

LCQ4: Health care vouchers

Following is a question by the Hon Ngan Man-yu and a reply by the Secretary for Food and Health, Professor Sophia Chan, in the Legislative Council today (May 18):

Question:

The Government currently provides, through the Elderly Health Care Voucher Scheme, subsidies for the elderly to choose private primary healthcare services in their neighbourhood that best suit their health needs. Quite a number of comments in society have pointed out that the Government should extend the scope of application of elderly health care vouchers (HCVs) and the age range of recipients, with a view to alleviating the pressure on the public healthcare system. In this connection, will the Government inform this Council:

(1) whether it has considered extending the scope of application of HCVs to cover inpatient services, day surgery procedures, as well as healthcare services provided by the hospitals of Tier 3 Class A in Guangdong province and major hospitals and clinics in Macao, and allowing the elderly to use HCVs to buy or rent gerontechnology products and procure medical equipment (including hearing aids); if so, of the details; if not, the reasons for that;

(2) whether it has considered extending progressively the age range of voucher recipients to include younger people or even all adults and, through introducing a family health care voucher scheme under which \$1,000 will be injected annually into the voucher account of each non-elderly adult, allowing family members to use each other's vouchers for preventive, therapeutic and rehabilitative services, with a view to alleviating the burden of medical expenses on families; if so, of the details; if not, the reasons for that; and

(3) whether it has considered introducing a child health care voucher scheme under which, for example, \$2,000 will be injected annually into the voucher account of each child; if so, of the details; if not, the reasons for that?

Reply:

President,

The Government has implemented the Elderly Health Care Voucher Scheme (the Scheme) since 2009, under which an annual voucher amount of \$2,000 is provided for eligible elderly persons aged 65 or above to receive private primary healthcare services that best suit their health needs. The Scheme has been in smooth operation over the years. As at end-April this year, over 1.45 million elderly persons had made use of the vouchers, accounting for about 97 per cent of the eligible elderly population. Furthermore, more than 10 800

healthcare service providers have participated in the Scheme, allowing the elderly to use the vouchers at nearly 30 000 service locations. The estimated expenditure for the Scheme in this financial year is \$4.37 billion. With an ageing population, we expect a continued increase in the resources allocated to the Scheme.

My consolidated reply to the various parts of the question raised by the Hon Ngan Man-yu is as follows:

We understand that people of different age groups have needs for primary healthcare. The Scheme is currently targeted to serve the elderly. Its objective is to enhance primary healthcare for the elderly and provide them with an added choice of services, thereby supplementing the public healthcare services and making it easier for the elderly to receive healthcare services from their chosen service providers. The Government will continue to promote primary healthcare through the Scheme to support the elderly on enhancing their awareness of disease prevention and self-management of health, as well as complementing the development of District Health Centres (DHCs). We will continue to review the operation of the Scheme, and will make appropriate adjustments and take suitable measures as necessary. We are also currently studying the enhancement and regulation of the use of vouchers under the framework of the blueprint for the sustainable development of primary healthcare services (the Blueprint) to be published by the present-term government, including specifying a certain amount of vouchers for designated use related to primary healthcare, such as health risk assessment, chronic disease assessment and management; requiring the elderly to register their family doctors; and introducing the co-payment concept for non-designated uses. The aim is to enable the elderly to make good use of their vouchers on primary healthcare services for disease prevention and health management to achieve the policy objective.

As regards the primary healthcare needs of people in other age groups, the public healthcare system provides a safety net for society so that no members of the public will be denied necessary healthcare services due to lack of means. We will propose in the Blueprint the establishment of a primary healthcare system that will improve public health and enhance the quality of living of the people. The Blueprint will examine the feasibility of engaging more private healthcare services in the management of chronic diseases and review the positioning of public primary healthcare services for targeting those most in need in order to achieve effective and optimum use of resources. Having regard to the restructuring of a district-based and prevention-oriented primary healthcare system and the public's healthcare needs, we will suitably adjust the balance of the public and private health sectors and support the development of quality private healthcare services, with a view to supplementing the services provided by public organisations and providing more choices for members of the public. In view of this, we consider that the suggestion to introduce vouchers for other age groups mirroring the Scheme may render the overall mode of subsidisation overly fragmented or complicated, and may easily result in abuse, thereby hindering the efficient use of valuable resources in a targeted manner.

As for Hon Ngan's suggestions on the Scheme, we have in fact been making efforts to enhance the Scheme over the years, including progressively increasing the voucher amount to \$2,000 per year; lowering the face value of each voucher to \$1 to allow greater flexibility of use; lowering the eligibility age to 65; and raising the accumulation limit to \$8,000. To tie in with the opening of DHCs and DHC Expresses, we also allow the use of vouchers for the relevant services, so as to increase the options of primary healthcare services for the elderly under the Scheme. Furthermore, since 2015, vouchers can be used to pay for the fees of outpatient services provided by designated clinics/departments of the University of Hong Kong-Shenzhen Hospital (HKU-SZH) to facilitate Hong Kong elders who reside in Shenzhen or nearby areas to receive relevant services.

We allow the use of vouchers at the HKU-SZH having regard to various considerations including its adoption of the "Hong Kong management model" and its healthcare service quality and clinical governance structure being similar to those of Hong Kong, thus making it easier for the Hong Kong elderly persons to adapt and accept. As to whether it is worth further extending the scope of application of vouchers to other medical institutions in the Mainland, we need to consider the quality of healthcare services, clinical governance structure, administrative procedures, financial and charging arrangements, operating environment and employee skills of the institution concerned, as well as the views of other stakeholders (including healthcare professionals and patients in Hong Kong). We also need to carefully consider the issue of monitoring. As currently the elderly are quite at liberty to use the vouchers and there is no specific stipulation on service charges, the Department of Health may not be able to effectively follow up on complaint cases concerning cross-border services given that the relevant laws and codes of practice of Hong Kong are not applicable to medical institutions or healthcare professionals in places outside of Hong Kong.

On the other hand, to ensure the optimisation of resources, effectively achieve the objective of promoting primary healthcare and prevent abuse, the Scheme all along does not allow vouchers to be used solely for purchasing medications, or for purchasing/renting medical products, including gerontechnology products. Furthermore, vouchers should not be used for in-patient services or day surgery procedures, and must be used for the elderly person himself/herself and cannot be transferred to or shared with another person. The Government has no plan to change these arrangements.

Thank you, President.