

# Hong Kong's UHC - good outcomes @ low cost

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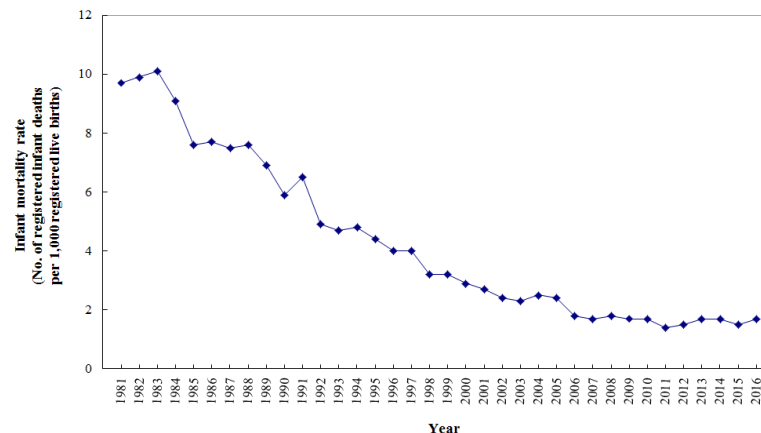
# How much %GDP for UHC?

- Many WHO & other experts suggest minimum 6% GDP required for UHC
- Hong Kong achieves good health outcomes for less
- Colonial background similar to other "UHC stars" (Sri Lanka/Malaysia/Singapore)

# Hong Kong SAR (Special Administrative Region of China)

- Population: ~ 7.4 Million (2016)
- GDP / capita : USD 42,700 (2016)
- Infant mortality: 1.7 / 1000 live births
- Life expectancy: 84 y
- Gini Index 0.48 (2016)

Infant Mortality Rate, 1981-2016

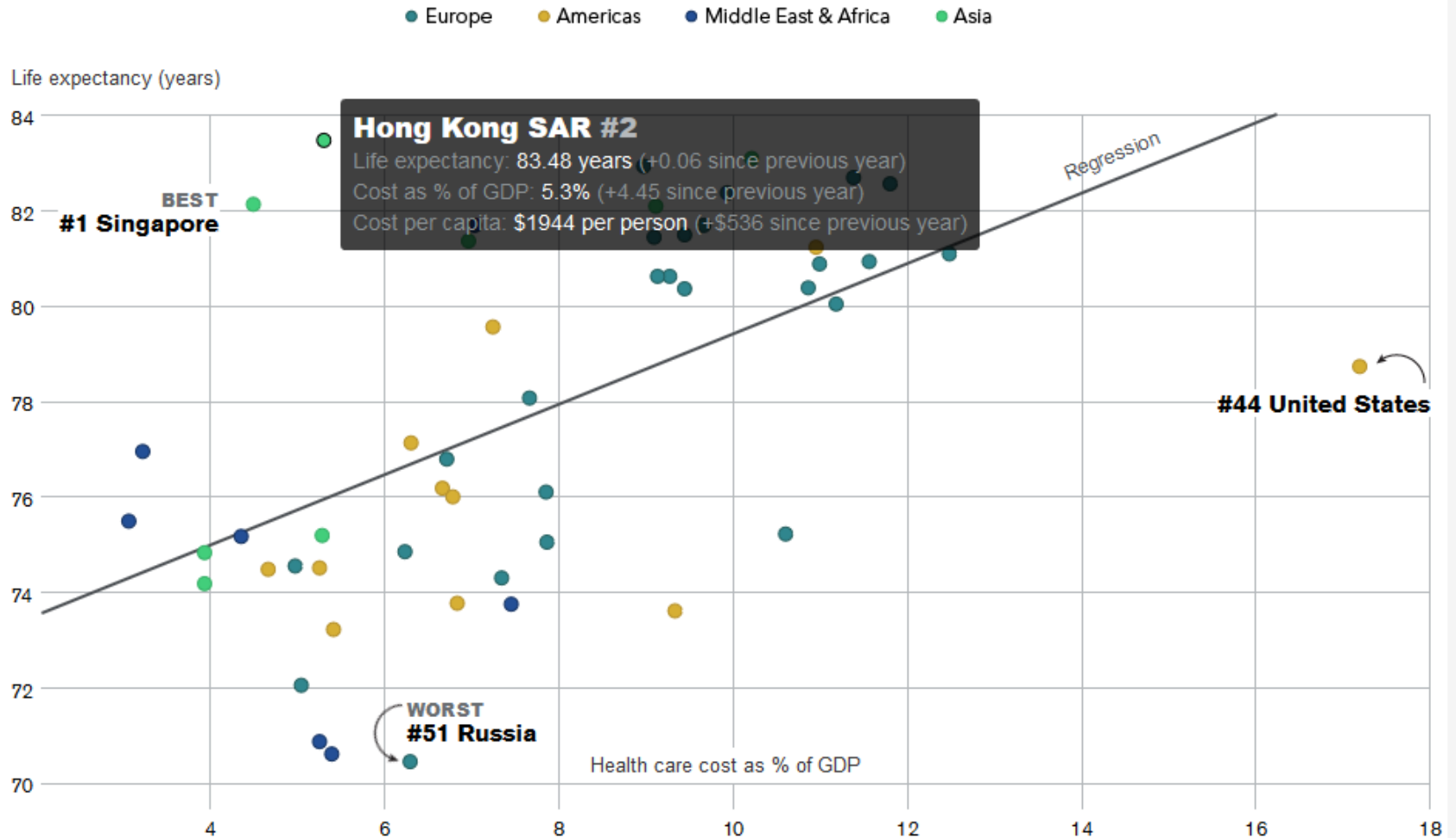


# Where Do You Get the Most for Your Health Care Dollar?

Singapore is best in Bloomberg's second annual ranking of countries with the most efficient health care while the U.S. remains near the bottom. The ranking evaluates health care costs as a share of GDP and per capita, as well as life expectancy and improvements from last year.

**PUBLISHED** SEPT. 18, 2014

**RELATED RANKING**



# Hong Kong Health System

Key indicators for selected mixed model systems and comparable peers (2013)

	Hong Kong	Ireland	Australia	UK	New Zealand	Germany
Health system type	Mixed	Mixed	Mixed	Beveridge	Beveridge	Bismarck
Infant mortality rate (deaths/1,000 live births)	1.8	3.2	3.4	3.9	5.2	3.2
Life expectancy at birth (years)	84	81	83	81	82	81
Skilled birth attendance (%)	99	100	99	99	97	99
Hospital discharges per 100 people	18	13	17	13	15	25
Doctor consultations per person	11	4	7	5	4	10
Government health spending (%GDP)	2.6	5.5	5.9	7.0	7.6	8.4
Private health spending (% of total health expenditure)	36	32	33	16	17	23

Source: World Health Statistics 2015 (World Health Organization 2015), and Food and Health Bureau, Government of the Hong Kong Special Administrative Region (<http://www.fhb.gov.hk>) for additional statistics for Hong Kong [accessed 10 May 2016].

# Hong Kong's Health Care System

- Outpatient

- Private doctors \* (USD 35 ) (~ 70%)
- Govt Hospital A&E \* (USD 23)
- Maternal & Child Health centres \* (free)
- Govt outpatient clinics (USD 6)

- Inpatient

- Govt HA Hospitals \* (USD 15 per D) (~ 70%)
- Private Hospitals (USD 650 per D)

\* Predominant outpatient & inpatient care



# Out-of-pocket payments & Impoverishing expenditure

- Out-of-pocket payment (OOP) = direct payments made by individuals to health care providers at time of service use
- Impoverishment = if OOP causes household to drop below poverty line

# OOP expenditures in Hong Kong

- Small % population have *health insurance*
- High OOP for *primary care*
- Lower OOP for *secondary/tertiary care*
- OOP should NOT cause impoverishment



# Median Household Income

- HKD 24,900 (USD 3,175) (2016)
- Private GP visit ~ 1%
- Public Hospital stay / D = 0.5%
- Safety Net : No fees for public care for those on income support

So why does everyone not use  
the public system?

# Consumer quality in public system

- Consumer quality
  - Long waiting times for non-urgent
  - Congested wards
  - Limited choice of doctors
  - Lower quality of amenities (waiting areas, wash-rooms, wards, less privacy)
- Clinical effectiveness
  - Very good in public system
  - Independent of consumer quality
  - Difficult for patients to assess
- Dissatisfaction with public services
  - increases with income

# Risks & problems

1. Disaffected middle-class want better consumer quality ~ political pressure
2. Poor may opt to use private care ~ risk impoverishment
3. Private clinical care ~ variable quality
4. Health care workers ~ move from public to private sector

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Focus

## Doctors deny condition critical at Hong Kong's public hospitals despite complaints and creaking system

Blunders have shaken faith in Hong Kong's public health care, but doctors say errors are few despite overcrowded hospitals, staff shortages and disgruntled patients

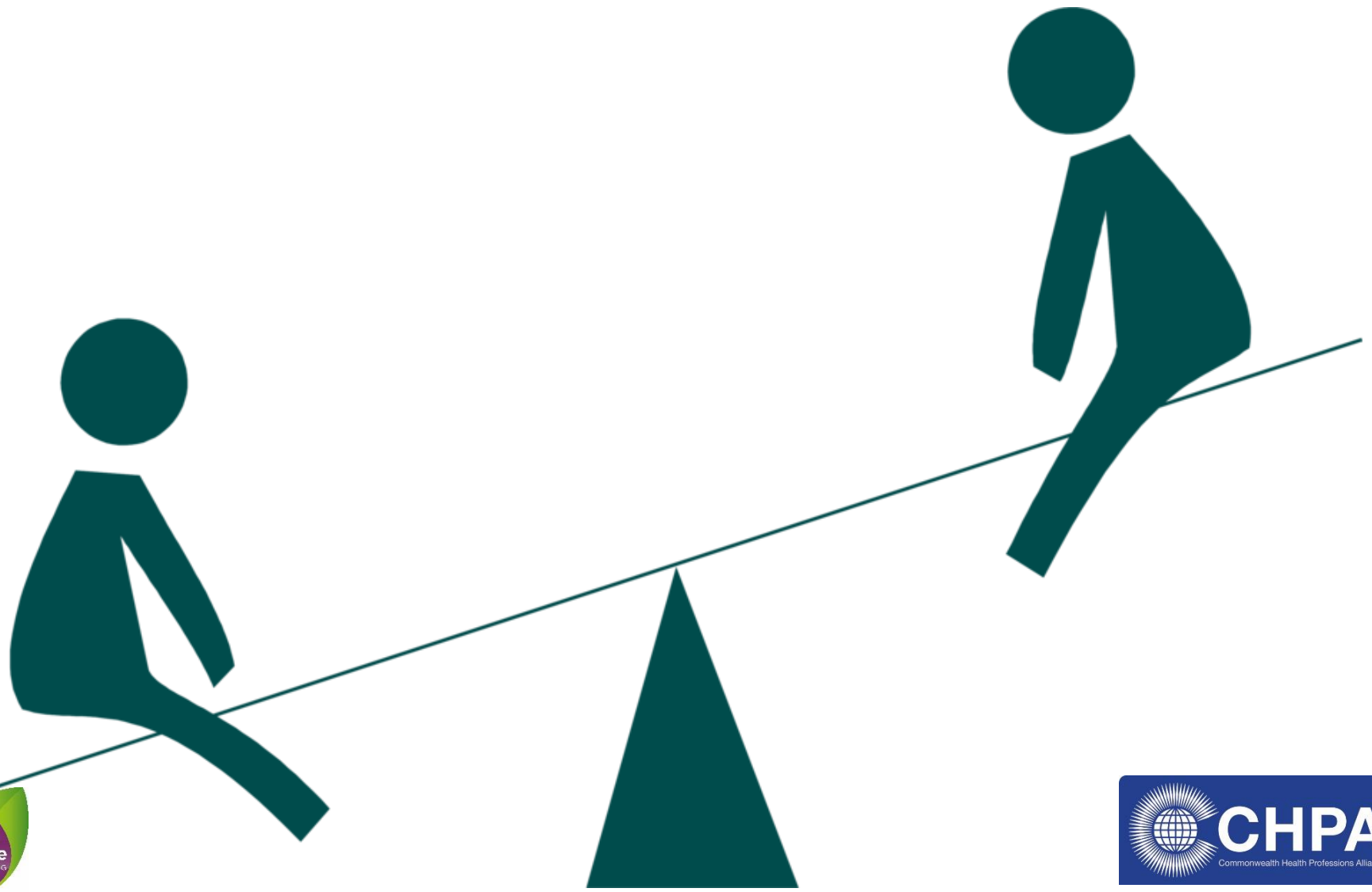
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COMMENTS:

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# Consumer Quality Vs Clinical Care



# Take home message

- We should strive for the best quality clinical care in public health systems
- Consumer quality should NOT be a priority



Thank you



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