

**For discussion
on 14 July 2023**

Legislative Council Panel on Health Services

Chronic Disease Co-Care Pilot Scheme

Purpose

The Government will launch the Chronic Disease Co-Care Pilot Scheme (CDCC Pilot Scheme) this year to facilitate early identification of people with high risk of hypertension (HT) and diabetes mellitus (DM). This paper briefs Members the plan of the CDCC Pilot Scheme.

Chronic Disease Co-Care Pilot Scheme

Background

2. To strengthen Hong Kong's primary healthcare system, the Government released the Primary Healthcare Blueprint (the Blueprint) on 19 December 2022 setting out a series of reform initiatives to formulate the direction and strategies of primary healthcare development in view of the challenges brought about by an ageing population and the increasing prevalence of chronic disease. Through prevention-oriented, community-based and family-centric strategies which focus on early detection and intervention, our vision is to improve the overall health status of the population, provide accessible and coherent healthcare services, and establish a sustainable healthcare system. Health Bureau (HHB) reported the Blueprint and related issues to Members on the Panel on Health Services at its meeting on 10 February 2023.

3. One of the key recommendations under the Blueprint is to enhance the community-based primary healthcare system. The Government will launch the CDCC Pilot Scheme from 2023 to provide targeted subsidies to citizens for early diagnosis and management of target chronic diseases through self-selected family doctors in the private healthcare service sector to address the increasing chronic disease prevalence particularly HT and DM.

4. According to the Report of Hong Kong Population Health Survey 2020-22¹ released by the Department of Health, around 37% and 41% of patients with DM and HT, respectively, were unaware of their condition prior to the health examination. Through CDCC Pilot Scheme, citizens would be able to receive screening, monitoring and intervention as early as possible in order to prevent occurrence of chronic diseases or related complications.

5. The community-based healthcare consists of “family doctor for all” concept and various district-based services. Through family doctors in the private sector, the CDCC Pilot Scheme will identify people with high risk of HT and DM early. The scheme will provide evidence-based screening service and subsidised treatment package for persons with prediabetes, DM and HT in order to provide timely intervention and prevent complications that would otherwise arise from the delayed diagnosis of the chronic diseases. Through the assistance of District Health Centre (DHC)/DHC Express (DHCE), participants could select and be matched with a family doctor listed in the Primary Care Directory (PCD), in order to foster continuous and holistic primary care.

Enrolment Eligibility

6. Based on the Primary Healthcare Reference Framework, as well as taking reference from the screening models of Singapore, Australia and the United Kingdom, the Clinical Advisory Group suggested to invite Hong Kong residents aged 45 years or above without known DM or HT or related symptoms to receive screening on DM and HT under the CDCC Pilot Scheme. The Clinical Advisory Group will continue to review the enrolment criteria based on latest evidence.

Enrolment

7. Eligible persons can enrol in the CDCC Pilot Scheme via either DHC/DHCEs or clinics of private doctors upon agreeing to register as a DHC/DHCE member and consent to share their data with related service providers on the Electronic Health Record Sharing System (eHealth). Subsidised packages will only apply to the relevant services provided by the selected family doctor matched under the CDCC Pilot Scheme IT platform.

¹ Health examination formed a part of the survey.

Service Content

8. Through the collaboration of multidisciplinary healthcare professionals, the CDCC Pilot Scheme will provide the following services:

- (a) **Medical Screening:** Family doctors will conduct initial health assessments and arrange screening and investigations for participants, explain laboratory investigation results and diagnosis, and recommend comprehensive health management plans for participants;
- (b) **Medical Treatment:** According to the diagnosis, clinical assessment, and the Primary Healthcare Reference Framework, family doctors will provide disease treatment, and set incentive health targets together with participants;
- (c) **Laboratory Service:** Designated investigation service providers will perform investigations to assess participant's health status and disease risks;
- (d) **Drug Service:** Family doctors will provide necessary medication treatment based on the clinical condition of participants; and
- (e) **Nurse and Allied Health Services:** To support participants to prevent and manage diseases, improve health status and quality of life, nurse clinic will provide disease prevention education, health assessment, and counselling services; whereas allied health professionals (including optometrists, podiatrists, dietitians, and physiotherapists) will provide individualised intervention services for participants.

Clinical Pathway and Care Plan

9. The screening of the CDCC Pilot Scheme will include blood pressure measurement and blood test for either fasting plasma glucose (FPG) or HbA1c. Participants will be offered the following support services in accordance with their screening result:

- (a) **Participants with normal screening results:** Self-health programme and disease prevention education will be offered by healthcare professional co-ordinated by

DHC/DHCEs;

- (b) **Participants diagnosed with prediabetes²:** Based on clinical condition, individualised lifestyle modification, as well as subsidised package provided by family doctor, allied health and nursing services will be offered and arranged through DHC/DHCEs as part of the care plan for continuous monitoring, assessment, and management, including drug treatment if indicated. In terms of treatment, participants will be offered four subsidised consultations annually;
- (c) **Participants diagnosed with DM/HT:** Subsidised complication screening and a long term treatment package will be offered with subsidised investigations as well as drug treatment under their family doctors' management. In terms of treatment, participants will be offered six subsidised consultations annually. The package aims at attracting and retaining participants to receive continuous chronic disease management at their local community with a co-payment by the Government and participants, not only for medical care but also comprehensive health assessment, individualised lifestyle modification and social support.

Service Providers

10. The Government will develop the family doctor system by engaging private doctors who have registered in the PCD to participate in the CDCC Pilot Scheme. Participants will be able to select and match themselves with the appropriate doctors via the CDCC IT System and both of them will have to provide consent for data sharing across involved service providers for managing their health under a multidisciplinary approach. Family doctors should offer primary healthcare services to the registered participants not only on chronic disease management, but also other primary healthcare programmes including vaccination and cancer screening programme, etc..

11. DHC/DHCEs will continue to provide and co-ordinate district-based primary healthcare services including life course preventive care in

² In accordance with the Lancet, "Prediabetes: a high-risk state for diabetes development" (16 June 2012; 379(9833):2279-90), people with prediabetes have 5-10% annualised conversion rate to DM.

the community. DHC/DHCEs will provide health education and service information to the public to enhance their health literacy and accessibility for services. DHC/DHCEs will also conduct health risk factors assessment, facilitate family doctor matching, support participating service providers, offer nursing consultation, and organise lifestyle modification activities as well as provide patient empowerment programmes.

12. In addition, laboratory services under the CDCC Pilot Scheme will also be contracted out through a centralised purchasing model enacted by the Strategic Purchasing Office (SPO) for certain investigations such as blood test, urine test related to the DM and HT management. This will allow family doctors to order the investigations at affordable prices for their patients.

Referral Mechanism

13. Based on the risk stratification resulting from complication screening, the Hospital Authority (HA) and the family doctors will work together under a bi-directional referral mechanism for specialist consultation support. Seven clusters will set up designated medical consultation arrangements which will provide one-off specialist medical consultation referral service according to specified referral criterion and protocol, with care plan formulation to empower family doctors in follow-up. Meanwhile, based on the clinical condition of participants, family doctors can also refer patients to receive secondary care services at specialist clinics under HA under prevailing mechanism.

Service Purchasing

14. The Government has established the SPO to co-ordinate primary healthcare services provided to the citizens through the private healthcare sector. By providing incentives to healthcare service users and providers, SPO will encourage and induce citizens to adopt evidence-based healthcare service appropriately, so as to meet their healthcare needs and enhance health benefits. In the recruitment process of the CDCC Pilot Scheme, the service agreement agreed with the family doctors recruited under the CDCC Pilot Scheme will delineate the role and responsibilities of services providers and the performance expected. We will encourage family doctors' participation by providing incentives including, screening and consultation package, support from DHC/DHCEs, investigation services, provision of subsidised drug and pay-for-performance.

15. The principles for service purchasing are to provide services

through building a regular participant relationship, co-payment concept and performance driven framework starting from screening to long term follow up. Co-payment services under CDCC Pilot Scheme will cover consultation, investigations, complication screening and treatment (including drugs) packages. Purchasing services will also include laboratory, call centre, medication supply, nurse and allied health services for DHC/DHCE.

Subsidy and Co-payment

16. The CDCC Pilot Scheme will adopt a government and participants co-payment model. The Government will provide subsidies to encourage members of the public to participate in the scheme. Participants will also have to pay part of the service costs in order to take up the responsibility for managing their own health. In addition to receiving integrated healthcare services, participants can also choose their preferred family doctors through DHC/DHCEs in order to receive personalised, convenient and time-saving primary healthcare services in a better environment.

17. To encourage eligible persons to actively participate in the CDCC Pilot Scheme, the Government will provide partial subsidies for all services under the Scheme, including consultations, medications, laboratory investigations, nurse clinics and allied health services. Participants also have to bear part of the costs. Details of the tentative level of the Government's subsidies and participants' co-payments are set out at the **Annex**.

Incentive Targets

18. In order to nurture an effective doctor-patient relationship, the CDCC Pilot Scheme had put in place a doctor-patient partnership incentive mechanism with a view to encouraging doctors and patients to manage their health, thereby achieving the treatment objectives and better health outcomes and status.

19. The incentive mechanism will formulate objectives and achievement standards. For eligible patients who are able to achieve the objectives, their incentive payment will be calculated from the next program year onwards. After achieving the incentive targets, patients

may enjoy a reduction of up to the reference co-payment amount of \$150³ for the first subsidised consultation in the following program year. On the other hand, family doctors must fulfil the pre-requisite requirement by meeting a pre-defined percentage of patients who satisfactorily controlled their levels of blood sugar and blood pressure⁴ in order to receive incentive payments.

Quality Assurance System

20. An operation manual for the CDCC Pilot Scheme will be developed to cover the workflow, protocol and screening as well as treatment packages adopted. Key Performance Indicators will be formulated and incorporated in the IT system for regular monitoring and auditing. Nursing clinics will be set up in DHC/DHCEs to follow up on individual patients, co-ordinate patient care across multiple disciplines and family doctors, and provide management support.

Evaluation

21. We will commission a local university to conduct a study to evaluate the health outcomes of participants of the CDCC Pilot Scheme. In addition, internal evaluation will also be conducted based on the structure, process and outcomes of the CDCC Pilot Scheme particularly on the effectiveness and efficiency of the system setup.

Preparation Work with Stakeholders

22. HHB is actively introducing the CDCC Pilot Scheme with community stakeholders (including the medical sector, social welfare sector, think tanks, academia, patient organisations, etc.) to seek advice on the recommended direction, including the service protocol and encourage participation from family doctors. Meanwhile, HHB would continue to communicate with DHC/DHCEs and arrange appropriate training to ensure a smooth service launch.

³ The reference co-payment amount proposed by the Government.

⁴ The calculation of incentive payment is 15% of the total amount derived from the number of actual attendance of the subsidised visits by the patients who have achieved their incentive targets, the Government subsidy and the reference co-payment amount.

Way Forward

23. The details of the CDCC Pilot Scheme will be announced in the third quarter of 2023.

Advice Sought

24. Members are invited to note the content of this paper.

Health Bureau
July 2023

Chronic Disease Co-Care Pilot Scheme – Subsidies and Co-payments
(tentative level)

Screening Phase	<ul style="list-style-type: none">• The Government shall provide a one-off fixed subsidy of \$192*, and participants have to pay a one-off co-payment of \$120.• Screening consultation, related laboratory investigations and examinations are included.	
Treatment Phase	Consultation	<ul style="list-style-type: none">• The Government shall subsidise a portion of consultation fees, by providing doctors a fixed subsidy of \$162* for each subsidised visit.• Participants will have to pay the co-payment amount as determined by the family doctor. The Government recommends a reference level of co-payment amount of \$150 for each visit by the participant. Doctor has to ensure the charges are transparent.
	Drug	<ul style="list-style-type: none">• The provision of Specified Drugs (such as medications for controlling diabetes and blood pressure, as well as commonly used medications for episodic illnesses) are included in the consultation co-payment and shall incur no extra cost to the participant.• The Government will provide a subsidy of \$103.5* to doctor every quarter for medication expenses per participant on chronic disease. In addition, the Government will arrange doctor to procure designated drugs as listed for the Scheme at

		concessionary price via the designated suppliers.
	Designated Laboratory Investigation	<ul style="list-style-type: none"> The Government will provide partial subsidy on each item, and participants have to pay the remaining co-payment amount.
	Nurse clinic	<ul style="list-style-type: none"> The Government will provide partial subsidy for the required services, and the remaining co-payment amount shall be settled by participants.
	Allied Health Service	

*Subject to final adjustment