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LegCo Panel on Health Services

Effect of the Charge on Accident and Emergency Service In Public Hospitals

Purpose

A new charge for Accident & Emergency (A&E) service of the Hospital Authority (HA) was introduced on 29 November 2002. This paper briefs Members on the effect of the new charge on the A&E service.

Background

2. We have on 5 November 2002 briefed Members on the Administration's decision to revamp the fee structure of our public health care system, including the introduction of a new charge of $100 per attendance for the A&E service from 29 November 2002 with a view to reducing inappropriate use and misuse of such service.

3. As its name suggests, A&E service is designed to provide 24-hour treatment to patients under emergency and life-threatening conditions, and is therefore very different from other outpatient services by nature. However, since A&E service was free of charge in Hong Kong, there were patients who perceived A&E service as a form of free primary medical care and used it for non-emergency treatments. In 2001/02, there were about 2.5 million attendances in the A&E Departments of public hospitals, of which some 75% were classified as semi-urgent or non-urgent attendances.

4. From a cost-efficiency point of view, the unit cost of providing A&E service ($570 per attendance in 2001/02) is more than twice the unit

cost of our general out-patient (GOP) service ($226 per attendance in 2001/02). Hence charging a higher fee for A&E service than GOP service would encourage patients to consider alternative mode of medical service that best suits their needs, and free up valuable resources at A&E departments to attend to genuine emergency cases. Given that the average unit cost of A&E service is $570, a $100 fee level for A&E service would still represent an 82% subsidy by the Government.

Effect on Attendance

5. The implementation of the new A&E charge has been smooth since its introduction on 29 November 2002. Service to the public has not been affected by the payment process. The priority according to which the patients are treated continues to depend on the professional judgement on their clinical condition by the medical staff.

6. In terms of usage pattern, since the utilisation rate of A&E service is affected by a number of factors, in particular the seasonal effect which could have a significant bearing on the usage pattern, it would be useful to compare the utilisation rate of A&E service of the three months after the charge was introduced (i.e., December 2002 to February 2003) with the same three months a year ago (i.e., December 2001 to February 2002).

7. From December 2001 to February 2002, the average daily attendance of all HA's A&E departments was 6,659. Meanwhile, the same figure from December 2002 to February 2003, i.e., the first three months after the introduction of the new A&E charge, was only 5,908, representing an overall decrease of 11.3%.

8. Apart from the average daily attendance, the number of A&E attendances during long public holidays has also shown a significant decrease after the introduction of new A&E charge (as shown in the following table).

Average daily attendance during Christmas holidays		
Before A&E charge (2001)	6,913	
After A&E Charge (2002)	5,723	-17.2%
Average daily attendance during Chinese New Year holidays		
Before A&E charge (2002)	7,859	
After A&E Charge (2003)	6,413	-18.4%

9. In terms of triage categories, before the A&E charge was introduced, on average, about 75% of all A&E attendances were classified as semi-urgent or non-urgent cases. From December 2002 to January 2003, the proportion of semi-urgent and non-urgent cases decreased to about 70.5%. In particular, the number of non-urgent cases has decreased by over one-third. A detailed breakdown of the attendances by their triage category is shown in the following table (figures for February 2003 not yet available).

Category	Total Attendance in Dec 01 to Jan 02	Total Attendance in Dec 02 to Jan 03	Change
Critical	2,874 (0.7%)	3,304 (0.9%)	+15.0%
Emergency	7,402 (1.8%)	7,391 (2.1%)	-0.1%
Urgent	93,989 (23.2%)	94,278 (26.4%)	+0.3%
Semi-urgent	241,929 (59.7%)	215,939 (60.4%)	-10.7%
Non-urgent	54,675 (13.5%)	35,264 (9.9%)	-35.5%
Unclassified	4,219 (1.0%)	1,595 (0.4%)	-62.2%
Total	**405,088 (100.0%)**	**357,771 (100.0%)**	**-11.7%**

Payment Collection

10. Experience of payment collection from December 2002 to January 2003, i.e., the first two full months after the A&E charge was introduced, reveals that 85% of patients settled their A&E charge immediately upon registration. Patients who were unable to settle their payment upon registration were issued a payment advice and they could settle the payment at a later date. In this respect, from December 2002 to January

2003, 68% of the patients who were issued payment advices had already settled their A&E charge. Only 4.7% of the total attendance remained unsettled, and HA will initiate its usual debt recovery procedures to handle these outstanding bills.

Assistance to Patients with Financial Difficulties

11. It has always been the Government's fundamental philosophy that no one will be denied adequate medical care due to lack of means. To ensure that this principle will be upheld after introduction of the A&E charge, recipients of Comprehensive Social Security Assistance (CSSA) are waived from the A&E charge. For the low-income groups, chronically ill and elderly patients with little income/assets but are not CSSA recipients, there is in place a fee waiver mechanism operated by Medical Social Workers to provide them necessary assistance.

12. From December 2002 to February 2003, a total of 1,510 applications for waiving of A&E charge were received from non-CSSA recipients, representing less than 0.3% of the total number of attendance during that period. About 91.1% of these applications were approved (i.e., 1,376 cases).

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