中華人民共和國香港特別行政區政府總部食物及衞生局
Food and Health Bureau, Government Secretariat
The Government of the Hong Kong Special Administrative Region
The People's Republic of China

Our Ref.: ( ) in FH/H/18/5/11

Tel: 2973 8117
Fax: 2840 0467

7 June 2010

Ms Mary SO
Clerk to Panel on Health Services
Legislative Council
Legislative Council Building
8 Jackson Road, Central

Dear Ms SO,

Legislative Council Panel on Health Services
Healthcare Service Reform – Shared Care Programme

At the meeting of the LegCo Panel on Health Services on 8 March 2010, Members requested the Administration to provide the following with respect to the Shared Care Programme launched by the Government through the Hospital Authority (HA) –

(a) a written response to explain in what aspects is the Shared Care Programme (the Programme) different from other pilot projects to enhance support for chronic disease patients in the primary care settings, and whether, and if so, how the experience from these other pilot projects has contributed to the formulation of the Programme;

(b) a paper setting out the listed fees to be charged by the doctors participating in the Programme when the information becomes available;

(c) information on the assistance and support the Administration will provide to private doctors interested in participating in the Programme on the setting up of an electronic system in their clinics to share the patients' health records with HA's Clinical Management System;

(d) information on the cost per consultation at public clinics; and

(e) information on the estimated average waiting time of patients at public specialist out-patient clinics and general out-patient clinics following the implementation of the Programme.

This reply sets out the Administration's responses to the requests.

The Aim of the Programme

The Shared Care Programme is developed based on the primary care conceptual models and clinical protocols for diabetes mellitus (DM) and hypertension (HT) developed by the Working Group on Primary Care since 2008. It aims to test the provision of care based on the protocols through public-private partnership and assess the efficacy of the care model for chronic disease patients in primary care settings. Subsidies / incentives are provided to incentivize both patients and doctors to adopt the care model and establish long-term patient-doctor relationships in line with the objective of achieving continuous and holistic care. By adopting common protocols, providing financing incentives and establishing framework for evaluation, the Programme aims to enhance the care for chronic disease patients in a more comprehensive manner, compared with previous pilot projects and having regard to their experience.

Having regard to the needs for providing more comprehensive care support for chronic disease patients, the Programme also interfaces with two other pilot projects already launched concerning two essential components in the comprehensive care for chronic disease patients, namely risk assessment and patient empowerment. These two pilot projects include –

(i) the Risk Assessment and Management Programme, which provides comprehensive health risk assessments for patients with DM and/or HT being followed up in HA, will help identify eligible patients for the Programme; and

(ii) the Patient Empowerment Programme, under which doctors can refer patients to participate in educational courses organised by HA in collaboration with non-governmental organisations to teach chronic disease patients to improve their lifestyle, to raise their awareness of the diseases and enhance their self-care ability.

Fees to be Charged by Participating Doctors

All doctors under the Shared Care Programme are required to publicise upfront the fees they will charge participating patients and the fees will be published on the Shared Care Homepage of HA Public-Private Partnership website. Enrolment of doctors is still underway. HA has sent letters to all doctors practising in Sha Tin

and Tai Po area to invite them to join the Programme on 20 May 2010. The fees to be charged by the doctors participating in the Programme will be uploaded to the website once available.

Support for Participating Doctors

. HA will organize training and sharing sessions to enhance participating doctors' capability in providing comprehensive and continuous care for chronic disease patients and to facilitate communication and experience sharing between the public and private healthcare sectors. HA will also provide other support services for doctors and patients as necessary, including laboratory services and health risk assessments related to treatment of DM and HT.

In addition, training sessions will be arranged for participating doctors on how to use the IT system designed for the Programme for the purpose of logging clinical records of the patients, sharing of such records with HA, as well as claiming the subsidy / incentives provided by the Government. User manuals with detailed guidelines will also be distributed to the participating doctors. If the private doctors encounter problems in using the system, they can contact the Support Offices of the Programme set up in HA for assistance.

Cost Per Attendance at Public Clinics

The Controlling Officer's Report in the 2010-11 Estimates have set out the unit costs per attendance at public clinics in 2008-09 as follows –

Type of clinic	**Unit cost per attendance**
Specialist outpatient clinic	$840
General outpatient clinic	$280
Family medicine specialist clinic	$750

It should be noted that the Programme aims to implement the chronic disease management care model through shared care between the public and private healthcare sectors for those patients who choose private doctors as their primary carer. It is not intended to substitute public healthcare services, including services of Specialist Out-patient Clinics and General Out-patient Clinics, the resources of which would not be affected by the implementation of the Programme.

It should also be noted that, apart from the cash subsidies provided under the Programme to both participating patients and private doctors, various other support services will continue to be provided by the public healthcare sector, including laboratory tests, health risk assessment, training, etc. The private doctors can also refer the patients back to the public out-patient clinics for timely management as

appropriate should the patients' conditions deteriorate or if specialist assessment is required due to occurrence of disease complications or other problems.

Estimated Waiting Time at Public Out-Patient clinics

As explained in the paragraphs above, the aim of the Programme is to enhance chronic disease management through shared care of patients by both the public and private healthcare sectors in collaboration. It is not the objective of the Programme to substitute public out-patient services, the resources of which would not be affected by the implementation of the Programme. The Programme is not expected to have a direct impact on the waiting time for services at public out-patient clinics, but would help to ensure that resources are directed more towards complicated cases and needy groups.

Yours sincerely,

(Bruno LUK)
for Secretary for Food and Health

c.c.

CE/HA (Attn: Dr FUNG Hong, Cluster Chief Executive, NTEC)