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Panel on Health Services

**Background brief prepared by the Legislative Council Secretariat
for the meeting on 17 February 2014**

**Public-private partnership projects to strengthen
chronic diseases management in the primary care setting**

Purpose

This paper summarizes the concerns of the members of the Panel on Health Services ("the Panel") on existing public-private partnership ("PPP") projects to strengthen chronic diseases management in the primary care setting.

Background

2. On 13 March 2008, the Government published the Healthcare Reform First Stage Public Consultation Document entitled "Your Health Your Life" in which a package of healthcare service reform proposals was proposed, among others, for public consultation. Enhancing primary care and promoting PPP in healthcare were put forth as two of the proposals to reform the service delivery and market structure of the healthcare system. The consultation, which came to an end in June 2008, reflected a broad consensus in the community over these reform proposals. In view of the outcome of the consultation, the Hospital Authority ("HA") has implemented two pilot projects viz. the Tin Shui Wai General Outpatient Clinic Public-Private Partnership Programme ("TSW PPP") (also known as "Tin Shui Wai Primary Care Partnership Project") and the Chronic Disease Management Shared Care Programme ("SCP") to strengthen chronic diseases management in the primary care setting through partnership with the private sector.

3. Separately, a Primary Care Office was established in September 2010 under the Department of Health to support the Working Group on Primary Care ("WGPC")¹ for the strategic planning, implementation and overall co-ordination of long-term development of primary care. The Primary Care Development in Hong Kong: Strategy Document was published in December 2010. Enhancing collaboration between the public and private healthcare sectors to improve the availability of comprehensive and continuing care, in particular that for chronic disease patients, was put forth as one of the major strategies to improve primary care in Hong Kong. The Task Force on Conceptual Model and Preventive Protocols under WGPC has published, among others, 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 for use as common reference by healthcare professionals.

TSW PPP

4. TSW PPP was launched in Tin Shui Wai ("TSW") North in June 2008, and extended to the whole TSW area in June 2010 to test the use of PPP model and supplement the provision of public general out-patient services in TSW for stable chronic disease patients. Under the Programme, HA purchases primary care services from private doctors in the district for those patients suffering from specific chronic diseases with stable medical conditions (such as patients with hypertension ("HT") or diabetes mellitus ("DM")) and in need of long-term follow-up treatment at public general out-patient clinics ("GOPCs") in TSW.

5. Eligible patients are invited to participate in the Programme by phases. Those who choose not to take part in the Programme will continue to be taken care of by public GOPCs. Patients participated in the Programme can select a participating private doctor to receive (a) a maximum of 10 consultations each year, including at least six consultations for follow-up of chronic conditions which are scheduled about once every two months and additional consultations for episodic disease treatment; (b) drugs for chronic illnesses provided by HA based on its Drug Formulary and the established guidelines for GOPCs, and drugs for episodic illnesses provided by the private doctors; and (c) general

¹ WGPC under the Health and Medical Development Advisory Committee was reconvened in October 2008. It is chaired by the Secretary for Food and Health and its members include representatives from medical professionals, academia, patient groups and other stakeholders. It provides strategic recommendations on enhancing and developing primary care in Hong Kong. WGPC has set up three Task Forces, which are responsible for studying primary care conceptual models and clinical protocols, Primary Care Directory and primary care service delivery models respectively.

pathological tests and diagnostic radiological services provided by HA upon referral by the private doctors. Participating patient should pay the private doctor the same fee as charged by the public GOPCs (i.e. \$45 per consultation inclusive of drugs)², whereas HA pays the participating private doctors a fixed fee of \$125 per consultation.

SCP

6. The three-year SCP was first piloted in Sha Tin and Tai Po in March 2010, and was further rolled out to Wan Chai and Eastern District in September 2010. It aims to assess the effectiveness of the primary care conceptual models and reference frameworks for DM and HT developed by WGPC in disease management, and test the service delivery model of public-private shared care for chronic disease patients. Under SCP, DM patients with or without HT who are in stable clinical conditions and under the care of public specialist outpatient clinics ("SOPCs"), Family Specialist Medicine Clinics or GOPCs are invited to choose whether to have their conditions followed up by both the public and private sectors. The scope of services includes an annual health risk assessments and laboratory services related to the management of the diseases provided by HA, and consultations and drugs for treating the diseases provided by the participating private doctors. If specialist assessment is required due to occurrence of disease complications or other problems, the participating private doctors can refer the patients to HA for timely management as appropriate.

7. Each participating patient is provided with an annual subsidy of \$1,200 for chronic disease management (covering at least four regular consultations at an interval of not more than four months apart and the drugs) and an incentive of up to \$200 each year for their use in future consultations if they can meet the preset health outcome indicators. The participating private doctors will receive a quality incentive of up to \$200 each year for each participating patient under their care if they meet the specified process indicators (e.g. measuring blood pressure and body weight and conducting annual health risk assessment). On top of the subsidy provided by the Government, participating patients have to pay out-of-pocket the additional fees listed by the participating private doctors³.

² Patients who are recipients of Comprehensive Social Security Allowance or a holder of valid full or partial medical fee waiver certificates can enjoy the same fee waiver arrangements as for the services of HA.

³ Elderly patients aged 70 or above and have participated in the Elderly Health Care Voucher Scheme can use the subsidy provided under the Shared Care Programme together with their elderly health care vouchers when they receive consultations.

Deliberations of the Panel

8. The Panel discussed TSW PPP and SCP before their launch at its meetings on 14 April 2008 and 8 March 2010 respectively. The deliberations and concerns of members are summarized below.

Scope of the programmes

9. Members called on the Administration to extend the two programmes to other districts. Consideration should also be given to extending the coverage of the programmes to other groups of chronic disease patients.

10. According to the Administration, it was necessary to proceed with caution before further rolling out the pilot programmes to other districts or extending their coverage. The Administration would engage independent assessment bodies to conduct evaluation studies on the effectiveness of the two programmes. It would consider how the programmes could be taken forward having regard to the evaluation results and experience gained from the programmes. Members requested the Administration to conduct an interim review of the programmes and revert to the Panel on the outcomes of the respective review.

Subsidy for participating patients under SCP

11. Some members queried whether the provision of an annual subsidy of \$1,200 to each patient participated in SCP was adequate. They were concerned that the level of co-payment by participating patients might be high.

12. The Administration advised that the subsidy was intended to be a partial one. All participating doctors would be required to publicize the fees that they expected to charge each participating patient per year on top of the subsidy amount. The information would also be posted on HA's dedicated website on PPP. Given that participation was voluntary, patients could assess the benefits of participation, such as continuity of care by the identified private doctors, and whether they could afford the co-payment in deciding whether to participate in the programme.

13. On the suggestion that HA should provide drugs for participating private doctors in order to reduce the amount of co-payment by patients, HA pointed out

that the experience from TSW PPP revealed that for HA to deliver drugs to the clinics of participating doctors would incur significant administrative costs. A drug list, based on its Drug Formulary, would be provided by HA to participating private doctors for reference. As the drugs on the list were generic drugs, it should not cost the private doctors excessively than if the drugs were purchased by HA.

Service monitoring

14. Concern was raised over the quality of services provided by the participating private doctors. According to the Administration, participating private doctors were required to input the clinical diagnosis, drugs prescribed and other information related to the management of the chronic diseases through the Public-Private Interface – Electronic Patient Record system developed to support the various PPP initiatives under HA. This would enable HA to monitor the progress of individual participating patients and take appropriate follow-up actions where necessary. It should also be noted that participating patients with good cause could ask for transferring to another participating private doctor.

Commitment of the Government

15. Some members surmised that the reason why the subsidies provided by the Government to patients and private doctors participating in TSW PPP and SCP were lower than the respective cost per attendance at public GOPCs and SOPCs, which stood at \$280 and \$840 in 2008-2009 respectively, was to help HA to save costs.

16. The Administration stressed that launch of TSW PPP and SCP was not intended to substitute public healthcare services, including services of SOPCs and GOPCs, the resources of which would not be affected by the implementation of the two programmes. Nor would the two programmes help to save costs, as demand for services at public clinics would remain high despite the fact that some chronic patients would choose to participate in TSW PPP or SCP. For SCP, apart from the cash subsidies provided to both participating patients and doctors, various other support services, including laboratory tests, health risk assessment and training, would continue to be provided by the public healthcare sector. The private doctors could also refer the patients back to the public sector for timely management as appropriate.

Recent developments

17. As of February 2013, more than 1 600 patients have enrolled in TSW PPP. At the Panel meeting on 20 January 2014 to receive a briefing from the Secretary for Food and Health on the 2014 Policy Address in relation to health matters, members were advised, among others, the extension of the initiative to Kwun Tong, Wong Tai Sin and Tuen Mun districts in mid 2014, so as to relieve the pressure on the manpower of the public healthcare system and promote the concept of family doctor. It is expected to benefit around 2 000 GOPC patients in each of these districts. HA will subsidize each GOPC patient to receive a maximum of 10 consultations provided by participating private doctors, which cover four treatments of chronic diseases and six episodic consultations, each year as well as the drugs required.

18. As regards SCP, over 340 patients have enrolled in the programme as of February 2013. According to the Administration, SCP will end in 2013-2014 as originally planned.

Relevant papers

19. A list of the relevant papers on the Legislative Council website is in **Appendix**.

**Relevant papers on
public-private partnership projects to strengthen
chronic diseases management in the primary care setting**

Committee	Date of meeting	Paper
Panel on Health Services	14.4.2008 (Item V)	Agenda Minutes CB(2)2695/07-08(01)
Panel on Health Services	8.3.2010 (Item IV)	Agenda Minutes CB(2)1761/09-10(01)

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