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ELDERLY HEALTH CARE VOUCHER SCHEME IN HONG KONG—EFFECTIVE OR NOT?

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ABSTRACT
Facing the problem of ageing population, Hong Kong Department of Health has launched an Elderly Care Voucher Pilot Scheme in 2009 and it has become a regular programme called Elderly Health Care Voucher Scheme (EHCVS) since 2014. In 2019, vouchers that worth $2,000 are given to elders aged 65 or above and the accumulation limit of the vouchers is $8,000. The EHCVS aims to ease the current heavy reliance on public health care services and encourage elders to choose private health care services with partial subsidy. However, despite
elders have high awareness of the voucher scheme and vouchers utilisation rate has reached 90%, elders still tend to spend vouchers on public clinics and hospitals for acute disease treatment. This shows that EHCVS is still ineffective in changing the behaviour of using vouchers for disease management and preventive care. This may be due to inadequate knowledge on the scheme among the recipients and the ineffective promotion of the scheme. The paper has reviewed and analysed the factors affecting the use of vouchers and suggested feasible recommendations to enhance and sustain the effectiveness of the scheme.

**KEYWORDS:** Elderly Health Care Voucher Scheme, public health care services, private health care services, preventive care, effectiveness
1 INTRODUCTION
According to the statistics from the Census and Statistics Department (2014), there are 76% of elderly who aged 70 or above were suffering from at least one type of chronic diseases. Besides, the multi-morbidity of elderly aged 65 or above is 18 times higher than the youngsters aged between 14 and 25 (Chung et al., 2009). This reflected that the health problem among the ageing population in Hong Kong is quite serious and has created a heavy burden to the public health care sector. Therefore, in order to alleviate the pressure of the public health care system, the Hong Kong government has launched a scheme for the elderly called “Elderly Health Care Voucher Scheme” (EHCVS). The main objective of this scheme is to act as an incentive to the elderly by partially subsidising them to purchase primary health care services from the private health care sectors with the use of elderly health care vouchers (EHCV). The pressure of relying on public sectors could be expected to be lowered as elders are able to choose both public and private health care services (Wong, et al., 2015). Another aim is to encourage the elderly to receive therapeutic treatment as well as to purchase preventive primary care services.

The vouchers are applicable to various kinds of medical services provided by medical practitioners, Chinese medicine practitioners, dentists, chiropractors, registered nurses and enrolled nurses, physiotherapists, occupational therapists, radiographers and optometrists (Health Care Voucher, 2019b). The vouchers can be used in all preventive care, curative and rehabilitative services provided by enrolled health care providers, but there are restrictions on voucher use. Purchase of medication in pharmacy, prosthesis, medical items, and public health care services that are already being subsidised, including those private sector services purchased by the Hospital Authority, are prohibited.

The Food and Health Bureau conducted a comprehensive interim review in 2011 to review the effectiveness of the EHCVS and found that the Scheme could not increase the utilisation of primary preventive care service (Department of Health, 2011). Although the visits of preventive care service increased from 9% to 36% between 2010 and 2017, the visits of management of acute episodic conditions only decreased from 71% to 67% between 2010 and 2017 (Food and Health Bureau & Department of Health, 2019). It shows that the aim of promoting EHCV cannot be achieved. This paper summarises the reasons affecting the effectiveness of EHCVS and give recommendations on better use.

2 MEASURES ENHANCEMENT AND STATISTICS OF EHCVS
2.1 Measures adjustment of EHCVS
When the EHCVS was first introduced as a pilot scheme in 2009, five vouchers which valued $50 each were given to every elderly citizen aged 70 or above annually. The Government conducted an Interim Review in 2011 and extended the scheme by increasing the voucher amount to $500 and $1,000 in 2012 and 2013 respectively. The scheme was eventually converted into a recurrent programme from 2014 with two main amendments. First, the total annual value of vouchers has been adjusted to $2,000. Second, the face value of each voucher was lowered to $1 and the maximum accumulation limit of unspent vouchers was doubled from $2,000 to $4,000 (Health Care Voucher, 2019a).

In 2017, the eligible age for the scheme was lowered from 70 to 65. An additional one-off voucher amount of $1,000 was deposited to eligible elderlies on 8 June 2018 and 26 June 2019. The accumulation limit of the vouchers was also raised to $8,000. Besides, vouchers value of $2,000 was given to elders in every two years for use on optometry services (Health Care Voucher, 2019a).
From 26 June 2019, eligible elders can use the vouchers on designated outpatient services provided by The Hong Kong University-Shenzhen Hospital (HKU-SZ Hospital) which is managed by The University of Hong Kong and invested by the Shenzhen Government. The service fee would be converted from RMB to Hong Kong dollars and rounded to three decimal places.

2.2 Statistics of the use of EHCVS

The interim review conducted in 2011 stated that the number of accounts had steadily increased since the scheme was launched, and a total of 300,292 accounts had made voucher claims in 2010. The ratio to account with claim transaction made almost equal to 1:1. In addition, 22% of the account remained inactive in 2010 and had no claim of voucher since account creation. In 2017, the utilisation rate of EHCV had dramatically increased from 28% in 2009 to 78%, and the EHCVS expenditure had increased from 36 million dollars in 2009 to 1.1 billion dollars in 2017 (Research Office of Legislative Council Secretariat, 2018).

The interim review indicated that eligible elders used the vouchers mainly on visiting medical practitioners with the reason of managing acute episodic conditions and follow-up of long-term conditions (Department of Health, 2011). Similarly, among the visits to Chinese medicine practitioners, follow-up or monitoring of long-term conditions was the main reason. These indicated that eligible elders were paying less attention to preventive care.

The voucher claim transactions on management of acute episodic conditions remained the highest in 2017, followed by other reasons and preventive care. Although the EHCVS claim transactions on preventive care increased from 7% in 2009 to 13% in 2017, it was increased at a very slow rate. Besides, the visit rate of management of acute episodic conditions remains high, which decreased from 69% in 2009 to 54% in 2017 (Food and Health Bureau & Department of Health, 2019). Although the visit of preventive care by using EHCV increased, the majority of voucher claim remained in acute care and it cannot achieve the purpose of enhancing primary care.

Another noticeable statistics was the increase in the number of enrolled health care professionals, from 2,540 in 2009 to 7,153 in 2017. The number of places of practice increased from 3,202 in 2009 to 15,577 in 2017. More private health care providers had enrolled in the scheme in 2016 with optometrists being the highest (67%), followed by dentists (44%) and medical practitioners (42%).

3 FACTORS AFFECTING THE EFFECTIVENESS OF EHCVS

The statistics above indicate that despite the progressive increase of expenditure on the voucher scheme and utilisation of vouchers, the scheme still fails to be an incentive to alter elderly’s use of private primary services for disease management and health prevention. The scheme only encourages elders to use more health care services but it is ineffective in serving the original purposes, which are bringing down the visits to public hospitals and ease the overloading problem, as well as to encourage the use of private health care services.

The situation aligned with the survey conducted by the Hong Kong Medical Association in 2015, which showed that only a minority of elderly would receive preventive care with the vouchers. Furthermore, a study conducted by Yam et al. (2011) found that 66.2% of elderly who were eligible voucher users opined that the voucher scheme did not change their behaviours of consulting public or private health care services. They maintain their usual
health-seeking practice regardless of the launch of the EHCVS. In light of this, it is important to analyse the factors impeding the effectiveness of the scheme.

3.1 Inadequate understanding of EHCVS

The elders are only aware of the scheme and know about the new measures such as the increase of annual voucher amount and accumulation limit (Legislative Council, 2019a), but not the main purpose of the scheme. Lai et al. (2017) conducted a qualitative study on 55 EHCVS recipients and found that the EHCVS was not promoted in a way to encourage disease prevention and management. The elders perceived the scheme as a social welfare instead of an initiative to choose private health care services on top of the existing public healthcare. This misconception rooted among the elderly has hindered them to use the vouchers on disease management and prevention.

In addition, although there were over ten disciplines of medical services enrolled in the scheme from 2015 to 2018 (Department of Health, 2019), the elderlies might not know which service was the best to them and thus ending up saving the vouchers for future use on acute medical treatment. In the study by Lai et al. (2017), interviewees shared that there were times they spent the vouchers for one-off purposes such as expensive magnetic resonance imaging scan and dental service. This shows that the elders do not have adequate health knowledge to spend the voucher money on disease prevention.

3.2 Unwillingness to pay for private health care

The elderly’s willingness to pay, particularly for preventive care, remains low. The interim review in 2011 studied the correlation between willingness to pay for private health service and the given amount of voucher. Participants were asked three questions: (1) maximum amount of money willing to pay for private health care service without subsidy; (2) maximum amount of money willing to co-pay for private health care service with given government voucher; (3) minimum amount of subsidy that would encourage the change of behaviour on the use of primary health care service. Respondents who answered both questions 1 and 3 indicated that the mean subsidy amount requested for chronic conditions ($511) and preventive care including health check ($336) and dental check ($222) were higher than average money they were willing to pay respectively, $222, $208 and $161 (Department of Health, 2011). Such findings have revealed that the respondents are only willing to pay for preventive care such as health and dental check in the private sector at below market price. Even with subsidy, respondents request higher amount of subsidy on preventive care. The 2011 review has shown people generally prefer to use the vouchers for acute episodic diseases to preventive care.

In addition, private health care services are expensive to the elderly. The elderlies are more willing to pay for acute diseases, and it is not worthy to go for the expensive ones when the outcome of treatment from public and private clinics is the same. The elderlies are comfortable with the existing public health care system as the services were at low charges but with good quality in terms of referral and follow-up visits (Lai et al., 2017). For example, the average cost on single visit to dentist is around $884 and optometrist costs around $1,769 (Research Office of Legislative Council Secretariat, 2018) which will consume a large amount of annual voucher amount. Therefore, the elderlies are happy to pay for acute illnesses from public health sectors but not private ones as they are not willing to pay the high costs (Liu et al., 2013).
3.3 Lack of trust on private health care providers

Without the provision of a clear list of private health care service providers, the recipients may not be sure which of them have enrolled in the scheme. Most elders would not actively search for those who accept vouchers, and hence they remain visiting the public ones. There is a need to inform the elders about the enrolled providers in order to increase their incentive to choose private services. Moreover, there were 235 complaints about voucher defrauding and professional misconduct against private services from 2015 to 2018 (Chiu, 2019), and this had affected customers’ trust on private services. Some elders even doubted the service standards in the private market (Liu et al., 2017). Individual cases included persuading elders to purchase expensive dried seafood products at Chinese Medicine clinics, buying corrective spectacles and doing unnecessarily eye tests at optical stores, etc. Inappropriate claimed voucher amounts were particularly found in optometry service. The voucher claims by optometrists reached $760 million which was the second highest of total claims in 2018 (Department of Health, 2019). This has also revealed a question on the appropriate use of vouchers as this may divert elders to a ‘shopping’ nature rather than a health precaution purpose.

3.4 Inadequate private providers

The distribution of health care services in 18 districts varied with Southern District having the least enrolled medical and Chinese medicine practitioners but the most eligible elderly (Audit Commission, 2014), followed by Kwai Tsing District with the ratio of one enrolled medical practitioner to 745 eligible elders. Also, there is a comment from the elders that some private providers whom they usually visit have not enrolled in the scheme. Thus they cannot use the vouchers. Although the elders could travel to other districts for health care service, easy access to providers is the key to encourage elders to visit them to benefit from the scheme.

4 RECOMMENDATIONS

4.1 Enhancing public awareness on the aim of EHCVS

It is important to raise public awareness about the aims of the EHCVS through various sources and avenues of promotion. In the past, the government mainly rely on the television and radio broadcast as the main communication media for the elderly. However, some elders living in public estates are underprivileged and with lower education level. Therefore, the 18 Visiting Health Teams from Department of Health should organise more community talks to educate the public on the proper use of vouchers for both public and private health care services. Concept on prevention health care should be emphasised and strengthened. The teams should give examples on different preventive health services such as body check and vaccination. Moreover, some of health care professionals including physiotherapists, chiropractors and radiographers which are less known to the public should be introduced. The audience need to understand how the vouchers act as an extra personal and household resource and incentive to help them to purchase additional healthcare with higher quality (Chui et al., 2016).

Meanwhile, the setting-up of District Health Centres (DHCs) is expected to enhance primary health care within each of the 18 districts through medical-social collaboration and public-private partnership. The first centre was set up in Kwai Tsing District at the end of September 2019 and the scope of services includes health promotion, health assessment, chronic disease management and community rehabilitation (District Health Centres, 2019). Apart from allowing the use of health care vouchers in these centres, the government could also change the public’s general behaviour and mindset from being treatment-oriented to prevention-focused, and help improving the efficiency of the EHCVS.
Details and advice such as updated eligible age, new additional voucher amount and reminders on asking service providers about details on health care products before giving their consent should be given to the eligible audiences. In fact, the target audiences should not only be restricted to the elderly. Their family members are able to convey the messages to them after having a clearer understanding of the scheme. Therefore, apart from health talks, brochures and leaflets can be sent to residential mailboxes regularly to remind people about the purposes of the scheme.

4.2 Improving promotional materials

More promotional materials of the EHCVS should be available in public clinics and hospitals as studies have shown that eligible elders remain regular consumers of public services. Eye catching posters can be posted on the wall and leaflets can be distributed through public facilities. The highlights of the promotional materials should focus more on health prevention in private sectors rather than the traditional information such as eligible age and annual voucher amount. Health care professionals in public sectors should also help to guide the elderly to use the vouchers for chronic disease management and prevention on private sectors.

The Health Care Voucher website can include positive personal feedbacks from recipients who have a practice on choosing both public and private health care services so that people who access to it can know how the scheme is being useful and effective on primary health care service. This can encourage audiences to change their behaviour by letting them know that it is worth paying for private services but not just public services.

On the list of providers, some elders may prefer reading hard copies. The Department of Health should regularly print an updated list of enrolled private health care service providers and distribute it in all clinics and hospitals (Legislative Council, 2019b). The list should categorise the providers in terms of professions and districts. For example, an elder who lives in the Western District and want to have a body check can look up the list conveniently. This can let elders keep up-to-date on what private health care services are available and where to purchase suitable services near their home.

4.3 Facilitating elders to manage voucher accounts

Elders are able to check and manage their accounts through the online platform called eHealth System. Although detailed instructions are provided on the website, some elders may not know how to operate computers and access the system. On the other hand, the online search engine of the list of enrolled health care service providers is rather complicated, particularly for elders. Elder could not plan ahead for their health precaution when they are unable to manage their account efficiently.

Therefore, the 18 Visiting Health Teams and DHCs should hold workshops in district elderly community centres to teach the elderly how to use the Internet and access the system. The elders could also use the Interactive Voice Response System and the Scheme’s website to check the balance of their voucher. The team should remind elders to check their account balance by asking for a printed record of their account balance after each visit to health care providers.

4.4 Monitoring health care service providers and voucher claims

To minimise inappropriate practices of enrolled providers, the Health Care Voucher Division set up by the Department of Health should conduct more regular inspection. From 2009 to 2018, 358,000 claim transactions which only accounted for 2% of the total claim were
checked by the Department. The inspection team should monitor the pattern of unusual transactions on voucher accounts and investigate suspicious cases more frequently as there were more enrolled health care providers and transactions in these years. With the advancement of monitoring system, it is easier to detect and identify abnormal voucher transactions and potential defraud cases in eHealth system (Legislative Council, 2019a).

Moreover, enrolled providers with misconduct complaints or any acts that violate the terms in the Scheme Agreement should be eliminated immediately from the Scheme. They could enrol again after meticulous examination and assessment by the Health Care Voucher Division. This could ensure the enrolled services providers are conforming to the requirements of the Scheme and providing quality services. With fewer complaints and reports concerning the misuse of vouchers, the public could build up trust on private services and encourage the elderly to pay for them.

4.5 Promoting the family doctor concept
The concept of family doctor is not well established in Hong Kong. Most people think family doctors are for treating acute disease but not for managing chronic diseases or preventive care (Mercer et al., 2010). Some people think having a family doctor is unnecessary as cold and flu are not frequent, while some people worry about the quality of the doctors. One way to increase the effectiveness of the EHCVS is to develop a health seeking behaviour in the community for having personal family doctors as they should be the ones who clearly understand patients’ health background and know how to prevent diseases tailor-made for individuals. By developing closer relationship between patients and family doctors, the elderly will be seeking suitable preventive care from their family doctors and this could help promote the proper use of vouchers and primary health care. To adopt the model of family doctor is a longer term planning as it will require a comprehensive registration system, training and qualification in family medicine field and promotion to general public (Food and Health Bureau, 2008). The government should adopt and “push” the policy on the city-wide practice of having family doctors in order to make full use of the voucher scheme.

4.6 Expanding service points to Greater Bay Area
Apart from encouraging more local private providers to enrol to the scheme continuously, along with the regularised scheme at The Hong Kong University – Shenzhen (HKU-SZ) Hospital, Hong Kong Government may consider further expanding the voucher scheme to neighbouring cities such as Guangzhou and Zhuhai. The pilot scheme recorded 3,400 elders who had used their vouchers at the HKU-SZ Hospital from 2015 to 2018. This has shown there is a demand for health care services provided by Mainland hospitals (Legislative Council, 2019a). Therefore, collaborations between hospitals in the Greater Bay Area (GBA), and that between hospitals and universities in Hong Kong should be explored. For example, The Chinese University of Hong Kong has ongoing academic and research collaborations with hospitals across the border such as the Shenzhen Traditional Chinese Medicine Hospital and No. 2 Affiliated Hospital of Guangzhou University of Chinese Medicine. Collaborating health care facilities and providers in the GBA which are conveniently located and accessible by the high speed rail can be developed in a bigger scale and wider scope to provide the elderly with an option to retire in neighbouring locations where the health care vouchers can be redeemed. More pilot schemes should be operated in the GBA.

4.7 Establishing additional voucher amount on dental service
As mentioned, single visit of optometrist costs around $1,800. In view of this, the EHCVS has been revised that elderly can spend a maximum of $2,000 every two years on
optometry services from the end of June 2019 for encouraging the use of primary health care service. To further facilitate the use of voucher on primary preventive service, the EHCVS should establish additional amount designated for dental service. Since single visit of dentist is around $900, the additional amount on dental service could be $1,000 to $1,500 every two years.

5 CONCLUSION

The EHCVS aims to create a sustainable primary health care system to tackle the problem of the ageing population. It is a good initiative to promote primary health care service and to divert excess pressure from the public sector to the private sector. After years of implementation, the voucher claims and enrolled private health care professionals have increased. These mean the scheme has encouraged recipients to use more health care services. However, it is ineffective in meeting the main objectives as the number of visits to public clinics and hospitals for acute diseases remain high and the elders still prefer not to use the vouchers for preventive health services.

The government has introduced enhanced measures such as increasing the total voucher allowance, accumulation limit and providing additional one-off vouchers. However, adjustments and improvements are still needed to improve and sustain the effectiveness of the scheme in order to meet the objectives of encouraging elderly to use private care services and ease the overloading of public hospitals. The paper recommends the government to enhance public awareness and promotion materials, facilitate the elders to manage their voucher accounts, monitor health care providers, promote the family doctor concept, and expand service points in the Greater Bay Area. A comprehensive review is suggested to enhance and refine the current implementation of the EHCVS.

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