

香港未來醫療發展和融資

Development and Financing of Hong Kong's Future Health Care

初步報告

Preliminary Findings



智經研究中心

Bauhinia Foundation Research Centre

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為何改革

Why?

問題所在：

Issues:

- 側重治療、輕視預防、個人健康
Over-reliance on treatment, insufficient emphasis on prevention and personal health
- 公私營醫療失衡
Imbalance between public & private sectors in secondary/tertiary care
- 社會醫療資源可持續性成疑
Sustainability of society's health care resources in question
- 跨代公平問題未全面處理
Intergenerational equity not fully addressed

公營醫療壓力沉重

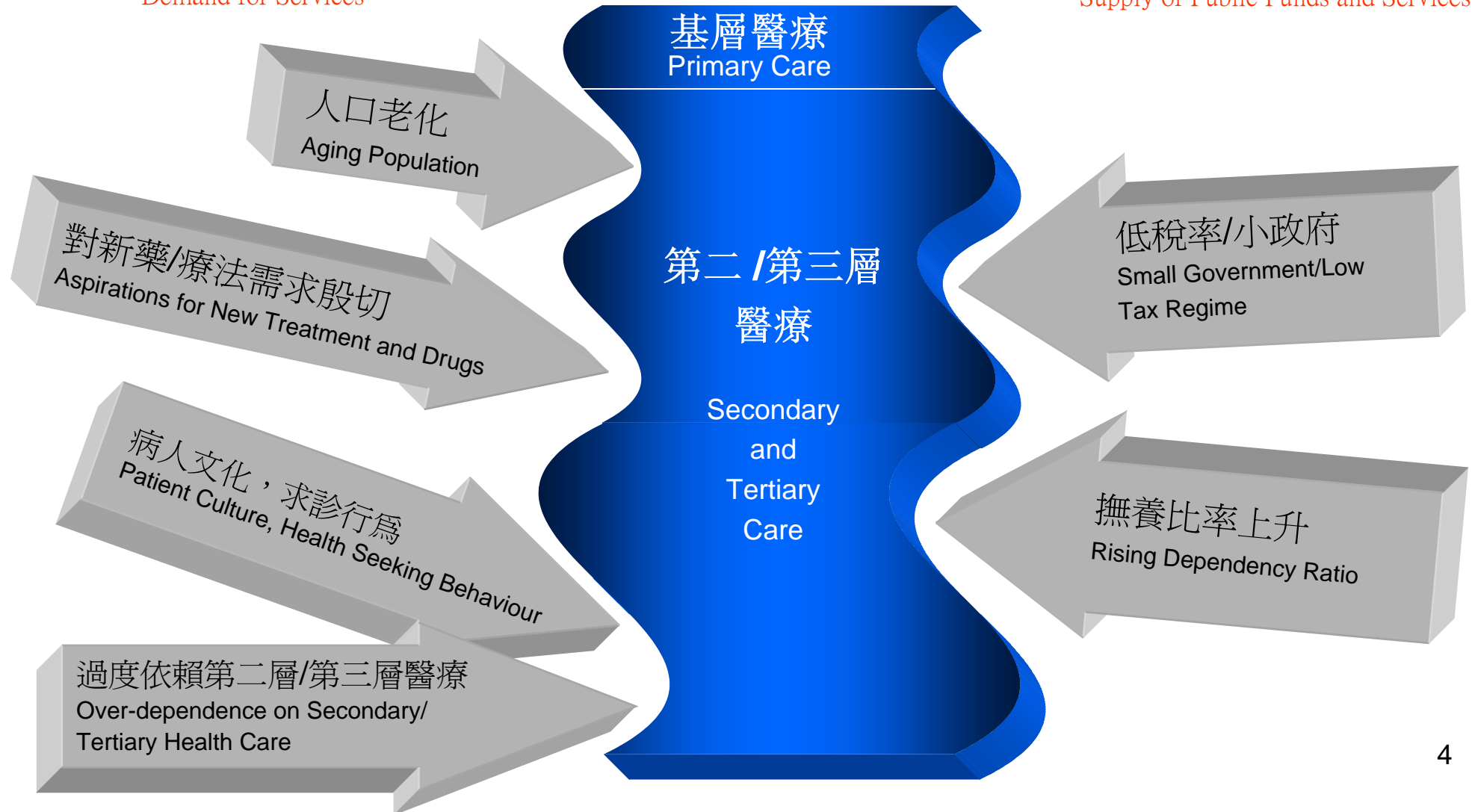
Pressure Points on Public Health Care System

服務需求

Demand for Services

公帑及服務供應

Supply of Public Funds and Services



改革原則

Guiding Principles

- 改變個人行爲
Change of Individual Behaviours
- 改變政府行爲
Change of Government Behaviours
- 改變服務提供者行爲
Change of Service Providers' Behaviours

改變個人行爲

Change of Individual Behaviours

- 對自己和家人健康負責，提升基層醫療和預防意識，改變求診行爲，減少不必要住院服務需求，並盡早對年老醫療開支作出財務安排
- Greater self-responsibility for one's own health; greater awareness of primary health care; more emphasis on prevention; change of health seeking behaviour, judicious use of hospital services; early planning for health care financing after retirement

改變政府行爲

Change of Government Behaviours

- 透過教育、社區推廣和撥款資助，大力加強市民對基層醫療 (如家庭醫生、個人健康檔案和預防) 的重視
 - 繼續為社會低收入/中產人士提供醫療「安全網」
 - 鼓勵和支持市民追求更多、更佳的醫療選擇，並作出共同承擔
-
- Increase public emphasis on primary health care (e.g., use of family doctors and development of individual health portfolios) through education, community promotions and funding support
 - Maintain a “safety net” in health care for the grassroots and the middle class
 - Encourage HK people to seek more choice and better services through a shared responsibility

改變服務提供者行爲

Change of Service Providers' Behaviours

- 改善服務水平，提高收費透明度，增加效率
- 鼓勵公私營醫療競爭和合作，改善失衡狀況
- Enhance service standards, increase fee transparency and improve efficiency
- Promote competition and cooperation between public and private sectors to address the imbalanced situation

具體建議

Proposals

(一) 雙柱制變三柱制

Three Pillar Framework

(二) 個人醫療儲蓄戶口

Individual Medical Savings Account

(三) 架構支援

Institutional Support

具體建議 (一)

Proposal (1)

現行雙柱制

Current System: Two Pillars

公共醫療

大幅補貼
(平均 95% 補貼)
Public Highly Subsidised
Services
(Average 95% subsidy)

第二/第三層醫療
Secondary and
Tertiary care

基層醫療
Primary Care

政府總開支: **\$391 億**
Total Gov't Expenditure: \$39.1 billion

2001/02 本地醫療衛生總開支帳目
2001-02 Domestic Health Accounts

私營醫療

Private
Unsubsidised
Services

基層/第二/第三層
醫療

Primary, secondary and
tertiary care

總開支: **\$284 億**
Total Expenditure: \$28.4 billion

2001/02 本地醫療衛生總開支帳目
2001/02 Domestic Health Accounts

具體建議 (一)

Proposal (1)

建議三柱制

Proposed System: Three Pillars

第一支柱 必需服務

Pillar 1:
Essential Services

第二/第三層醫療
Secondary and
tertiary care

基層醫療
Primary care

第二支柱 更多、更佳醫療選擇

Pillar 2:
Extended Services

更多、更佳
基層醫療選擇
Extended primary care

長期醫療護理服務
Long-term medically
supervised care

更多、更佳
第二/第三層醫療選擇
Extended secondary and
tertiary care

第三支柱 私營醫療

Pillar 3:
Private Services

基層/第二/第三層
醫療
Primary, secondary and
tertiary care

具體建議 (一)

Proposal (1)

第二支柱 更多、更佳醫療選擇

Pillar 2 :
Extended Services

更多、更佳基層醫療選擇

- 開展家庭醫生服務
- 額外循證預防及健康檢查
- 長期病患服務

長期醫療護理服務

- 全時護理
- 改善在年老時獲取長期護理服務
- 康復治療
- 外展醫療及護理服務

更多、更佳第二/第三層醫療選擇

- 私人購買藥物及醫療用品
- 嶄新診斷/治療方法的選擇和可及性
- 改善醫療環境
- 縮短非緊急服務輪候時間

Extended primary care

- Initiation of family doctor services
- Additional evidence-based health prevention and early detection services
- Chronic disease management programs

Long-term medically supervised care

- Dependency care
- Improve access to long term care in old age
- Maintenance rehabilitation
- Visiting medical and nursing care

Extended secondary and tertiary care

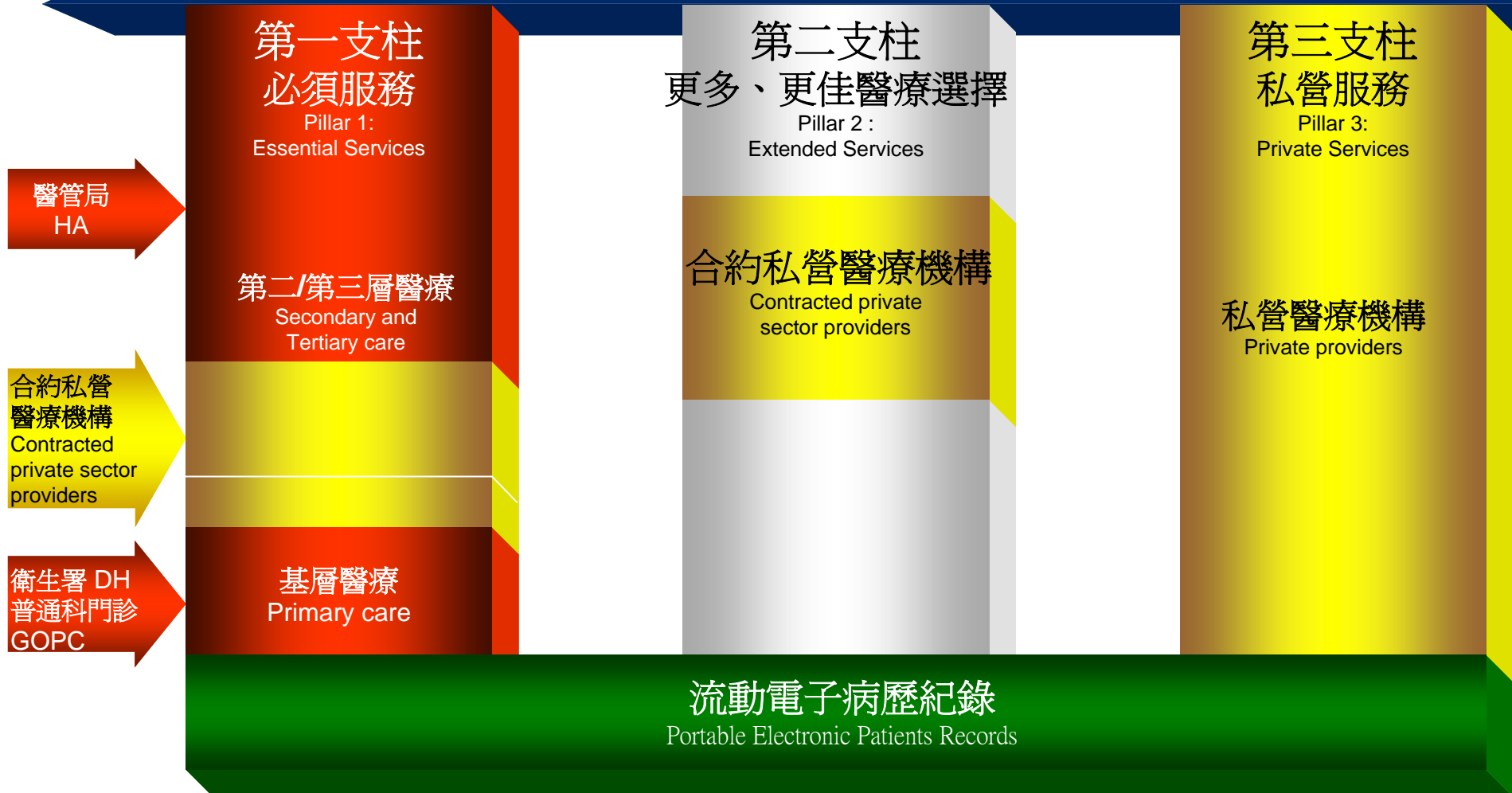
- Privately purchased medical items and drugs
- Choice and accessibility of emerging diagnostic and treatment methods
- Improved amenities
- Shorter waiting time for non-urgent conditions

具體建議 (一)

Proposal (1)

共同承擔 更多選擇

Shared Responsibility ... More Choice



具體建議 (二)

Proposal (2)

未雨綢繆 老有所醫

Early Planning for Health Care Financing

第一支柱
公共醫療
大幅補貼

Pillar 1:
Essential Services
Highly subsidised

\$391 億
+
政府額外開支 **\$X 億**
\$39.1 billion
+
\$X billion
Additional money

用者自付、綜援、
醫療儲蓄 (MSA)
Out-of pocket, CSSA
MSA

第二支柱
更多、更佳醫療選擇
部分補貼

Pillar 2:
Extended Services
Partially subsidised

政府承擔: **\$Y 億**
+
使用者承擔: **\$Y 億**
(平均約 **50%** 補貼)
Government: \$Y billion
+
Users: \$Y billion
(say 50% average subsidy)

醫療儲蓄
(MSA)

第三支柱
私營服務
用者自付

Pillar 3:
Private Services

\$284 億
+
\$Z 億
\$28.4 billion
+
\$Z billion

用者自付、保險、
醫療儲蓄 (65歲後使用)
Out-of-pocket, Insurance
MSA (after age 65)

資金來源:
Source of
Funds:

具體建議 (二)

Proposal (2)

■ 個人醫療儲蓄

- 目的: 改變個人行為 共同承擔責任
- 繼續以稅為本的融資方式，並建立個人醫療儲蓄戶口輔助稅收、私人保險和用者自付的融資方式
- 建議醫療儲蓄戶口可以支付:
 - 第一支柱服務
 - 第二支柱服務
 - 第三支柱服務 (65 歲後可自由使用購買私營醫療服務)
 - 具風險分擔功能的特定保險產品
- 建議儲蓄供款可獲稅務優惠
- 未使用戶口結餘可作戶口持有人遺產一部分

■ Individual Medical Savings Account (MSA)

- Objective: behavior modification; a commitment towards shared responsibility
- Continue using tax as a major source of health care financing and establish an MSA to supplement tax-based, private insurance and out-of-pocket financing
- Money in the MSA can be used to finance :
 - Pillar 1 services
 - Pillar 2 services
 - Pillar 3 services (after 65)
 - Approved risk pooling insurance products
- Tax incentive for contributions
- Unspent balance in the account will be treated as part of the account holders estate upon death

具體建議 (二)

Proposal (2)

■ 個人醫療儲蓄戶口：如何運作？

參與人士

- 全港市民
- 在職人士必須供款

行政安排

- 利用強積金制度收取供款
- 大部分強積金條款適用
- 成立特定機構處理繳付醫療戶口開支扣數

■ How MSA works?

Participants

- All HK residents
- Employed persons are required to make contribution

Administration

- The MPF system will be modified to collect contributions
- Most MPF rules will apply
- A new agency will have to be established for handling disbursements

具體建議 (二)

Proposal (2)

醫療儲蓄：如何運作？

供款

- 足夠應付退休後部分醫療開支
- 舉例：如供入息3% = 每年總供款額約 \$80億

假設每年回報為2%，由25歲開始供款，期間沒有提取供款，到65歲時預計累算權益（將來價值）為 \$354,600：

每月收入 Monthly Income	供款率 Contribution Rate	1%	2%	3%	4%	5%
\$8,000		\$ 47,280	\$ 94,560	\$ 141,840	\$ 189,120	\$ 236,400
\$10,000		\$ 59,100	\$ 118,200	\$ 177,300	\$ 236,400	\$ 295,500
\$20,000		\$ 118,200	\$ 236,400	\$ 354,600	\$ 472,800	\$ 591,000

How MSA works?

Contributions

- Must be sufficient to meet a meaningful percentage of post-retirement health care expenses
- Illustration: 3 percent of salary = \$8 billion per year

Assuming a 2% yearly rate of investment return, contribution at age 25, estimated accrued benefits (future value) by age 65 with no withdrawals in between:

具體建議 (三)

Proposal (3)

■ 架構支援

■ Institutional Support

➤ 領航

Stewardship

➤ 財務安排

Financing

➤ 購買

Purchasing

➤ 服務提供

Delivery

建議中的核心原則

Core Principles of Our Proposal

- 公平和可及性
Equity and Accessibility
- 相互關懷與共同承擔
Mutual Care and Joint Responsibility
- 效率
Efficiency
- 質素
Quality
- 選擇
Choice

下一步 Way Forward

- 建議可以分階段漸進執行
Recommendations can be implemented progressively in stages