

CITIES, HEALTH AND WELL-BEING

NOVEMBER 2011

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Designing Health and Well-Being in Hong Kong



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Designing Health and Well-being in Hong Kong

Dr York Chow

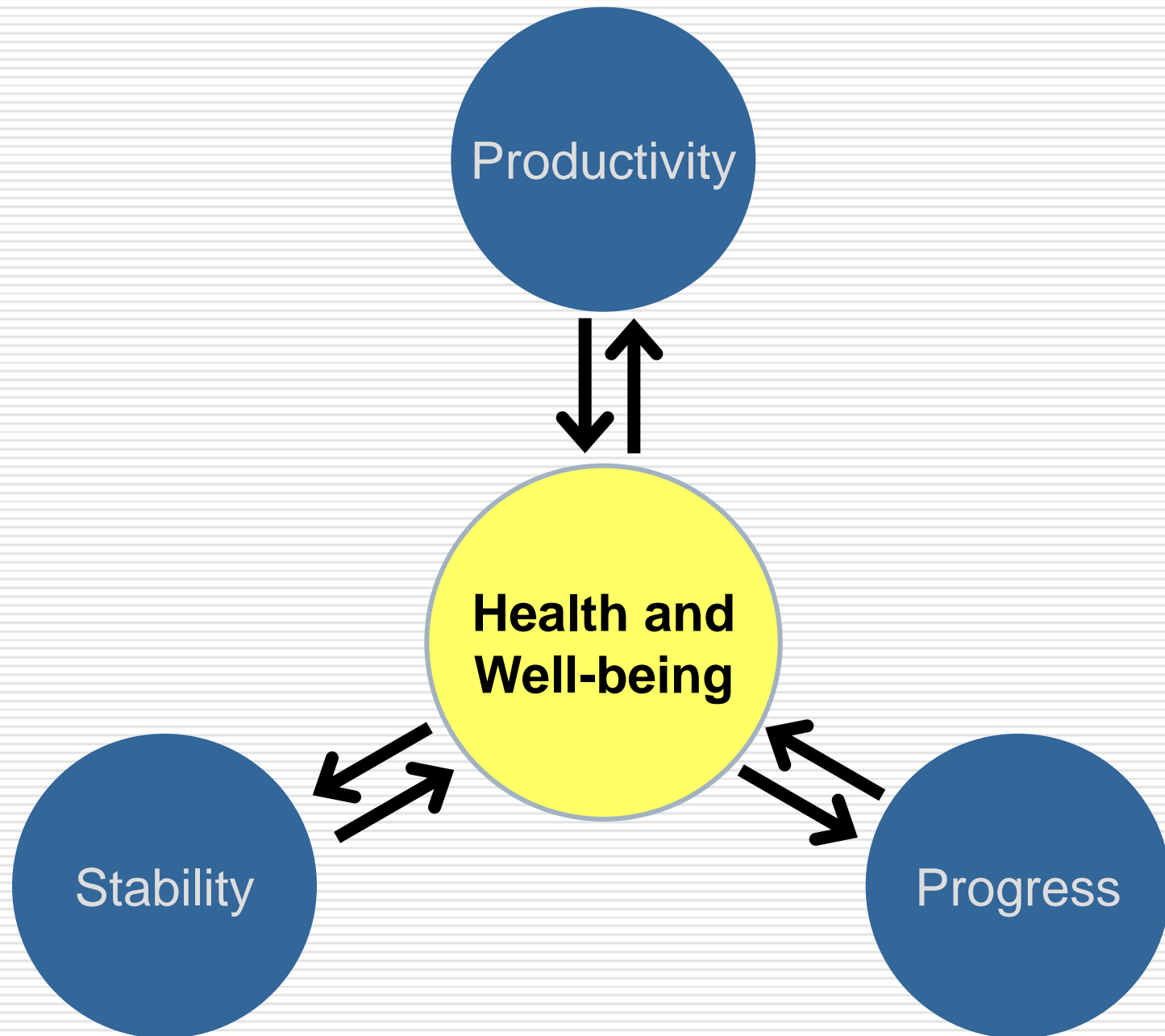
Secretary for Food and Health

Hong Kong Special Administrative Region Government

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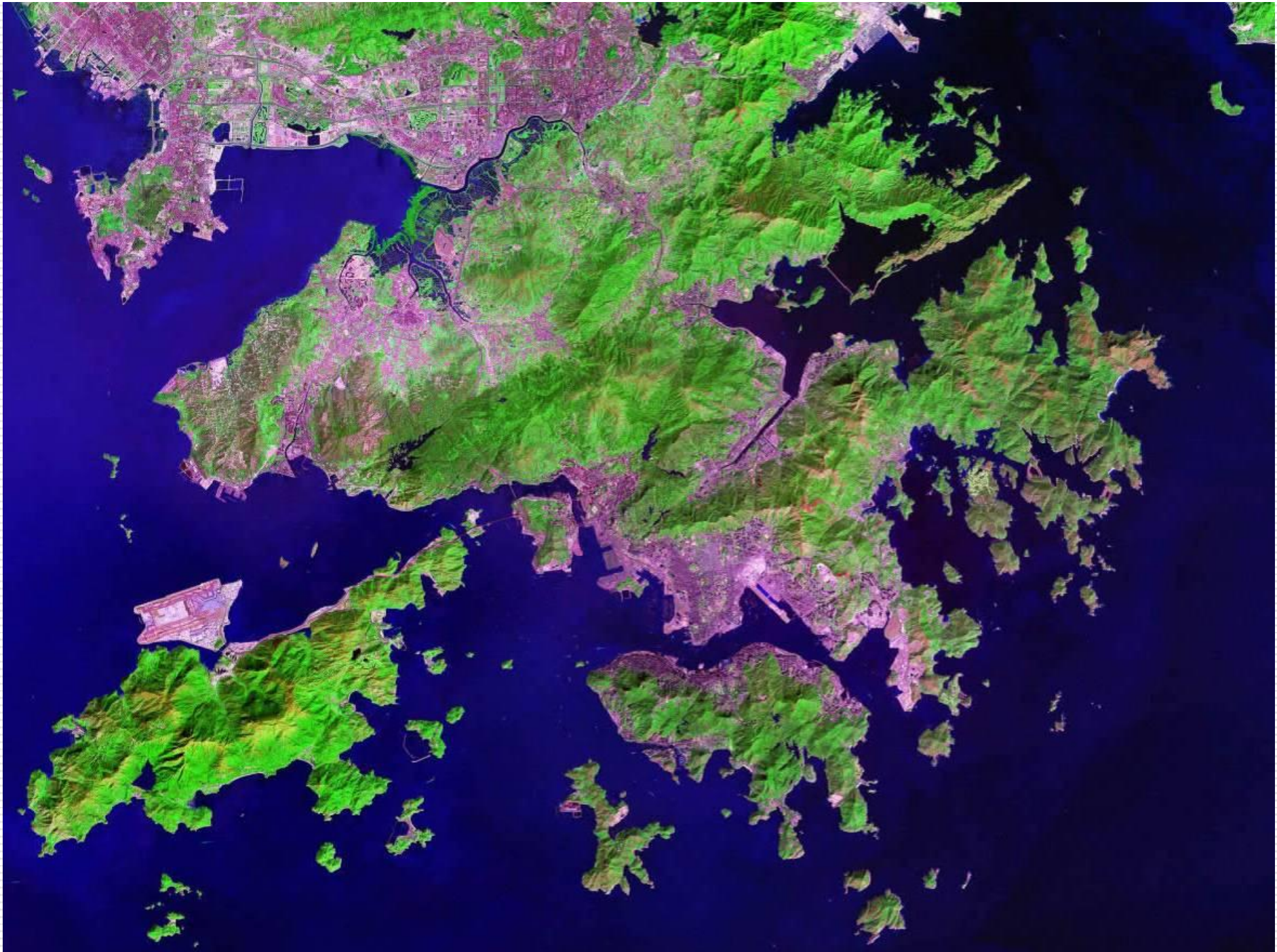
■ Well-being:

- Safe
- Caring
- Human right
- Fair

■ Health:

- Physical
- Mental
- Public health
- Healthcare





Objectives in public health

- Lower environmental risk
- Lower infectious diseases
- Health data
- Preventive health
- Health education



Public health

- Centre for Health Protection
- Centre for Food Safety
- Vaccination policy and programme
- Disease surveillance
- Regulations
- Health promotion / information



Objectives in healthcare

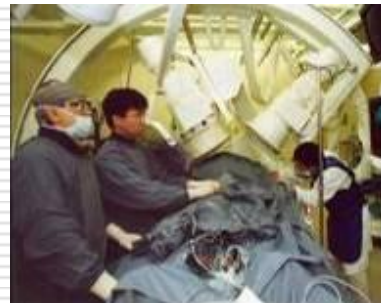
- Robust public system
 - Equity of access
 - Safety net for all
- International standard
- Professional expertise
- Professional ethics
- Private service for choice
- Sustainable financing



Hospital Authority

■ Priorities:

1. Care for poor and needy
2. Emergency
3. High risk, high cost, high tech
4. Nurturing of healthcare professionals



Healthcare service



Primary care

(Western medicine, Chinese medicine, Dental health)

public 30% : private 70%



Hospital care

public 90% : private 10%

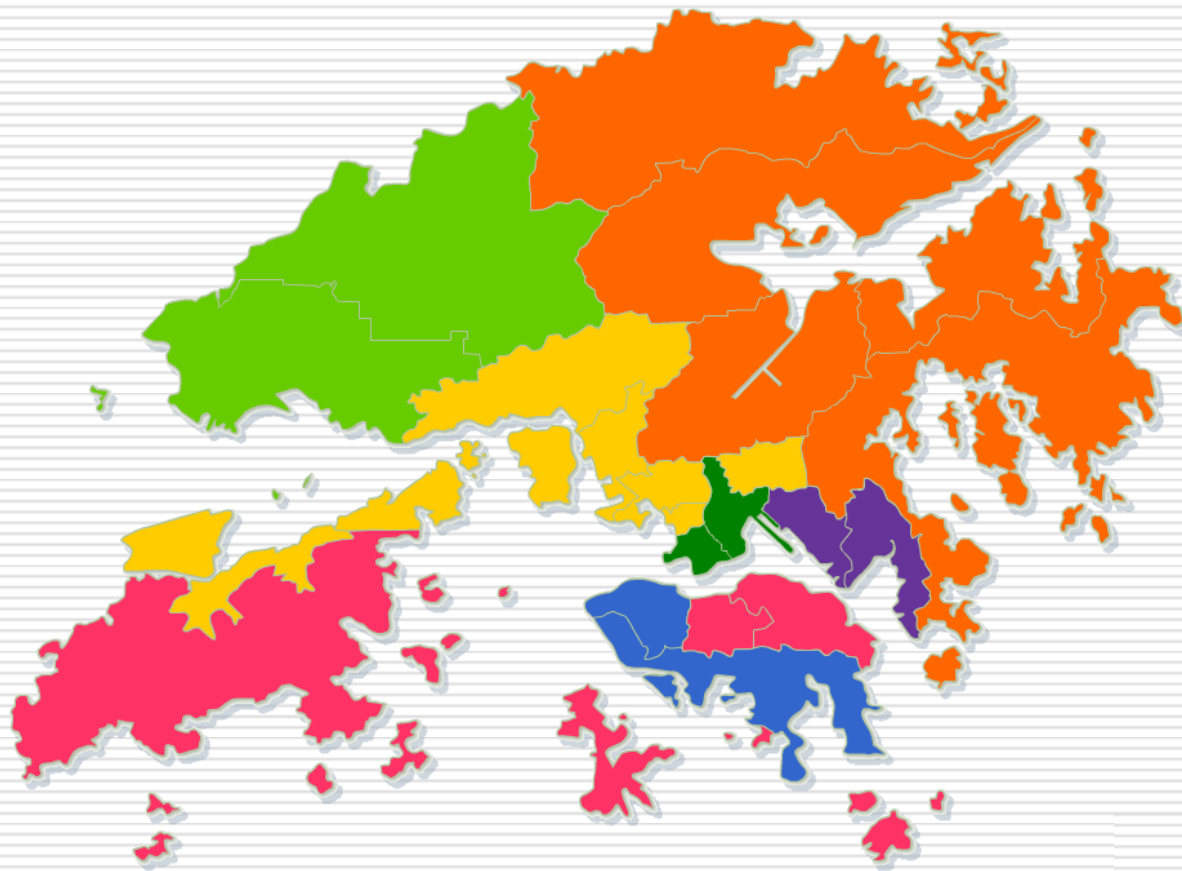


Tertiary care

(Specialised centres)

public 100%

Healthcare service planning



- 7 clusters
- Each cluster:
 - Primary care
 - Acute hospital (A&E, essential specialities)
 - Extended care
 - Convalescent care
 - Rehabilitation
- Specialised service
- Mental health
- Tertiary centres

Acute hospitals

■ Queen Elizabeth Hospital



■ Queen Mary Hospital

Rehabilitation hospitals

■ Kowloon Hospital



■ Tai Po Hospital

District hospitals

■ Tseung Kwan O Hospital



■ Pok Oi Hospital

Manpower planning

- Quality and quantity
- Continuous education
- Accreditation
- Professional boards and councils



Service design

- Patient-centred
- Standardised facilities and equipment
- Drug formulary
- Clinical audit
- Sentinel event reporting / public transparency



Healthcare financing

- High subsidy for public services (97%)
- Cost control / fee standardisation
- Recurrent funding on public health:
up from 15% to 17% in last five years



Challenges

- Demand for greater capacity
- Long waiting time
- Cost control
- Unbalanced public/private market



Enhance private service development

- Healthcare vouchers
- Subsidised vaccination programme
- Public/private partnership
- Unify hospital accreditation
- e-Health
- Hospital land policy



Hospital accreditation scheme

- All public and private hospitals
- Australian Council on Healthcare Standards



e-Health sharing system

- Territory-wide e-Health record
 - Improves healthcare
 - Enhances referral and communication
 - Facilitates audit and quality
 - Supports research and reporting
 - Protects privacy



Supplementary health financing

- Health Protection Scheme
 - Voluntary medical insurance
 - Government to set standards and regulate
 - Public subsidy → Sustainable coverage
 - Enhance private hospital development and regulation

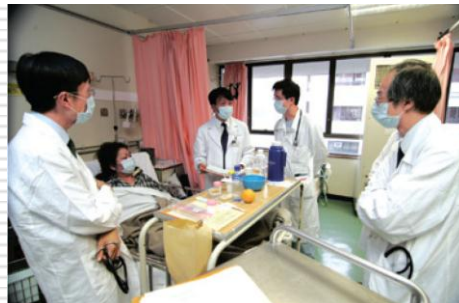


Health Protection Scheme



Conclusions

- Healthcare design is a complex process
- Control:
 - Market
 - Manpower and expertise
 - Professional ethics
 - Essential and basic services
 - Financial sustainability





Thank you

