

We are a group of nurse academics from the Department of Nursing & Health Sciences, Hong Kong Polytechnic University. We would like to express our opinions on the Havard Report “Improving Hong Kong’s Health Care System: Why and for whom?” We would like to make three assertions and five recommendations. They are:

Assertions:

1. There should be a paradigm shift from medical dominance to a multi-disciplinary health care environment.
2. Health is not solely an economic issue and the mere address of financial aspects of the health care system (HCS) cannot resolve the problems in the existing system.
3. The financial benefits of nurses in the HCS need to be valued and confirmed.

Recommendations:

1. An integrated health care system with differentiation of levels of care
2. Strengthening health education to the community
3. Development and maintenance of a central health data base
4. Reallocation of resources to maintain a financially sustainable system
5. Establishment of a central health authority

1 INTRODUCTION

We generally agree with the Havard Report that the existing health care system in Hong Kong is relatively equitable and cost-effective. We also hold the view that the quality of care needs to be improved and the entire HCS is compartmentalized with a lack of coordination and cohesion between primary and inpatient care, acute and community care. However, we feel that the Havard team have taken some biased assumptions in addressing the issues in health care system, thus missing some of the important directions in searching solutions to address the problems in the HCS. We believe that:

- 1.1 There should be a paradigm shift from medical dominance to a multi-disciplinary health care environment.

In the report, the Havard team have rightly pointed out the inadequacy of services provided by the medical doctors, including the short consultation time and weak information giving. The Havard team however have overlooked the contribution made by other members of the health care team in providing a continuum of care to patients. Instead, the Havard team perpetuated the phenomenon of medical dominance by focussing the criticism on doctors and putting the expectations on them to improve on health care provision. This over-emphasis of the work of the medical profession and diminishing the valuable contribution of other health care professionals is a serious oversight when the issue of cost-effectiveness in the modern health care environment is discussed.

- 1.2 Health is not solely an economic issue and the mere address of financial aspects of the HCS cannot resolve the problems in the existing system

Health is a complex phenomenon that encompasses physical, psychological, social and cultural aspects of individuals concerned. The shaping of behaviours in health care provision and consumption needs to take into account these key aspects in addition to the financial aspects.

- 1.3 The financial benefits of nurses in the HCS needs to be valued and confirmed.

Financial sustainability is an issue of concern for any government in providing health care. The Havard Report has overlooked the cost-benefit of nurses. Studies have proven the value of nurses, particularly in the management of the client group with chronic health problems. The discussion of financial sustainability of the HCS will miss an important cost-saving strategy if nurses are not included in the reform of the HCS.

2. RECOMMENDATIONS

We are a group of experienced nurses who fully understand our own value in the HCS, and the needs of the clients whom we closely work with. In each of the recommendations below, if appropriate, we will try to cite examples of studies that are done locally and/or overseas to substantiate our recommendations. We recommend:

2.1 An integrated health care system with differentiation of levels of care

The spectrum of health care provision should be broadened to facilitate better use of resources at different levels and to provide continued client care interfacing between hospital and community. Local data reveals that the 16%-24% of the patients with medical chronic conditions return to the hospitals and are readmitted into the hospital within 28 days after their previous discharge. The existing problem now is that patients are not well supported when discharged home, and when they cannot cope in the community they return to the hospital. It is recommended that multiple levels of care should be introduced in the system. The advantages are two fold, to control cost and to provide continued care to clients, particularly those who are chronically ill. Hospital level of care requires more intensive human resource and technology and therefore is more costly. Patients once passed the acute stage of illness and discharged can be referred to clinic and community for follow-up. The follow-up care usually does not involve aggressive medical intervention and is most appropriate to be delivered by health care professionals other than medical doctors, such as nurses, physiotherapists and social workers. Studies (ref) have proven the value of nurses in reducing the rate of readmission and controlling the morbidity in managing specific client groups in the community.

2.2 Strengthening health education to the community

The community needs to be better equipped with health knowledge, attitude and behaviour so that they can participate in decisions related to their own health and be informed clients. Health education should start at very young age, beginning with primary school education. As pointed out in the Harvard Report, clients in Hong Kong usually do not receive adequate information about their health conditions, and inadequate time has been put in client consultation. Clients are usually very eager to learn about their own health. Health education is an important aspect of the work of nurses, and studies (ref) have shown that better health education can increase health knowledge, attitude and promote health behaviour.

2.3 Development and maintenance of a central health data base

Health data of a community is essential to project health needs, plan health programs, and monitor health outcomes. We advocate the development and maintenance of a central health data base that can be accessible to health providers and the community.

2.4 Reallocation of resources to maintain a financially sustainable system

We believe that accessibility to essential health care is a right of all citizens. There should be a safety net to ensure that no one is declined from basic health care due to financial reasons. The community should prioritize its health care needs within a sustainable budget. The prioritization process should involve participation from different members of the multidisciplinary health care team, and the community. The monitoring mechanism should also involve all parties concerned, the community and the related professionals. For instance the use of appropriate drugs should involve the inputs of the doctors as well as the pharmacists.

2.5 A central health authority

We advocate the development a central health authority that coordinates and monitors the provision of health care that integrates health care provision interfacing hospital care and community care, acute and rehabilitative care. The authority should also be responsible to conduct studies to ensure quality care and cost-effective care are provided at all times.