

## **Public Policy Forum on HK Health Care Reform (June 5, 2008)**

### **A summary of Group Discussion moderated by Dr. Amy Po-Ying HO (Senior Lecturer, the Hong Kong Polytechnic University)**

This group represented citizens from a wide range of backgrounds

3 NGO representatives who work with patients with chronic illness and HIV/AIDs,  
2 doctoral students from CUHK (Mainland students)  
1 elderly advocacy group member,  
1 pharmacist,  
1 Hospital Authority administrative staff,  
1 Insurance agent

### **Discussion on the core values of health care reform**

After a heated debate, the participants came to the following consensus:

- All participants regard health care as social goods which have great impact on people's quality of life. The government should strike a balance between humanistic concerns with economic principles in formulating health care policies.
- Equity and wealth distribution were the two core values of our existing health care system and should, therefore, be upheld in any future reform. In other words, universal access to public health services for all citizens should be guaranteed (i.e. equity of access). The health financing methods should be affordable to the citizens (i.e. equity of financing). Furthermore, the participants believe that wealth distribution through taxation is important in Hong Kong to narrow the income gap between the rich and the poor.
- Some NGO representatives spoke on behalf of patients with chronic illness (HIV/AIDS, DM and mental illness). They expressed their concern on the possibility of developing a two-tier system in public health sector – one for those who have insurance and one for those don't. In other words, patients who rely on public health services do not wish to see any differentiation in service quality; waiting time and choices of care should the supplementary financing options be implemented.
- Some participants pointed out that the term “middle-class” represents citizens with a wide range of monthly incomes ranging from 20K to over 100K. The so-called middle could easily become “citizens in need” if they or their family members encountered catastrophic illness. Thus, universal access to health care is a common concern for low income and middle class citizens alike.

## **Discussion on how to reform our health care system**

- It was a consensus among the participants that the overhaul of the existing health care system and policy directions should be the core business of health care reform.
- Refocusing policy directions – the SAR government must formulate health policies which truly reflect the importance of primary and preventive care. This implies a reallocation of public resources between the Hospital Authority and Department of Health.
- Restructuring of health care system – some participants strongly advocated for the setting up of a Health Authority which oversee and coordinate health care at all levels (primary, secondary and tertiary). Only through this structural change could a patient-centered, integrated care for patients be made possible.
- A majority of the participants were surprised by the small proportion of health care budget spent on drugs in the public health care sector. They urged the government to look into this problem and increase the budget on drugs appropriately. NGO representatives, in particular, pointed out that many patients suffered physically and financially since the new drugs that they need were not subsidized by the Hospital Authority.
- NGOs and patients' self-help groups are playing an important role in promoting health among the elderly and vulnerable groups by virtue of their extensive community networks. So the government should enlist these organizations as partners in primary care and health education.
- Two participants in this group advocated for the separation of medical consultation and drug dispensary in public hospitals. They argued that this is an effective way to control costs in the public health sector.

## **Discussion on health care financing options**

- Compared with what had been discussed so far, health care financing is not a core issue of concern for this group. There was no consensus on any financing option among the participants either.

Prepared by Dr. Amy Ho  
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