



**Keynote Address by Mr Shane Solomon
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Where in the World is the Hospital Authority?

Vice Minister Wang, Dr Chow, Mr Wu, honourable guests, distinguished speakers, ladies and gentlemen.

Good morning and welcome to the Hospital Authority Convention 2008.

In 1985 one of the first computer games was released in the US and is called, "Where in the World is Carmen Sandiego?". The game involved travelling up to 30 countries looking for the villain Carmen Sandiego and her accomplices in crime. To find her you had to follow clues, and draw on your deductive skills and knowledge of the world.

So, in the healthcare reform debate, I ask myself, "Where in the world is HA? What does all this have to do with HA? How will it affect us?" Like the whereabouts of Carmen Sandiego, HA's place must be found. (The comparison with the great Carmen Sandiego has its limits, for example, I can't say HA is a villain, like Carmen, although there may be some who think so.)

Today I first want to talk about how the reform initiatives themselves will impact on HA. Second, I want to move onto what HA must do to have a strong place in whatever reform environment is created, and that is to continue providing value to the patient and value to the society.

BETTER BALANCE — PRIMARY CARE, PRIVATE CHOICES

The Healthcare Reform Consultation Document details two imbalances in Hong Kong's healthcare system: first, too much emphasis on acute curative care, and not enough on prevention and primary care; second, too much reliance on the public hospital system.

Many of you probably know that I say every year at this Convention that HA's mission is to keep people healthy and out of hospital. This is not only good for citizens, but it will also keep demand on our services and our front-line staff at

more reasonable levels.

Healthcare reform suggests two important directions that will help reduce demand on HA. First, primary healthcare should be the foundation of our healthcare system. It is the front-line defence for managing episodic illnesses for those who otherwise would end up in our Accident and Emergency Departments. Primary care is the best place to manage people with stable chronic illnesses, such as diabetes and hypertension, particularly when there are multiple chronic conditions. A strong, high quality, and trusted primary care sector will prevent avoidable hospitalisation.

HA has only one quarter of the primary medical care market in Hong Kong, and so it must continue to give priority to the socially disadvantaged. But we can also lead reform of primary healthcare.

You will be aware that Family Medicine doctors are trained through our General Outpatient Clinics (GOPCs). Our training approach needs reform. It should prepare family physicians to work in the private sector and focus on, chronic disease management, multi-disciplinary care, and prevention.

HA can also lead in creating modern high quality primary healthcare. The primary care centres of the future will be buzzing with activity and different services, including public and private Family Medicine doctors, pharmacy, nurse-led clinics (such as diabetes clinics), home care nurses, community rehabilitation services, community mental health services, specialised clinics for the elderly to keep people living independently at home, and other services you can create. I can imagine such a community primary care centre in each district.

The second area of imbalance is the public/private hospital mix, with more than 90% of hospital bed days in the HA. Some reform is needed, and HA can help. There needs to be an electronic patient record shared between the public and private sectors. We need more public-private partnerships, such as the Cataract Surgeries Programme we have just started.

SECURITY OF FUTURE FUNDING

Not only should healthcare reform reduce demand, it should also provide more stable funding for HA in the future. HA is 95% dependent on Government funding. So, when the economy goes down, HA's resources can shrink. For example, HA's funding from the Government went from \$29.7 billion in 2001-02 to \$27.4 billion in 2005-06. This would be unheard of in other western healthcare systems — if there is one universal truth in healthcare, it is that costs go up, not down. In response, HA experienced wage deflation, loading more work on front-line staff, unfairness in pay ("equal work, unequal pay"), longer waiting times for services, and decline in the standard of equipment. With the help of the Government, these problems that arose because of the economic downturn are being tackled one by one.

HA's funding is very vulnerable to the storms of economic change, while its demand remains constant, and even increases when things get tough and people cannot afford private hospitals. Without a more stable funding base, this can only get worse in the future, as the taxes of three working people will support one elderly person, compared with six working people to one elderly person now. Healthcare reform's remedy is to save for the future, so spreading the risk over time, and to promote insurance, so spreading the financial risk over a larger population.

With more of HA's revenue coming from medical savings accounts and insurance, the risk of being caught in another set of funding cuts in future economic downturns is less.

So the impact of healthcare reform should be to reduce demand on HA and create a more stable funding base for the future. We should stand strongly behind healthcare reform.

WHAT WILL GUARANTEE HA'S PLACE IN THE WORLD?

Even with a better public-private balance, HA will still have a central role in the future. Let's imagine that the private sector doubles in size, and that all of that growth comes from HA (of course, this will not happen, because new demand will be created whenever supply grows). But even with this scenario, HA will still provide 80 per cent of Hong Kong's hospital capacity. If the private sector trebles in size, then HA will be 70 per cent of total hospital bed days.

So, how has HA got to this point of being a "victim of its own success"? When I ask, I hear variations of these expressions. The one I like the most is 平靚正. In different ways they all talk about HA's position as providing good value for money for everyone. HA should continue to be good value for the patient and the society, providing the universal safety net.

In addition, the future HA should help patients have more choices, both within HA and within the private sector. Hopefully the private sector will become more affordable and so more people will choose private, perhaps because of choice of doctor, quicker treatment, or better facilities. I expect that more people would choose the private sector, particularly for non-urgent treatments, but continue to use HA for emergency and complex care.

In the future world of healthcare financing, HA should consider offering some new choices above its core evidence-based service offering for those willing to pay more, maybe using their medical savings account or their insurance cover. I am sure that more public-private partnerships will emerge to create new choices.

HA must continue to be "good value" for the patient and for the society. Our place in the world is really defined by how we deliver and manage our services, and so let's turn now to what that means.

HA'S PLACE IN THE WORLD: VALUE FOR THE PATIENT, VALUE FOR THE SOCIETY

The best way to understand the value we provide to patients is to hear from them. Let me share a couple of appreciation letters from patients.

"Despite dealing with a large number of patients every day and that their work is very stressful, my attending doctors were professional, patient, polite and treating all patients with a heart." (46 year old patient at Queen Elizabeth Hospital)

"All members of our family are deeply grateful to Dr L for his genuine loving care and encouragement for my father. Dr L's detailed explanations to us and my father had given us comfort and reassurance throughout the treatment process." (70 year old patient at Prince of Wales Hospital)

"Without the highly professional, ethical, enthusiastic, conscientious and proactive effort made by the staff, it was impossible for me to feel, once again, that there is hope in life". (34 year old patient at Queen Mary Hospital)

"When I got the call that my (pregnant) wife was at Princess Margaret and in emergency surgery, I'll admit that one of my first thoughts was "Oh no, a public hospital!" But my initial apprehension was unfounded..... The hospital and staff continued to dispel my misconceptions with top-notch, quality treatment each and every day. I know now that we should be thankful for such a great, inexpensive public hospital system, and not just assume that they provide inferior medical care. Their care is superior. Hong Kong is fortunate to have them."

(From a letter published in South China Morning Post on 9 December 2007)

When we look at complaints, we see that 45% of complaints are about clinical services (what we might call the professional side of what we do) and 30% are about staff attitude.

The appreciations and the complaints tell the same story: patients expect us to provide quality professional services, and also care about the person and their family.

I suggest there are four dimensions of "value to the patient" that should be our focus. The first two are about our professional and clinical competence. The other two are about our caring dimension.

1: "First, Do No Harm"

This can be called the minimum standard, that is, the basics of professional care.

Last October, HA introduced the Sentinel Event Reporting System which has nine

events that cause serious harm or death, and we believe, are largely preventable. Our purpose is to disclose so we can learn how to prevent these incidents from happening right across HA.

Medical incidents have always happened, but have been hidden away from public view. Hong Kong is not unique. The fifth annual Patient Safety in American Hospitals Study, which has just been released, found that over the three-year period 2004 to 2006 there were 238,000 potentially preventable deaths of US Medicare patients. The overall medical error rate was about 3% of all Medicare patients. If HA is like the US, we would expect over 30,000 medical errors each year for inpatients alone.

But the fact that it happens everywhere else in the world is no excuse for our patients, and I'm sure that with the increased hard work, we will at least "do less harm".

2: Introduce quality programmes and systems

Better quality patient care takes hard work from front-line colleagues.

There are many quality programmes emerging in place in HA to improve quality and patient safety. They include:

- the "Clean Hands for Health" campaign to reduce hospital acquired infections,
- the 3 CHECKS 5 RIGHTS programme to reduce medication errors
- clinical audits to monitor patient outcomes in different hospitals,
- 2 D bar coding to reduce patient identification errors, initially in ordering pathology tests,
- moving towards internationally recognised hospital accreditation,
- inpatient medication order entry, and
- modernising equipment.

Along with training, these are the programmes which will ensure we continue to deliver quality, professional services to our patients into the future.

3: Communication

The appreciation letters seem to always put the highest praise on communication. I think patients assume that healthcare professionals are clinically or technically competent. But they are most grateful when front-line colleagues take the time to explain what is happening to them, why they are sick, why the treatment will help, and what the risks are.

You may say our workload is too high and we are too busy to stop and explain, and I'm sure that this is true in many situations. But good communication prevents other troubles arising, which create their own workload and stress. I

would prefer to find ways to reduce other tasks than say we are too busy to communicate clearly and compassionately. For example, can we take away paper work from nurses or find another way of filling up supply trays or preparing medications?

I recognise we will need to train and retain additional staff, particularly doctors and nurses, so that there are more reasonable workloads and more time for communication. We are working on this through the Doctor Work Reform project. This year we will also implement a special package for nurses, including training more nurses and offering new opportunities for promotion and more independent and interesting clinical practice. I hope nurses will see that we value you and want your workloads to be reasonable, your promotion prospects to improve, and your work to be professionally interesting. We are doing all this, because we want you to have the time to serve your patients properly, and that includes communicating.

4: Sit in the patient's seat, and imagine what is best for them

HA's letterhead has the theme of "patient-centred care" and this should be taken quite literally. It means putting the patient at the centre of our universe, and seeing everything through the patient's eyes.

Really caring means thinking of the best interests of the patients first. What will help them the most? What outcome do they want from the treatment in hospital? If this patient was my mother, my grandfather, my wife, my son, what would I do?

We must be honest with patients and their families about the risks of intervention, about the chances of success or failure, so they can make an informed choice. Medicine has an evidence base, and we should not stray too far away from it in deciding what treatment and care to offer. When a miracle is expected, it is often our job to be professional, even if it disappoints and leads to accusations that "you are not trying hard enough to save my mother".

Our mission is ultimately to return people home to live a healthy and normal life in the community. If we cannot do that, then we should turn our efforts to palliation, pain control, and helping the family accept the patient's next journey.

Sitting in the patient's seat means understanding that they may have many HA doctors, private doctors and NGOs involved in their care, so making sure the links between them are smooth is important. As chronic conditions increase, such continuity of care will become more important.

VALUE FOR THE SOCIETY

The value for the patients is most important, but there is also value to the society. I always think HA is some sort of economic and social miracle. Somehow HA delivers universal access to public hospital care, with one of the lowest tax rates in

the world.

This graph illustrates how unusual this is. The normal pattern is that universal public hospital access is associated with public health expenditure as a percentage of GDP of 6 per cent to 7 per cent, and tax rates of around 40 cents in the dollar to 50 cents in the dollar. Hong Kong achieves it with a GDP spending on public health expenditure of 2.8 per cent and a rate of 16 per cent for income tax. This is true value for money.

I agree with the Healthcare Reform Consultation Document that this is unsustainable. Supplementary financing will be needed to keep our standards world class and meet the future demand of the ageing population.

HA will need to continue managing its resources well. This will involve:

- Keeping people healthy and supporting them to be able to live in the community.
- Embracing information technology and automation.
- Reforming our workforce. Nurses should not be doing jobs that clerks can do. But nurses and allied health professionals can do more highly skilled jobs, such as independent practice clinics.
- Introducing a new casemix funding system that ties workload to patient load.
- Continuing to use our economy of scale for purchasing of drugs, medical supplies, and equipment.
- Keeping our management overheads to a minimum, so resources are directed to the front line.

CONCLUSION

So, from all these clues can we find “Where in the World is HA”?

Hopefully, building up primary care and encouraging a better private-public balance will prevent HA from being swamped by demand in the future. HA has key roles to play. In primary care, we must work on our training model and lead the way to new models of primary healthcare, targeting socially disadvantaged people. On improving the public-private balance, we have the foundation to create the Electronic Health Record for all in Hong Kong, whether patients are using the public or private sector. We will also initiate more public-private partnerships that give patients a wider choice.

Even with a better balance between the public and private sectors, HA will continue to provide the universal safety net for all, so that no one is denied essential healthcare because of lack of financial means.

HA’s future place in the world is in our own hands. We need to work on value for

patients by working hard on four dimensions:

- First, “do no harm”
- Introduce new quality programmes that improve our professional care
- Communicate better with patients and their families
- Sit in the patient’s seat, and imagine what is best for them

To achieve value for the society, we must continue to manage our resources wisely. Achieving value for society should be about working smarter and as teams, not forcing front-line colleagues to have unreasonable workloads. The motto of our Annual Plan this year captures this: “Strong Team · SMART Care”. HA colleagues should be proud of what has been achieved. It is an excellent foundation for the future. Unlike Carmen Sandiego whose place in the world was very difficult to find, HA will have an obvious and valuable place in the future of Hong Kong’s healthcare system, thanks to all your efforts to deliver value to the patient and value to the society.

Thank you very much.

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