

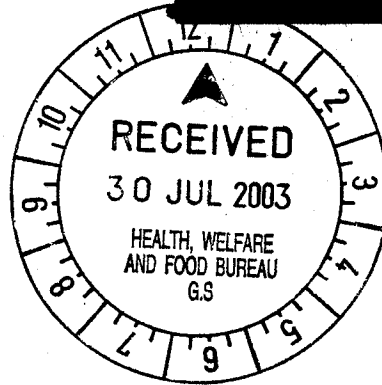
*Prof. Albert LEE*

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[Redacted]

Dr. Patrick Nip  
Secretary to SARS Expert Committee  
Deputy Permanent Secretary for Health, Welfare and Food  
Health, Welfare and Food Bureau  
Murray Building,  
Garden Road,  
Central, Hong Kong.



July 27, 2003.

Dear Mr. Nip,

In the light of recent outbreak of SARS, it gives us the opportunity to review our health care delivery system on the whole. The Expert Committee is now working very hard in making recommendations to the Government. Being an academic and also a frontline primary care physician for years with special research interest in integration of public health and personal health, I would like to take this opportunity to submit my opinions on the future health care system. for the consideration of the Committee.

Hong Kong has been delivering a high quality health care services. The biggest challenge is ageing population and escalation of health care expenditure, and imbalance of primary care and hospital services, and also lack of private and public interface. It is now the time to have an overall review of the entire health care system. I have assisted the Harvard Team in conducting some studies in primary health care. My overall comment on Harvard Report and my contact with the team is that the report did not really address the problem of lack of integration of various health care services and the imbalance between primary care and hospital services, and also the imbalance between private and public sectors.

The primary medical care is mainly provided by private doctors accounting for 70% of primary medical care. However the private general practitioners (GPs) mainly managed acute self limiting minor illness. Unlike a trained family physicians, very few of GPs in Hong Kong would provide primary, comprehensive, whole person and continuing care. The problem does not lie in the hand of GPs but the system. The preventive services and various health promotion programmes such as ante-natal care, family planning, childhood immunization, childhood development, student health services, elderly health services, women's health and men's health are all provided by public sector. The private GPs would only attend those patients paid out of their own pockets. The proportion of private GPs in Hong Kong is about half of the population of practicing doctors and we should maximize their potentials. Those GPs have already established their clinics with basic facilities and staffing. If the Government commissions the private GPs to provide those preventive services and health promotion programmes, the unit cost will be much less as it will save the overhead costs and supporting staff cost. The GPs will attend their own patients for those services so the cost is minimal.

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Based on the experience as practicing GPs in the past, I have been providing immunization and childhood development to my patients. The price charged by me is lower than unit cost provided by public sector. The consultation fee charged by GPs is also lower than unit cost of Government Out-patient Clinics (GOPC). Although one would argue that more cases of chronic illness attending GOPC escalating the drug cost; however if the private GPs attend more chronic illness patients, the drug cost will also be low because of bulk purchase. The cost saving in private general practice setting is salary of supporting staff and less administration procedures, and also greater flexibility in handling things. The main overhead for private GPs is rental cost. If the Government would provide designated sites for GPs to practice, the cost will be lowered further and hence lowers the percent of GDP being spent on health.

The GOPC can also be contracted out to private GPs similar to many health services of University Health Centres. The group of GPs will receive a capitation fee for seeing same numbers of patients as previously, and they charge patients the same rate as current GOPC. It is then up to them how they run the services providing that they attend same numbers of patients with assured quality. They would then use the premise for other services. This will allow greater flexibility and also lower the market price for private general practice services. More patients would then have the incentive to opt for private GP services if they would not get the quota for public pricing.

The organization of health care system would also be re-organised. There should be a Permanent Secretary for Health (PSH) responsible to the Secretary for Health, Welfare and Food. The PSH will be responsible for implementation of government health policies, overseeing the public health issues, performing the statutory public health duties, principle health advisor to the Government, and monitoring the quality of health services delivery. If the primary health services such as GOPC, student health services, maternal and child health, and elderly health services are contracted out to private sector, the Department of Health would be integrated in the Bureau under the PSH with greater emphasis on public health rather than being service providers. As recommended by the Primary Health Care Working Party Report in 1991, a Primary Health Care Authority (PHCA) can be established. However the PHCA unlike Hospital Authority (HA) is NOT a service provider. It is the purchaser for primary health care services and also monitoring bodies. The PHCA will be responsible for commissioning various primary care services. The size of the office of PHCA will therefore be kept to minimal and it will be responsible to Health, Welfare and Food Bureau.

The existing GOPC services should be kept to 15% of the market and mainly for those would not afford private primary care. The services should be contracted out as described in previous paragraph under the supervision of PHCA. With increasing numbers of doctors trained in family medicine, the future generation of GPs can do more than generalists. The Family Medicine Units of both Universities have been running various postgraduate programmes for practicing GPs to upgrade their knowledge and skills in meeting the new challenges. This would improve the market of not only private GPs, but also other allied health professionals. When the GPs are given the opportunity to provide greater variety of services and programmes, this will encourage not only partnership amongst doctors but also with other allied health professionals. If the private market is thriving again, it will create more job opportunities for medical and health professionals.

The Hospital services would be operated on cluster base. Each cluster will need to work closely with PHCA in developing better interfacing. With the establishment of PHCAS, it will help to solve the problems of private and public primary care services. The services are all now provided by private GPs and PHCA is the purchase and monitor. The strategy for future development of specialist services should<sub>2</sub>

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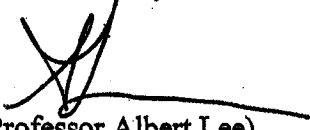
be exporting the services to generate more revenue. Our specialist services are of excellent quality. Our specialists have the potentials to provide services for patients coming from other countries. If we can re-orientate our health services to more emphasis on primary care, our specialists can have more time in research and exploring latest technology in their specialties. The services would then be open to clients from other parts of world on fee for services. This will enhance the professional development of our specialists and also a more advanced career pathway. This will enhance our economy as well. If Singapore has the potential, there is no reason why Hong Kong cannot do the same.

In summary, the primary health care should be given greater emphasis. The delivery of various primary health care services should no longer be fragmented and to be integrated into existing services provided by GPs. The establishment of PHCA will be responsible for commissioning and monitoring. The burden of government will be less if the primary care services are no longer provided directly by public sector. The hospital services would now have more room to develop innovative services not only for Hong Kong but for neighbouring countries. With our excellent infrastructure and highest standard of professional training, we must look at our health services globally and generate revenue to improve the quality further.

I have published and presented various papers on health care delivery and health care financing. I am happy to share with the Committee if you feel appropriate.

Thank you for your kindest attention.

Yours sincerely,

  
(Professor Albert Lee)  
Professor

c.c. Professor Shiu-hung Lee,  
Professor Rosie Young