

**For discussion
on 13 June 2025**

Legislative Council Panel on Health Services

Update on Chronic Disease Co-Care Pilot Scheme

Purpose

Further to the report of the Health Bureau (HKB) to the Panel on Health Services on 10 May 2024, this paper briefs Members on the latest progress of the Chronic Disease Co-Care Pilot Scheme (CDCC Pilot Scheme).

Background

2. On 13 November 2023, the Government launched the CDCC Pilot Scheme, the first major initiative implemented after the release of the Primary Healthcare Blueprint (Blueprint) at end-2022. The Scheme provides subsidised diabetes mellitus (DM) and hypertension (HT) screening services in the private healthcare sector to Hong Kong residents aged 45 or above with no known medical history of DM or HT, with a view to encouraging citizens to receive early screening in order to get a better understanding of their own health status, so as to achieve the goals of “early prevention, early identification and early treatment”. In March 2025, the Scheme was expanded to include blood lipid testing, thus achieving full coverage of the “three highs”.

3. Through the CDCC Pilot Scheme, the Government aims to establish a family doctor (FD) regime and position District Health Centres and District Health Centre Expresses (collectively referred to as DHCs) as hubs to foster expansion of the community healthcare network, so as to properly manage chronic diseases in the community through a multi-disciplinary team approach and a co-payment model, thereby alleviating the pressure on secondary and tertiary healthcare services, in particular the Specialist Out-patient Clinics (SOPCs) of the Hospital Authority (HA).

Subsidy and Co-payment Model

4. Under the CDCC Pilot Scheme, participants receive partial Government subsidies and, bearing the primary responsibility for their own

health, pay a certain amount of co-payment fee under a co-payment model. The Government considered a wide range of factors when determining the subsidy amount for the CDCC Pilot Scheme, including market prices, affordability of the public, service demand and options, as well as the attractiveness of the Scheme, thereby enabling participants to enjoy personalised, convenient and time-saving primary healthcare services in a pleasant environment.

5. Through strategic purchasing, the Government can procure healthcare services at more favourable prices so as to fully subsidise investigation services in the screening phase and provide partial subsidies for investigation services and allied health services in the treatment phase under the CDCC Pilot Scheme, thereby maximising the benefits of precious healthcare resources. In addition, under the co-payment model, participants in need can utilise more healthcare services of a broader scope with better cohesion at affordable prices in the treatment phase to enhance their health. Benefiting from strategic purchasing, participating FDs can also purchase drugs in the CDCC Pilot Scheme Drug List from designated drug suppliers at discounted prices.

Incentive Targets Mechanism

6. The CDCC Pilot Scheme has built-in a doctor-patient partnership incentive mechanism with a view to encouraging FDs and Scheme participants to actively engage in treatment processes. All patients who have achieved the incentive targets (such as having their health indexes monitored and subsequently uploaded to the eHealth mobile application (eHealth App), attended follow-up consultations regularly, having completed health education programmes or undergone laboratory investigations as advised) will enjoy a reduction of co-payment fee with a maximum amount of \$150¹ for their first subsidised consultation in the following participant programme year. On the other hand, FDs who have fulfilled the pre-requisite requirements (i.e. meeting a pre-defined percentage of patients who achieved targets in regulating their levels of blood sugar and blood pressure) can also receive corresponding incentive payments².

¹ The Government recommended consultation co-payment fee in the treatment phase.

² The calculation of incentive payment is 15 per cent of the total amount derived from the number of actual attendance of the subsidised consultations by the patients who have achieved their targets, the Government consultation subsidy and the recommended co-payment fee.

Latest Developments

Achieving Participation Target Ahead of Schedule

7. The CDCC Pilot Scheme has been well received since its launch. As at 31 May 2025, around 131 200 individuals in total have enrolled in the Scheme, and it is expected that the target of having 200 000 participants during the three-year pilot period can be achieved earlier than expected. More than 74 900 participants (i.e. about 60 per cent) have completed the screenings³, and around 31 100 of those who had completed screenings (i.e. about 40 per cent) have been diagnosed with prediabetes⁴, DM, HT or hyperlipidaemia. The latter patients can proceed to the treatment phase and will be subsidised by the Government to continue their treatment with self-selected FDs, and subject to their health conditions, be offered prescribed medication and follow-up care at nurse clinics and allied health services.

Growth in Number of FDs

8. FDs are generally supportive of the CDCC Pilot Scheme. As at 29 May 2025, there are over 640 FDs (covering 859 service points⁵) participating in the Scheme, 70% of whom (456 doctors) only charge co-payment at the Government recommended co-payment fee of \$150 or below per consultation (see **Annex II**). On 19 May 2025, the Primary Healthcare Commission (PHC Commission) presented Certificates of Appreciation to 25 participating FDs of the CDCC Pilot Scheme in recognition of their active involvement in various primary healthcare programmes. Each awardee has provided chronic disease screenings and treatment for hundreds or even over a thousand participants under the Scheme.

9. The median waiting time for participants of the CDCC Pilot Scheme from enrolment to receiving screening services has consistently remained within two weeks since the launch of the Scheme. Considering the CDCC Pilot Scheme's goal of early prevention of chronic diseases and complications reduction, the short waiting time for participants to receive screening services is satisfactory. The Government will continue to closely monitor the geographical distribution of the participants and the pairing of FDs in each

³ The CDCC Pilot Scheme screened for DM and HT in the initial phase (before 28 March 2025), and was later expanded to include blood lipid screening. Therefore, some of the participants who completed the screening were screened for DM and HT only, while the rest were screened for the "three highs".

⁴ Prediabetes with glycated haemoglobin level of 6.0 to 6.4 per cent or fasting plasma glucose level of 6.1 to 6.9 mmol/L.

⁵ An FD can provide services at more than one service point.

district. In fact, at present, all districts in Hong Kong have a certain number of FD service points. The CDCC Pilot Scheme participants may, according to their own needs, flexibly choose to pair with an FD for screening and follow-up services at a service point near their place of residence, workplace, or any other suitable service points. As such, the number of enrolled participants across districts may not align with the distribution of FD service points. When choosing an FD, participants may consider factors such as co-payment amount, clinic location or other personal preferences. Such considerations may affect the time taken for participants to receive services.

Effective Bi-directional Referral Mechanism

10. The Government has established a bi-directional referral mechanism with the HA under the CDCC Pilot Scheme. FDs and the HA's SOPCs can arrange for reciprocal referrals of patients according to clinical diagnosis and pre-defined criteria and guidelines, with a view to ensuring efficient triage and the proper use of resources. As at 31 May 2025, 48 participants received a one-off specialist consultation at the HA through the mechanism. The vast majority of them have been assessed by internal medicine specialists as clinically stable and suitable for FDs to continue to follow-up and provide continuous and comprehensive primary healthcare services in the community in accordance with clinical recommendations. Among the 48 participants, 4 of them were diagnosed to be at risk of heart disease complications after referral and required follow-up treatment by specialists to prevent further deterioration of their conditions, one of whom was even diagnosed with severe narrowing of coronary stenosis, which could lead to serious complications if not followed-up by specialists in a timely manner. In addition, one patient was referred to the Accident and Emergency Department for emergency treatment due to abnormal blood pressure. It can be seen that, through the bi-directional referral mechanism, these patients with clinical needs can be referred to specialists for secondary care in a timely and appropriate manner, so as to prevent deterioration of their conditions and possible complications.

Continuous Scheme-Wide Enhancements

11. The CDCC Pilot Scheme is currently at the mid-phase of its three-year pilot period. The Government conducted a preliminary review within three months of the launch of the Scheme, and has been continuously reviewing the effectiveness of the Scheme and taking into account the views of various stakeholders and service providers, with a view to making timely enhancements. In this regard, the Government has implemented the following ten improvement measures to further enhance the services under the CDCC Pilot Scheme:

- (i) **Enhance registration convenience:** To provide convenience to the public for their participation in the CDCC Pilot Scheme, citizens can register at the DHCs to participate in the Scheme, or pre-register by filling in a form at the website of the Scheme. Starting from March 2024, a number of participating clinics are also open for direct enrolment to the Scheme, and participants can pair with an FD at the clinic.

As at 31 May 2025, 203 FDs who have participated in the CDCC Pilot Scheme offer direct patient enrolment at their clinics (245 service points). Among the participants, about 120 500 were enrolled through the DHCs and about 10 600 chose to enrol in the Scheme directly at the clinics participating in the CDCC Pilot Scheme;

- (ii) **Increase Scheme flexibility:** The basic-tier drug list of the CDCC Pilot Scheme was expanded in August 2024 to increase the coverage of its basic-tier drugs from 43 items at the initial stage to 59 drug item, providing family doctors with greater flexibility in prescribing drugs according to the clinical needs of participants. FDs may also make special arrangements according to the clinical conditions of the participants, such as prescribing medication when necessary before waiting for the results of laboratory tests;
- (iii) **Introduction of multi-disciplinary care services:** To systematically enhance and integrate primary healthcare capacity in the community, the Government has introduced dedicated nurse clinic and allied health services (including optometrists, physiotherapists and dietitians) since January 2025 and podiatry services since April 2025 through strategic purchasing to promote multi-disciplinary care and offer a broader scope of healthcare services with better coherence to the CDCC Pilot Scheme participants. From 20 January 2025 to 29 May 2025, the service attendances had reached 1 124 (See [Annex III](#));
- (iv) **Caring for the underprivileged group:** To take care of the primary healthcare needs of the underprivileged group, the Government is expanding the CDCC Pilot Scheme in phases to designated GOPCs to provide the underprivileged group with preventive screening and care services for chronic diseases under the Scheme. The first phase of the service was launched in seven GOPCs in March 2025 (see [Annex IV](#)), with plans to extend the services to have GOPCs in all

18 districts to provide relevant services by the end of this year. As at 30 May 2025, there were more than 1 000 attendances at the relevant GOPCs for screening and care services for the “three highs”;

- (v) **Expand service scope to include blood lipid screening:** To provide a more comprehensive approach for the assessment and proper management of cardiovascular disease risk factors, the Government expanded the scope of the CDCC Pilot Scheme starting from March 2025. In addition to DM and HT, blood lipid testing was added, achieving full coverage of the “three highs”;
- (vi) **Provision of blood sampling service:** Starting from March 2025, blood sampling service will be made available at the DHCs of all 18 districts in Hong Kong, so as to make it more convenient for participants to choose to have their DM screened at the laboratories or the DHCs under the Scheme and enhance the accessibility of blood screening;
- (vii) **Expand laboratory services:** Starting from March 2025, laboratory test services have been extended to all 18 DHCs and QR codes are provided on laboratory test referral slips to facilitate participants’ access to the latest information about laboratory test service points online;
- (viii) **Enhance recruitment of FDs:** The Government has been facilitating the increase in number of FD service points in various districts, with a view to providing the public with more options and enhancing their convenience and flexibility in seeking medical treatment. In this connection, the Government has organised nine online briefings to promote and introduce the CDCC Pilot Scheme to FDs, and actively invited FDs/clinics, and in particular, doctors who enrolled in the General Outpatient Clinic Public-Private Partnership Programme (GOPC PPP)⁶ and those enlisted in the Primary Care Directory, to participate in the Scheme.

Moreover, the PHC Commission and the Hong Kong College of Family Physicians co-organised the World Family Doctor Day Symposium twice in 2024 and 2025 to share and discuss with healthcare professionals the promotion of primary healthcare

⁶ The target group of the GOPC PPP is the HA’s GOPC patients having HT and/or DM (with or without hyperlipidaemia). The GOPC PPP is similar in nature to the CDCC Pilot Scheme.

services in a concerted manner. The Symposiums also highlighted the enhancements introduced by the Government to support FDs in providing necessary care to the CDCC Pilot Scheme participants, and successfully encouraged more doctors to join the Scheme;

- (ix) **Improve digital support:** The Government will continue to enhance the information technology systems so as to streamline FDs' workflows and reduce the need for manual entry of data. New functions included automatic upload of laboratory test results, to-do list, comparison of new and old laboratory test reports, viewing of relevant service quotas, etc. In addition, a new function has been added to the eHealth App for participants to check their own information under the CDCC Pilot Scheme at any time; and
- (x) **Enhance publicity:** The Government has promoted the CDCC Pilot Scheme through various channels, among which the DHCs play an important role. In addition to inviting existing eligible members to participate in the scheme, the DHCs also organise large-scale promotional activities in respective districts and strengthen their connection with the public through community outreach activities, mobile outreach vehicles and promotional booths in community complexes. The DHCs have also been actively co-operating with community service partners, such as organising activities with District Services and Community Care Teams, to recruit eligible individuals to become Scheme participants;

An analysis showed that there is a lower proportion of male participants in the CDCC Pilot Scheme (about 33%). In view of this, the Government has formulated strategies to enhance promotional efforts focusing on men, including stepping up promotional efforts targeting at particular industries and arranging promotional activities on non-working days, especially Sundays, with a view to raising men's health awareness and encouraging eligible men to join the Scheme.

Effectiveness of the Scheme

12. The CDCC Pilot Scheme has achieved remarkable results in its pilot phase. As of present, among the nearly 70,000 participants who have completed screening, nearly 40% of them have been found to have prediabetes or suffer from the "three highs", proving that the Scheme is effective in assisting hidden patients to detect chronic diseases and receive treatment at an early stage, thereby achieving the policy objective of "early prevention, early

detection and early treatment”.

13. Furthermore, according to the interim report by a local university study team commissioned by the Government⁷ to study the CDCC Pilot Scheme, preliminary analysis indicates that participants with DM or HT showed significant improvements in their glycated haemoglobin levels or blood pressure after six months in the treatment phase. Glycated haemoglobin values decreased by 1.0% in diabetic participants; systolic blood pressure decreased by 15.0 mmHg in hypertensive participants.

14. The study team also anticipates that the CDCC Pilot Scheme will demonstrate positive health benefits and cost-effectiveness outcomes. Preliminary analysis indicates that the Scheme holds significant value in optimising resource allocation and alleviating the pressure on the healthcare system. Based on the actual number of DM, HT and pre-DM cases identified under the Scheme, local cost-effectiveness data, and a modelled scenario of 200 000 participants, it is expected that the Scheme can prevent approximately 9 000 cases of cardiovascular diseases and 11 000 deaths, thereby gaining approximately 54 000 quality-adjusted life years (QALYs) and saving HK\$2.7 billion in health expenditure. Further results on the cost-effectiveness of the Scheme will be provided in the report in the fourth quarter of 2026.

Way Forward

15. The future development of primary healthcare in Hong Kong will uphold the concept of “prevention-oriented and community-based”, strengthen the private FD network and implement the “Family Doctor For All” concept, so that citizens with greater financial capacity to share costs can have convenient access to affordable chronic disease screening, systematic health assessment and continuous preventive care. At the same time, the public GOPCs will continue to function as a social safety net, focusing on providing comprehensive and suitable primary healthcare services for the underprivileged, so as to ensure equitable and accessible allocation of healthcare resources.

Setting Standards to Ensure Service Quality

16. The PHC Commission has uploaded the “Hong Kong Reference Framework for Life Course Preventive Care in Primary Healthcare” (RF) onto

⁷ The Government commissioned a local university in the first quarter of 2024 to conduct a study regarding the CDCC Pilot Scheme to assess the extent to which the objectives of the Scheme are met and the overall performance, including the service quality, effectiveness, as well as the cost-effectiveness.

its website and platforms such as eHealth to establish “golden standards” and provide evidence-based guidelines for all primary healthcare providers, including the DHCs and FDs participating in the CDCC Pilot Scheme. The RF covers guidance on healthy lifestyle practices, information and education on vaccinations, as well as screening services for chronic diseases and cancers. The DHCs and FDs may provide participants of different age groups with evidence-based, comprehensive and personalised health strategies in accordance with evidence-based medical guidelines. The Scheme will continue to develop along the RF to provide quality assurance to primary healthcare users.

Transformation to CDCC Platform

17. Following the three-year pilot phase of the CDCC Pilot Scheme, the Government plans to expand and deepen the initiative by transforming it to a CDCC Platform. The Platform will build on the existing framework for DM and HT management, integrate primary healthcare resources, and cover more types of chronic diseases having regard to considerations such as scientific evidence and resource utilisation. More health empowerment elements and preventive care programmes will also be added to establish a more systematic and coherent integrated primary healthcare platform in the community. The DHCs and FDs will become important pillars of the CDCC Platform, through which the public can have more convenient access to Government-subsidised primary healthcare services to further improve their overall health conditions.

18. The CDCC Platform will consolidate the existing dual-track approach of the primary healthcare system and adopt a multi-pronged approach to promote preventive services. Firstly, the role of the DHCs as community health hubs will be strengthened through expanding their community health education, screening activities and health management programmes. Secondly, an FD system will be established, under which, FDs will be the first primary healthcare service providers for the public and, together with the multi-disciplinary teams and clinical support resources, will provide the public with continuous, comprehensive and personalised healthcare services. Finally, the bi-directional referral mechanism will ensure tiered and coordinated community-based healthcare, enabling timely specialist follow-up for complex cases.

Hepatitis B Screening as Pilot

19. As chronic hepatitis B is a common disease in Hong Kong and a major cause of cirrhosis, liver cancer and viral hepatitis-related deaths, the Chief Executive’s 2024 Policy Address announced to launch a hepatitis B

screening programme. To strengthen the role of primary healthcare in the prevention and control of infectious diseases and as a pilot arrangement, the Government will launch a Hepatitis B screening programme through the CDCC Platform. The programme will follow the co-payment model and FD system of the Platform to provide risk-based hepatitis B screening and ongoing management for individuals at higher risk of hepatitis B virus infection (e.g. family members of chronic hepatitis B patients), so as to allow suitable patients to receive ongoing management services in the community. This measure will help fill the existing gap between the public SOPCs and Family Medicine Specialist Clinics and community care, thereby alleviating the burden on public hospitals. The PHC Commission is studying the relevant arrangements and will announce the details in due course.

Drug List Expansion

20. The drug list of the CDCC Pilot Scheme will be progressively expanded to become the core treatment resources of the CDCC Platform. The Government aims to broaden the coverage of the drug list to include hundreds of drugs through strategic purchasing. The list will not only support FDs' prescriptions, but will also be linked to the Community Drug Formulary in the future, so that citizens can more conveniently obtain suitable drugs through FDs and community pharmacies. The Government will collaborate with the HA for joint procurement of cost-effective drugs to ensure continuity of treatment between primary healthcare and public hospitals, to improve community drug treatment services. For details, please refer to the separate discussion paper for the same meeting (LC Paper No. CB(3)899/2025(05)).

21. In conclusion, in the face of an ageing population and the increasing prevalence of chronic diseases, the Government will use the Blueprint as the guiding framework to further deepen the public-private partnership and the Government-subsidised, public co-payment model, with a view to establishing the district-based multi-disciplinary healthcare service network. The CDCC Pilot Scheme has already established a territory-wide district service network that not only effectively identifies potential patients, but also emphasises disease management and complication prevention. Through continuous follow-up by FDs and multi-disciplinary teams, the Scheme helps patients receive appropriate care, and fully realises the concept of "early prevention, early detection and early treatment". The Government will continue to enhance the service delivery model and workflow of the Scheme and strengthen primary healthcare training for healthcare professionals, so as to fully implement the reform measures in the Blueprint, provide more coherent and comprehensive primary healthcare services to the public, and build a sustainable healthcare system.

Advice Sought

22. Members are invited to note the contents of this paper.

**Health Bureau
June 2025**

Annex I

CDCC Pilot Scheme Screening Figures (As at 31 May 2025)

Screening Figures	Number of participants Note 1
Number of individuals enrolled in the CDCC Pilot Scheme	131 200
Number of participants completed the screenings ^{Note 2}	74 900
Number of participants diagnosed with prediabetes ^{Note 3} , DM, HT or hyperlipidaemia	31 100
Number of participants proceeded to the treatment phase	29 700

Note 1: Figures are rounded to the nearest hundred.

Note 2: The CDCC Pilot Scheme screened for DM and HT in the initial phase (before 28 March 2025), and was later expanded to include blood lipid screening. Therefore, some of the participants who completed the screening were screened for DM and HT only, while the rest were screened for the “three highs”.

Note 3: Prediabetes with glycated haemoglobin level of 6.0 to 6.4 per cent or fasting plasma glucose level of 6.1 to 6.9 mmol/L.

**CDCC Pilot Scheme
Range of Co-payment Level Set by FDs
(As at 29 May 2025)**

Co-payment Level Note 1	Number of FDs	Percentage ^{Note 2} (%)
\$0 - \$50	79 ^{Note 3}	12.3
\$51 - \$150	377 ^{Note 4}	58.7
\$151 - \$250	103	16.0
\$251 - \$350	66	10.3
\$351 - \$450	8	1.2
\$451 - \$550	4	0.6
\$551 - \$999	5 ^{Note 5}	0.8

Note 1: The Government recommended consultation co-payment fee in the treatment phase is \$150 per consultation.

Note 2: Percentages may not add up to 100 per cent due to rounding.

Note 3: Three FDs set co-payment fee at \$0.

Note 4: 370 FDs set co-payment fee at \$150.

Note 5: The highest co-payment fee is \$800.

**CDCC Pilot Scheme
Nurse Clinics and Allied Health Services Figures
(From 20 January 2025 to 29 May 2025)**

Service	Number of Attendances
Nurse Clinic	234
Optometry	769
Physiotherapy	16
Dietetics	105
Total	1 124

Annex IV

GOPCs under the HA Providing Preventive Screening and Care Services^{Note} for the Underprivileged Group in the First Phase

	District	Clinic Name	Address
Hong Kong	Eastern	Shau Kei Wan Jockey Club General Outpatient Clinic	1/F, 8 Chai Wan Road, Shau Kei Wan
	Central & Western	Sai Ying Pun Jockey Club General Outpatient Clinic (Nurse and Allied Health Clinic)	East Wing, G/F, Tsan Yuk Hospital, 30 Hospital Road, Sai Ying Pun
Kowloon	Wong Tai Sin	East Kowloon General Out-patient Clinic	160 Hammer Hill Road, Diamond Hill
	Kwun Tong	Ngau Tau Kok Jockey Club General Outpatient Clinic	3/F, 60 Ting On Street, Ngau Tau Kok
New Territories	Kwai Tsing	South Kwai Chung Jockey Club General Out-patient Clinic	310 Kwai Shing Circuit, Kwai Chung
	North	North District Community Health Centre	3/F, North District Community Health Centre Building, 3 Wai Wo Street, Sheung Shui
	Yuen Long	Tin Shui Wai (Tin Yip Road) Community Health Centre	3 Tin Yip Road, Tin Shui Wai

Note: Including DM, HT and blood lipid screening as well as women's health services.