Reviewer's report

Title: Can vouchers make a difference to the use of private primary care services by older people? Experience from the healthcare reform programme in Hong Kong

Version: 2 Date: 7 August 2011

Reviewer: Simo Kokko

Reviewer's report:

My main point in the first review was to draw attention to the notion of the “voucher” as the central feature in the article. The text on the voucher or on the voucher scheme tends to lead the reader to think that the use of the voucher (as the instrument through which to channel the financial subsidy to the use of private medical outpatient services) would be the essential and crucial element in the whole new policy initiative. To me, the new element seems to have been the opening of a possibility to get a rather insignificant financial subsidy. Therefore, it would have been - and it would be – better to give the whole study a new title, such as “Does a small subsidy to use private outpatient services make a difference in and elderly population used to use public outpatient clinics?” Whether the subsidy is then channelled through a voucher or through other direct contractual arrangements, would be of lesser interest.

Let us look at the bigger international picture. Usually health care systems fund the use of services either from public tax-based sources or from funds collected to a mandatory publicly regulated health insurance. In both cases, the use of services at the point of use is either free or there is a smaller user fee or deductible. The 6 dollar fee in Hong Kong for the public clinics would be a typical example of a common international practice. There are differences in how the actual handling of money takes place, but most systems would have by now left to history the older pattern of paying the service provider first in full and then applying for a refund from the source of funder later.

A governmental programme or an individual health care funding organization could seek to change the pattern of use of services to be more based on private services by broadening the range of eligible doctors included in a contractual arrangement or in order to simplify contractual arrangements and allow for more concrete choice to the user, through a voucher system. In both cases, a serious attempt to change behaviour patterns would require the funding agent to pay all or most of the actual costs. In a voucher system, it would be easy to leave the actual co-payment of deductible to be not fixed, but still the typical share of the out-of-pocket payment would be in the range of 5-25 %.

Now, the Hong Kong formula turns this the other way around. The voucher brings in a fixed subsidy of 6 dollars per encounter, and leaves about 60-75 % of the total to be paid by the user. This is internationally unusual. Many critics would
say that it would be unwise even to think of a small subsidy like this, because the private providers in a setting, where the pricing is non-transparent and the users do not have a proper opportunity to compare their out-of-pocket costs, could easily let the small subsidy to leak to their prices. The government would “lose” money for little noticeable effect and the users’ behaviour would not significantly change, because the difference of out-of-pocket pay would remain large.

This is the line of argumentation that I would expect to see in the manuscript, beginning from the title and being visible in the abstract, the conclusions and discussion.

As for the actual contents of the manuscript, I would regard the point made above to be crucial. This means that still another revision would be needed and the revision should reflect this argumentation. The description of the background could be as it is – but if possible there should be an explanation why the voucher scheme was built as it was (a very low subsidy). Then the reporting of results could possibly use a little less space and effort to describe the various convenience type of reasons for keeping the old patterns of use. The conclusions should be sharper and include more critical arguments. I believe, this would also enhance the interest of international readers to the article.