In April 1999, the Hong Kong SAR Government published a consultant report on the medical and health services in Hong Kong: “Improving Hong Kong’s Health Care System: Why and for Whom?” Within the report, there is suggestion to set up a MEDISAGE system to support long term care of elderly. The HKGS has responded to the report and provided our viewpoints on the suggestion. The followings represent the position of the Society regarding the issue.

The Hong Kong Geriatrics Society strongly requests prompt development of a rational policy for providing and funding cost-effective long-term care (LTC) of elderly persons. We define LTC as institutional and community-based care of older persons with chronic disabling conditions. The services include medical and support services needed to obtain optimal levels of physical, social, and psychological functioning by persons who are frail and dependent.

Large number of older persons requires LTC services. The need for LTC increases steadily with age. Because persons of age 85 or older are the fastest growing segment of our population, the already great need for LTC services will increase substantially in the coming decades. To deliver cost-effective LTC, changes must be made.

LTC places a heavy financial burden on elderly persons and their families. Although the Hong Kong Special Administrative Government provides a full range of LTC services, they are both inadequate and not easily accessible. As a result, the elderly persons are forced to accept inappropriate and sub-standard services and the SAR Government resources are not optimally utilised.

RECOMMENDATIONS

1. Financing
1.1 A comprehensive plan must be developed to establish the minimum standard for LTC and provide a mechanism for financing such care. The current fragmented system of LTC is inadequate, inefficient and inequitable.
1.2 A broad tax base that spreads the risk over a large portion of the population should fund public financing of LTC. Although a substantial number of older individuals will never use LTC services, out-of-pocket costs can rapidly deplete an individual user's assets and create substantial hardships for the others.
1.3 Sources of funding other than the proposed MEDISAGE should be explored. It includes private insurance, home equity conversion, individual medical accounts and employer-paid.
1.4 Since most of the chronic diseases are related to poor personal health behaviour, adjustable portion of cigarette and alcohol taxation serves as a potential source of funding as well as public education on health behaviour.
1.5 Private funding to supplement public funds should be encouraged. It will increase individual's choice. There are people who are able to purchase individual insurance for LTC. Private insurers can provide additional services, cover co-payments and deductibles, and protect assets. Private financing mechanisms therefore allow a greater proportion of public funds to be used for those in greatest financial need.
1.6 The plan should link funding to appropriateness and quality of care in both institutional and community settings. The health and welfare professionals and the SAR Government should set care standards for residential homes. In formulating policy, a uniform quality assurance program, which includes objective outcome-based criteria, should be established and adopted by all licensing and reviewing organizations. Funding formulae for LTC should recognise the cost of delivery of good care and reward positive outcomes.
1.7 LTC services are extensive, complex, and rapidly expanding. Better-trained professional will be needed. LTC program should therefore includes funds for both education and research on LTC because successful long-term management of the frail older individual is complex and requires special expertise.

2. Provision
2.1 Regardless of the source of funding, every elderly should NOT enter LTC without prior exposure to an effective system of specialist-led multidisciplinary assessment.
2.2 Assessment of the needs of the elderly person should be undertaken at every period of transition in health and social care, whether from one state of health to another or from one site to another.

2.3 To maximise the independence of the elderly persons, the assessment should be followed by appropriate treatment and rehabilitation.

2.4 The recipients of LTC are the frailest population. They need ongoing effective supervision and surveillance to maintain the optimal level of health.

2.5 Explicit eligibility criteria for the entitlement of LTC should be established.

2.6 A comprehensive home-based care should be developed to encourage the elderly people to remain at home.

2.7 The reimbursement levels for the service providers should be linked with procedures of quality assurance.

2.8 It has proven that increasing the level of medical care in residential home can improve the quality of home in a number of areas.

2.9 Particularly in private residential homes, it has been noticed that they are more willing to take increasingly dependent elderly persons. However, they are not appropriately placed as there are not sufficient nursing and medical support.

2.10 The arbitrary distinction between the different types of residential homes should be abandoned since this is associated with a significant mismatch between needs and available resources. Unnecessary queue is created for admission to different residential homes while appropriate care is not provided. A system of case-mix adjusted funding should be adopted as a means of ensuring the level of funds available to an institution that is appropriate to the needs of its residents.

2.11 Domiciliary visits by geriatrician have been proven to prevent acute hospital admission. Geriatric support to residential home should be implemented.

2.12 It is mandatory that a uniform and comprehensive system assessment is to be performed by all residential homes to improve care planning.

SUMMARY

The Hong Kong Geriatrics Society urges the Hong Kong SAR Government to develop a rational policy for LTC. A change in the current funding and provision of LTC to a more cost-effective care demands a change in the existing structure and process in LTC. The Hong Kong Geriatrics Society is always ready to participate in improving the Hong Kong health care system.