

Analysis on Hong Kong's Current Medical Service under the Aging Population

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Abstract

Hong Kong's medical service has been known as one of the best services amongst the world. However, with the aging population, Hong Kong's current medical service may not be sufficient enough to handle the growing burden. The following will explore problems faced by Hong Kong medical sector now and her possible ways for future improvement. In order to find out the problems, this paper investigates on the present status of Hong Kong's medical system. As a result, the paper comprehensive point of view, this study formed the conclusion. Hong Kong's medical security system needs to be further development and improvement. And this paper proposes relevant countermeasures and suggestions.

Keywords

Population Aging, Medical Care, Medical Service Demand

1. Introduction

Nowadays, the stellar service contributes to Hong Kong's achievement that both men and women are enjoying the world's longest life expectancy. However, Hong Kong's medical service is facing a serious problem under the background of rapid aging population. The aim of this paper is to investigate on the development of Hong Kong's elderly medical care service. This paper will launch the research from following several aspects: public hospital, long waiting time, medical incidents, labour shortage, burden on government and medical insurance. We find out that the Hong Kong's medical care resource is not far enough comparing to the amount of increasing aging population. Hong Kong's medical system is under high pressure, lack of human capital and cost too much to the government. Furthermore, many medical incidents happen due to labour carelessness [1]. So now we are diverging patient from public hospitals to private hospitals to share the pressure of public hospitals and finding some more new way to solve those problems. Although Hong Kong's government highly subsidized public hospital, it's still not a good way for Hong Kong sustainable development. Hong Kong government is also looking for change of medical system but not along by sharing pressure with private hospitals. Packaged Charging is a good try for Hong Kong now situation. The paper is structured in sections that discuss the following: the analysis on Hong Kong's medical system, the discussion on the situation, the way to solve these problems and a conclusion.

2. Analysis on Hong Kong's Medical System

2.1. Public Hospitals

Public hospitals have always been the safety net of Hong Kong citizens with their highly affordable cost. Through the data comparison in Table 1, accident and emergency service is sheer \$100 per attendance while that of private hospitals are more than three time of the public hospital in.

2.2. Long Waiting Time

Many grassroots and middle-class tend to choose public hospital as their first priority owing to their lower relative cost than private hospital. With the tremendous amount of patients every day, the public hospital is facing shortage of medical professions. Therefore, patients need to line up for the medical services according to their severity and respective specialty [2]. Shown in Table 2, the longest waiting time, with reference to TuenMun Hospital in February 2016, is 108 weeks (more than 2 years) for plastic survey. In average, patients need to wait for 28 weeks before receiving medical treatment. The long waiting time is a

Table 1. Public Charges-Eligible Persons.

Service	Fees
Accident & Emergency	\$100 per attendance
In-patient (general acute beds)	\$50 admission fee. plus \$100 per day
In-patient (convalescent, rehabilitation, infirmary & psychiatric beds)	\$68 per day
Specialist out-patient	\$100 for the 1st attendance, \$60 per subsequent
(including allied health service)	attendance, \$10 per drug item
Day procedure and treatment at Clinical Oncology	\$80 per attendance
Clinic and Renal Clinic	
General out-patient	\$45 per attendance
Dressing & Injection	\$17 per attendance
Geriatric, Psychiatric & Rehabilitation day hospital	\$55 per attendance
Community nursing (general)	\$80 per visit
Community nursing (psychiatric)	Free
Community allied health services	\$64 per treatment

Data source: Hospital Authority. Feesandcharges.

http://www.ha.org.hk/visitor/ha_visitor_text_index.asp?Content_ID=10045&Lang=ENG&Dimension=100 &Parent_ID=10044&Ver=TEXT (accessed 2017/1/1).



Specialty	Number of Weeks
FM Triage Clinic	1 week
Psychosomatic Clinic	1 week
Adolescent	2 weeks
Obstetrics-Antenatal	4 weeks
Neurosurgery	6 weeks
Thoracic Surgery	6 weeks
Vascular Surgery	17 weeks
Paediatrics & Adolescent Medicine	22 weeks
Orthopaedics & Traumatology	28 weeks
Surgery	30 weeks
Medical & Geriatrics	41 weeks
Gynecology	55 weeks
Pediatric Surgery	96 weeks
Plastic Surgery	108 weeks

Table 2. Waiting time.

Data source: Localiiz. Public or Private?A Guide to Healthcare in Hong Kong. 2016. <u>http://hk.localiiz.com/public-or-private-a-comprehensive-guide-to-healthcare-in-hong-kong/#.WGim_tV9</u> 6Uk (accessed 2017/1/1).

problem. Although it is rare for patients die during the waiting time, it is likely that their illness become more serious. The previous curable disease may than turn out to be incurable.

2.3. Medical Incidents

In the second season of 2016, there are 10 sentinel events and 31 serious untoward events. This resulted in partial loss or even the loss of life of patients. A majority of these unfortunate events are due to labour carelessness such as leaving part of the equipment in the patients' body and lack of surveillance that cause patients' suicide. The carelessness is mainly due to the shortage of medical professions. Because of the lack of human capital, doctors and nurses need to take shift and have long work hours. Doing tedious work for long hours, they are tired and become less careful in dealing with patients. As such, number of accidents related to human carelessness is increasing. As there is increasing report on the public hospital's medical incidents, general public gradually lose confidents toward the medical service there. Some patients cannot fully trust their doctors. Thus, medical incidents worsen doctor-patient relationship

2.4. Labour Shortage

Most problems related to public hospital's service have the same root cause-labour shortage. **Table 3** shows the result that there is an increasing demand for medical professionals due to the aging population. Private hospitals have better working condition like no need to take shift so frequently, fewer

Table 3.	Characteristics	of the	population	for selected	years.
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	Mid-2014	Mid-2019	Mid-2024	Mid-2029	Mid-2034	Mid-2044	Mid-2054	Mid-2064
Population (thousands) Usual	7241.7	7518.9	7755.8	7941.5	8100.5	8224.0	8071.3	7813.9
Residents (Thousands) Mobile	7025.7	7305.3	7538.7	7712.6	7861.3	7997.1	7858.6	7611.6
Residents (Thousands)	216.0	213.6	217.1	228.9	239.2	226.9	212.7	202.3
Average annual growth rate over a 5-year period	0.8%	0.8%	0.6%	0.5%	0.4%	0.1%	-0.3%	-0.3%
Sex ratio (males per 1000 females)	858	839	815	793	770	726	695	680
[After excluding foreign domestic helpers] Percentage of population	[935]	[915]	[896]	[879]	[862]	[825]	[797]	[783]
Aged 0 - 14	11%	12%	12%	11%	10%	9%	9%	9%
Aged 15 - 64	74%	70%	67%	63%	62%	61%	59%	58%
Aged 65 and over Dependency ratio	15%	18%	22%	26%	28%	31%	32%	33%
Child dependency ratio	150	167	177	170	158	144	154	149
Elderly dependency ratio	198	252	326	407	455	507	547	567
Overall dependency ratio	348	419	504	575	613	651	701	716
Median age	42.8	44.4	45.6	46.9	48.1	50.1	49.7	51.0

Data source: Hong KongPopulation Projections 2015-2064. Census and Statistics Department Hong Kong Special Administrative Region. Published in September 2015. http://www.statistics.gov.hk/pub/B1120015062015XXXXB0100.pdf (accessed 2017/1/1).

> patients and higher salaries, it is therefore, some doctors and nurses flow to private hospitals instead of staying in public hospital. In theory, private hospital can share part of the burden of the public hospital by taking in some middle class patients. However, the private hospital cannot perform this function as more than half of the middle classes in Hong Kong prefer choosing public hospital. Firstly, public hospitals offer cheaper service than their counterpart. Even the patients have undesirable complications, the additional payment for in-patient service (general acute bed) is \$100 per day. Secondly, the insurance cannot cover the medical expenditure. Hence, many middle-class choose public hospital service.

2.5. Burden on Government

The reason for the low public fees of the public hospital is that the Hong Kong government highly subsidized public hospital. Table 4 indicates that the government bears around 90% of the total cost. In 2015/16, the health related expenditure takes up 21.9% of government's total expenditure, over one forth. It is predicted that if there is no reform on medical service, the proportion of health expenditure will takes a raising proportion of the total expenditure in the future given the aging population with the increase in medical service's demand. When government allocate more resource in medical sector, she will spend less on other sectors such as infrastructure and education [3].

2.6. Medical Insurance

Who's paying the bills? In order to find out the answer, we can use the Figure 1 to represent. Through the analysis of the different kings of health care costs, we find out private health insurance is only 8 percent of it which is the lowest. The Government accounted for 46 percent of the total. More attention should be paid on private health insurance. Only when we develop medical insurance ,can we balance the medical spending resource [4]. At 2000, medical service price index is the same as the consumer price index. However, since 2000 medical service price index is higher than consumer price index. Medical service is getting more and more costly.

3. Discussion

3.1. Future Expectations

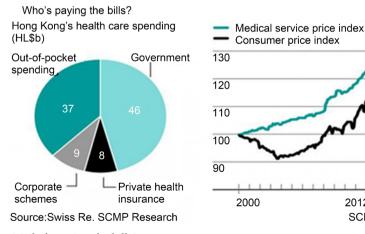
Shifting the telescope from the current medical structure to the foreseeable future medical services in Hong Kong, the Hospital Authority has some suggestion to let the medical service to fit the future's demand. Gleneagles Hong

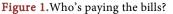
Table 4. Cost to government.

Service	Public Frees	Cost To Government Percentage Subsidized	
Accident & Emergency	\$100 per attendance	\$700.00	86.00%
In-Patient (General Acute Beds) In-Patient (Convalescent,	\$100 per day	\$3790.00	97.00%
Rehabilitation, infirmary & Psychiatric beds	\$68 per day	\$1460.00	95.00%
Specialist Out-Patient	\$100 (1 st attendance) \$60 (subsequent attendance)	\$530.00	81-89%
Specialist Out-Patient (drug)	10 per drug item	\$120.00	92.00%
General Out-Patient	\$45 per attendance	\$250.00	82.00%

Data source: Localiiz. Public or Private? A Guide to Healthcare in Hong Kong. 2016.

http://hk.localiiz.com/public-or-private-a-comprehensive-guide-to-healthcare-in-hong-kong/#.WGim_tV9 6Uk





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Kong Hospital and the Chinese University of Hong Kong Medical Centre are managed by The University of Hong Kong and The Chinese University of Hong Kong respectively. They provide private medical service to the public. The faculty of medicine of each university will equip the hospital with medical professionals.

3.2. Package Charging

The charging system of these hospitals is packaged charging. For example, Gleneagles Hong Kong Hospital will provide 50 packages, the fee already include the fee for in-patient, for doctors, for surgery etc. Even the patients have complications within a standard days or need additional surgery, the hospital will not charge for more. If patients need to stay in the hospital for longer time, they need to pay for the extension. Patients can estimate the in-patient day and cost for the treatment more easily and conveniently with the packaged charging system. As the hospital will bear the risk of patients' worsening diseases, patients will be more confident to choose Gleneagles Hong Kong Hospital and the Chinese University of Hong Kong Medical Centre.

3.3. Diverge Patient from Public Hospitals to Private Hospitals

Gleneagles Hong Kong Hospital and the Chinese University of Hong Kong Medical Centre are targeted at middle-class, to be specify, they targeted at patient who are currently using public medical service but able to pay for private medical service. They wish to appeal to these group of patients. Gleneagles Hong Kong Hospital provide 50 packages at the beginning and that 50 packages are those need to be wait for very long time in public hospitals for example surgery for hemorrhoids and cataract. Some more financially capable patients in public hospital will flow to these two hospital since their packaged charging give them confidence. On top of that, these two hospitals are the superior substitutes of public hospital as they have better environment and shorter waiting time. They are able to relieve the burden of public medical service.

4. Suggestion

The government should improve the treatment of employees which is engaged in medical care system. According to the actual situation of public hospital and private hospital, it is necessary to encourage the development of Private healthy insurance which can reduce the economic burden of government [5]. The government needs to balance the public hospital and private hospital resources, So as to use the health resource reasonably. Moreover, the Charging system needs to be improved through provide different Packaged Charging according to different kinds of people.

5. Conclusion

Aging population brings comprehensive and far-reaching influence on Hong Kong's social development and will bring great challenges to Hong Kong's cur-



rent medical service system. In response to this change, the government and related departments should pay attention to medical service system and take corresponding strategy so as to guarantee people with enough medical service based on nowadays aging population status and shortage of medical service resources.

References

- Bloom, D.E., Canning, D. and Fink, G. (2008) Population Aging and Economic Growth. Harvard School of Public Health, Boston, PGDA Working Paper No. 31, 1-35.
- [2] Eichneri, M.J. (1998) The Changing Market for Health Insurance; The Dem and for Medical Care: What People Pay Does Matter. *AEA Papers and Proceedings*, 5, 117-121.
- [3] Temple, J.B. (2006) Health Insurance Reform and Older Australians. *Australians Journal on Ageing*, **11**, 210-212.
- [4] Goldman, D.P. and Zissmopoulous, J.M. (2013) High Out-of-Pocket Health Care Spending by the Elderly. *Health Affairs*, 2, 98-99.
- [5] Leibowitz, A.A. (2014) The Demand for Health and Health Concerns after 30 Years. *Journal of Health Economics*, **4**, 301-302.

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