立法會
Legislative Council

LC Paper No. CB(2)235/15-16(09)

Ref : CB2/PL/HS

Panel on Health Services

Background brief prepared by the Legislative Council Secretariat for the meeting on 16 November 2015

Elderly Health Care Voucher Scheme

Purpose

This paper gives an account of the past discussions by the Panel on Health Services ("the Panel") on the Elderly Health Care Voucher Scheme ("the EHV Scheme").

Background

2. The Administration launched an Elderly Health Care Voucher Pilot Scheme ("the Pilot Scheme") in January 2009 for an initial period of three years up to December 2011. The Pilot Scheme aimed to implement the "money follow patient" concept through providing health care vouchers to elders for the purchase of primary healthcare services in their own communities, thereby piloting a new model for subsidized primary care services in the future.

3. Under the Pilot Scheme, elders aged 70 or above were provided five health care vouchers of $50 each to subsidize their use of multi-disciplinary care services provided by various private healthcare professionals. Based on the result of the interim review, the pilot period was extended in 2012. The annual voucher amount for each eligible elder was increased from $250 to $500 in 2012, and further increased to $1,000 in 2013. Since 2014, the Pilot Scheme has been converted into a recurrent support programme for elders and the annual voucher amount has been increased to $2,000[1] for each eligible elder. The unspent voucher amount can be carried forward and accumulated for use in

[1] Face value of each voucher was changed from $50 to $1 on 1 July 2014 to give elders greater flexibility in using the vouchers and to reduce the administrative burden on enrolled healthcare service providers.

subsequent years, subject to a ceiling of $4,000 as at 1 January each year. All health care vouchers are handled through an eHealth System[2] for preventive care, curative and rehabilitative services provided by enrolled medical practitioners, Chinese medicine practitioners, dentists, chiropractors, nurses, physiotherapists, occupational therapists, radiographers, medical laboratory technologists and optometrists (in Part I of the register). Eligible elders can use the vouchers by showing their Hong Kong Identity Cards and undergoing a simple registration process at the practices of the enrolled private healthcare service providers. The health care vouchers cannot be used for solely purchasing medication and other medical items, nor for paying for the subsidized public healthcare services.

4. As at 31 December 2014, there were 4 631 healthcare service providers enrolled in the EHV Scheme. A breakdown of the number of the enrolled healthcare service providers by types of healthcare professionals and their places of practices in 2014 is in **Appendix I**. A total of 551 000 elders (i.e. 75%) out of the 737 000 eligible elders had made use of the health care vouchers as at 31 December 2014. A respective breakdown of the number of elders who had made use of the health care vouchers and the average amount of the vouchers (in monetary values) used per elder by gender and age group in 2014 are in **Appendices II and III**.

Deliberations of the Panel

5. The Panel discussed issues relating to the Pilot Scheme and the EHV Scheme at a number of meetings between 2007 and 2015. The deliberations and concerns of members are summarized below.

Scope of the EHV Scheme

6. Members had all long held a strong view that the scope of the Pilot Scheme should be extended to elderly people aged 65 or above, having regard to the fact that the eligible age for receiving the Old Age Allowance was 65 or above. There was also a suggestion that the eligible age should be lowered to 60. Question was raised about the estimated expenditure for the Pilot Scheme if the eligible age was lowered from 70 to 65 or 60.

7. According to the Administration, based on an estimated take-up rate of 70% and a utilization rate of 67.5%, it was estimated that the annual cash flow

[2] The eHealth System provides an electronic platform on which participating healthcare service providers can manage the registration of eHealth accounts for the elders and to submit claims to the Department of Health on the vouchers used by the elders.

requirement for providing an annual voucher amount of $1,000 for each eligible elder aged 70 or above was about $342 million in 2013. If the eligible age was lowered to 65 or above or 60 or above, the corresponding annual cash flow requirement would be around $481 million and $690 million respectively.

8. Members urged the Administration to lower the eligible age for receiving health care vouchers when converting the Pilot Scheme into a recurrent funding programme in 2014. The Administration advised that with the conversion of the Pilot Scheme into a recurrent funding programme, it would be prudent to continue to maintain the eligible age for health care vouchers at this juncture. The Administration would continue to monitor the operation of the EHV Scheme, with a view to introducing improvements in other aspects as appropriate. In considering the appropriate eligible age for the EHV Scheme, due regard would be given to the factors that there was no income and asset assessment of users and the current average life expectancy of people in Hong Kong was around 80 years.

9. There was a suggestion that the scope of the EHV Scheme should be expanded to allow eligible elders to make use of the health care vouchers to pay for healthcare services provided by clinics set up by Hong Kong healthcare service providers in Guangdong. Following the launch of the Guangdong Scheme in October 2013 which enabled eligible Hong Kong elders aged 65 or above who chose to reside in Guangdong to receive Old Age Allowance without the need to return to Hong Kong each year, there was a suggestion that elders participated in the Guangdong Scheme should be allowed to use private primary care services provided on the Mainland.

10. The Administration advised that given that the EHV Scheme was administered through the eHealth System, it was studying the technical issues involved in enabling those elders resided on the Mainland to use the vouchers to cover their use of private primary care services provided on the Mainland, such as access of the healthcare service providers on the Mainland to the eHealth System and exchange rate of Renminbi against Hong Kong Dollar. As a first step, it would examine the feasibility of subsidizing eligible elders' use of primary care services provided by the University of Hong Kong – Shenzhen Hospital ("the HKU-SZ Hospital") and those Mainland clinics or hospitals which were set up by non-governmental organizations of Hong Kong under the Mainland and Hong Kong Closer Economic Partnership Arrangement.

Value and use of the health care vouchers

11. There had been repeated calls from members to raise the annual health care voucher amount to the level of $1,000 or above since the launch of the Pilot

Scheme. According to the Administration, the health care vouchers were not meant to provide full subsidy for seeking private healthcare services, but to provide partial subsidy with a view to promoting the concept of shared responsibility for health care among patients, particularly the concept of co-payment to ensure appropriate use of health care.

12. The Chief Executive made a pledge in his election manifesto in 2012 to raise the health care voucher amount to $1,000 per year. The annual health care voucher amount was subsequently increased to $1,000 in 2013 and further to $2,000 in 2014 for each eligible elder.

13. Some members were of the view that consideration should be given to removing the limit on the unspent voucher amount to be carried forward and accumulated by an eligible elder. There was another suggestion that the financial ceiling on unspent voucher value should be increased to $6,000. In the Administration's view, the imposition of a ceiling on the total cumulative value of the vouchers could encourage the eligible elders to make more frequent use of the vouchers for primary care services, in particular preventive care, instead of saving the vouchers for the management of acute episodic condition.

14. On the use of the health care vouchers, some members considered that the restriction on the use of health care vouchers to pay for healthcare services provided by public general outpatient clinics and for the purchase of medication at pharmacies or other medical items should be removed. Members were advised that the aim of restricting the use of vouchers for the purchase of medication at pharmacies was to avoid self-prescription.

Participation and utilization rates

15. Members were concerned about the participation of private healthcare providers, in particular medical practitioners and CMPs whose services were most in demand by elders, in the EHV Scheme. Some members surmised that the low participation rate of CMPs in the Pilot Scheme was due to the lack of computers in their clinics for accessing the eHealth System. The Administration advised that it would look into ways to provide more support to encourage healthcare service providers, including CMPs, to participate in the Scheme. To provide greater convenience to the enrolled healthcare service providers, they would be provided with a Smart Identity Card Reader starting from late 2010. This would obviate the need for them to manually input the personal particulars of the eligible elders into the eHealth System for registration and voucher claims. Some CMPs had indicated that apart from the lack of computers to access the eHealth System, their consultation fees were already very low and they did not intend to accept the health care vouchers.

16. Members also expressed concern about the low take-up and utilization rates among eligible elders. They urged the Administration to encourage more eligible elders to use the health care vouchers, so as to lessen the burden on the public healthcare sector. The Administration advised that the Department of Health ("DH") would launch a series of promotional activities in early 2013, including broadcasting television and radio announcements of public interest; distributing posters and leaflets through public clinics and hospitals, elderly centres, residential care homes for the elderly; and launching poster campaigns at malls of various public housing developments. It was expected that more healthcare service providers would join the EHV Scheme which would be run on a recurrent basis.

17. There was a suggestion that the Administration should publicize a list of enrolled healthcare providers and their fee schedules to facilitate eligible elders to choose the healthcare services that met their needs. The Administration advised that the enrolled healthcare service providers would be issued with the scheme logo for display outside their practices for identification, and they would be encouraged to increase the transparency of their fees and charges.

Monitoring of voucher claims

18. Noting that there were cases of fraudulent practices by some enrolled healthcare service providers, members expressed concern about the measures put in place to prevent fraud and abuse. According to the Administration, DH had put in place procedures for checking and auditing voucher claims to ensure proper disbursement of public monies for voucher reimbursement. By end of October 2012, DH had checked over 89 000 reimbursement claims, covering 88.4% of the enrolled healthcare service providers with the claims made, and had identified 66 anomalous cases of claims (or 1.7% of the checked claims). These cases were mostly related to minor errors in procedures or documentation.

Effectiveness of the Pilot Scheme

19. Members noted that under the Pilot Scheme, about 70% of the claim transactions were made for management of acute episodic conditions, about 22% for follow-up or management of chronic diseases, and about 8% for preventive or rehabilitative care. Some members were of the view that there were no sound justifications for the Administration's proposal to convert the Pilot Scheme into a recurrent support programme for the elderly as it had failed to increase the use of preventive care. These members considered that to ensure prudent use of public funds, the Administration should conduct an in-depth assessment on the effectiveness of the Pilot Scheme, in particular on

whether, and if so, how it had altered the primary healthcare seeking behaviour among elders and reduced their reliance on pubic healthcare services.

20. The Administration advised that the Pilot Scheme aimed at relieving the burden on public healthcare services, promoting public-private partnership in healthcare and enhancing primary care services for the elderly. It was expected that the conversion of the Pilot Scheme into a recurrent programme could incentivize more eligible elders to seek, and more healthcare service providers to provide, primary healthcare services. The Administration would conduct a review of the EHV Scheme in mid 2015 including operational procedures and scheme effectiveness.

Report of Public Accounts Committee

21. The subject of provision of health services for the elderly, which covered the administration of the EHV Scheme, was studied by the Director of Audit in his Report No. 63 and examined by the Public Accounts Committee ("PAC"). In PAC Report No. 63 which was tabled at the Council meeting of 11 February 2015, PAC expressed concern about the low participation of private healthcare service providers in the EHV Scheme and the low usage of health care vouchers by elders, as well as DH's inefficacy and laxity to manage and administer the EHV Scheme to ensure proper governance of the programme. PAC noted that DH would put in place a number of measures to address the issues and conduct a comprehensive review of the EHV Scheme in mid 2015.

Recent developments

22. On 6 October 2015, the Government launched a pilot scheme at the HKU-SZ Hospital to allow eligible Hong Kong elders to use the health care vouchers through an electronic platform for designated outpatient services provided by the HKU-SZ Hospital. These include preventive care services as well as curative and rehabilitative services. The health care vouchers are not applicable to inpatient services, pre-paid healthcare services and sole purchase of products such as medicine and medical equipment. As the vouchers are in Hong Kong dollars while the fees for healthcare services provided by the HKU-SZ Hospital are in Renminbi, the voucher amount to be deducted at the HKU-SZ Hospital would be calculated according to a monthly updated voucher conversion factor.

Relevant papers

23. A list of the relevant papers on the Legislative Council website is in **Appendix IV**.

Council Business Division 2
Legislative Council Secretariat
10 November 2015

Appendix I

Elderly Health Care Voucher Scheme

Breakdown of the number of the enrolled healthcare service providers by types of healthcare professionals and their places of practices in 2014

	Medical Practitioners	**Chinese Medicine Practitioners**	**Dentists**	**Occupational Therapists**	**Physiotherapists**	**Medical Laboratory Technologists**	**Radiographers**	**Nurses**	**Chiropractors**	**Optometrists**	**Total**
Number of service providers (Percentage*)	1 782 (36%)	1 559 (26%)	548 (33%)	45 (6%)	306 (23%)	26 (3%)	21 (3%)	108 (0.7%)	51 (3%)	185 (25%)	**4 631**
Number of places of practices	2 422	2 336	845	94	473	49	32	175	87	450	**6 963**
Central & Western	*198*	*147*	*70*	*7*	*34*	*3*	*4*	*4*	*15*	*8*	*490*
Eastern	*161*	*161*	*66*	*7*	*25*	*0*	*1*	*9*	*5*	*17*	*452*
Southern	*41*	*51*	*13*	*0*	*2*	*1*	*1*	*0*	*0*	*0*	*109*
Wan Chai	*146*	*189*	*70*	*3*	*45*	*2*	*1*	*10*	*5*	*48*	*519*
Kowloon City	*136*	*105*	*48*	*9*	*44*	*1*	*0*	*20*	*1*	*73*	*437*
Kwun Tong	*227*	*213*	*96*	*13*	*32*	*10*	*6*	*29*	*3*	*9*	*638*
Sham Shui Po	*96*	*138*	*26*	*4*	*20*	*4*	*1*	*3*	*0*	*1*	*293*
Wong Tai Sin	*84*	*115*	*41*	*5*	*19*	*0*	*0*	*2*	*0*	*75*	*341*
Yau Tsim Mong	*381*	*363*	*136*	*15*	*130*	*16*	*8*	*29*	*34*	*93*	*1 205*
Sha Tin	*129*	*121*	*46*	*13*	*30*	*0*	*0*	*10*	*1*	*31*	*381*
Tai Po	*83*	*109*	*41*	*1*	*8*	*3*	*2*	*23*	*0*	*3*	*273*
Sai Kung	*129*	*75*	*27*	*8*	*22*	*3*	*1*	*2*	*0*	*8*	*275*
North	*54*	*78*	*24*	*0*	*2*	*1*	*0*	*0*	*8*	*1*	*168*
Kwai Tsing	*109*	*78*	*38*	*3*	*11*	*0*	*0*	*15*	*1*	*70*	*325*
Tsuen Wan	*137*	*145*	*25*	*4*	*26*	*5*	*6*	*11*	*9*	*9*	*377*
Tuen Mun	*131*	*141*	*33*	*2*	*12*	*0*	*1*	*2*	*0*	*3*	*325*
Yuen Long	*145*	*80*	*39*	*0*	*8*	*0*	*0*	*6*	*5*	*1*	*284*
Islands	*35*	*27*	*6*	*0*	*3*	*0*	*0*	*0*	*0*	*0*	*71*

* The percentage of healthcare professionals enrolled in the Elderly Health Care Voucher Scheme excludes those registered healthcare professionals who are practising in the public sector or are economically inactive, e.g. not practising in Hong Kong.

Sources: Information extracted from the Administration's replies to Members' initial written questions during the examination of estimates of expenditure 2015-2016

Appendix II

Elderly Health Care Voucher Scheme

Breakdown of the number of elders who had made use of the health care vouchers in 2014

	Number of elders	% of eligible elders
(1) Number of elders aged 70 or above*	737 000	-
(2) Number of elders who had made use of vouchers	551 000	75%
(i) By gender		
- Male	242 000	73%
- Female	309 000	76%
(ii) By age group		
- 70 to 75	175 000	68%
- 76 to 80	160 000	79%
- above 80	216 000	78%

* Sources: Hong Kong Population Projections 2012-2041, Census and Statistics Department

Sources: Information extracted from the Administration's replies to Members' initial written questions during the examination of estimates of expenditure 2015-2016

Appendix III

Elderly Health Care Voucher Scheme

The average amount of the health care vouchers (in monetary values) used per elder by gender and age group in 2014

	Average amount of health care vouchers used by elders ($)
(i) By gender	
- Male	2 085
- Female	2 232
(ii) By age group	
- 70 to 75	1 869
- 76 to 80	2 386
- above 80	2 246

Sources: Information extracted from the Administration's replies to Members' initial written questions during the examination of estimates of expenditure 2015-2016

Appendix IV

Relevant papers on the Elderly Health Care Voucher Scheme

Committee	Date of meeting	Paper
Panel on Health Services	12.11.2007 (Item IV)	Agenda Minutes
Panel on Health Services	14.4.2008 (Item IV)	Agenda Minutes
Panel on Health Services	17.10.2008 (Item I)	Agenda Minutes
Panel on Health Services	16.10.2009 (Item I)	Agenda Minutes
Panel on Health Services	15.10.2010 (Item I)	Agenda Minutes
Panel on Health Services	14.3.2011 (Item V)	Agenda Minutes CB(2)1538/10-11(01)
Panel on Health Services	20.10.2011 (Item I)	Agenda Minutes
Panel on Health Services	19.11.2012 (Item IV)	Agenda Minutes CB(2)309/12-13(01)
Panel on Health Services	21.1.2013 (Item III)	Agenda Minutes
Panel on Health Services	20.1.2014 (Item III)	Agenda Minutes
Panel on Health Services	19.1.2015 (Item III)	Agenda Minutes

Committee	Date of meeting	Paper
Public Accounts Committee	Tabled at the Council meeting of 11 February 2015	Report of the Public Accounts Committee on the Reports of the Director of Audit on the Accounts of the Government of the Hong Kong Special Administrative Region for the year ended 31 March 2014 and the Results of Value for Money Audits (Report No. 63)

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