

Chapter 62

Utilization of Primary Health Services in Hong Kong: Inequality, Risk, and Public–Private Interaction

Raymond K. H. Chan

City University of Hong Kong, Hong Kong

Kang Hu

Southwestern University of Finance and Economics, China

ABSTRACT

This chapter analyzes the issue of primary health care utilization in Hong Kong and introduces the case of Hong Kong where a special division between public and private sectors has developed in the field of primary health services. The chapter argues that in the foreseeable future, it is likely that the division of health care between the public and private sector will be maintained. In recent years, more and more individuals and families have purchased private health insurance so as to gain more options. The idea of universal health insurance was rejected by the public in recent consultations; the current alternative is government-regulated private insurance. Although private primary health services will continue as usual in the near future, public primary health services should be maintained or even expanded. Given the costliness of private services (especially specialist services), it is recommended that more resources should be invested in corresponding public health services.

INTRODUCTION

In the area of health care, Hong Kong has shown favourable indicators and positive development in the past decades. The provision of low-cost universal health services has served as a safety net, though the quality of these services is sometimes doubtful and there is still a reliance on supplemen-

tal private treatments. Still, health care in Hong Kong receives its share of criticism, not only because of its overall quality but also because of its accessibility and affordability. There is a clear division of labor between the public and private providers: the former deals with most secondary and tertiary health-care services, while the latter concentrates on primary health care. Since 2000,

DOI: 10.4018/978-1-4666-6339-8.ch062

the government, which strongly supports greater private sector contribution (though it recognizes the necessity of public health provision), has sought to promote a better connection between the two sectors and, more particularly, more efficient utilization of private sector services.

Since the private services are profit-driven and the public services are heavily subsidized by the government, there are significant differences in the fees charged by the two types of providers. However, private health services remain competitive by offering shorter waiting times, easier to be accessible by having the clinics operated in the local communities, and arguably better service quality, to those who can afford that.

The aim of this chapter is to examine the utilization of primary health services by Hong Kong residents in order to determine their accessibility and affordability. Two surveys, conducted in 2009 and 2013, reveal that Hong Kong citizens, on the whole, are satisfied with their utilization of primary health services, as well as with their perceived health status. The findings also confirm that certain demographic and economic background variables are significant predictors of utilization. In this chapter, we will see that inequalities in primary health-care services are increasingly evident across social classes, mostly due to economic factors. Hong Kong has a long history of supporting private primary care. While better synchronization between public and private health-care sectors may improve the situation,

any reform must address the plight of those who cannot afford private services. This is particularly important because income disparities in Hong Kong are widening, and redistributive measures are limited due to the conservative taxation system and the small scale of welfare provision.

HEALTH STATUS IN HONG KONG

In terms of health indicators, Hong Kong has attained a level comparable to other advanced economies and recorded consistent improvement in the past few decades. In 2012, life expectancies were 80.7 and 86.9 for men and women, respectively, compared to 67.8 and 75.3 in 1971. Infant mortality and maternal mortality rates were 1.5 and 2.2, respectively, in 2012, compared to 18.4 and 14.2 in 1971. As Table 1 illustrates, there have been very favourable developments in recent years (Census and Statistics Department, 2012b).

These achievements were made possible by government investment in health, as well as adequate private funding of both public and private health services. The Hong Kong government invested in the public health infrastructure, supporting general and specialized clinics, as well as hospitals. The government spent HK\$ 34,182 million¹ on health services in 2001/02 and HK\$ 45,181 million in 2011/12 – an increase of 32.2% (Census and Statistics Department, 2012b). From 1989/90 to 2009/10, the percentage of the GDP

Table 1. Health indicators, 1971–2012

	1971	1976	1981	1986	1991	1996	2001	2006	2012
Infant mortality rate	18.4	14.3	9.7	7.7	6.5	4.0	2.7	1.8	1.5
Maternal mortality rate	14.2	18.21	7.99	2.76	5.68	3.09	2.03	1.53	2.2
Crude death rate	5.0	5.1	4.8	4.7	5.0	5.0	5.0	5.5	6.1
Life expectancy									
Male	67.8	69.6	72.3	74.1	75.2	76.7	78.4	79.4	80.7
Female	75.3	76.2	78.5	79.4	80.7	82.7	84.6	85.5	86.9

Source: Census and Statistics Department, 2012a.

16 more pages are available in the full version of this document, which may be purchased using the "Add to Cart" button on the publisher's webpage:
www.igi-global.com/chapter/utilization-of-primary-health-services-in-hong-kong/116270

Related Content

Knowledge and Skills to Lead Effective Patient Organizations

(2020). *Managing Patients' Organizations to Improve Healthcare: Emerging Research and Opportunities* (pp. 66-92).

www.irma-international.org/chapter/knowledge-and-skills-to-lead-effective-patient-organizations/246995

Economic Profit vs. Social Benefit: An Approach to the Pharmaceutical Industry

M. Mercedes Galán-Ladero and M. Ángeles Galán-Ladero (2021). *Management and Marketing for Improved Competitiveness and Performance in the Healthcare Sector* (pp. 24-44).

www.irma-international.org/chapter/economic-profit-vs-social-benefit/285800

Health Communication During the COVID-19 Pandemic in Hungary

Zoltán Juhász and Erzsébet Hetesi (2021). *Management and Marketing for Improved Competitiveness and Performance in the Healthcare Sector* (pp. 140-167).

www.irma-international.org/chapter/health-communication-during-the-covid-19-pandemic-in-hungary/285805

Not Just Meaningful Data but Coordinated Data!: Can Cloud Computing Promote Down-to-Earth E-Evaluation of Disease and Healthcare?

Vahé A. Kazandjian (2015). *Healthcare Administration: Concepts, Methodologies, Tools, and Applications* (pp. 1526-1541).

www.irma-international.org/chapter/not-just-meaningful-data-but-coordinated-data/116290

Modelling the Growing Process of Integrated Healthcare Supply Networks

Daria Battini, Maurizio Faccio, Alessandro Persona and Fabio Sgarbossa (2015). *Healthcare Administration: Concepts, Methodologies, Tools, and Applications* (pp. 377-389).

www.irma-international.org/chapter/modelling-the-growing-process-of-integrated-healthcare-supply-networks/116224