

LCQ19: Financial support for patients of end-stage renal failure

Following is a question by the Hon Holden Chow and a written reply by the Secretary for Food and Health, Professor Sophia Chan, in the Legislative Council today (May 8):

Question:

Patients of end-stage renal failure need to receive dialysis treatment in order to stabilise their medical conditions and maintain their lives. Some patients who receive peritoneal dialysis treatment at home have said that the monthly medical and relevant expenses (including those on buying sterilisation products and medicines as well as on delivering dialysis solutions) have imposed a heavy financial burden on them. In this connection, will the Government inform this Council:

(1) whether it has compiled statistics on the respective numbers of persons who (i) received peritoneal dialysis treatment at home and (ii) received haemodialysis treatment at public hospitals, private hospitals and dialysis centres established by charitable organisations, in each of the past five years; if so, of the numbers;

(2) whether it has compiled statistics on the average monthly related expenses on dialysis treatment of the two types of persons mentioned in (1); if so, of the details; and

(3) whether it will provide financial support through the Community Care Fund for patients receiving dialysis treatment; if so, of the details; if not, the reasons for that?

Reply:

President,

My reply to the various parts of the question raised by the Hon Holden Chow is as follows:

(1) The Hospital Authority (HA) provides renal replacement therapy services, including haemodialysis (HD) treatment, peritoneal dialysis (PD) treatment and kidney transplant, for patients with end-stage renal failure. The respective numbers of patients receiving HD treatment at public hospitals or PD treatment at home in the past five years are tabulated as follows:

Year	2014-15	2015-16	2016-17	2017-18	2018-19*
------	---------	---------	---------	---------	----------

No. of patients receiving HD treatment #	1 302	1 358	1 428	1 486	1 570
No. of patients receiving PD treatment at home	3 979	4 031	4 311	4 397	4 543

* Provisional figures

The figures include clinically suitable patients, as assessed by Nephrologists of HA to join the Haemodialysis Public-Private Partnership Programme (HD PPP). The HD services are procured from 12 qualified community HD centres, while HA renal units would continue to provide regular clinic follow-up, drug prescriptions and investigations. The numbers of patients participating in the HD PPP in the past five years are set out below:

Year	2014-15	2015-16	2016-17	2017-18	2018-19*
No. of patients who received HD treatment under the HD PPP	203	208	236	253	278

* Provisional figures

Apart from participants of the HD PPP, the Food and Health Bureau and the Department of Health do not have figures on the number of patients receiving HD treatment in private hospitals and charitable organisations.

(2) and (3) At present, HA provides renal replacement therapy services for public hospital patients under standard fees and charges, including the provision of general drugs such as dialysis solutions. In general, patients receiving renal replacement therapy services are only required to additionally pay for treatment-related consumable items, including sterile supplies. The expenditure involved is about \$1,000 to \$3,000 per month. Medical social workers will, as far as possible, help needy and eligible patients to apply for financial assistance provided by the Social Welfare Department or other charitable funds to purchase the necessary consumable items. There are also charitable organisations subsidising patients in using the medical devices for renal replacement therapy at home.

Patients under the HD PPP are required to pay the community HD centres a co-payment which is equivalent to that charged by HA for its day procedure and treatment at Renal Clinic. Currently the fee for each session is \$96. If the patient is a recipient of Comprehensive Social Security Assistance, a holder of a valid full or partial medical fee waiver certificate issued by an authorised government or HA social worker (except the "Certificate of Old Age

Living Allowance Recipients (for Medical Waivers)”), or a Level 0 Voucher Holder of the Pilot Scheme on Residential Care Service Voucher for the Elderly, the corresponding waiver would apply.

HA provides assistance through the Community Care Fund (CCF) Medical Assistance Programmes for patients with financial difficulties, in particular those who fall outside the social safety net or those who are within the safety net but have special needs that are not covered. CCF Medical Assistance Programmes currently include the First Phase Programme (specific self-financed cancer drugs), Subsidy for Eligible Patients to Purchase Ultra-expensive Drugs (Including Those for Treating Uncommon Disorders), and Subsidy for Eligible Patients of Hospital Authority to Purchase Specified Implantable Medical Devices for Interventional Procedures.

As the medical equipment and consumables for renal replacement therapy do not involve implantable medical devices for interventional procedures, they are not covered by the above CCF medical assistance programmes.

HA will continue to review the coverage of CCF Medical Assistance Programmes under the established mechanism, and will regularly recommend suitable drugs and medical devices to the relevant committees for consideration of inclusion in the relevant programmes, in order for the CCF to plug the gaps in the existing system.