For Discussion
on 12 November 2007

Legislative Council Panel on Health Services
Health Care Services for the Elderly

PURPOSE

This paper briefs Members on the existing public health care services provided by the Hospital Authority (HA) and the Department of Health (DH) for the elderly, as well as the relevant new initiatives to be introduced.

BACKGROUND

2. As at mid-2007, there are a total of 874 400 elders (aged 65 or above), constituting 12.6% of the Hong Kong's population. The elderly population is projected to increase to 26.4% of the Hong Kong's population by 2036 (**Annex A**).

3. In 2006-07, the expenditure on public health care services provided for elders through the HA and DH was about $13.6 billion. Services to the elders accounted for about 45.5 % of the cost of services of the HA. When compared to persons aged below 65, the elderly population in general has greater medical needs and relies more heavily on the public health care system. 23% of the elderly is admitted to public hospitals at least once per year, compared with 6% for persons aged below 65. A table comparing the utilisation of public health care services between persons aged below 65 and aged 65 or above is at **Annex B**.

EXISTING HEALTH CARE SERVICES FOR THE ELDERLY

Primary Health Care

Health Promotion and Preventive Care

4. Health promotion and illness prevention are effective means to reduce unnecessary hospitalization and hospital readmission of elders. Targeting at the common health conditions of the elderly, such as fall and injury, hypertension, diabetes, stroke and heart diseases, etc, both the DH and HA have collaborated with community partners and non government organizations (NGOs) to launch health promotion campaigns and integrated care programmes. DH provides health promotion activities for the elderly in the community through the 18 Visiting Health Teams (VHT) and health educational kits specially designed for the elderly. Through DH's VHT and HA's community outreach services, training is also provided to the carers of the elderly and volunteers in the community to empower them with advance knowledge on taking care of the elders.

Government Influenza Vaccination Programme

5. The Government Influenza Vaccination Programme (GIVP) provides free vaccination to selected target groups who are recommended to receive flu vaccine, including elderly people living in residential care homes, those aged 65 years or above with chronic illness who are followed up by public clinics, as well as those aged 65 years or above who are receiving Comprehensive Social Security Assistance (CSSA). In 2006-07, over 180 000

elderly benefited from the GIVP.

General Out-patient Services

6. On primary curative services, the population is served primarily by private doctors who provide generally accessible and affordable curative services to the majority of the population. At the same time, the 74 public general out-patient clinics (GOPCs) under the HA are providing primary curative services for predominantly the vulnerable groups such as the elderly, the low-income and the chronically ill. In 2006-07, the elderly accounted for 37% of total GOPC attendances.

7. For elders who have chronic illnesses, the HA has already implemented a system which provides for pre-booking of follow-up appointments for patients to ensure timely follow-up consultations. To improve access of needy elders to GOPC services, the HA has introduced reserved quotas for the elderly at each clinic under the telephone booking system for episodic care, and these quotas are well utilised by elderly patients seeking episodic care. To cater for elders who have genuine difficulties in using the telephone booking services (e.g. those with hearing or vision impairment), the HA has also set up help desks and designated staff to render appropriate assistance in individual cases.

Chinese Medicine Out-patient Services

8. Chinese medicine out-patient services are at present provided

mostly by private Chinese medicine practitioners at competitive prices. A number of NGOs are also providing free or reduced-fee Chinese medicine out-patient services for the needy. In the public sector, there are currently nine Chinese medicine out-patient clinics, which were established on a tripartite model where the HA collaborates with an NGO and a local university in each clinic. The number of clinics will increase to 14 by early 2009.

9. The objectives of establishing public Chinese medicine clinics are to promote the development of "evidenced-based" Chinese medicine practice through clinical research, develop standards in Chinese medicine practice, develop a model for Chinese medicine training and systematize the knowledge base of Chinese medicine. To achieve these objectives, public Chinese medicine clinics need a variety of patients in terms of age, lifestyle, the types of illnesses etc. There is therefore no quota set aside for the elderly. The public Chinese medicine clinics are operated on a self-financing model and the operating NGOs are required to provide up to 20% of the total consultation quotas to patients receiving CSSA, who would be waived the standard fee. Past operating experience indicates that the collaborating NGOs are often willing to use their own resources or other means to assist additional CSSA recipients beyond the 20% level as well as low income patients particularly the elderly to obtain Chinese medicine services. On the whole, the Chinese medicine service provided by the private sector and NGOs have largely been able to cater for the needs of the elderly.

Elderly Health Services

10. DH is providing comprehensive primary health care services to people aged 65 or above through its 18 Elderly Health Centres (EHCs). Members of the EHCs pays an annual membership fee of $110 and enjoy a wide range of services, including health assessment, physical check-up, counselling, curative treatment and health education. The objectives are to enhance primary health care for the elderly, improve their ability to take care of themselves, encourage healthy living and strengthen family support. In 2006-07, the total number of members was over 38 000, and there were 186 000 attendances for health assessment and curative care at the EHCs.

Community-based Services

11. The HA provides community-based outreach services to patients through the Community Nursing Services (CNS), Community Geriatric Assessment Teams (CGATs), Community Psychiatric Services (CPS) and Community Allied Health Services to support discharged patients for continued rehabilitation in the community. For CNS, in 2006-07 over 85% of the visits were paid to elderly clients.

12. In line with the international trend of shifting the focus of health care from in-patient episodic acute services to community and ambulatory services, the HA has strengthened its community and ambulatory services in recent years, with support services for the discharged elderly patients. For example, CGATs and visiting medical officers have been deployed to visit discharged patients residing in residential care homes for the elderly (RCHEs) to provide on-site medical visits for elders. In 2006-07, the CGAT and visiting

medical officers provided 533 231 and 122 199 attendances respectively for the elders in RCHEs. The HA has also piloted the telephone nursing consultation services and nurse-led clinics in some clusters to enhance support for discharged elderly patients in the community.

13. In addition, HA also operates 16 Geriatric Day Hospitals to provide multidisciplinary assessment, continued care and rehabilitation to geriatric patients. The Geriatric Day Hospitals run goal-oriented Geriatric rehabilitation programmes to enhance early reintegration of the elderly patients into the community after their discharge from hospitals. In 2006-07, the total attendance of the Geriatric Day Hospitals was about 126 800.

Dental Services

14. The Government's policy on dental services is to improve oral health and prevent dental diseases through promotion and education, thereby raising public awareness of oral health, and facilitating the development of proper oral health habits. At present, the DH provides free emergency dental services in 11 government dental clinics to the public. In 2006, the attendance was about 35 000, the majority of which were elderly.

Secondary, Tertiary and Specialised Healthcare Services

In-patient Services

15. The HA is currently providing in-patient service under a

comprehensive range of clinical specialties to elderly patients. As at March 31, 2007, there were 27 633 hospital beds run by the HA, including 20 180 general (acute and convalescent), 2 151 infirmary, 4 622 mentally ill and 680 mentally handicapped beds. Elderly patients will be treated in all specialties appropriate to their medical needs. The proportion of total bed-days utilised by patients aged 65 or above has increased from 43% in 1997 to 49% in 2006. In 2006, each elderly patient (above 65) of HA has utilized 18 bed-days on average, compared with 10 bed-days for those under 65.

Specialist Out-patient Clinics (SOPCs)

16. Apart from in-patient services, the HA also provides specialist services through its 49 SOPCs in the territory. Elderly patients requiring long-term specialist care would be referred to SOPC of different specialties for follow up consultations according to their clinical conditions, presenting symptoms and medical needs. Geriatricians at SOPC will provide medical consultation for elderly patients with geriatric problem and/or multiple comorbidities. The proportion of total specialist outpatient attendances by the elderly has increased from 30% in 1999 to 33% in 2006.

Psycho-geriatric Services

17. The HA attaches great importance to the provision of mental health care. In addition to in-patient psychiatric services, SOPC and day hospital services, the HA also operates psycho-geriatric service in all clusters to provide designated care, rehabilitation programmes and home visits to elders with mental illness. The psycho-geriatric services are operated on a

multi-disciplinary basis which involve a team of professionals including psychiatrists, psychiatric nurses, occupational therapists, medical social workers and clinical psychologists. HA's psycho-geriatric teams also provide outreach services to subvented RCHEs. A total of 50,874 outreach attendances were made in 2006-07.

Medical Fee Waivers

18. The public health care services of Hong Kong is heavily subsidized by the Government and the fees of public medical services in Hong Kong are affordable by the public. A mechanism of medical fee waivers is also in place to provide assistance to needy patients. Elderly patients are one of the major beneficiary groups of the medical fee waiver mechanism. In 2006-07, the fee waiver granted to elderly patients amounted to $277 million, in which $253 million were granted for CSSA recipients.

19. While elderly receiving CSSA are exempted from payment of public medical fees, the HA has made special arrangement to make the medical fee waiver mechanism more accessible to needy elderly patients. For example, a higher asset limit of $150,000 per person is set for the elderly (as opposed to $30,000 per person for people below 65 of age). Apart from one-off waivers for unscheduled attendances at GOPCs, elderly or chronically ill patients could also apply for period waivers that are up to 12 months for SOPC services and pre-scheduled follow-up appointments at GOPCs. Medical Social Workers will also take into account specific needs of individual elders and exercise discretion when assessing the medical fee waiver applications. The coverage of period waivers for the elderly will be further extended starting from the first quarter of 2008 (please refer to paragraph 25 below).

NEW INITATIVES TO BE IMPLEMENTED

Health Care Vouchers for the Elderly

20. As announced by the Chief Executive in the 2007-08 Policy Address, we will launch a three-year pilot scheme in the 2008-09 financial year to provide five health care vouchers of $50 each to senior citizens aged 70 or above annually to partially subsidise their use of primary care services including preventive health care in the private sector. These elders could use the vouchers for services provided by western medicine doctors, Chinese medicine practitioners, allied health professionals, dentists, etc., and for preventive as well as curative services.

21. The scheme would implement the "money follows patient" concept on a trial basis, enabling senior citizens to choose their own primary health care services in their local communities that suit their needs most, thereby piloting a new model for subsidised primary care services in the future. The health care vouchers are not meant to provide full subsidy for seeking health care services in the private sector, but to provide partial subsidy with a view to promoting the concept of shared responsibility for health care among patients and especially the concept of co-payment to ensure appropriate use of health care. At the same time, existing public health care services available to the elders would not be reduced as a result of the introduction of the scheme. Senior citizens may still access public health care services as necessary. However, we expect that with the voucher scheme, some elders would choose their own private primary care services close to their homes, so that they can have better access to care and a continuity of care from a chosen provider.

22. Since this is a pilot scheme, we have to proceed with caution and have thus confined the scheme to a smaller scale and a smaller population group as a start. In particular, we have to devise a feasible and scalable operational framework and administrative mechanism that administer the voucher scheme efficiently while allowing elders to claim their vouchers conveniently. The pilot scheme will be subject to review. Depending on the outcome of the review, especially if it serves the intended purpose of enhancing the primary health care for the elders, we may consider extending the scope of the scheme.

Integrated Discharge Support Program for Elderly Patients

23. The 2007-08 Budget has earmarked $96 million for four years to implement a trial scheme to provide integrated discharge support services to elderly dischargees who have difficulty taking care of themselves. Integrated support under the scheme will include discharge planning, transitional rehabilitation services, transitional home-based community care services, and carers' training and support. The objectives of the trial scheme are to enhance discharge planning for elderly patients, reduce unplanned hospital re-admission rate of high risk elderly dischargees, and enhance the support and training to carers in looking after elders discharged from hospitals. Target beneficiaries are patients aged 60 or above with high risks of hospital readmission and are in need of transitional rehabilitation services and/or community support services upon discharge from hospitals.

24. The first pilot project will be launched in Kwun Tong starting from the first quarter of 2008. The United Christian Hospital as the project co-ordinator will collaborate with the Yung Fung Shee Geriatric Day Hospital and appoint an NGO which has the experience in providing home-based

community care services to form an integrated team to provide the support. It is estimated that a total of 3 000 high-risk elderly patients will be served under the Kwun Tong project in a year. Also, the Kwun Tong project will provide training for 1 000 carers in a year.

Improved access for medical fee waivers

25. To further enhance the accessibility of medical fee waivers to needy elderly patients, the HA and SWD are planning to extend the coverage of period waiver for the elderly to include GOPC services without pre-scheduled appointment. HA and SWD target to implement the new arrangement starting from the first quarter of 2008.

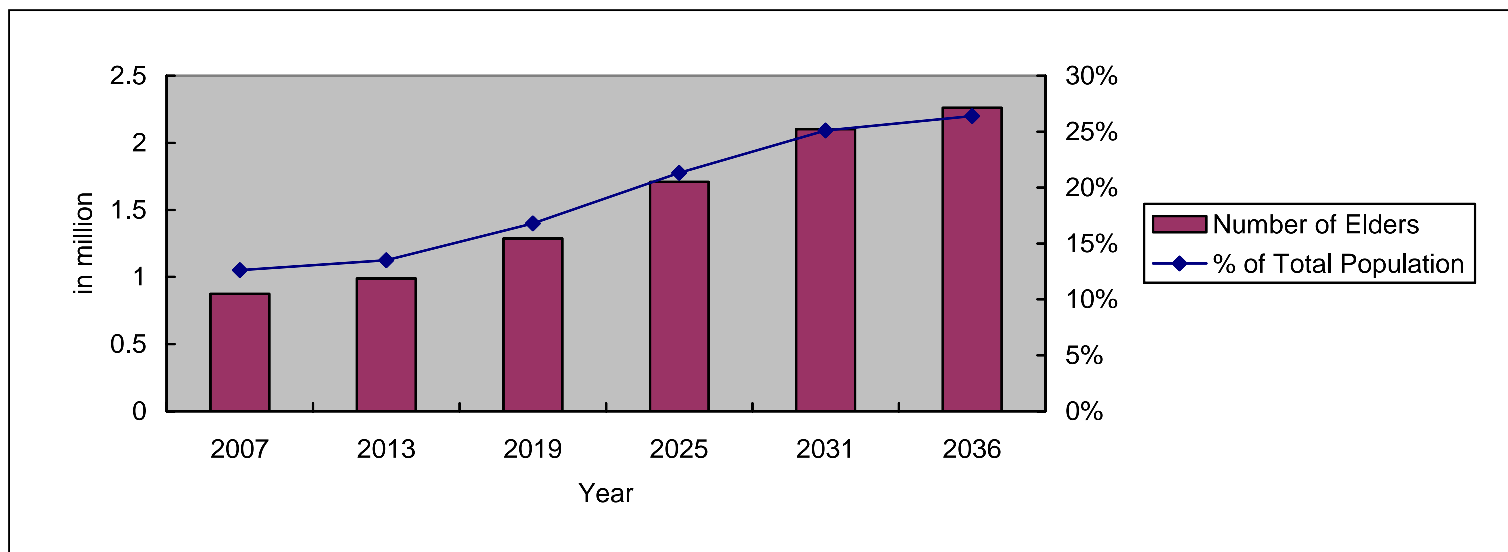
ADVICE SOUGHT

26. Members are invited to note the content of the paper.

Food and Health Bureau
November 2007

Annex A

Projection of Elderly Population of Hong Kong (2007 – 2036)



Source: Census and Statistics Department's 2006-based Population Projection

Annex B

Comparison of Utilisation of Public Health Care Services between Persons Aged Below 65 and Aged 65 or Above

	Below 65	**65 or Above**
Number of public hospital admissions per year per 1 000 Population	**10.8**	**55.8**
Length of stay at public hospitals per year per 1 000 population (Bed-days)	**664.3**	**4484.8**
Number of attendances at Accident and Emergency Departments in public hospitals per year per 1 000 population	**248.6**	**632.2**

Source: Figures derived from data provided by the HA