

醫療改革 從何入手

Healthcare Reform Consultation Document: A Critical (patient's) Perspective

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(A) 背景 Background

- 「掌握健康 掌握人生——醫療改革諮詢文件」，提醫療改革的原由、醫療體制改革建議、及輔助醫療融資的選擇
- Consultation Document: the need for reform, institutional reform proposals, and supplementary financing reform options
- 醫療改革對130萬長期病患者的影響最為深遠
- Healthcare Reform greatly affects 1.3 million of the chronically ill
- 本年4月至5月進行問卷調查，了解長期病患者對醫療改革的意見，包括：
- Survey conducted to collect the following opinion of the chronically ill from April to May
 - 對諮詢文件內容的意見 opinions to the document;
 - 對融資方案的選取 preference to financing reform options;
 - 對醫療費用的負擔能力 affordability to healthcare cost.
- 收回316份問卷，當中275份（87.0%）屬於長期病患者，41份（13.0%）屬於照顧者
- 316 questionnaires returned, 275（87.0%）were from the chronically ill, 41（13.0%）were from carers



(B) 結果 Results

■ (1) 基本資料 Basic Information

- 男女比例 (Male to female ratio) 約為4:6
- 患病年期中位數為 (Median no. of year suffering) 12年
- 年齡中位數為 (Median age) 53歲
- 一般需要接受專科覆診數目為 (Median no. of medical departments consulting) 2個
- 與家人同住受訪者有 (Living with family) 81.1%
- 沒有個人入息或正領取綜援超過 (Without income or on CSSA) 45%
- 多於四分一的個人入息少於10,000元 (More than 25% under \$10,000)
- 超過七成受訪者來自低下階層 (70% from the lower class)



(2) 對醫療改革的意見

Opinions to the document

■ a. 對醫療改革原由的意見

■ Opinions to the need for reform

- 超過八成同意人口老化及長期病患率增加導致醫療開支增加
- More than 80% agree to aging population and increase in the chronically ill lead to increase in healthcare expenditure
- 超過六成同意醫療科技進步導致醫療成本上漲
- More than 60% agree to advancing healthcare technology lead to increase in healthcare expenditure
- 不足三成相信公營醫療開支會大幅增加
- Less than one third believes the public healthcare expenditure increase greatly



	同意 Agree	不同意 Disagree	無意見 No opinion	總數 Total
	(頻率/ 百分比) (Freq/ Percent)	(頻率/ 百分比) (Freq/ Percent)	(頻率/ 百分比) (Freq/ Percent)	(頻率/ 百分比) (Freq/ Percent)
人口老化會導致醫療開支增加 Aging population increases healthcare expenditure	264/ 83.5	39/ 12.3	13/ 4.1	316/100.0
長期病患率增加導致醫療開支 增加 Increasing disease occurrence increases healthcare expenditure	262/ 82.9	42/ 13.3	12/ 3.8	316/100.0
醫療科技進步會導致醫療成本 上漲 Medical technology advancement increases healthcare expenditure	198/ 62.7	86/ 27.2	32/ 10.1	316/100.0
未來公營醫療開支會由2004年 的380億元大幅增加至2033年 的1866億元 Healthcare expenditure increases from \$38 billion in 2004 to \$186 billion in 2033	94/ 29.7	135/ 42.7	87/ 27.5	316/100.0



2.2 對醫療改革的意見

Opinions to the document

- b. 對政府的醫療承擔的意見
- Opinions to Gov't responsibility on healthcare
 - 超過一半均不同意政府不可以再加稅，亦不同意政府要維持小政府低稅制的原則而不能加稅
 - Over half disagree Gov't cannot increase tax, nor to maintain small gov't and low tax system to increase tax
 - 超過五成半不同意政府把公共醫療開支限定於政府開支的17%
 - Over half disagree Gov't cap the public healthcare expenditure at 17% of public expenditure
 - 同意限定政府開支的17%作公共醫療的更只有兩成
 - Only one fifth agree Gov't cap the public healthcare expenditure at 17% of public expenditure



	同意 Agree	不同意 Disagree	無意見 No opinion	總數 Total
	(頻率/ 百分比) (Freq/ Percent)	(頻率/ 百分比) (Freq/ Percent)	(頻率/ 百分比) (Freq/ Percent)	(頻率/ 百分比) (Freq/ Percent)
政府不可以再增加稅收 Gov't cannot increase tax	76/ 24.1	172/ 54.4	68/ 21.5	316/100.0
政府維持小政府低稅制的原則，所以不能加稅 To maintain principle of small gov't and low tax, Gov't therefore cannot increase tax	91/ 28.8	167/ 52.8	58/ 18.4	316/100.0
政府應把公共醫療開支上限定於政府開支的17% Gov't should cap the public healthcare expenditure at 17% of public expenditure	64/ 20.3	175/ 55.4	77/ 24.4	316/100.0




2.2 對醫療改革的意見

Opinions to the document

- c. 對體制改革的意見
- Opinions to institutional reform
 - 超過六成半認為加強基層醫療服務可減低醫療成本
 - Over 60% agree enhancing primary health can lower medical cost
 - 超過五成半不同意有待醫療改革成功以騰出空間後，公營醫療服務才得到改善
 - Over 50% disagree that the quality of public healthcare services has room for improvement only after the healthcare reform has succeeded.
 - 設立個人醫療費用上限，同意與不同意的受訪者人數相近但以同意的較多
 - More respondents agree to establishing personal limit on medical expenses



	同意 Agree	不同意 Disagree	無意見 No opinion	總數 Total
	(頻率/ 百分比) (Freq/ Percent)	(頻率/ 百分比) (Freq/ Percent)	(頻率/ 百分比) (Freq/ Percent)	(頻率/ 百分比) (Freq/ Percent)
加強基層醫療服務可減低 醫療成本 Enhance primary healthcare can lower medical cost	212/ 67.1	58/ 18.4	46/ 14.6	316/100.0
醫療改革成功後，才騰出 空間改善公營醫療服務質 素 Quality of public healthcare has room for improvement only after healthcare reform has succeeded	94/ 29.7	172/ 54.4	50/ 15.8	316/100.0
設立個人醫療費用上限 Establish personal limit on medical expenses	138/ 43.7	120/ 38.0	58/ 18.4	316/100.0



2.2 對醫療改革的意見

Opinions to the document

- d. 對公私營醫療協作的意見
- Opinions to public private partnership
 - 對是否過度依賴公營醫療服務、公私營是否嚴重失衡、及應否透過融資方法處理失衡等，同意與不同意的受訪者均不超過半數
 - Ambivalent response to “over depends on public healthcare”, “serious imbalance of market share”, “through financing means to handle imbalance market share”
 - 超過六成同意推展公私營協作改善失衡情況
 - Over 60% agree to change the imbalance by public private partnership
 - 只有四成多同意向私營醫療界別購買非優先範圍的服務
 - Only more than 40% agree to purchase hospital services in private sector

	同意 Agree	不同意 Disagree	無意見 No opinion	總數 Total
	(頻率/ 百分比) (Freq/ Percent)	(頻率/ 百分比) (Freq/ Percent)	(頻率/ 百分比) (Freq/ Percent)	(頻率/ 百分比) (Freq/ Percent)
香港是否過度依賴公立醫院系統 Is HK over-dependes on public healthcare system	146/ 46.2	137/ 43.4	33/ 10.4	316/100.0
公私營醫療是否嚴重失衡 Is there a serious imbalance of market share between public and private sector	159/ 50.3	106/ 33.5	51/ 16.1	316/100.0
公私營失衡是否應透過融資方法處理 Should the imbalance be handled by financing arrangement	112/ 35.4	111/ 35.1	93/ 29.4	316/100.0
香港應推展公私營協作，改善公私醫療服務失衡的情況 HK should promote public private partnership to change the imbalance	199/ 63.0	60/ 19.0	57/ 18.0	316/100.0
向私營醫療界別購買非優先範圍的服務 Purchase hospital services from private sector	148/ 46.8	84/ 26.6	84/ 26.6	316/100.0



2.2 對醫療改革的意見


Opinions to the document

■ e. 對融資改革的意見

■ Opinions to financing reform

- 超過五成半認為500億元的基金不足夠作醫療融資的啟動資金時，只有少於一成（9.1%）表示足夠
- Over 50% agree that a \$50 billion reserve is not enough for taking forward the healthcare reform, only less than one tenth consider enough
- 近六成半認為應立刻動用這筆基金改善現時的公營醫療服務，與上述「不應待醫療改革成功後才騰出空間改善公營醫療服務質素」的結果相近
- Nearly 60% agree that the reserve should be utilized immediately, which echoes the previous result that “should not improve the public healthcare quality after the reform succeeds”
- 超過七成認為政府應以增加稅收作為融資方案選擇之一，諮詢市民意見。
- Over 70% agree Gov't should consult the public opinion on increasing taxation as one of the financing options

	同意 Agree	不同意 Disagree	無意見 No opinion	總數 Total
	(頻率/ 百分比) (Freq/ Percent)	(頻率/ 百分比) (Freq/ Percent)	(頻率/ 百分比) (Freq/ Percent)	(頻率/ 百分比) (Freq/ Percent)
政府預留500億元作醫療融資用途的基金是否足夠 Is the \$50 billion reserve for taking forward healthcare reform enough	29/ 9.2	174/ 55.1	113/ 35.8	316/100.0
政府應否立刻動用500億元基金改善現時公營醫療服務問題 Should the Gov't utilize the \$50 billion reserve to improve the public healthcare services immediately	204/ 64.6	48/ 15.2	64/ 20.3	316/100.0
政府應否諮詢市民以增加稅收作為融資方案選擇之一 Should the Gov't consult the public on increasing taxation as one of the financing options	219/ 69.3	52/ 16.5	45/ 14.2	316/100.0




2.3 對融資方案的選取

Preference to financing options

- 近五成選取調整稅率及稅階，配合體制改革作為融資方案
- Nearly 50% prefer adjusting taxation together with institutional changes
- 超過三成選擇社會醫療保障
- More than 30% prefer social health insurance
- 選擇其餘融資方案的受訪者均不足一成
- Less than one tenth for other options
- 選擇「個人健康保險儲備」的不足半成
- Less than 5% for Personal Healthcare Reserve

	頻率 Frequency	百分比 Percent
調整稅率及稅階，及進行體制改革 Adjust taxation together with institutional reform	153	48.4
社會醫療保障 Social Health Insurance	100	31.6
用者自付費用 Out-of-Pocket Payments	11	3.5
醫療儲蓄戶口 Medical Savings Accounts	22	7.0
自願私人醫療保險 Voluntary Private Health Insurance	5	1.6
強制私人醫療保險 Mandatory Private Health Insurance	12	3.8
個人健康保險儲備 Personal Healthcare Reserve	13	4.1
總數 Total	316	100.0



2.3 對融資方案的選取

Preference to financing options


- 八成均選擇帶有財富再分配、累進效果、及具分擔風險功能的融資方案
- 80% prefer options with wealth re-distribution, progressive effect, and risk-pooling effect
- 代表未雨綢繆的醫療儲蓄戶口亦有較多受訪者選擇
- Some prefer option with saving-for-rainy-days effect
- 只著重分擔風險功能及增加選擇的私人醫療保險及「個人健康保險儲備」卻不為受訪者接受
- Not accepting Personal Healthcare Reserve with only risk-pooling effect and enhancement of choice of services




2.4 對醫療費用的負擔能力

Affordability to medical expenses

- 兩成完全不能負擔醫療費用
- 20% could not afford any medical expenses
- 近六成表示只能負擔個人入息5%或以下的醫療費用
- Nearly 60% could only afford medical expenses as less than 5% of their income
- 入息一萬元以上的受訪並不代表他們能負擔更多的醫療費用
- Respondents with income \$10,000 or above are not more affordable to medical expenses
- 入息更高的受訪者亦未必能負擔更多的醫療費用
- Respondents with higher income are not more affordable to medical expenses



	頻率 Frequency	百分比 Percent
完全不能 Totally unaffordable	35	20.7
5%或以下 Less than 5%	99	58.9
10%	26	15.5
15%	4	2.4
20%	4	2.4
總數 Total	168	100.0



$(p=0.073>0.05)$	5%或以下 5% or below	5%以上 5% above	總數 Total
10,000元以下 Below 10,000	73/ 43.5%	11/ 6.5%	84/ 50.0%
10,000元或以上 10,000 or above	64/ 38.1%	20/ 11.9%	84/ 50.0%
總數 Total	137/ 81.5%	31/ 18.5%	168/ 100.0

$(p=0.083>0.05)$	5%或以下 5% or below	5%以上 5% above	總數 Total
20,000元以下 Below 20,000	112/ 66.7%	21/ 12.5%	133/ 79.2%
20,000元或以上 20,000 or above	25/ 14.9%	10/ 6.0%	35/ 20.8%
總數 Total	137/ 81.5%	31/ 18.5%	168/ 100.0



(C) 總結 Summary

醫療改革從何入手？

- 從醫療政策入手：未來醫療開支將會上升，但未至於嚴重地步，若能以基層健康作為醫療政策目標，加強基層醫療服務及基層健康，配合其他體制改革，將有助控制上升幅度，及令市民更健康；
- 從合理承擔入手：未來四至五年公共醫療開支增幅只有政府開支2%，並不足以維持公營醫療服務質素，而開支更定於政府開支17%，缺乏任何理據支持是否合理的承擔；
- 從改善服務入手：現時公營醫療服務問題重重，應該立即動用500億醫療融資啟動基金，改善服務質素；
- 從原則價值入手：融資方案必須達至財富再分配、累進效果、及分擔風險的功能，而稅收是最能夠達致這幾項價值取向的融資方法；
- 從社會財富入手：政府更應諮詢市民是否同意透過調整稅率及稅階，配以體制改革，應付未來醫療開支，如此才能動用社會整體財富處理未來的醫療需要。