

**For discussion
on 17 February 2014**

Legislative Council Panel on Health Services

**General Outpatient Clinic
Public-Private Partnership Programme
in Kwun Tong, Wong Tai Sin and Tuen Mun Districts and
Progress of Other Public-Private Partnership Initiatives
on Chronic Disease Management**

PURPOSE

This paper briefs Members on –

- (a) details of the General Outpatient Clinic Public-Private Partnership (GOPC Partnership) Programme to be launched by the Hospital Authority (HA) in Kwun Tong, Wong Tai Sin and Tuen Mun districts; and
- (b) the progress of existing public-private partnership (PPP) initiatives on chronic disease management viz. the Tin Shui Wai Primary Care Partnership Project (TSW Project) and the Public-Private Chronic Disease Management Shared Care Programme (SCP).

BACKGROUND

2. Chronic diseases such as hypertension and diabetes mellitus (DM) can lead to major health problems and complications for individual patients, creating a major burden to the overall healthcare system. Chronic diseases form a significant health burden for Hong Kong's public health services, with about 43% of the patients attending the HA's GOPCs suffering from either hypertension or DM.

3. Since 2008, the HA has been taking active steps to seek collaboration with the private sector (including non-governmental organisations (NGOs)) to deliver public healthcare services. This includes the TSW Project and the SCP launched in 2008 and 2010 respectively. We briefed Members on details of these two initiatives

before they were launched vide LC Paper Nos. CB(2)1527/07-08(05) and CB(2)1015/09-10(3). At the Panel meeting on 8 March 2010, the Administration agreed to revert to the Panel on the progress of the three-year pilot SCP one year after implementation.

4. In the 2014 Policy Agenda, we announced our plan to enhance the provision of health services by launching the GOPC Partnership Programme in three districts viz. Kwun Tong, Wong Tai Sin and Tuen Mun, under which the HA's GOPC patients with specific chronic diseases and in stable clinical condition will be given a choice to receive treatment in private clinics. At the Panel meeting on 20 January 2014, Members requested details on the TSW Project and the justifications for launching similar PPP initiatives in other districts.

GOPC PARTNERSHIP PROGRAMME

5. With an ageing population and epidemiological shift to chronic diseases, the demand for primary care services is expected to grow significantly in Hong Kong in future. However, due to the current healthcare manpower constraints and physical space limitations, the HA is facing considerable difficulties in service expansion to cater for the ever-growing outpatient service demand.

6. Against the above and taking into account the experience of other similar initiatives like the TSW Project and SCP (see paragraphs 22 to 26 below), the HA plans to launch the GOPC Partnership Programme in three districts in the second half of 2014. Apart from providing some relief to the HA's general outpatient services, it is hoped that this will help foster long-term patient-doctor relationship under the family doctor concept and in the longer term, share out the pressure on the public healthcare system by tapping resources in the private sector. Details of this new PPP initiative are set out in the ensuing paragraphs.

(a) Scope

7. Under the GOPC Partnership Programme, the initial target group is the HA's existing GOPC patients having hypertension with or without hyperlipidemia. Depending on the response to this new initiative, the HA will consider expanding the Programme scope to cover patients with other chronic diseases such as DM in due course.

8. The GOPC Partnership Programme will initially be implemented in Kwun Tong, Wong Tai Sin and Tuen Mun districts i.e. only patients under the GOPCs and private doctors with places of practice in these three districts will be invited to enrol. The districts are selected taking into account a number of factors, including the median household income, service demand for GOPC services, and the scope of existing PPP projects for chronic disease management. The HA will issue invitation letters to about 350 private doctors practising in these districts in the first quarter of 2014.

9. After compiling the district lists of participating private doctors, identified eligible GOPC patients in each of these three districts will be invited to enrol, on a voluntary basis, and select a private doctor from the list as their family doctors. The invitation will be confined to those with hypertension and have been attending GOPCs in these districts for more than a year by the time they start receiving service from private doctors under the Programme. In addition, their medical condition should generally be stable. It is planned to enrol about 6 000 patients from the three piloting districts in the new GOPC Partnership Programme. Those who are not willing to enrol will continue to be taken care of at the HA's GOPCs.

(b) Service Package

10. Under the GOPC Partnership Programme, each patient will receive up to ten subsidised consultations in a year, covering both chronic and acute care. Four of these consultations are for follow-up of chronic conditions and the other six for episodic illness treatment. Upon notification from the HA, the private doctors will review the medical history of the patients who have selected them and order the necessary drugs for chronic diseases. It is envisaged that the patients can schedule their first appointments in one to two weeks' time, subject to the patients' and private doctors' respective availability and necessary arrangements.

11. Under these consultations, the participating private doctors are required to provide patients with comprehensive and continuous care for the relevant chronic diseases and other episodic illnesses, having regard to the Hong Kong Reference Framework for Hypertension Care for Adults in Primary Care Settings and the Hong Kong Reference Framework for Diabetes Care for Adults in Primary Care Settings promulgated by the Government.

12. After each consultation, participating patients will receive drugs for treating their chronic conditions and episodic illnesses immediately from the private doctors at their clinics, instead of collecting the necessary medications from the HA's pharmacy separately. Participating private doctors may use their own drugs or purchase the drugs listed for this Programme¹ from the HA's drug suppliers at specified prices (Programme Drugs). This will facilitate continuity of treatment and medication whilst providing flexibility for private doctors to adopt personalised care and treatment for individual patients.

13. Apart from medical consultation and drugs, upon referral by the participating private doctors, patients can continue to receive relevant laboratory and x-ray services to be provided by the HA as specified.

14. After each consultation, the participating private doctors are required to enter relevant clinical information in the patients' records using the existing Public-Private Interface – Electronic Patient Record (PPI-ePR) system developed to support the various PPP initiatives under the HA, including the TSW Project and the SCP. Apart from monitoring the progress of individual patients, this also facilitates continuity of patient care, in the event that a patient chooses another private doctor on the list or a participating private doctor withdraws from the GOPC Partnership Programme. After the Government launches its eHR Sharing System, which is the proposed new information technology infrastructure being developed for public and private healthcare providers to access patients' essential health-related data, the GOPC Partnership Programme will switch to the eHR platform to further strengthen collaboration between different healthcare providers under this Programme.

(c) Patient and Doctors Fees

15. Participating patients are only required to pay the GOPC service fee of \$45² for each consultation. Those who are recipients of Comprehensive Social Security Assistance (CSSA) or a holder of valid full or partial medical fee waiver certificates will enjoy the same fee waiver arrangements as for the HA's services.

16. In determining the service fee to participating private doctors, the HA commissioned an independent agency to conduct a fee survey in

¹ Including anti-hypertensive, lipid-regulating, oral anti-diabetic drugs and antibiotics.

² As per Gazette.

August 2013 on the service providers in the three districts. A total of 363 private doctors were approached in the survey, with a response rate of over 85%. Having regard to the findings of the fee survey for provision of private healthcare services, the HA proposes a service fee of \$320 for each chronic consultation (covering costs for consultations, Programme Drugs and clinic administration) and a service fee of \$238 for each episodic consultation (including three days' episodic illness drugs and antibiotics within the list of Programme Drugs). This amounts to a maximum total payment of \$2,708 to participating private doctors covering a maximum of ten consultations, including the HA GOPC service fee of \$45 which will be paid by the patients to the private doctors direct after each consultation. For CSSA and waiver patients, the HA will bear the GOPC service fee. Participating private doctors will receive the relevant service fees from the HA on a reimbursement basis.

17. Under mutual agreement, individual patients may agree to receive further services and treatment provided by the private doctors at their own expenses i.e. outside the GOPC Partnership Programme. Those who are aged 70 or above and have participated in the Elderly Health Care Voucher Scheme can meet the additional charges from their Health Care Voucher accounts.

18. In consideration for the private doctors' initial preparatory work, the HA will reserve a one-off preparation fee of \$185 for the private doctors with every participating patient enrolled to them. This preparation fee will be offset against the service fees in due course.

19. The HA will organise briefings for participating private doctors on the operation of the GOPC Partnership Programme as well as training on the PPI-ePR and eHR platform. Likewise, briefing sessions will be arranged to introduce the Programme details to invited patients. The HA will also set up Help Desks in these districts as well as a dedicated telephone hotline to handle enquiries on operation details of the GOPC Partnership Programme and to provide support to both participating patients and private doctors.

(d) Consultation

20. Patient representatives have been widely consulted through meetings with patient advocates and the HA's Patient Forum³. The HA

3 A regular communication platform with patient representatives. (<http://www.ha.org.hk/smartpatient>)

has also undertaken extensive consultations with private doctors practising in Kwun Tong, Wong Tai Sin and Tuen Mun districts as well as relevant doctor groups to collect their views on the proposed operation of the new PPP initiative. The relevant District Councils will also be consulted and engaged as appropriate.

(e) Programme Evaluation

21. The HA will monitor closely the implementation of the GOPC Partnership Programme, and will keep in view closely feedback from private doctors, patients and other concerned parties. An interim review will be conducted in six to twelve months after the launching of the Programme while a full review is planned after two years of Programme implementation. Subject to the findings of such reviews, consideration will be given to expanding the scope in terms of number of patients and districts.

PROGRESS OF EXISTING INITIATIVES

(a) Tin Shui Wai Primary Care Partnership Project (TSW Project)

22. Launched in 2008, the TSW Project allows chronic disease patients in stable condition and in need of long-term follow-up treatment at HA's GOPC to receive care from participating private doctors. Under this initiative, the HA pays a fixed fee of \$125 per consultation to participating private doctors for up to 10 consultations including chronic and episodic illness consultations per year, whereas participating patients need to pay the GOPC fee of \$45 i.e. a total of \$170 for each consultation. The HA provides the participating private doctors with the relevant drugs in advance for dispensing to patients immediately after each consultation.

23. As at end-December 2013, 11 private doctors and 1 618 patients had participated in the TSW Project. About 90% of the participating patients were satisfied with the treatment received in both chronic and episodic illness and preferred to stay with the same private doctors for continuous care. The participating private doctors considered the PPP initiative provided them with the opportunity to enhance their chronic disease management knowledge but the drugs dispensing logistics were complicated. In view of the overall positive feedback, the HA has extended this initiative to March 2015.

(b) Public-Private Chronic Disease Management Shared Care Programme (SCP)

24. Whilst also serving chronic disease patients under the HA's outpatient clinics, the SCP was launched with an aim to try out different models for collaboration with private doctors in delivering primary care services. The programme was first piloted in Sha Tin and Tai Po in March 2010, and was extended to Wan Chai and Eastern District in September 2010.

25. Under the SCP, the participating private doctor receives a fixed annual sum of \$1,200 for each SCP patient, covering at least four consultations and drugs. In addition, a total of \$400 incentive payments will be provided vis-à-vis the patients' meeting of pre-set health outcome indicators and the quality of service provided by the private doctors. SCP patients have to co-pay, according to the fees set upfront by individual participating private doctors, ranging from \$150 to \$1,200 per consultation. As at December 2013, a total of 65 private doctors and 346 patients had participated in the SCP.

26. Notwithstanding some positive feedback on the SCP, the number of SCP patients remains low, possibly due to individual patients' concerns on the level of co-payment involved. The private doctors generally supported the initiative to promote the concept of family doctor but considered the level of subsidy not sufficient to cover the costs, in particular the high drug costs in the market. They also found the administrative procedures and logistics too complex. Following further evaluation, the HA considers that this service delivery model is not sustainable in the long term. Having regard to this, the SCP will end on 31 March 2014 as originally planned. The participating patients will be invited to revert to the HA's outpatient clinics for chronic disease follow-up if they so wish.

27. Having regard to the operational experience of the TSW Project and SCP and the feedback from participating patients and private doctors, the proposed new GOPC Partnership Programme adopts an enhanced service and funding model with better financial sustainability and streamlined logistic arrangements, and therefore would serve more favourably on primary care front.

ADVICE SOUGHT

28. Members are invited to give their views on the GOPC Partnership Programme as set out in the paper.

**Food and Health Bureau
Hospital Authority
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