信心與價值：提升醫療價格透明度

Price Transparency in Healthcare : Fostering Consumer Trust and Value

消費者委員會
CONSUMER COUNCIL

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Abbreviations

30 Treatments/procedures	The 30 common and non-emergency treatments/procedures recommended by the Department of Health for provision of budget estimates and publicising historical bill sizes statistics
C&SD	Census and Statistics Department
CME	Chief Medical Executive
CoP	Code of Practice (for private hospitals/day procedure centres)
CPT codes	Current Procedural Terminology codes (United States)
DH	Department of Health
DoH	Director of Health
DPC	Day procedure centre
GBA	Guangdong-Hong Kong-Macao Greater Bay Area
HA	Hospital Authority
HBS	Historical bill sizes statistics
HHB	Health Bureau
HKPHA	The Hong Kong Private Hospitals Association
IFC	Informed financial consent (Australia)
MCHK	The Medical Council of Hong Kong
MRO	Medical Registration Ordinance (Cap. 161)
MOH	Ministry of Health, Singapore
ORPHF	Office for Regulation of Private Healthcare Facilities
PH	Private hospital
PHF	Private healthcare facility
PHFO	Private Healthcare Facilities Ordinance (Cap. 633)
Pilot Programme	Pilot Programme for Enhancing Price Transparency for Private Hospitals
TOSP codes	Table of Surgical Procedures codes (Singapore)
UMAO	Undesirable Medical Advertisements Ordinance (Cap. 231)
VHIS	Voluntary Health Insurance Scheme

Online Content

All websites and electronically available materials referenced in this Report were last accessed on 18 February 2025, unless specified otherwise.

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In case of any update, the latest version shall prevail.

Executive Summary

Private Healthcare Services in Hong Kong

Over the past decade, the demand for healthcare services in Hong Kong has increased significantly. This rise is particularly notable as life expectancy continues to grow, the population ages rapidly, number of individuals with chronic health conditions increases, and people of all ages become more health-conscious. The life expectancy of Hong Kong people ranks among the highest in the world, and the number of elderly persons aged 65 and above is projected to rise significantly, from 1.5 million in 2021 to 2.7 million by 2046. By then, approximately 36.0% of the population are expected to be elderly. Accompanying with this growing number of older persons, almost one third (31.2%) of the population had chronic health conditions in 2022/23. The rising demand for healthcare services had resulted in a significant surge in current health expenditure[1] in Hong Kong, which increased by 73.1% from HKD130,749 million in 2013/14 to HKD226,311 million in 2022/23.

Hong Kong's healthcare system operates on a dual-track basis, encompassing both the public and private sectors. In 2022/23, approximately 52.0% (HKD117,745 million) of the current health expenditure was publicly-funded, and 48.0% (HKD108,566 million) was funded by the private sector which came from resources primarily contributed by household out-of-pocket payment (63.1%) and privately purchased insurance schemes (21.4%). The private healthcare sector, as an essential component of the healthcare system employing approximately half of the doctor manpower, is a major provider of out-patient services, accounting for about 68% of such care in the city. Nonetheless, it offers only approximately 10% of in-patient services, highlighting an imbalance within the healthcare system in Hong Kong.

To address this imbalance and alleviate pressure on the public healthcare sector, the Government has made ongoing efforts to encourage the general public to make wider use of private healthcare services, such as the promotion of the Voluntary Health Insurance Scheme ("**VHIS**"). In 2018, the Government also gazetted the Private Healthcare Facilities Ordinance (Cap. 633) ("**PHFO**"), which introduced a premise-based regulatory regime aimed at further protecting patient safety and rights.

In addition to patient safety and service quality, price transparency is a fundamental pillar of private healthcare services. Consumers should have the freedom to select their preferred doctors and service providers based on their individual needs, with clear price information available before making healthcare decisions. This transparency allows patients to better estimate costs and make necessary financial arrangements in advance. Ultimately, enhancing price transparency is vital for empowering consumers, fostering better communication between consumers and private healthcare providers, and ensuring that the private healthcare sector can effectively meet the needs of Hong Kong's population while enhancing overall efficiency and effectiveness in the healthcare system.

[1] Current health expenditure is the final consumption expenditure of resident units on health care goods and services, incurred both within and outside Hong Kong. For current health expenditure figures in this Report, identified expenditure on COVID-19, and expenditure on health care goods and services by non-residents in Hong Kong are excluded.

Uniqueness of Healthcare Services and Information Asymmetry between Doctors and Patients

Unlike conventional consumer products and services, healthcare services are uniquely tailored to individual patients, resulting in a complex and difficult environment for obtaining precise price information. Various factors contribute to price uncertainty, including a patient's specific medical condition and the choice of treatment method and medical equipment selected by the doctor, further complicating the decision-making process for consumers.

Although consumers in Hong Kong generally place a high level of trust in their healthcare providers, the presence of information asymmetry creates significant imbalance of power. Patients often face challenges in getting clear price information before treatment and rely heavily on doctors' recommendations without adequate comparison of services or consideration of alternative options, which can hinder their ability to make informed decisions.

Meanwhile, despite the price transparency measures promulgated by the Government, market practices varied widely. The market lacked a standardised method for disclosing price information, or provision of budget estimates. Thus, disputes might easily arise, and resolving them can be challenging. As reflected by the complaints received by the Consumer Council ("**the Council**") from 2021 to 2024 on private healthcare services provided by private hospitals ("**PHs**") and day procedure centres[2] ("**DPCs**"), price disputes constructed a major category (45.5%) of complaints. Yet, these issues could have been prevented through clearer explanations by the relevant PHs/DPCs and doctor(s).

Regulatory Regime on Price Transparency and Regulatory Bodies

Private healthcare facilities ("**PHFs**"), namely PHs, DPCs, clinics, and health services establishments in Hong Kong are regulated under the PHFO. As of February 2025, licensing for PHs and DPCs has commenced. Licensed PHs and DPCs must implement price transparency measures as stipulated in the PHFO and relevant Code of Practices ("**CoPs**"), including (i) disclosing price information of chargeable items and services (applicable to all PHs and DPCs); (ii) providing budget estimates to patients (applicable to all PHs); and (iii) publicising historical bill sizes statistics ("**HBS**") (applicable to all PHs).

Concurrently, the Government and The Hong Kong Private Hospitals Association ("**HKPHA**") have launched the Pilot Programme for Enhancing Price Transparency for Private Hospitals ("**Pilot Programme**"), which all PHs in Hong Kong participate on a voluntary basis, to provide further implementation details for the price transparency measures, including the display of fee schedules, provision of budget estimates, and publicising of HBS.

The Health Bureau ("**HHB**") is responsible for formulating policies and allocating resources to ensure the effective operation of Hong Kong's healthcare system, while the Department of Health ("**DH**"), acting as the Government's health adviser and agency to execute health policies and statutory functions, implements and enforces the PHFO. The Office for Regulation of Private Healthcare Facilities ("**ORPHF**") under the DH oversees the licensing and regulatory functions under the PHFO and relevant CoPs.

[2] First batch of DPC licences took effect on 1 January 2021. The DPCs here refer to the facilities holding a DPC licence as of October 2024. Since penalty provision for operating unlicensed DPCs was only effective on 30 June 2022, premises licensed in 2024 might not be DPCs at the material time of the complaint.

Meanwhile, the Medical Council of Hong Kong ("**MCHK**") handles registration of eligible medical practitioners, issues the Code of Professional Conduct and guidelines, and outlines a disciplinary mechanism to handle complaints lodged by the public.

The Study

To examine the issues of concern and pain points experienced by consumers on price transparency in PHFs, the Council undertook a study titled "**Price Transparency in Healthcare: Fostering Consumer Trust and Value**" ("**the Study**") to identify possible areas for improvement and put forward recommendations for enhancing the price transparency in the private healthcare sector.

The Study examined various stages of the patient journey, which includes searching for price information, consulting with the attending doctor, settling medical bills and lodging complaints. It focused on PHs and DPCs providing the 30 common and non-emergency treatments/procedures ("**30 treatments/procedures**") recommended by the DH. The Study encompassed 13 PHs and 128 DPCs providing anaesthetic/endoscopic/surgical procedures (nature relevant to the 30 treatments/procedures).

The key objectives of the Study are to:

(i) Examine the price transparency measures adopted by PHs and DPCs, focusing on the provision of fee schedules/information, budget estimates/quotations, the publicising of HBS/past price data, as well as the provision of packaged price information for private healthcare services;

(ii) Gauge consumers' experience and areas of satisfaction/dissatisfaction about price transparency for common and non-emergency treatments/procedures at PHs/DPCs, emphasising on the experience in obtaining budget estimates and any discrepancies between budget estimates and final bills;

(iii) Identify areas of concern, potential risks or policy gaps which may be to the detriment of consumer interests and explore possible improvement areas; and

(iv) Review the current regulatory regime and propose appropriate recommendations for enhancing consumer protection.

From October 2022 to December 2024, the Council carried out the Study by adopting a mixed-method approach, which comprised (i) a consumer survey; (ii) in-depth user interviews; (iii) a trader survey; (iv) desktop research and phone enquiries[3]; (v) pre- and post-Study stakeholder engagements[4]; (vi) analysis of the Council's complaint cases; and (vii) review of regulatory regimes in selected markets.

[3] The Council conducted desktop research and reviewed the price transparency measures implemented in 13 PHs and 20 DPCs that provided services for selected treatments/procedures, and made mystery calls to further enquire about the price information. The Council also conducted a review of HBS for the selected treatments/procedures in 13 PHs.

[4] Engaged stakeholders included the Government and public bodies (i.e. HHB, Hospital Authority, ORPHF and VHIS Office), healthcare facilities and medical professionals (i.e. Association of Private Medical Specialists of Hong Kong, Hong Kong Academy of Medicine, The Hong Kong Medical Association, HKPHA, two medical professionals, and academics/experts), patient organisations and insurers (i.e. Hong Kong Alliance of Patients' Organizations Limited, Society for Community Organization and The Hong Kong Federation of Insurers).

Deep Dive into the Patient Journey

Findings from the abovementioned methods are presented in various stages of the patient journey, namely: searching for price information, exploring medical packages, obtaining budget estimates, and resolving price disputes. These are discussed below.

Searching for Price Information

The Study found that the attending doctor plays a substantial role in patients' choice of PH/DPC for treatments/procedures. Over half (56.4%) of the respondents indicated in the consumer survey that they relied on the attending doctor's recommendation, reflecting a high level of trust in doctors. Other common factors influencing the choice of a PHF included the reputation of the PH/DPC (38.2%), personal financial considerations (31.8%), and distance between the PH/DPC and the consumer's home (30.6%).

It was surprising that more than half (57.0%) of the consumer respondents did not review publicly available price information. Of these, 63.2% had no intention of checking prices, with the majority of them (67.2%) indicating that they trusted the attending doctor's recommendation. With such mindset, it was understandable to observe that 67.6% of the consumer respondents did not shop around to conduct price comparisons. It is also worth noting that medically insured individuals made up 87.0% of the consumer respondents who did not compare prices.

Relevant price information was hard to understand/insufficient/absent

Among consumer respondents who conducted price comparisons, the websites of PHs/DPCs emerged as a key source of information (52.6%). However, online price information may not be available at all DPCs. In some cases, price information may not be available even when consumers enquire with staff of PHs and DPCs by phone. Even if price information is available online and that consumers have consulted a general practitioner on their medical condition and treatment(s) needed, online price information could still be difficult for lay consumers to comprehend, especially when categorised by types of individual service items, such as charges for operating theatre based on room type. Additional professional advice would be needed to explain whether the treatment requires the use of an operating theatre, the expected duration of occupancy, whether ward accommodation is needed, etc.

Lack of clarity regarding accountability for providing or explaining price information

In general, there was no clear pattern as observed from the trader survey regarding whether PHs/DPCs or individual doctors should be responsible for providing and explaining price information to consumers. This ambiguity in responsibility could lead to price disputes, particularly when multiple PHFs and service providers were involved (e.g. consultation and the treatment being conducted in different PHFs).

Historical bill sizes statistics – Low awareness, not up-to-date nor user-friendly

As part of the Government's measures to enhance price transparency, PHs are required to publicise their HBS which provides billing data for the 50th percentile and 90th percentile for each of the 30 treatments/procedures if provided. Although the HBS is intended to serve as useful reference for patients estimating or comparing budget for treatments/procedures at a PH or across PHs, only 10.1% of consumer respondents who received treatments in PH reviewed HBS. Furthermore, a review conducted by the Council on HBS in July 2024 revealed that, four out of 13 PHs had not updated their HBS data on the websites since 2022, while the remaining

nine PHs had updated to reflect 2023 figures. By the end of December 2024, it was observed that the four PHs had updated their HBS data to the 2023 figures.

In-depth user interviews revealed that while many consumers found HBS useful for gaining a general understanding of the treatment/procedure costs, some struggled to comprehend it (e.g. meaning of "percentile") and suggested presenting the HBS in layman terms.

Unclear charging mechanism for doctor's fees and private hospital charges/day procedure centre charges

Doctor's fees, including those for other specialists and anaesthetists, are typically not included on PH's/DPC's fee schedules or price lists, and the basis of how the doctors determine the fee is not disclosed to consumers. Meanwhile, doctor's fees and hospital charges are often correlated with the room type chosen by the patient. In simpler terms, more expensive rooms result in higher fees for both doctors and PHs for the same medical treatment/procedure, such as daily doctor's ward round fee and charges for common nursing procedures and operating theatres. Some payers deemed the logic and rationale behind this pricing arrangement unclear, and considered it unfair as patients should not be charged differently for the identical treatment/procedure simply based on their accommodation choices.

Exploring Medical Packages

From the consumer survey, respondents perceived medical packages could provide price certainty and facilitate price comparisons. However, findings from the trader survey and desktop research indicated that packaged charging was not particularly common in the market, especially for DPCs which lacked online price information in general.

Limited availability of medical packages among the 30 common and non-emergency treatments/procedures

All 13 PHs provided at least 20 out of the 30 treatments/procedures. However, seven PHs only provided packaged charges for not more than six out of the 30 common treatments/procedures. Among the 30 treatments/procedures, while one of the PHs provided packages for 26 treatments/procedures, one only provided packages for two treatments/procedures. Save for colonoscopy, gastroscopy and caesarean section, for which medical packages were available in 10 PHs, packages were limited for most of the other 30 treatments/procedures.

Insufficient transparency regarding additional charges on medical packages

Even when medical packages were available at some PHs/DPCs, the information provided was often unclear and insufficient. In some cases, treatment/procedure details (e.g. potential treatment methods such as conventional haemorrhoidectomy or stapled haemorrhoidectomy for haemorrhoidectomy) were not disclosed on the marketing materials, creating challenges among consumers attempting to compare prices with other PHFs' packages and/or non-packaged services.

Additionally, the prices of excluded items from the package were often undisclosed, likely due to the difficulty of establishing standardised pricing for those items. Commonly excluded items include medication, consultation fees and doctor's fees. Some of which could be substantial.

Challenges in making like-for-like comparisons of medical packages

Consumers may find it challenging to make fair and like-for-like comparisons between medical packages of the same treatment provided by different PHFs, as price breakdowns are often unclear and the included and excluded items varied across PHFs.

Obtaining Budget Estimates

Consumers generally supported the measure of providing budget estimates, particularly as budget estimates provided them with a written record for reference, and were beneficial for medically insured consumers seeking pre-approval from insurance companies, thereby alleviating concerns about whether treatment/procedure costs would be covered. However, the level of price information provided by attending doctors in budget estimates varied widely.

Limited provision of detailed and written budget estimates

The consumer survey found that 39.0% of the respondents were provided only with verbal budget estimates. Among which, provision of verbal budget estimates was notably more common in DPCs (59.0%) than in PHs (31.7%). Regarding the information included in budget estimates, 86.8% included a total sum of all chargeable items, while 60.6% included a sub-total for doctor's fees and 54.0% included a subtotal for PH/DPC/miscellaneous charges. However, significantly fewer PHs/DPCs also provided further breakdowns for doctor's fees (20.8%) and PH/DPC/miscellaneous charges (18.8%). The lack of breakdowns for individual chargeable items often hindered consumers' ability to conduct price comparisons.

Lack of identification for other specialists and anaesthetists in budget estimates

While all PHs included a space for disclosing the attending doctor's identity in the budget estimate form, it was observed that only one out of the 13 reviewed PHs provided a space for the identity of other specialists in the form. This level of disclosure is inadequate, as patients should have the right to know the identities of all specialists and anaesthetists providing consultation or care to them beforehand. Such information is crucial, as errors made by these professionals can have serious or even fatal consequences. Consumers should be informed of the identities of these personnels before admission, which allows consumers to research their experience and expertise prior to arranging appointments with them.

Resolving Price Disputes

Consumers generally expressed a desire for explanations regarding price discrepancies between the budget estimate and final bill from PH/DPC/doctor, but most consumer respondents reported not receiving any clarification. Many chose to stay silent when encountering price discrepancies without an explanation due to various reasons, such as unfamiliarity with the complaint channels available and a desire to maintain a good relationship with their doctor.

Limited explanation on price discrepancies

From the trader survey, PHs advised that the main causes of price discrepancies between the budget estimate and final bill included the patient's actual medical condition differing from the initial assessment and the patient's recovery progress being slower than expected. These factors could lead to discrepancies in charges, which could be beyond the PH's control.

Consumers in general opined that it would be helpful if doctors or nurses could explain any price discrepancies, or mention potential additional costs in advance. However, among the

67.2% of consumer respondents who encountered a variation in price, a significant share of 64.9% did not receive any explanations.

Consumers seldom lodged complaints for various considerations

Among the 218 consumer respondents who encountered price discrepancies without an explanation, merely one filed a complaint. From the in-depth user interviews, interviewees revealed that as long as the discrepancies could be justified, they would accept the discrepancies. The minority of interviewees considered lodging complaints but did not do so in the end were unfamiliar with the complaint channels available, had an impression that filing complaints would be time-consuming, or intended to maintain the doctor-patient relationship.

Stakeholders' Opinions

Pre- and post-Study engagement meetings with stakeholders were held to collect their views on issues of concern, current regulatory regime development, Study findings and recommendations. Their overall views were summarised below:

Government and Public Bodies

It was stressed that, as also mentioned in the Chief Executive's 2024 Policy Address, the Government was determined to enhance the quality and efficiency of healthcare services in the city, and they will explore legislating for private healthcare price transparency to enhance service efficiency in the way forward.

However, while acknowledging that packaged charges can enhance price certainty and facilitate patients to make financial arrangements in advance, some Government-related bodies reflected that PHFs often design medical packages based on the average patient needs which involves cross subsidisation. For some low-risk patients, the total costs of treatments/procedures could be lower if they opt for itemised treatments/procedures instead of packages. After weighing the pros and cons, they will continue to encourage the trade to design medical packages according to the level of complexity of each treatment/procedure.

Healthcare Facilities and Medical Professionals

While recognising price information is important for consumers, some medical professionals expressed hesitation to publicise detailed price information online, due to the concerns over consumers, without doctors' advice, misinterpreting the price information and wrongly estimating the price for the treatment/procedure applicable to their specific situations. Furthermore, despite that some PHs claimed to have internal guidelines on price information disclosure, the monitoring of the related compliance of visiting doctors could be difficult due to high turnover rates.

Even when doctors' advice is available at the consultation sessions, some stakeholders emphasised that budget estimates should be viewed as rough guides as variations between budget estimates and final bills can arise due to the unpredictable nature of some treatments/procedures. Additionally, there are concerns among doctors about being expected to provide accurate budget estimates for hospital charges. Furthermore, it was practically challenging for PHs/DPCs to include the identities of specialists, especially anaesthetists, in budget estimates. Since doctors might work with a pool of anaesthetists, it is possible for an anaesthetist to be assigned to the case at the last moment before the treatment/procedure.

Regarding price variation of doctor's fees between doctors, some medical professionals observed that some private healthcare service providers might perceive that medically insured patients could afford higher costs and hence charged them higher fees as compared to those paying out-of-pocket. These practices may adversely lead to inflated charges for consultations and treatments/procedures, and lead to higher overall insurance premium to the concerned patients in the future.

Some healthcare facilities opined that HBS are useful only as reference points for highly standardised procedures, such as colonoscopy, but not for non-standardised treatments/procedures, such as open reduction and internal fixation of various fractures.

Some healthcare facilities and medical practitioners opined that it was difficult to design a standardised package for each treatment/procedure given the varying complexity of individual cases. This challenge is particularly pronounced when the attending doctor is a visiting doctor, as PHs/DPCs might not have control over the visiting doctor's fees. As medical packages were mostly designed based on a risk-pooling approach, small-scaled DPCs might have greater difficulties to design their own medical packages, given the lack of past data on particular treatments/procedures as such data is necessary for risk-calculation.

However, some academics/experts pointed out that the process of designing packaged charges brings in standardisation of practice. It is advantageous for PHFs to design standard packages encapsulating all the resources required for the treatments/procedures, which can reduce wastages or inefficiencies, such as unnecessary extra days of stay in PHs/investigations/ medications/medical supplies or consumables, arising from the treatment. Medical package is therefore meaningful even for low-risk procedures and patients.

Patient Organisations and Insurers

Patient organisations highlighted instances where patients were charged differently for the same treatments/procedures, yet the rationale was not transparent to the patients. For instance, there were cases that patients staying in higher-class ward accommodation were charged more for operating theatre room, although they were using the same facilities as those staying in general ward.

Insurer representatives pointed out that, when selecting the medical services, some medically insured consumers might consider not only their actual needs but also the amount of insurance coverage available and the insurance deductible, such as requesting for more add-on or unnecessary services to fully utilise their coverage or meet deductibles. Furthermore, some healthcare providers were found to apply higher rates for patients with medical insurance coverage, with the fees set according to the benefit levels of the private health insurance policies taken out by the patients, while some even persuade insured patients into receiving excessive and unnecessary services until the available coverage is almost fully utilised. These practices undermine the integrity of the healthcare sector and potentially drive up the overall insurance premiums. Consumer education is of vital importance to empower consumers to choose necessary medical services for the sustainable development of the private healthcare sector.

Meanwhile, low-risk patients might not opt for medical packages as the costs could be higher. To allow these low-risk patients to benefit from medical packages, stakeholders were of the view that PHs/DPCs should offer more variety of choices of medical packages, and provide higher flexibility for patients to select medical packages that suit their needs.

Healthcare Pricing

Pain Points in Obtaining Accurate Quotation and Conducting Like-for-like Comparison

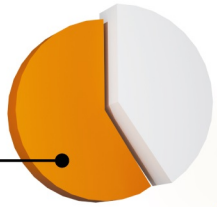
I do not have the required medical knowledge

Why do higher-class rooms result in higher fees for both doctors and PHs for the same treatment/procedure? What is the charging basis?

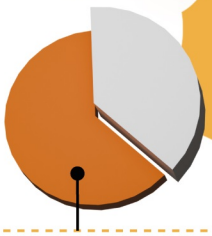
The budget estimate is in verbal format and I do not have any written records

I trust my attending doctor and my insurance should be able to fully cover

67.6% did not conduct price comparisons. Of which, **87%** were medically insured

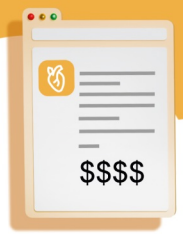


63.2% had no intention to review price information, with top reasons being:



Trusted the recommendation of the attending doctor	67.2%
Able to afford/ covered by insurance	54.4%

I prefer medical packages but they are uncommon and I don't know what should be included in the package



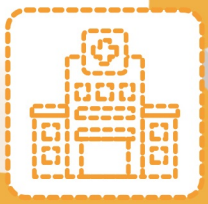
- Only 1 PH provided packaged charges for 26 out of the 30 common treatments/procedures, while most of them (7 PHs) only provided packaged charges for ≤6 of the treatments
- Inadequate transparency on potential additional charges
- Like-for-like comparison was difficult with varying included/excluded items

I tried to refer to HBS*, but it was not user-friendly. Also, the HBS had not been updated for over a year

Only **10.1%** had reviewed HBS

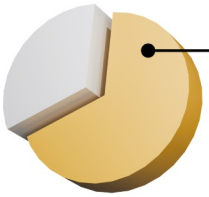
* HBS: historical bill size statistics

Who should explain to me when I have questions?



Variations on medical costs can arise due to unpredictable events (e.g. polyps more than expected, sudden excessive bleeding) so it is very difficult to provide accurate budget estimates

I still pay the bill despite the price discrepancy and no explanation provided



67.2% encountered price discrepancies between budget estimates and final bills

Did not receive any explanations	64.9%

Most consumers stayed silent, for reasons:

- Unfamiliar with complaint channels
- Time-consuming to file complaints
- Maintaining good doctor-patient relationship

Review of Price Transparency Measures in Four Selected Markets

The Council also conducted a review of price transparency measures in the private healthcare sector across four markets: Australia (Victoria), Mainland China, Singapore, and the United States (Florida). Despite the varying contexts of these selected markets, each market has its own initiatives on price transparency to safeguard consumer interests. In gist:

(i) **Provision of price information in a consumer-friendly format**: Similar to Hong Kong, healthcare facilities in all four markets are required to provide patients with price information, albeit in varying degrees of details. Some markets have specific requirements, such as the obligation to provide price information before admission/in an online machine-readable file that lists all standard charges for items and services offered.

(ii) **Provision of written and detailed budget estimates**: Healthcare facilities in Victoria, Singapore and Florida are mandated to provide budget estimates to patients. While the written budget estimates are preferred at Victoria, Florida explicitly requires the written budget estimate to be issued to patients within specified timeframes.

(iii) **Use of clear and understandable terms in search tools on historical bills and inclusion of historical price data of ambulatory surgical centres**: Online search tools are available in Victoria (the "Medical Cost Finder"), Singapore (a search tool on the website of Ministry of Health, Singapore) and Florida (the "Florida Health Price Finder") to facilitate consumers to find the typical fees and costs associated with common private healthcare procedures. Some search tools visualise the historical bill statistics with graphics and in simple language, allowing consumers to easily understand related costs associated with healthcare services.

The Council's Recommendations

To further promote a more transparent private healthcare sector in Hong Kong and ensure that it keeps up with the times, the Council puts forward five recommendations to empower consumers to advocate for themselves and foster greater consumer trust in PHFs, for consideration and discussion by stakeholders and the public.

Recommendation 1 – Improve Consumers' Accessibility to Price Information with a Search Tool

Facilitating price searching at private hospitals and day procedure centres

To address consumers' challenges in accessing relevant price information online, it is imperative to first ensure that DPCs proactively publicise price information online, which is currently not a requirement. In tandem, the Council suggests that the Government develop guidelines for PHs and DPCs regarding the presentation format of price lists, including but not be limited to, adopting a more user-friendly display format, such as by organising the price list by specialty (e.g. charges related to undergoing a colonoscopy) rather than solely by charge categories (e.g. ward accommodation and operating theatre charges) to enable consumers to search and compare prices more effectively. By selecting a specialty, consumers should be able to locate the relevant charge items associated with that particular area of care more easily.

Other than the categories currently available[5], PHs and DPCs should include additional typical charge items in their price lists, such as operating theatre materials and medications, so that consumers could better understand the possible medical expenses they may incur when acquiring private healthcare services.

Enhancing the usability of historical bill sizes statistics with a search tool

Another suggested measure is to enhance the usability of HBS. The Government can consider providing guidelines for PHs on the provision and presentation of HBS, which could serve as the industry benchmark for other PHFs to follow in the long run. The guidelines should cover at least the following areas:

(i) **Timeliness**: Establish a timeframe for updating the HBS. With reference to the updating frequency of a PH which had its Q1-2 2024 figures of HBS ready at around Q4 2024, and having considered the availability of technology to facilitate data compilation, the Government and the trade should discuss the feasibility for PHs to update their HBS more frequently, potentially every six months or so;

(ii) **Detailedness**: Enhance disclosure at the HBS to include exact discharge figures (instead of by range) and more detailed breakdowns (e.g. itemising doctor's fees into anaesthetist's fees, other specialist's fees, etc.); and

(iii) **Readability**: Use layman terms (e.g. "typical" and "high" instead of by "percentile") at HBS to improve consumer understanding.

Furthermore, the Council recognises the need to expand the coverage of this price transparency measure, especially for treatments/procedures which exhaustive price lists and packaged

[5] Categories of items recommended by DH are charges on ward accommodation, operating theatre charges, charges for common nursing procedures, charges for out-patient and/or specialist clinics consultations, charges for investigative and treatment procedures and charges for medical reports and photocopies of medical records.

charges are currently unavailable. The requirement to publish HBS could be extended to cover more treatments/procedures beyond the existing 30 treatments/procedures in PHs, and DPCs should compile historical bill sizes of their treatments/procedures and get prepared for more transparent disclosure.

In the long term, the existing HBS database and online portal on the Pilot Programme website could be further transformed to enhance accessibility and user experience. Drawing insights from the selected markets, the Council suggests the Government utilise big data technology on historical prices at PHs and DPCs to compile a centralised historical price indexes database of PH/DPC charges and doctor's fees to draw insights from this useful resource for healthcare planning and resources deployment. In parallel with the price indexes database, the Government can develop appropriate search tools to provide typical fees for a range of treatments/procedures, serving as a reference point for the public to compare medical costs and make informed choices of healthcare facilities. The centralised database and search tool can be rolled out in phases:

(i) **Phase 1**: Establish a centralised database of historical fees and charges at all PHs for the 30 treatments/procedures (i.e. consolidation of DH's existing database). The fees and charges of each treatment/procedure can be further categorised into various treatment methods and conditions. For example, the price index for colonoscopy can be categorised by (i) type of anaesthesia (e.g. intravenous sedation/monitored anaesthesia); and (ii) number of polypectomy and biopsy (e.g. 0/≤3/>3); and

(ii) **Phase 2**: Expand the database to cover historical fees and charges at all DPCs for the same 30 treatments/procedures, and cover more treatments/procedures beyond the existing 30 treatments/procedures in PHs.

Recommendation 2 – Promote the Use of Packaged Charges

Recognising that medical packages would generally provide greater price certainty and potentially reduce medical spending in the long run and provide consumers with a better estimation of the total spending, the Council encourages PHs and DPCs to proactively design and introduce medical packages for suitable treatments/procedures as a tool to maintain price consistency between the budget estimates and final bills. With a broader range of medical packages, consumers can enjoy more choices with greater flexibility.

The Council also recommends that the Government should provide guidelines for designing and marketing medical packages. Key items to be included and disclosed in the marketing materials, with certain flexibility allowed on the scope of the packages. In the long-run, with reference from existing medical packages launched in the market, PHs and DPCs can introduce more packages tailored to various levels of medical conditions, thereby enhancing fee transparency and catering for different healthcare needs. Given the varying complexities of individual cases, PHs and DPCs can develop a matrix list of packaged charges categorised by the complexity of the treatment/procedure and the patient's medical condition level.

Meanwhile, a common coding mechanism for the treatments/procedures can be adopted to facilitate better communication between doctors and patients (and insurers as well) regarding treatment/procedure decisions, as well as further price comparisons at different PHs/DPCs. The Council suggests that the common coding mechanism in Hong Kong be explored in greater depth and rolled out by stages, starting with a number of selected pilot treatments/procedures to assess effectiveness of the mechanism.

Recommendation 3 – Require the Provision of a Clear and Written Budget Estimate

In view of the varying disclosure extent of budget estimates among PHs and DPCs, the Council recommends the Government to explicitly require PHs and DPCs, prior to undergoing treatments/procedures, to provide patients with written budget estimates that include a clear breakdown of key items. This will help alleviate patients' stress, enable better financial planning for treatments, while also providing a written record for future reference. To start with, this requirement could be implemented for all 30 treatments/procedures at PHs and DPCs, as well as for other non-30 treatments/procedures at PHs.

HKPHA provides on its website a sample budget estimate form, which includes elements such as information of patient, details of stay, name of attending doctor, estimated doctor's fees and estimated hospital charges. The Council reckons that the Government should strengthen the scope of the information to be specified in the budget estimate form when formulating the prescribed items for budget estimate by including the following additional information:

(i) **Disclosure of the identity of anaesthetists and other specialists (other than the attending doctor)**: This can allow consumers to track records of relevant professionals before admission and signing the budget estimate form;

(ii) **Provision of valid period**: This will help avoid disputes arising from PHs and DPCs adjusting their price information after issuing the estimates, as it is noted that PHs and DPCs often disclaim on their websites that their price lists (if any) are subject to change without prior notice; and

(iii) **Timeframe in issuing revised budget estimates to patients**: This serves to ensure patients are kept informed of the updated charges of services provided, through the issue of guidelines/practice notes to promulgate the timeframe of the revision (e.g. before admission). This practice should also be applied to DPCs.

Recommendation 4 – Enhance the Current Regulatory Framework on Price Provision, and Complaint Handling Mechanism on Price Matters

Setting out accountability for information provision and explanation

As not all patients possess the medical knowledge necessary for understanding the price lists and budget estimates, it is essential for healthcare professionals and PH's/DPC's relevant staff to proactively provide explanations on this price information. To clearly set out the accountability for price information provision and explanation, PHs and DPCs are recommended to elucidate relevant internal policies to staff and publish at different channels, where appropriate, the relevant arrangements to consumers. Such internal policies should require the following:

(i) Designation of personnel for providing and explaining price information to patients regarding, among others:

- The provision and explanation of price lists in case of queries;
- The issuance and explanation of budget estimates;
- The provision and explanation of HBS or past bill data; and
- The explanation of items included and excluded in the medical packages, and the price or common price range of excluded items, as well as the charging arrangements in case of complications.

(ii) Proactive explanation of the budget estimate to patients by designated personnel, as well as provision of advice on the potential additional charges and the relevant circumstances in advance; and

(iii) The accountability of the PHs/DPCs/doctors in different scenarios, particularly in cases where visiting doctors refer patients from DPCs to PHs.

Meanwhile, PHs and DPCs of a certain scale are encouraged to assign an officer responsible for governance to monitor compliance with their internal policies.

Enhancing the service quality of consumer-facing staff

As the availability of the price information through phone enquiries could vary, consumers may encounter difficulties in obtaining applicable price information and seeking assistance from staff of PHs and DPCs. Moreover, price discrepancies between budget estimates and final bills were often not explained, which could frustrate consumers and potentially lead to disputes.

As such, the Council recommends that PHs and DPCs develop, regularly review and execute internal guidelines on the following:

(i) Conduct periodic communication training for frontline staff on providing useful, clear and accurate information to consumers;

(ii) Provide price and treatment/procedure information (e.g. medical packages) via muti-media and channels (e.g. videos, chatbots) to reduce staff workload; and

(iii) Assign specific staff members to alert patients to potential price discrepancies before treatments/procedures; and explain any discrepancies between budget estimates and final bills.

Improving complaint handling mechanism related to price disputes

The in-depth interviews revealed that, some consumers might choose not to lodge complaints about price disputes due to a lack of familiarity with the complaint process and concerns about jeopardising the doctor-patient relationship.

To gain deeper insights into the primary reasons consumers lodge complaints regarding price issues, and the challenges they face, the Council recommends that the Government proactively engages with users of PHs and DPCs by systematically sampling and reaching out to those users periodically to gather comprehensive feedback through various means, such as by way of consumer surveys and in-depth interviews.

Additionally, it is crucial that consumer feedback is not only collected and consolidated but also communicated regularly to PHs and DPCs. This ongoing dialogue will facilitate continuous improvement and enhance the overall consumer experience in the private healthcare sector.

For PHs and DPCs, they are encouraged to develop, regularly review and implement comprehensive internal guidelines on, among others, the following:

(i) **Procedures to handle different types of price disputes**: Protocols should be clearly defined to ensure consistent and effective handling of conflicts that may arise concerning pricing, such as those resulted from discrepancies between budget estimates and final bills, and unclear charging mechanism of PH's/DPC's and/or doctor's fees;

(ii) **Standards for response times and resolution processes for price disputes**: It is vital to set clear indicators for how quickly complaints should be addressed and the steps involved in resolving price disputes. This will not only enhance accountability but also improve consumer confidence in the complaint handling mechanism; and

(iii) **Designation of personnel for complaint handling on price disputes**: Assigning specific individuals or teams to manage complaints related to price disputes is essential, as this ensures that there are dedicated resources focused on addressing consumer concerns promptly and efficiently.

Enhancing the regulatory framework

Consumers rely on the Government's safeguards to ensure PHFs' compliance with the PHFO requirements through the licensing regime. The Council notes that each PHF licence application is handled based on the criteria[6] deliberated and endorsed by the Advisory Committee for Regulatory Standards for Private Healthcare Facilities under the PHFO to assess the fitness and properness of the applicants/Chief Medical Executives ("**CMEs**"). This covers the handling in relation to cases where the applicants/CMEs had committed criminal offences and/or offences under the PHFO. It is worth noting that, as the PHFO is premise-based, any change of the PHF's premise will require application of a new licence which involves vetting afresh.

Meanwhile, DH has taken measures to ensure accountability within the private healthcare sector for past offenders with the relevant criteria and records of regulatory actions having been made public. For example, a person who has had a conviction of any offence under the PHFO with sentence to imprisonment (whether suspended or not)/committed non-compliances that resulted in suspension or cancellation of licence of a PHF in the past five years will not be provided with a licence at all.

Currently, regulatory actions on PHs/DPCs are considered when there is a breach of licence conditions or CoPs. "Non-compliance" refers to unsatisfactory fulfilment or failure to meet the licence conditions or requirements under the CoPs. A risk-based approach to regulatory actions is adopted, and the risk level of non-compliance is assessed based on the likelihood of impact on patient safety and the seriousness of consequences in terms of patient harm (e.g. re-admission, unplanned return to operating theatre, or even incidents leading to death) that the non-compliance could cause. However, relevant provisions on price transparency in the PHFO are still not in force.

The Government is recommended to consider adopting a comprehensive approach when considering regulatory actions that includes a thorough assessment of non-compliance with the price transparency measures, as well as to continue to safeguard the interests of consumers through the licensing regime. By integrating these considerations into the regulatory framework, the Government can foster a more price-transparent private healthcare sector.

[6] DH. Guidance Notes for Assessing Fitness and Properness of Applicants/CMEs for Licence Application.

Recommendation 5 – Strengthen Consumer Education through Multi-channels and Collaborative Effort

Given the unique nature of medical services, promoting the general public's knowledge is as vital as enhancing price transparency across the entire private healthcare sector in Hong Kong.

The consumer survey revealed that respondents were most aware of the requirement for PHs to provide budget estimates (31.8%), followed by the disclosure of price information (26.2%). However, only 7.0% were aware of PHs publicising HBS, highlighting the need to significantly raise public awareness for all three measures. To mitigate the issue effectively, related promotional materials should be strategically placed in highly visible areas at PHs and DPCs, such as at cashiers and waiting areas, to ensure that patients encounter this important information during their visits. Additionally, leveraging a diverse array of media channels, such as TV advertisements and free newspapers, is crucial to resonate with the general public. Furthermore, adopting search engine marketing strategies by the Government will enhance online visibility of the promotional websites, allowing individuals to easily access information about price transparency measures in place when searching for PHFs.

Besides, consumers generally placed a high level of trust on the information provided by their healthcare providers, which resulted in reduced price sensitivity. To encourage consumers making informed decisions, the Council refers to an education material adapted from Choosing Wisely Australia and puts forward five questions for consumers to ask their healthcare service providers before treatments/procedures:

(i) Do I really need to conduct the treatment/procedure?

(ii) What are the risks or side effects of the treatment/procedure?

(iii) Are there any simpler or safer alternatives for the treatment/procedure?

(iv) What happens if I don't conduct the treatment/procedure?

(v) What are the financial/emotional/time costs of the treatment/procedure?

Meanwhile, it is also essential for the sector to enhance the accessibility of complaint channels and mechanisms, and provide consumers with comprehensive information regarding the complaint process. This includes clearly outlining the types of documents required to report complaints, which will help streamline submissions and reduce barriers to access. Additionally, detailing the complaint handling procedures will significantly enhance the credibility of the complaint handling mechanism, instilling greater confidence in consumers that their complaints will be taken seriously and addressed appropriately. Last but not least, it is crucial to educate consumers about their right to information, particularly concerning the regulations and guidelines in place on information provision by PHs and DPCs.

Way Forward

The healthcare system in Hong Kong is currently facing several challenges, including, among others, a rapidly ageing population, an increase in the prevalence of chronic diseases and a shortage of healthcare manpower. The Council is pleased to see the Government's commitment and ongoing efforts to review and enhance the healthcare system, as well as to strengthen primary healthcare services, so as to safeguard public health and well-being.

In the Chief Executive's 2024 Policy Address, the Government outlines its determination to further reform the healthcare system. A key direction of the reform is to enhance the quality and efficiency of healthcare services, while addressing medical inflation. Before the end of 2025, consultations with relevant sectors will be conducted to explore the potential legislation in price transparency of private healthcare.

The private healthcare sector in Hong Kong stands at a critical juncture for enhancing price transparency. Encouragingly, the stakeholders have expressed a general openness to making improvements, and agreed that communications between consumers and doctors could be strengthened to prevent price disputes. Notably, some healthcare facilities had initiated various industry-led initiatives, such as expanding the availability of medical packages, establishing guidelines for budget estimates, and advocating for and monitoring price transparency.

Educating consumers about their rights to information is crucial, particularly regarding the regulations and guidelines governing information provision by PHs and DPCs. By enhancing awareness and knowledge, individuals will be better equipped to make informed decisions regarding their health and navigate the private healthcare system more effectively.

Creating a robust ecosystem for price transparency in private healthcare necessitates a collaborative effort among the Government, private healthcare providers, and consumers. The recommendations of the Study will pave the way for a more transparent and accountable private healthcare sector in Hong Kong, which would in turn reduce information asymmetry and bolster consumer confidence in the private healthcare system.

5 Recommendations

More Transparency in Healthcare Pricing, More Value for Consumers

Recommendation 1 – Improve Consumers' Accessibility to Price Information with a Search Tool

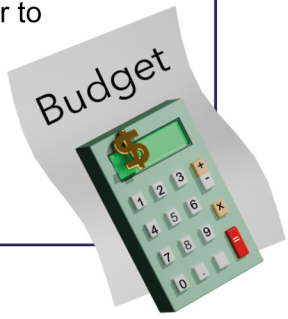
- DPCs* to provide online price information
- Government to develop presentation guidelines on price lists and HBS* to increase consistency
- Government to develop a centralised historical price indexes database with proper search functions:
  - Timeliness
  - Detailedness
  - Readability

Recommendation 2 – Promote the Use of Packaged Charges

- Government to provide guidelines for designing and marketing medical packages
- PHs*/DPCs to introduce more packages for different levels of medical conditions
- Government to work with the trade (including the medical and insurance sectors) and develop a common coding mechanism for the treatments/ procedures to facilitate comparison among healthcare facilities, as well as doctor-patient communication

Recommendation 3 – Require the Provision of a Clear and Written Budget Estimate

- PHs/DPCs to provide written and detailed budget estimates to patient prior to undergoing treatments/procedures
- Government to provide clear guidelines on :
  - Disclosure of identities of anaesthetists and valid period for the estimate
  - Timeframe in issuing revised estimate



* PH: private hospital; DPC: day procedure centre; HBS: historical bill sizes statistics.

Recommendation 4 – Enhance the Current Regulatory Framework on Price Provision, and Complaint Handling Mechanism on Price Matters

- PHs/DPCs to develop guidelines on:
  - Accountability of provision and explanation of information to patients
  - Enhancing service quality of consumer-facing staff
- Government to gather feedback from users of PHs/DPCs on the reasons and challenges for lodging complaints regarding price issues for continuous improvement
- PHs/DPCs to enhance accessibility of complaint channels and mechanisms regarding price issues
- When Government considers regulatory actions, to include non-compliances with price transparency measures to ensure industry governance

Recommendation 5 – Strengthen Consumer Education through Multi-channels and Collaborative Efforts

- Government to promote price transparency measures
- Government to educate consumers their right to information
- Consumers to follow the five questions to enquire with healthcare providers before treatments/procedures (including necessity of the treatment, risks/side effects, alternatives, consequence of not conducting the treatment, and costs)

摘要

香港的私營醫療服務

過去十年間，香港醫療服務需求顯著增加，主要原因是香港人口預期壽命不斷增長，人口高齡化的趨勢越見明顯，患有慢性疾病的人口上升和各年齡層人士亦越來越注重健康。香港人口的預期壽命在全球名列前茅，65 歲及以上長者人口估計將由 2021 年的 150 萬大幅增至 2046 年的 270 萬。屆時，長者預計將佔整體人口約 36.0%。鑒於長者人口上升，在 2022/23 年度，近三分之一（31.2%）人口患有慢性疾病。在醫療服務需求越來越殷切的情況下，香港醫療衞生經常性開支[7]由 2013/14 年度的 1,307.5 億港元飆升 73.1% 至 2022/23 年度的 2,263.1 億港元。

香港採用公私營並行的雙軌醫療制度。在 2022/23 年度，醫療衞生經常性開支中，公共支出約佔 52.0%（1,177.5 億港元），私人支出約佔 48.0%（1,085.7 億港元）；後者有 63.1% 為住戶實付支出，21.4%為私人購買的保險計劃。私營醫療界別提供約 68% 的門診服務，是醫療系統不可或缺的一部分。在人手配置方面，約半數香港醫生由私營界別僱用，然而私營醫院住院服務的市場佔有率卻只有約 10%，明顯反映公私營醫療市場正出現失衡狀態。

為緩減公營醫療系統的壓力，解決公私失衡現象，政府一直鼓勵公眾更廣泛使用私營醫療服務，例如推廣自願醫保計劃。政府亦於 2018 年刊憲《私營醫療機構條例》（第 633 章）（「**《條例》**」），引入以處所為本的規管制度，旨在進一步保障病人安全和權益。

除病人安全和服務質素之外，收費透明度亦是私營醫療服務的基本支柱。消費者有權根據個人需要選擇醫生和服務提供者，並在作出醫療決定前充分掌握清晰無誤的價目資料，以便提前估算費用及作出所需的財務安排。所以，提高收費透明度有助保障消費者權益，促進消費者與私營醫療服務提供者之間的溝通，確保私營醫療界別能夠有效滿足港人的需求之餘，亦能提高整體醫療系統的效率和效能。

[7] 醫療衞生經常性開支是指居民在香港境內及境外的衞生物品和服務的最終消費開支。本報告中的醫療衞生經常性開支並不包括 2019 冠狀病毒病相關的開支及非香港居民在香港境內的衞生物品和服務的開支。

醫療服務的獨特性和醫患之間的資訊不對稱

醫療服務不同於一般標準化的消費品和服務，由於醫療服務針對病人的個別情況而定，因此病人要獲取準確的價目資料往往非常複雜和殊不容易，並受多方面的因素影響而增加收費的不確定性，包括病人的具體病況、醫生選用的治療方法和醫療設備，進一步令消費者作出決定的過程變得複雜。

香港消費者普遍對醫療服務提供者抱有高度信任態度，但資訊不對稱導致醫患之間常處於不平等的狀況。病人往往因難以在治療前獲得明確的價目資料，加上十分信任醫生的建議，而忽略比較各種其他服務或考慮替代方案，從而窒礙他們作出知情的決定。

事實上，儘管政府已推出提升收費透明度措施，但市場實質操作仍存差異。私營醫療機構缺乏一套披露價目資料或提供服務費用預算的標準，容易導致收費出現爭議，但解決這些爭議甚具挑戰。2021 年至 2024 年間，在消費者委員會（「**消委會**」）接獲有關私家醫院及日間醫療中心[8]所提供的私營醫療服務的投訴中，大部分與收費爭議（45.5%）相關。然而，若私家醫院 / 日間醫療中心和醫生能提供更詳盡的解釋，便能避免此類投訴。

監管收費透明度和相關機構

香港私營醫療機構，即私家醫院、日間醫療中心、診所和衞生服務機構均受《條例》監管。截至 2025 年 2 月，私家醫院及日間醫療中心的牌照經已生效。持牌私家醫院及日間醫療中心必須實行《條例》和相關實務守則（「**守則**」）所訂明的收費透明度措施，包括（一）披露收費項目及服務的價目資料（適用於所有私家醫院及日間醫療中心）；（二）提供服務費用預算（適用於所有私家醫院）；及（三）公布過往收費統計數據（適用於所有私家醫院）。

同時，政府與香港私家醫院聯會共同推出提高私家醫院收費透明度的先導計劃（「**先導計劃**」），為自願參與的全港私家醫院就收費透明度措施提供明確的實施細節，包括如何展示收費表、提供服務費用預算、及公布過往收費統計數據。

醫務衞生局負責制訂政策和分配資源以確保香港醫療制度有效運作，而其轄下的衞生署，作為政府的衞生事務顧問，亦是執行公共衞生政策和法定職責的機構，負責《條例》的實施和執法。衞生署轄下的私營醫療機構規管辦公室（「**規管辦公室**」）負責根據《條例》和相關守則，處理發牌和監管工作。

至於香港醫務委員會負責處理合資格醫生的註冊事宜、發布「香港註冊醫生專業守則」和指引，並設立紀律處分機制，以處理公眾投訴。

[8] 第一批日間醫療中心牌照於 2021 年 1 月 1 日生效。此處指截至 2024 年 10 月持有日間醫療中心牌照的機構。由於對無牌營辦日間醫療中心的罰則條文於 2022 年 6 月 30 日生效，因此 2024 年獲發牌的處所可能在投訴發生時不屬日間醫療中心。

本研究

為探討消費者對私營醫療機構收費透明度的憂慮和痛點，消委會進行了一項題為「信心與價值：提升醫療價格透明度 」的深入研究（「**本研究**」），就當前私營醫療界別尋找改善空間，並就提升收費透明度提出建議。

本研究檢視了消費者的尋醫過程，包括搜集價目資料、諮詢主診醫生、支付治療費用、作出投訴的各個階段。本研究的對象為私家醫院及日間醫療中心，範圍限於衞生署向私家醫院建議的 30 種常見及非緊急治療 / 程序（「**30 種治療 / 程序**」）。本研究共涵蓋 13 間私家醫院和 128 間提供麻醉 / 內窺鏡 / 手術程序（性質上與 30 種治療 / 程序相關）的日間醫療中心。

本研究的主要目的為：

（一） 檢視私家醫院和日間醫療中心採用的收費透明度措施，包括就私營醫療服務提供收費表或資料、服務費用預算或報價、過往收費統計數據、醫療套餐的價目資料；

（二） 搜集消費者使用私家醫院 / 日間醫療中心的經驗，以及他們對常見和非緊急治療 / 程序的收費透明度措施的滿意度，尤其着眼於他們獲取服務費用預算，以及服務費用預算和最終帳單之間出現落差的經歷；

（三） 找出可能損害消費者利益的當前問題、潛在風險、政策措施與市民的期望出現落差的地方，並探討改善空間；以及

（四） 檢視現行監管制度，提出適當建議以加強保障消費者權益。

消委會於 2022 年 10 月至 2024 年 12 月期間，採用混合方法進行本研究，包括（一）消費者問卷調查；（二）與曾接受選定治療 / 程序的消費者進行深入訪談；（三）商家問卷調查；（四）桌面研究及電話查詢[9]；（五）進行本研究前後與持份者進行交流[10]；（六）分析消委會接獲的投訴個案；（七）審視選定市場的監管制度。

[9] 桌面研究包括檢視有提供選定治療 / 程序的 13 間私家醫院和 20 間日間醫療中心所實施的收費透明度措施，並以神秘電話調查進一步查詢價目資料，亦檢視了 13 間私家醫院就選定治療 / 程序所公布的過往收費統計數據。

[10] 持份者包括政府和公共機構（即醫務衞生局、醫院管理局、私營醫療機構規管辦公室、自願醫保計劃辦事處）、醫療機構和醫療專業人士（即香港私人執業專科醫生協會、香港醫學專科學院、香港醫學會、香港私家醫院聯會、兩名醫療專業人士、以及學者 / 專家）、病人組織和保險公司（即香港病人組織聯盟、香港社區組織協會、香港保險業聯會）。

深入研究病人的尋醫過程

本報告將根據病人尋醫過程的各個階段闡述研究結果，包括搜集價目資料、考慮醫療套餐、獲取服務費用預算、處理收費爭議。以下就各階段進行深入研討。

搜集價目資料

消費者在選擇私家醫院或日間醫療中心進行治療 / 程序的階段，主診醫生的意見起主導作用。超過一半（56.4%）受訪者在消費者問卷調查中表示，他們會依賴主診醫生的建議，反映他們高度信任醫生。其他常見因素包括私家醫院 / 日間醫療中心的聲譽（38.2%）、個人財政能力（31.8%），以及私家醫院 / 日間醫療中心與消費者住所之間的距離（30.6%）。

令人意外的是，過半數（57.0%）受訪消費者從未查閱在公開渠道可見到的價目資料，其中 63.2% 更表示沒有打算查看價目資料。而沒此打算的受訪消費者中，大部分（67.2%）歸因於相信主診醫生的建議。正因如此，不少受訪消費者（67.6%）沒有向不同機構查詢和比較收費。值得注意的是，在沒有比較收費的受訪消費者中，87.0% 受醫療保險保障。

相關價目資料難明 / 不足 / 不存在

在有進行收費比較的受訪消費者中，他們的主要資料來源為私家醫院 / 日間醫療中心的網站（52.6%）。然而，研究發現並非所有日間醫療中心都有在網上披露價目資料，有時候即使消費者致電查詢，也可能無法順利獲取價目資料。再且，儘管消費者可以從網上取得價目資料，亦就其病況和所需治療諮詢過普通科醫生，他們也感到難以理解價目資料是否與自己所需的治療相關。由於有些價目資料按個別服務項目類型分類（例如按病房類型劃分的手術室費用），消費者往往需要額外的專業意見，才知道該治療是否需要使用手術室、預計的使用時長、是否需要病房住宿等。

提供或解釋價目資料的責任誰屬欠清晰

商家問卷調查顯示，就應由私家醫院、日間醫療中心、或是醫生負責向消費者提供和解釋價目資料方面，現時未有一套慣常做法。責任屬誰亦模糊不清，容易導致收費爭議，當醫療服務涉及多間私營醫療機構和服務提供者時尤甚（例如當消費者在不同私營醫療機構進行諮詢及接受治療）。

過往收費統計數據 — 普遍認知不足、沒有適時更新、易讀性低

政府推出措施提高私營醫療機構收費透明度，規定私家醫院須公布 30 種治療 / 程序的過往收費統計數據，包括每項治療 / 程序（如有提供）的第 50 個百分位數和第 90 個百分位數的實際帳單數據。儘管過往收費統計數據有助消費者估算治療 / 程序費用，和比較各間私家醫院的價目資料，僅有 10.1% 於私家醫院接受治療的受訪消費者曾經查看過往收費統計數據。同時，消委會於 2024 年 7 月檢視過往收費統計數據發現，在 13 間私家醫院中，有 9 間提供 2023 年的數據，但 4 間只提供 2022 年的數據。直到 2024 年 12 月下旬，這 4 間才將數據更新至 2023 年。

在消費者深入訪談中，雖然許多受訪消費者認為過往收費統計數據有助掌握治療 / 程序的收費，但不少人表示其難以理解（如「百分位數」的概念），並建議用淺白的文字來詮釋過往收費統計數據。

醫生和私家醫院 / 日間醫療中心費用的收費機制含糊

在私家醫院 / 日間醫療中心的價目資料中，一般不會列出醫生費（包括其他專科和麻醉科醫生費），亦絕少向消費者披露醫生的定價標準。同時，醫生費及醫院費往往根據病人選擇的病房類型調整。簡單而言，就相同治療 / 程序，病房類型的級別越高，醫生費及醫院費（如醫生每日巡房費，普通護理程序和手術室費用）亦越高。消費者認為這種掛勾定價模式背後的邏輯和理據含糊，若進行相同治療 / 程序，即使住宿選擇不同，收費亦應一視同仁，所以現時做法並不公平。

搜尋醫療套餐

從消費者問卷調查發現，受訪消費者認為醫療套餐可以增加收費確定性，方便比較收費。然而，商家問卷調查和桌面研究的結果均顯示，醫療套餐在市面上並未普及，尤其日間醫療中心大多連一般價目資料都未有在網上披露。

30 種常見及非緊急治療 / 程序的醫療套餐並未普及

在 30 種治療 / 程序中，全數 13 間私家醫院均有提供至少 20 種治療 / 程序。不過，7 間私家醫院只就其中不多於 6 種治療 / 程序提供套餐形式收費。儘管有 1 間私家醫院為 26 種治療 / 程序提供醫療套餐，另有 1 間僅為 2 種治療 / 程序提供醫療套餐。大腸鏡檢查、胃鏡檢查和剖腹分娩的醫療套餐在市場上相對較為普遍（有 10 間私家醫院為該治療 / 程序提供套餐），但 30 種治療 / 程序中的其他治療 / 程序則甚少有醫療套餐。

醫療套餐未有清楚列明額外收費

即使一些私家醫院 / 日間醫療中心有提供醫療套餐，但所提供的資料往往不清楚和不足。當中不少沒有在宣傳刊物內披露治療 / 程序細節（如痔瘡切除術的治療方法可選痔瘡槍環切術或傳統方式），導致消費者在嘗試比較不同私營醫療機構的套餐及 / 或非套餐服務收費時遇上困難。

此外，市面上多數醫療套餐都未提及不包項目的收費，可能因為一些項目難以訂立標準收費。藥費、諮詢費和醫生費都是一些常見的不包項目，而有些項目可以收費不菲。

不同機構提供的醫療套餐不一，消費者難以「貨比三家」

由於醫療套餐收費明細往往不清，以及不同私營醫療機構推出的套餐中包括和不包項目亦各有不同，消費者難以就相同治療 / 程序的不同套餐作公平及同類比較。

獲取服務費用預算

消費者普遍支持私營醫療機構提供服務費用預算，他們認為該措施提供書面記錄作參考，甚至可以幫助受醫療保險保障的消費者向保險公司申請預先批核，減輕他們對治療 / 程序的費用會否獲得理賠的憂慮。不過，不同主診醫生在服務費用預算內提供價目資料的詳盡程度存有很大差異。

缺乏詳盡的書面服務費用預算

消費者問卷調查發現，服務費用預算主要以口頭形式提供（39.0%），而當中日間醫療中心（59.0%）提供口頭預算的情況比私家醫院（31.7%）更普遍。另外，86.8%的服務費用預算列出了所有收費項目的總和，60.6% 列出了醫生費的總和，而 54.0%包含了私家醫院 / 日間醫療中心 / 雜項費用的總和。明顯地，更少私家醫院 / 日間醫療中心有進一步提供醫生費（20.8%）和私家醫院 / 日間醫療中心 / 雜項費用（18.8%）的各項明細。服務費用預算缺乏個別收費項目的明細，往往窒礙消費者進行收費比較。

服務費用預算內並未有列明其他專科和麻醉科醫生身分

雖然所有私家醫院的服務費用預算表格內均設有一欄披露主診醫生的姓名，消委會觀察到 13 間私家醫院中，僅有 1 間私家醫院的表格設有一欄指明填寫其他專科醫生的姓名，反映披露程度不足。病人應有權事先獲悉所有提供諮詢或照護的專科和麻醉科醫生的身分。有關資料必不可少，專科醫護人員如在進行治療 / 程序時出錯，有可能會造成嚴重甚至致命的後果。消費者有權事先獲悉醫護人員的身分，以便在求診前先了解他們的經驗和專業。

排解收費爭議

消費者普遍期望私家醫院 / 日間醫療中心 / 醫生就服務費用預算和最終帳單之間的價格差異作出解釋，但大多數受訪消費者表示他們從未獲得任何解釋。由於消費者不熟悉相關投訴渠道，加上希望與醫生保持良好關係，在遇上價格差異又未獲解釋時，他們大多選擇保持緘默。

遇到價格差異的消費者未必會獲解釋

在商家問卷調查中，多間私家醫院表示會導致服務費用預算和最終帳單之間出現價格差異的原因，主要是由於病人的實際情況與初步評估的病情大相逕庭，以及病人的康復進度比預期慢。這些原因都可能會導致價格差異，亦超越私家醫院的控制範圍。

消費者普遍認為，如果醫生或護士能夠事先解釋有機會出現價格差異的情況，或提前獲告知潛在的額外費用，將會對他們有所幫助。事實上，67.2% 曾遇到價格差異的受訪消費者中，有 64.9% 並沒有獲得任何解釋。

消費者因各種考慮鮮有作出投訴

218 名沒獲解釋價格差異的受訪消費者中，僅有 1 人作出投訴。在消費者深入訪談中，受訪者表示只要價格差異有合理原因支持，便會予以接受。少數受訪者曾考慮作出投訴但最終放棄，他們歸因於不熟悉投訴渠道、認為投訴耗時，或希望與醫生保持良好關係。

持份者意見

進行本研究前後，消委會與持份者交流意見，收集他們對此議題關注的問題，了解現行監管制度的發展，以及他們對本研究結果和建議的看法。重點如下：

政府和公共機構

持份者指出，行政長官 2024 年施政報告強調，政府銳意提升香港醫療服務的質素和效率，並將探討就私營醫療收費透明度立法，以提升服務效益。

部分相關政府機構雖然表示認同醫療套餐有助提升收費確定性，便利病人預先作出財務安排，但私營醫療機構通常根據病人的平均需求設計醫療套餐，很多時以交叉補貼形式運作。對於一些低風險病人，如果他們選擇按分項治療 / 程序收費而非套餐式收費，治療 / 程序總費用可能會較低。經權衡利弊後，相關政府機構會繼續鼓勵業界根據每種治療 / 程序的複雜程度來設計醫療套餐。

醫療機構和醫療專業人士

雖然一些醫療專業人士認同提供價目資料予消費者至關重要，但他們亦表示對在網上公布詳盡價目資料的做法有所保留，他們擔心消費者會在沒有醫生專業意見下誤解價目資料，錯誤估算適用於其具體病況的治療 / 程序收費。此外，儘管一些私家醫院聲稱就價目資料披露設有內部指引，但實際上由於掛單醫生時有更替，監管他們有否遵從要求存在一定難度。

即使消費者在諮詢階段可以獲取醫生的意見，一些持份者強調服務費用預算應被視為概括參考，服務費用預算和最終帳單之間可能會因為某些治療 / 程序的不可預測性而出現差異。醫生亦對消費者期望他們可以在服務費用預算中提供準確的醫院費用表示憂慮。此外，如要在服務費用預算內指明專科醫生，尤其是麻醉科醫生的身分，對於私家醫院 / 日間醫療中心在實際操作上會出現困難，因為主診醫生有機會是與一組麻醉科醫生合作，所以可能會在臨近治療前才獲悉被指派麻醉科醫生的身分。

對於不同醫生的醫生費存有差異，有醫療專業人士觀察到，一些私營醫療服務提供者可能認為受醫療保險保障的病人可負擔更高的費用，因而向他們收取高於自費病人的費用。這些做法可能會導致諮詢費和治療 / 程序費用上漲，將來有機會推高相關病人的整體保費。

一些醫療機構認為，高度標準化的程序（如大腸鏡檢查）的過往收費統計數據有較高參考價值；相反，未能標準化的治療（如不同骨折的開放性復位及內固定術）的過往收費統計數據的參考價值則較低。

有醫療機構和醫生指出，由於每個個案的複雜程度各有不同，因此難以為每項治療 / 程序設計一個標準醫療套餐，尤其當主診醫生是掛單醫生時，私家醫院 / 日間醫療中心可能無法控制掛單醫生的收費，設計醫療套餐的困難更明顯。由於醫療套餐大多按風險分擔形式設計，規模較小的日間醫療中心可能缺乏足夠的過往數據用作所需的風險計算，設計醫療套餐時面對的難度會更高。

不過，有學者 / 專家則指，設計套餐式收費有助行業標準化醫療程序。設計標準套餐時，私營醫療機構可以包括所有與治療 / 程序相關的項目，減少浪費資源及效率低的情況，例如不必要的額外住院日數 / 檢查 / 藥物 / 醫療用品或消耗品。即使對一些低風險的程序或者病人而言，提供醫療套餐仍然有其意義。

病人組織和保險公司

有病人組織指出，不少個案例子顯示病人就相同的治療 / 程序被收取不同費用，但他們卻無從得知箇中原因。舉例來說，有部分選擇了較高等級病房的病人，即使他們使用的設施與普通病房的病人相同，他們卻被收取更高的手術室費用。

有保險公司代表指出，部分受醫療保險保障的消費者在選擇醫療服務時，不僅考慮其實際需要，還會考慮保額及自付額，例如有消費者在使用醫療服務時為了充分利用保額或滿足自付額，而要求更多附加或不必要的服務。另外，部分醫療服務提供者在知悉消費者有購買醫療保險時，會收取享有保額的病人更高費用、按病人的私營醫療保單等級收費、甚至遊說病人接受過多或不必要的服務直到幾乎耗盡可用保額。這些做法均令醫療界別的誠信受到質疑，並可能推高整體保費，因此有必要教育消費者只選擇有需要的醫療服務，維持醫療界別的可持續發展。

另外，低風險病人考慮到現時醫療套餐的費用較高而可能不作選擇。為了讓這些低風險病人能從醫療套餐中受益，持份者認為私家醫院 / 日間醫療中心應提供更多種類的醫療套餐，讓病人可更靈活選擇切合自己需要的醫療套餐。

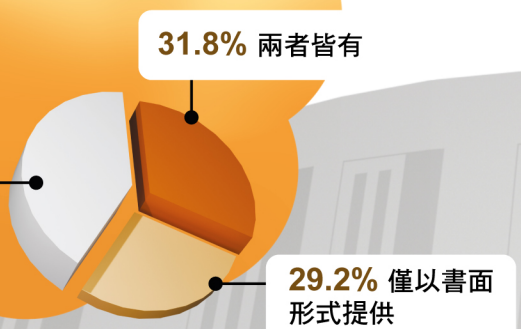
醫療價格

難以獲取準確報價和貨比三家

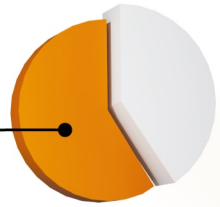
我不具備所需的
醫學知識

即使是相同的治療／程序，為何
選擇較高級別的病房，就會被收取
較高的醫生和私家醫院費用？
收費機制如何釐訂？

服務費用預算以口頭形式
提供，我沒有任何
書面紀錄



我相信我的主診醫生，而且我的保險應該可以全額支付



67.6% 沒有比較價格。當中 **87%** 有購買醫療保險

63.2% 沒有打算查看價目資料，主要原因是：

相信主診醫生的建議	67.2%
有能力負擔 / 受保險保障	54.4%

我想選擇醫療套餐，不過套餐並不普及。而且我不知道套餐應該包括甚麼項目

- 30 種常見治療 / 程序中，僅 1 間私家醫院就當中26項提供醫療套餐，大部分私家醫院（7 間）就當中≤6 項提供套餐
- 潛在額外收費的透明度不足
- 包括和不包括的項目各有不同，消費者難以貨比三家

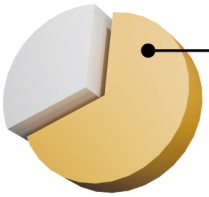
我曾嘗試查看過往收費統計數據，但太難理解。再者，數據在過去一年多都沒有更新

僅 **10.1%** 曾查看過往收費統計數據

如有疑問，誰有責任向我解釋？

有機會發生無法預料的狀況導致醫療費用改變（例如瘜肉比預期多、突然的出血過多）。因此，醫生很難提供準確的服務費用預算

儘管遇到價格差異又未獲解釋，我照樣支付帳單



67.2% 遇到服務費用預算和最終帳單之間出現價格差異的情況

沒有獲得任何解釋	64.9%

大部分消費者不作投訴、保持緘默的原因是：

- 不熟悉投訴渠道
- 認為投訴耗時
- 希望與醫生保持良好關係

審視四個選定市場的收費透明度措施

消委會審視了四個市場的私營醫療界別的收費透明度措施，包括澳洲（維多利亞州）、中國內地、新加坡和美國（佛羅里達州）。儘管這些選定市場的情況各不相同，但每個市場皆有一些提高收費透明度措施以保障消費者權益。總結如下：

（一） **以方便消費者的格式提供價目資料**：與香港情況相似，四個市場的醫療機構均須向病人提供價目資料，不過就資料的詳盡程度的要求不盡相同。一些市場有特定的要求，例如必須履行在病人入院前提供價目資料的責任，或在線上可機讀文件內詳列所有項目和服務的標準費用來提供價目資料。

（二） **提供書面和詳盡的服務費用預算**：維多利亞州、新加坡和佛羅里達州的法例規定醫療機構必須向病人提供服務費用預算。維多利亞州建議以書面形式發出服務費用預算，而佛羅里達州更明確要求醫療機構在指定時間內向病人以書面形式發出服務費用預算。

（三） **過往醫院收費數據的搜尋工具用詞清晰淺白，並加入日間手術中心的過往收費數據**：維多利亞州、新加坡和佛羅里達州均提供相關線上搜尋工具，便利消費者搜集與常見私營醫療程序相關的一般收費和費用。一些搜尋工具更以圖表和淺白文字呈現過往收費數據，讓消費者更輕易掌握醫療服務的相關費用。

消委會建議

為推動香港私營醫療的收費透明度更進一步和與時並進，消委會提出五大建議供持份者和公眾考慮和討論，期望能加強消費者保障自身權益的能力，並提升他們對私營醫療機構的信任。

建議一：通過搜尋工具便利消費者獲取價目資料

便利搜尋私家醫院 / 日間醫療中心的價目資料

儘管現時尚未有法例要求，為解決消費者在網上獲取相關價目資料面對的困難，消委會建議日間醫療中心主動在網上公布價目表。與此同時，政府可就價目表的呈現方式為私家醫院和日間醫療中心提供指引，包括但不限於採用更方便消費者的分類，如以專科（如大腸鏡檢查的相關費用）分類，而非以單一收費類別（如病房住宿及手術室費用）分類，從而讓消費者能更便捷地搜集和比較收費，並在選擇醫療專科前，可更輕易找到與特定療程相關的收費項目。

除現有已公開的收費類別外[11]，私家醫院及日間醫療中心應在其價目表內包括其他一般收費項目的收費，如手術室物料和藥物費用，以便消費者更容易掌握就選用私營醫療服務可能涉及的醫療開支。

以搜尋工具提高過往收費統計數據的可用性

為提高過往收費統計數據的可用性，消委會建議政府為私家醫院訂立指引，指明提供和展示過往收費統計數據的形式，長遠而言，指引亦可用作供行內其他私營醫療機構參考的標準。該指引應涵蓋以下基本範疇：

（一） **適時性**：訂明更新過往收費統計數據的時間。參考其中一間私家醫院的更新頻率，其 2024 年第 1 至第 2 季數據於 2024 年第 4 季已可供公眾查閱，加上現時機構可善用大數據科技來整合其統計數字，所以政府和業界應商討更頻密地更新數據的可行性，如考慮約每六個月更新一次；

（二） **詳盡性**：披露更多收費統計數據，包括每年進行有關治療 / 程序的出院人次的確實數目（而非人次範圍）和更詳盡的明細（如將醫生費內的麻醉科醫生費、其他專科醫生費等分開列出）；以及

（三） **易讀性**：以淺白文字詮釋過往收費統計數據（如「一般」和「高」，而非「百分位數」），方便消費者理解。

此外，消委會認為有必要擴展收費透明度措施的適用範圍，尤其應涵蓋目前未有提供詳盡價目表和醫療套餐的治療 / 程序。就發布過往收費統計數據的要求，除了現時要求涵蓋的 30

[11] 衞生署建議項目種類包括房租、手術室費用、普通護理程序費用、普通科及 / 或專科門診費用、檢查及治療程序費用、申請醫療記錄副本和申請醫療報告費用。

種治療 / 程序，亦可擴展到涵蓋更多其他治療 / 程序，而日間醫療中心亦應開始匯集其提供的治療 / 程序的過往收費，為更透明地披露數據作準備。

長遠而言，政府可進一步改良現有在先導計劃網站上的過往收費統計數據資料庫及網上平台，以提升容易獲取性和用戶體驗。消委會借鏡選定市場的經驗，建議政府善用大數據科技匯集私家醫院及日間醫療中心的過往收費數據，並建立一個記錄私家醫院 / 日間醫療中心和醫生費的過往收費指數中央資料庫，從而幫助醫療規劃和資源調配。與此同時，政府可以開發適當的搜尋工具，提供各種治療 / 程序的一般費用供公眾參考和進行醫療費用比較，以便作出知情的醫療機構選擇。整個中央資料庫和搜尋工具可分階段推出：

（一） **第一階段**：建立中央資料庫，記錄所有私家醫院的 30 種治療 / 程序的過往費用和收費（即整合衞生署現有的資料庫）。每項治療 / 程序的費用及收費可進一步以不同的治療方法及情況分類，如大腸鏡檢查的收費水平可分類成：（一）麻醉類型（如靜脈鎮靜 / 監測麻醉）；（二）息肉切除術及活組織檢查次數（如 0 / ≤3 / >3）；及

（二） **第二階段**：擴展資料庫的適用範圍至涵蓋所有日間醫療中心所提供的 30 種治療 / 程序的過往費用和收費，並涵蓋私家醫院的非 30 種治療 / 程序。

建議二：推廣使用醫療套餐

消委會認同醫療套餐能提高收費確定性，長遠有望減低醫療開支，並為消費者提供更容易掌握總開支的預算。因此，消委會鼓勵私家醫院和日間醫療中心積極為合適的治療 / 程序設計和推出醫療套餐，減少服務費用預算和最終帳單之間出現價格差異的情況。若市面上能提供的醫療套餐的種類越多，消費者便能更靈活選擇相關服務。

消委會亦建議政府為醫療套餐的設計和推廣提供指引，指引應訂明宣傳資料中需涵蓋和披露的關鍵資訊，同時一定程度上彈性處理醫療套餐的包括項目。長遠而言，私家醫院及日間醫療中心可參考市場現有的醫療套餐，再推出更多適合不同病況程度的醫療套餐，從而提升收費透明度，滿足消費者林林總總的醫療需求。考慮到每個病人個案都有所不同，私家醫院和日間醫療中心可按治療 / 程序的複雜程度和病況的嚴重程度，把不同條件的套餐收費分類呈現。

同時，消委會建議業界可採用一套通用的治療 / 程序的編碼機制，進一步促進醫生和病人（以及保險公司）之間就治療 / 程序決策的溝通，以及就不同私家醫院 / 日間醫療中心的收費進行比較。消委會建議業界可深入探討在香港分階段推行通用編碼機制，並可先以某些治療 / 程序作先導，以便評估機制的成效。

建議三：要求提供清晰和書面的服務費用預算

鑒於現時私家醫院及日間醫療中心之間的服務費用預算的披露程度各有不同，消委會建議政府明確要求私家醫院及日間醫療中心在進行治療 / 程序前，向病人提供書面的服務費用預算，列明主要項目的明細。此舉旨在幫助減輕病人的壓力，讓他們能為治療作更好的財務規劃，

同時亦能得到書面記錄供日後參考。有關要求可先涵蓋私家醫院及日間醫療中心的所有 30 種治療 / 程序，以及私家醫院的非 30 種治療 / 程序。

香港私家醫院聯會在其網站上提供了服務費用預算表格的樣本，其建議提供的資料包括病人資料、住院詳情、主診醫生姓名、預算醫生費用、及預算醫院費用。消委會認為政府在訂明服務費用預算所需包含的資料時，可加強其內容，包括列明以下額外資料：

（一） **披露麻醉科和其他專科醫生的姓名（主診醫生除外）**：讓消費者在入院和簽署服務費用預算前，參考與治療程序相關的專科醫護人員的過往記錄；

（二） **列明有效期**：據研究發現，私家醫院及日間醫療中心往往在其網站上附有免責聲明，當中指出其「價目表（如有）如有更改，恕不另行通知」；列明有效期將有助避免私家醫院及日間醫療中心於發出服務費用預算後因調整價目資料而引起的爭議；以及

（三） **向病人發出新修改的服務費用預算的時限**：透過發布及實施指引，訂定修改服務費用預算的時限（如入院前），以確保消費者獲得最新的醫療費用。此做法亦應適用於日間醫療中心。

建議四：優化現行關於提供價目資料的監管框架及處理收費爭議的機制

<u>釐清提供及解釋資料的責任</u>

病人一般欠缺理解價目表和服務費用預算所需的醫學知識，因此醫護人員和私家醫院 / 日間醫療中心的相關職員有責任主動向病人解釋價目資料。為釐清價目資料提供及解釋的責任，私家醫院和日間醫療中心應向職員闡明相關內部政策，並透過不同渠道向消費者載明相關安排。內部政策應包括以下要求：

（一） 指定人員為病人提供及解釋價目資料：

- 接獲查詢時，如何提供及解釋價目表；
- 服務費用預算的提供及解釋；
- 過往收費統計數據或過往帳單數據的提供及解釋；以及
- 醫療套餐包括和不包項目的解釋，不包項目的收費或一般收費範圍，以及出現併發症時的收費安排；

（二） 指定人員向病人主動解釋服務費用預算，並提前告知潛在的額外費用及相關情況；以及

（三） 不同情況下私家醫院 / 日間醫療中心 / 醫生的責任，尤其是當掛單醫生將病人從日間醫療中心轉介至私家醫院就醫的情況。

同時，具一定規模的私家醫院及日間醫療中心應指定一名主任負責管治和監督政策的合規情況。

加強面向消費者的員工的客服技巧和質素

考慮到以電話查詢方式獲提供的價目資料可能存有差異，消費者就獲取適用的價目資料和尋求私家醫院及日間醫療中心職員協助方面，可能遇到困難。此外，當服務費用預算和最終帳單之間出現價格差異時，消費者往往不獲解釋，亦會令消費者感到無助，甚至有機會引起爭議。

就此，消委會建議私家醫院及日間醫療中心就以下項目訂定內部指引，並定期檢視和執行指引：

（一） 前線員工定期接受培訓，圍繞向消費者提供實用、清晰和準確的資料；
（二） 透過不同媒體和途徑（如影片、聊天機器人）提供收費和治療 / 程序資料（如醫療套餐），以減輕員工的工作量；以及
（三） 指定工作人員負責在治療 / 程序前提醒病人注意最終可能會出現的價格差異，以及解釋服務費用預算和最終帳單之間的差異。

改善收費爭議的投訴處理機制

在消費者深入訪談中發現，部分消費者當遇到收費爭議，選擇不作出投訴。消費者往往會因為不熟悉投訴流程，又擔心會破壞與醫生的關係，最終作罷。

為深入了解消費者投訴收費的主要原因和他們面對的難處，消委會建議政府積極與曾光顧私家醫院及日間醫療中心服務的使用者交流，定期有系統地抽樣，並通過消費者問卷調查、深入訪談等各種方式，收集全面的反饋。

除此之外，定期把消費者的意見整合並傳達予私家醫院及日間醫療中心亦是非常重要的，恆常交流將有助提升及持續改進私營醫療界別的整體消費者體驗。

私家醫院及日間醫療中心應就以下項目訂定內部指引，並定期檢視和執行指引：

（一） **處理各種收費爭議的程序**：應明確訂立程序，以確保以一致及有效的方法處理收費相關爭議，例如因服務費用預算和最終帳單之間存有差異，以及因私家醫院 / 日間醫療中心及 / 或醫生費的收費機制含糊所導致的糾紛；
（二） **就回覆時間和爭議調停流程訂立標準**：應明確訂立就投訴回應時間及收費爭議調停流程的指標。此舉不但可加強問責，亦可增加消費者對投訴處理機制的信心；以及
（三） **指定人員處理收費爭議投訴**：指派特定的個人或團隊來處理與收費爭議相關的投訴，確保有專屬人手即時及有效地解決消費者的擔憂。

完善監管框架

消費者依賴政府透過發牌制度，就私營醫療機構是否符合《條例》要求作把關。消委會留意到，每宗私營醫療機構牌照的申請中，其申請人 / 醫務行政總監會按是否符合適當人選的指定標準[12]接受評估。標準由《條例》下的私營醫療機構規管標準諮詢委員會商榷及認可，當中包含處理曾干犯刑事罪行及 / 或違反《條例》的申請人 / 醫務行政總監的個案的準則。值得注意的是，鑒於《條例》為處所為本，私營醫療機構若更改其處所，需要重新申請牌照及接受審查。

同時，衞生署已採取措施確保私營醫療界別中的違法者對其行為負責，並已公佈相關標準及公開牌照規管行動記錄。例如，如果任何人在過去五年內曾犯《條例》所訂罪行，並被定罪和判處監禁（無論是否獲緩刑）/ 因違規行為而導致私營醫療機構牌照被暫停或取消，一律不會獲發牌照。

目前，一旦私家醫院 / 日間醫療中心違反牌照與守則的要求，政府會考慮對其採取規管行動。「違規行為」一般是指不能符合或未能達到有關牌照的條件或守則的要求，而違規行為的風險級別是從兩方面評估，即對病人安全的影響和導致病人受到傷害的嚴重性（如再度入院或求醫、非預期地再次進行手術，甚至導致死亡）。就不同風險級別的違規行為，政府會作出相應的規管行動。不過，現時《條例》中與收費透明度相關的條文仍未生效。

消委會建議政府在評估採取規管行動時作全面考慮，包括考慮違反收費透明度措施的違規行為，以及繼續透過發牌制度保障消費者權益。透過將這些考慮併入監管框架，政府可進一步促進私營醫療界別的收費透明度。

建議五：多方合作加強消費者教育

鑒於醫療服務的獨特性，提高公眾的認知與提高香港整個私營醫療界別的收費透明度同樣重要。

消費者問卷調查顯示，在提高收費透明度的措施中，受訪消費者最熟悉的是只適用於私家醫院的提供服務費用預算（31.8%），其次是披露價目資料（26.2%），只有 7.0%知悉只適用於私家醫院的公布過往收費統計數據，反映出公眾對這三項措施的認知都有必要提高。為了有效改善情況，相關宣傳刊物應策略性地放置在私家醫院及日間醫療中心的顯眼位置，如收銀處和等候區，確保病人在求診期間能夠接觸到這些重要資訊。再者，利用電視廣告和免費報紙等多種媒介，以引起公眾注意亦不可缺少。除此之外，政府可採用搜索引擎行銷策略，提高宣傳網站的搜索排名，讓公眾在搜尋私營醫療機構時能容易獲取有關收費透明度措施的資訊。

[12] 衞生署. 申請人 / 醫務行政總監適當人選評估指引.

一般來說，當消費者對醫療服務提供者提供的資訊信任度高，對價格的敏感度就會降低。為幫助消費者作出知情的決定，本會參考了 Choosing Wisely Australia 的公眾教育資源，建議消費者在接受治療 / 程序前可就以下 5 個範疇向醫療服務提供者詢問：

（一） 是否有必要接受該治療 / 程序？
（二） 該治療 / 程序有甚麼風險或副作用？
（三） 是否有較簡單或較安全的替代治療 / 程序？
（四） 如不接受該治療 / 程序，結果是甚麼？
（五） 如接受該治療 / 程序，在金錢 / 情感 / 時間上有甚麼需要付出？

同時，業界亦需要建立更便利消費者的投訴渠道及機制，就投訴流程為消費者提供全面的資訊，例如明確列出作出投訴時所需的文件，有助簡化提交程序，減少投訴時遇到的阻滯。此外，明確列出詳盡的投訴處理程序有助提高投訴處理機制的可信性，讓消費者相信他們的投訴會被認真對待及妥善處理。最後，教育消費者了解自己享有的知情權至關重要，尤其是有關私家醫院及日間醫療中心提供資料的規定和指引。

展望將來

香港的醫療制度正面臨多項挑戰，包括人口急速老化、慢性疾病越趨普遍以及醫療人手短缺等問題。消委會樂見政府不遺餘力地檢視及改善醫療制度，加強基層醫療服務，以保障公眾健康及福祉。

在行政長官 2024 年施政報告中，政府闡述了進一步改革醫療制度的決心，其一重點方向是提高醫療服務的質素和效率，同時解決醫療通脹。在 2025 年內，政府將諮詢業界並探討就私營醫療收費透明度立法。

香港私營醫療業界正處於提升收費透明度的轉捩點。令人鼓舞的是，持份者均願意攜手向前，加強消費者和醫生之間的溝通，減少收費爭議。消委會留意到，有一些醫療機構已經發起了各種行業主導的舉措，如擴大醫療套餐的普及性、制訂服務費用預算的指引、以及倡議和監察收費透明度措施。

當然，教育消費者的功夫必不可少，消費者應更了解自己享有的知情權，亦應了解有關私家醫院及日間醫療中心提供資料的各種規定和指引。透過提高消費者的意識和增進他們的知識，可增強為其健康作出知情的決定的能力，並能有效地使用私營醫療制度。

為私營醫療收費透明度構建一個健全的生態系統，有賴政府、私營醫療服務提供者和消費者各方的同心協力。本研究的建議冀為香港私營醫療界別提高透明度和問責性，減少醫患之間資訊不對稱的問題，並為消費者對私營醫療制度的信心注入強心針。

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五大建議

推動醫療收費透明度，為消費者創優增值

建議一：通過搜尋工具便利消費者獲取價目資料

- 日間醫療中心在網上提供價目資料
- 政府就收費表和過往收費統計數據的呈現方式提供指引，以提高一致性
- 政府建立過往收費指數中央資料庫並備有合適的搜尋功能：
  - 適時性
  - 詳盡性
  - 易讀性

建議二：推廣使用醫療套餐

- 政府為醫療套餐的設計和推廣提供指引
- 私家醫院／日間醫療中心推出更多適合不同病況程度的醫療套餐
- 政府聯同業界（包括醫療及保險界別）建立一套通用於醫療機構的治療／程序編碼機制，方便比較不同醫療機構的套餐及協助醫患溝通

建議三：要求提供清晰和書面的服務費用預算

- 私家醫院／日間醫療中心在進行治療／程序前，以書面形式向病人提供詳盡的服務費用預算
- 政府就以下措施訂立清晰指引：
  - 披露麻醉科醫生身分及預算有效期
  - 修改預算的時限

建議四：優化現行關於提供價目資料的監管框架及處理收費爭議的機制

- 私家醫院／日間醫療中心就以下範疇訂立指引：
  - 釐清向病人提供及解釋資料的責任
  - 加強面向消費者的員工的客服技巧和質素
- 政府就投訴收費的原因和難處 ， 向曾光顧私家醫院或日間醫療中心服務的使用者收集意見，以持續改善
- 私家醫院／日間醫療中心就收費事宜建立更便利消費者的投訴渠道及機制
- 政府在考慮規管行動時，加入針對違反收費透明度措施的規管行動，以監察行業合規情況

建議五：多方合作加強消費者教育

- 政府要廣泛宣傳收費透明度措施
- 政府教育消費者了解自己享有的知情權
- 消費者在接受治療／程序前向醫療提供者提出5條問題（包括治療的必要性、風險／副作用、替代方案、不接受治療的後果、以及成本支出）

1 Introduction

1.1 Background

High Demand for Healthcare Services: Consumer Challenges in Obtaining Price Information

Hong Kong's healthcare system is facing various significant challenges, including, among others, a rapidly ageing population with rising life expectancy, the growing number of individuals with chronic health conditions, and the rising health consciousness of people of all ages, which have altogether driven up the demand for and spendings on healthcare services in the city.

According to data from the World Bank, the life expectancy of Hong Kong people ranks among the highest in the world[13]. This trend of increasing longevity is notable[14] – the number of elderly persons aged 65 and above in Hong Kong is projected to rise significantly, from 1.5 million in 2021 to 2.4 million by 2036 and 2.7 million by 2046. By then, approximately 32% and 36% of the population is expected to be elderly respectively, based on the statistics from the Census and Statistics Department ("**C&SD**")[15]. This demographic shift has been exerting considerable pressure on Hong Kong's healthcare system, with a surging demand for healthcare services, particularly among the elderly. The rising demand for healthcare services had resulted in a significant surge in current health expenditure[16] in Hong Kong, which increased by 73.1% from HKD130,749 million in 2013/14 to HKD226,311 million in 2022/23.

In addition to the ageing population, the rise in number of individuals with chronic diseases places a significant burden on the healthcare system. According to recent data, approximately 31.2% (2.2 million) of the population suffered from chronic health conditions in 2020/21, with hypertension and diabetes mellitus being the most prevalent. This number is projected to reach 3 million by 2039. It is alarming to note that chronic diseases are often associated with higher medical costs and risk of developing complications[17]. There is a pressing need to strengthen primary healthcare services in Hong Kong to focus on early illness detection and intervention.

Another issue of Hong Kong's healthcare system is the imbalance between the public and private sectors. In 2022/23, approximately 52.0% (HKD117,745 million) of the current health expenditure was public fund, and 48.0% (HKD108,566 million) was private fund[18]. Despite the private sector employing approximately half of the doctor manpower, it provides only about 10% of in-patient services and approximately 68% of out-patient services[19,20]. This indicates that the utilisation of private sector resources has room for improvement.

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[13] World Bank Group (2022). Life expectancy at birth.
[14] Centre for Health Protection (2024). Life Expectancy at Birth (Male and Female), 1971 – 2023.
[15] C&SD (2023). Hong Kong Population Projections for 2022 to 2046.
[16] Current health expenditure is the final consumption expenditure of resident units on health care goods and services, incurred both within and outside Hong Kong. For current health expenditure figures in this Report, identified expenditure on COVID-19, and expenditure on health care goods and services by non-residents in Hong Kong are excluded.
[17] For instance, one in three patients with hypertension or diabetes mellitus developed complications in 2019, resulting in per capita service costs that were twice as high as those without complications. Source: Health Bureau (2023). Primary Healthcare Blueprint.
[18] Health Bureau (2024). Hong Kong's Domestic Health Accounts.
[19] News.gov.hk (2024). Govt eases public hospitals' burden.
[20] Health Bureau (2023). Primary Healthcare Blueprint.

When selecting a healthcare provider, patients are often faced with the dilemma that both public and private options have their own set of challenges concerning the quality of care and accessibility of services. In public healthcare, patients often face long waiting times; for instance, the overall bed occupancy rate in public hospitals was 91.1% in the year 2023/24, with some hospitals experiencing occupancy rates exceeding 100.0% during peak demand periods[21]. Conversely, private healthcare services are often criticised for their costs and lack of transparency in pricing. If a patient opts for private healthcare services, the decision-making process can be more complex, given the large number of providers and options available in the market. The patient journey of using private healthcare services – from initial consultation to treatment/procedure – can become more complicated when it involves multiple healthcare facilities and providers, leading to potential confusion and uncertainty about price information.

Patients' choice of different treatment options can also be substantially influenced by the availability and coverage of their medical insurance, as affordability is one of the major considerations. As a result, medical insurance plays a crucial role in facilitating access to private healthcare services. In 2022/23, the current health expenditure from public fund was HKD117,745 million, while that from private fund was HKD108,566 million, with a considerable proportion (HKD37,623 million) of the latter financed by employer-based or privately purchased insurance schemes, highlighting the importance of insurance in enabling individuals to access private healthcare.

In addition to the above considerations, the unique nature of healthcare services poses additional challenges to the patient experience. The decision-making process in healthcare often necessitates professional advice and has a profound impact on the patient's well-being, making it complex and daunting to weigh the pros and cons of public-private healthcare options. Furthermore, the urgent nature of healthcare needs can exacerbate this complexity. Unlike commodities, healthcare services usually involve a multitude of variables contributing to price uncertainty, such as the patient's medical condition, the choice of alternative treatment methods, the use of specific medical equipment by the doctor, and the potential need for consultation with additional medical professionals, etc. These underscore the necessity for clear price information throughout the patient journey to enable patients to estimate their medical expenses and make informed price comparisons, with the necessary guidance from their doctors.

The patient journey in obtaining price information for treatments/procedures at private healthcare facilities ("**PHFs**") can be broadly divided into three stages as follows:

(i) **Before consulting the attending doctor**: Generally, patients begin by seeking the opinion of a general practitioner (doctor) to determine the required treatment/procedure. If needed, patients are referred to a specialist for further consultation and evaluation. At this consultation stage, patients may gather information from various sources, including advice from doctors or insurance agents to select suitable healthcare facilities (namely, private hospital ("**PH**")/day procedure centre ("**DPC**")) to carry out the treatment/procedure. However, the price information collected at this stage is often a rough estimate and may not be tailored to the patient's specific condition, resulting in significant discrepancies between the initial estimation and the final bill.

[21] Hospital Authority. Public Hospitals Key Statistics during Service Demand Surge.

(ii) **Consulting the attending doctor**: In the consultation phase, patients typically receive a more relevant estimate of the associated fees of the required treatment/procedure. The attending doctor may provide a verbal or written budget estimate or quotation based on the patient's actual situation, which is often presented as a range. Patients can utilise this information to compare prices with other doctors or facilities and decide whether to explore alternative options. If there are changes in the patient's condition or requirements after subsequent examination(s), the budget estimate/quotation may be revised. In the case that a referral is necessary, such as that the attending doctor is from a clinic without the appropriate on-site facilities or licences, or if the attending doctor advises that the treatment/procedure must be conducted elsewhere, the price information could become more complex due to involvement of multiple parties.

(iii) **Procedure and payment**: Following the treatment/procedure, patients receive the final bill and proceed with payment. However, it is not uncommon for patients to encounter discrepancies between the budget estimate/quotation and the final bill, prompting them to seek clarification from the attending doctor or facility staff. For patients with insurance coverage who do not use cashless hospitalisation services, they will need to pay out-of-pocket for the treatment/procedure charges and subsequently file an insurance claim.

Stakeholders' Efforts to Incentivise Utilisation and Enhance Regulation

In respect to the imbalance between public and private healthcare services, the Government has implemented policies aimed at incentivising the utilisation of private healthcare services. This includes strengthening the regulation of PHFs, and establishing standardised practices to ensure a high quality of care in the private healthcare sector and safeguard patient rights. For instance, the Pilot Programme for Enhancing Price Transparency for Private Hospitals ("**Pilot Programme**") was rolled out in October 2016. Following this, the Private Healthcare Facilities Ordinance (Cap. 633) ("**PHFO**"), was gazetted in November 2018, and codes of practice ("**CoP**") for PHs and DPCs were issued. These policies, which will be further discussed in Chapter 2, have prompted significant changes in private healthcare market practices, with some PHFs having implemented measures to enhance price transparency and promote consumer protection.

Despite all these efforts, consumers continue to encounter challenges in obtaining price information for treatments/procedures at PHFs, as reflected by the complaints received by the Consumer Council ("**the Council**"), which will be further discussed in Chapter 3 and 4.

1.2 Rationale

Acknowledging the challenges faced by the consumers, the Council conducted an in-depth study on private healthcare services titled "**Price Transparency in Healthcare: Fostering Consumer Trust and Value**" ("**the Study**"), with a focus on examining consumers' issues of concern on price transparency in private healthcare facilities, as well as identifying potential areas for enhancement within the regulatory framework. "Private healthcare" here refers to a broad range of medical care services provided by the private sector, aimed at promoting and maintaining the good health of patients. This term is used interchangeably with the term "private medical" throughout the Report.

Among the various factors influencing a patient's choice when acquiring private healthcare services, the Council has identified price transparency as a critical area of focus in this Study. By assessing the current state of price transparency in the private healthcare sector and pinpointing

specific issues of concern, the Council has formulated recommendations aimed at promoting greater transparency, accountability, and consumer/patient protection for stakeholders' consideration. The ultimate goal is to foster a more effective and responsive regulatory framework regarding price transparency for private healthcare services.

1.3 Scope

The Study focused on PHs and DPCs under the PHFO, for which the new licensing regime under the PHFO has fully taken effect and detailed CoPs have been established to provide a practical framework for these two types of PHFs. According to the PHFs Register of the Office for Regulation of Private Healthcare Facilities ("**ORPHF**")[22], there were 14 PHs and around 260 DPCs in Hong Kong as of February 2025.

Among the PHs and DPCs, the Study scope is further narrowed to those PHs and DPCs that provide the 30 common and non-emergency treatments/procedures[23] ("**30 treatments/ procedures**") recommended by the Department of Health ("**DH**") for provision of budget estimates and publicising historical bill sizes statistics ("**HBS**"). Specifically, the Study scope covered 13 PHs (as a PH does not provide any of the 30 treatments/procedures). For the DPCs, the Council identified and included 128 DPCs[24] in the Study, which provide anaesthetic/ endoscopic/surgical procedures, as these are more relevant to the 30 treatments/procedures.

1.4 Objectives

The key objectives of the Study are to:

(i) Examine the price transparency measures adopted by PHs and DPCs, focusing on the provision of fee schedules/information, budget estimates/quotations, the publicising of HBS/past price data, as well as the provision of packaged price information for private healthcare services;

(ii) Gauge consumers' experience and areas of satisfaction/dissatisfaction about price transparency for common and non-emergency treatments/procedures at PHs/DPCs, emphasising on the experience in obtaining budget estimates and any discrepancies between budget estimates and final bills;

(iii) Identify areas of concern, potential risks or policy gaps which may be to the detriment of consumer interests and explore possible improvement areas; and

(iv) Review the current regulatory regime and propose appropriate recommendations for enhancing consumer protection.

[22] ORPHF. Private Healthcare Facilities Register.

[23] ORPHF. Procedures Recommended for the Provision of Budget Estimates.

[24] Drawing from the list of DPCs in June 2023, only DPCs that provided anaesthetic, endoscopic and/or surgical procedures were covered in the Study. Whether they provided any of the 30 treatments/procedures was further identified from the DPCs' websites or via enquiring their service coverage by telephone. Among the classes of specialised services on the PHFs Register, DPCs providing only services of chemotherapy, dental procedure, haemodialysis, interventional radiology and lithotripsy, and radiotherapy were excluded.

1.5 Methodology and Structure

Methodology

In conducting the Study, the Council adopted a variety of research methods including:

(i) **Consumer survey**: A survey, which targeted patients (consumers) who received budget estimates/quotations on their treatments/procedures from PHs/DPCs, was conducted to understand consumer experiences and satisfaction about the price transparency measures of PHs/DPCs.

(ii) **In-depth user interviews**: Individual interviews with patients, who experienced price discrepancies between their budget estimates and final bills from treatments/procedures at PHs/DPCs. These interviews aimed to gather detailed insights about their experiences in price discrepancies.

(iii) **Trader survey**: A survey targeting PHs and DPCs was conducted to understand their scope of medical services, the current implementation measures related to price transparency, and their views on these measures. The questions were designed in reference to that of the consumer survey so as to gauge the existence of perception gaps between consumers and the PHs/DPCs.

(iv) **Desktop research and phone enquiries**: Official websites and marketing materials of PHs and DPCs for selected treatments/procedures were reviewed. Phone enquiries were made to obtain and compare price information to supplement information in (iii) above (e.g. terms and conditions about charges and coverages stipulated in the price information) and practices on price disclosure. HBS disclosed at PH/OPRHF websites were also analysed.

(v) **Stakeholder engagements**: Pre- and post-Study meetings with stakeholders were held to collect their views on issues of concern, developments in the current regulatory regime, Study findings and recommendations. Engaged stakeholders included the Government and public bodies (i.e. Health Bureau ("**HHB**"), Hospital Authority ("**HA**"), ORPHF and Voluntary Health Insurance Scheme ("**VHIS**") Office), healthcare facilities and medical professionals (i.e. Association of Private Medical Specialists of Hong Kong, Hong Kong Academy of Medicine, The Hong Kong Medical Association, The Hong Kong Private Hospitals Association ("**HKPHA**"), two medical professionals, and academics/experts), and patient organisations and insurers (i.e. Hong Kong Alliance of Patients' Organizations Limited, Society for Community Organization, and The Hong Kong Federation of Insurers).

(vi) **Analysis of the Council's complaint cases**: The details of complaints cases received by the Council concerning private healthcare services provided by PHs and DPCs were reviewed to supplement the findings in the consumer survey, in-depth interviews, and desktop research regarding consumer concerns.

(vii) **Review of regulatory regimes in selected markets**: Price transparency policies/regulations/measures for PHFs in selected markets, namely Australia (Victoria), Mainland China, Singapore, and the United States (Florida), were reviewed to provide insights for enhancing the related regulatory regimes on price transparency in Hong Kong.

Structure of the Report

The Report is divided into six chapters and structured as follows:

(i) **Chapter 2** provides an overview of the regulatory and licensing regime governing the PHFs in Hong Kong. It details the current price transparency measures, highlights areas of concern identified by stakeholders, and outlines the Government's policy direction in enhancing price transparency of private healthcare services.

(ii) **Chapter 3** consolidates the issues faced by consumers in utilising private healthcare services by summarising the common areas of disputes from relevant complaint statistics. The Chapter also presents consumers' experiences and perspectives regarding the price transparency measures at PHs and DPCs based on the findings from the consumer survey and in-depth user interviews. The Chapter concludes with consumer expectations regarding price transparency in the private healthcare sector.

(iii) **Chapter 4** summarises findings of the trader survey, desktop research and phone enquiries to assess the implementation of price transparency measures at PHs and DPCs, and presents the views of industry stakeholders to supplement the observations and issues found in the patient journey.

(iv) **Chapter 5** reviews regulatory regimes in selected markets with respect to price transparency of private healthcare services. The Chapter serves to provide valuable reference and insights into potential areas of enhancement within the private healthcare sector in Hong Kong.

(v) **Chapter 6** presents recommendations put forth by the Council to address the issues related to price transparency in the private healthcare sector, taking into account the findings and comments gathered through the above research methodologies.

Unless otherwise specified, percentage figures presented in the Report are rounded to one decimal place and hence the total percentage may not equal 100.

A Typical Patient Journey

Obtaining Price Information for Medical Treatment/Procedure

1 Seek advice on treatment/procedure

2 Ask PHs*/DPCs*/family and friends/insurance agent about the price for the treatment/procedure

5 Review budget estimate/ quotation and if needed, consult another PH/DPC

7 Treatment/procedure conducted at the PH/DPC (May be different from the facility in **4**)

8 Receive final bill

Bill > Budget estimate

Bill = Budget estimate

* PH: private hospital; DPC: day procedure centre

Remark: This chart aims to give readers a general concept of the journey in obtaining price information before a patient undergoes a treatment/procedure at a private healthcare facility. It does not represent the journey of every patient, especially those referred by public healthcare facilities or screening programmes, or using cashless hospitalisation services of insurance companies.

2 The Private Healthcare Sector in Hong Kong

2.1 Introduction

This Chapter provides an overview of the regulatory regime governing the private healthcare sector in Hong Kong, specifically concerning price transparency measures. It also highlights areas of concern harboured by stakeholders, and outlines the policy direction of the Government to drive price transparency within the private healthcare sector.

2.2 Regulatory and Licensing Regime for Private Healthcare Sector

The Government has been actively improving price transparency in the private healthcare sector for over a decade. Back in 2012, the Government initiated a review and put forward recommendations for a new regulatory regime for PHFs. Subsequently, the PHFO was gazetted in 2018, introducing a new regulatory regime for private premises where doctors and dentists practise, including PHs, DPCs, clinics and health services establishments[25]. The CoP for PHs and DPCs were then issued in 2019 pursuant to the PHFO to provide standards for all licensed PHs and DPCs.

Private Healthcare Facilities Ordinance (Cap. 633)

The PHFO regulates four types of PHFs, i.e., PHs, DPCs, clinics, and health services establishments. Under the PHFO, the premises of a PHF must possess either a licence or a letter of exemption (applicable to Small Practice Clinics). The ORPHF was established to implement the regulatory regime in phases, based on the types of PHFs and their associated risk levels. The issuance of PH licences and the first batch of DPC licences took effect on 1 January 2021, while the penalty provisions for operating a PH without a licence came into effect on 1 January 2021 and that for DPC on 30 June 2022 respectively. Licensed PHs and DPCs are required to implement price transparency measures as stipulated in the PHFO, including:

- Providing price information of chargeable items and services — applicable to all PHs and DPCs;
- Providing budget estimates to patients — applicable to all PHs; and
- Publicising HBS — applicable to all PHs.

Some sections of the PHFO are partially or not yet in operation and will be implemented in the future. Meanwhile, a Committee on Complaints against Private Healthcare Facilities was established under the PHFO to handle complaints lodged against licensed PHFs.

[25] A health services establishment is defined as any premises (a) of an education or scientific (or both) research institution in which medical services with lodging are provided to patients for the purpose of conducting clinical trials; (b) that do not form part of the premises of a PH, a DPC or a clinic; and (c) that are used, or intended to be used, in relation to assessing, maintaining or improving the health of patients; or diagnosing or treating illnesses or disabilities, or suspected illnesses or disabilities, of patients.

Code of Practice for Private Hospitals

The CoP for PH was first issued in June 2019 by the Director of Health ("**DoH**") under the PHFO. It applies to all PHs licensed under the PHFO and outlines the licensing standards related to governance, staffing, facilities and equipment, etc.

On price transparency, the CoP for PH stipulates in a chapter about the requirements for providing price information, budget estimates and information on historical statistics on fees and charges to patients. These requirements include:

- Patients must be informed of the service charges whenever practicable.
- An up-to-date fee schedule covering all chargeable items must be readily available for reference at the admission/reception office, cashier, nursing station and places wherever appropriate.
- If the provision of a fixed charge for a particular chargeable item is not possible, the charge must be presented in the form of a price range or shown with explanation that price information is available upon request.
- The licensee must publish notices and make announcements to inform patients of any update of the fee schedule at least 14 calendar days before the new fee schedule takes effect.
- Patients have the right to know the fees and charges prior to consultation and any procedures.
- At admission, staff must respond to/answer patient or his/her family member's enquiry about the expected charges for the use of hospital services or facilities.
- Patients have the right to examine and be given explanation on their bills, including hospital's charges and doctors' fees.
- The licensee must publish historical statistics on fees and charges for the specified treatments and procedures from time to time in the way specified by the DoH.

Code of Practice for Day Procedure Centres

The CoP for DPC was first issued in August 2019 by the DoH under the PHFO. All DPCs licensed under the PHFO are required to adhere to the licensing standards related to governance, staffing, facilities and equipment, etc. as outlined in the CoP.

A subsection on price information stipulates the following requirements:

- Patients must be informed of service charges whenever practicable.
- An up-to-date fee schedule covering all chargeable items must be readily available for reference of patients at the admission/reception office, cashier, and where appropriate.
- If a fixed fee for a particular chargeable item cannot be provided, the fee could be presented in the form of a price range or marked to indicate that price information will be available upon request.

Pilot Programme for Enhancing Price Transparency for Private Hospitals

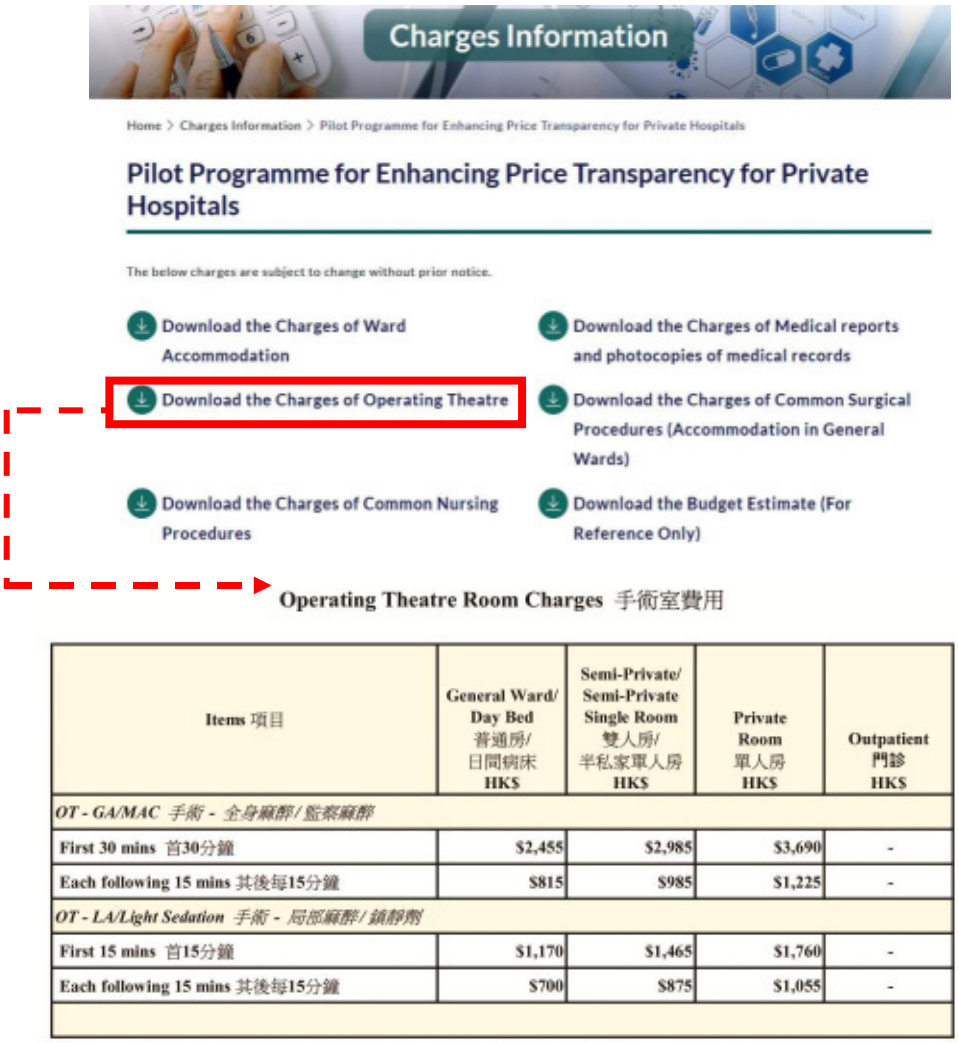
In October 2016, the Government and the HKPHA launched the Pilot Programme. Currently, all PHs in Hong Kong participate in the Pilot Programme, which encourages the voluntary implementation of three price transparency measures, namely display of fee schedules, provision of budget estimates, and publication of HBS. The Government has also set up a dedicated website for the Pilot Programme to publish data from PHs, facilitating public access and comparison[26]. The experience acquired from the Pilot Programme, which has been in place for more than eight years, is expected to pave way for future legislation on price transparency.

Fee schedule

Under the Pilot Programme, PHs are advised to publicise fee schedules of major chargeable items on their websites, such as charges for ward accommodation, operating theatre room charges, common nursing procedures, out-patient and/or specialist clinics consultations, investigative and treatment procedures, as well as medical reports, and photocopies of medical records (Figure 1). In addition to the recommended treatments/procedures and chargeable items, PHs may include additional price information in their websites they deem appropriate.

[26] Pilot Programme for Enhancing Price Transparency for Private Hospitals.

Figure 1 – Extract of a Sample Fee Schedule from a PH



Items 項目	General Ward/ Day Bed 普通房/ 日間病床 HK$	Semi-Private/ Semi-Private Single Room 雙人房/ 半私家單人房 HK$	Private Room 單人房 HK$	Outpatient 門診 HK$
OT - GA/MAC 手術 - 全身麻醉/監察麻醉				
First 30 mins 首30分鐘	$2,455	$2,985	$3,690	-
Each following 15 mins 其後每15分鐘	$815	$985	$1,225	-
OT - LA/Light Sedation 手術 - 局部麻醉/鎮靜劑				
First 15 mins 首15分鐘	$1,170	$1,465	$1,760	-
Each following 15 mins 其後每15分鐘	$700	$875	$1,055	-

Budget estimate

PHs and doctors are encouraged to provide budget estimates for patients undergoing non-emergency treatments/procedures at PHs, so patients can better understand the overall costs involved[27]. They are also encouraged to provide budget estimates to patients or their next-of-kins for 30 treatments/procedures (Box 1) prior to hospital admission. A sample budget estimate form is accessible on the HKPHA's website for reference by PHs and doctors (Figure 2).

[27] ORPHF. Procedures Recommended for the Provision of Budget Estimates.

Figure 2 - A Sample Budget Estimate Forms Published by the HKPHA

服務費用預算 – 預算醫生費用(只供參考) **Form A**
Budget Estimate – Estimated Doctor's Fees (For Illustration Only) **表格 A**

本表格正本會存放在醫院的病人醫療記錄內，副本供病人和醫生參考。費用預算只供參考，最終收費視乎病人實際接受的治療、程序及服務而定。

The original of this form will be filed as hospital's medical records, and copies will be given to patient and doctor for reference. The estimated charges are for reference only. Final payments are subject to charges incurred from treatment, procedures and services performed.

病人姓名 Patient's Name: (中文Chinese): _____ (英文English): _____

身份證 / 護照 號碼 Hong Kong Identity Card / Passport Number: _____

初步診斷 Provisional Diagnosis: _____

預計住院時間 Estimated Length of Stay: _____ 日 Day(s) 病房級別 Class of Ward: _____

治療程序/ 手術 Treatment Procedure / Surgical Operation: _____

主診醫生 Attending Doctor: _____

預算醫生費用 Estimated Doctor's Fees（由醫生填寫 To be completed by doctor）

每日醫生巡房費 Daily Doctor's Round Fee:	$ _____ × _____ 日 day(s)	
手術費 Surgical Fee:	$ _____	
麻醉科醫生費 Anaesthetist's Fee:	$ _____	
其他專科醫生診療費用 (請註明) Other Specialists' Consultation Fee (Please Specify):	$ _____	
其他項目及收費 Other Items and Charges:	$ _____	
	總計 Total $	

本人已向病人/ 親屬/ 獲授權人士解釋上述預算費用，並徵得其同意。
I have explained to the patient/ next-of-kin/ authorised person details of the above estimated charges and have sought his/ her agreement.

醫生姓名 Name of Doctor	醫生簽署 Signature of Doctor	日期 Date

病人簽署 Patient's Signature

本人知悉服務預算費用並無法律效力，僅為參考，並不包括因併發症以及入院後發現的疾病所產生的額外費用。本人同意最終收費視乎病人實際接受的治療、程序及服務而定，並以醫院帳單所列為準。

I understand that this budget estimate is not legally binding and is for reference only. Additional charges incurred from complications and from diseases diagnosed after admission are not covered. I agree that final payments are subject to charges incurred from treatment, procedures and services performed and should be made in accordance with hospital invoice.

病人 / 親屬 / 獲授權人士姓名 Name of Patient / Next-of-kin / Authorised Person	病人 / 親屬 / 獲授權人士簽署 Signature of Patient / Next-of-kin / Authorised Person	日期 Date

_____ HOSPITAL
_____醫院

Form B
表格 B

服務費用預算 - 預算醫院費用(只供參考)
Budget Estimate – Estimated Hospital Charges (For Illustration Only)

本表格正本會存放在醫院的病人醫療記錄內，副本供病人和醫生參考。費用預算只供參考，最終收費視乎病人實際接受的治療、程序及服務而定。

The original of this form will be filed as hospital's medical records, and copies will be given to patient and doctor for reference. The estimated charges are for reference only. Final payments are subject to charges incurred from treatment, procedures and services performed.

病人姓名 Patient's Name: (中文Chinese): _____ (英文English): _____

身份證 / 護照 號碼 Hong Kong Identity Card / Passport Number: _____

初步診斷 Provisional Diagnosis: _____

預計住院時間 Estimated Length of Stay: _____ 日Day(s) 病房級別 Class of Ward: _____

治療程序/ 手術 Treatment Procedure / Surgical Operation: _____

主診醫生 Attending Doctor: _____

預算醫院費用 Estimated Hospital Charges
(由醫生根據醫院提供的收費資料填寫 To be completed by doctor based on the charges information provided by hospital)

		參考幅度 Reference Range (第_至第__百分位數 __ to __ percentile)
住宿Room:	$ x 日day(s)	$ ~ $
手術室及相關物料費用 Operating Theatre and Associated Materials Charges (備註1 Remark 1):	$	$ ~ $
診斷程序 Diagnostic Procedures:	$	$ ~ $
其他醫院收費 Other Hospital Charges (備註2 Remark 2):	$	$ ~ $
總計 **Total**	$	$

病人簽署 Patient's Signature

本人知悉服務預算費用並無法律效力，僅為參考，並不包括因併發症以及入院後發現的疾病所產生的額外費用。本人同意最終收費視乎病人實際接受的治療、程序及服務而定，並以醫院帳單所列為準。

I understand that this budget estimate is not legally binding and is for reference only. Additional charges incurred from complications and from diseases diagnosed after admission are not covered. I agree that final payments are subject to charges incurred from treatment, procedures and services performed and should be made in accordance with hospital invoice.

病人 / 親屬 / 獲授權人士姓名 Name of Patient / Next-of-kin / Authorised Person	病人 / 親屬 / 獲授權人士簽署 Signature of Patient / Next-of-kin / Authorised Person	日期 Date

備註 **Remarks:**

1. 表格內列出醫院費用預算的參考幅度數字，是根據去年度本院接受同類治療的相關病人出院帳單的實際費用統計及醫生初步選擇的治療項目估算所得。每位醫生處理同樣病症的方法可能會有差異(例如療程選擇、藥物處方、使用物料等)。
   Figures listed under the Reference Range of Hospital Charges are derived from statistics of actual discharge bills of relevant patients who underwent similar treatment in our hospital last year and the preliminary treatment items chosen by the doctor. Doctors' management (e.g. choice of procedures, drugs and consumables) of the same illness may differ.

2. 「其他醫院收費」是護理、消耗品、藥物、化驗、檢查，及其他非手術室相關費用的估算總和。
   Other Hospital Charges is a rough estimate of the total charges including nursing care, consumables, drugs, laboratory tests, investigations, and other non-Operating Theatre related charges.

   本院的每天住院房租如下：標準房$ ，半私家房$ ，私家房$ 。其他特殊病房收費請參考網頁 http://www.
   Our hospital's Room Charges are as follows: Standard Room $, Semi-private Room $, Private Room $.
   For other special beds, please refer to our webpage: http://www.

HBS

PHs will publicise HBS of the 30 treatments/procedures on their websites, including the annual number of discharges and the actual billing data for the 50th percentile and 90th percentile of each treatment/procedure (Figure 3). PHs may publicise HBS for treatments/procedures other than the 30 treatments/procedures that they see fit for greater transparency.

Figure 3 – Extract of Sample HBS from a PH

Historical Bill Size for Common Treatments / Procedures (Accommodation in Standard Wards)
For the year ended 31 December 2023

The statistical figures listed below are for reference only. All charges are subject to change in accordance with factors such as patient's condition, case complexity and individual doctor's charge incurred, etc.

Treatment / Procedures	Annual number of discharges (in range)	Average length of stay (no. of day)	Percentile	Doctor's fees (HK$)	Hospital charges (HK$)	Total charges (HK$)
Bronchoscopy with or without biopsy	30 - 100	2.0	50th percentile	16,600	37,173	53,773
			90th percentile	46,100	47,880	93,980
	<30	Day Surgery	50th percentile	13,800	15,561	29,361
			90th percentile	13,900	29,317	43,217
Caesarean section	>200	4.0	50th percentile	59,500	27,074	86,574
			90th percentile	63,100	42,363	105,463
Carpal tunnel release	<30	1.0	50th percentile	22,400	12,718	35,118
			90th percentile	26,400	14,391	40,791
	-	Day Surgery	50th percentile	N/A	N/A	N/A
			90th percentile	N/A	N/A	N/A
Cholecystectomy (Laparoscopic)	>200	1.0	50th percentile	47,000	39,155	86,155
			90th percentile	68,000	41,171	109,171
Cholecystectomy (Open)	<30	3.0	50th percentile	51,087	39,604	90,691
			90th percentile	51,087	39,604	90,691
Circumcision	101 - 200	1.0	50th percentile	13,200	17,017	30,217
			90th percentile	29,500	15,293	44,793
	30 - 100	Day Surgery	50th percentile	18,000	7,877	25,877
			90th percentile	19,100	15,344	34,444
Colectomy (Laparoscopic)	30 - 100	6.0	50th percentile	87,746	111,466	199,212
			90th percentile	127,500	113,204	240,704
Colectomy (Open)	<30	8.0	50th percentile	107,200	78,442	185,642
			90th percentile	133,500	125,221	258,721
Colonoscopy with or without polypectomy	>200	1.0	50th percentile	13,000	13,965	26,965
			90th percentile	8,823	31,726	40,549
	>200	Day Surgery	50th percentile	12,050	8,338	20,388
			90th percentile	8,500	19,584	28,084

Remarks:

(1) The above figures are derived from data of in-patients in accommodation in standard wards. All information should be used for reference only.

(2) The exact charges would be subject to change in accordance with patient's condition, case complexity and individual doctor's charge incurred.

(3) Doctor's fee includes anaesthetist's fee, surgeon's operation and ward round fee, etc.

(4) Hospital charges include admission service, accommodation, operation theatre room charges, use of equipment and associated materials, nursing procedures, investigation and examination fess, medication and injection fees, treatment and associated materials, meal and beverage, sundries, etc.

(5) The number of services of certain procedures were minimal that it may not reveal the clear picture of charging fees.

Box 1: 30 common and non-emergency treatments/procedures

The Government and the HKPHA initially suggested PHs under the Pilot Programme to voluntarily provide budget estimates for 24 common treatments/procedures to patients or their next-of-kin before hospital admission, and publicise HBS of 12 common treatments/procedures on their websites. The recommended scopes were later expanded and aligned to now covering 30 common treatments/procedures:

1. Breast lump excision	16. Hernia repair
2. Bronchoscopy with or without biopsy	17. Herniotomy
3. Caesarean section	18. Hysterectomy
4. Carpal tunnel release	19. Knee arthroscopy
5. Cholecystectomy	20. Laminectomy
6. Circumcision	21. LASIK
7. Colectomy	22. Micro-laryngoscopy
8. Colonoscopy with or without polypectomy	23. Open reduction and internal fixation of various fractures
9. Colposcopy	24. Ovarian cystectomy
10. Cystoscopy with or without biopsy	25. Phacoemulsification and intraocular lens implantation
11. Dilation and curettage	26. Spine fusion
12. Direct laryngoscopy with or without vocal cord polyp biopsy	27. Thyroidectomy
13. Gastroscopy and colonoscopy with or without polypectomy	28. Tonsillectomy
14. Gastroscopy with or without polypectomy	29. Trigger finger release
15. Haemorrhoidectomy	30. Vaginal delivery

Packaged Charging Requirements for Private Hospitals

In addition to enhancing the price transparency of PHFs, the Government also encouraged PHs to offer more medical services at packaged charges. A medical package usually refers to a treatment/procedure and its related care, or the care for a health condition comprising multiple service elements bundled and offered at an all-inclusive price. Providing services at packaged charges enhances price certainty and enables patients to make financial arrangements in advance. Since 2011, new PHs developed on government sites must follow a set of minimum requirements covering service scope, price transparency, the provision of standard beds at packaged charges, service standards, and reporting obligations laid out by the Government[28,29]. Specifically, at least 30% of the in-patient bed days each year must be allocated to services provided through standard beds at packaged charges. Two PHs currently abide by the requirements. Should existing PHs expand or redevelop their facilities, which require lease modification or renewal, they will be invited by the Government to accept these requirements. In view of the latest trend in healthcare services, the Government amended service deeds with the two PHs in December 2023 to require packaged charging for a certain proportion of day cases in addition to in-patient services.

[28] Audit Commission (2012). Director of Audit's Letter to the President of the Legislative Council .

[29] Legislative Council Panel on Health Services (2024). LC Paper No. CB(4)88/2023(08). Revision to Loan Arrangement for CUHK Medical Centre.

Box 2: Voluntary Health Insurance Scheme

Beyond improving price transparency with the above measures, the Government has launched other schemes to encourage consumers to utilise private healthcare services. The VHIS is one prominent example. Implemented by the HHB in April 2019, the VHIS aims to regulate the individual indemnity hospital insurance products, improve market transparency, and provide the public with an additional choice of using private healthcare services through hospital insurance, thereby alleviating the pressure on the public healthcare system in the long run. To ensure a minimum protection level and premium transparency of hospital insurance products, VHIS Certified Plans must comply with the requirements of the scheme and a set of scheme rules, including (i) standardised policy terms and conditions set by the HHB; (ii) guaranteed renewal up to the age of 100; (iii) no "lifetime benefit limit"; (iv) a 21-day cooling-off period; (v) coverage extended to unknown pre-existing conditions; and (vi) disclosure of premium schedules on the official VHIS website[30] and insurance companies' websites.

In 2023, 93% insurance claims under the VHIS were successful, with the overall reimbursement ratio averaged around 89%, demonstrating that VHIS can provide substantial support to medically insured persons in covering their medical expenses. The Government's latest figure as at 2023 shows that VHIS policies accounted for nearly one-third of the individual indemnity hospital insurance products market share in Hong Kong, indicating strong market acceptance of VHIS Certified Plans in the medical insurance market segment. As of March 2024, around 1.3 million policies of the VHIS Certified Plans had been issued[31].

2.3 Regulatory Bodies

The following is a summary of the remit of relevant organisations in promoting greater price transparency in the private healthcare sector in Hong Kong:

- **The Health Bureau** formulates medical and healthcare policies, and allocates resources to ensure the effective operation of Hong Kong's dual-track healthcare system, which encompasses both public and private healthcare sectors. HHB initiated regulatory regime reviews, public consultations and established new regulations for the private healthcare sector by introducing the PHFO to provide greater assurance to individuals opting for private healthcare services[32].

- **The Department of Health**, the Government's health adviser and agency to execute health policies and statutory functions, is the agency for the administration of over 20 health-related ordinances, including the implementation and enforcement of the PHFO to ensure public health and safety[33].

- **The Office for Regulation of Private Healthcare Facilities** under the DH oversees the licensing and regulatory functions under the PHFO and the Medical Clinics Ordinance (Cap. 343). It ensures PHF licensees to meet the requirements under the PHFO and relevant CoPs. The ORPHF develops standards and specifications for PHFs, and provides secretariat and/or research support to advisory committees and the Committee on Complaints against Private Healthcare Facilities[34]. It also assists the Hong Kong Police Force in the investigation of suspected illegal medical practice.

[30] VHIS Office (2024). Official Website — Information Centre.
[31] GovHK (2024). LCQ5: Voluntary Health Insurance Scheme.
[32] HHB. Regulation of PHF.
[33] HHB. Strengthen Primary Healthcare Governance.
[34] ORPHF. Official Website — Our Work.

- **The Medical Council of Hong Kong** ("**MCHK**") is established under the Medical Registration Ordinance (Cap. 161) ("**MRO**"). While the MRO confers upon the medical profession considerable freedom of self-regulation, registered medical practitioners are obliged to abide by a strict Code of Professional Conduct, issued by the MCHK, which embodies high ethical values, protects patients' interests, and upholds professional integrity. The Code is by no means exhaustive. Contravention of the Code, as well as any written and unwritten rules of the profession, may render a registered medical practitioner liable to disciplinary proceedings. All complaints received and subsequent disciplinary proceedings against registered medical practitioners would be dealt with strictly in accordance with the MRO and its subsidiary legislation.

Box 3: The MCHK's requirements on price transparency

Good communication between registered medical practitioners and their patients is fundamental to the provision of good patient care. A key aspect of good communication in a professional practice is to provide appropriate information to users of a registered medical practitioner's service and to enable those who need such information to have ready access to it. Patients need such information in order to make an informed choice of registered medical practitioners and to make the best use of the services offered by them. In this connection, the Code issued by MCHK allows registered medical practitioners to disseminate by means of doctors directories, practice websites; and newspapers, magazines, journals and periodicals range of their consultation fees, or composite fees including consultation and basic medicine for a certain number of days. The Code[35] also stipulates that consultation fees should be made known to patients on request. In the course of investigation and treatment, all charges, to the registered medical practitioners' best knowledge, should be made known to patients on request before the provision of services. Registered medical practitioners who refuse or fail to make the charges known when properly requested may be guilty of professional misconduct. Although there is no obligation to give advance quotation of fees, registered medical practitioners are strongly advised to give advance quotation of fees to patients before providing services if substantial fees will be incurred, as well as not to charge or collect excessive fees.

2.4 Stakeholders' Areas of Concern

Prior to the commencement of the Study, the Council engaged with representatives from Government-related bodies, trade associations and professional bodies, patient associations, and academics/experts in Q4 2022 to collect and exchange views on the issue of price transparency in the private healthcare sector in Hong Kong, aimed at defining the scope of the Study. Subsequent to the completion of the consumer survey and trade practices research, further rounds of stakeholder engagements were organised in Q4 2024 to discuss the findings and preliminary recommendations of the Study. The collected views and suggestions were well-considered prior to finalising the Report.

Consumer Disputes due to Unexpected Price Variations

Some stakeholders pointed out that although budget estimates give patients an idea of the estimated fees and charges prior to treatments/procedures, consumer disputes often arise when discrepancies occur between budget estimates and final bills. They further emphasised that budget estimates should be viewed as rough guides as variations between budget estimates and final bills can arise due to the unpredictable nature of some treatments/procedures. For example, in the case of colonoscopy, the number of polyps can

[35] MCHK. Code of Professional Conduct (2022 Edition): Section 12.

only be confirmed during the procedure. If the number of polyps excised is greater than expected, it may lead to unanticipatedly higher final bills. Moreover, unforeseen events during treatments/procedures such as excessive bleeding inevitably can incur additional charges.

Indeed, considering the difficulty in providing certain and accurate budget estimates, stakeholders shared that some doctors may resort to overestimations to minimise disputes, this would lead to another issue about the reliability of these budget estimates.

Over-expectation on Responsibility of Doctors/PHs

As shown in Figure 2, a budget estimate typically comprises two sections – estimated doctor's fees and estimated hospital charges. Regarding hospital charges, this section is usually completed by doctors through relaying information received from PHs to patients. Some stakeholders revealed that doctors have concerns over being expected or often feel pressured by patients to provide accurate budget estimates on hospital charges. Relying solely on PHs to provide charge information, particularly regarding doctor's fees, can be impractical and lead to inaccuracies, as PHs may lack detailed information about the expected treatment/procedure duration, required equipment and other factors, etc. It is preferable to specify that both PHs and doctors should strengthen two-way communication and take respective responsibilities in giving explanations, as well as providing information in the budget estimate about the hospital charges and doctor's fees to patients.

Historical Bill Sizes Statistics may only Serve as a Reference for Standardised Procedures

Some stakeholders opined that HBS are useful only as reference points for highly standardised procedures. While for standardised procedures, such as colonoscopy, their HBS are valid references for comparisons with budget estimates in hand; non-standardised treatments, such as open reduction and internal fixation of various fractures may not be so. The surgical approach varies for fractures at different parts of the body, may explain for the varying charges. However, it is expected that as more treatments are performed and more detailed HBS are established, the reference value of HBS to patients will improve.

Packaged Charges can Reduce Wastages or Inefficiencies through Standardisation

While recognising the provision of services at packaged charges is intended to enhance price certainty and facilitate financial planning, some stakeholders raised concerns that, as PHFs often design medical packages based on the average patient needs, the total costs of treatment/procedure could be lower for some low-risk patients if they choose itemised treatments/procedures.

However, some academics/experts pointed out that the process of designing packaged charges brings in standardisation of practice. It is advantageous for PHFs to design standard packages encapsulating all the resources required for the treatments/procedures, which can reduce wastages or inefficiencies, such as unnecessary extra days of stay in PHs/investigations/ medications/medical supplies or consumables, arising from the treatment/procedure. Medical package is therefore meaningful even for low-risk treatments/procedures and patients.

After weighing the pros and cons, the Government will continue to encourage the trade to design medical packages according to the level of complexity of each treatment/procedure.

Unclear and Inequitable Charging Mechanism

One patient organisation highlighted instances where patients were charged differently for the same treatments/procedures, yet the rationale was not transparent. For instance, there were cases that patients staying in higher-class ward accommodation were charged more for operating theatre room, although they were using the same facilities as those staying in general ward (Figure 4).

Besides, there were cases that doctor's fees were adjusted upwards upon learning that patients had insurance. Furthermore, some stakeholders advised that some healthcare providers were found to apply higher rates for patients with insurance coverage, with the fee set according to the benefit levels of the private health insurance policies taken out by the patients, while some even persuade medically insured patients into receiving excessive or unnecessary services until the available coverage is almost fully utilised. It is essential for patients to be treated fairly and for the charging mechanism to be transparent.

Figure 4: Varying operating theatre room charges for patients of different ward classes

Basic operating theatre room charge*	General Ward	Semi-priviate Ward	Private Ward
First 30 minutes • Each additional 15 minutes	$2,900 $710	$4,220 $1,040	$5,250 $1,295
First 60 minutes • Each additional 15 minutes	$4,565 $810	$6,650 $1,175	$8,280 $1,455
Recovery Room • First 15 minutes • Each additional 15 minutes	 $ - $430	 $ - $635	 $ - $910

Undesirable Practices Leading to Increased Insurance Premiums

In Hong Kong, consumers with medical insurance often rely on their coverage for medical service costs. Some stakeholders observed that, when selecting the medical services, some medically insured consumers consider not only their actual needs but also the amount of insurance coverage available and the insurance deductible. For example, having realised that the budget estimate is lower than the available coverage amount or the insurance deductible, some medically insured individuals would request more add-on or unnecessary services – e.g. more health assessments, more laboratory tests, more unnecessary cosmetic-related treatments, more days of accommodation – in order to benefit from fully depleting the coverage amount or meet the deductible.

Along with the undesirable practices that some healthcare providers adjusted their fees upwards upon learning that patients had insurance, as mentioned in the previous section, these practices not only undermine the integrity of private healthcare services but might also drive up the overall insurance premiums, and adversely lead to inflated charges for consultations and treatments/procedures in the future. Consumer education is of vital importance to empower consumers to choose necessary medical services for the sustainable development of the private healthcare sector. Meanwhile, insurance companies should put in appropriate safeguards to help consumers avoid the use of unnecessary services and any potential abuses; while insurance brokers/agents should provide tailored advice for their clients.

2.5 The Government's Policy Direction

The Chief Executive's 2024 Policy Address lays out the Government's determination to further reform the healthcare system, so as to enhance the quality and efficiency of healthcare services, as well as curb medical inflation[36]. To this end, a consultancy study has been commissioned to explore the feasibility of collecting more price information from PHs and insurance companies, and presenting the price information in more accurate ways to the public. Before the end of 2025, relevant sectors will be consulted on the potential legislation for enhancing price transparency of private healthcare.

Although the licences for PHs and DPCs under the PHFO have taken effect, the licensing of clinics has yet to be implemented. The Standards for Clinics, which covers requirements on price information, has been published and uploaded to the ORPHF's website, and the Government plans to issue the CoP for Clinics and begin accepting licence and exemption applications from clinics in Q4 2025. After relevant clinic licences come into force, the Medical Clinics Ordinance (Cap. 343) will be repealed. Furthermore, the Government will commence section 92 of the PHFO at an appropriate juncture to prohibit the use of certain titles or descriptions, such as "medical", "dental", "treatment", etc. on any premises unless legally permitted, preventing misleading representations to the public[37].

With the strengthening integration between cities in the Guangdong-Hong Kong-Macao Greater Bay Area ("**GBA**"), more cross-boundary medical consultations are expected. The increasing accessibility of cross-boundary transportation has led to a growing trend of Hong Kong consumers seeking healthcare services in GBA cities. To provide flexibility and convenience to elderly persons in receiving healthcare services in GBA cities, the Government has introduced measures to facilitate cross-boundary medical consultations, such as the Elderly Health Care Voucher Greater Bay Area Pilot Scheme, enabling eligible Hong Kong elderly persons to use health care vouchers to pay for out-patient healthcare services provided by designated departments/services of seven GBA medical institutions (as of February 2024).

Box 4: Establishment of Healthcare Dispute Resolution Centre ("HDRC")

In response to The Chief Executive's 2024 Policy Address, a new HDRC was established by professional experts as an independent non-profit organisation in November 2024. The purpose is to provide an expert and impartial platform on which alleged general medical incidents. Healthcare-related insurance disputes, healthcare provider disputes and medical billing disputes may be resolved in the interests of the parties involved by way of mediation or arbitration, without going through the hassle of court proceedings. Furthermore, it organises public awareness campaigns to elevate public understanding about resolving healthcare disputes and provides trainings for healthcare practitioners to enhance their conflict resolution skills.

[36] GovHK (2024). The Chief Executive's 2024 Policy Address.

[37] Legislative Council Panel on Health Services (2024). LC Paper No. CB(3)803/2024(06). Latest Progress on Implementing the Regulatory Regime under the PHFO (Cap. 633).

2.6 Summary

To enhance price transparency of PHFs and to enable the general public to better estimate medical fees and make necessary financial arrangements beforehand, the Government launched the Pilot Programme to encourage PHs to provide budget estimates, disclose fee schedules, and publish HBS. The operational experience gained from executing the Pilot Programme will surely be instrumental for the Government as it moves towards legislation for improving price transparency in private healthcare.

As the adoption of price transparency measures becomes more widespread, several concerns have emerged. Stakeholders reflected that some doctors tend to overestimate overall costs to mitigate disputes that may arise when the final bills significantly exceed budget estimates. Meanwhile, budget estimates might not be clear enough to consumers, suggesting that PHs and doctors should be responsible to explain to them the hospital charges and doctor's fees. Stakeholders also opined that HBS could only be applicable as useful references for highly standardised treatments/procedures. Regarding the final bill, the charging mechanism could be unclear, such as the different operating theatre room fees for patients staying in different wards, and the alleged discrepancies in charge for patients with/without insurance coverage. This would potentially lead to fairness concerns among patients, especially in the absence of clear explanations.

This summary encapsulates some of the key issues and concerns identified by stakeholders in advancing price transparency in the private healthcare sector. The ensuing Chapters further look into views from the perspective of consumers, PHs and DPCs regarding price transparency issues in the sector.

3 Views of Consumers

3.1 Introduction

This Chapter highlights common issues related to price transparency in the private healthcare sector by analysing consumer complaints received by the Council, the Committee on Complaints against Private Healthcare Facilities, and the MCHK. To gain deeper insights, the Council conducted both a survey and in-depth user interviews with consumers, exploring their overall perceptions and expectations regarding the price transparency measures in the private healthcare sector.

3.2 Consumer Complaints

Complaints Received by the Council

The Council received 191 complaints concerning private healthcare services provided by PHs and DPCs[38] between 2021 and 2024, with the total disputed amount exceeding HKD7.2 million[39] and the average amount involved per case was over HKD37,000 (Table 1). The number of complaints fluctuated during the period, overall ranged from 39 to 60 cases per year, while the overall split of complaint cases between PHs and DPCs was 68.1% and 31.9% respectively. In 2023, the yearly amount involved reached its highest at over HKD3.9 million in the reported period, notably contributed by one single case involving around HKD3.3 million regarding the death of a patient after operation.

During the reported time span, only 35.6% cases were successfully resolved through the Council's conciliation efforts, reflecting the difficulties in resolving complaints related to the private healthcare services[40].

Table 1: Overview of the private healthcare-related complaints received by the Council (2021 –2024)

		2021	2022	2023	2024	Total
Number of cases	PHs	35	36	31	28	130 (68.1%)
	DPCs	11	24	15	11	61 (31.9%)
	Total	**46**	**60**	**46**	**39**	**191**
Amount involved (HKD)	Average	40,200	12,128	84,960	19,138	37,861
	Total	**1,849,212**	**727,693**	**3,908,176**	**746,395**	**7,231,476**

Major Types of Complaint

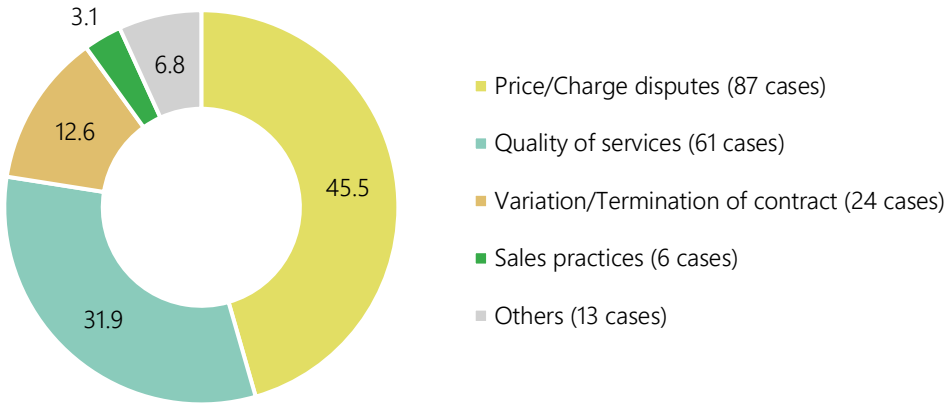
In particular, price/charge disputes (45.5%) were the top reason for complaints, followed by quality of services (31.9%), variation/termination of contract (12.6%) and sales practices (3.1%) (Figure 5).

[38] First batch of DPC licences took effect on 1 January 2021. The DPCs here refer to the facilities holding a DPC licence as of October 2024. Since penalty provision for operating unlicensed DPCs was only effective on 30 June 2022, premises licensed in 2024 might not be DPCs at the material time of the complaint.

[39] The disputed amount was calculated based upon final bill sizes or disputed price items provided by the complainants.

[40] Resolution rate was calculated based on the number of all complaint cases regarding PHs and DPCs received by the Council from 2021 to 2024 (191 cases), including non-pursuable cases which were beyond Council's scope of complaint handling, cases with insufficient information, as well as cases under conciliation.

Figure 5: Breakdown of private healthcare services related complaints by categories (2021 – 2024) (%)



(i) Price/Charge disputes

A total of 64 cases against PHs and 23 cases against DPCs involved price/charge disputes. Discrepancies between budget estimates and final bills were often observed due to inadequate communication on the quoted estimates and insufficient explanation for price variations. The unclear charging mechanism for doctor's fees was susceptible to price/charge complaints in some cases. Some complainants were dissatisfied with being charged administration fees for documents that they felt entitled to receive, such as medical reports and completed insurance claim forms. Detailed cases are illustrated in Box 5 to 7.

(ii) Quality of services

A total of 39 cases against PHs and 22 cases against DPCs involved unsatisfactory quality of services. Most of these cases were related to alleged misdiagnoses, which caused delays in treatment/procedure or disappointing treatment/procedure results. Some complainants suspected the medical test results provided by the facility were inaccurate, as retest conducted at other facilities yielded different outcomes. Poor customer experiences arising from frontline staff's substandard services also triggered disputes.

(iii) Variation/Termination of contract

A total of 16 cases against PHs and eight cases against DPCs involved variation/termination of contracts. Settlement of deposits or full payments before procedures was mandatory for some PHs/DPCs. Disputes also arose when complainants cancelled or postponed the bookings due to unforeseen events but the facilities refused to refund.

(iv) Sales practices

A total of five cases against PHs and one case against a DPC involved unscrupulous sales practices, such as misleading omissions and provisions of inconsistent information on itemised fees. For example, in one case where a frontline staff provided a budget estimate for bronchoscopy without laboratory test fees included. The complainant thought the budget estimate was complete and sought pre-approval from the insurance company. However, after the procedure, the final bill was significantly higher with the laboratory test fees incurred (HKD9,800). Exceeding the pre-approval amount, the complainant had to pay HKD6,800 out-of-pocket for part of the bill, leading to unexpected financial strain.

Case Illustrations

As the Study focuses on price transparency in private healthcare services, three cases are presented below to further illustrate the issues faced by consumers regarding price disputes. These disputes stemmed from the lack of certainty and accuracy, inadequate communication and explanation, and unfair charging practices.

Box 5: Discrepancy between budget estimate and final bill (Case 1)

The complainant engaged a PH for in-patient gastroscopy and colonoscopy. The complainant received and signed a budget estimate form at HKD48,400, which included estimated doctor's fees of HKD25,900 and estimated hospital charges of HKD22,500. The final bill of HKD82,755 came as a shock to the complainant (up 71.0% from the budget estimate) as no one had informed the complainant of the possible price variation at any point. The final doctor's fees and hospital charges constituted HKD30,700 (up 18.5%) and HKD52,075 (up 131.4%) of the final bill respectively. After scrutinising the breakdown on the invoice, the complainant attributed the remarkable discrepancy to the following:

- operating theatre room and associated material charges reaching HKD17,339 – far beyond the stated amount of HKD10,200 in the budget estimate;
- medication fees amounting to HKD5,600 for medicines that, according to the medical records and logs, were not consumed; and
- a ward round fee of HKD800 was charged for a brief pre-examination conversation with the doctor regarding the procedure's risks.

After the Council's conciliation, the complainant received a partial refund of around HKD10,000, and the PH was advised for improvements.

Box 6: Unreasonable charging practices on insured patient (Case 2)

The complainant was referred by a specialist to a DPC for out-patient gastroscopy and colonoscopy. The complainant was told by a staff of the DPC that a budget estimate including anaesthetist's fees of HKD21,750 would be provided to medically insured patients, while a discount of 30% on all fees except anaesthetist's fees would be offered to non-insured patients. On the day before the procedure, the complainant informed the DPC that a claim would be submitted to insurance company A, yet the DPC staff indicated that the fee for patients insured by insurance company A would be HKD29,050 instead of the original quoted fee (up 33.6%). Since the complainant had already begun bowel preparation, the complainant reluctantly paid the higher amount. The complainant considered the charging practices of the DPC unreasonable.

The case was closed because the complainant did not proceed further after a completed medical claim form had been received from the DPC.

Box 7: Unclear charging mechanism of doctor's fees (Case 3)

The complainant's mother engaged a PH for in-patient thoracentesis. It was stated at the budget estimate that the doctor's fees would be HKD18,000, but such fee rose to HKD30,000 at final bill (up 66.7%). The extra charge was unexpected, and the charging mechanism had not been clearly explained to the complainant or the patient. Besides, the patient started to have a fever the day after admission, the complainant was told that an infection control fee of HKD1,400 per day would be charged from that day onwards, but the final bill stated that such fee was charged since admission day, allegedly charging HKD1,400 more.

The complaint was resolved after the PH provided a detailed explanation to the complainant, following the Council's intervention.

Complaints Received by the Committee on Complaints against Private Healthcare Facilities

In accordance with the PHFO, a two-tier complaints management system was established for handling complaints against licensed PHFs — the concerned PHF handles complaints at the first tier; while the Committee on Complaints against Private Healthcare Facilities (the "**Complaints Committee**") handles complaints against PHFs on matters related to their compliance with the PHFO and relevant CoPs at the second tier.

Established on 1 December 2020 under the PHFO, the Complaints Committee is a statutory committee with functions including, among others, advising the DoH on the policies on complaints management for PHFs; receiving and considering complaints against PHFs; making recommendations to PHFs on any improvement measure; and making recommendations to the DoH on matters relating to facility complaints, including whether to take any regulatory action against the PHFs concerned.

Since the first batch of PHF licences took effect on 1 January 2021, the overall number of complaints received by the Complaints Committee had increased from 22 in 2021 to 36 in 2023. Of which, the majority (89.0%, 73 out of total 82 cases) involved PHs in 2021-2023 (Table 2). The top five natures of the complaints received in 2021-2023 were: (i) administrative procedures; (ii) professional practices; (iii) staff performance; (iv) communication; and (v) charges (Table 3). Communication and price information were also common complaint issues.

Table 2: Overview of complaints received by the Committee on Complaints against PHFs (2021 – 2023)

		2021	2022	2023	Total
Number of cases	PHs	21	20	32	73
	DPCs	1	4	4	9
	Total	**22**	**24**	**36**	**82**

Table 3: Nature of complaints received by the Committee on Complaints against PHFs (2021 – 2023)

	2021	2022	2023	Total
Administrative Procedures	6	10	19	35
Professional Practices	5	8	22	35
Staff Performance	8	4	13	25
Communication	10	8	3	21
Charges	4	4	5	13
Others	2	7	9	18

Note: One complaint may involve more than one category

Complaints Received by the Medical Council of Hong Kong

The Secretary of MCHK receives from time to time and handles complaints against registered medical practitioners on matters of professional misconduct by individuals or referrals from other bodies such as the Hong Kong Police Force, the DH and the press. In 2019-2022 (the latest statistics publicly available), 52 cases regarding fee disputes were considered by the MCHK's Preliminary Investigation Committee (Table 4).

Table 4: Number of complaints related to fee dispute considered by the MCHK's Preliminary Investigation Committees (2019 – 2022)

	2019	2020	2021	2022	Total
Fee dispute	20	11	8	13	52

3.3 Consumer Perception on Private Healthcare Services

The above illustrations of consumer complaints demonstrate that price transparency is one of the major issues for consumers using private healthcare services. To gain a deeper understanding on consumers' perceptions and expectations to the private healthcare sector, the Council conducted a consumer survey and in-depth interviews with consumers. Understanding consumers' views enable an evaluation on whether current practices in the private healthcare sector can fulfil consumers' needs.

As mentioned in Chapter 2, there were three price transparency measures stipulated in the PHFO, namely providing price information, providing budget estimates, and publicising HBS. This part of the research also looked into consumers' views on these three measures.

Methodology

Consumer Survey

To gather insights into consumers' perspectives and experiences with the private healthcare sector, the Council commissioned an independent research agency to conduct a quantitative telephone survey from 9 October 2023 to 18 March 2024, targeting 500 local residents that had obtained budget estimates and undergone at least one of the 30 treatments/procedures on or after 1 October 2016 (the time when the Pilot Programme commenced).

Sample representativeness was attained by setting quotas on respondents based on estimated PH and DPC service volume statistics of the 30 treatments/procedures, while ensuring samples'

gender, age, income, and education level were reasonably distributed[41]. The profiles of respondents are illustrated in Figure 6 below.

Figure 6: Profiles of respondents (%)

Base (All): 500

[41] The apportionment of PH and DPC users was determined based on estimated numbers of the 30 treatments/procedures conducted at PHs and DPCs in 2022. The aforementioned numbers were calculated using HBS of the PHs, convenience sampling of DPCs and information accessible on the Private Healthcare Facilities Register.

To assess the relationship between different factors recorded in the survey, multivariate analysis was conducted based on outcomes under four major components, including: (i) overall usability[42] of the price transparency measures; (ii) whether price comparison was conducted before receiving treatments/procedures; (iii) price discrepancy; (iv) satisfaction of price transparency measures. Associations between each of the above outcomes and key independent variables were examined, while a p-value less than 0.05 is considered to be statistically significant.

Table 5 below displays the breakdown of treatments/procedures received by respondents. 26 treatments/procedures among the 30 treatments/procedures were covered[43].

Table 5: Treatments/Procedures received by respondents (%)

Treatments/Procedures	%	Treatments/Procedures	%
Gastroscopy and colonoscopy with or without polypectomy	29.2	Hysterectomy	1.4
Colonoscopy with or without polypectomy	21.8	Hernia repair	1.2
Gastroscopy with or without polypectomy	8.8	Colectomy	1.0
Caesarean section	6.6	Colposcopy	1.0
LASIK	5.4	Open reduction and internal fixation of various fractures	1.0
Phacoemulsification and intraocular lens implantation	4.6	Knee arthroscopy	0.8
Vaginal delivery	3.0	Cholecystectomy	0.6
Ovarian cystectomy	2.8	Laminectomy	0.6
Breast lump excision	2.0	Spine fusion	0.6
Thyroidectomy	1.8	Direct laryngoscopy with or without vocal cord polyp biopsy	0.4
Cystoscopy with or without biopsy	1.6	Tonsillectomy	0.4
Haemorrhoidectomy	1.6	Bronchoscopy with or without biopsy	0.2
Dilation and curettage	1.4	Micro-laryngoscopy	0.2

Base (All): 500

In-depth User Interviews

In an effort to collect in-depth experiences regarding discrepancies between budget estimates and final bills, 30 individual interviews were conducted during the period between 25 March and 16 April 2024, ensuring a reasonable mix of interviewees. The target interviewees were local residents that had obtained budget estimates, received one of the common treatments/procedures on or after 1 October 2016, and reported at least a 10% discrepancy between budget estimates and final bills.

[42] The usability scores were evaluated from the average score of 13 to 14 relevant questions, using a 5-point Likert scale from "strongly disagree" to "strongly agree". Referencing from the System Usability Scale, the questions were adjusted to fit in price transparency measures and were categorised under "usefulness" and "ease of use".

[43] Treatments/procedures on carpal tunnel release, circumcision, herniotomy and trigger finger release were not covered.

Limitations

All surveyed individuals had obtained verbal and/or written budget estimates, hence the extent of PHs/DPCs adopting the price transparency measure could not be ascertained by comparing the proportions of respondents that had and had not received budget estimates. Besides, if a price range was provided for budget estimates instead of an exact number, the middle-point of the range was taken for statistical analysis.

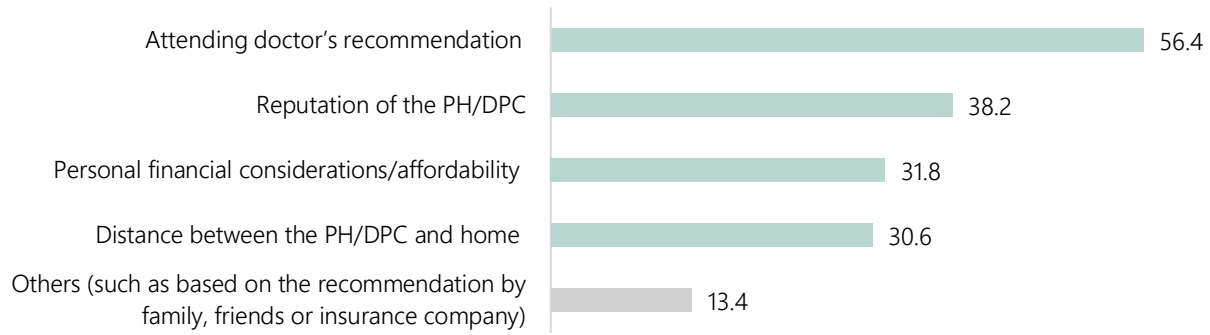
Experience of Consumers

In the following parts, findings from the consumer survey are presented along the patient journey. Typically, once consumers decided to undergo a treatment/procedure, they need to choose a PH/DPC to perform the treatment/procedure, and obtain the price information to estimate the possible expenses, followed by getting a customised budget estimate from PH/DPCs, so that consumers would be able to compare the fees with the HBS of PHs. Finally, upon receiving the final bill, if there were significant price discrepancies between budget estimates and final bills, consumer should seek for explanation, or make complaint about the price discrepancy if they were unsatisfied with the explanations. Their experience along this whole journey, including the reasons of their actions taken, and the challenges they faced when making decisions would be described as follows.

Choosing a PH/DPC

When choosing a PH/DPC for a treatment/procedure, more than half (56.4%) of the respondents indicated that the decision was made based on the attending doctor's recommendation, reflecting the high level of trust consumers placed in doctors. Reputation of the PH/DPC (38.2%), personal financial considerations (31.8%), and distance between the PH/DPC and home (30.6%) were also common reasons for choosing a PHF (Figure 7).

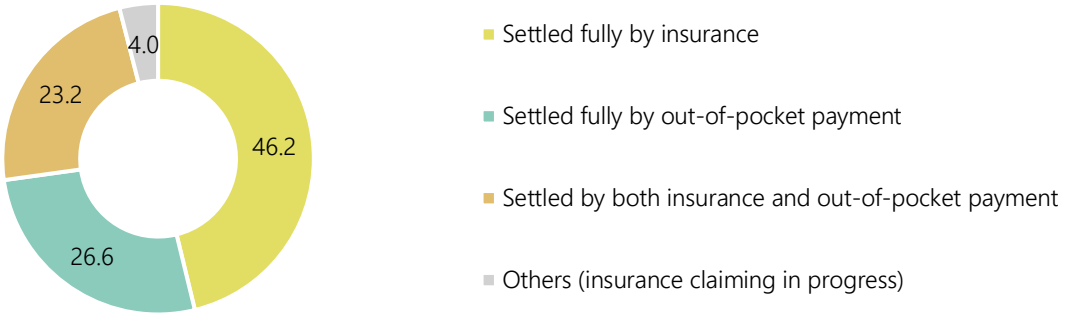
Figure 7: Reasons for choosing the PH/DPC (%)



Base: (All) 500; multiple answers allowed

When affordability was a concern for respondents, a large portion of respondents settled the bill fully by insurance (46.2%), while 23.2% settled the bill by both insurance and out-of-pocket payment. 26.6% settled fully by out-of-pocket payment (Figure 8).

Figure 8: Bill settlement methods (%)

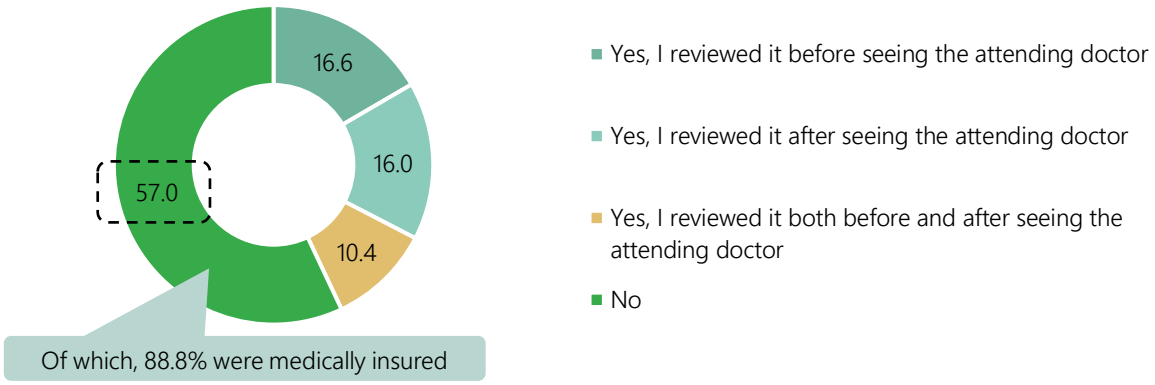


Base: (All): 500

Price Information

For the next step, consumers usually need to acquire price information related to the treatment/procedure before making healthcare choices. Surprisingly, more than half (57.0%) of the respondents did not review the price information available to them (Figure 9), reflecting the need to educate consumers to read the information before engaging with PHs/DPCs. Further analysis also suggested that the settlement method influenced their price sensitivity – among the 285 respondents who did not review the price information before receiving the treatment/procedure, 88.8% of them were medically insured.

Figure 9: Whether respondents reviewed the price information (%)

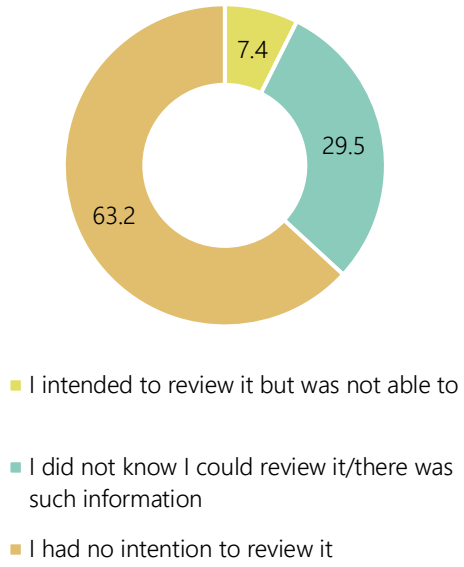


Base (All): 500

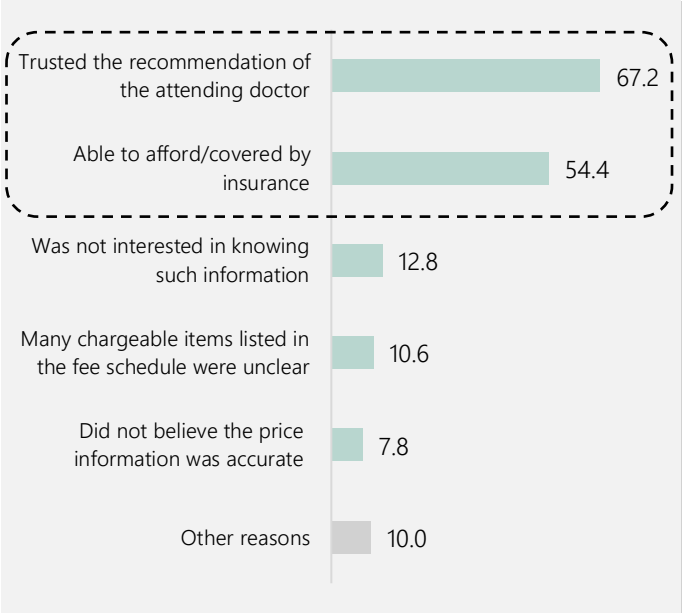
Deep diving into the reasons of not reviewing the price information, 63.2% stated they have no intention to do so, and 29.5% were unaware that such information was available.

Among those having no intention to review the information, 67.2% trusted the recommendation of the attending doctor, while 54.4% believed they were financially adequate to afford the final bill (Figure 10) (see quote below).

Figure 10: Major reason for not reviewing the price information (%)



Base (Respondents who did not review the price information): 285



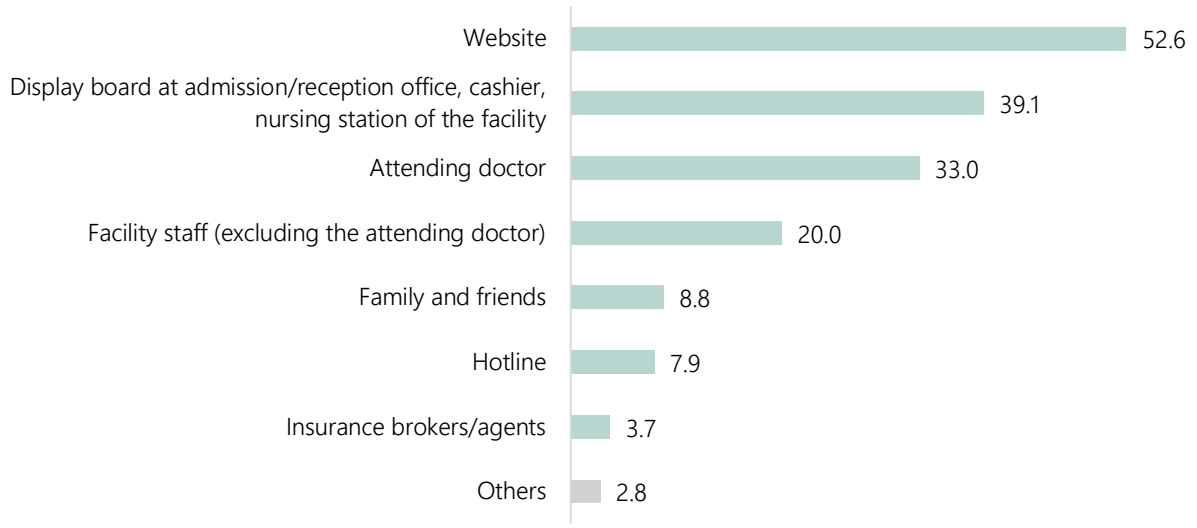
Base (Respondents who did not and had no intention to review the price information): 180, multiple answers allowed

「保險已包，因為不用自己付錢，所以不會特意去問。如果要自己付錢，當然會詢問細節。」

(The insurance already covers the cost, so I do not have to pay it and would not bother asking. If I need to pay for it myself, I would ask for details.)

Among respondents who reviewed price information, various sources were reported, 52.6% referred to the PHF websites, 39.1% referred to information displayed in prominent areas at the facility, 33.0% and 20.0% received information from the doctor and facility staff respectively. Less common sources were family and friends (8.8%), hotline (7.9%) and insurance brokers/agents (3.7%) (Figure 11).

Figure 11: Sources of price information (%)



Base (Respondents who reviewed the price information): 215, multiple answers allowed

From the in-depth user interviews, interviewees generally agreed that fee schedules were easy to understand and useful for comparing prices across PHs. However, some interviewees raised that the fee schedules did not fully reflect the overall costs of the treatment/procedure as doctor's fees or miscellaneous charges were not covered (see quotes below).

「至少可讓人預算手術費用，畢竟住院費、手術室費開支較大。不過，雜項的收費資訊模糊。」

(At least there is an estimated cost for the operation, since the expenses of ward and operating theatre are relatively large. However, the expenses of other miscellaneous items are unclear.)

*****

「收費表可以清楚一點，包括列明雜項費用及膳食費用等。」

(Fee schedules could be clearer, such as listing miscellaneous expenses and meal expenses.)

*****

「醫院不可能只收取病房費，但我不知道其他費用一般是指甚麼、價格是多少、有哪些是我需要的。我完全找不到醫生的收費、護理費用等資訊。」

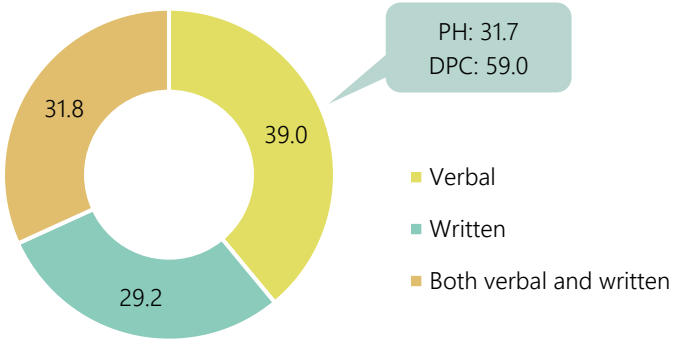
(There must be other charges apart from the charges of ward accommodation, but I am not aware of what the common charge items are, their prices, which of the items are applicable to me. I cannot

Budget Estimates

All respondents had received verbal and/or written budget estimates as this was a prerequisite for participation in this survey. Overall, the survey found that 39.0% respondents only received budget estimates in verbal form (Figure 12). Notably, provision of verbal budget estimates was more common in DPCs (59.0%) than in PHs (31.7%). From a consumer protection perspective,

verbal estimates are less desirable for consumers as they do not provide a written record for reference. Providing written and upfront cost estimate is particularly important for reducing stress and helping patients to plan for treatment/procedure and finances.

Figure 12: Format of the last-provided budget estimates (%)



Base (All): 500; PH (366), DPC (134)

In in-depth user interviews, some interviewees mentioned that they only received lump sum estimates in a range format, without a detailed breakdown of treatment/procedure costs, such as the anaesthetist's fee, operating theatre room charges, ward round fees, which hindered them from comparing the charge items in the final bill. Some interviewees received budget estimates covering only either hospital fees or doctor's fees (see quotes below).

「醫生多數只會提供口頭預算，不一定會提供書面預算。」
(Sometimes the doctors would just provide the budget verbally, instead of a written budget.)

*****

「醫生沒有提供詳細解釋，只是簡單地告知如果日後有可能要用到其他藥物或進行檢查，會另外收費。但我不知道在甚麼情況下需要哪些藥物或額外收費，我亦不知道要如何去問，因為我都不知道會發生甚麼情況。」
(The doctor did not provide a detailed explanation. The doctor simply said that in case of the need to use other medications or examinations in the future, additional charges will be incurred. However, I do not know what medications or additional charges will possibly be needed and under what circumstances they will be needed. I do not know how to ask as well, as I have no idea what will happen.)

*****

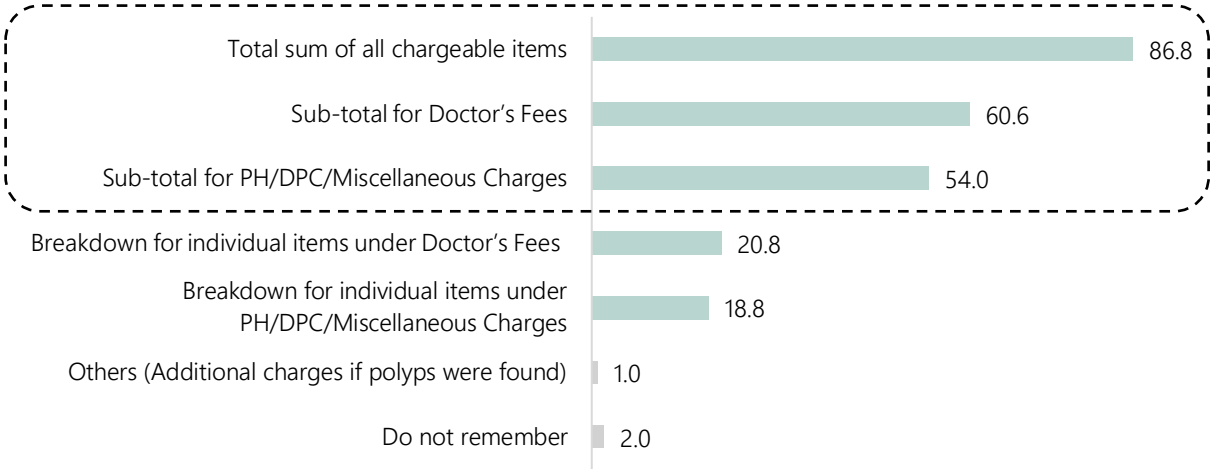
「醫生提供口頭預算時，只提及大概住院的費用是多少，沒有提及醫生費用。」
(When the doctor provided the verbal budget estimate, I was only advised the charge of the ward accommodation, without telling me the doctor's fees.)

*****

「服務費用預算只包含醫生的手術費，但沒有及其他收費。」
(The budget estimate only included the surgeon fee. Other charges were not mentioned at all.)

Regarding the information provided in budget estimates, 86.8% included a total sum of all chargeable items, while 60.6% included also the sub-total for doctor's fees and 54.0% included subtotal for PH/DPC/miscellaneous charges (Figure 13). The lack of breakdown for individual chargeable items often hindered consumers to conduct effective price comparisons.

Figure 13: Items included in the last-provided budget estimates (%)

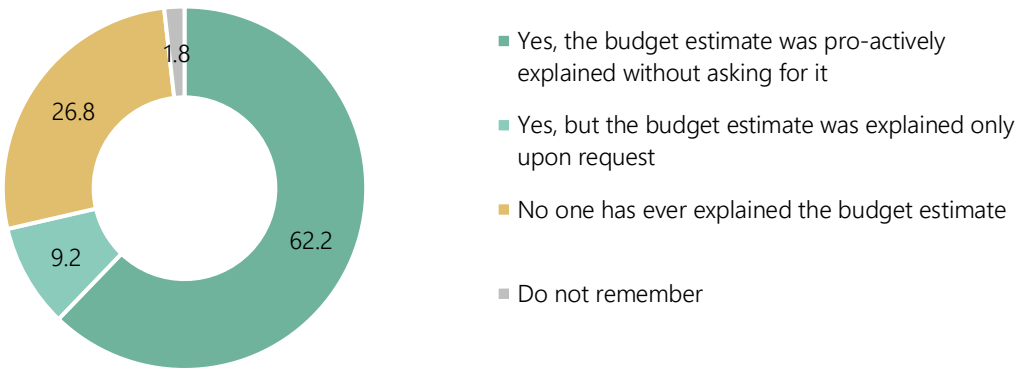


Base (All): 500, multiple answers allowed

As not all patients possess the medical know-how to fully understand the budget estimates, healthcare professionals and PH/DPC relevant staff should proactively explain them.

62.2% of the respondents received proactive explanations; yet, 26.8% did not receive any explanations, and 9.2% received explanations only upon their request (Figure 14). It was expected that proactive explanation of budget estimates could better manage expectations of the patients. Multivariate analysis also revealed that budget estimate being proactively explained was significantly associated with feeling less surprised to the price discrepancy, as well as higher usability of budget estimates ($p<0.05$).

Figure 14: Whether respondents received explanations on budget estimates (%)



Base (All): 500

Interviewees generally supported the provision of budget estimates. In particular, medically insured interviewees found them beneficial, as the estimates could be used to seek pre-approval from insurance companies, alleviating concerns about whether the treatment/procedure costs would be covered (see quote below).

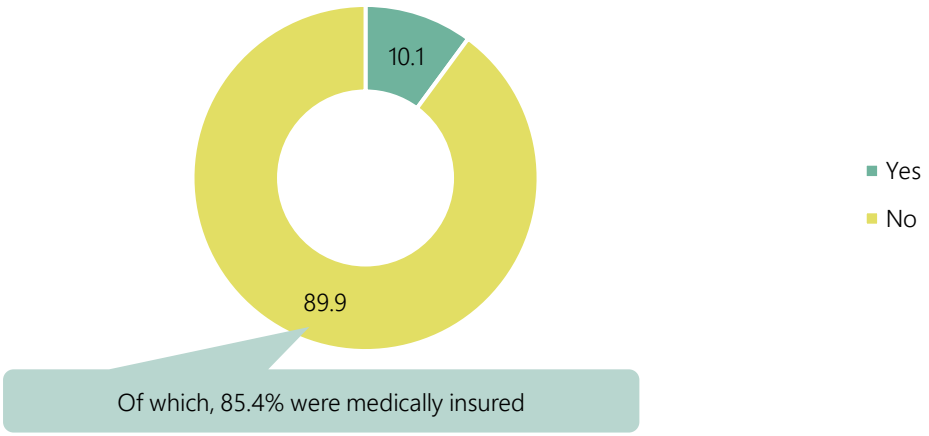
「費用預算是有用的，我不會立刻下決定，我會先向保險公司獲取預先批核。倘若醫生沒有於手術前提供預算，而最終保險索償被拒，我會覺得是一個問題。」

(Budget estimate is useful. I would put my decision on hold and make use of the budget estimate provided by the doctor to ask for pre-approval from the insurance company. If the doctor did not provide a budget estimate before the procedure and the insurance claim is denied in the end, I think this would be an issue.)

HBS

Although HBS includes actual billing data for the 50th percentile and 90th percentile of each treatment/procedure, serving as valuable reference for patients to estimate or compare budget for a treatment/procedure at a PH or across PHs, only 10.1% of the respondents (PH users) who reviewed the HBS for the treatment/procedure (Figure 15). Among the 329 respondents who did not review the HBS before undergoing it, 85.4% of them were medically insured.

Figure 15: Whether respondents reviewed the HBS for the treatment/procedure (%)



Base (All PH respondents): 366

In the in-depth user interviews, many respondents opined that HBS were useful for gaining a general understanding of treatment/procedure costs. However, some found the HBS difficult to comprehend, and suggested presenting HBS in more layman terms (see quotes below).

「如果以圖像表示會比較容易明白，譬如平均數、升幅、降幅等。」

(It would be easier to understand if data such as the average, percentage increase or decrease, are presented in graphics.)

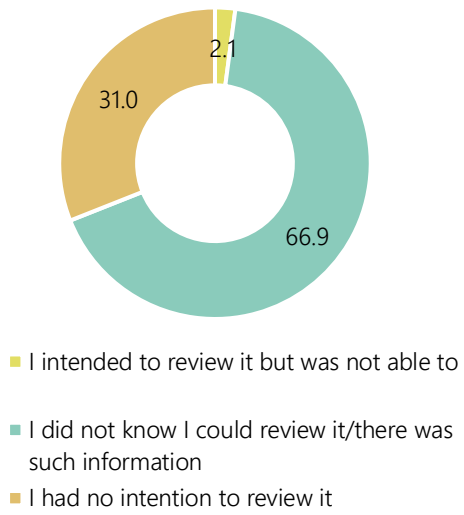
*****

「資料可以再簡化，因為第 50 百分位數及第 90 百分位數比較含糊，可考慮以價格範圍顯示，用家會比較清晰最高價格是多少。」

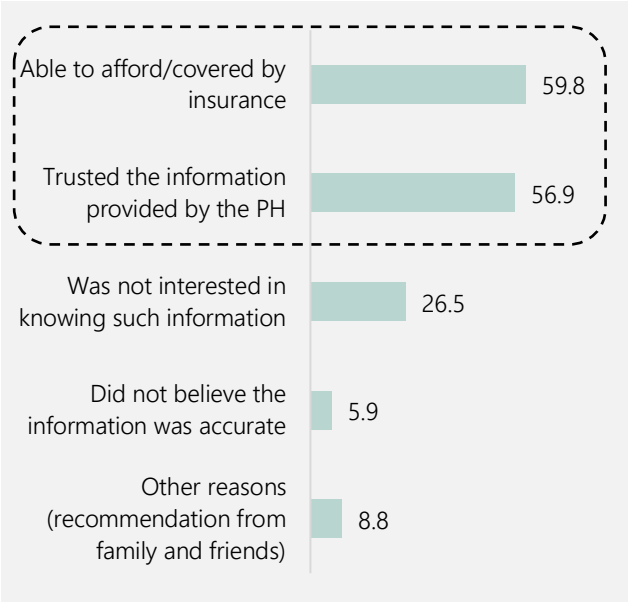
(The use of data could be simplified, as 50th and 90th percentiles are vague. Instead, the use of price range could be considered, as users would have a clearer understanding of the highest price.)

Among the 329 PH respondents who did not review the HBS, 66.9% were unaware of the existence of HBS and 31.0% had no intention to review it at all. The key reasons for not having the intention included having adequate wealth to afford/insurance coverage regardless of the final bill amount (59.8%) and trusting the information provided by the PH (56.9%) (Figure 16). Moreover, among these respondents who did not review the HBS, 85.4% of them were medically insured, suggesting that insurance-covered individuals were less likely to refer to the HBS.

Figure 16: Major reason for not reviewing the HBS (%)



Base (PH respondents who did not review the HBS): 329



Base (PH respondents who did not and had no intention to review the HBS): 102, multiple answers allowed

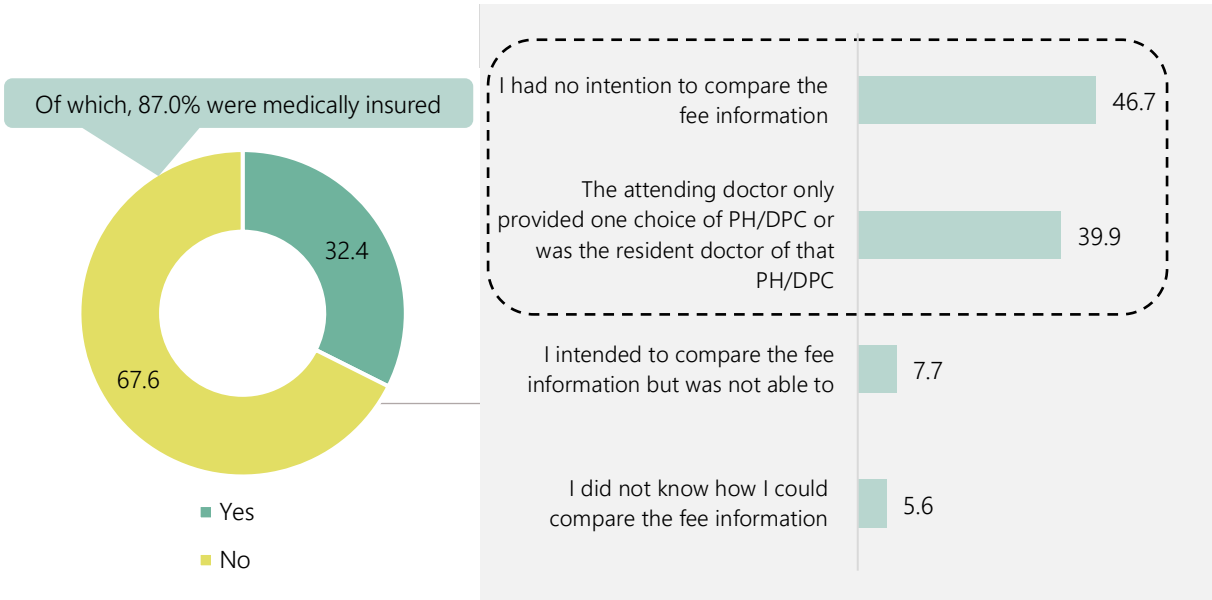
Price Comparison

Multivariate analysis revealed that referring to packaged charging information was significantly associated with higher usability of price information ($p<0.001$). Interviewees also reflected that with packaged charges, patients would benefit from price certainty and easier price comparisons between PHs/DPCs (see quote below).

「套餐式收費有用，可以較肯定知道自己是否負擔得起，亦可以方便與其他醫院的價格比較。」
(Packaged charging is useful, as I know more certainly whether I could afford the cost. I can also compare the price with those of other hospitals.)

However, 67.6% of the respondents did not conduct price comparisons before choosing where to receive treatments/procedures. The main reasons included: (i) no intention to compare (46.7%); (ii) the attending doctor only provided one choice of PH/DPC or was the resident doctor of that PH/DPC (39.9%) (Figure 17). Notably, multivariate analysis indicated that PH users were less likely to compare prices than DPC users ($p<0.001$). Furthermore, 87% of the respondents who did not compare prices were medically insured, further underscoring the reduced price sensitivity among insured individuals.

Figure 17: Whether respondents conducted price comparison before deciding where to receive the treatment/procedure (%)

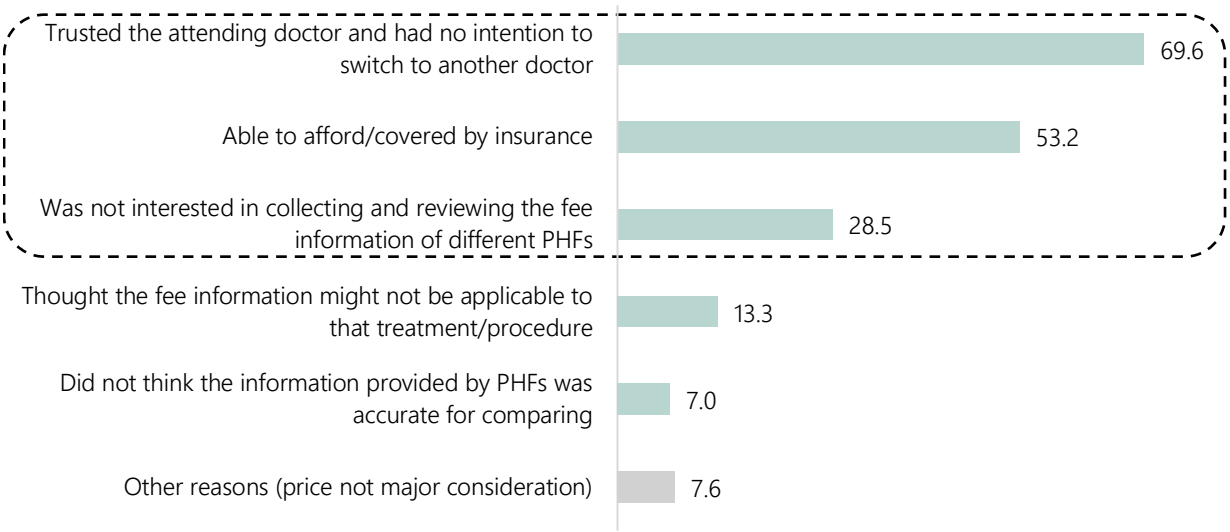


Base (All): 500

Base (Respondents who did not conduct price comparison): 338

To further understand the reasons behind the 158 respondents' lack of intention to conduct price comparisons, 69.6% trusted their attending doctor and had no intention to switch to another doctor, 53.2% had adequate financial affordability or insurance coverage, regardless of the final bill amount, and 28.5% had no interest in collecting and reviewing the fee information of different PHs/DPCs (Figure 18).

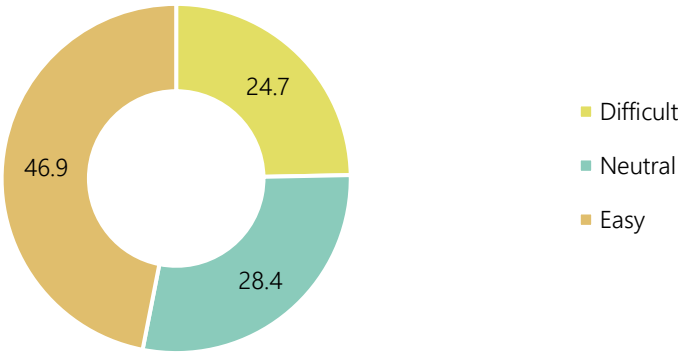
Figure 18: Reasons for not intending to conduct price comparison (%)



Base (PH respondents who did not and had no intention to conduct price comparison): 158, multiple answers allowed

Among the 162 respondents who conducted price comparison, 24.7% found price comparisons difficult (Figure 19).

Figure 19: Ease to conduct price comparison (%)

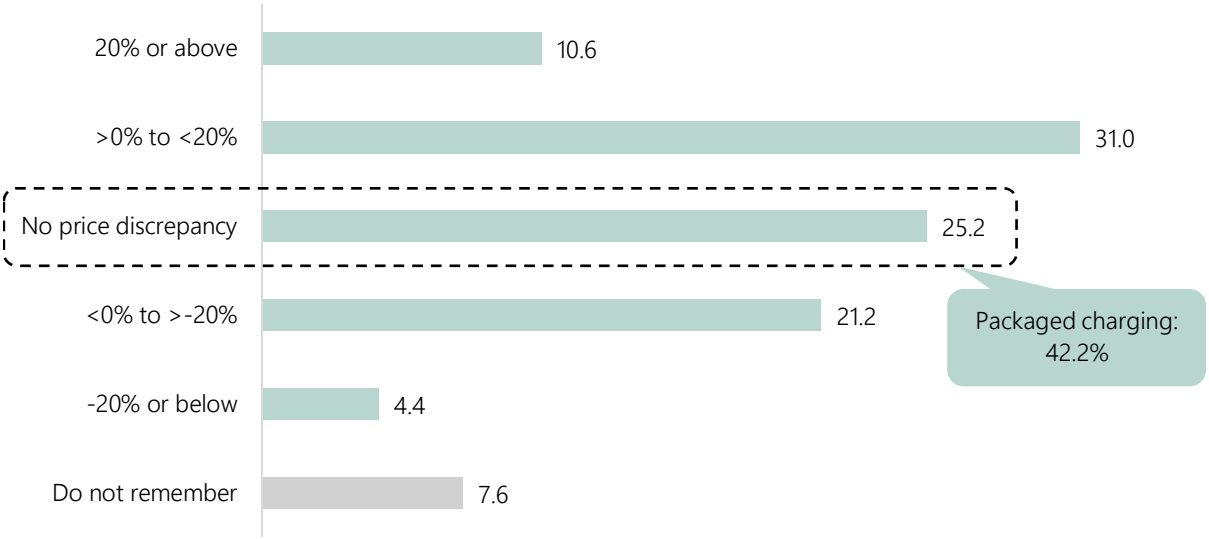


Base (Respondents who conducted price comparison): 162

Price discrepancies between budget estimates and final bills

After completing the treatment/procedure, respondents received a final bill. In the consumer survey, 126 respondents (25.2%) experienced no price discrepancies. 208 respondents (41.6%) paid more than the budget estimates and 128 respondents (25.6%) received final bills lower than the budget estimates. In total, 336 respondents (67.2%) encountered a variation in price (Figure 20). It is noteworthy that respondents who opted for packaged charges were less likely to experience undesirable price discrepancies. Of the 204 respondents who chose packaged charging, 42.2% did not experience price discrepancies – significantly higher than 25.2% found in general (Figure 20).

Figure 20: Variations of final bills compared to budget estimates (%)

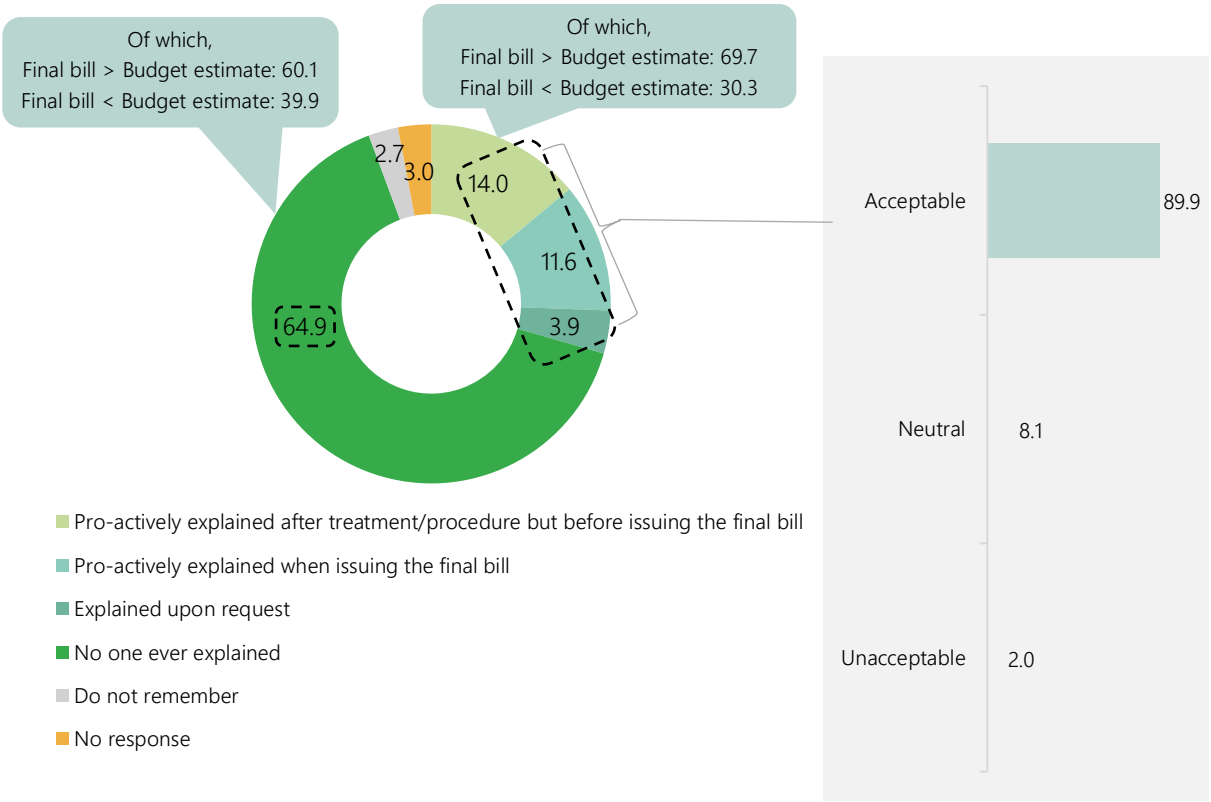


Base (All): 500; (Respondents who opted for packaged charges): 204

When final bills were lower than budget estimates, respondents generally showed little interest in determining the causes and expressed satisfaction with the lower-than-expected costs. However, a reasonable, accurate and customised budget estimate would foster consumers' trust towards healthcare service providers and avoid false consumer expectations. Conversely, though some respondents were discontented with the greater-than-expected final bills, most were appeased after receiving explanations on the causes.

Among the 336 respondents who encountered price discrepancies, a significant share of 64.9% did not receive any explanations – of which, 60.1% had greater-than-expected final bills. Zooming into the 99 respondents who encountered price discrepancies and received explanations, 69.7% received final bills greater than budget estimates and 89.9% of those received explanations found them acceptable (Figure 21).

Figure 21: Whether respondents received explanations on price discrepancies (%)

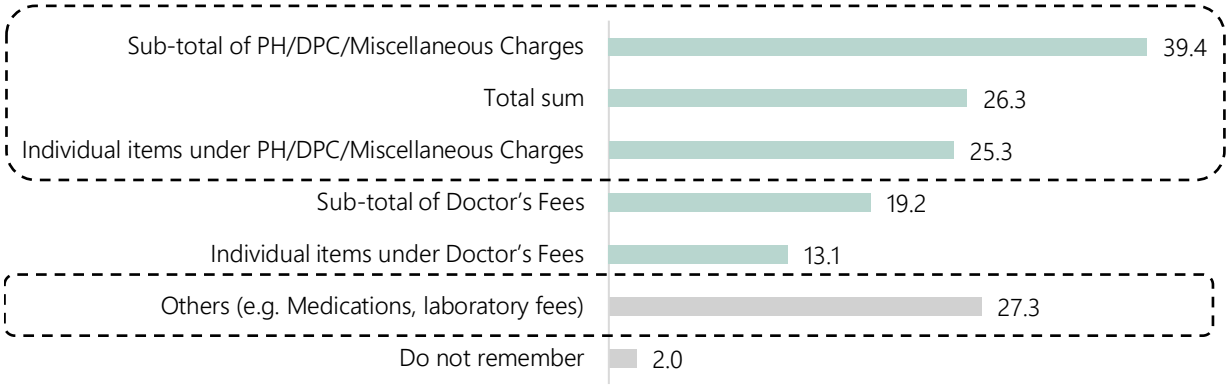


Base (Respondents who encountered price discrepancies between budget estimates and final bills): 336

Base (Respondents who encountered price discrepancies between budget estimates and final bills and received explanations): 99

The 99 respondents who received explanations gave further insights into the root causes of price discrepancies. Most of the respondents (39.4%) were only informed for the change in sub-total of "PH/DPC/miscellaneous charges" without further details provided, some were even just told about changes in the total sum (26.3%). Meanwhile, some respondents were advised the changes in specific charge items like medications and laboratory fees (27.3%) and the breakdown for individual items under "PH/DPC/miscellaneous charges" (25.3%) (Figure 22).

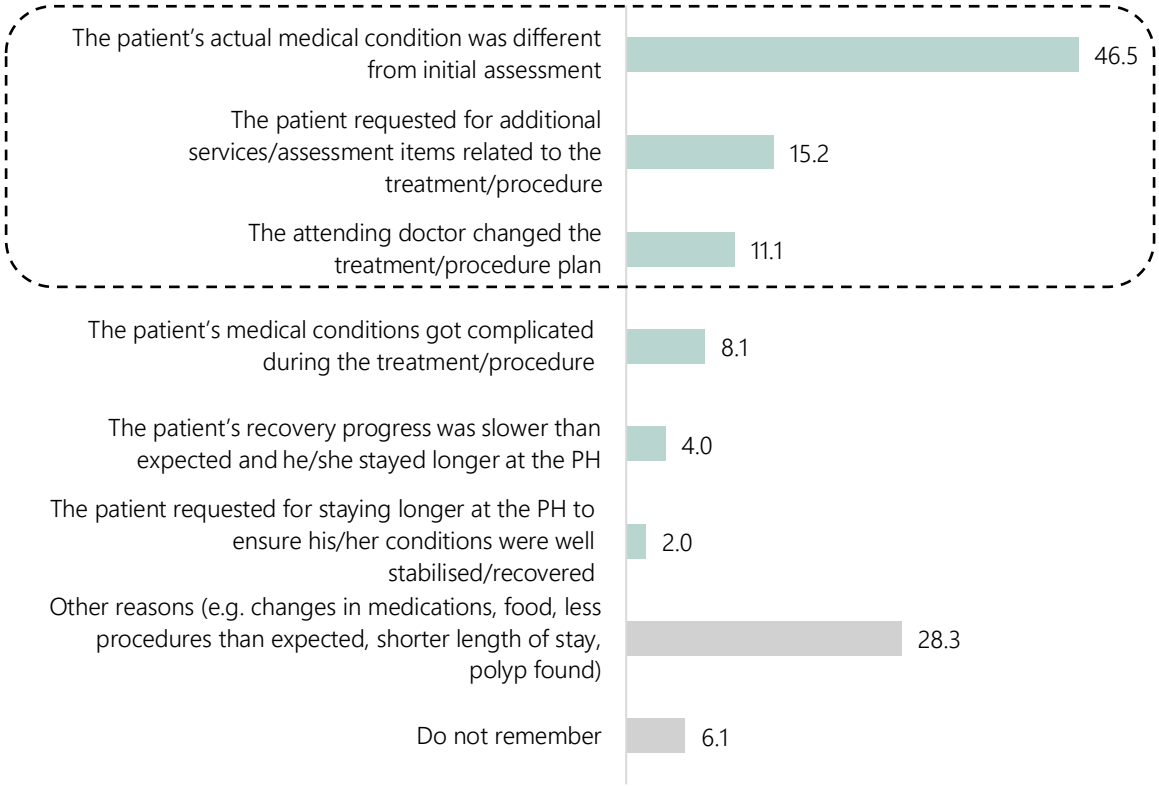
Figure 22: Changes in charge items which caused price discrepancies (%)



Base (Respondents who encountered price discrepancies between budget estimates and final bills and received explanations): 99, multiple answers allowed

The main reasons for the price discrepancy were that the patients' medical conditions were different from initial assessment (46.5%), the patients requested for additional services (15.2%), and the attending doctors changed the treatment/procedure plan (11.1%) (Figure 23).

Figure 23: Reasons for price discrepancies (%)



Base (Respondents who encountered price discrepancies between budget estimates and final bills and received explanations): 99, multiple answers allowed

Among the 218 respondents encountered price discrepancies without explanation, only one respondent filed a complaint.

From the in-depth user interviews, interviewees who encountered price discrepancies revealed the reasons of staying silent. Interviewees mentioned that they would accept the discrepancies as long as they were justifiable. Some interviewees considered lodging complaints but ultimately refrained due to unfamiliarity with the available complaint channels, the perception that filing complaints would be time-consuming, or a desire to maintain a good doctor-patient relationship (see quotes below).

「如果醫生提供的費用預算比最終帳單大，我都可以接受，但費用比預期少會比較開心。」

(It is acceptable if the budget estimate provided by the doctor is higher than the final bill. However, I would be more pleased if the final bill is lower than the budget.)

*****

「如果出現差異，最終帳單費用比預算高，應該要有人解釋是甚麼原因導致。」

(Whenever there is a price discrepancy, like the final bill happens to be higher than the budget estimate, the patient should be informed of the causative reasons.)

*****

「手術後，醫生向我展示腫塊的圖片。腫塊的大小比本人及醫生預期的大，所以我明白為何最終帳單費用比預算高。更何況在手術前，醫生曾解釋，腫塊的真實大小有機會與檢查所得出的大小不一。術前及術後的解釋都是合理的。」

(After the operation, the doctor showed me pictures of the lump. The lump was larger than what I and the doctor had expected, so I understand why the final bill is higher than the budget estimate. Not to mention, the doctor explained before the operation that there may be a difference between the actual and the examined lump size. The doctor's explanations before and after the operation were reasonable.)

*****

「投訴沒有作用，不會有實質跟進。醫生或者醫務所可以找到理由解釋最終帳單與費用預算的差異，而且之前都是以口頭形式提供預算，沒有書面證明，即使投訴，個案都未必會成立。」

(Complaining will not help, as there will not be any follow-up actions. The doctor or the clinic could always find a reason to justify the price discrepancy between the final bill and the budget estimate. Moreover, as the budget estimate was provided verbally without any written proof, even if a complaint is filed, it will not be considered.)

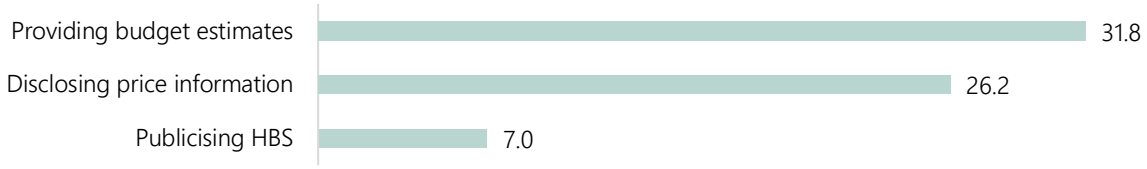
Perception of Consumers on the Price Transparency Measures

Respondents' perception on the effectiveness of the three price transparency measures (namely disclosing price information by all licensed PHFs; providing budget estimates and publicising HBS by PHs) were gathered.

Awareness

Among the three price transparency measures, respondents were most aware of providing budget estimates by PHs (31.8%), followed by disclosing price information (26.2%). Only 7% respondents were aware of PHs publicising HBS, highlighting the need to significantly raise public awareness for all three measures, particularly the HBS (Figure 24).

Figure 24: Awareness of the three price transparency measures (%)



Base (All): 500

Usefulness

When asked respondents who were aware of the price transparency measures about their usefulness, publicising HBS received the highest score (3.98 out of 5), followed by disclosing price information (3.97 out of 5) and providing budget estimates (3.89 out of 5) (Figure 25). In particular, majority of respondents found budget estimates and HBS were useful and indicated that they would review price information during the next visit to a PHF. Further analysis about the three measures from the perspective of stakeholders will be presented in Chapter 4.

Figure 25: Usefulness of the three price transparency measures (score out of 5)

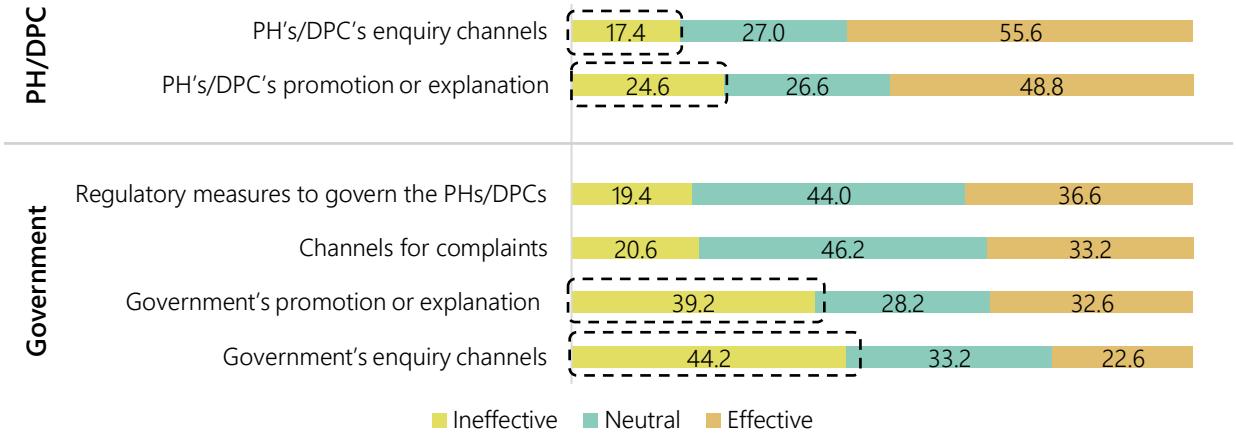
Base: Publicising HBS (37); disclosing price information (215); providing budget estimates (500)

Effectiveness

The survey also looked into the effectiveness of PHs, DPCs and the Government in promoting these three measures. For PHs and DPCs, 17.4% and 24.6% of the respondents indicated PH's/DPC's enquiry channels and promotion were ineffective respectively.

For the Government, more respondents indicated the Government's promotion (39.2%) and enquiry channels (44.2%) ineffective (Figure 26). The findings suggested that there is still room for improvement in promoting the three price transparency measures across all stakeholders.

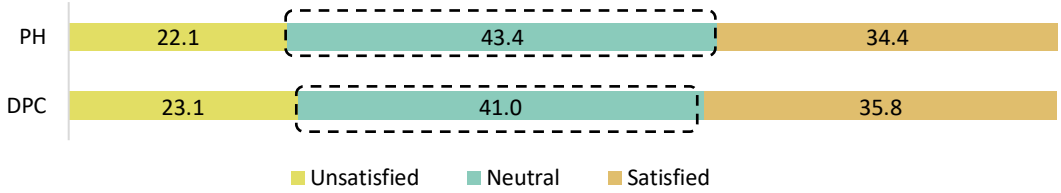
Figure 26: Effectiveness of aspects relating to the three price transparency measures (%)



Base (All): 500

Overall, respondents maintained a neutral stance towards the price transparency measures in PHs/DPCs (43.4% for PHs and 41.0% for DPCs) (Figure 27). Meanwhile, multivariate analysis indicated higher usability of budget estimates was significantly associated with higher overall satisfaction of the price transparency measures, underlying the usefulness of budget estimates ($p<0.001$).

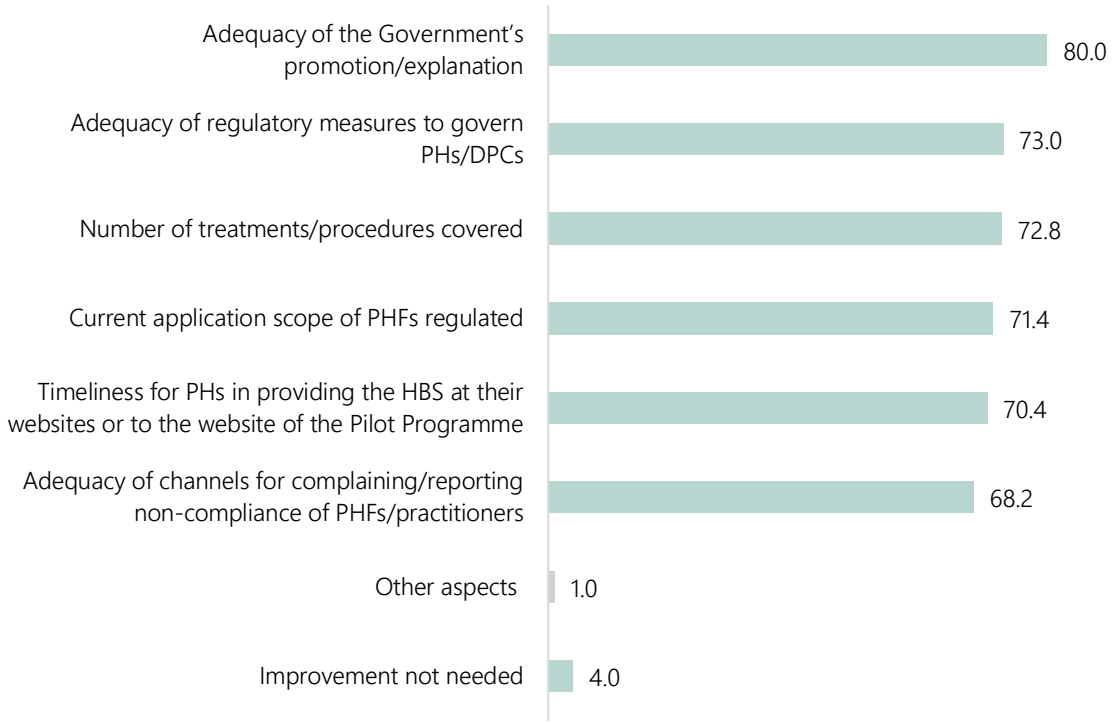
Figure 27: Overall satisfaction with effectiveness of the price transparency measures for PHs and DPCs (%)



Base (PH): 366; (DPC): 134

As reflected by the low awareness of the price transparency measures, respondents suggested the Government to take further steps to enhance price transparency in the private healthcare sector, primarily stepping up efforts in promoting the measures (80.0%); refining or introducing more regulatory measures governing PHs/DPCs (73.0%); expanding the number of treatments/procedures/items covered by the measures (72.8%), as well as reconsidering the application scope of PHFs regulated under the measures (71.4%) (Figure 28).

Figure 28: Areas of improvement related to the price transparency measures (%)



Base (All): 500, multiple answers allowed

The implementation of price transparency measures has undoubtedly enhanced price certainty. In-depth user interviews further suggested that raising the public's awareness of the price transparency measures, expanding the regulatory scope, and enhancing PH/DPC frontline staff's proactiveness in explaining price information were important (see quotes below).

On Government's promotion and regulations:

「可以在私家醫院、電視、網上加強宣傳。現今消費者頻繁使用智能手機，如果可以在社交平台上宣傳會不錯。」

(Promotion can be strengthened at PHs, on TV or online. Nowadays, smartphones are frequently used, it would be an excellent idea if promotion could be made via social media.)

*****

「我認為增加收費透明度的措施可以擴展至私家診所。比較私家醫院和私家診所，我認為私家醫院的收費較為透明，因為私家醫院會提供服務預算表，並於網站公開價格。相反，私家診所只提供粗略估計且浮動的預算，所以我不清楚預算是如何得出的。倘若私家診所受收費透明度措施規管，病人會有得益。」

(I think that price transparency measures should be expanded to private clinics. Comparing PHs and private clinics, I find that PHs are more transparent as PHs would provide budget estimates and their prices are easily accessible online. In contrast, private clinics would only provide an approximate amount with potential fluctuations, and I am unclear about how the budget is calculated. It would therefore be beneficial to patients if private clinics were subject to price transparency regulations.)

*****

「日間醫療中心減輕了私家醫院手術室及病房的使用，亦減少了病人的費用。既然日間醫療中心及私家醫院都是受同一法例規管的機構，兩者又均可為病人進行腸胃鏡檢查或其他簡單的切除手術，收費透明度上的規管亦不應存有差異。」

(Basically, DPCs alleviate the use of operating theatres and wards in the PHs, and reducing expenses of patients as a result. Since both DPCs and PHs are regulated under the same law, on top of that, both are allowed to perform gastroscopy and colonoscopy or other simple resection surgeries for patients, there should not be any difference between the two in the regulation of price transparency measures.)

On PH's/DPC's enquiry channels and explanation:

「如果有收費表，我認為醫療人員有責任向病人講解哪些項目需要收費，以及哪些項目不需要，因為有可能會影響到保險索償。如果醫生可以根據我的實際情況講解收費表，我相信我能夠較容易明白所需收費。」

(If a fee schedule is available, I believe that medical staff should explain what items are required to be charged, and what items are not, as these may affect insurance claims. If a doctor could explain the fee schedule based on my condition, it would be easier for me to understand the required charges.)

*****

「如收費表上未能盡錄所有收費項目，我認為應設立查詢熱線及加上「歡迎致電查詢」等字句鼓勵病人就未列明項目作查詢。」

(If not all items are specified in the fee schedule, it is better to establish an enquiry hotline and include phrases, such as "feel free to call for inquiries". This would encourage patients to inquire about information that are not specified.)

3.4 Summary

Consumers in Hong Kong generally demonstrated a high level of trust in doctors, heavily relying on doctor's recommendations and the information they provided when making healthcare decisions. The consumer survey revealed that over half of the respondents did not independently seek price information or conduct price comparisons. Instead, they trusted and relied solely on the information provided to them. Notably, only around one-tenth of respondents referred to the HBS before the treatment/procedure.

Respondents also highlighted several pain points within the private healthcare sector. When referring to fee schedules, some individuals struggled to identify miscellaneous charge items, let alone determine their relevance to the treatment/procedure. Statistical terms, such as percentiles on HBS were difficult for lay consumers to understand. Many respondents received only verbal budget estimates, though there is clear preference for written budget estimates, given their greater clarity and traceability.

Indeed, as reflected by the complaints received by the Council, price dispute was a common issue. However, many consumers chose not to lodge complaints, as they were not familiar with the complaint process, and concerned about affecting the doctor-patient relationship.

As discussed in Chapter 2, the Government has implemented various measures to improve price transparency. The key measures included requiring all licensed PHFs to provide price information, to provide budget estimates and to publicise HBS by PHs. However, findings from the consumer survey showed a low awareness of these measures, demonstrating that consumer education and enhancements of the measures are urgently needed. The market practices regarding price transparency measures would be further reviewed in the next Chapter.

4 Market Practices on Price Transparency

4.1 Introduction

After understanding the consumer perspectives on their experiences in acquiring price information related to private healthcare services, it is essential to examine the actual implementation of the three price transparency measures at PHs and DPCs. This will provide an overview of the issues of concern and identify any possible gaps between consumer expectations and market practices.

Based on the findings from the trader survey, desktop research and phone enquiries, and the analysis of the views of the industry stakeholders collected through stakeholder engagements with professional bodies, trade associations and selected medical practitioners, this Chapter aims to present the challenges consumers might encounter regarding price transparency during their patient journey, efforts propelled by individual PHs/DPCs to enhance price transparency, and some stakeholders' concerns on the execution of the price transparency measures.

4.2 The Market Practices

The market practices are summarised from findings from the trader survey, which collected feedback and views from PHs and DPCs, supplemented by desktop research on their online information and subsequent phone enquiries, as well as the views of industry stakeholders to provide feedback on the observations and issues found in the patient journey.

Methodology

Trader Survey

The trader survey was conducted from May to September 2024 in the form of an online survey, with an aim to understand the trade practices of how PHs and DPCs disclose price information, handle price-related enquiries/complaints, and their views on the price transparency measures.

The survey targeted all relevant PHs and DPCs providing services for 30 treatments/procedures (i.e. 13 PHs and 128 DPCs) in Hong Kong, and they were invited to take part in the online survey. In total, six (46.2%) and seven (5.5%) of invited PHs and DPCs responded to the trader survey. The poor response from DPCs reflected their less engaging tendency with the Council[44].

Desktop Research and Phone Enquiries

To supplement the low response rates in the trader survey, the Council conducted secondary research via various means. This included desktop research and reviews of the price transparency measures implemented in selected PHs and DPCs.

The desktop research covered a total of (i) all 13 PHs and (ii) 20 randomly selected DPCs, i.e. 20% of applicable DPCs, that provided services for all or any three selected treatments/procedures, namely: (i) gastroscopy and colonoscopy with or without polypectomy;

[44] Subsequent to the first email invitation to fill in the questionnaire and follow-up calls to all invited PHs and DPCs to bring attention, various means were used to encourage participation, including soliciting active members of relevant associations to encourage participation, and extending the submission deadline. However, despite strenuous efforts were made, the response rate was disappointingly low – only six PHs and four DPCs responded to the first round of invitation. In early September 2024, not-yet responded DPCs were invited to an additional round of survey consisting of an abridged questionnaire with Chinese translation. Yet only three more DPCs responded.

(ii) caesarean section; and (iii) haemorrhoidectomy ("**three selected treatments/procedures**"), during the period of October 2023 to September 2024 (Table 6).

The three selected treatments/procedures were picked from the list of 30 treatments/procedures, based on the (i) approximate discharge volume in all applicable PHs; (ii) number and nature of price-related complaints on the relevant treatments/procedures received by the Council; and (iii) whether it was common for consumers to experience significant price discrepancy for the relevant treatments/procedures with reference to the consumer survey.

The Council conducted desktop research by assessing the sufficiency and clearness of the price information provided at the websites (where available) of the sampled PHs/DPCs for the selected treatment(s)/procedure(s), as well as the templates of PH's budget estimate forms as publicised on their websites.

Table 6: Scope of desktop research

	Gastroscopy and colonoscopy with or without polypectomy	Caesarean section	Haemorrhoidectomy
Number of PHs	13	10 (Only provided by 10 PHs)	13
Number of DPCs	13 (From a list of 63 applicable DPCs)	N/A (The treatment cannot be performed at DPCs as stipulated by the PHFO)	8 (From a list of 38 applicable DPCs)

Following the desktop research, mystery calls were made by Council staff to further enquire about the price information of the two selected treatments/procedures, namely gastroscopy and colonoscopy with or without polypectomy and haemorrhoidectomy, provided at the sampled PHs/DPCs. Enquiries were made following a standardised patient background and question flow to ensure response quality.

The Council also conducted a review of HBS of 2023 for the three selected treatments/procedures in PHs in July 2024. The statistics were obtained from the websites of the ORPHF and 13 PHs providing the relevant figures.

Stakeholder Engagement

Upon the completion of all surveys and desktop research, post-meetings with representatives of PH/DPC operators and medical professionals were held to seek their views on the challenges observed during the patient journey, and the latest practices of the trade on price transparency. The engaged stakeholders included Association of Private Medical Specialists of Hong Kong, Hong Kong Academy of Medicine, HKPHA and two selected medical practitioners with extensive experience in providing policy advice in the healthcare sector.

Limitations

The low response rate of the trader survey hindered the Council from presenting a consolidated and representative views of both PHs and DPCs. Considering that responses from the seven DPCs (5.5% of target respondents) were limited, instead of an overall analysis, their feedback and views would be presented as individual samples.

There were limitations in conducting the desktop research and phone enquiries also. Information accessible online mostly covered only general information before consulting a

doctor. Moreover, the willingness to disclose information by phone might vary depending on the facility staff receiving the call.

Regarding HBS review, limited data was available under the current arrangements. For instance, there was no information about exact hospital discharge figures, means and standard deviations of patient bill sizes, and numbers of patients using medical packages, so a comprehensive data analysis could not be conducted.

Current Trade Practices

The Council consolidates findings from market research via the above methodologies on price transparency of private healthcare services, structuring along a typical patient journey. The patient journey encompasses key stages, including price information searching, exploring medical packages, consultation with doctor for budget estimates, and referencing to HBS.

Price Information Searching

Obtaining price information is often the first step for consumers before acquiring healthcare services. Healthcare services are unique and customised to the patient, and information asymmetry exists when doctors possess more medical knowledge and market information than patients, thus, patients would be more likely to trust the doctors' advice. This asymmetry detriments consumer interests in comparing prices and making informed choices. Moreover, price variation often occurs due to individual patient conditions and treatment methods, etc. Yet, before consulting a doctor, which could be very costly, a patient may still want to estimate the fees, for better financial preparation and price comparison.

As mentioned in Chapter 2, all licensed PHFs are mandated by the PHFO, among others, to disclose price information of chargeable items and services. However, this only refers to the charges payable to the healthcare facilities, excluding the doctor's fees. The price of doctor's fees is unpublicised, but it will be available when the patient consults the doctor as the MCHK's Code of Professional Conduct requires doctors to make their consultation fees known to patients on request. Also, in the course of investigation and treatment, all charges, to the doctors' best knowledge, should be made known to patients on request before the provision of services. Although there is no obligation to give advance quotation of fees, doctors are strongly advised to give quotation to patients before providing services if substantial fees will be incurred. A doctor should also exhibit a notice in his/her clinic informing patients of their right to ask for quotation of the fees involved before receiving treatment.

Ways of presenting price information

- **Price information at PHs is hard to understand by lay consumers**

The Council examined the online price disclosure practices of the sampled PHs. All 13 sampled PHs had followed the recommendations from the Pilot Programme and presented the fee schedules by service items chargeable by PHs (e.g. ward accommodation, operating theatre and associated materials charges).

Echoing the findings in Chapter 3, from a lay consumer's perspective, even though they have consulted a general practitioner on his/her condition and treatment(s) needed, they might still find the price information provided at PHs difficult to relate, especially when it is disclosed by types of service items (Figure 29). Further professional advice would be needed such as whether the treatment requires the use of the operating theatre, the expected duration of occupancy, whether ward accommodation is needed, etc.

There were five PHs also displayed the fee schedule by specialty (e.g. general surgery, obstetrics, endoscopy), which may facilitate easier access to treatment/procedure-specific price and treatment information (Figure 30).

Figure 29: A PH displaying its fee schedule by service items

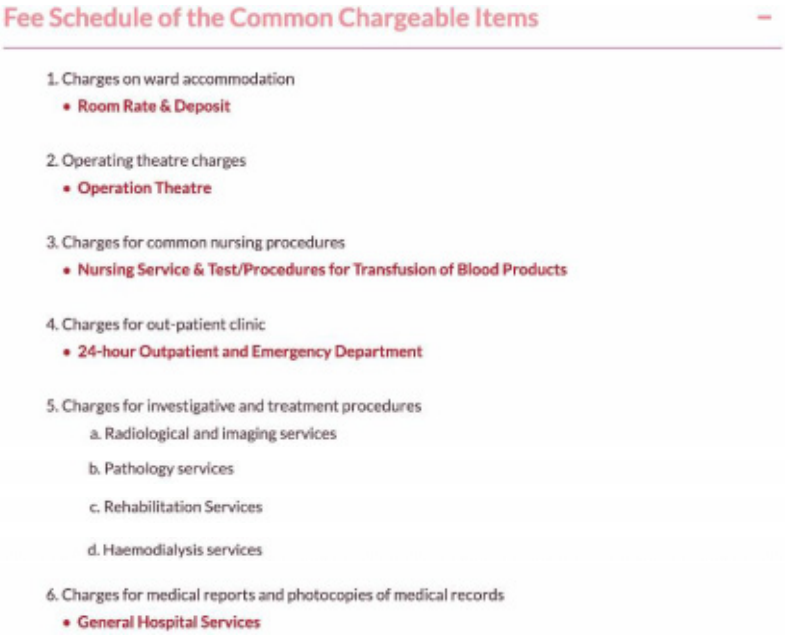
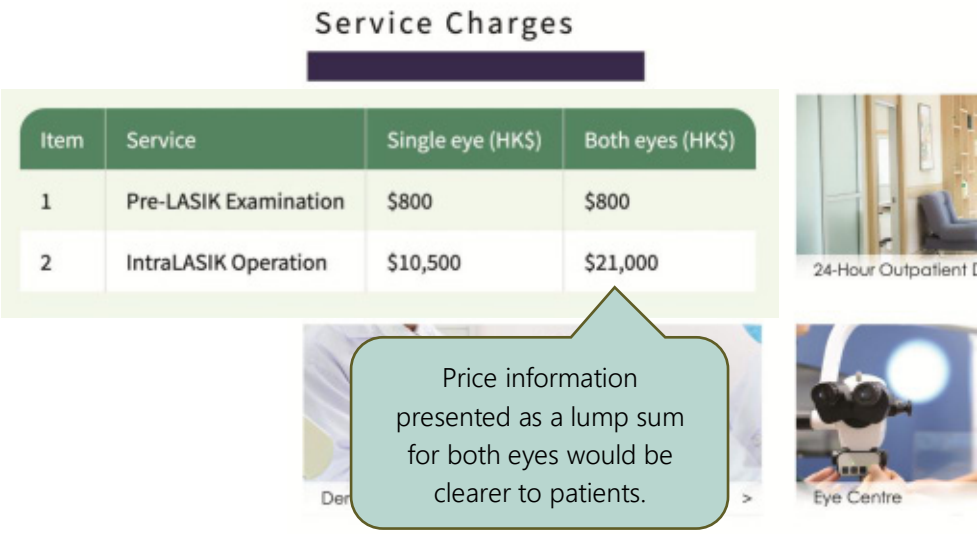


Figure 30: A PH displaying its fee schedule by specialty



- **No website/online price list for 15 out of 20 sampled DPCs**

The price disclosure at the sampled DPCs was less comprehensive compared to those of PHs. Out of the 20 sampled DPCs, 15 did not provide any online price lists for the selected treatments/procedures. Notably, one of those 15 DPCs did not have a website at all. While difficulties in obtaining detailed price information were observed, some industry stakeholders reflected that they have faced a dilemma in the provision of price information. Their views are summarised in Box 8.

Box 8: Stakeholders' concerns on difficulties in providing detailed price information

While understanding price information is important for consumers, some medical professionals opined that there would be difficulties to advise detailed price information for consumers, particularly on doctor's fees, as there could be multiple factors affecting the level of fee, such as surgery time and complexity. However, an academic/expert advised that an accurate estimate could be provided after a consultation with the patient, showing that consultation is a crucial process in obtaining price information for patients. Without doctors' advice, consumers might misinterpret the price information and wrongly estimate the price for the treatment/procedure applicable to them based solely on the fee schedule. To enhance price transparency, clear display of price information of more service items should be encouraged, while consultation with doctors is also necessary for an accurate estimate. This can help consumers be better prepared for the possible medical expense.

A few medical professionals expressed concerns about violating Undesirable Medical Advertisements Ordinance (Cap. 231) ("**UMAO**") if they publish the fee schedule online. However, it should be noted that according to the UMAO, the prohibition of advertisements does not apply to publication of price information or historical statistics on fees and charges required under the PHFO.

- **Insufficient information obtained from PHs/DPCs via phone enquiries**

In addition to reviewing the websites of sampled PHs and DPCs, Council staff made mystery phone enquiries to the PHs and DPCs to see whether price information prior to consultation could be obtained. Findings are summarised in Table 7.

Table 7: Provision of price information by the sampled PHs and DPCs through phone enquiries

	Gastroscopy and colonoscopy with or without polypectomy		Haemorrhoidectomy	
	PHs (n=13)	DPCs (n=13)	PHs (n=13)	DPCs (n=8)
Number of facilities	13 (100%)	13 (100%)	6 (46%)	4 (50%)

It was observed that the availability of the price information of the two selected treatments/procedures varied. For gastroscopy and colonoscopy with or without polypectomy, all the sampled PHs and DPCs managed to provide price information on the treatment at phone enquiries. For haemorrhoidectomy, out of the 13 PHs, seven did not provide price information at phone enquiries and two of which further advised the enquirer to consult the doctor. Among the sampled DPCs, staff from four DPCs advised to consult the doctor first.

A PH staff advised about the price information of haemorrhoidectomy:

「如果你想做這個手術要先看醫生，再由醫生報價。我們沒有痔瘡手術的價目表或套餐，請向門診查詢。」— 門診直線線路繁忙，6 次致電均沒有接聽

(You need to consult a doctor on the operation, the doctor will provide a quotation for you. We don't have a price list or medical package for haemorrhoidectomy. Please consult our out-patient clinic.) — The out-patient clinic's direct line were busy and unanswered on six attempts.

A DPC staff advised about the price information of haemorrhoidectomy:

「手術是在醫院進行，醫院收費及醫生收費都是醫生決定，我們未能提供實質價錢，如果想知道價錢，可以參考醫院網站。」

(As the operation will be conducted at a hospital, the hospital charges and doctor's fees will be determined by the doctor, DPC cannot provide the actual price. You may visit the website of the hospital concerned for the price.)

- **Unclear responsibility of PHs/DPCs and doctor on provision and explanation of price information to consumers**

From the trader survey, there was no general pattern regarding whether PHs/DPCs or doctors should be responsible for providing and explaining price information to consumers. Despite some PHs claimed that they had clear segregation of duties in providing price information to consumers (e.g. the facilities to provide and explain fee schedule and HBS to consumers; and doctors to provide and explain the budget estimate) and internal guidelines on price information disclosure, stakeholders shared that the monitoring of the related compliance of visiting doctors could be difficult due to the high turnover rate. The lack of clarity regarding the responsibilities of PHs/DPCs and doctors in providing and explaining price information to consumers could result in price disputes, especially when multiple PHFs were involved. The following complaint case illustrates the dispute:

「醫生表示預算費用為 16 至 17 萬元，最後結帳時費用高達 23 萬元多。醫院表示費用是由醫生決定，建議我找醫生問；醫生則表示費用是由所屬醫療集團決定，最終我沒有辦法討回差額。」

(The doctor provided a budget estimate of around HKD160,000 – 170,000. The final bill turned out to be around HKD230,000. The PH advised me to seek explanation from the doctor who determined the charges, while the doctor advised that the charge was determined by the medical group the doctor belonged to. I could not seek refund on the price discrepancy eventually.)

Although monitoring the price transparency compliance of visiting doctors can be challenging, one responded PH has made efforts to raise awareness among doctors about the measures through consistent advocacy and promotion. The PH had disseminated information through email communications and regular newsletters, and had also tracked the relevant compliance rate within the PH. In stakeholder engagement, the stakeholders in general agreed that communications between consumers, PHs/DPCs and doctors could be strengthened to prevent price disputes.

Charging mechanism

The doctor's fees, such as the surgeon fee and anaesthetist's fee, are not included in the fee schedule or price list, and the basis of how the doctors set the fee is not disclosed to consumers.

A local study report in 2011 suggested that some local doctors might charge higher fees for insurers or wealthier patients[45]. An Australian survey study in 2012 also indicated that doctors charged higher fees to high income patients, but contrary to the hypothesis that fee is an indicator of quality, high quality doctors charged lower average fees than low quality doctors[46]. There was also local media report in 2024 revealing a malpractice case where a doctor exaggerated a patient's condition to justify higher charges. From the stakeholder engagement meetings, some medical professionals also revealed that some healthcare service providers may charge higher fees to medically insured patients. Details are illustrated in Box 9.

Box 9: Some medical professionals' concerns on price variation in doctor's fees

Some medical professionals observed that some private healthcare service providers may charge higher fees to patients with insurance coverage compared to those paying out-of-pocket. This pricing variation might be resulted from the providers' perception that insurance coverage could enable the patients to afford higher costs, which might adversely lead to inflated charges for consultations, treatments/procedures. Medically insured patients may face higher medical expenses unnecessarily despite having coverage, and such could also lead to higher insurance premium for the concerned patients in the future.

The Council also received complaints on the charging mechanism of private healthcare services:

"The staff of the DPC informed me that if I pay for the operation without claiming the insurance company, the DPC can offer a 30% discount for treatment fees."

*****

"The nurse of the DPC told me that the same surgery will cost HKD6,000 more if I plan to claim medical insurance."

Besides, as noted from the website of some PHs (Figure 31), media report and advice by relevant stakeholders, doctor's fees and hospital charges are correlated with the room type chosen by the patient[47]. In other words, the more expensive the room, the more expensive the doctor and PH charge for the same medical treatment/procedure, such as daily doctor's ward round fee, charges for common nursing procedures and surgical dressings fee. The logic and rationale

[45] Hong Kong Ideas centre (2011). 香港私營醫療市場：當前的挑戰與未來的應對.

[46] Johar M. (2012). Do doctors charge high income patients more?

[47] hket (2017). 醫生按病房類型收費 AIA 指獨特.

behind this pricing arrangement is unclear and it is not fair from the payer's point of view, as patients should not be charged differently for the identical treatment/procedure simply based on their accommodation choices. The Council had also received relevant complaint on such perceived unfair charging mechanism (Detailed case is illustrated in Box 10).

Figure 31: Varying operating theatre room charges for different ward accommodation classes

PH A

Operating Theatre and Others

Operating Theatre Charges	Standard Room	Twin Room	Private Room
Operating theatre charges (per hour)	$6,000	$7,200	$8,200

PH B

Hospital Charges and Doctors' Fees

- Hospital charges for treatment procedures, investigations, medications and operations etc are higher than the standard rates (Standard Wards) respectively for other types of beds. Brief as below:

Room Type	Additional Charge
Standard-plus	15% – 25%
Semi-private	25% – 50%
Private	50% – 100%

Box 10: Consumer Complaint on Higher Charges for Private-ward Patients

The complainant engaged a PH for in-patient treatment for ovarian cyst rupture. Owing to the PH's anti-COVID measures, all in-patients must opt for private ward. Prior to admission, the complainant was informed that all treatment fees for private-ward patients would be 55% greater than that for general-ward patients, to which the complainant – hoping to get treated as soon as possible – swiftly yet reluctantly accepted. Infuriated by the charging mechanism, the complainant complained after the treatment. While adopting anti-COVID measures was understandable to contain the spread of the virus, the complainant found it utterly unreasonable to compel patients to choose private ward and charge private-ward patients exorbitantly for all treatment fees during hospitalisation.

The complaint was resolved with the complainant expressing dissatisfaction to the PH and the PH responding with a detailed explanation subsequent to the Council's intervention.

Exploring Medical Packages

A medical package typically involves a fixed fee covering necessary or key services for a patient's episode of care, such as doctors' fees, hospital charges, and medications. However, medical packages offered by PHs and DPCs in Hong Kong may not be all-inclusive. For example, most applicable PHs did not include doctor's fees in their packages for caesarean section. Further details can be found in Table 9 below under the same section. Also, additional costs could incur depending on the patient's condition.

A worldwide research in 2020 comparing 23 initiatives in eight places covering 35 studies indicated that medical packages often had a positive effect on medical spending and quality of care, irrespective of places, medical procedure, or condition and applied research methodology[48]. 20 out of 32 studies reported lower medical spending or reduction in spending growth, and 18 studies reported improvements in quality of care.

In Hong Kong, from the Council's consumer survey, consumers perceived medical packages might provide price certainty and facilitate price comparisons. However, packaged charging was not particularly common in the city. Even when packages were available at some PHs/DPCs, the information provided might be insufficient, making it difficult to compare packages across different PHs/DPCs since each might have varying inclusions and exclusions.

Availability

Provision of packaged charges was not popular at all the sampled PHFs for the 30 treatments/procedures. From the Council's desktop research, three PHs (out of 13) and 15 DPCs (out of 20) did not offer medical packages for one or more of the three selected treatments/procedures.

All 13 PHs provided at least 20 out of the 30 treatments/procedures. However, seven PHs only provided packaged charges for not more than six out of the 30 common treatments/procedures. Among the 30 treatments/procedures, while one of the PHs provided packages for 26 treatments/procedures, one only provided packages for two treatments/procedures. Packages were more common for (i) colonoscopy; (ii) gastroscopy; and (iii) caesarean section, but less for other procedures such as (i) bronchoscopy; (ii) direct laryngoscopy; (iii) open reduction and internal fixation; and (iv) spine fusion, only one PH provided package for respective treatment/procedure. Details are summarised in Table 8.

[48] The Commonwealth Fund (2020). Bundled-payment models around the world: How they work and what their impact has been.

Table 8: Number of the 30 treatments/procedures with medical packages available at applicable PHs

	Number of PHs			Number of PHs	
	Provision of service[49]	Provision of medical package		Provision of service	Provision of medical package
Breast lump excision	13	4	Hernia repair	13	7
Bronchoscopy with or without biopsy	11	1	Herniotomy	6	4
Caesarean section	10	10	Hysterectomy	12	3
Carpal tunnel release	10	2	Knee arthroscopy	13	2
Cholecystectomy	13	6	Laminectomy	12	2
Circumcision	13	6	LASIK	3	2
Colectomy	13	3	Micro-laryngoscopy	10	2
Colonoscopy with or without polypectomy	13	11	Open reduction and internal fixation of various fractures	13	1
Colposcopy	12	5	Ovarian cystectomy	12	5
Cystoscopy with or without biopsy	13	5	Phacoemulsification and intraocular lens implantation	11	6
Dilation and curettage	13	4	Spine fusion	8	1
Direct laryngoscopy with or without vocal cord polyp biopsy	7	1	Thyroidectomy	12	4
Gastroscopy and colonoscopy with or without polypectomy	13	9	Tonsillectomy	12	3
Gastroscopy with or without polypectomy	13	11	Trigger finger release	13	2
Haemorrhoidectomy	13	6	Vaginal delivery	10	9

Among the PHs, as at February 2025, the Council observed that one PH provided over 300 fixed-price and all-inclusive medical packages in various specialties. Another PH also offered packaged charges for 181 day procedures and 332 in-patient procedures on its website by different levels of medical conditions, which far exceeded the 30 treatments/procedures required by the DH. This PH made use of medical records of patients and statistics such as the average length of stays and risks of complication during procedures to evaluate suitable packaged charges for different treatments/procedures. This practice can help make medical charges more relevant and predictable for patients with different conditions.

Detailedness of Information

Information on packages could sometimes be unclear. For example, there were various types of treatment methods for haemorrhoidectomy, such as conventional haemorrhoidectomy or stapled haemorrhoidectomy. However, sometimes no details could be found on the materials regarding prices for different treatment methods (Figure 32), and consumers might find it challenging when they try to compare prices with other PHF's packages or non-packaged services.

[49] For the desktop research on PHs which did not respond to the trader survey, Council staff reviewed the HBS of PHs as publicised at the website of the Pilot Programme to ascertain whether the specific treatment/service was available at the PHs.

Figure 32: Information on a haemorrhoidectomy package lacked clarity

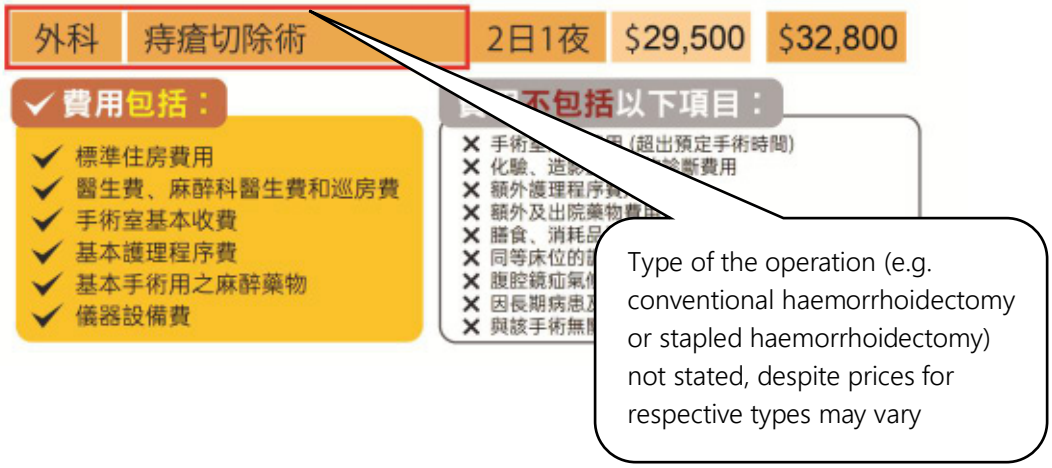


Figure 33 shows another example of insufficient package information. Consumers could not get the information on whether packaged charges could be applied for cases with more than three pieces of biopsy and/or minor polypectomy, and the extra possible fee which could be incurred if more polyps are found in the course of the procedure.

Figure 33: Information on a colonoscopy package was insufficient

Procedure	Packages	Intravenous (IV) Sedation (HKD)	Monitored Anaesthesia Care (MAC) (HKD)
Gastroscopy	Biospy and / or Polypectomy Not Included	$8,340	$10,660
	Biopsy and / or Minor Polypectomy (≤ 3 pieces)	$10,240	$12,880
Colonoscopy	Biospy and / or Polypectomy Not Included	$12,490	$15,680
	Biopsy and / or Minor Polypectomy (≤ 3 pieces)	$15,210	$18,870
Histopathology Examination	1 - 12 bottles	$1,635 - $4,080	
Microbiology Examination for HP Culture	1 bottle		

Price of biopsy and/or minor polypectomy is unclear - price of >3 pcs is not disclosed.

Additionally, the price of excluded items from the package was often not disclosed, likely due to the difficulty in designing a standardised price for those items. Instances of common excluded items include medication, consultation fees and doctor's fees. From the desktop research, three (out of ten) PHs and two (out of five) DPCs did not specify the extra costs for excluded and/or additional items on top of the packaged charges, and the condition(s) when extra costs would apply. Excluded and/or additional items could lead to significant expenses. For instance, a Council's complainant, who underwent gastroscopy and colonoscopy at a PH, reported that the medication fee for a six-day treatment amounted to over HKD19,000. The lack of such information might create difficulties in consumers' financial planning.

Figure 34: Costs for excluded and/or additional items not displayed

Special Endoscopy Packages for Health Assessment

Special Endoscopy Packages for Health Assessment

Package includes :

- [redacted] designated endoscopist procedure fee
- Endoscopy procedure charges
- Endoscopy room charge
- Intravenous sedation
- Carbon dioxide inflation and equipment
- Cardiac and blood oxygen saturation monitoring
- Dressing
- Supplement O_2 therapy
- Accommodation in the Short Stay Unit (standard ward)
- Report and Video

Package Offer (HK$)	Colonoscopy	$12,760
	Gastroscopy	$ 9,680

Remarks

1. The above packages are for diagnostic only, and only applied for patients referred from Health Assessment Center or public hospitals.
2. Advance appointment is necessary.
3. The specialty consultation fee HK$1,500 will be charged if pre-operation consultation is needed. Medication is excluded.
4. The above packages are only valid for day cases in the Short Stay Unit (standard ward).
5. The procedure must be performed during regular opening hours of the Endoscopy Unit: Mondays to Fridays and Sundays, from 08:00 to 16:30 (The Endoscopy Unit is closed on Saturdays and hospital holidays.)
6. The above packages do not include pre- and post-procedure consultation fees or meals during hospital stay.
7. Extra charges may apply under the following circumstances. Please contact our hospital staff for more details:
   - Procedure exceeds allotted time
   - Additional examinations or treatments (such as polypectomy, hemorrhoid ligation or additional hemostasis procedures), and histopathology (such as biopsy) not included in the package are required
   - Anesthesia other than sedation
   - Additional medications or medical supplies not included in the package are required
   - Emergency services beyond the scheduled procedure are required
   - Complications arise during the procedure
   - Procedure is performed outside regular opening hours, on a Saturday, or on a hospital holiday

Medication is excluded.

Meanwhile, there was a PH which provided different packages according to different surgery methods, and even by different medical condition levels of patients, enabling price information that was more specific for patients (Figure 35). The medical condition level was determined by doctor based on the complexity of the treatment/procedure, individual patient's health condition, and post-operative complications which may require additional cares.

Figure 35: Packaged charges by different levels of medical conditions

Operation/ Procedure 手術/ 醫療程序	[redacted] Medical Package [redacted] 定價收費 (HK$)(港幣)			
	Day Procedure 日間治療	Inpatient 住院治療		
		Medical Condition 病人病情級別		
		Level 1 級別 1	Level 2 級別 2	Level 3 級別 3
Colorectal and Anal 結腸直腸及肛門				
Closure of Loop Ileostomy 迴腸造口關閉術	-	$163,000	$204,000	$326,000
Anal Fistulectomy 瘻管切除術	$44,450	$51,200	$64,000	-
Haemorrhoidectomy (Simple) 非複雜性痔瘡切除術	$34,500	$37,410	$46,800	-
Haemorrhoidectomy (Complex) 複雜性痔瘡切除術	$47,640	$52,920	$66,200	-

Design of Medical Packages

Even when medical packages are offered, consumers may find it hard to make fair comparisons due to variations in included and excluded items. To illustrate, the Council reviewed the caesarean section packages offered by applicable PHs in the market in May 2024 and found that a like-for-like comparison between the packages could be difficult as the price breakdown was unclear and the items varied. For instance, doctors' fees were not included in almost all applicable PHs; some PHs offered longer stay while the patient shared the ward with fewer people; and some included more items in the packages such as medication and meals (Table 9).

Table 9: Major items included in the PH's standard packages for caesarean section

	Accommodation		Doctors' fees	Nursing care	Operation theatre charges	Medication	Meals
	Length of stay	Type of accommodation					
PH A	5D4N	6-bed room	×	✓	✓	×	Not mentioned
PH B	5D4N	2-bed room	×	✓	✓	✓	×
PH D	5D4N	2-bed room	×	✓	✓	×	✓
PH F	5D4N	3-bed room	×	✓	✓	✓	×
PH G	5D4N	6-bed room	×	✓	✓	Not mentioned	×
PH H	5D4N	3 to 6-bed room	×	✓	✓	✓	✓
PH I	5D4N	4-bed room	✓	✓	Not mentioned	Not mentioned	✓
PH K	5D4N	4-bed room	×	✓	✓	×	✓
PH L	4D3N	3 to 6-bed room	×	✓	✓	✓	×
PH M	5D4N	4 to 6-bed room	×	✓	✓	✓	×

Regarding the difficulties faced by consumers in exploring medical packages, some industry stakeholders have also shared the challenges on their side. The details are illustrated in Box 11.

Box 11: Stakeholders' concerns on difficulties in designing medical packages

Given the varying complexity of individual medical conditions, some medical professionals highlighted that it was difficult for PHs/DPCs to design a standardised package for each treatment/procedure and set packaged charges when the attending doctor is a visiting doctor. PHs/DPCs might not have control over the visiting doctor's fees, thus medical packages might not include doctor's fees.

Meanwhile, medical packages were mostly designed based on a risk-pooling approach. Small-scaled DPCs might have greater difficulties to design their own medical packages, given the lack of past data on particular treatments/procedures as such data is necessary for risk-calculation. Also, low-risk patients might not opt for medical packages, as they might pay a comparatively lower price for a la carte.

In addition to the basic package which covered the standard duration required for undergoing the treatment/procedure, a PH also offered supplementary packages, such as "pre-package night package" and "extension package". These options enabled patients to opt for earlier admission or extend their stay if preferred, allowing them to combine packages in a way that best meets their individual medical needs and financial capability.

Consultation with doctor for budget estimates

After exploring the price information, consumers would consult the attending doctor and seek for budget estimates for further consideration. In the market research, the format of budget estimates varied significantly among PHs, as the way of provision of budget estimates is not explicitly outlined in the PHFO or CoPs. Some PHs followed HKPHA's sample budget estimate form; some issued written budget estimates with detailed breakdowns; some only provided a lump sum or ranged budget.

Format of Provision

In the consumer survey, 31.7% respondents obtained only verbal budget estimates from PHs; however, from the trader survey, all six responded PHs said that they would issue written budget estimates with a detailed breakdown of individual items under "doctor's fees" and "hospital charges". In practice, it was common for doctors to provide a verbal budget estimate in range, followed by a more detailed written budget estimate at later stages after confirming details about the treatment/procedure.

Identity of Specialists in the Budget Estimate

The Council reviewed the sample budget estimate forms of the 13 PHs, all of them included a space for disclosing the identity of the attending doctor in the form. Yet, in cases when the treatment/procedure might involve other specialists and anaesthetist, only one PH provided a space to fill in the identity of the other specialists in the form[50]. This level of disclosure is inadequate, as patients should have the right to know the identities of all specialists and anaesthetists providing consultation or medical care to them beforehand. Such information is crucial, as errors made by these professionals can have serious or fatal consequences that some

[50] Only one PH explicitly indicate that the identity of other specialists will be provided. 11 only put "please specify" next to "other specialists' fee", but did not indicate whether to specify the type of specialist or the identity of the specialists.

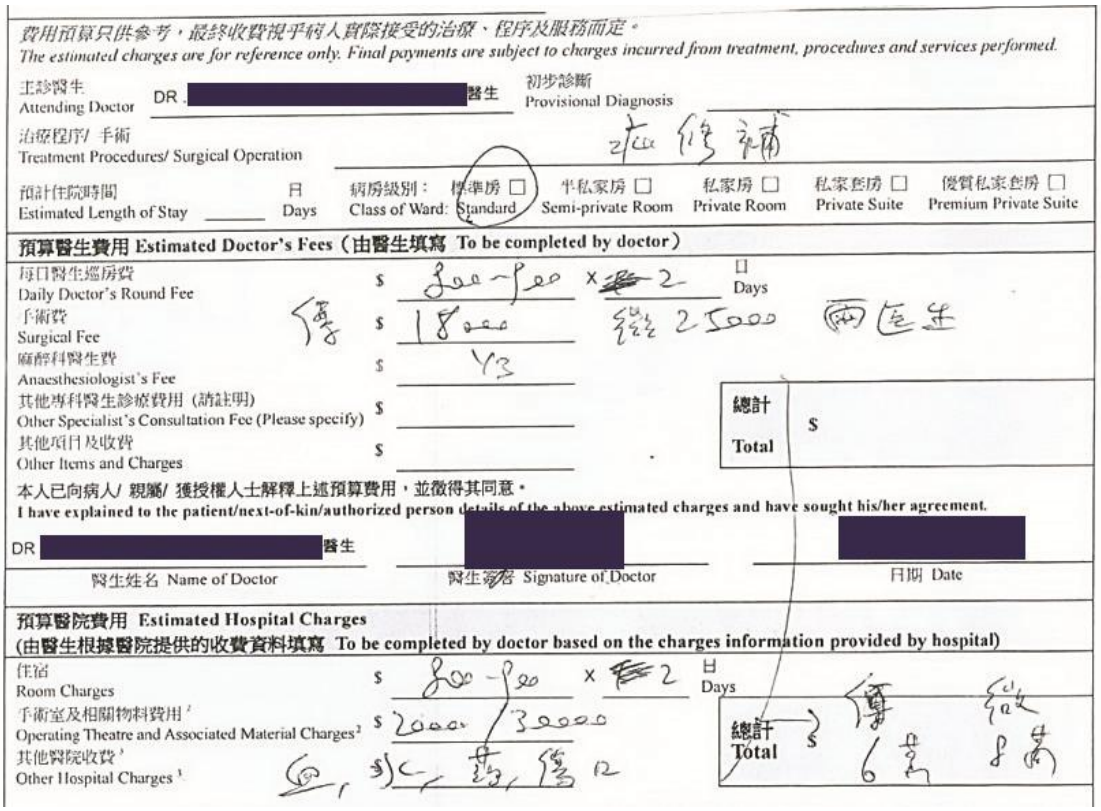
cases were even reported in the local media[51,52,53,54]. The Council deemed that consumers should be informed of the identities of these medical professionals before admission for better consumer protection. Consumers could verify the credentials and licence status of the participating doctors before undergoing treatment, thereby empowering them to make their health decisions. Findings are summarised in Table 10.

Table 10: Types of doctors with identity disclosed on the budget estimate by the sampled PHs

	Number of sampled PHs with such disclosure
Attending doctor	13
Other specialists	1
Anaesthetist	0

Figure 36 illustrates one example of budget estimate provided by an interviewee at the in-depth interview. The identity of other doctors performing the treatment/procedure was not disclosed in the form.

Figure 36: Extract of a budget estimate received by a PH patient


費用預算只供參考，最終收費視乎病人實際接受的治療、程序及服務而定。
The estimated charges are for reference only. Final payments are subject to charges incurred from treatment, procedures and services performed.

主診醫生 Attending Doctor DR [redacted] 醫生
初步診斷 Provisional Diagnosis
治療程序/ 手術 Treatment Procedures/ Surgical Operation
預計住院時間 Estimated Length of Stay ____ 日 Days
病房級別： 標準房 Standard ☐ 半私家房 Semi-private Room ☐ 私家房 Private Room ☐ 私家套房 Private Suite ☐ 優質私家套房 Premium Private Suite ☐

預算醫生費用 Estimated Doctor's Fees（由醫生填寫 To be completed by doctor）
每日醫生巡房費 Daily Doctor's Round Fee $ 800-900 x 2 日 Days
手術費 Surgical Fee $ 18000
麻醉科醫生費 Anaesthesiologist's Fee $
其他專科醫生診療費用（請註明） Other Specialist's Consultation Fee (Please specify) $
其他項目及收費 Other Items and Charges $
總計 Total $

本人已向病人/ 親屬/ 獲授權人士解釋上述預算費用，並徵得其同意。
I have explained to the patient/next-of-kin/authorized person details of the above estimated charges and have sought his/her agreement.
DR [redacted] 醫生
醫生姓名 Name of Doctor [redacted] 醫生簽名 Signature of Doctor [redacted] 日期 Date

預算醫院費用 Estimated Hospital Charges
(由醫生根據醫院提供的收費資料填寫 To be completed by doctor based on the charges information provided by hospital)
住宿 Room Charges $ 800-900 x 2 日 Days
手術室及相關物料費用 Operating Theatre and Associated Material Charges $ 2000 / 30000
其他醫院收費 Other Hospital Charges
總計 Total $

[51] HK01 (2024). 病人被注射超出近倍麻醉藥致局部中毒　入 ICU 及插喉.

[52] hket (2022). 照胃鏡突心臟停頓 47 歲男昏迷 10 月.

[53] Bastille Post (2021). 拉丁舞導師抽脂亡 專家證人指麻醉機曾發警號 推斷針筒內已無麻醉藥.

[54] Oriental Daily (2021). 監察麻醉施足踝手術 病人一度心臟停頓 兩專科醫生被控專業失德.

While noting the need of consumers to obtain a detailed budget estimate at early stage, some industry stakeholders reflected that it could be difficult in practice. The rationales are illustrated in Box 12.

Box 12: Stakeholders' concerns on difficulties in providing detailed budget estimates at early stage

In practice, according to a medical professional, it was common for doctors to provide verbal budget estimates in range, followed by a more detailed written budget estimate at later stages after confirming details about the treatment, such as devices to be used, length of the treatment/procedure, etc.

A PH operator and academics consulted by the Council reckoned it difficult in practice for PHs/DPCs to provide identity of specialists, especially anaesthetist, in the budget estimate. Doctors might work with a group of anaesthetists, and an anaesthetist could only be assigned at the last moment. Representative from a trade association emphasised that PHs would ensure that all anaesthetists are licensed to safeguard patients. To protect consumers' rights to know, stakeholders agreed that once the details of the treatment are confirmed, a revised budget estimate should be provided to consumers before the treatment begins.

Despite the difficulties, a surveyed PH advised that it has taken an additional step to set guidelines on the provision of budget estimates for treatments/procedures apart from the 30 treatments/procedures, requiring the doctors to ensure that all patients admitted to its in-patient services receive a budget estimate. This proactive approach extended the measure beyond the 30 treatments/procedures, demonstrating a commitment to transparency which can facilitate patient's financial planning.

Valid Period

A valid period of the budget estimate could provide the patient with a better idea of when would the budget estimate remain valid and relevant (Figure 37). However, from the Council's review, only five out of 13 PHs provided the valid period in the budget estimate.

Figure 37: Valid period shown on the budget estimate

Remarks:
1. Figures listed are derived from statistics of actual discharge bills (where available) of relevant patients who underwent similar treatment and the preliminary treatment items chosen by the doctor. Doctors' management (e.g. choice of procedures, drugs and consumables) of the same illness may differ.
表格內列出醫院費用預算的數字，是根據接受同類治療的相關病人出院帳單的實際費用統計(如有)及醫生初步選擇的治療項目估算所得。每位醫生處理同樣病症的方法可能會有差異(例如療程選擇、藥物處方、使用物料等)。

2. "Other Hospital Charges" is a rough estimate of the total charges including nursing care, consumables, drugs, laboratory tests, investigations, diagnostic procedures and other non-Operating Theatre related charges.
「其他醫院收費」是護理、消耗品、藥物、化驗、檢查，診斷程序及其他非手術室相關費用的估算總和。

3. The charges, terms and conditions contained in this Financial Counselling Form shall remain valid for a period not exceeding 30 days.
此價目諮詢表有效期為發出日期起計三十天內。

Explanation on price discrepancy between budget estimate and final bill

As discussed in Chapter 3, consumers generally believe it would be beneficial for doctors or nurses to explain price discrepancies to patients, or mention the potential additional costs in advance. However, among consumer respondents who encountered such discrepancies, an overwhelming majority of 64.9% did not receive any explanations.

The trader survey also indicated that only three out of the six surveyed PHs stated they would proactively explain the price discrepancy to patients. According to these PHs, the primary causes of price discrepancies between the final bills and budget estimates included the patient's actual condition being different from the initial assessment, as well as the patient's slower-than-expected recovery progress. These factors can lead to variations in charges that may be beyond the control of the PH.

Four out of six PHs said they informed patients of potential price discrepancies when providing budget estimates. This proactive measure could benefit consumers by allowing them to better prepare for the potential additional charges.

Referencing to HBS

After getting the budget estimates from attending doctors, consumers might conduct further price comparisons before undergoing treatments/procedures. In this context, HBS serves as valuable resource, providing consumers with a general understanding for the possible total charges of relevant treatments/procedures at various PHs.

Promptness and Availability

From the Council's review of HBS in July 2024, four out of 13 PHs had not updated their HBS data since 2022, while the remaining nine PHs had updated to reflect 2023 figures. It was not until around Q4 2024 that all PHs had updated their HBS to at least the 2023 figures.

Meanwhile, as DPCs are not required under the PHFO or the CoP of DPC to publicise HBS, none of the sampled DPCs for the Councils' desktop research proactively publicised HBS or similar historical price data to consumers.

Variation of Charges within the Same PH

The HBS review revealed that prices for identical treatment/procedure can vary significantly among patients, even within the same facility. For example, one PH reported a median charge of HKD50,216 for in-patient gastroscopy and colonoscopy cases, while the total charge for the 90th percentile was HKD82,418, 64.1% higher than the median. This represented the largest percentage difference between the two figures among all 13 PHs surveyed. Similar variations were observed for other procedures, with maximum percentage differences of 35.7% for caesarean section and 56.2% for haemorrhoidectomy (Table 11). It is worth noting that the smaller variations observed in some PHs may be attributed to limited sample sizes. Without guidance from medical professionals, patients may struggle to determine whether they will incur costs on the higher or lower end of the charging spectrum. As such, the current HBS might not effectively serve its intended referencing function.

Table 11: % Differences in total charges for the 50th and 90th percentiles in the same PH

	Total charges (HKD) for conducting								
	Gastroscopy and colonoscopy			Caesarean section			Haemorrhoidectomy		
	50th Percentile	90th Percentile	% difference	50th Percentile	90th Percentile	% difference	50th Percentile	90th Percentile	% difference
PH A	50,216	82,418	64.1%	99,873	123,730	23.9%	48,048*	71,519*	48.8%*
PH B	30,257	37,750	24.8%	N/A	N/A	N/A	51,000	64,927	27.3%
PH C	32,175	39,113	21.6%	N/A	N/A	N/A	38,607	55,741	44.4%
PH D	43,934	65,218	48.4%	90,423	117,453	29.9%	47,949	69,194	44.3%
PH E	56,918	86,456	51.9%	97,970*	110,131*	12.4%*	85,387*	106,393*	24.6%*
PH F	53,252	68,394	28.4%	72,951	82,886	13.6%	61,232	74,509	21.7%
PH G	46,281	71,272	54.0%	84,259	114,339	35.7%	44,479	69,487	56.2%
PH H	48,151	68,311	41.9%	102,506	126,754	23.7%	56,548	71,667	26.7%
PH I	40,006	49,460	23.6%	110,351	134,858	22.2%	48,047	59,930	24.7%
PH J	25,989*	25,989*	0.0%*	N/A	N/A	N/A	33,881	44,701	31.9%
PH K	45,118	60,281	33.6%	86,574	105,463	21.8%	43,445	57,706	32.8%
PH L	45,361	58,232	28.4%	77,127	90,471	17.3%	39,258	53,827	37.1%
PH M	36,870	45,410	23.2%	75,520	88,870	17.7%	37,840	54,090	42.9%

The data is from patients accommodating in standard wards and undergoing the single selected procedure.

** The PH had less than 30 discharges for in-patient cases for the selected treatments/procedures in 2023.*

Variation of Charges across PHs

It was also observed that there were significant price differences across PHs for the same treatment/procedure. For instance, the 50th percentile price for in-patient haemorrhoidectomy varied substantially, ranging from HKD33,881 to HKD85,387 among different PHs, representing a 152.0% difference in pricing. While it is understood that factors such as variations in service quality and the choice of attending doctors might contribute to these differences, the finding underscored the importance of patients to compare prices across PHs. By doing so, patients can make more informed decisions regarding their healthcare options, ensuring they receive both quality care and value for their payment.

Table 12: Highest and lowest total charges for the 50th percentile of in-patient cases across different PHs

Treatment/procedure	Lowest charge (HKD)	Highest charge (HKD)	% difference
Gastroscopy and colonoscopy (n=13)	25,989	56,918	119.0%
Caesarean section (n=10)	72,951	110,351	51.3%
Haemorrhoidectomy (n=13)	33,881	85,387	152.0%

The data is from patients accommodating in standard wards and undergoing the single selected procedure.

Variations in Disclosure Practices among PHs

While all 13 PHs published HBS for the 30 treatments/procedures, notably, variations in disclosure practices were observed. A few PHs took the initiative to enhance the transparency and usefulness of their HBS tables by providing additional information that benefits patients.

The additional information included (i) exact discharge figures instead of figures in range, (ii) expanded percentile data of 10th or 30th percentile of HBS on top of 50th and 90th percentile figures, (iii) more detailed fee breakdowns, such as separating operating theatre charges from hospital charges, separating anaesthetist's fees from doctor's fees and providing HBS for different types of anaesthesia, (iv) HBS for non-30 treatments/procedures, and (v) a more comprehensive charge presentation that included "minimum", "median", "mean", and "maximum" values (Figure 38). The approaches serve as models for other PHs, demonstrating more patient-centric approaches for presenting valuable price information. However, one PH did not differentiate between in-patient and day procedure HBS, which may limit patients' ability to access relevant and applicable reference prices. The findings are summarised in Table 13.

Table 13: Display of additional information in HBS by PHs

	Exact discharge figures	For percentiles other than 50th and 90th	Breakdown other than doctor's fees and hospital's charges	Breakdown by in-patient/ day procedure	Breakdown by types of anaesthesia	For non-30 treatments/ procedures
PH A	×	×	×	✓	×	×
PH B	×	×	×	✓	×	×
PH C	×	×	×	✓	×	×
PH D	×	×	×	✓	×	×
PH E	×	×	×	✓	×	×
PH F	×	×	×	✓	×	×
PH G	×	×	×	✓	×	×
PH H	×	✓ (10th percentile)	×	✓	✓	✓
Ph I	×	×	×	✓	×	×
PH J	×	✓ (30th percentile)	×	×*	×	×
PH K	×	×	×	✓	×	×
PH L	×	×	×	✓	×	×
PH M	✓	×	✓ (Anaesthetist's Fees)	✓	×	✓

** The PH provided both in-patient and day procedure services.*

Figure 38: Table compiled by a PH to present additional information in the format of HBS

Operation Types		Operation Theatre Charge (HK$)	Medical Professional Charge (Other than Anaesthetist fee) (HK$)	Anaesthetist Fee (HK$)	Hospital Charge (HK$)	Total Invoice Amount (HK$)	Average Length of Stay (in day)
Otorhinolaryngology							
Septoplasty	Minimum	15,140	15,500	5,170	4,040	47,680	3.2
	Median	22,160	49,600	12,930	8,450	91,570	
	Mean	25,920	55,750	15,200	10,290	107,150	
	Maximum	55,750	144,500	41,000	36,330	261,770	

Although it was observed that the effectiveness of HBS could be diminished by the lack of timely and comprehensive data, some industry stakeholders believed that advancement in technology and system design could significantly enhance its usability. Traditionally, the preparation of data in the HBS has been a time-consuming process, however, the digital age presents opportunities for improvement in this regard. Trade associations and professional bodies generally agreed that the compilation and analysis of HBS have become more feasible due to technological advancements. For instance, some PHs have already implemented a coding system to streamline the recording of HBS. These systems can further empower consumers by enabling them to make reference to the historical prices of treatments/procedures that align with their specific needs.

A medical professional also suggested that breakdown of HBS, such as by individual doctor or by other parameters, could be considered in the future to enhance the usability of HBS.

Most surveyed PHs found no difficulties in providing HBS and opined that the coverage of the 30 treatments/procedures was sufficient. Additionally, one surveyed PH further suggested that the Government should consider reviewing the list of common treatments/procedures regularly to better align with the needs of the public. Specifically, one PH suggested that budget estimates should not be required for non-uniform conditions (e.g. open reduction and internal fixation of various fractures), as these conditions can vary significantly and complicate the provision of an accurate estimate.

4.3 Summary

This Chapter reviews the implementation of price transparency measures at PHs and DPCs through a trader survey and desktop research. During the process of searching for price information, consumers often encountered difficulties in understanding price information for PHs and DPCs, even when they had received initial guidance from general practitioners. Additionally, it was noted that 75% of the sampled DPCs did not provide price information online. Even when reached out by phone enquiries, the information provided by PHs/DPCs staff could lack clarity, as they often recommended patients to consult doctors before disclosing further details about pricing. There were cases where accountability of PHs/DPCs and doctors to provide price information was not clearly established, resulting in possible consumer disputes between consumers and healthcare practitioners. Consequently, patients often found themselves unclear about the charging mechanisms and were left no option but to accept the final bill.

While medical packages have the potential to offer price certainty and enable price comparisons for consumers, they remained uncommon in the market. Furthermore, significant variations in the scope and coverage of the medical packages hinder fair comparison for consumers.

The provision of budget estimates also showed considerable variability among PHs. In cases where price discrepancies arose, timely explanations were often lacked. Clear communication between healthcare service providers and patients regarding budget estimates is critical to fostering trust and understanding in the patient-provider relationship.

To assist consumers in comparing prices, HBS can serve as a valuable reference for patients, but the information was only accessible in PHs, but not in DPCs, and the data was sometimes not updated in a timely manner. Large variations in charges were noted both within the same PH and across PHs.

Despite the existing gaps between consumer expectations and actual practices in PHs and DPCs, PH/DPC operators, trade associations and medical professionals all agreed that communication between the healthcare services providers and consumers could be improved. Guidelines are largely in place regarding the provision of price information and budget estimates, thus, clearer explanations regarding pricing would help reduce the chance of having price disputes.

PH/DPC operators, trade associations and medical professionals all expressed a preference for self-regulation over regulatory oversight, for instance, the private healthcare sector could establish guidelines to clarify the responsibilities of PH/DPC staff and doctors in providing price information, and on the procedures of providing budget estimates, among others.

Chapters 3 and 4 collectively provided an overview of the price transparency measures from the consumers' perspective juxtaposed against the actual market practices in the private healthcare sector, highlighting the challenges faced by the industry in meeting the expectations of consumers.

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5 Price Transparency Initiatives in Selected Markets

5.1 Introduction

As discussed in Chapter 3 and 4, Hong Kong consumers face challenges in obtaining and comparing price information throughout their journey in acquiring private healthcare services. With an aim to identify initiatives to address these challenges, the Council conducted desktop research on the regulatory frameworks of four markets, namely Australia (Victoria), Mainland China, Singapore, and the United States (Florida).

Before selecting these four markets, the Council reviewed a list of potential markets that are either developed economies, geographically proximate to Hong Kong, or have price transparency measures in the private healthcare sector. Among the markets considered, some (e.g. Japan and the United Kingdom) were excluded from the desktop research due to insufficient information on relevant price transparency measures in private healthcare that could be of reference value to Hong Kong.

Among the reviewed markets, it was found that Victoria, Mainland China, Singapore, and Florida have established regulatory frameworks and initiatives that promote price disclosure, offering valuable insights for enhancing Hong Kong's existing fee transparency measure. However, it should be noted that the regulatory frameworks governing the private healthcare sector in these markets were not the same as in Hong Kong. Given that each market has unique characteristics in its healthcare system, in addition to factors such as disposable household income, cultural differences, spending power, and even the health insurance market, will affect the use of private healthcare services in different markets, this review is not intended to provide a comprehensive overview or direct comparison of these markets. Instead, it seeks to draw lessons from relevant approaches and administrative initiatives to enhance price transparency, which will help develop the Council's recommendations for improving price transparency in the Hong Kong's private healthcare sector.

5.2 Review of the Price Transparency Initiatives

The following sections summarise key initiatives aimed at enhancing price transparency in private healthcare services in these markets. These initiatives include: the provision of price information, quotation practices, use of coding system, access to past price data/cost finders, and handling of price discrepancies. Table 14 at the end of the Chapter provides a snapshot of these initiatives.

Provision of Price Information

Similar to Hong Kong, regulatory regimes in the four selected markets require licensed healthcare facilities to provide patients with their medical service fees. This allows consumers to compare price between healthcare service providers and empower them to make informed decisions prior to consultations or treatments. Owing to the difference in market contexts, the extent of information provided and channels used to disseminate it vary across different markets.

Australia (Victoria)

Under the Health Services (Health Service Establishments) Regulations 2024 ("**the 2024 Regulations**")[55], all health service establishments, including private hospitals, day procedure centres, and mobile health services (e.g. mobile anaesthetists), are required to provide patients with essential information before admission. The information includes health service establishment fees and likely out of pocket expenses, and any likely third party fees and out of pocket expenses in relation to the services to be provided at the health service establishment.

Besides, healthcare service providers must clearly explain the treatment and other health services to patients at the health service establishment.

Mainland China

The Regulations on the Administration of Medical Institutions in 1994 (醫療機構管理條例) ("**Administration Regulation**") mandates all medical institutions to prominently display their Medical Institution Practice License, along with information such as medical services offered, consultation hours, and fee standards.

Further, the National Health Commission established comprehensive guidelines to standardise the pricing practices of medical institutions under the Administration Regulation and Regulations on the Implementation of Price Disclosure in Medical Institutions (醫療機構實施價格公示的規定) ("**Price Disclosure Regulation**"). These guidelines apply to all medical institutions and aim to enhance transparency in healthcare service costs while protecting the rights of both medical practitioners and patients. Medical institutions are also required to disclose prices for major services, detailing service items, pricing units, and actual prices. This information must be prominently displayed through various means such as electronic screens and price lists. They must also promptly update prices on pharmaceutical and service costs when changes occur. Furthermore, a price reporting hotline must also be accessible to the public. Non-compliance or fraudulent pricing practices are subject to penalties from government authorities.

The Notice of Issues Related to the Implementation of Market Price Adjustment by Non-Public Medical Institutions (關於非公立醫療機構醫療服務實行市場調節價有關問題的通知) ("**Market Price Adjustment Notice**") and the Pilot Programme for Deepening the Medical Services Price Reform (深化醫療服務價格改革試點方案) ("**Price Reform Pilot Programme**") were launched in 2014 and 2021 respectively. These initiatives provide guidelines to enhance the price transparency of medical services like requiring the medical institution to implement a clear mechanism to regulate the price, to provide clear pricing and detailed lists of medical expenses to the public, and strengthening supervision of pricing in non-public medical institutions during and after service provision.

[55] Victorian Legislation (2024). Health Services (Health Service Establishments) Regulations 2024.

Singapore

Under the Healthcare Service Act ("**HCSA**"), licensed healthcare service providers are required to display or make available the common charges applicable to their services, which include the consultation/procedural/ward charges and dialysis fees to be used by patients, as well as any administrative fees or additional charges imposed such as fee for investigations, treatments, procedures, and medications[56]. This requirement enables patients' access to price information to estimate potential medical expenses and compare prices across different healthcare service providers effectively.

United States (Florida)

Under the Hospital Price Transparency Rules[57], all hospitals in the United States (Florida) are required to provide clear and accessible pricing information about their items and services to the public, such as supplies and procedures, room and board, use of the facility and other items (generally described as facility fees), services, provided by employed physicians and non-physician practitioners (generally reflected as professional charges), and any other items or services for which a hospital has established a standard charge.

Hospitals must provide the abovementioned pricing information to the public in two ways, under the supervision of the Centers for Medicare & Medicaid Services ("**CMS**"). First, they have to provide a machine-readable file containing a list of all standard charges for all items and services they offer. Second, they must provide a consumer-friendly list of standard charges (i.e. the payer-specific negotiated charge, the discounted cash price, the de-identified minimum negotiated charge[58] and the de-identified maximum negotiated charge) for a limited set of shoppable services[59], for as many of the 70 CMS-specified shoppable services that are provided by the hospital, and as many of the additional hospital-selected shoppable services as is necessary for a combined total of at least 300 shoppable services. Hospitals are also required to ensure the standard charge information is easily accessible, free of charge, as well as searchable and accessible by service description, billing code and payer.

[56] Ministry of Health, Singapore (2023). The Healthcare Services Act (HCSA) Regulatory Forum.
[57] Code of Federal Regulations (2025). Part 180 Hospital Price Transparency.
[58] De-identified minimum negotiated charge means the lowest charge that a hospital has negotiated with all third party payers for an item or service.
[59] A shoppable service means a service that can be scheduled by a healthcare consumer in advance. Procedures such as joint replacements and services such as physical therapy are examples of shoppable services.

Provision of Price Quotation

In the four selected markets, regulatory regimes in Australia, Singapore and the United States mandate the provision of price quotation to patients before admission. In addition to specifying the required quotation formats, some markets also mandate the licensed providers or facilities to update the price quotation where there are variations in price. This promotes price transparency and accuracy while helping to avoid price disputes at later stages.

Australia (Victoria)

The Private Health Insurance (Health Insurance Business) Rules 2018 requires private hospitals to make provisions for informed financial consent ("**IFC**"). This ensures that a patient or his/her nominee is informed in writing about hospital charges, insurer benefits and expected out-of-pocket costs (where applicable) for the hospital treatment they will receive. Patients or their nominees must be informed (i) for scheduled admissions – at the earliest opportunity before admission for hospital treatment; or (ii) for other admissions – as soon as circumstances reasonably permit after admission.

With the introduction of the Australian Commission on Safety and Quality in Health Care (second edition) ("**ACSQHC**") in 2019, it mandates all private and public hospitals that access private health insurance funding to comply with IFC requirements. They have to provide cost information to patients, including notification of potential out-of-pocket expenses, preferably in writing, prior to hospital admission or treatment[60].

To facilitate compliance with IFC requirements, the ACSQHC and the Australian Medical Association ("**AMA**") provided some IFC template forms [61]. Take AMA's form as an example, on top of treating practitioner's fees, service fees provided by other doctors (e.g. anaesthetists) or other associated costs such as the patients' hospital stay or day surgery unit (e.g. accommodation and pharmacy) should separately state in the template. This detailed breakdown ensures patients have a clear understanding of potential costs involved. Additionally, doctors are encouraged to include the contact information (if known) of other related service providers (e.g. anaesthetists and assistant surgeons) in the form so that the patient can contact them to enquire about fee information (Figure 39).

[60] Australian Commission of Safety & Quality in Health Care (2021). Informed Financial Consent.
[61] Australian Medical Association (2024). AMA Guide to Informed Financial Consent 2024.

Figure 39: Extract of IFC template form provided by AMA

ESTIMATE OF MEDICAL FEES

This is an estimate of medical fees only. It does not cover costs of medicines (e.g. including those listed on the Pharmaceutical Benefits Scheme (PBS) or not listed on the scheme i.e. non-PBS), drug administration and related costs that may be incurred for certain treatments (e.g. chemotherapy or other medications for cancer), particularly for ongoing treatment that extend over a long period of time.

PATIENT'S DETAILS

To be completed by the patient

Family name:		First name
Address:		Suburb/City:
State:	Postcode:	Date of birth: ___/___/_____
Hospital:		Admission date: ___/___/_____
Medicare: Yes ☐ (number) _____ No ☐		Health fund:

To be completed with the treating practitioner

MBS Item No	Description	Doctor's Fees	Medicare Benefit	Health fund benefit (estimate)	Estimated patient gap
Total:					

OTHER RELATED SERVICES (if applicable)

Type of Service (Tick if likely to be involved)		**Estimate of Fee or Charge**	**Contact for fee information** (if known)
Anaesthetist	☐		
Surgical Assistant	☐		
Pathology	☐		
Imaging	☐		
Devices/Implants	☐		
Other health professional	☐		
Other health professional	☐		

DECLARATION BY PATIENT OR GUARDIAN:

I understand that this is an estimate only and may be subject to variation. I acknowledge that it is my responsibility to confirm with my health insurance fund the level of cover that I have and any amount that it will be my responsibility to pay. I have been advised that other health professionals may be involved in my treatment and I understand that this estimate does not include their fees or charges unless specifically stated otherwise.

Patient or Guardian's signature:	Date: ___/___/_____
Guardian's full name:	

Singapore

Under the HCSA, a licensed healthcare services provider must conduct financial counselling with the patients to inform them about fees before providing any care or treatment. This information includes an estimated price range, fee benchmarks for same or similar services as published by the Ministry of Health, Singapore ("**MOH**") (if available), deductions from Medisave (a national medical savings scheme contributed by individuals) accounts, and available financing options related to the treatment. If there are significant changes to fees, consumers have the right to undergo financial counselling with the healthcare services providers again[62]. The purpose of financial counselling is to ensure patients are informed and assured of their treatment and fees, for making informed decisions about their treatment.

The MOH also provides template forms for financial counselling, including the "Medical Institution Fees Financial Counselling Form" (Figure 40), and "Doctors Fees Financial Counselling Form" (Figure 41). It is not mandatory for service providers to use these forms, healthcare service providers may choose to design their own forms for financial counselling. These templates help consumers in understanding the types of medical expenses associated with their procedures, as well as medical institution fees, such as room and board charges, surgical facilities and equipment fees, and fees for implants and investigations. This enables consumers to make informed decisions about their use of healthcare services.

[62] Askgov (2024). For The Conduct Of Financial Counselling Where There Is A Change In The Licensee's Fees For The Treatment Or Procedure That The Patient Is Undergoing, Is There A Guide To Define Fee Changes Or Is There A Range That We Can Work Within?

Figure 40: Extract of Medical Institution Fees Financial Counselling Form provided by MOH

MEDICAL INSTITUTION FEES FINANCIAL COUNSELLING FORM (To be conducted by hospital / day surgery centre / clinic where a MediSave or MediShield Life claimable procedure is done)

A copy of this form must be given to the patient and a copy kept in the hospital / day surgery centre / clinic patient medical records.

Name of Patient	
NRIC / FIN No.	
Provisional Diagnosis	
Table of Surgical Procedures (TOSP) code(s) and corresponding Table number	
Estimated Length of Stay (No. of days)	

Total Estimated Medical Institution (MI) Fees

Final MI fees may vary depending on the patient's condition. More complex cases may result in higher fees.

1. Room and board charges (includes standard ward nursing charges) $_____
2. Surgical facilities and equipment (e.g. use of Operating Theatre) $_____
3. Implants and consumables (if applicable) $_____
4. Investigations (e.g. radiology and laboratory tests) $_____
5. Other Charges (Please specify) $_____

Estimated total MI fees (without GST) (sum of 1 – 5) $_____

MOH Hospital Fee Benchmarks[1] (without GST) (if applicable / available) $_____

MediShield Life Coverage

a) Deductible (payable once per policy year) $_____

b) Estimated Claim Limit

- Daily Ward and Treatment Charges $_____
- Surgical Procedure(s) $_____
- Others (Pls Specify) $_____

c) Estimated co-insurance $_____

MediSave[2] Withdrawal Limits

a) Daily Ward and Treatment Charges $_____

b) Surgical Procedures(s) $_____

Estimated Out-of-Pocket Payment Required $_____

GST (where applicable) $_____

Name of Patient / Next-of-Kin	**Signature of Patient / Next-of-Kin and Date**
Name of Business Office / Clinic Staff	**Signature of Business Office / Clinic Staff**

[1] The fee benchmarks is a reference for reasonable fee range for routine and typical cases, published by the Ministry of Health. Doctors may charge outside of the fee benchmarks with valid justification and should inform the patient and the insurer (where applicable). Insurers may use the fee benchmarks to assess if the claim is reasonable. More information can be found on www.moh.gov.sg/billsandfees.

[2] Applicable only to Medical Institutions (MIs) and doctors/ dentists who are accredited under the CPF (Medisave Account Withdrawals) Regulations and MediShield Life Scheme Act. Only such accredited entities are allowed to submit MediSave / MediShield Life claims for their patients.

Figure 41: Extract of Doctors Fees Financial Counselling Form provided by MOH

DOCTORS' FEES FINANCIAL COUNSELLING FORM (To be conducted by Doctors not employed by hospital)

A copy of this form must be given to the patient and a copy kept in the hospital/ clinic's patient medical records.

Name of Patient	NRIC / FIN No.
A. Details of Hospitalisation	
Name of Principal Doctor	Name of Hospital / Day Surgery Centre / Clinic
Date of Admission	Est. Length of Stay (No. of days)
Provisional Diagnosis	
Table of Surgical Procedure (TOSP) code(s) with description	

B. Best Estimated Costs	**Estimated Fee Range** *(S$)*	**MOH Fee Benchmarks^** *(without GST)*
1. Total professional fees for surgery Breakdown as: a) Primary Surgeon	.....	..... (Note: MOH fee benchmark includes fees associated with the assistant doctors and nurses brought in for the operation.)
b) Assistant Surgeon / Surgical Nurse	.....	
c) Anaesthetist fees	.....	.....
d) Other Doctor(s)	.....	.....
2. Doctors' inpatient attendance fees	.....	.....
3. Total of other fees (please specify): Breakdown as:		
a)	.....	
b)	.....	
c)	.....	
4. GST (where applicable)	.....	
TOTAL	.....	

The fee benchmarks is a reference for reasonable fee range for routine and typical cases, published by the Ministry of Health. Doctors may charge outside of the fee benchmarks with valid justification and should inform the patient and the insurer (where applicable). Insurers may use the fee benchmarks to assess if the claim is reasonable. More information can be found on www.moh.gov.sg/billsandfees.

C. Acknowledgement	
..... **Name & Signature of *Doctor / Clinic Staff and Date**	..... **Name & Signature of *Patient / Next-of-Kin and Date**

**To delete where appropriate*

United States (Florida)

Under the No Surprises Act ("**NSA**") effective from 2022, healthcare service providers (e.g. doctors) and facilities (e.g. hospitals or ambulatory surgical centres) are mandated to provide uninsured and self-paying patients with a good faith estimate of anticipated charges within specified timeframes[63]. Patients may receive budget estimates from both their provider and facility, or from multiple providers.

A good faith estimate outlines the expected costs for scheduled healthcare items and services, including facility fees, hospital charges, and room and board provided by the provider or facility. In addition, it must also include an itemised list detailing specific expected charges for items and services related to the patient's care (e.g. the cost of surgery and hospital fees).

Regarding the format, the good faith estimate must be provided in written form, either on paper or electronically, depending on the preferred delivery method specified by the patient. If delivered electronically, the estimate must be formatted to allow the patient to easily save and print it. The language used must be clear and understandable, ensuring it is presented in a way that is easy for the average patient to comprehend[64].

Although good faith estimates only reflect anticipated charges for a single provider or facility, the service providers or facilities are required to issue a new estimate no later than one business day before the scheduled item or service if the estimated costs change.

Coding System for Treatments or Procedures

Among the four selected markets, Singapore and the United States have implemented coding systems for different treatments/procedures. These coding systems facilitate consumers in searching for related price data, while improving the accuracy and efficiency of reporting by medical practitioners.

Singapore

The MOH uses a coding system called Table of Surgical Procedures codes ("**TOSP codes**")[65] (Figure 42). These codes were developed to categorise complex surgical procedures, focusing on the purpose and outcomes of the surgery, regardless of the method of access or technology employed. As of January 2024, there are more than 2,300 TOSP codes in use. Consumers can also access aggregated hospital bill amounts for TOSP codes based on past transactions.

From the perspective of medical practitioners, the TOSP codes help to minimise unnecessary administrative burdens, as the codes could facilitate billing by allowing doctors to assess fees based on the equivalent level of complexity for procedure codes[66]. The adoption of a common set of codes nationwide simplifies consumers' search for relevant data and streamlines data management and administrative processes for medical practitioners.

[63] American Psychological Association Services, INC. (2022). Basic steps for starting your good faith estimate compliance.
[64] Code of Federal Regulations (2025). § 149.610 Requirements for provision of good faith estimates of expected charges for uninsured (or self-pay) individuals.
[65] MOH (2024). Table Of Surgical Procedures (Updated as of 1 January 2024).
[66] MOH (2021). Ongoing Efforts to Ensure Patients' Interest in Healthcare.

Figure 42: Examples of the Table of Surgical Procedures codes provided by MOH

SF – DIGESTIVE

S/N	Code	Description	Table	Classification
104	SF701C	COLON, ANTERIOR RESECTION	6C	Descriptor change
105	SF702C	COLON, COLONOSCOPY, FIBREOPTIC WITH/WITHOUT BIOPSY	2C	Existing
106	SF703C	COLON, COLONOSCOPY (SCREENING), FIBREOPTIC WITH/WITHOUT BIOPSY	2C	Existing
107	SF704C	COLON, COLONOSCOPY, FIBREOPTIC WITH REMOVAL OF POLYP (SINGLE OR MULTIPLE LESS THAN 1CM)[7]	3A	Descriptor change
108	SF705C	COLON, COLONOSCOPY, FIBREOPTIC WITH REMOVAL OF POLYPS (MULTIPLE MORE THAN 1CM)	3B	Existing
109	SF706C	COLON, COLONOSCOPY (SCREENING), FIBREOPTIC WITH REMOVAL OF POLYP (SINGLE OR MULTIPLE LESS THAN 1CM)	3A	Existing
110	SF707C	COLON, COLONOSCOPY (SCREENING), FIBREOPTIC WITH REMOVAL OF POLYPS (MULTIPLE MORE THAN 1CM)	3B	Existing

[7] To allow repeat procedures for remnant polyps to be coded under SF704C (with polypectomy) or SF702C (if no other procedure done).

United States (Florida)

In the United States, the Current Procedural Terminology codes[67] (the "**CPT codes**") are adopted to provide a standardised framework for healthcare service providers to classify medical services and procedures. There are currently over 1,000 CPT codes in medical terminology[68]. This consistent terminology improves the accuracy and efficiency of reporting. Moreover, CPT codes are used for various administrative tasks, such as processing claims and setting standards for medical care assessments.

As payment models evolve, the role of CPT codes is also changing. Under the Fee-for-Service Model, healthcare professionals use CPT codes to report and describe the medical services they have provided for billing purposes[69]. For specific combinations of procedures, the procedures involved are consolidated under a single CPT code[70]. For example, a CPT code 36905 is created for transluminal balloon angioplasty in the peripheral dialysis segment check, which includes all imaging and radiological supervision and interpretation necessary to perform the angioplasty. Bundled billings[71] can help healthcare service providers identifying opportunities to achieve better outcomes for their patients at lower costs.

Provision of Past Price Data/Cost Finder

To facilitate consumers to search for past price data on treatments/procedures, cost finders are available to the public in Australia, Singapore and the United States. These tools allow consumers to easily learn about related costs through historical bill data provided by the healthcare service facilities.

[67] American Medical Association (n.d.). CPT® overview and code approval.
[68] Centers for Disease Control and Prevention (2025). Master CPT Operative Procedure Codes.
[69] American Medical Association (2023). Understanding the Intersection of Value-Based Care & the CPT® Code Set .
[70] Sean P. Roddy. MD (2017). New bundled CPT codes for dialysis circuit interventions.
[71] Bundled payment models pay providers a one-time fee for a patient's episode of care rather than reimbursing for each treatment, test, or procedure.

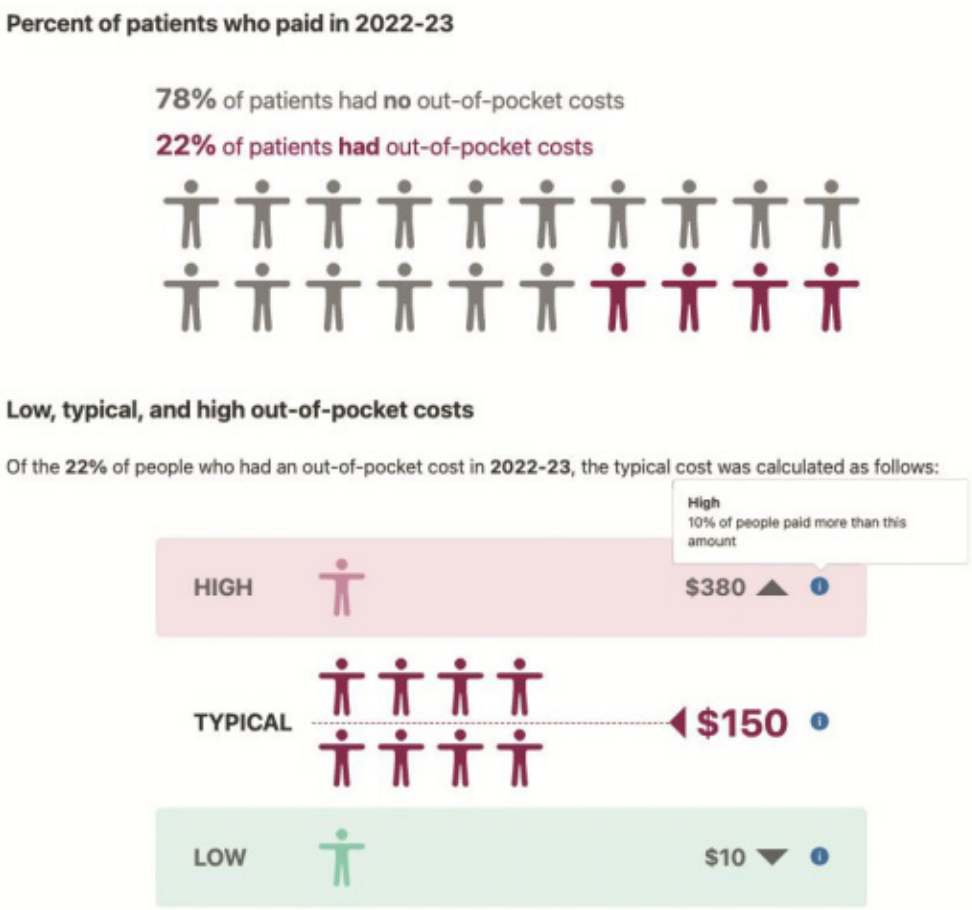
Australia (Victoria)

The Department of Health and Aged Care ("**DHAC**") launched an online search tool called "Medical Cost Finder"[72] to help consumers find typical fees and costs associated with common private healthcare procedures, for which a procedure is referred as surgical or non-surgical operations usually conducted in hospitals. Patients can learn about the typical fees charged by specialists and the out-of-pocket costs they may incur for medical services.

To enhance understandability of the cost statistics to lay consumers, the website presents such statistics with infographics and in simple language, for instance, the percentage of patients with out-of-pocket costs versus those without are depicted using graphical representations, and some easy-to-understand terms such as "low", "typical", and "high" are used to describe the level of out-of-pocket expenses (Figure 43).

Additionally, it provides a comparison of typical specialist fees, and the amounts patients typically pay across different states and territories (Figure 44). Information about the patient's journey is also available on the website, helping patients to understand the services involved before, during, and after their procedures.

Figure 43: Extract of fee information on gastroscopy from "Medical Cost Finder"



[72] Australian Government Department of Health and Aged Care (2022). Medical Costs Finder.

Figure 44: Extract of fee comparison on gastroscopy by different states from "Medical Cost Finder"

	NSW	Vic	Qld	WA	SA	Tas	ACT
% with no out-of-pocket costs	77%	73%	74%	92%	85%	89%	46%
Typical specialists' fees	$990	$930	$1,000	$870	$900	$910	$1,100
Patients typically paid	$200	$140	$130	$100	$50	$10	$240

Singapore

The MOH publishes a search tool on its website aggregated hospital bill amounts for TOSP codes and diagnosis-related groups ("**DRGs**"), based on past transactions[73]. It enables the general public to input a specific TOSP code, DRG or keywords associated with the procedure or body part to access past hospital bills amounts, which include typical bill range, typical bill for operation fees, implant fees and other fees for day surgeries and in-patient services in both public and private hospitals with various ward types (Figure 45).

The publication of hospital bill amounts increases price transparency by informing consumers of the typical bill for a procedure or medical condition in a specific hospital and ward type, and provide consumers with more relevant and accurate information to estimate the possible medical expenses.

Figure 45: Extract of fee information on colonoscopy, fibreoptic with removal of polyp (single or multiple less than 1cm) from MOH's website (amount shown in SGD)

Hospital Bill (Overall)

Based on transacted bills from 1 January 2022 to 31 December 2022. The amount shown covers all cost components inclusive of GST.

Day Surgery

Day Surgery: Refers to operations done in the hospital, with a stay of less than 24 hours.

Setting	Ward Type	Typical Bill	Typical Bill Range	Typical Bill Items		
				Operation Fee	Implant Fee[1]	Other Fee[2]
Public Hospitals	Day Surgery (Subsidised)	**$916**	$801 - $1,073	$596	Not Available	$254
	Day Surgery (Unsubsidised)	**$2,413**	$2,240 - $2,767	$1,820	Not Available	$595
Private Hospitals	Day Surgery	**$4,053**	$3,560 - $4,582	$3,271	Not Available	$718

[73] MOH (2024). Cost financing.

United States (Florida)

According to the 2024 Florida Statutes[74], each licensed facility is required to make payment information for defined bundles of services and procedures publicly available on its website. At a minimum, the facility must provide the estimated average payment received from all payers, excluding federal/state health insurances, for the descriptive service bundles available at that facility and the estimated payment range for such bundles. The facility must also disclose information on average payments and the payment ranges or cost estimates that may be incurred by the patient or prospective patient, and that actual costs will be based on the services actually provided to the patient.

To ensure price information remains accurate and up-to-date, the Florida Administrative Code[75] outlines additional guidelines for executing the aforementioned requirements, mandating hospitals to review their website's content every 90 days and update as needed to maintain timely and reliable information for consumers.

Besides, the Florida Agency for Health Care Administration developed the "Florida Health Price Finder", a healthcare transparency search tool for consumers, which utilises data from the Florida All-Payers Claims Database to display prices of 387 common non-emergency services or "care bundles"[76], which include detailed breakdowns of the steps and costs of a procedure and related procedures. Among these, 104 bundles include services typically performed in hospitals or ambulatory surgery centres, providing cost estimates and comparisons for each facility in the selected county. The remaining bundles consist of medical services or equipment generally offered in doctors' offices or out-patient settings, with cost estimates available at the county level[77].

Handling of Price Discrepancies

Price disputes happen when there are price discrepancies between the budget estimates and the final bills. In the United States, a specific dispute resolution process exists to facilitate consumers to handle such disputes through a systematic procedure.

United States (Florida)

In addition to a general dispute resolution process, the United States has a unique Patient-Provider Dispute Resolution process [78] ("**PDRP**") that allows patients to address price discrepancies between good faith estimates and final bills. If an uninsured or self-pay individual is billed an amount that exceeds the good faith estimate by at least USD400, they may formally challenge the bill through the process. An independent third party would decide whether the individual is to pay the billed amount, estimated amount, or an amount in between. To initiate this process, the patient must submit an initiation notice along with copies of the good faith estimate and the final bill to the Department of Health and Human Services within 120 calendar days receiving the initial bill[79]. To facilitate consumers to manage dispute on medical bills, CMS also provides comprehensive guidelines on PDRP.

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[74] 2024 Florida Statutes, Chapter 395, Section 301.
[75] The Florida Administrative Code, Section 59A-3.256.
[76] A care bundle encompasses the steps and procedures involved in a standard treatment plan for that particular care bundle. For instance, the care bundle for Knee Replacement consists of a consultation with a specialist, the surgical procedure, out-patient physical therapy or rehabilitation, and subsequent follow-up visits.
[77] Florida Agency for Health Care Administration (2024). Health Price Finder Health Care Transparency.
[78] Congressional Research Service (2023). The Federal Patient-Provider Dispute Resolution Process.
[79] Federal Register (2021). Requirements Related to Surprise Billing; Part II.

5.3 Summary

This Chapter has examined various price transparency initiatives in the private healthcare sector across the four selected markets. Despite differences in context, each market has developed its own initiatives on price transparency to safeguard consumer interests, such as the provision of price information in a consumer-friendly format, the provision of written and detailed budget estimate accompanied by financial counselling, the use of clear and understandable terms in search tools on historical bill data, and inclusion of past price data of ambulatory surgical centres.

Price transparency is essential, as consumers often face out-of-pocket costs that can significantly impact their financial well-being, even for those covered by private health insurance. Understanding the affordability of medical costs is vital for informed decision-making. Without clear pricing information, consumers may face unexpected financial burdens that could deter them from seeking necessary care. The insights gained from these markets could provide valuable references for enhancing price transparency of private healthcare services in Hong Kong, with the ultimate goal of improving consumer/patient's experiences in the private healthcare sector.

Table 14: Snapshot of Price Transparency Initiatives of Private Healthcare Services in the Four Selected Markets

		Australia (Victoria)	Mainland China	Singapore	US (Florida)
Provision of Price Information	Types of fees	- Health Service Establishment ("**HSE**") fees - Potential out-of-pocket expenses charged by HSE - Potential third party fees and out-of-pocket expenses for the patients' health services at HSE	- Pharmaceuticals - Medical materials - Medical/Healthcare services	- Consultation fees - Procedural, ward charges - Dialysis fees relevant to the patient - Administrative fees - Additional charges (e.g. fee for investigations, treatments, procedures, and medications)	Display standard charges for total 300 shoppable services, which include 70 CMS-specified shoppable services regarding - Supplies and procedures charges - Room and board charges - Facility fees - Professional charges - Any other standard charge items
	Channels	N/A	- Should be prominently displayed at the service location • Electronic touch screens • Electronic display screens • Notice boards • Price lists • Price books • In-patient billing statements	- To display or make available at the approved premises for provision of healthcare services	- Publicly available website/ Online (in a machine-readable format and in consumer-friendly manner)
	Scope of application	- All private healthcare establishments (mandatory)	- All medical institutions (mandatory)	- Private healthcare providers (mandatory)	- All hospitals (mandatory)

Provision of Quotation	Scope of application	- Mandatory (All private and public hospitals)	N/A	- Mandatory (Private healthcare providers)	- Mandatory (All healthcare providers and facilities, for uninsured and self-paying patients)
	Format of provision	- Preferably in written form - Templates of IFC provided	N/A	- No specific requirements on the format of provision - Templates of Financial Counselling Form provided	- Must be provided in written format (on paper/electronically) - Templates of Good Faith Estimate provided
Coding System		N/A	N/A	TOSP codes	CPT codes
Provision of Past Price Data/Cost Finder	Search tool	"Medical Cost Finder" (specialist's fees)	N/A	Search tool on the MOH website	"Florida Health Price Finder" (in range)
	Type(s) of price data	- Typical costs (nationwide) - Percent of patients paying out-of-pocket costs and their cost ranges (nationwide) - Percent of patients paying out-of-pocket costs and typical cost amounts (state comparison)	N/A	- Typical total bill by hospitals, care setting and ward types - Typical bill for selected bill components	- Physician services fees - Facility services - Total charges
Handling of Price Discrepancies	Process	N/A	N/A	N/A	Patient-Provider Dispute Resolution process - If an uninsured or self-pay individual is billed an amount that exceeds the good faith estimate by at least USD400, they may formally challenge the bill

6 Recommendations

6.1 Introduction

As highlighted by various stakeholders, healthcare services are inherently unique and tailored to each patient. This unique nature creates a complex landscape for providing precise price information to individual consumers, as multiple variables contribute to price uncertainty, such as the patient's medical condition, the type of treatment method and diagnosis required, as well as the medical equipment chosen by the doctor.

While consumers in Hong Kong generally have high trust in doctors, the existence of information asymmetry may lead them to follow doctor's advice without making further comparisons and considering alternative healthcare options. This phenomenon can hinder consumers' ability to effectively compare services and prices, ultimately impacting their ability to make informed decisions.

Throughout the Chapters, the Council looked into the price transparency measures from the consumers' perspective, compared them with the actual market practices, engaged the views of PH/DPC operators, trade associations and medical professionals, and examined the initiatives in four selected markets for enhancing price transparency.

Despite good intentions behind existing price transparency measures, the execution of such measures across PHs/DPCs still varied greatly, even more than six years after the PHFO was gazetted. Improvements are obviously needed, both in the implementation of these measures and in raising consumer awareness to empower them to safeguard their own interests. Furthermore, strengthening communication between PHs/DPCs, doctors and patients is also crucial to prevent potential price disputes.

Building on the findings discussed in previous Chapters, the Council puts forward five recommendations for consideration and discussion by the Government, stakeholders and the public. These recommendations emphasise the critical need for enhanced price transparency in Hong Kong's private healthcare sector to foster greater consumer confidence in PHFs.

6.2 Recommendation 1 – Improve Consumers' Accessibility to Price Information with a Search Tool

Healthcare services, by their unique and customised nature, often involve information asymmetry between doctors and patients who lack professional knowledge. The charging mechanisms for doctor's fees (e.g. surgical fees) and hospital charges (e.g. operating theatre and associated materials charges) were often unclear to consumers, and consumers might not realise that doctor's fees and related charges are correlated with the room type of the patient (i.e. the more expensive the room, the higher the charges for the same medical treatment/procedure, such as daily doctor's ward round fees and charges for common nursing procedures). While consultations with doctors are necessary for accurate medical cost estimates, the Council believes that clear online price displays should be ensured to enhance price transparency and facilitate comparisons. Practices in the selected markets also demonstrated that implementing such transparency is feasible.

Despite the fact that the list of charge items at the fee schedules might not be exhaustive, the historical price data of PHs (DPCs not currently required to provide), with improved accessibility and usability, could provide essential reference for consumers. In fact, stakeholders also believed that with technological advancements, the establishment of effective search tools on price-related data is feasible and can be developed.

Facilitating Price Searching at Private Hospitals and Day Procedure Centres

Findings from the in-depth interviews at Chapter 3 and market research in Chapter 4 revealed that consumers did face challenges in accessing relevant price information. For example, some interviewees raised that the fee schedules did not fully reflect the overall treatment/procedure charges as those might exclude doctor's fees or miscellaneous charge items. The price information displayed on the websites of PHs and DPCs, identified as major sources of information in the consumer survey, were often incomplete and/or difficult for lay consumers to access and understand. Findings from the desktop research also revealed that three quarters of sampled DPCs lacked online price lists and one of them even did not maintain a website.

To address these challenges, it is imperative to first ensure that DPCs provide price information online, while developing measures to improve the comprehensiveness and user-friendliness of information displayed on PH and DPC websites. In the short term, DPCs should proactively publicise online price lists to make critical price information more accessible to consumers.

Furthermore, the Council suggests the Government providing guidelines for PHs and DPCs on presenting price lists in a user-friendly display format, so as to enable consumers to locate relevant fee information easily and assess specific charges which is applicable to their treatments/procedures. Examples of guidelines to be included are (i) organising the price lists by specialty (e.g. charges related to undergoing a colonoscopy) rather than solely by charge categories (e.g. ward accommodation and operating theatre charges), allowing consumers to select a specialty and view associated charges to gain a clearer understanding of costs; and (ii) other than the categories currently available[80], including additional typical charge items in their price lists, such as operating theatre materials and medication, so that consumers could better understand the possible medical expenses they may incur when acquiring private healthcare services. The example in Box 13 illustrates a more user-friendly display format.

[80] Categories of items recommended by DH are charges on ward accommodation, operating theatre charges, charges for common nursing procedures, charges for out-patient and/or specialist clinics consultations, charges for investigative and treatment procedures and charges for medical reports and photocopies of medical records.

Box 13: The more user-friendly display format of price list by a PH

The price list was categorised by speciality, allowing users to click on a specialty to view the prices of corresponding treatments/procedures. However, it is important to note that the price lists were still not exhaustive and did not cover every treatment/procedure provided by the PH.

Department of Anaesthesiology
- Pain Management

Department of Dentistry
- Dental Centre

Department of Medicine
- Cardiology Centre
- Clinical Genetics Service
- Comprehensive Oncology Centre
- Endocrine & Diabetes Centre
- Gastroenterology & Hepatology Centre
- Geriatric Medicine Centre
- Haematology and Cellular Therapy Centre
- Mental Health Clinic
- Nephrology Centre
- Neurology Centre
- Renal Dialysis Centre
- Respiratory Medicine Centre
- Rheumatology Centre

價目表 Price List

收費項目 Item Description	門診收費(港幣) Outpatient Charges (HKD)	
醫生費(只限本院醫生)	Consultation Charges (In-house Doctors Only)	收費上限 Up to
首次診症	First Consultation	$1,800
按病情延長首次診症	Extended First Consultation	$2,200
覆診	Follow Up Consultation	$1,200
按病情延長覆診	Extended Follow Up Consultation	$1,800
程序	Procedure	收費 Charges
產前診斷	Prenatal Diagnosis	
無創性胎兒DNA產前篩查(敏兒安T21)	Non-invasive Fetal DNA Testing (SafeT21)	$4,500 (Standard) $5,470 (Advanced)
唐氏綜合症篩查(單胞胎)	OSCAR for Down's Syndrome (Single)	$3,220
唐氏綜合症篩查(雙胞胎)	OSCAR for Down's Syndrome (Twins)	$4,050
抽絨毛測試(單胞胎)	Chorionic Villous Sampling (Single)	$10,050
抽絨毛測試(雙胞胎)	Chorionic Villous Sampling (Twins)	$20,100
抽羊水測試(單胞胎)	Amniocentesis (Single)	$8,390
抽羊水測試(雙胞胎)	Amniocentesis (Twins)	$16,780
胎兒結構性超聲波(單胞胎)	Fetal Morphology Scan (Single)	$3,520
胎兒結構性超聲波(雙胞胎)	Fetal Morphology Scan (Twins)	$7,040
胎兒結構性超聲波及3D/4D(單胞胎)	Fetal Morphology Scan and 3D/4D (Single)	$4,720
胎兒結構性超聲波及3D/4D(雙胞胎)	Fetal Morphology Scan and 3D/4D (Twins)	$9,440
婦科程序	Gynaecological Procedure	
陰道鏡檢查 A	Colposcopy A	$6,890
陰道鏡檢查 B	Colposcopy B	$7,710

Enhancing the Usability of Historical Bill Sizes Statistics with a Search Tool

As discussed in Chapter 3, only 7.0% consumer respondents were aware that PHs publicise HBS, and further in-depth interviews revealed that consumers struggled to grasp the "percentile" based presentation of the HBS data. Also, the lack of key information, such as exact discharge figures, was missing in the HBS, reducing its reference value. Furthermore, the HBS did not specify whether the statistics included cases of package charged services, or the possible level of additional charges beyond packaged prices. The HBS was also not available at DPCs and lagged behind for more than one year at some PHs. As consumers recognised HBS as useful resources for better understanding of the possible total charges, it is essential to improve the usability of the HBS.

As such, the Government can consider providing guidelines for PHs on the provision and presentation of HBS, which could serve as the industry benchmark for other PHFs to follow in the long run. The guidelines should cover at least the following areas:

(i) **Timeliness**: Establish a timeframe for updating the HBS. With reference to the updating frequency of a PH which had its Q1-2 2024 figures of HBS ready at around Q4 2024, and having considered the availability of technology to facilitate data compilation, the Government and the trade should discuss the feasibility for PHs to update their HBS more frequently, potentially every six months or so;

(ii) **Detailedness**: Enhance disclosure at the HBS to include exact discharge figures (instead of by range) and detailed breakdowns (e.g. itemising doctor's fees into anaesthetist's fees, other specialists' fees, etc.); and

(iii) **Readability**: Use layman terms (e.g. "typical" and "high" instead of by "percentile") at HBS to improve consumer understanding. Reference could be made from Australia's "Medical Cost Finder" covered in Chapter 5.

Furthermore, the Council recognises the need to expand the coverage of this price transparency measure, especially for treatments/procedures which exhaustive price lists and packaged charges are unavailable. In the medium term, the requirements to publish HBS could be extended to cover more treatments/procedures beyond the existing 30 treatments/procedures in PHs, and DPCs should compile historical bill sizes of any of the 30 treatments/procedures they provide and get prepared for more transparent disclosure.

In the long term, the existing HBS database and online portal on the Pilot Programme website could be further transformed to enhance accessibility and user experience. With reference to the search tool on the MOH website of Singapore, Australia's "Medical Cost Finder" and the "Florida Health Price Finder" of the United States, the Government can utilise big data technology on historical prices at PHs and DPCs to compile a centralised historical price indexes database for PH/DPC charges and doctor's fees and draw insights from this useful resource for healthcare planning and resources deployment.

To enable the public to make good use of the price indexes database in comparing costs and making informed choices of healthcare facilities, the Government can develop an appropriate search tool to provide typical fees for a range of treatments/procedures, serving as a reference point for the public to compare medical costs and make informed choices of healthcare facilities. The whole centralised database and search tool can be rolled out in phases:

(i) **Phase 1**: Establish a centralised database for historical fees and charges at all PHs for the 30 treatments/procedures (i.e. consolidation of DH's existing database). The fees and charges of each treatment/procedure can be further categorised into various treatment methods and conditions. For example, the price index for colonoscopy can be categorised by (i) type of anaesthesia (e.g. intravenous sedation/monitored anaesthesia care); and (ii) number of polypectomy and biopsy (e.g. 0/≤3/>3); and

(ii) **Phase 2**: Expand the database to cover historical fees and charges at all DPCs for the same 30 treatments/procedures, and cover more treatments/procedures beyond the existing 30 treatments/procedures in PHs.

6.3 Recommendation 2 – Promote the Use of Packaged Charges

As identified in Chapter 4, packaged charges were not widely used in the private healthcare sector. However, findings from Chapter 3 revealed that consumer opting for medical packages experienced fewer price discrepancies. Specifically, 42.2% of consumer respondents who paid packaged charges reported no price discrepancies – compared to 25.2% found in general. Given that medical treatment with packaged prices would generally provide greater price certainty and provide consumers with a better estimation of the total spending, PHs and DPCs are encouraged to proactively design and introduce medical packages for suitable treatments/procedures as a tool to maintain price consistency between the budget estimates and final bills. Apart from enjoying the benefit of price certainty, consumer can also enjoy more choices and types of packages in the long run.

The Council noted that some PHs and DPCs had experienced challenges in designing a standardised package for each treatment/procedure, given the varying complexity of individual health conditions. It would be even more challenging to design medical packages when the attending doctor is a visiting doctor, which the PH or DPC might not have control over the visiting doctor's fees – sometimes PHs/DPCs could only offer medical packages excluding doctor's fees. Even when packages were available at some PHs/DPCs, the information provided could be insufficient, making it difficult for consumers to compare packages across different PHs/DPCs since each might have varying inclusions and exclusions.

To address this issue, the Council recommends the Government to provide guidelines on designing and marketing medical packages. Specifically, the guidelines should advise the key items to be included and disclosed, with certain flexibility allowed on the scope of the packages. For instance, the marketing materials of a medical package should clearly state the full list of included and excluded items, as well as the price or common price range of excluded items.

In the long-run, on top of offering packages for all patients for specific treatments/procedures, as more insights can be drawn from the database, PHs and DPCs can introduce more packages for different levels of medical conditions to enhance fee transparency and cater for different healthcare needs. A matrix list of packaged charges can be introduced by PHs and DPCs based on treatment/procedure complexity and patient condition level.

The Council noted that two PHs had already been following such practices that can be used as references for others. More details are presented in Box 14 below.

Box 14: PHs provided medical packages by different levels of complexity and medical conditions

In the two PHs, different packaged charges were offered for different levels of complexity and medical conditions, catering for the needs of consumers with various medical conditions.

Using haemorrhoidectomy as an example, the treatment was classified into two levels of complexity in a PH, namely "simple" and "complex". Each level of complexity was further categorised into "day procedure" and "in-patient treatment", with in-patient treatment further divided into two levels of medical conditions (there could be three levels of medical conditions for other treatments/procedures). Meanwhile, for gastroscopy and colonoscopy in another PH, the treatment was classified into two types of anaesthesia methods (i.e. "Intravenous sedation" and "monitored anaesthesia care") and two risk levels (i.e. "normal risk" and "intermediate risk"), with the length of stay further categorised into "day case" and "2 days 1 night".

Operation/ Procedure 手術/ 醫療程序	[redacted] Medical Package [redacted]定價收費 (HK$)(港幣)			
	Day Procedure 日間治療	Inpatient 住院治療 Medical Condition 病人病情級別		
		Level 1 級別 1	Level 2 級別 2	Level 3 級別 3
Colorectal and Anal 結腸直腸及肛門				
Closure of Loop Ileostomy 迴腸造口關閉術	-	$163,000	$204,000	$326,000
Anal Fistulectomy 瘻管切除術	$44,450	$51,200	$64,000	-
Haemorrhoidectomy (Simple) 非複雜性痔瘡切除術	$34,500	$37,410	$46,800	-
Haemorrhoidectomy (Complex) 複雜性痔瘡切除術	$47,640	$52,920	$66,200	-

Endoscopic Procedures 內窺鏡檢查

Package Options and Description 套餐選擇和詳情		Length of Stay 留院日數	Total Package Cost (HK$) 套餐總價目 Normal Risk 普通風險	Intermediate Risk 中等風險
Gastroscopy (OGD) + Colonoscopy (IV Sedation) Packages 胃內窺鏡 + 結腸內窺鏡（大腸鏡）檢查（鎮靜麻醉）套餐				
END23A	Exclude polypectomy and biopsy 不包括切除息肉及活組織檢查	Day Case 日間治療	18,500	24,050
END23B	Minor polypectomy and / or biopsy (no more than 3) 包括切除息肉及/或活組織檢查 (數量≤3)		22,300	28,990
END23C	Major polypectomy and / or biopsy (more than 3) 包括切除息肉及/或活組織檢查 (數量>3)		25,100	32,630
Gastroscopy (OGD) + Colonoscopy (MAC) Packages 胃內窺鏡 + 結腸內窺鏡（大腸鏡）檢查（監測麻醉）套餐				
END24A	Exclude polypectomy and biopsy 不包括切除息肉及活組織檢查	Day Case 日間治療	23,100	30,030
END24B	Minor polypectomy and / or biopsy (no more than 3) 包括切除息肉及/或活組織檢查 (數量≤3)		27,100	35,230
END24C	Major polypectomy and / or biopsy (more than 3) 包括切除息肉及/或活組織檢查 (數量>3)		30,100	39,130
END11A	Exclude polypectomy and biopsy 不包括切除息肉及活組織檢查	2 Days 1 Night 2 日 1 夜	26,000	33,800
END11B	Minor polypectomy and / or biopsy (no more than 3) 包括切除息肉及/或活組織檢查 (數量≤3)		30,500	39,650
END11C	Major polypectomy and / or biopsy (more than 3) 包括切除息肉及/或活組織檢查 (數量>3)		33,500	43,550

The Council also sees the significant benefits of introducing a common coding mechanism for the treatments/procedures in Hong Kong. Apart from generating useful information for healthcare planning and increasing operational effectiveness, it helps facilitate better communication between doctors and patients (and insurers as well) regarding treatment/ procedure decisions, as well as further price comparison at different PHs/DPCs by patients. The Government can consider taking reference from Singapore's TOSP codes and United States' CPT codes as discussed at Chapter 5.

The Council suggests that the common coding mechanism in Hong Kong can be introduced, by stages, starting with a number of selected pilot treatments/procedures and its accuracy and effectiveness should be reviewed at the first stage. Some stakeholders suggested that certain PHs had already implemented an internal coding system to facilitate the recording of HBS. The Government may take stock of the current practices in the market and design a common coding mechanism with the trade, including the medical and insurance sectors, which is suitable for Hong Kong.

6.4 Recommendation 3 – Require the Provision of a Clear and Written Budget Estimate

Despite that the HKPHA had provided sample budget estimate forms on its website for PHs' and doctors' reference, the format of budget estimates issued to patients varied significantly among PHs and DPCs as the provision of budget estimates was and is not explicitly outlined in the PHFO or CoPs. Some PHs and DPCs provided a written budget estimate form with detailed breakdown and information; while others only provided a verbal lump sum or ranged budget. The consumer survey found that 39.0% of respondents only received the budget estimate verbally. Notably, provision of verbal budget estimates was more prevalent in DPCs (59.0%) than in PHs (31.7%). Regarding the information provided through budget estimates, according to the consumer respondents, 86.8% of them received budget estimates that included a total sum of all chargeable items, but significantly fewer were also provided breakdowns for doctor's fees (20.8%) and PH/DPC/miscellaneous charges (18.8%). The lack of itemised breakdowns often hindered consumers from conducting price comparisons. From the stakeholder engagement meetings, some medical professionals agreed that communications between consumers and doctors could be strengthened on better provision and explanation of budget estimates.

Given that the Pilot Programme has been in place for over eight years, the Government and PHs have likely gained valuable insights into how budget estimates can be effectively implemented. As the Government intends to enhance private healthcare price transparency through legislation, the Council believes that it is appropriate to require PHs/DCPs to provide consumers with clearer and more detailed written budget estimates when developing the PHFO.

The Council recommends the Government to explicitly require PHs and DPCs, prior to undergoing treatments/procedures, to provide patients with written budget estimates that include a clear breakdown of key items. This will help alleviate patients' stress, enable better financial planning, and provide a written record for future reference. To start with, this requirement could be implemented for all 30 treatments/procedures at PHs and DPCs, as well as for other non-30 treatments/procedures at PHs. This approach should be achievable for PHs and DPCs, as it essentially expands the coverage of the Pilot Programme concerning budget estimate provisions. Reference can be taken from the good faith estimate of the United States,

which must be provided in written form, either on paper or electronically, according to the patient's preferred method of delivery.

HKPHA provides on its website a sample budget estimate form, which includes elements such as information of patient, details of stay, name of attending doctor, estimated doctor's fees and estimated hospital charges. The Council reckons that the Government should strengthen the scope of the information to be specified in the budget estimate form when formulating the prescribed items for budget estimate by including the following additional information:

(i) **Disclosure of the identities of anaesthetists and other specialists (other than the attending doctor)**: This can allow the consumer to track the relevant professionals' record, before admission and signing the budget estimate form. Reference can be taken from The Australian Medical Association's "Informed Financial Consent Form Template" as mentioned in Chapter 5, which doctors are encouraged to leave the contacts (if known) of the providers of other related services (e.g. anaesthetist and assistant surgeon) in the form in case the patient wishes to contact those providers regarding fee information;

(ii) **Provision of valid period**: This can avoid disputes arising from PHs and DPCs adjusting their price lists after issuing the estimates, as it is noted that PHs and DPCs often disclaim on their websites that their price lists (if any) are subject to change without prior notice; and

(iii) **Timeframe in issuing revised budget estimates to patients**: Although the CoP for PHs has explicitly required PHs to ensure that patients are, at suitable intervals during hospitalisation, kept informed of the updated charges of services provided, the Government should issue further guidelines/practice notes to promulgate the timeframe of revisions (e.g. before admission). The same should also be applied to DPCs. Referencing to Singapore, consumers are entitled to conduct financial counselling with the doctors or PHs/DPCs again in cases of significant changes to fees.

Among the abovementioned disclosure items, some medical professional expressed concerns about the difficulties in providing identity of the anaesthetist as some doctors might work with a group of anaesthetists, and an anaesthetist could sometimes be assigned at the last moment before the treatment. This could be another issue of shortage of healthcare manpower which is out of the scope of the Study. Despite so, PHs/DPCs should advise consumers the identities of the anaesthetist and other specialists as early as practicable.

6.5 Recommendation 4 – Enhance the Current Regulatory Framework on Price Provision, and Complaint Handling Mechanism on Price Matters

As discussed at Chapter 4, various structural issues necessitating an enhancement in the current regulatory framework were identified when reviewing market practices on price transparency, such as unclear responsibility of PHs/DPCs and doctors in providing and explaining price information to consumers, as well as insufficient information obtained from PHs/DPCs online, via phone enquiries, etc.

The following recommendations address critical areas for improving consumer experience in private healthcare, focusing on accountability in information provision, staff training, complaint handling mechanisms related to price disputes, and regulatory enhancements. By identifying gaps in current practices and recommending actionable measures, these recommendations aim to empower consumers, ensure transparency in pricing, and foster confidence in private healthcare services.

Setting out Accountability for Information Provision and Explanation

The consumer survey revealed that 26.8% of consumer respondents did not receive any explanations on the budget estimate, and 9.2% received explanations only upon their request. Meanwhile, 67.2% consumer respondents faced price discrepancies between budget estimate and final bill, of which 64.9% did not receive any explanations. As not all patients possess the medical know-how necessary to understand budget estimates, medical professionals and PH's/DPC's relevant staff should proactively provide explanations.

In order to clearly set out the accountability for price information provision and explanation, PHs and DPCs are recommended to elucidate relevant internal policies to staff and publish across different channels, where appropriate, the relevant arrangements on provision and explanation of price information to consumers. Such policies should require the following:

(i) Designation of personnel for providing and explaining price information to patients regarding, among others:

- The provision and explanation of price lists in case of queries;
- The issuance and explanation of budget estimates;
- The provision and explanation of HBS or past bill data; and
- The explanation of items included and excluded in the medical packages, and the price or common price range of excluded items, as well as the charging arrangements in case of complications.

(ii) Proactive explanation of the budget estimate to patients by designated personnel, as well as provision of advice on potential additional charges and relevant circumstances in advance; and

(iii) The accountability of the PHs/DPCs/doctors in different scenarios, particularly in cases where visiting doctors bringing patients from DPC to PH.

Meanwhile, all PHs and DPCs of a certain scale are encouraged to assign an officer responsible for governance to monitor and ensure compliance with the above internal policies.

Enhancing the Service Quality of Consumer-facing Staff

As discussed in Chapter 4, the availability of price information for the two selected common treatments/procedures varied when phone enquiries were made to 13 PHs and 20 DPCs. Consumer may encounter difficulties in obtaining applicable price information and seeking assistance from staff of PHs and DPCs. Moreover, price discrepancies between budget estimates and final bills were often not explained to consumers, as revealed in Chapter 3, which could frustrate consumers and potentially lead to price disputes.

To address these issues, the Council recommends that PHs and DPCs develop, regularly review and execute internal guidelines on the following:

(i) Conduct periodic communication training for frontline staff on providing useful, clear and accurate information to consumers;

(ii) Provide price and treatment/procedure information (e.g. medical packages) via multi-media and channels (e.g. videos, chatbots) to reduce staff workload; and

(iii) Assign specific staff members to alert patients to potential price discrepancies before treatments/procedures; and explain any discrepancies between budget estimates and final bills.

Improving Complaint Handling Mechanism Related to Price Disputes

The complaints received by the Council indicated that price dispute was a major category (45.5%) of complaint on private healthcare services, but some of these disputes could potentially be avoided if the consumers' dissatisfaction were addressed or communicated effectively in a timely manner. For example, some complaints arose merely due to insufficient communication regarding the quoted budget estimates and the explanation on price discrepancies at final bills. These issues could often be resolved through clearer explanation by the relevant PH(s)/DPC(s) and doctor(s). However, some consumers might choose not to lodge complaints about pricing disputes due to a lack of familiarity with the complaint process and concerns about jeopardising the doctor-patient relationship.

To gain deeper insights into the primary reasons consumers lodging complaints regarding price issues, as well as their concerns and the challenges they faced when voicing their discontent related to price disputes, the Council recommends that the Government proactively engages with users of PHs and DPCs. This can be done through systematically sampling and reaching out to those users periodically to gather comprehensive feedback. The collection of consumer feedback can be conducted by various means, such as by way of consumer surveys and in-depth interviews, and it should be conducted periodically to capture current sentiments and reflect the evolving landscape of trade practices.

Additionally, it is crucial that consumer feedback is not only consolidated but also communicated regularly to PHs and DPCs. This ongoing dialogue will facilitate continuous improvement and enhance the overall consumer experience in the private healthcare sector.

For PHs and DPCs, they are encouraged to develop, regularly review and execute comprehensive internal guidelines on, among others, the following:

(i) **Procedures to handle different types of price disputes**: Protocols should be clearly defined to ensure consistent and effective handling of conflicts that may arise concerning pricing, such as those resulted from discrepancies between budget estimates and final

bills, and unclear charging mechanism of PH's/DPC's and/or doctor's fees. Reference can be taken from the arrangement of Patient-Provider Dispute Resolution process in Florida of the United States as mentioned in Chapter 5;

(ii) **Standards for response times and resolution processes for price disputes**: It is vital to set clear indicators for how quickly complaints should be addressed and the steps involved in resolving price disputes. This will not only enhance accountability but also improve consumer confidence in the complaint handling mechanism; and

(iii) **Designation of personnel for complaint handling on price disputes**: Assigning specific individuals or teams to manage complaints related to price disputes is essential, as this ensures that there are dedicated resources focused on addressing consumer concerns promptly and efficiently.

Enhancing the Regulatory Framework

Consumers rely on the Government's safeguards to ensure PHFs' compliance with the PHFO requirements through the licensing regime. The Council notes that each PHF licence application is handled based on the criteria[81] deliberated and endorsed by the Advisory Committee for Regulatory Standards for Private Healthcare Facilities under the PHFO to assess the fitness and properness of the applicants/Chief Medical Executives ("**CMEs**"). This covers the handling in relation to cases where the applicants/CMEs had committed criminal offences and/or offences under the PHFO. It is worth noting that, as the PHFO is premise-based, any change of the PHF's premise will require application of a new licence which involves vetting afresh.

Meanwhile, DH has taken measures to ensure accountability within the private healthcare sector for past offenders with the relevant criteria and records of regulatory actions having been made public. For example, a person who has had a conviction of any offence under the PHFO with sentence to imprisonment (whether suspended or not)/committed non-compliances that resulted in suspension or cancellation of licence of a PHF in the past five years will not be provided with a licence at all.

Currently, regulatory actions on PHs/DPCs are considered when there is a breach of licence conditions or CoPs. "Non-compliance" refers to unsatisfactory fulfilment or failure to meet the licence conditions or requirements under the CoPs. A risk-based approach to regulatory actions is adopted, and the risk level of non-compliance is assessed based on the likelihood of impact on patient safety and the seriousness of consequences in terms of patient harm (e.g. re-admission, unplanned return to operating theatre, or even incidents leading to death) that the non-compliance could cause. However, relevant provisions on price transparency in the PHFO are still not in force.

The Government is recommended to consider adopting a comprehensive approach when considering regulatory actions that includes a thorough assessment of non-compliance with the price transparency measures, as well as to continue to safeguard the interests of consumers through the licensing regime. By integrating these considerations into the regulatory framework, the Government can foster a more price-transparent private healthcare sector.

[81] DH. Guidance Notes for Assessing Fitness and Properness of Applicants/CMEs for Licence Application.

6.6 Recommendation 5 – Strengthen Consumer Education through Multi-channels and Collaborative Efforts

The consumer survey showed there was a lack of consumer awareness of the three price transparency measures. Among which, respondents were most aware of providing budget estimates by PHs (31.8%), followed by disclosing price information (26.2%), and only 7.0% respondents were aware of PHs publicising HBS. Given the unique and critical nature of medical services, promoting public knowledge is equally important as enhancing price transparency in the private healthcare sector of Hong Kong.

To mitigate the issue effectively, a multi-pronged approach is essential. First, promotional materials on the price transparency measures should be strategically placed in highly visible areas at PHs and DPCs, such as at cashiers and waiting areas, to ensure patients encounter this important information during their visits. Additionally, leveraging a diverse array of media channels that resonate with the general public is crucial. This includes utilising TV advertisements, free newspapers, radio broadcasts, social media platforms, and outreach through patient groups and District Health Centres. By doing so, the message can reach a broader audience, making it more approachable and engaging. Furthermore, adopting search engine marketing strategies by the Government will enhance online visibility of the promotional websites, allowing individuals to easily access information about price transparency measures in place when searching for PHFs. Collectively, these initiatives will not only inform consumers but also empower them to make more educated choices, ultimately fostering a more transparent private healthcare environment.

Moreover, as revealed by the consumer survey, consumers generally placed a high level of trust in their doctors or healthcare providers, which hindered their price sensitivity and intention for conducting price information searching and referencing to the HBS. To encourage consumers making informed decisions before treatments/procedures, the Council refers to an education material adapted from Choosing Wisely Australia[82] and puts forward the following five sample questions for consumers to ask their doctors or healthcare service providers before treatments/procedures:

(i) Do I really need to conduct the treatment/procedure?

(ii) What are the risks or side effects of the treatment/procedure?

(iii) Are there any simpler or safer alternatives for the treatment/procedure?

(iv) What happens if I don't conduct the treatment/procedure?

(v) What are the costs of the treatment/procedure?

[82] Choosing Wisely Australia. 5 questions to ask your doctor or other healthcare provider before you get any test, treatment, or procedure.

Besides, it is also essential to enhance the accessibility of complaint channels and mechanisms, and provide consumers with comprehensive information regarding the complaint process. This includes clearly outlining the required types of documents and detailing the complaint handling procedures to instil greater confidence in the credibility of the complaint handling mechanism, and give a comfort to consumers that their grievances will be taken seriously and addressed appropriately.

Lastly, it is crucial to educate consumers about their right to information, particularly concerning the regulations and guidelines in place on information provision by PHs and DPCs. By ensuring that consumers are well-informed about their rights, they would be empowered to advocate for themselves within the private healthcare system. This proactive approach will not only facilitate transparency and accountability but also foster better communication between consumers and private healthcare service providers.

6.7 The Roadmap

Understanding the time and effort needed to develop and implement the recommendations, the Council suggests adopting a progressive approach. This should initially focus on actions that can significantly enhance consumer protection and are likely to gain early acceptance from the medical professionals and the trade, followed by further broader changes in the market. By highlighting the key initiatives at the recommendations, the Council hopes to foster a more transparent private healthcare sector that meets consumer needs and promote a responsive private healthcare environment.

Short-to-medium Term

The Government could establish clear guidelines on several key areas to enhance consumer protection and transparency in private healthcare services, including (i) a more user-friendly display format of online price lists with more typical charge items contained therein; (ii) more detailed and up-to-date HBS using layman terms; (iii) better design and marketing of medical packages; (iv) provision of written budget estimates that clearly break down key items at DPCs and for more treatments/procedures at PHs; (v) the level of disclosure and the timeframe in case a revised budget estimate needs to be issued; (vi) the accountability of price information provision should be set out; and (vii) staff training on information provision and explanation. The Council also emphasises the importance of collecting consumer feedback on complaint handling.

The trade should also proactively work on improving their price transparency. DPCs should proactively publicise price lists online, as well as design and introduce medical packages for suitable treatments/procedures to better meet consumer needs. Additionally, PHs and DPCs should develop internal guidelines for the issuance of written budget estimates, ensuring accountability of price information provision and explanation, providing effective staff training, and clear complaint procedures to improve consumer satisfaction.

Medium Term

HBS should be extended to the 30 treatments/procedures provided at DPCs and more non-30 treatments/procedures by PHs. Additionally, it is suggested that regulatory actions should also factor in non-compliance with price transparency measures to protect consumer interests.

Long Term

The Government should build a centralised historical price index database along with a search tool to enhance price transparency and accessibility for consumers, as well as explore ways to make historical non-compliance records of PHFs accessible to the public. A common coding mechanism can be employed to facilitate communication between doctors and patients and further price comparison by patients.

PHs and DPCs are recommended to introduce packages tailored to various levels of medical conditions to provide more customised care options for patients and cater for different healthcare needs.

On-going

The Council emphasises the importance of educating consumers through multi-channels and collaborative efforts. By enhancing consumers' awareness and knowledge, individuals can make more informed decisions regarding their health and navigate the private healthcare system more effectively.

6.8 The Way Forward

As announced in the Chief Executive's 2024 Policy Address, the Government will enhance the quality and efficiency of healthcare services and explore legislating for private healthcare price transparency to enhance service efficiency, with plans to consult the relevant sectors in 2025. The private healthcare sector in Hong Kong now stands at a critical juncture for enhancing price transparency.

The Council puts forward a basket of enhancement measures listed as short-term, medium-term and long-term recommendations, and sincerely invites stakeholders to execute them in a progressive manner, for narrowing the existing gaps in consumer protection. The recommendations of the Study aim to empower consumers, reduce information asymmetry, and ultimately lead to a more transparent and trustworthy private healthcare environment.

It is encouraging to note that stakeholders within the medical professionals and the trade are open to making improvements, recognising the importance of enhancing price transparency to empower consumers. Creating a better ecosystem for price transparency in private healthcare will require a collaborative tripartite effort among the Government, private healthcare service providers, and consumers. By working together, stakeholders can significantly reduce information asymmetry and enhance consumer confidence in the healthcare system.

Through the collective efforts of all stakeholders, these recommendations are expected to pave the way for a more transparent and accountable private healthcare sector in Hong Kong, ultimately benefiting consumers and enhancing the overall quality of private healthcare services.

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