

Supplementary Information on
FCR(2011-12)31 : Health Care Voucher Pilot Scheme
for the Finance Committee Meeting on 24 June 2011

Purpose

As requested by the Chairman of the Finance Committee during the pre-meeting briefing with the Administration on 22 June 2011, supplementary information on the above FCai is appended below.

Participation Rate of Healthcare Service Providers (paragraph 10 of Enclosure 1 to FCR(2011-12)31)

2. Currently, nine categories of healthcare service providers are eligible to enroll in the Elderly Health Care Voucher Pilot Scheme (the Pilot Scheme). At the pre-meeting briefing, the Chairman of the Finance Committee considered that the participation rate of medical practitioners (34% of economically active medical practitioners in the private sector) and dentists (16%) seemed to be on the low side.

3. Members may wish to note that the Department of Health (DH) has been promoting the Pilot Scheme among healthcare service providers through website, briefing sessions, sending letters to health professionals and related professional organizations. A telephone hotline (3582 4102) specifically for answering enquiries from healthcare professionals has also been set up.

4. Convenience and ease of use is one of the key factors in encouraging healthcare service providers to enroll under the Pilot Scheme. In this regard, we have implemented the following improvement measures -

- (a) Data input of claim transactions : In April 2009, the eHealth System – the electronic platform for the administration and reimbursement of health care vouchers – was modified and enhanced to make it more user-friendly to healthcare service providers, by allowing greater flexibility in entering and submitting data to the system;

- (b) Modification to consent form : An enrolled healthcare service provider is now free to select the way how consent form is printed. He can pre-set the desired printing option or select the printing option each time when a claim is made;
- (c) Flexible arrangement in obtaining consent for creating voucher accounts : Flexibility has been given since September 2009 for enrolled healthcare service providers to obtain consent in a form they deem appropriate for the creation of voucher accounts. The eHealth System only requires that a declaration be made via the system that such a consent has been secured; and
- (d) Use of Smart Identity Card Reader : The “card face data” function in the chips of the Smart HKID can be made use of since late 2010 for registration and authentication. It provides an alternative means for registering persons eligible for vouchers and to access their accounts for claiming vouchers, obviating manual input and ensuring data accuracy. Since August 2010, DH has made available and freely distributed Smart Identity Card Readers to healthcare service providers.

5. As regards the Chairman of the Finance Committee’s request for more information on other public-private partnership schemes with provider participation rate on par with that of the Pilot Scheme, Members may wish to note that -

- (a) the number of medical practitioners enrolled in the Elderly Vaccination Subsidization Scheme and Childhood Influenza Vaccination Subsidization is each around 1 400, or 34% of economically active medical practitioners in the private sector; and
- (b) the number of private medical practitioners joining the Tin Shui Wai Primary Care Partnership Project – under which around 1 500 chronic disease patients in General Outpatient Clinics (GOPCs) in Tin Shui Wai are allowed to seek medical consultations up to ten episodes from participating private medical practitioners in the area by paying the same fee as charged by the GOPCs – is ten, or 31% of private medical practitioners in Tin Shui Wai.

Further Publicity Efforts to Encourage More Healthcare Service Providers to Enroll in the Pilot Scheme

6. At the pre-meeting briefing, the Chairman of the Finance Committee also enquired whether further efforts would be made to enhance participation of healthcare service providers in the Pilot Scheme. Members may wish to note that DH will launch another publicity drive in Q4 2011 to further step up promotional activities among healthcare service providers. In addition to promoting the Pilot Scheme through the aforementioned channels (see paragraph 3 above), the Administration will visit clinics in various housing developments and encourage more healthcare service providers to participate in the Pilot Scheme.

Food and Health Bureau
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