



Betterment for the Life of Middle-Class Lung Cancer Patients

The objective of this position paper is to call for the Hospital Authority (“HA”) and the government to provide more relief measures to alleviate the plight of the middle class lung cancer patients through the review of the HA drug formulary management process, the eligibility and coverage of the Community Care Fund (“CCF”), and the strengthening of the community medical care system.

Lung cancer has been the top killer disease in Hong Kong accounting for about 27% (3,780 cases) of cancer deaths in 2016 according to the statistics of the Department of Health, and the majority of the new 2930 cases in 2015 was people of age over 50. According to the updated HA Drug Formulary (“The Formulary”) announced in March 2019, there are only five lung cancer drugs enlisted as the “general drug” or “special drug” category, as compared to 10 that are exclusively categorized under the self-financed item (SFI), including the four newly added drugs.

SFI drugs as defined by HA are “drugs which are proven to be of significant clinical benefits but are very expensive to HA to provide as part of its standard services... Patients who require these drugs and can afford have to purchase at their own expense.... A safety net is provided through relevant funds to subsidize patients who have financial difficulties”. The objective of implementing the Formulary since 2005 as stated by HA is to ensure equitable access by patients to cost-effective drugs of proven safety and efficacy. However, the categorization of SFI drugs since launch has not only defeated this objective but has also created increasing anxiety amongst the community in particular the middle-class patients.

Provide Middle-class with Equal access to New Drugs

Happy-Retired (“We”) are of the view the current HA Drug Formulary Management process have deficiencies inadvertently creating injustice and discrimination against most middle-class lung cancer patients who are deprived of equitable access to SFI drugs for receiving better clinical treatment. While the low-income group has a higher chance of getting drug expense subsidy through CCF’s medical assistance programme, its financial assessment calculation and threshold for the middle-class patients to get a reasonable subsidy is complicated and stringent. Sadly, even amongst the approved cases, involuntary cessation of SFI drug treatment after using up the subsidy is not uncommon. The situation is even worse for those who are ineligible for applying CCF, with no insurance coverage and cannot afford to pay for SFI drugs, they are left with no choice but taking either the “general or special drugs” which have less clinical benefits compared with the expensive SFI drugs.

We therefore propose the HA to increase its budget allocation to purchasing new lung cancer drugs with significant clinical benefits (i.e. currently classified as SFI) so as to ensure that the majority of population can have a REAL equitable access to new drugs of higher clinical efficacy. The management of the Formulary should be streamlined to consist of two categories of “general drugs” and “special drugs” only, be regularly reviewed and enlisted with new drugs of proven significant clinical benefits as soon as possible before expiry of patent. We believe that with more patients (low income and middle-class) can afford with equal access to the new drugs, the overall life quality and the survival rate of lung cancer patients would be improved and consequently, the intense pressure on public hospitals would get alleviated.

Enhancements required for the Management Process of the Drug Formulary

The HA Drug Formulary is updated every three months in accordance with the established evidence-based approach and mechanism including the bi-annual consultation meetings with patient groups. We understand the HA as a public-funded organization has to ensure the rational use of limited public resources. However, HA has been shifting its responsibility of buying ultra-expensive drugs to CCF through the latter’s medical assistance programme. Since its establishment in 2011, the programme has been incessantly expanding from subsidising the initial 6 self-financed cancer drugs to 22 by phases in February 2019, with a total disbursement amount of HKD 802.8 million in respect of cancer drug costs, after netting patients’ own contributions as at December 2018.

We would suggest the government to re-allocate the fund planned for the CCF’s medical assistance programme to HA as its recurrent apportionment, ring-fencing for drug procurement. On the other hand, in order to ensure the whole budget planning and allocation mechanism can truly reflect the needs of society and patients, HA Drug Management Committee and Drug Advisory Committee need to conduct an objective and all-round projection in respect of drug selection, procurement and management based on local epidemiologic trend data alongside the demographic changes. Government representative from the Bureau of Food and Hygiene should also sit in the Committees to provide inputs to HA’s procurement process and criteria, to strike a balance between drug costs and patients’ benefits, and to ensure fair views from major stakeholders including medical professionals, patient groups and the pharmaceutical industry be sufficiently heard. More importantly, public doctors can be more flexible in prescribing suitable new drugs in the best interests of patients without worrying their affordability. All of which will help benefit the patient journey and treatment efficiency.

Promote Lung Cancer Screening at Community Level

Symptoms of most lung cancers are not visible to patients at early stages. We would propose the Government to introduce a lung cancer CT Scan screening pilot programme for Hong Kong residents aged 50 and above for early detection of lung cancer, similar to the one recently announced by the Macau government. The experience of the government-funded colon cancer and cervical cancer screening programmes implemented for the past years suggested that screening and early detection can enhance full recovery rate and help reduce public medical expenses in a long run.

Conclusion

As a social enterprise dedicated to promoting the retirement life of the young-old middle-class retirees and to-be retirees, we understand our members' concerns and worries. Most of them are worried about cancer diseases and the escalating medical expenses especially the drug costs. Undoubtedly, the SFI that cost HKD 20,000 to 50,000 a month are hardly affordable for most middle-class retiree patients, not to mention that not many can be eligible for applying CCF. We would urge the government to focus reviewing the HA drug management process and the relevant budget allocation so as to provide middle-class retiree patients with real equal access to new drugs treatment.

Written by: Happy-Retired Company Limited

Date: 3 April 2019

Email: info@happy-retired.com

Website: www.happy-retired.com

Contact: Ryan Yeung
Founder and CEO, Happy-Retired
ryan.yeung@happy-retired.com
Doris Shu
Marketing and Communications Manager, Happy-Retired
doris.shu@happy-retired.com