



**Hospital Authority Convention 2008
Opening Ceremony on 5 May 2008**

**Keynote Speech by Dr York Yat-ngok Chow, SBS, JP,
the Secretary for Food and Health**

**Healthcare Reform:
Of the Professions, By the Professions, For the Professions**

Vice Minister Wang, Mr Wu, Mr Solomon, Honoured Guests, Dear Friends and Colleagues,

This year's theme of the Convention is "A New Era of Patient Care". The aim is to propound health system changes which embrace innovation, improvements and modernization at multiple levels and which will meet patients' satisfaction. This is most timely.

Expectations of the Community

2. We initiated consultation in the community two months ago. It aims at bringing about structural reform to the healthcare system, for one prime objective – to bring about better healthcare to Hong Kong people. We need to do so to meet the expectations of the community. For a world-class city like Hong Kong which values freedom, harmony and benevolence, the community expects the healthcare system to -

- enable everyone to have access to appropriate healthcare services;
- take care of the low-income and underprivileged; and
- provide more and better choice of personalized healthcare.

3. Here present today are the dedicated healthcare professionals who are the pillars of our healthcare system. The healthcare reform is thus as much for you all as for the community. Together, we all have our part to play in building tomorrow's healthcare system that have greater capacity, provide better quality care, cater more to individuals' needs and make our people healthier.

Problems of Our Existing System

4. But let me first step back a little and recount the problems facing us. The Hospital Authority has been delivering good quality care for our people. Our favourable health indices owe much to the hard work of our public doctors, nurses and other healthcare workers. However, there are severe bottlenecks to public services and the problem will only get worse as the population ages.

5. We are also facing demand for greater choice of services – as living standards are raised, many members of the public are expecting more personalized healthcare like choice of doctors, better privacy in wards, and more readily available services, even if these would mean paying more. But a public system by definition provides the same service for all: patients do not have a choice of doctors in public hospitals, public healthcare is allocated by queuing and triage, and general ward and long queues are the norm.

6. The demand for choice of services can be seen from the money the community spent. The government spent some \$38 billion a year on public healthcare. The community spent some \$30 billion a year on private healthcare, over \$8 billion of which is through private health insurance taken out either by individuals or by employers. One-third of our population has some form of medical insurance coverage for private services.

7. However, choice for private hospital services is limited by lack of transparency of fees, and current private insurance does not necessarily provide adequate coverage to meet the uncertain bills. Even middle-class patients, when faced with the choice of going to public or private hospitals, often choose public hospitals despite the long queues and the lack of choices. The result is that the community chooses the private sector for less than 8% of their in-patient services.

8. Meanwhile, the nature of business of voluntary health insurance makes it inevitable for insurance companies to seek out healthy individuals and avoid claims pay-outs. This has the effect of excluding higher risk individuals especially the old and the sick, and putting pressure on healthcare providers to keep down their costs and lower their standards.

Objectives of the Healthcare Reform

9. The problems faced by our healthcare system cannot be solved by simply putting more money – we need structural reform to the system that can meet the challenges of an ageing population and medical inflation and at the same time meet the expectations of the community especially our middle-class for more choice of better services. I believe the reform should also meet the aspirations of our healthcare professionals for a better working environment, greater career opportunities, and greater job satisfaction in serving the needs of the community.

10. The Healthcare Reform seeks to embark upon a whole package of inter-connected measures to bring about this structural reform –

(1) To strengthen primary and preventive healthcare and establish a family doctor system through developing primary care standards for different age/gender groups, registering doctors who provide family doctor services, and subsidizing patients with vouchers for preventive care through their family doctors. A working group under the Health and Medical Development Advisory Committee will start work on this front after the first stage consultation, and will engage the medical and healthcare professions.

(2) To focus the public sector on its four priority areas: (a) acute and emergency; (b) low-income and under-privileged groups; (c) high cost, advanced technology and multi-disciplinary treatment; and (d) training of healthcare professionals. In doing so, we will need to strengthen the public healthcare system as the community's safety net.

We need to provide the public, including the middle-income families, the peace of mind that they don't need to worry when they fall ill. We also need to rationalize public hospital fees.

(3) To deliver more secondary care apart from the four priority areas through the money-follow-patient concept. This is done through different forms of public-private partnership, including purchase of private services and development of PPP hospitals. HA is now rolling out the cataract surgery pilot scheme and the primary care partnership pilot project in Tin Shui Wai. If these prove effective, we will expand these schemes to other worthwhile areas and further explore other possible PPP models. In future, public and private will be effectively one sector, a sector for better care and more choices for our people.

(4) To change the behaviour of both patients and healthcare providers to focus more on health and wellness promotion instead of just curing illnesses. Apart from establishing service models and providing incentives for behavioural change, we need to provide the platform for healthcare professionals to work in collaboration rather than in isolation. The electronic health record system will provide the infrastructure, but we also need healthcare professionals to work together.

The Roles of the Healthcare Professions

11. Can we all live up to these challenges? I would like to share with my professional colleagues here today my vision of how we can all contribute to the reform, and what's in the reform for every one of us. First of all, the growing and ageing community needs a better healthcare system with greater capacity, in which the public and private healthcare providers collaborate to provide the community with the care it needs. Healthcare professionals of all disciplines will play an ever more important role in this system. The system will afford them the opportunity to develop their professional skills and potential, and at the same time to provide the best care to their patients.

12. People of different aspirations will find their place in an expanded sector. For those who are dedicated to serving the public especially the underprivileged, the public system will continue to provide a stable career and development opportunities. For those who are more entrepreneurial, the expanded healthcare market and the rationalized public-private relationship will provide them with business opportunities in delivering value-for-money services to those who want more and better choices. For those who don't want to choose one over the other, the future system will provide them with opportunities to serve between both ends of the spectrum. Let me look at it more closely from the perspective of individual professions.

Doctors

13. For doctors who will be at the forefront of these reforms, irrespective of whether they are working in the public or private sector, I would urge them to seize the opportunities provided by the expansion of the healthcare market. The much expanded and vibrant private market is likely to provide more business to those who equip themselves better by pursuing excellence in clinical skills and providing more patient-oriented care. Although the Medical Council has recently relaxed rules for advertisements, I don't believe good doctors need any. Words of mouth are always more effective for the medical profession, and words of mouth stem from clinical skills and patient care.

14. More innovative ways of delivering care by doctors apart from the traditional clinic setting would probably need to be developed to suit an evolving society and ever changing needs of patients. In the future healthcare system where primary and preventive care is given much greater emphasis, community-based healthcare solutions are expected. Out-reach services, customized services for institutions such as elderly homes, family-based services, out-of-hours consultation and advisory services, health and wellness promotion programmes, patient self-monitoring programmes, are but a few examples of what may be possible in filling the gaps in demand.

15. I would also remind my fellow colleagues that healthcare is no longer something that a doctor alone can provide the best results. In fact, the worldwide trend is that healthcare is increasingly delivered through doctors in group practice, networking with allied health professionals including pharmacists at the community level, and providing collaborated and integrated care for patients in a seamless manner. In a patient-oriented healthcare system, no healthcare professionals not least doctors can afford to practice in isolation, without risking patients' well-being. The electronic health record system will provide private doctors as well as other healthcare professionals with the tools for providing better integrated services.

Hospitals

16. Notwithstanding the emphasis on primary care, hospitals remain an important point of care, and even more so when they have to concentrate on the more complex and difficult cases that could not be handled at the primary care level. To strengthen the public confidence in the hospital system, we will develop an accreditation system for hospitals, both public and private, involving the medical professions and the private hospitals. Both should meet the same standards of care and provide the same assurance to the community on quality, irrespective of their different service offerings.

17. The integration of primary care with hospitals, as well as the interface between public and private hospital care is pivotal to the reform of the healthcare system. We are working on how to bridge the electronic health record system between the Hospital Authority and private hospitals. Our aim is a patient-oriented system where "record-follows-patient", with patient at the centre of the system design, according the privacy and security protection that would inspire public confidence.

18. With greater public-private-partnership opportunities, and greater demand from the public for the whole range of healthcare services, it is essential that private hospitals also develop capacity and capability for a broader range of clinical services apart from their traditional and recent focus such as obstetrics. We are working with the Development Bureau to explore suitable policies to facilitate the development of private hospitals, including the availability of suitable land for development.

19. We would also need to work with private hospitals and the insurance industry to promote better care for patients, while at the same time avoid unnecessary medical procedures. Recent data suggest that the premium of voluntary private health insurance rose much faster than the income growth of our middle class. This is clearly unsustainable and sooner rather than later the premium hike of voluntary insurance is likely to undermine people's incentive to stay insured and to use private healthcare services.

Nurses

20. Obviously we need more nurses for the future healthcare system, both to cater for the expansion of services and the rising demand for elderly healthcare due to an ageing population. Apart from being partners to doctors in delivering healthcare for patients, we would see more nurse-led services as the mode of delivery and mix of services evolve. For instance, the greater emphasis on primary care also means nurses would have a bigger role to play in providing community-based healthcare services.

21. In future, specialization of nursing skills is the trend. The variety of services required for different healthcare scenarios ranging from specialized care in hospital ICU and in-patient wards, to outreaching care at the community level for the elderly, would call for nurses with specialized skill sets, and should cater for nurses of different career aspirations. It would be essential that nurses seize the opportunity for change and put themselves firmly in a position to assume their greater role in the future healthcare system.

Allied Health Professionals

22. Like nurses, the expanding healthcare system would require more manpower of allied health professionals. The greater emphasis on primary care would also demand a greater role of the allied health professionals. In particular, as I have mentioned, we envisage the enhanced primary care system to be one in which health professionals provide patient-oriented care in a collaborative manner within a co-ordinated network. Every allied health professional in the private sector will be part of this network.

23. We note the aspirations of some allied health professions for statutory recognition of their professional status. To encourage the allied health professions to further develop their expertise under the principle of professional autonomy, and to further enhance our primary care and rehabilitation services to tie in with the healthcare reform, we plan to review the structure, composition and operation of the Supplementary Medical Professions Council within the next term of the Legislative Council.

Chinese Medicine Practitioners

24. Chinese medicine practitioners are an important player in our primary healthcare system. The elderly healthcare voucher pilot scheme that we intend to launch early next year has recognized their role. The Government has been putting tremendous efforts in providing a framework to support the further development of the profession. We have already committed to establish a public Chinese medicine clinic in each district for training and for facilitating the development of “evidence-based” Chinese medicine.

25. Looking forward, we will further promote the collaboration of Chinese and Western medicine. We will look at how research in Chinese medicine can be facilitated to further build up the scientific basis to support the deployment of Chinese medicine in our public healthcare system. In this regard, we will develop in the long-run ways of providing in-patient services based on Chinese medicine. Much work still needs to be done. But the Government is committed to leverage our unique strength in promoting collaboration between these two long-established medical professions in the community for the better care of patients.

Dentists and Other Healthcare Professionals

26. Dental and oral health services are an important part of primary healthcare. We have, as a first step, included dental and oral health services in the scope of our elderly healthcare voucher scheme. This is in addition to government-provided oral health services for primary school students and the emergency services provided to the public in general. In future, we will consider how we could further strengthen the role of dental services in our primary healthcare reform.

27. There are other healthcare professionals and workers who are contributing to the health and healthcare of our community. I am unable to go into each and every one of them today. But let me state the obvious that a bigger and stronger healthcare system will have a place for each and every healthcare professional and worker who is dedicated to provide the best care for patients.

Conclusion

28. Let me conclude by emphasizing that the healthcare reform is everything about how we bring about structural changes to the healthcare system to make it sustainable – sustainable in meeting our future challenges arising from an ageing population and escalating medical costs, and sustainable in meeting our community's expectations for continuous improvements in quality of healthcare.

29. However, there are two issues essential to sustainable reform. One is sustainability of resources. How to ensure that the community can afford the healthcare system they are expecting, when the resources for the system are likely to be constrained under the present financing arrangements, and how to ensure a stable financing system despite the regular fluctuating economic cycle that affects Hong Kong?

30. The question of healthcare financing is thus raised in the hope of addressing this issue upfront, rather than deferring it to the future and making it an obstacle to the reform. The preference for any financing option or arrangements is very much a question of societal values that we would like to hear from the community. But the need to address the issue of financing in order to support the reform is one issue that the community needs to recognize.

31. The second critical issue is the unity and reform mindset of our healthcare professionals and workers. We must not forget the difficult times we had in the past seven or eight years, when we faced pay reduction, constraints of services, and poor occupancy of private hospitals. Our proposed primary care and service market reform will ensure better access and quality of care for our citizens, and a sustainable financing system will let the service continue to develop according to our community's need and the international service trend and standards.

32. We, including all of you working in the present system today, will all have an important role to play in the healthcare reform. We are committed to making the reform as much a reform for you as well as for the community. To do so, we need your support. Not just to endorse the reform, but also as a strong stakeholder of the system, to drive and lead the various actions of the reform, and to explain to the public.

33. Finally, let me join others in wishing the Convention a success. Thank you.