

## Marrying the public and the private

With Hong Kong's health service facing reorganisation, Jane Parry meets **Yeoh Eng Kiong**, the man who has to come up with the solutions



Dr Yeoh: doctors hope that he will transform the primary sector, just as he transformed Hong Kong's hospitals

When Hong Kong's health and welfare secretary, Dr Yeoh Eng Kiong, opened his morning paper recently, he could be forgiven for feeling a twinge of regret at having said that he welcomed public criticism of Hong Kong's hospitals. The press gave prime coverage to the revelation that a surgeon had negotiated the purchase of a new car on his mobile phone while performing an operation to remove a polyp from a patient's colon. The doctor tore the patient's colon and a second operation was needed. But no action was taken against the doctor until the patient went to the press.

In the resulting furore, the newspapers excoriated both the doctor's hospital and Hong Kong's Hospital Authority, the body responsible for running the city's 43 public hospitals. And Dr Yeoh, as the most senior civil servant in charge of Hong Kong's health service, has to field such criticism.

Yet in many ways Dr Yeoh has been the saviour of Hong Kong's hospital system. When he became head of the Hospital Authority in 1991, hospitals were

run by a range of organisations, including the government and 23 other bodies. The hospitals were best known for patients lying on camp beds in corridors and for wards infested with cockroaches and rats.

During his eight years in charge of the sector Dr Yeoh implemented rapid reforms. Hospitals were organised into eight groups, by area, and expertise was concentrated in one hospital in each group, so that hospitals did not duplicate each other's work. Thus the flow of

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doctors from the public to the private sector was stemmed, many patients abandoned private hospitals in favour of public ones, and staff turnover was reduced to only 3% a year.

Last September Dr Yeoh was promoted from his post at the Hospital Authority to the position of secretary for health and welfare, in the health and welfare bureau of the government secretariat. Many doctors hope

that Dr Yeoh will now do for the primary care sector what he did for the secondary care sector. He brings to the new job almost 30 years' experience of the Hong Kong health service.

Born in Malaysia, Dr Yeoh, aged 53, moved to Hong Kong in the mid-1960s and trained first at the University of Hong Kong then in London. On returning to Hong Kong, he worked at the Queen Mary Hospital, the city's leading teaching hospital, and then at the Queen Elizabeth Hospital, before being appointed head of the Hospital Authority. He had to give up his Malaysian nationality to take his current job as health and welfare secretary and saw his monthly salary halved, from £30 000 (\$48 000) to £14 000.

He assumes his new role at a time when Hong Kong's health professionals and policymakers are grappling with the findings of the Harvard report which was commissioned by the Hong Kong government in late 1998 and which proposes substantial changes to the region's health service. It was commissioned by the government and made public in April last year.

Accusing the government of neglecting the health service for decades, the report criticises the lack of regulation of the medical profession, unnecessary compartmentalisation of services, and abuses by private doctors, such as charging exorbitant fees and overprescribing drugs (half of Hong Kong's 9000 doctors work in the private sector). Above all, it warns that the current public hospital funding mechanism is no longer tenable.

Like the NHS, Hong Kong's public health system is funded from taxation, but it draws on a very low tax base. As Hong Kong's population ages and as

demands on health care grow, a new funding plan is required and it is Dr Yeoh's job to come up with one.

He was unimpressed with the Harvard report's sole recommendation—mandatory health insurance: "With the insurance option we would end up with managed care in both public and private sectors and little differential between them. We haven't eliminated the idea of insurance,

but I personally think a 'user pays' system, such as a savings plan where people save for their own healthcare needs, is more consistent with our aim of shared responsibilities for health care."

At present, most users of the private system pay for services themselves rather than claiming the cost from their insurance companies, often because their insurance does not pay the full costs. Consequently, private doctors and private hospitals receive only 10-15% of their income from medical insurance company payments, although 30% of the public have a private health insurance plan.

Dr Yeoh does not see finance as the biggest issue in the Hong Kong health service. In the current year, 1999-2000, expenditure on health is £2.4bn, and accounts for 14% of total recurrent government expenditure. The proportion of gross domestic product spent on health care is about 5%, which is in line with similar countries' spending in South East Asia. "I don't think we need lots more money. It's a matter of better using what we have," he said.

What is more important, in his view, is to continue improvements in public hospitals and to improve coordination between the private and public sectors. "The interface between primary care and hospitals is quite a mess. The hospital system is dominated by the public sector and the primary system dominated by the private sector," Dr Yeoh explained.

Private GPs often operate alone so there are scant opportunities for them to be monitored by their peers. Most doctors dispense as well as prescribe drugs, and self prescribing by the public is also widespread, thanks to lax controls on the sale of prescription drugs.

All this makes it difficult to ensure coherent primary care, and there are no immediate solutions on the table. "In the past the government had not really thought through the role of public primary care. It will be looked at in the process of healthcare reform," said Dr Yeoh.

Dr Yeoh's new job undoubtedly gives him wide scope to influence the future of Hong Kong's health care. It is to the Hong Kong public's advantage that policy rests with someone who understands the system from personal experience. □