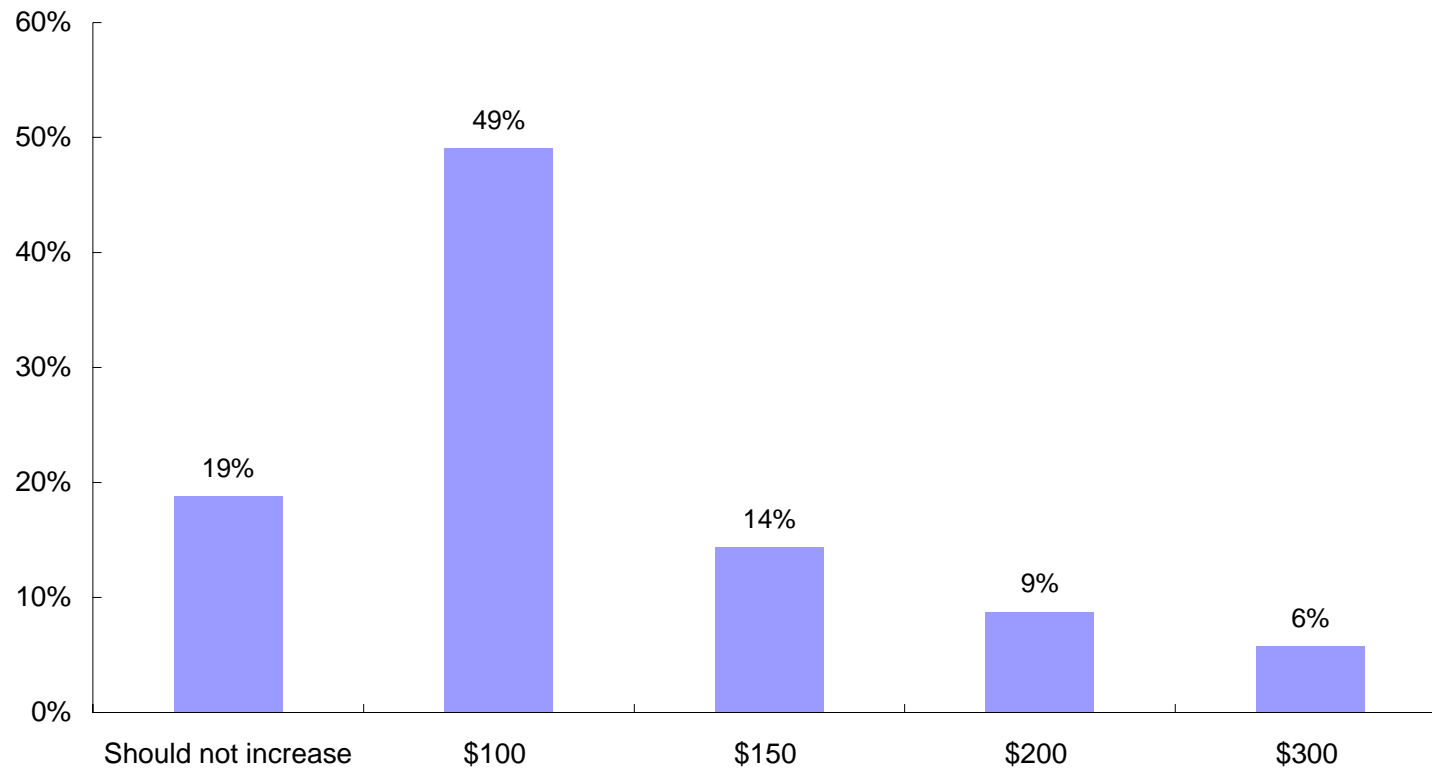


Note: Analysis based on records provided with data on whether had medical insurance / benefit

[Q11b] 如果政府提高公營醫療服務收費，將收到嘅錢用嚟資助番低收入家庭、弱勢社群同埋嚴重疾病嘅人，請問你認為急症室收費由現時每次100蚊增加到500、300、200、定係150蚊先係合理呢？

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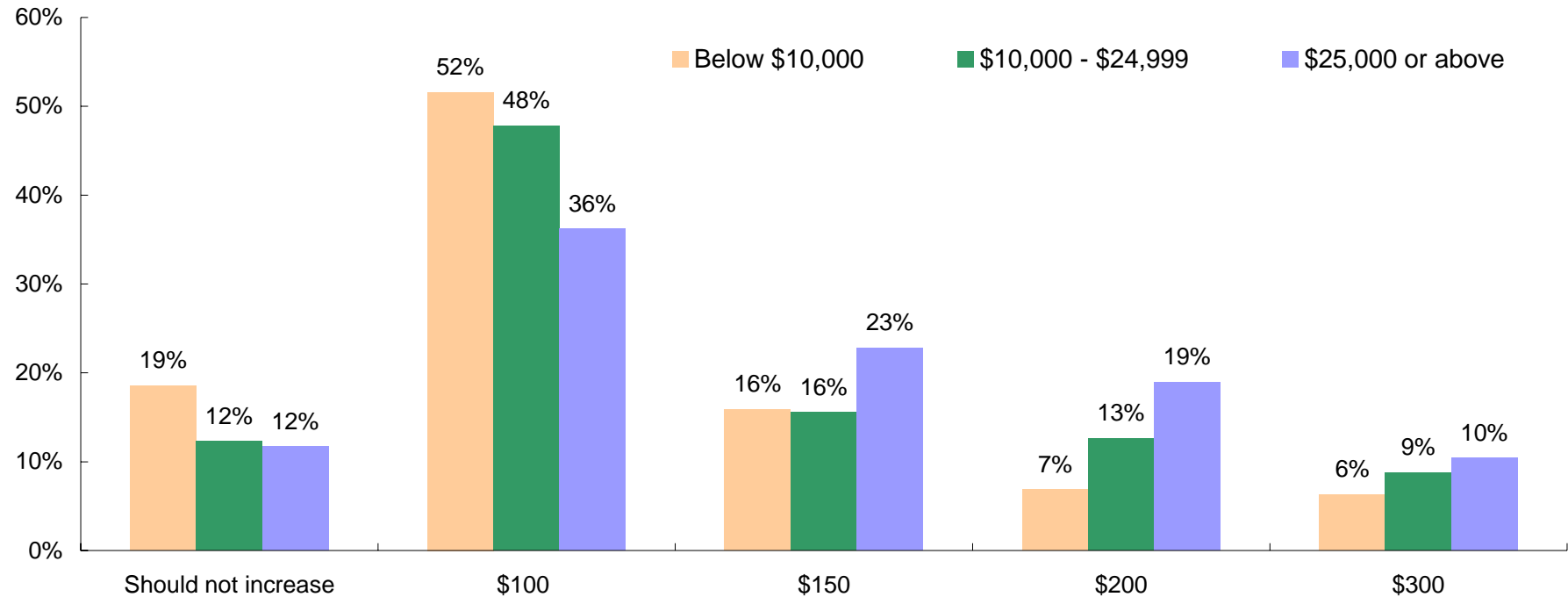
Chart 9: Views on Fee Increase for Public Specialist Out-patient Service



[Q11c] 如果政府提高公營醫療服務收費，將收到嘅錢用嚟資助番低收入家庭、弱勢社群同埋嚴重疾病嘅人，請問你認為專科門診收費由現時每次60蚊加到300、200、150、定係100蚊先係合理呢？

Opinion Survey on Supplementary Healthcare Financing
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Chart 9a: Views on Fee Increase for Public Specialist Out-patient Service by Monthly Personal Income

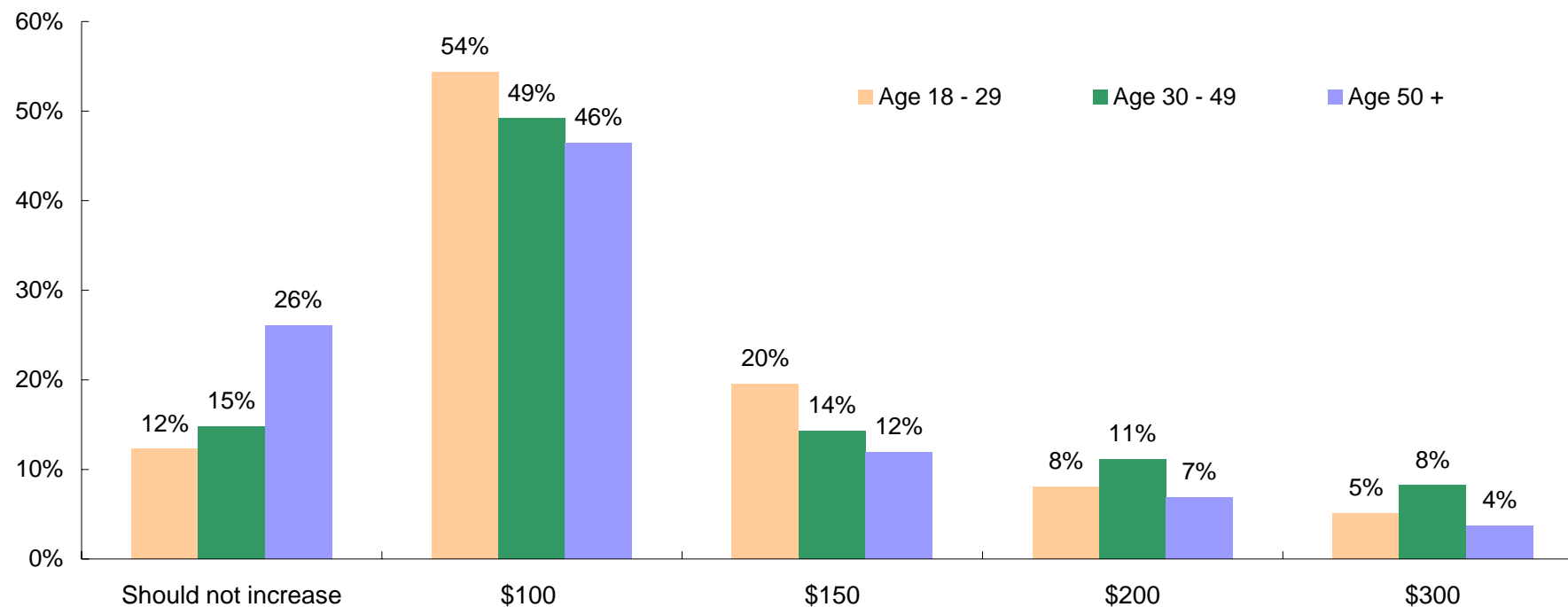


Note: Analysis based on records provided with personal income data

[Q11c] 如果政府提高公營醫療服務收費，將收到嘅錢用嚟資助番低收入家庭、弱勢社群同埋嚴重疾病嘅人，請問你認為專科門診收費由現時每次60蚊加到300、200、150、定係100蚊先係合理呢？

**Opinion Survey on Supplementary Healthcare Financing
(29 July to 12 August 2010)**

Chart 9b: Views on Fee Increase for Public Specialist Out-patient Service by Age Group

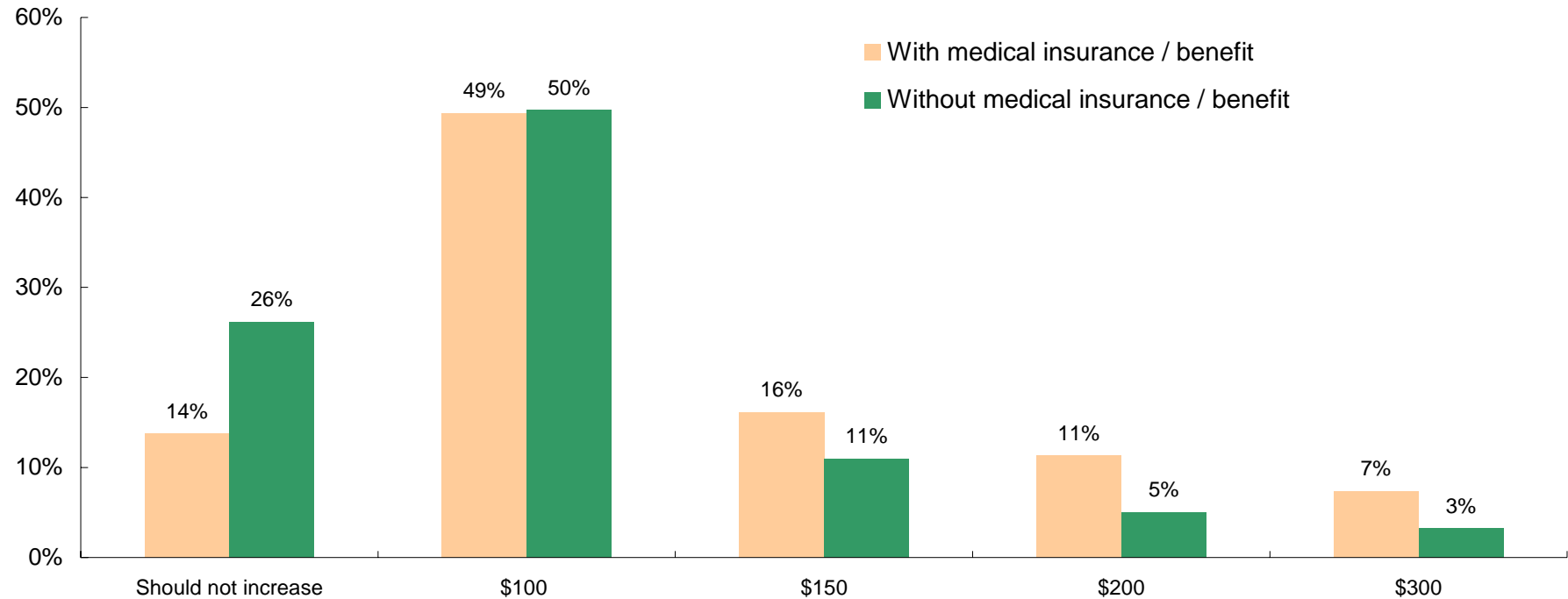


Note: Analysis based on records provided with data on age

[Q11c] 如果政府提高公營醫療服務收費，將收到嘅錢用嚟資助番低收入家庭、弱勢社群同埋嚴重疾病嘅人，請問你認為專科門診收費由現時每次60蚊加到300、200、150、定係100蚊先係合理呢？

Opinion Survey on Supplementary Healthcare Financing
(29 July to 12 August 2010)

Chart 9c: Views on Fee Increase for Public Specialist Out-patient Service
by Whether with Medical Insurance / Benefit

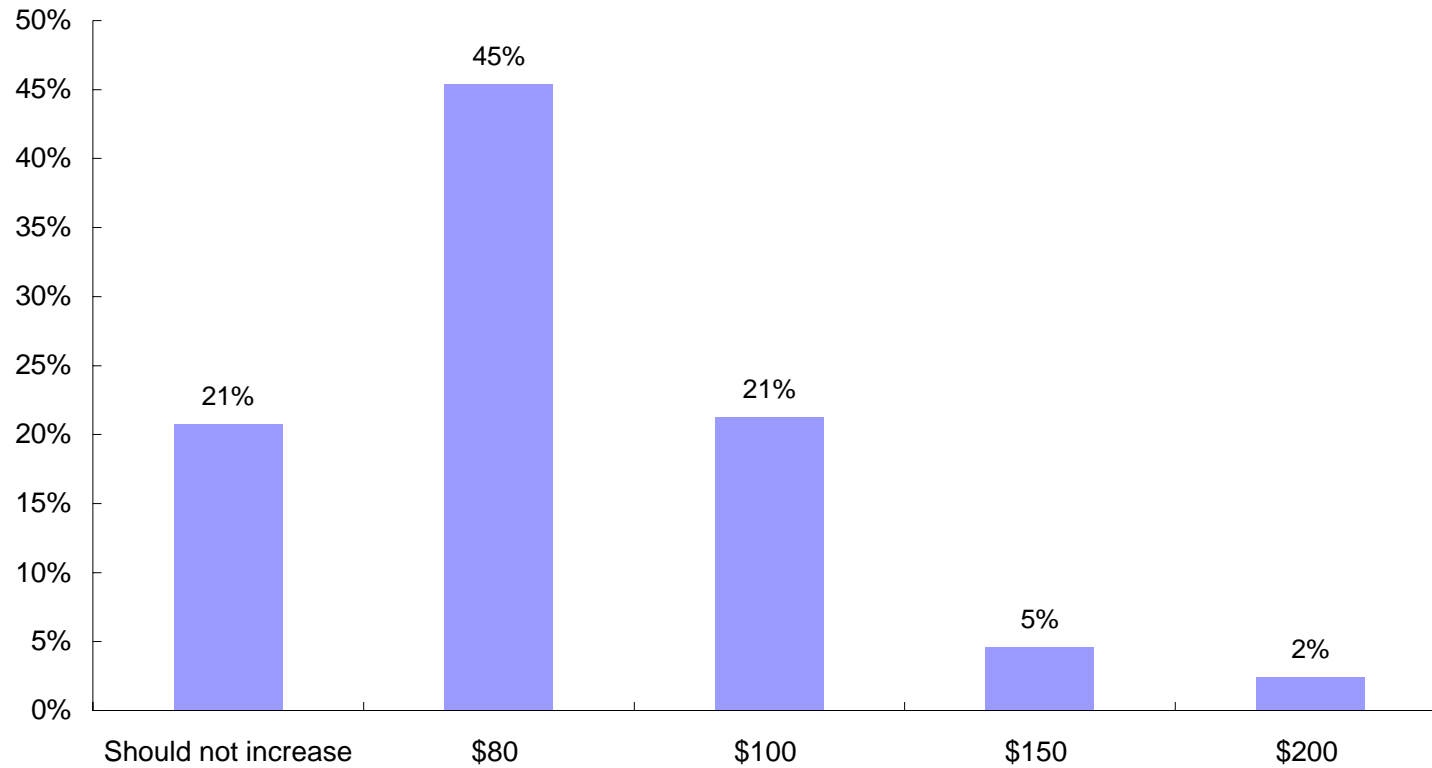


Note: Analysis based on records provided with data on whether had medical insurance / benefit

[Q11c] 如果政府提高公營醫療服務收費，將收到嘅錢用嚟資助番低收入家庭、弱勢社群同埋嚴重疾病嘅人，請問你認為專科門診收費由現時每次60蚊加到300、200、150、定係100蚊先係合理呢？

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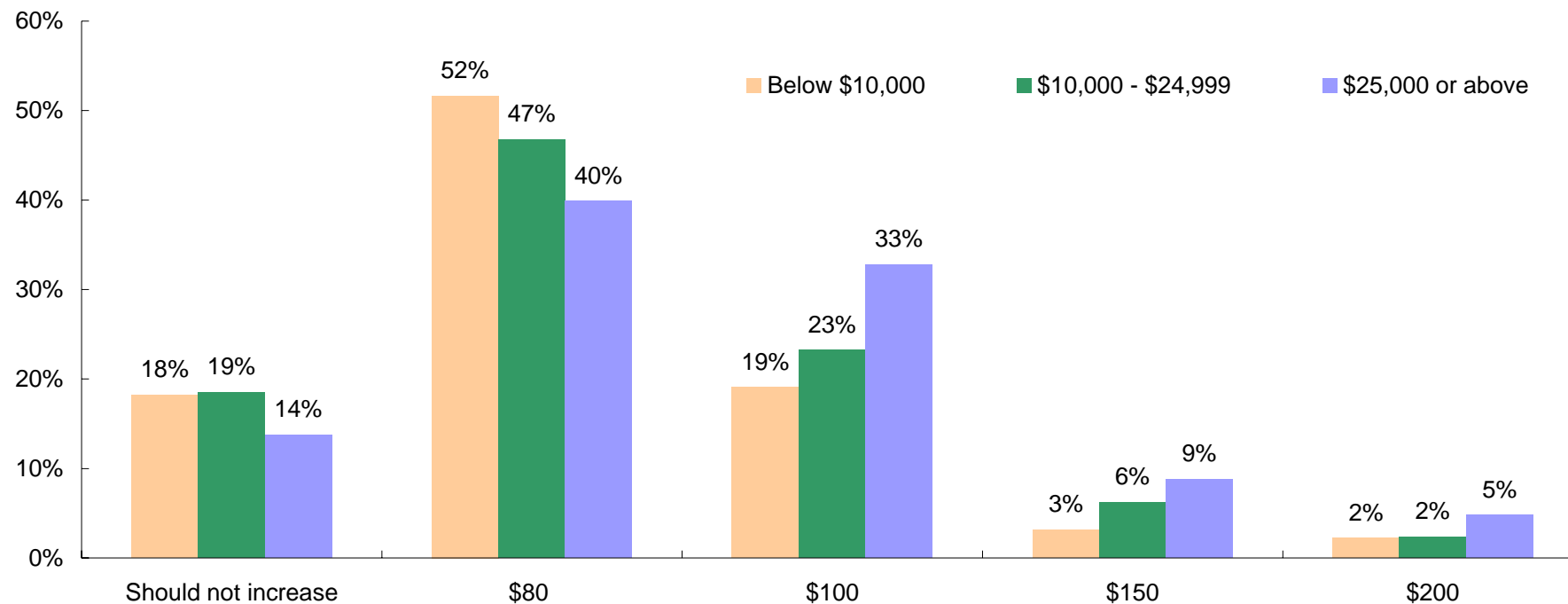
Chart 10: Views on Fee Increase for Public General Out-patient Service



[Q11d] 如果政府提高公營醫療服務收費，將收到嘅錢用嚟資助番低收入家庭、弱勢社群同埋嚴重疾病嘅人，請問你認為普通科門診收費由現時每次45蚊加到200、150、100、定係80蚊先係合理呢？

**Opinion Survey on Supplementary Healthcare Financing
(29 July to 12 August 2010)**

Chart 10a: Views on Fee Increase for Public General Out-patient Service by Monthly Personal Income

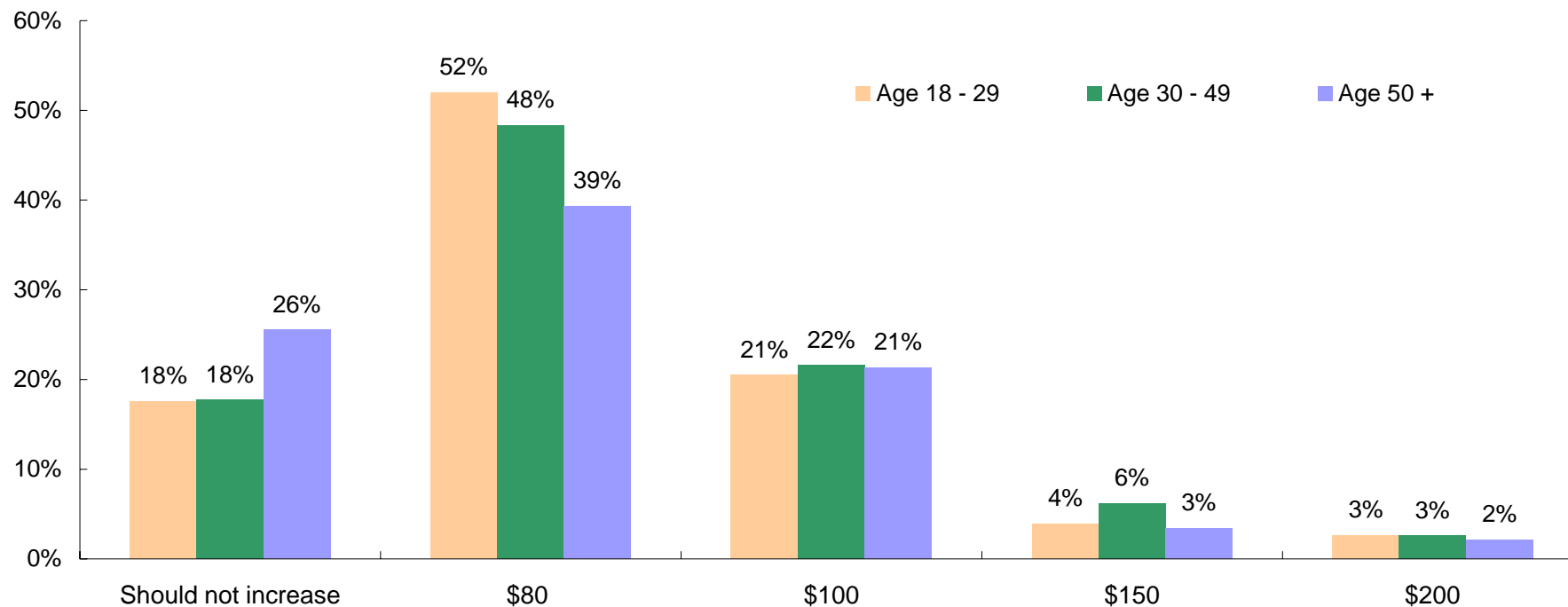


Note: Analysis based on records provided with personal income data

[Q11d] 如果政府提高公營醫療服務收費，將收到嘅錢用嚟資助番低收入家庭、弱勢社群同埋嚴重疾病嘅人，請問你認為普通科門診收費由現時每次45蚊加到200、150、100、定係80蚊先係合理呢？

**Opinion Survey on Supplementary Healthcare Financing
(29 July to 12 August 2010)**

Chart 10b: Views on Fee Increase for Public General Out-patient Service by Age Group

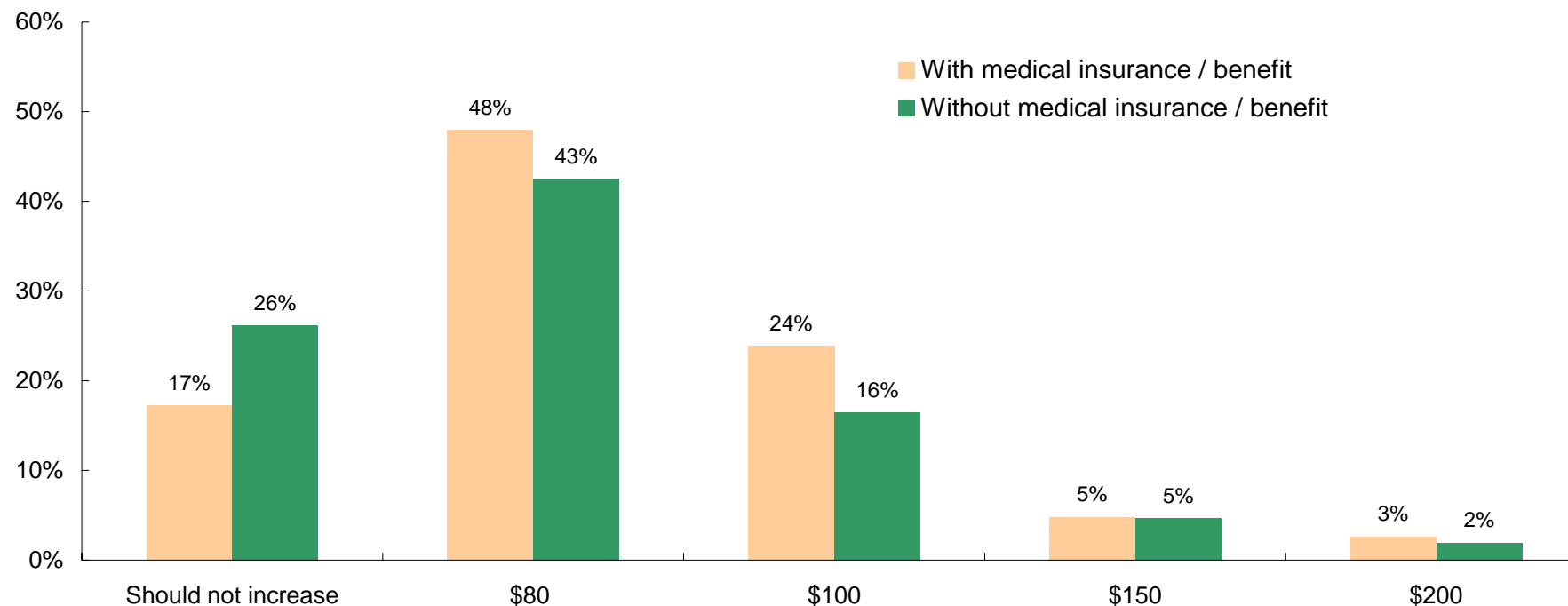


Note: Analysis based on records provided with data on age

[Q11d] 如果政府提高公營醫療服務收費，將收到嘅錢用嚟資助番低收入家庭、弱勢社群同埋嚴重疾病嘅人，請問你認為普通科門診收費由現時每次45蚊加到200、150、100、定係80蚊先係合理呢？

Opinion Survey on Supplementary Healthcare Financing
(29 July to 12 August 2010)

Chart 10c: Views on Fee Increase for Public General Out-patient Service
by Whether with Medical Insurance / Benefit

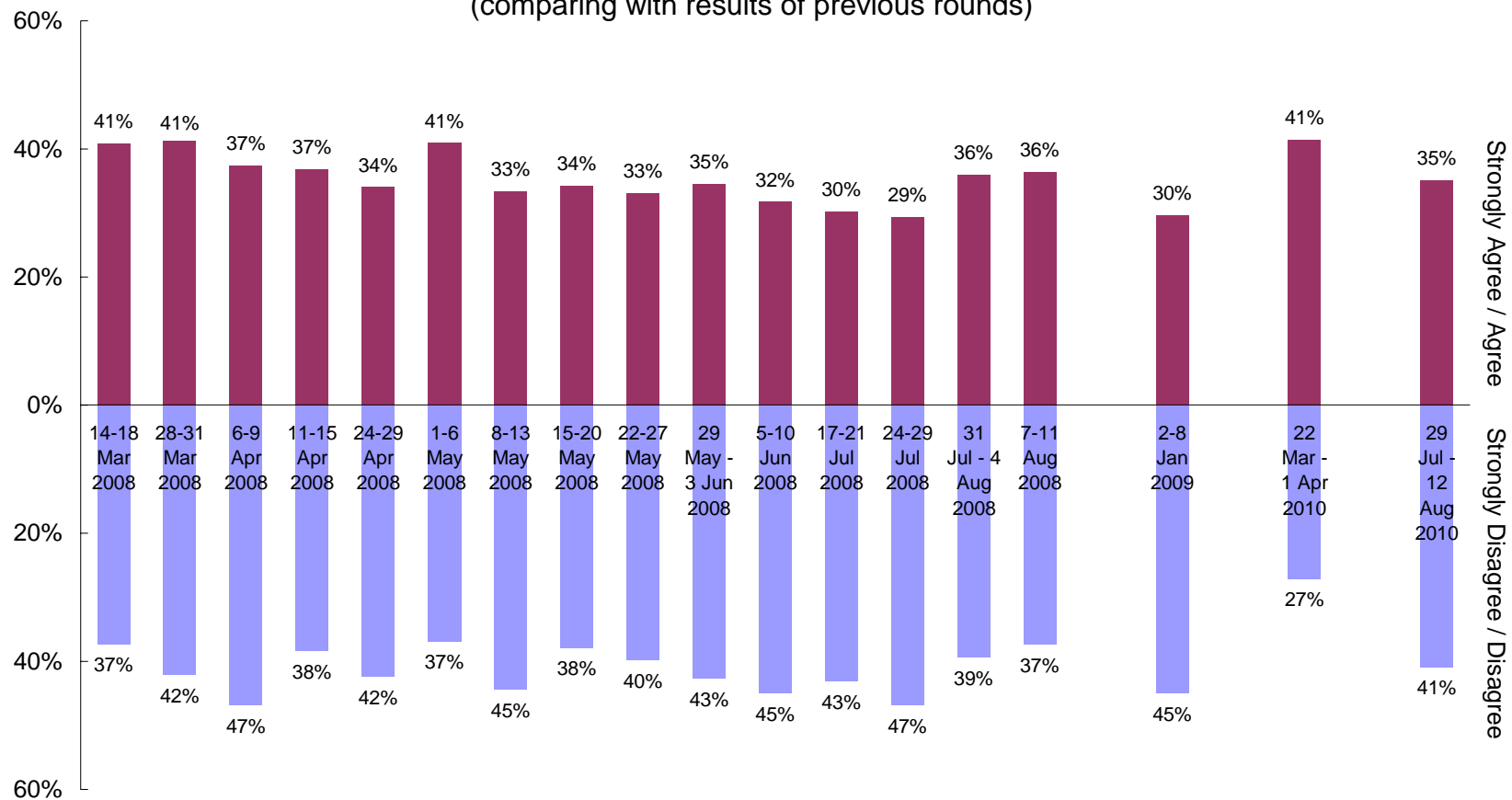


Note: Analysis based on records provided with data on whether had medical insurance / benefit

[Q11d] 如果政府提高公營醫療服務收費，將收到嘅錢用嚟資助番低收入家庭、弱勢社群同埋嚴重疾病嘅人，請問你認為普通科門診收費由現時每次45蚊增加到200、150、100、定係80蚊先係合理呢？

**Opinion Survey on Supplementary Healthcare Financing
(29 July to 12 August 2010)**

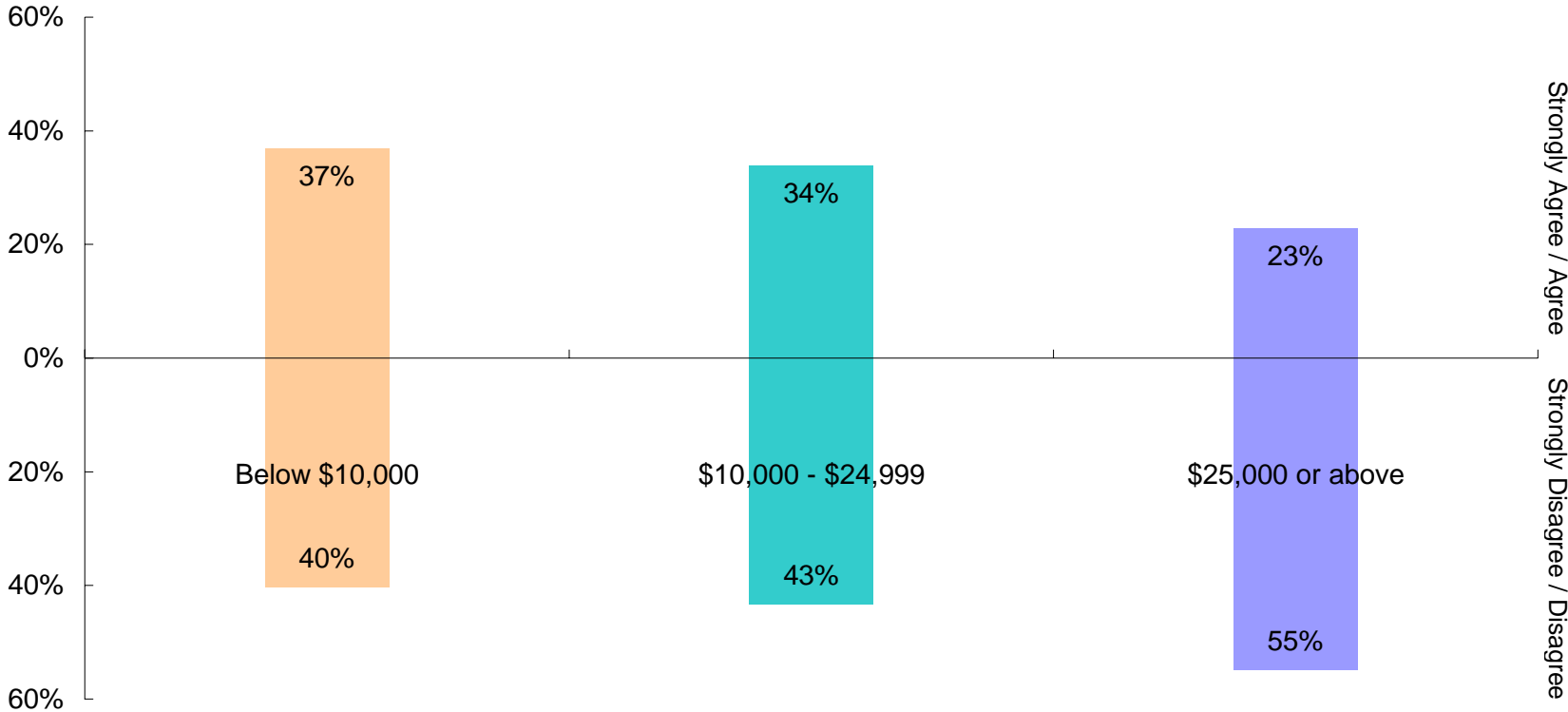
**Chart 11: Views on Tax Increase to Ensure Adequate Resources for Public Healthcare Services
(comparing with results of previous rounds)**



[Q12] 請問你同唔同意政府加稅，嚟確保有足夠資源為全民提供公共醫療服務？

**Opinion Survey on Supplementary Healthcare Financing
(29 July to 12 August 2010)**

**Chart 11a: Views on Tax Increase to Ensure Adequate Resources for Public Healthcare Services
by Monthly Personal Income**

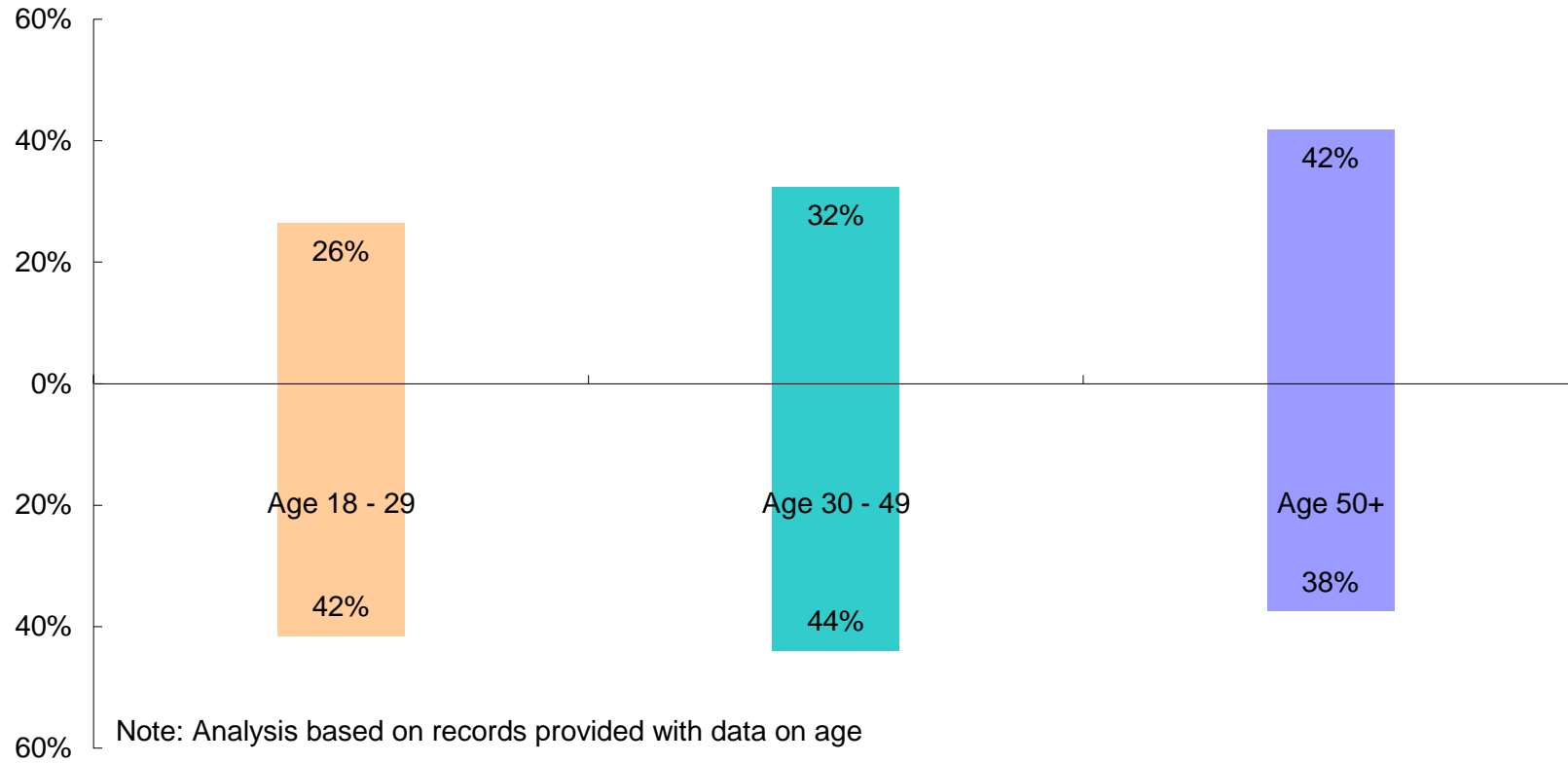


Note: Analysis based on records provided with personal income data

[Q12] 請問你同唔同意政府加稅，嚟確保有足夠資源為全民提供公共醫療服務？

Opinion Survey on Supplementary Healthcare Financing
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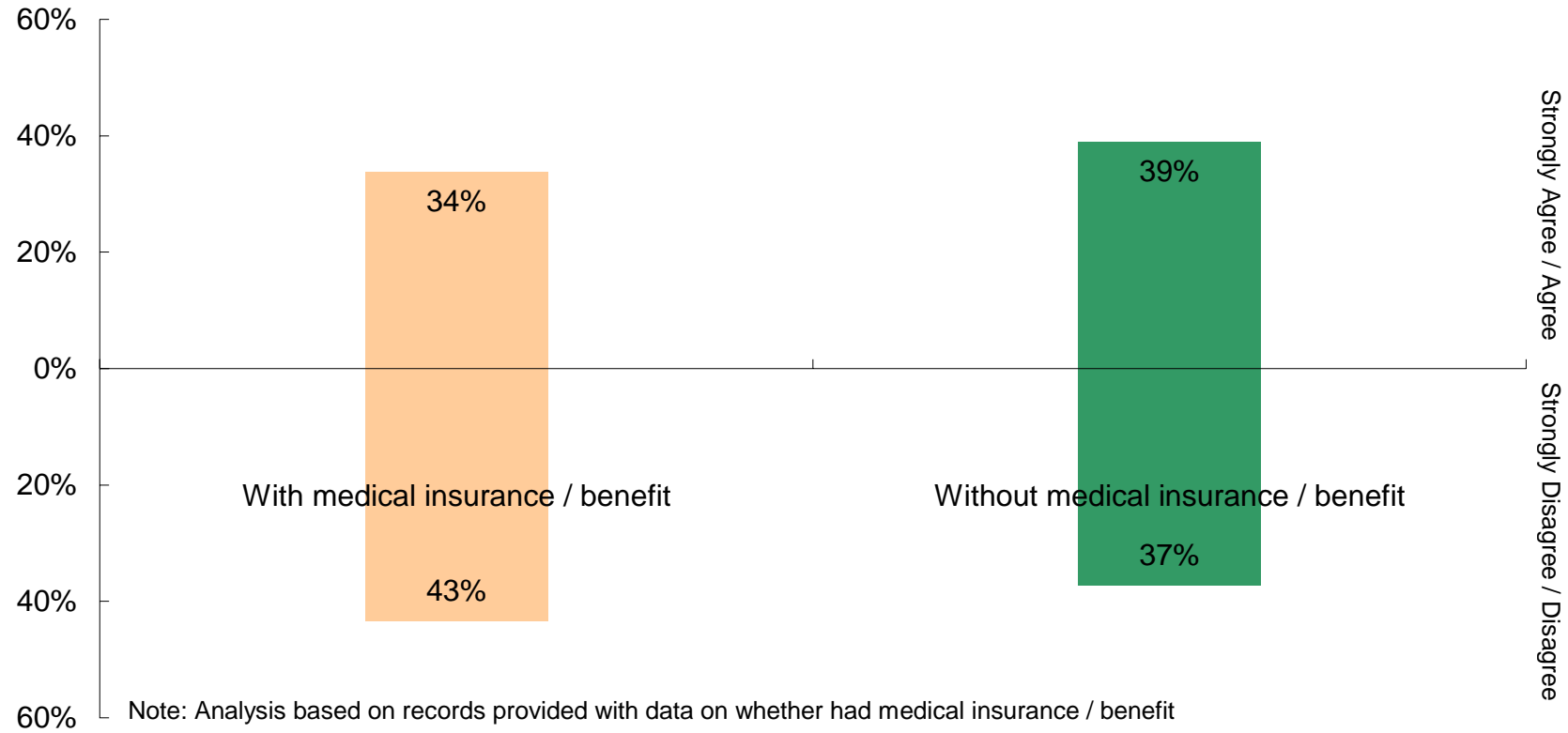
Chart 11b: Views on Tax Increase to Ensure Adequate Resources for Public Healthcare Services
by Age Group



[Q12] 請問你同唔同意政府加稅，嚟確保有足夠資源為全民提供公共醫療服務？

Opinion Survey on Supplementary Healthcare Financing
(29 July to 12 August 2010)

Chart 11c: Views on Tax Increase to Ensure Adequate Resources for Public Healthcare Services
by Whether with Medical Insurance / Benefit



[Q12] 請問你同唔同意政府加稅，嚟確保有足夠資源為全民提供公共醫療服務？

Opinion Survey on Supplementary Healthcare Financing

(29 July – 12 August 2010)

Questions asked in the Survey:

政府正研究設立一個市民自願參與嘅「基本醫療保險計劃」。呢個計劃包括以下四個特點：

- 一、由政府監管
- 二、已經有嘅病同埋高風險人士都受保
- 三、退休、轉工都可以終身續保
- 四、可以自由轉換保險公司

The Government is studying the setting up of a standard private health insurance scheme (the Scheme) for voluntary participation by the public. The Scheme will include the following four features:

1. Regulated by the Government
2. Covering persons with pre-existing health conditions and those with high health risk
3. Guaranteed lifetime renewal for those retired or changed job
4. Free to switch insurance companies

Q1 請問你支唔支持政府推行呢個自願嘅「基本醫療保險計劃」呢？

Do you support the Government to implement this voluntary standard private health insurance scheme?

Q2 請問你對現時嘅私人醫療保險，包括保障範圍同索償安排，有幾滿意呢？

Are you satisfied with current private health insurance schemes, including scope of protection and claim arrangement?

Q3 喺呢個計劃之下，請問你同唔同意由政府監管保險公司醫療保險計劃嘅設計、成本，同埋運作，包括索償嘅安排？

Under the Scheme, do you agree that the Government should regulate insurance companies in respect of the design, cost and operation (including claims arrangement) of private health insurance schemes?

Q4 喺呢個計劃之下，請問你同唔同意由政府監管私家醫院同醫生嘅醫療服務質素，同埋收費呢？

Under the Scheme, do you agree that the Government should regulate the quality of healthcare services provided and the fees charged by private hospitals and doctors?

Q5 喺呢個計劃之下，請問你同唔同意由政府成立一個機制，處理病人、保險公司、私家醫院同醫生之間，有關醫療保險索償嘅糾紛？

Under the Scheme, do you agree that the Government should set up a mechanism to handle disputes related to medical insurance claims among patients, insurance companies, private hospitals and doctors?

Q6 喺呢個計劃之下，如果私營保險公司唔能夠提供符合計劃要求嘅醫療保險產品，你同唔同意政府成立公司提供醫療保險？

Under the Scheme, do you agree that the Government should set up a company to provide medical insurance if private insurance companies failed to provide medical insurance products that meet the requirements of the Scheme?

Q7 喺呢個計劃之下，如果私家醫院同醫生唔能夠提供清晰嘅收費同合理嘅服務應付市民需求，你同唔同意政府成立公司提供私家醫療服務？

Under the Scheme, do you agree that the Government should set up a company to provide private healthcare services if private hospitals and doctors failed to provide reasonable services with transparent fees and charges to cope with the public's demand?

Q8 喺呢個計劃之下，你會願意一個月俾幾多錢保費，等你係有需要時，可以住私家醫院普通病房同搵一般醫生做手術呢？

Under the Scheme, what is the amount of premium you are willing to pay per month so that you can stay in general wards of private hospitals and have average doctors to perform surgical operation for you when needed?

Q9 如果為鼓勵市民參加呢個「自願醫療保險計劃」，政府會動用公帑提供資助，請問你同唔同意：

If for encouraging the public to join the Scheme, the Government would make use of government funds to subsidize certain groups of people to take out health insurance. Do you agree with subsidization of the following people?

a 資助年輕嘅投保人呢？

Young people

b 咁資助年長嘅投保人呢？

Elderly people

c 咁資助高風險（例如生活習慣唔健康或者家族有遺傳病）嘅投保人呢？

People with high health risk, such as those with unhealthy lifestyle or family history of genetic diseases

Q10 請問你同唔同意政府為參加呢個「自願醫療保險計劃」嘅市民提供以下方式嘅資助呢？
Do you agree that the Government should provide subsidy to the public for joining the

Scheme in the following ways?

- a 資助投保人要俾嘅保費;

Subsidize the insured to pay premium

- b 資助投保人嘅儲蓄，等佢哋用嚟俾退咗休之後嘅保費;

Subsidize the insured to save for paying premium when they retired

- c 資助高風險嘅投保人要俾嘅額外保費;

Subsidize the high risk insured to pay the additional premium

- d 對為自己同屋企人俾保費嘅人提供免稅優惠;

Provide tax exemption to people who pay premium for themselves and their family members

- Q11 如果政府提高公營醫療服務收費，將收到嘅錢用嚟資助番低收入家庭、弱勢社群同埋嚴重疾病嘅人，請問你認為：

If the Government increases user fees for public healthcare services and uses the money to subsidize low income families, underprivileged groups and persons with serious illnesses, do you consider the following levels of increase reasonable?

- a 住院收費由現時每日 100 蚊加到 500、300、200、定係 150 蚊先係合理呢？

Inpatient fees from \$100 per day at present to \$500, \$300, \$200 or \$150

- b 急症室收費由現時每次 100 蚊加到 500、300、200、定係 150 蚊先係合理呢？

Accident & Emergency fees from \$100 per attendance at present to

- c 專科門診收費由現時每次 60 蚊加到 300、200、150、定係 100 蚊先係合理呢？

Specialist outpatient fees from \$60 per attendance at present to

- d 普通科門診收費由現時每次 45 蚊加到 200、150、100、定係 80 蚊先係合理呢？

General outpatient fees from \$45 per attendance at present to

- Q12 請問你同唔同意政府加稅，嚟確保有足夠資源為全民提供公共醫療服務？

Do you agree that the Government should increase tax to ensure that there are sufficient resources to provide public healthcare services to the population?

- Q13 請問依家或者過去一年內，你自己有冇「個人嘅醫療保險」、或者附帶醫療保障嘅保險，但係唔包任何由僱主提供嘅醫療保險呢？

Do you have any individual medical insurance or rider to other insurance (but do not include medical benefit provided by employer) now or in the past year?

- Q14 請問依家或者過去一年內，你自己或者你屋企人嘅僱主有冇提供醫療保險或者醫療福利俾你呢？

Do you have any medical benefit provided by employer (including that from your employer or the employer of your family member) now or in the past year?

[Questions on the demographic and socio-economic characteristics of the respondents are also asked.]

Note: The Chinese version of the questions was actually used in the survey. The English translation given here is for reference only.