

For discussion on
10 February 2003

Legislative Council Panel on Health Services
Meeting on 10 February 2003
Provision of Chinese Medicine Service in the Public Sector

PURPOSE

This paper briefs Members on our plan to introduce Chinese medicine into the public health care system.

BACKGROUND

2. Chinese medicine's application in disease prevention and treatment of illness is widely recognised and acknowledged. Its capability to help individuals in the maintenance of health contributes to preventive care. Moreover, the effectiveness of Chinese medicine in treating some chronic illnesses and intractable disease is well known. Currently, Chinese medicine services are provided mainly by Chinese medicine practitioners in private solo practice and Chinese medicine clinics operated by non-governmental organisations (NGOs).

3. In spite of its long history, the practice and toxicology of Chinese medicine lack a strong scientific basis for evaluating clinical efficacy. Furthermore, little efforts have been made to promote clinical research, to develop standards of practice, or models of interface between western and Chinese medicine.

4. Providing Chinese medicine in the public sector would enable us to achieve the following objectives –

- (a) to promote the development of “evidence-based” Chinese medicine practice through clinical research;
- (b) to systematise the knowledge base of Chinese medicine;
- (c) to develop standards in Chinese medicine practice;
- (d) to develop models of interface between western and Chinese medicine;
- (e) to provide training in “evidence-based” Chinese medicine;
and
- (f) to integrate Chinese medicine into the whole public health care system.

5. As primary care is one of the strengths of Chinese medicine, we propose, as the first step, to provide out-patient Chinese medicine services in the public sector. We intend to commission the Hospital Authority (HA) to develop a collaborative model of service delivery with those NGOs with ample experience in providing Chinese medicine service as well as tertiary institutions having established capacity in research and training.

IMPLEMENTATION PLAN

6. The proposed Chinese medicine out-patient clinics will be attached to selected public hospitals or health centers to provide outpatient Chinese medicine services in general practice. Chinese medicine dispensary services will be provided in the Chinese medicine clinics to ensure

standardisation. The Hospital Authority is developing a dispensing system for this service to ensure the safety of the Chinese herbal medicines being dispensed.

7. Each Chinese medicine clinic will comprise consultation rooms, treatment rooms, dispensary and other supporting facilities. The clinic will be staffed by four Chinese medicine practitioners with various degrees of clinical and research experience and supporting staff including Chinese medicine dispensers. The clinics will serve members of the public through a daily quota system. Patients attending the clinics will be seen on a self-referral basis and will be treated on a “episodic” basis. From this pool of primary care patients, some will be selected to join research oriented programmes in accordance with stipulated guidelines intended to develop the knowledge base and standard of practice of Chinese medicine. Patients referred by western medicine practitioners and other Chinese medicine practitioners will also be recruited to join suitable research oriented programmes. All patients participating in the research oriented programmes will be followed up by a dedicated team of health care professionals which could include Chinese and western medicine practitioners depending on the protocol. Patients considered not suitable for joining the research oriented programmes will be provided with appropriate management of their presenting conditions on a one-off basis.

8. Apart from promoting the development of “evidence-based” Chinese medicine practice through clinical research, clinical services provided at the clinics will help to derive the experience and expertise to systematize the knowledge base of Chinese medicine and develop

standards in Chinese medicine practice. The participation of western medicine practitioners in the joint clinical teams will help develop models of interface between western and Chinese medicine. Moreover, the clinics will serve as training grounds for Chinese medicine practitioners, particularly those graduates of local universities.

Information Technology (IT) System

9. The clinics will be served by an IT system which will meet the specific needs for the development of evidence-based Chinese medicine and clinical research and development. The IT system will contain comprehensive functions covering areas like registration and appointment, payment, clinical management, pharmacy function and medical records.

Tertiary Toxicology Laboratory

10. To enhance the making of diagnosis, assessment of prognosis and decision of treatment approach of patients with Chinese medicine poisoning, we plan to set up a tertiary toxicology laboratory at Princess Margaret Hospital to support clinical practices by providing patient-based expert assessment and advice to frontline clinicians on treatment options when faced with incidents of suspected poisoning.

Proposed Fees and Charges

11. Patients attending the Chinese medicine out-patient clinics will be charged a fee of \$120 for each consultation (comprising \$80 for consultation fee and \$40 for medication). In working out the proposed charges, we have taken into account our policy to promote Chinese medicine through the provision of “evidence-based” Chinese medicine

services, the development of standards in Chinese medicine practice and models of interface between western and Chinese medicine on the one hand, and the current level of charges in the market and patients' affordability on the other. There is currently already a private market which provides generally comprehensive and affordable Chinese medicine services to the community. We have no intention to offer a highly subsidized service to compete with service providers in the private sector.

Way forward

12. It is still our plan to set up 18 clinics. As a first step, we shall set up three clinics to provide Chinese medicine out-patient service in 2003. We shall review the schedule for the establishment of the rest of the clinics in the light of operational experience and the budgetary situation.

ADVICE SOUGHT

13. Members are invited to comment on the proposed implementation plan for the introduction of Chinese medicine services in the public sector set out above.

Health, Welfare and Food Bureau

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