

## **WOMEN'S COMMISSION**

### **“Lifelong Investment in Health” - Consultation Document on Health Care Reform**

## **INTRODUCTION**

This Paper :-

- (a) presents for Members' information gist of the proposals set out in the consultation document on Health Care Reform; and
- (b) invites Members' views on the proposals made.

## **BACKGROUND**

2. The [consultation document on health care reform](#), entitled “Lifelong Investment in Health”, was released for public consultation on 12 December 2000. It sets out 11 strategic reform proposals for the three main pillars of our health care system - the system of service delivery, quality assurance and the long-term financing arrangement.

## **OUR VISION**

3. Our vision is to re-create, through our proposed reforms, a health care system which will enhance the quality of life of the population and enable individuals to develop their full human potentials. To achieve this aim, the health care system must be able to protect and promote the health of the community, to provide comprehensive and lifelong holistic care to each individual, to offer accessible, equitable and quality services to each patient, and at the same time to remain cost effective, sustainable and affordable. We emphasise in the document that the pursuit for better health has to be a shared responsibility among the individual, the community and Government.

## **THE PROPOSALS**

### **(A) Reform to the Health Care Delivery System**

4. We aim to provide a comprehensive and seamless health care service to the population. We propose to:

- strengthen preventive care through inter-sectoral co-operation and enhanced public participation. The Director of Health will take the lead;
- enhance primary medical care through promotion of family medicine and development of other primary care models;
- develop nurses, pharmacists and other allied health professionals as primary care practitioners to cater for a community-focused health care system;
- transfer Department of Health's general out-patient service to the Hospital Authority to achieve integration of primary and specialists care in the public sector;
- expand ambulatory care and outreach programmes to enable patients to continue to live at home while receiving care and treatment. The service should be patient-centred and comprehensive;
- encourage better collaboration between the public and private sectors to ensure continuity of care. The two sectors can join hands to develop new health care products, thereby providing patients with more choices;
- develop an electronic Health Information Infrastructure to link up the public and private health sectors, and also with the welfare and community groups, for sharing of information and to build up an electronic lifelong health record for each individual;
- enhance preventive and promotional efforts on oral health, and encourage the provision of affordable dental care services by non-governmental organisations; and
- provide Chinese medicine in the public sector, starting with out-patient service, extending to public hospitals, with a view to promoting collaboration between western and Chinese medicines.

**(B) Improvements to the System of Quality Assurance**

5. We aim to enhance the quality of our health care service. We propose to:

- require all health care professionals to undertake continuing professional education and development to update their knowledge and skill;
- work with health care professionals to incorporate appropriate knowledge base of environmental, social, behavioural, management and communication sciences to their training to enable them to deliver holistic care to patients;
- encourage all health care institutions to establish quality assurance mechanisms, such as clinical audit and risk management, to ensure consistency of standards;
- encourage private medical practitioners to make their pricing transparent and to advise their patients of their liberty not to purchase drugs from their clinics to allow consumers more choice;
- review statutory regulations related to health care, such as licensing of private hospitals, sale of drugs and operation of managed care, to identify areas that need to be strengthened to ensure patient safety;
- set up a Complaint Office in the Department of Health to investigate and mediate patient complaints; and
- establish a Research Office in the Health and Welfare Bureau to support the formulation of health care policies;

**(C) Options for Financing Health Care Service**

6. We aim to ensure the long term financial sustainability of our public health care system. We propose to:

- enforce vigorously the cost containment measures in the public sector to slow down the overall increase in costs;
- review how to prioritise public subsidies to areas of most needs, i.e. the lower income groups and the expensive services;
- review how to restructure public fees to reduce inappropriate and

misuse of services, thus helping to manage costs;

- maintain a safety net to enable the financially vulnerable to continue to have equal access to quality medical care;
- encourage the purchase of voluntary insurance to support patients seeking services in the private health care sector;
- set up individual Health Protection Accounts to assist patients to pay for their own medical services after retirement; and
- study in detail the "Medisage" plan proposed by the Harvard consultants for financing long term care needs.

7. We aim to ensure the long term financial sustainability of our public health care system through a mixed funding mode of risk pooling (allocation from public revenue), personal responsibility (payment of fees) and early planning for retirement health care needs (savings). In the process, the needs of the lower income groups are well protected as they will continue to have access to affordable and quality health care services, and no one will be denied adequate medical care because of insufficient means.

### **CONSULTATION WITH THE PUBLIC**

8. The three-and-a-half month consultation period ended on 31 March 2001 which saw the inflow of over 700 pieces of submissions from different sectors of the community. During the same period, the Bureau has made every effort to attend discussion forums or seminars organized by various professional groups or community organisations including women's associations. We have paid heed to their concerns and comments which are valuable to our reform process. A general summary of their concerns is as follows -

- (a) They fully support the strengthening of preventive care which could help reduce health care expenditure of a household. Women, being the wife or mother, have a significant role to play and should be given proper support, for example, health talk and training, so that they can keep abreast of the knowledge in taking care of their family more effectively.
- (b) While they welcome the new service delivery model of a community-based approach whereby patients can recover and receive follow-up treatment at home, they are concerned about the adequacy of support provided to the patient's family members. In particular, they are concerned the additional pressure imposed on women who, very often, have to take care of the elders in the

family.

- (c) They also accept the savings concept of the Health Protection Account which will help ease the financial burden on the next generations. However, they have reservation on one of the proposed principles that the working spouse will have to save on behalf of the non-working spouse. They are of the view that such arrangement may create psychological pressure on the non-working wives; thus putting the relationship of the couple at risk.

### **WAY FORWARD**

9. We are now carrying out an in-depth study and analysis of the submissions and comments received. For the more straightforward proposals, we will proceed with the implementation details. As for the complicated or contentious proposals, such as the Health Protection Accounts, we will conduct further study and consultation. We aim to stagger the implementation of proposals over the next ten years and will regularly review the progress and impact of the proposals.

### **ADVICE SOUGHT**

10. Members' views on the proposals as set out in the consultation document on health care reform are most welcome.

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Health and Welfare Bureau  
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