

## LCQ19: Encouraging wider use of private healthcare services

Following is a question by the Hon Chan Han-pan and a written reply by the Secretary for Food and Health, Professor Sophia Chan, in the Legislative Council today (July 15):

Question:

By implementing the Elderly Health Care Voucher Scheme (EHV Scheme) and promoting the Voluntary Health Insurance Scheme (VHIS), the Government has encouraged members of the public to make wider use of private healthcare services, with a view to alleviating the pressure on the public healthcare system. In this connection, will the Government inform this Council:

- (1) whether it knows the number of VHIS policies as at May 31 this year, with a breakdown by the age group to which the policy holders belonged (i.e. aged 0 to 9, followed by groups covering 10 years each, and aged 60 or above);
- (2) given that as projected prior to the implementation of VHIS by an independent consultant engaged by the Government, about 1 million people would take out VHIS policies in the first two years after the implementation of VHIS, whether the Government has set target percentages of the policies (i) which migrated from individual indemnity hospital insurance plan (IHIP) policies effected before the implementation of VHIS and those (ii) which were newly issued, in the policies taken out by such people; if so, of the details; if not, the reasons for that;
- (3) given that as at the end of September last year, 81 per cent of VHIS policies were policies migrated from individual IHIP policies effected before the implementation of VHIS, and only 19 per cent of VHIS policies were newly issued policies, of the Government's measures in place to encourage those who have not taken out any hospital insurance product to do so;
- (4) given that currently people aged above 80 may be unable to take out policies through VHIS, whether the Government has studied the introduction of voluntary health insurance schemes for such people and chronic disease patients to take out policies; if so, of the details; if not, the measures in place to enhance the healthcare protection for these people;
- (5) of the figures relating to the elderly (i.e. persons aged 65 or above) receiving the various healthcare services in 2018 and 2019 (set out in a table of the same format as Table 5 in the Report on the Review of the Elderly Health Care Voucher Scheme (the Report) published by the Food and Health Bureau in March last year); and
- (6) as the findings of a survey cited in the Report have shown that only 24 per cent of the elderly agreed to reserve a portion of EHV for paying the

fees of preventive care services (e.g. vaccinations, health checks and screenings), of the Government's measures to encourage the elderly to use EHV for such purposes, with a view to achieving the objective of making use of the EHV Scheme to promote preventive care?

Reply:

President,

Our reply to the question raised by the Hon Chan Han-pan is as follows:

(1) As at end-December 2019, the number of Voluntary Health Insurance Scheme (VHIS) policies was around 418 500. The number of insured persons involved by age is set out as follows:

Age of insured person	No. of policies (as at end-December 2019)
0 – 9	Around 50 700
10 – 19	Around 36 800
20 – 29	Around 56 900
30 – 39	Around 81 900
40 – 49	Around 80 000
50 – 59	Around 69 400
60 or above	Around 42 800
Overall	Around 418 500

(2) We did not set a target on the percentage of policies that were newly insured or migrated from existing policies.

(3) To enhance the public understanding of VHIS, ongoing publicity and promotion programs will be conducted, including advertisements through both conventional media and digital platform such as TV/ newspapers and social media/online advertising. The estimated expenditure for the publicity and promotion programmes is around \$13 million in 2020-21.

(4) The VHIS was implemented for about one year. We have been closely monitoring the implementation of VHIS and the market response. When more market data is available, we would review the effectiveness and attractiveness of the VHIS, taking into account the concerns and needs of different age groups, among other considerations.

(5) The Department of Health (DH) completed a review on the Elderly Health Care Voucher Scheme (EHVS) in early 2019. The relevant percentages of the types of healthcare services received by elders using vouchers under the EHVS from 2009 to 2017 are set out in the review report. The relevant figures are categorised by the principal reasons for consultation (namely preventive care, management of acute episodic condition, follow-up/monitoring of long

term condition and rehabilitative care). The relevant percentages in 2018 and 2019 are set out in the table below:

The percentages of healthcare services received by elders categorised by principal reasons for consultation (service providers may choose more than one reason)				
Year	Preventive Care	Management of acute episodic condition	Follow-up/monitoring of long term condition	Rehabilitative care
2018	47%	66%	40%	16%
2019	42%	68%	41%	15%

(6) One of the policy objectives of the EHVS is to provide elders with additional choices with respect to private primary healthcare in addition to public healthcare services. With subsidies in the form of vouchers, elders can choose the private primary healthcare services that best suit their health needs. With a view to enabling elders to use the vouchers in a convenient and flexible manner, the EHVS does not restrict how elders apportion the use of the vouchers on preventive, curative or rehabilitative services.

The review on the EHVS completed by DH last year includes a cross-sectional study conducted in 2016 on 974 elders aged 70 or above. Out of the elders who indicated that the EHVS helped encourage them to use private primary healthcare services, 42 per cent claimed that the EHVS could encourage them to use more preventive care services. That said, the review also showed that with respect to strengthening primary healthcare, the EHVS still had room to improve in some areas, including not yet being able to more effectively facilitate healthcare service providers to provide and elders to use services which are in line with the Primary Healthcare Reference Framework, and enhance elders' awareness of prevention of various diseases and promote healthy living, etc. DH will continue to promote to elders the message that vouchers can be used for preventive care services (such as vaccinations, health checks and screenings) through different promotional activities and channels, including promotional videos and audio clips, promotional leaflets/pamphlets, advertisements on public transport, as well as mobilising its Visiting Health Teams to host health talks for elders, etc.

Furthermore, since last September, elders can use vouchers on services in District Health Centres (DHCs), including preventive care services. Vouchers will continue to support the Government's policy objectives in promoting primary healthcare, support elders' health needs, assist in enhancing their awareness on disease prevention and self-management of health, as well as complement the development of DHCs.