

立法會 *Legislative Council*

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Panel on Health Services

Meeting on 13 June 2025

Background brief on Chronic Disease Co-Care Pilot Scheme

Purpose

This paper provides background information on the Chronic Disease Co-Care Pilot Scheme (“CDCC Pilot Scheme”) and summarizes the major concerns expressed by Members of the Legislative Council on the subject.

Background

2. The Government has launched the three-year CDCC Pilot Scheme since 13 November 2023, which is the first major initiative after the announcement of the the Primary Healthcare Blueprint (“the Blueprint”) at the end of 2022. The Scheme provides subsidized 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 gain a better understanding of their own health status as early as possible through screening, so as to achieve the goals of “early prevention, early identification and early treatment”.

3. If participants have been diagnosed with prediabetes,¹ DM or HT, the latter patients can proceed to the treatment phase and will be **subsidized by the Government** to continue their treatment with self-selected family doctors,² and subject to their health conditions, be prescribed medication, or

¹ Prediabetes with glycated haemoglobin level of 6.0 to 6.4 % or fasting plasma glucose level of 6.1 to 6.9 mmol/L.

² In the treatment phase, the Government will subsidize a consultation fee of \$166 for each visit. The co-payment fee charged to the participants will be determined by the family doctors. The Government’s recommended co-payment fee is \$150 per consultation. Participants prescribed with basic-tier drugs for use under the CDCC Pilot Scheme will not be required to pay additional fee for such medication.

referred to follow-up care at nurse clinics and allied health services. In addition, the Government has established a **bi-directional referral mechanism** with the Hospital Authority (“HA”) under the CDCC Pilot Scheme. Family doctors can refer participants with clinical needs to receive a one-off specialist consultation at a designated Medicine Specialist Outpatient Clinics of HA according to clinical diagnosis and pre-defined criteria and guidelines.

4. Starting from 28 March 2025, the Scheme has been **further expanded** to cover **blood lipid testing** for eligible participants, allowing a more comprehensive approach to the assessment and proper management of cardiovascular disease risk factors, including the “three highs” (high blood pressure, high blood sugar and high cholesterol). Starting from the same day, the Government has **extended the Scheme to designated General Out-patient Clinics in phases** to strengthen the preventive screening and care services for the underprivileged.

5. For details of the CDCC Pilot Scheme, please visit the [web page](#) of the Health Bureau.

Major concerns of Members

Coverage of the Scheme

6. There was a suggestion that the Administration **should consider expanding the scope of the CDCC Pilot Scheme**, for example, to include hepatitis B screening and osteoporosis screening in the CDCC Pilot Scheme. There was also a suggestion that the Administration should consider extending the Scheme to cover different age groups.

7. The Administration has advised that it would regularly review primary healthcare services and the service scope of the CDCC Pilot Scheme based on scientific evidence and resource utilization considerations, including the expansion of the Scheme coverage to hepatitis B and other chronic diseases.³ There is currently no sufficient scientific evidence to

³ As announced in the 2024 Policy Address, the Government will roll out a new programme to subsidize hepatitis B screening to prevent liver cancer. The Primary Healthcare Commission (“PHCC”) will provide hepatitis B screening and continued management to groups with higher risk via District Health Centres and family doctors through strategic purchasing and copayment model. The programme enables early detection of people infected with hepatitis B virus in the community and early identification and treatment of chronic hepatitis B to reduce the risk of complications (such as cirrhosis and liver cancer). PHCC will announce the programme details within 2025.

support the recommendation that routine screening for osteoporosis among persons at average risk is effective or cost-effective. In light of this, the Government has no plan to provide osteoporosis screening services to the public at the moment.⁴

8. Some Members asked **whether the Administration would consider including Chinese medicine services in the CDCC Pilot Scheme**. The Administration has pointed out that in line with the concept of “Family doctor for All”, only Western medical practitioners would be included in the CDCC Pilot Scheme for the time being, as it is appropriate for the same family doctor to be responsible for treatment and follow-up after screening.

Subsidy and co-payment

9. Some Members asked **whether the Government would consider increasing the screening allowance under the CDCC Pilot Scheme,⁵ and whether consideration would be given to using part of the medical expenditure of the Government for expanding the content of the CDCC Pilot Scheme to promote the “co-payment” and “family doctor” models**.

10. The Administration has responded that, in determining the subsidy rate under the CDCC Pilot Scheme, the Government has taken a host of factors including the market price, affordability of the public, the need for and options of services and attractiveness of the Scheme into account, so that participants can have access to personalized, convenient and time-saving primary healthcare services in a better environment. As mentioned in the Blueprint, local studies have shown that the healthcare system can achieve savings in healthcare expenses and reduce the burden of disease through the provision of subsidized screening and management services for DM management to suitable patients.

Measures to encourage eligible persons to participate in the Scheme

11. Members enquired about **how** the Administration would **step up**

⁴ At the health management and promotion level, the District Health Centres currently organize educational activities to promote prevention of osteoporosis and osteoporotic fracture, and will collaborate with different community organizations and healthcare service providers to provide information or make referrals for those interested or in need of osteoporosis services.

⁵ The family doctor will provide medical consultation to participants and arrange for them laboratory investigations, followed by advice on the diagnosis. During this screening phase, the Government will cover the laboratory investigation fees in full and offer subsidies to the consultation fee at an amount of \$196, whereas participants will need to pay a designated co-payment fee of \$120.

publicity to attract more target citizens to participate in the CDCC Pilot Scheme. Some Members **suggested that the Administration should invite participants who had been screened and diagnosed to participate in the publicity programme.**

12. The Administration has advised that since the launch of the CDCC Pilot Scheme, it has promoted the Scheme through various channels, among which the District Health Centres (“DHCs”) play an important role. In addition to inviting existing eligible members to participate in the Scheme, DHCs also organize large-scale promotional activities in respective districts and strengthen connection with the public through community outreach activities, mobile outreach vehicles and promotional booths in community complexes. DHCs have been actively cooperating with community service partners to recruit eligible individuals to become Scheme participants. At the same time, the Government has also been carrying out other forms of publicity activities to promote the CDCC Pilot Scheme through various television and media channels, and providing the public and healthcare service providers with latest information of the CDCC Pilot Scheme through various communication platforms (such as website, telephone hotline, etc.).

Service points and measures to encourage doctors to participate in the Scheme

13. Some Members expressed concern that only a small number of family doctors in individual districts had participated in the CDCC Pilot Scheme, and **enquired about the Administration’s incentives to attract doctors to participate.** Some other Members reflected the views of frontline healthcare practitioners that many details of the Scheme needed to be improved, and **asked whether the Administration would consider introducing a tiered charging mechanism for drugs,** as some doctors preferred to prescribe more expensive drugs under the Scheme.

14. The Administration has advised that at present, all districts in Hong Kong have a certain number of family doctor service points.⁶ CDCC Pilot Scheme participants can, according to their own needs, choose to go to a service point near their place of residence, workplace or any other suitable service point to match with a family doctor for screening and follow-up services in a flexible manner, and hence the number of enrolled participants across districts may not align with the distribution of family doctor service

⁶ As at 27 March 2025 [provisional figure], there are 714 family doctor service points under the CDCC Pilot Scheme and 15 dedicated nurse clinics in 18 districts covering Hong Kong Island, Kowloon and the New Territories, whereas allied health services mainly focus on addressing the needs of patients with specific clinical needs or complex medical conditions, and it is therefore not necessary to establish service points in all districts.

points. However, the Primary Healthcare Commission will endeavour to encourage more family doctors to participate in the CDCC Pilot Scheme and increase the number of family doctor service points in various districts, with a view to providing more choices to the public.

15. The Administration has further advised that it has been optimizing the operational details of the Scheme by streamlining various administrative procedures and workflow, with a view to enhancing the family doctors' ease of operation of the system. Moreover, to increase the flexibility of the CDCC Pilot Scheme, starting from March 2024, members of the public can choose to directly enrol at certain participating clinics of the CDCC Pilot Scheme to pair with a family doctor in the clinic for screening. The Government has expanded the basic-tier drug list of the CDCC Pilot Scheme since August 2024 to increase the coverage of its basic-tier drugs from 43 items at the initial stage to 59 drug items, providing family doctors with greater flexibility in prescribing drugs according to the clinical needs of participants.

Effectiveness and review of the Scheme

16. Expressing concern about the **effectiveness** of the CDCC Pilot Scheme, some Members asked, since the launch of the Scheme, whether the performance indicators for various services have met the Government's expectations and whether the Administration will analyse data such as the age groups and residential areas of participants.

17. In response, the Administration has pointed out that it expects that 200 000 people will participate in the CDCC Pilot Scheme within the three-year pilot period. The Scheme has been well received since its launch. As at 27 March 2025 [provisional figures], about 114 200 citizens and over 600 family doctors have joined the Scheme, of which around 65 000 participants (i.e. nearly 60%) have completed the screenings for DM and HT, and around 25 230 of them (i.e. nearly 40%) have been diagnosed with prediabetes, DM or HT. The latter patients can proceed to the treatment phase and will be subsidized by the Government to continue their treatment with self-selected family doctors. To review the effectiveness of the Scheme, the Government commissioned a local university in the first quarter of 2024 to conduct a study to assess the extent to which the objectives of the Scheme have been achieved and its overall performance, including service quality and effectiveness, as well as the cost-effectiveness of the Scheme.

Relevant papers

18. A list of relevant papers is in [Appendix](#).

Recent development

19. At the work plan meeting on 21 January 2025, the Administration advised that it would explain the relevant public-private partnership schemes and the strategic procurement work when discussing the CDCC Pilot Scheme.

20. The Administration will brief the Panel on the latest situation of the CDCC Pilot Scheme at the meeting on 13 June 2025.

Council Business Divisions
Legislative Council Secretariat
6 June 2025

Chronic Disease Co-Care Pilot Scheme

List of relevant papers

Committee	Date of meeting	Paper
Panel on Health Services	14 July 2023	Agenda Item VI: Chronic Disease Co-Care Pilot Scheme Minutes Follow-up paper
	10 May 2024	Agenda Item IV: Update on Chronic Disease Co-Care Pilot Scheme Minutes
Finance Committee	11 April 2025	Administration's written replies to Members' initial questions on the Estimates of Expenditure 2025-2026 (Reply Serial Nos.: HHB001, 128, 153, 156, 160, 163, 164, 174, 292 and 303)

Council meeting	Paper
10 April 2024	Question 11 : Primary Healthcare Blueprint
5 June 2024	Question 12 : Public primary healthcare services in the Kwun Tong district
19 February 2025	Question 12 : Chronic Disease Co-Care Pilot Scheme

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