

**For information
on 12 February 2018**

Legislative Council Panel on Health Services

**Progress of the
General Outpatient Clinic Public-Private Partnership Programme**

PURPOSE

This paper briefs Members on the implementation progress and way forward of the General Outpatient Clinic Public-Private Partnership Programme (GOPC PPP, or the “Programme”) launched by the Hospital Authority (HA).

THE PROGRAMME

2. Under the Programme, patients with hypertension and/or diabetes mellitus (with or without hyperlipidemia) and in stable clinical condition are given a choice to receive treatment provided by participating service providers (PSP), i.e. private doctors. Each participating patient receives up to ten subsidised consultations from a PSP in a year, covering both chronic and episodic illnesses, with drugs dispensed to them at the doctors’ clinics after each consultation. Participating patients are required to pay the HA’s general out-patient fee (presently \$50 as per Gazette) for each consultation. The PSPs receive a maximum total payment of \$3,155 per patient per year (including the fee of \$50 paid by patients for each consultation). More details are set out in **Annex**.

PROGRAMME IMPLEMENTATION

3. HA started inviting service providers to join the GOPC PPP in March 2014 and issued invitation to patients in batches starting from July

2014. To facilitate patients' understanding of the Programme details and boost up enrolment, patient fora were arranged for each batch of invitees.

4. HA has also launched various publicity and engagement activities to promote the PPP initiative and enhance the public's understanding of the Programme. Thus far, information posters and pamphlets, promotion banners, media interviews, news articles, video clip have been arranged and a dedicated webpage has been set up to encourage participation of service providers and invited patients. HA also sent invitation letters and organise talks for introducing the programme to potential service providers.

5. The enrolment process is on-going and eligible service providers are welcomed to join at any time. Identified eligible GOPC patients will continue to be invited to enrol in the Programme in batches in all districts.

Roll-out progress

6. The Programme first started in Kwun Tong, Wong Tai Sin and Tuen Mun. Starting from the third quarter of 2016, the Programme was rolled out to nine additional districts which include Eastern, Southern, Wan Chai, Kowloon City, Sham Shui Po, Kwai Tsing, Sai Kung, Sha Tin and Yuen Long¹, and further rolled out to four more districts including Central and Western, Islands, Tai Po and Tsuen Wan from 2017-18. The Programme is currently covering 16 districts of Hong Kong and will be rolled out to the remaining two districts, Yau Tsim Mong and North District in 2018-19. Upon the full roll-out to all 18 districts, it is estimated that around 35 000 patients can participate in the Programme.

Progress-to-date

7. As at end-August 2017, 304 PSPs and 16 442 patients have joined the Programme. 54.8% of the patients were below the age of 65, and the proportion of elderly patient aged 65 or above was 45.2%. Over

¹ Extended to cover Tin Shui Wai in 2018-19.

108 000 consultations had been provided under the Programme. On average, each participating patient had around six attendances annually.

8. Since the programme launch to end-August 2017, positive feedback has been received from medical professional bodies, patients, private doctors and the community partners. The Programme has maintained a high patient retention rate. Upon those patients who have participated in the Programme and commenced private service with their chosen PSP, around 95% of them are still staying in the Programme. A patient survey was conducted in August 2017. The survey result revealed that 90% of interviewed participating patients were satisfied with the Programme. 32 PSPs have ceased their participation in the GOPC PPP while 808 patients have chosen to withdraw from the Programme after paying the first visit to their selected PSPs. The major reasons for doctors' withdrawal were that they had stopped practicing in the designated districts, or retired, whilst withdrawing patients indicated they preferred HA service.

Interim Review

9. In April 2015, HA commenced an interim review on the GOPC PPP to identify issues and areas of enhancements. In preparation for further extension of the GOPC PPP to other districts then, the review focused on the major areas that would impact on the operation and service provision of the Programme, including provision of Programme Drugs as well as improvement on the information technology platform, operation matters and stakeholders' communication platform.

10. The interim review was completed in the first quarter of 2016. Having regard to the feedback received from external and internal stakeholders as well as analysis of the utilisation statistics, enhancements on the key issues were suggested and implemented by phases –

- (a) Programme Drug arrangement – Under the programme, there is a list of specified drugs targeted at certain clinical indications from which the PSPs may choose to purchase from designated drug supplies at the Programme rate. The continued provision of drugs being taken by chronic

disease patients is essential to the care of all patients under this Programme. It is for this reason that a list of Programme Drugs, totalling 27 items had been fixed from the start of the Programme. Under the review, it was further recommended that the Programme Drug List be expanded by adding selected drugs to address “associated health problems” of hypertension and diabetes mellitus; streamlining the drug ordering procedures with system enhancements; incorporating supply commitment terms into HA’s bulk contract to ensure continuity of drug supply for the Programme.

- (b) Information technology – It is recommended that the information technology platform be enhanced to ease administrative workload of PSPs.
- (c) Operation - Recommendations include conducting a risk consultancy study; developing a risk management framework to support the anticipated increase in scale and complexity of PPP programmes; developing the necessary structure, systems and internal controls to identify and manage risks for PPP programmes.
- (d) Stakeholders’ communication platform - Dedicated engagement platforms such as Advisory/Focus Group with relevant external stakeholders were recommended to facilitate more focused consultation and communication. The Working Group platform for consultation with staff was recommended to continue.

11. HA has also implemented some key patient-centred enhancements, including :

- (a) To enhance patients’ choice of PSPs, participating patients are now allowed the flexibility of choosing the PSPs from all relevant districts (currently 16 districts), significantly increasing the choice of doctor; and

- (b) to enhance communication, patients receive system-generated notifications via Short Message Service (SMS), email or postal mail when the quota is used for consultation, updated or upon annual reset.

WAY FORWARD

12. When the Programme becomes more mature after full roll-out to 18 districts, the fee adjustment arrangement making reference to the Composite Consumer Price Index (Medical Services), published in the Monthly Report on the Consumer Price Index by the Hong Kong Government's Census and Statistics Department, will be reviewed for developing a longer-term mechanism for the Programme. HA will continue to monitor closely the implementation of the Programme, and will keep in view the feedback from stakeholders. Having regard to the responses from service providers and patients, HA may consider expanding the scope of chronic diseases and number of patients benefitting under the Programme where appropriate.

BACKGROUND

13. On 17 February 2014, the Government briefed Members on HA's plan to launch the GOPC PPP in three districts, namely Kwun Tong, Wong Tai Sin and Tuen Mun², and updated Members on the Programme's implementation progress³ on 16 March 2015.

14. In mid-2014, the HA launched, on a pilot basis, the GOPC PPP in Kwun Tong, Wong Tai Sin and Tuen Mun districts to provide a choice to patients for receiving primary care services from the private sector, enhance patient access to primary care services, promote family doctor concept, help the HA manage demand for general outpatient service and foster the development of the territory-wide Electronic Health Record Sharing System (eHRSS).

² Vide LC Paper No. CB(2)849/13-14(05).

³ Vide LC Paper No. CB(2)993/14-15(05).

ADVICE SOUGHT

15. Members are invited to note and give their views on the implementation progress of the Programme and the way forward.

Food and Health Bureau

Hospital Authority

February 2018

Summary of General Outpatient Clinic Public Private Partnership Programme Details

- (a) Under the Programme, patients with hypertension and/or diabetes mellitus (with or without hyperlipidemia) and in stable clinical condition are given a choice to receive treatment provided by participating service providers (PSP). Patients who do not wish to participate in the Programme will continue to be taken care of by the general outpatient clinics (GOPC).
- (b) Participating patient receives up to ten subsidised consultations from a PSP in a year, covering both chronic and episodic illnesses, with drugs dispensed to them immediately at the doctors' clinics after each consultation.
- (c) Participating patients are required to pay the HA's general out-patient fee (presently \$50 as per Gazette) for each consultation. Those who are recipients of Comprehensive Social Security Assistance or holders of valid full or partial medical fee waiver certificates may be entitled to partial or full waiver of the co-payment when he/she attends the PSP under the Programme. Civil servants, pensioners, HA staff or their eligible dependents are entitled to free medical benefits when seeking consultation in GOPC and they will also be exempt from the co-payment for each consultation they obtain from the PSPs under the scope of the Programme.
- (d) Under mutual agreement, individual patients may receive further services and treatment at their own expenses. Those who have participated in the Elderly Health Care Voucher Scheme can meet such additional charges from their Health Care Voucher accounts.
- (e) Private doctors ("service providers") with places of practice located in relevant districts are invited to join the GOPC PPP. As PSPs, they receive a maximum total payment of \$3,155 per patient per year (including the fee of \$50 paid by patients for each consultation)

covering a maximum of ten consultations and the indicated Programme medications needed by individual patients.

- (f) To facilitate continuity of patient care, PSPs are required to enter relevant clinical information in the patients' records after each consultation using the eHRSS platform.
- (g) The HA has set up Help Desks in the relevant districts as well as a dedicated telephone hotline to handle enquiries on operation details of the Programme and to provide support to both participating patients and PSPs. Participating patients may choose another service provider on the list of PSPs or withdraw from the Programme and return to the HA at any time, upon giving reasonable notice.