

For discussion
on 11 November 2002

**LegCo Panel on Health Services
Meeting to be held on 11 November 2002**

Patients' Choice Item Pilot Scheme

Purpose

This paper briefs members the Patients' Choice Item (PCI) Pilot Scheme implemented by the New Territories East (NTE) Cluster of the Hospital Authority (HA).

Background

2. Rapid advance in medical technology results in new drugs constantly being launched in the market. These drugs could be new "break-through" treatment for previously untreatable conditions, or new alternatives over existing therapy with varying safety, efficacy and cost-effectiveness. It is essential to fully evaluate these new drugs before they are introduced into public hospitals. In this connection, HA has established mechanisms to ensure that its clinical and therapeutic practices on the use of new drugs are safe, efficacious, cost effective and based on best available scientific evidence, and that public resources are appropriately targeted to patients in need.

The PCI Pilot Scheme

3. The NTE Cluster conducted a comprehensive review on the use of drugs in various clinical specialties earlier this year. Based on the best available international and local scientific evidence on the efficacy, safety and cost-effectiveness of the drugs, and taking into account views of the relevant experts in the concerned clinical specialties, the NTE Cluster developed a set of drug utilization guidelines to systematically classify drugs into "essential" and "non-essential" items. The classification of drugs as "essential" or "non-essential" items is primarily based on the clinical conditions of the patients and the therapeutic indications of the drugs concerned. Broadly speaking, the NTE Cluster adopts the following principles in classifying drugs as "non-essential":

- (a) drugs which lack comprehensive scientific evidence on clinical efficacy;
- (b) drugs with comparatively fewer side effects, marginally better efficacy but are of disproportionately higher cost when compared with available alternatives;
- (c) lifestyle drugs or drugs for primary prevention for low risk patients.

4. The PCI Pilot Scheme implemented by the NTE Cluster in August 2002 aims to provide a mechanism to facilitate patients to make an informed choice on alternatives and “non-essential” drugs that are outside the scope of provision of public hospitals in the Cluster. Under the Scheme, doctors would prescribe drugs for patients according to their clinical conditions and based on the drug utilization guidelines. For patients who wish to use “non-essential” drugs for their condition out of their own choice, doctors will provide patients with the option of purchasing the drugs at their own expenses after providing detail explanation. Prescriptions on “non-essential” drugs will be given at the request of patients and the hospitals concerned will render as much assistance as possible to patients. The PCI Scheme notwithstanding, hospitals in the NTE Cluster will continue HA’s established practice to prescribe essential drugs to all medically indicated patients irrespective of the cost of such drugs.

Supply of “Non-essential” Drugs

5. HA will ensure that all public hospital patients in the NTE Cluster receive appropriate medical care, irrespective of whether the patients choose to use PCI drugs or not. While PCI drugs should normally be supplied by community pharmacies, there are certain infrequently prescribed drugs which might not be readily available in community pharmacies. The NTE Cluster has therefore made temporary arrangements to provide these drugs to patients on a cost recovery basis. HA will maintain continuous dialogue with the pharmacy industry to ensure that public hospital patients in the NTE Cluster are able to purchase PCI drugs in community pharmacies.

Way Forward

6. The objectives of the PCI Pilot Scheme implemented by the NTE Cluster are to ensure public resources are appropriately targeted to patients in need, and to offer alternative choices to patients for drugs that are outside the scope of provision of public hospitals in the Cluster. Through the use of a set of standardized drug utilization guidelines in prescribing drugs to patients, the Cluster can ensure consistency in clinical practice and that patients will receive

the most appropriate treatment in accordance with their clinical conditions. HA will review the effectiveness of the Pilot Scheme before deciding on the most appropriate approach to be adopted for all public hospitals. HA will continue to enhance its communication with patients and the community at large to avoid any misunderstanding on the new Pilot Scheme.

Advice Sought

7. Members are requested to note the content of this paper.

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