Chapter 13

Primary Health Services Utilization and Inequality: The Emerging Symbiotic Public/Private Model in Hong Kong

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ABSTRACT

Hong Kong’s health services have shown signs of development in recent decades. The provision of public low-cost universal health services acts as a safety net, but its quality and quantity is sometimes questionable. Citizens’ health service needs often must be met by the supplementary private health services, especially the primary health services. Nevertheless, criticisms have been expressed regarding access to, and utilization of, these health services. This paper examines the utilization, in terms of accessibility, affordability, and primary health services for Hong Kong residents. Based on a survey data collected in 2009, findings revealed that the respondents were, on the whole, satisfied with the primary health services and that this attitude is positively correlated with their satisfaction in their own health status. Nevertheless, the findings also show that health services utilization varies according to social class which deserves attention.

HEALTH STATUS IN HONG KONG

Hong Kong’s health indicators have reached the level of other advanced economies. In 2011, life expectancy in Hong Kong was 82.8, compared to the average of 80.0 for “very high human development” areas (UNDP, 2011). Infant mortality and maternal mortality rates were 1.7 and 1.1, respectively, in 2010. In 2000, these rates were 2.9 and 5.6, which indicates strong positive development in the last decade (Census and Statistics Department, 2011).
Such achievements were made possible by sustaining government investment, coupled with private expenditure sufficient to ensure the provision of health services. Since 1970s, the Hong Kong government has invested in the public health services infrastructure—hospitals and general and specialist clinics. Private health services maintained a minority role in secondary and tertiary health services, but substantially increased their number of hospital beds since 2000, but their share is still not comparable to that of public hospitals. In 2010, there were 26,981 beds under the Hospital Authority, compared to 3,946 beds in the private sector (Census and Statistics Department, 2011). In 2009, private hospitals admitted 361,563 patients, or 21% of the total hospital admissions in that year. Generally speaking, approximately 80% of the health expenditure for secondary and tertiary health care comes from public funding (Hong Kong SAR Government, 2011).

Private health services concentrate on primary health care, which is usually provided in small clinics operated by a single medical practitioner or a few colleagues. In 2006/07, public funding was used to pay for only 22% of the total primary health services expenditure. The large role played by private health services in primary health care is evident in the findings of various surveys conducted by Census and Statistics Department. For example, in a 2009 survey, 70.7% of the respondents who had consulted medical practitioners in the preceding thirty days had met with private medical practitioners. Only 22.4% had visited public out-patient clinics (Census and Statistics Department, 2010). This is not to say that public primary health clinics play a negligible or diminishing role: the number of visits to these clinics remains very high (Table 1), because they charge much lower fees than private clinics. Public primary health services are particularly vital for lower-income groups in Hong Kong.

**PRIMARY HEALTH SERVICES IN HONG KONG**

Public health services, especially for secondary and tertiary care, received greater attention and the lion’s share of public funding (Chan, 2011). Nevertheless, the contribution of primary health services could not be neglected. In the consultation document ‘Towards Better Health,’ enhancement

**Table 1. Out-patient services provided by the Hospital Authority and Department of Health, 2000 to 2010 (adapted from Census and Statistics Department, 2006, Tables 13.12 & 13.13; 2011, Tables 13.11 & 13.12)**

<table>
<thead>
<tr>
<th>Public primary health services</th>
<th>2000</th>
<th>2003</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Authority</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>General out-patient visits</td>
<td>813,013</td>
<td>3,297,989</td>
<td>5,211,682</td>
<td>4,893,528</td>
<td>4,774,703</td>
<td>4,929,886</td>
<td>4,703,732</td>
<td>4,836,015</td>
</tr>
<tr>
<td>Specialist out-patient visits (clinical)</td>
<td>5,697,507</td>
<td>5,490,046</td>
<td>5,804,970</td>
<td>5,786,268</td>
<td>5,817,147</td>
<td>5,873,041</td>
<td>6,124,699</td>
<td>6,352,784</td>
</tr>
<tr>
<td>Family medicine clinic visits</td>
<td>74,760</td>
<td>189,506</td>
<td>174,552</td>
<td>191,753</td>
<td>204,321</td>
<td>225,042</td>
<td>267,633</td>
<td>280,326</td>
</tr>
<tr>
<td>Accident and emergency visits</td>
<td>2,423,079</td>
<td>1,911,508</td>
<td>2,049,129</td>
<td>2,028,569</td>
<td>2,073,443</td>
<td>2,115,630</td>
<td>2,200,540</td>
<td>2,224,220</td>
</tr>
<tr>
<td>Department of Health</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General out-patient services</td>
<td>6,546,033</td>
<td>3,124,661</td>
<td>712,988</td>
<td>664,173</td>
<td>670,706</td>
<td>714,474</td>
<td>683,679</td>
<td>657,716</td>
</tr>
<tr>
<td>Other out-patient services</td>
<td>7,244,084</td>
<td>7,050,484</td>
<td>6,998,348</td>
<td>6,835,709</td>
<td>6,576,295</td>
<td>6,490,715</td>
<td>6,477,286</td>
<td>6,273,818</td>
</tr>
</tbody>
</table>

Note: The significant increase and decrease in the number of visits for general out-patient services shown in this Table were mainly due to the phased transfer of public general out-patient clinics from the Department of Health to the Hospital Authority in the period from September 2001 to July 2003.
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