



**For decision
on 17.12.2015**

HAB-P231

Hospital Authority

General Outpatient Clinic Public-Private Partnership Programme: Update on the Progress of the Interim Review and the Proposed Roll-Out Plan

Purpose

This paper updates Members on the progress of the interim review of the General Outpatient Clinic Public-Private Partnership Programme (GOPC PPP/the Programme) and seeks Members' endorsement on the proposed roll-out plan of the Programme.

Background

2. With a rapidly aging population and epidemiological shift to chronic diseases, the demand for healthcare services is expected to grow significantly in Hong Kong. Under the existing healthcare system, there is an over-reliance on the public hospital and outpatient services resulting in significant public-private imbalance. These have manifested in long waiting time for public services, limited alternative choice for medical services, as well as insufficient safety net especially for patients requiring costly treatment.

3. In the 2008 Government consultation document on healthcare reform "Your Health, Your Life", the Government has put forth several healthcare reform proposals to address these challenges, which call for development of new concepts and new service delivery models to ensure the long-term sustainability of the healthcare system.

4. One of the key milestones of the Government's healthcare reform is to build a common platform between the public and private sectors through the development of PPP initiatives. The platform would facilitate interfacing and collaboration amongst healthcare providers, to make better use of resources of both sectors, to facilitate cross fertilisation of expertise and experience, and to provide patients with greater choice of clinical services.

5. Another direction is to enhance primary care to provide continuous and integrated holistic care (from curative to preventive). Being the first contact point in the healthcare system, primary care can foster the development of long term

continuous relationship between a patient and his/her doctor and help promote the family doctor concept.

6. In the 2015 Policy Address, the Chief Executive of the Hong Kong Special Administrative Region pledged to extend the GOPC PPP to 18 districts. To support the development of PPP initiatives to alleviate pressure on the public healthcare system due to manpower shortages and surge in demand, the Financial Secretary indicated in the 2015-16 Budget Speech that a \$10 billion endowment fund will be set up for HA to make use of the investment returns for PPP initiatives. One of these initiatives will be the extension of the scope of the GOPC PPP in phases to all 18 districts in Hong Kong.

Implementation of the GOPC PPP

7. In support of the Government's direction, the Hospital Authority (HA) has launched a variety of clinical PPP initiatives since 2008, including, inter alia, the GOPC PPP in 2014. The GOPC PPP aims at :

- (a) Providing some relief to HA's general outpatient services;
- (b) Sharing out pressure on the public healthcare system by tapping resources in the private sector;
- (c) Enhancing patients' access to primary healthcare services;
- (d) Providing choice to patients;
- (e) Promoting the family doctor concept; and
- (f) Promoting the development of the territory-wide electronic Health Record Sharing System (eHRSS) in Hong Kong.

8. The GOPC PPP was launched in mid-2014 in three districts namely Kwun Tong, Wong Tai Sin and Tuen Mun. The three districts were selected after taking due consideration of a number of factors, including the median household income, service demand for GOPC services, the scope of existing PPP projects for chronic disease management and readiness of stakeholders in the community.

9. The initial target group is the existing HA GOPC patients having hypertension with or without hyperlipidemia and diabetes mellitus. Patients joining the GOPC PPP must be clinically stable and have been under the care of HA GOPCs in the three pilot districts for at least 12 months.

10. An implementation status report of the GOPC PPP as at March 2015 was reported to the Administrative and Operational Meeting in September 2015. The latest update is summarised in **Annex 1**.

Progress Update of the Interim Review

11. When the GOPC PPP was first launched in mid-2014, it was recognised that an interim review conducted about 12 months after programme commencement would be of benefit.

12. The HA Head Office's (HO) Service Transformation Department, in consultation with the Working Group set up to plan and implement the GOPC PPP, has commenced the interim review of the GOPC PPP since April 2015. In preparation of further extension of the GOPC PPP to other districts, the interim review focuses on the major areas that will impact on the operation and service provision of the GOPC PPP. In this respect, the objectives of the interim review are as follows :

- (a) To identify issues and rooms for improvement and to advise on the necessary enhancements to the Programme based on experience from the pilot launch in the three districts; and
- (b) To advise and guide the future roll-out plan.

13. Engagement of stakeholders, such as medical professional bodies, participating private doctors, patients and staff, is an important part of the interim review. Since April 2015, meetings have been organised with various medical professional bodies including the Hong Kong Medical Association, the Hong Kong Doctors Union and the Association of Licentiates of Medical Council of Hong Kong to solicit their views on the Programme and exchange ideas on the enhancements required. Feedback from participating doctors and patients have also been collected during implementation.

14. Internally, the Working Group which comprises staff representatives from clusters and HAHO have met regularly to interim review the operation of the Programme and discuss the enhancements required.

15. The interim review focuses on the programme design and operation of the GOPC PPP. As of to date, the following areas have been reviewed :

- (a) Arrangement for provision of Programme Drugs;
- (b) Information technology platform;
- (c) Operation matters; and
- (d) Stakeholders' communication platform.

16. Having regard to the feedbacks from external and internal stakeholders as well as analysis of the utilisation statistics, initial findings on the key issues are identified and shown in **Annex 2**.

17. The interim review is still ongoing and is anticipated to be completed by the first quarter of 2016.

Proposed Roll-Out Plan

18. A roll-out plan for the GOPC PPP has been prepared having considered the Government commitment, the initial positive feedback from the medical professional bodies, patients, private doctors, and staff as well as the community call for extension of the GOPC PPP to other districts.

19. In light of the strong community call as shown in **Annex 3**, we are adopting a proactive approach and will start rolling out the Programme to all seven clusters in the third quarter of 2016 covering nine additional districts. We aim at engaging all clusters early to prepare them on the implementation logistics so as to facilitate the rolling out of the Programme to the remaining districts in 2017/18 and 2018/19. On the selection of districts, factors including median household income, service demand for GOPC services, scope of existing PPP projects for chronic disease management and readiness of stakeholders in the community have been taken into consideration. The proposed roll-out plan is outlined in **Annex 4**.

Governance Process

20. The subject matter has been discussed and endorsed at the Medical Services Development Committee meeting on 2 December 2015.

The Way Forward

21. Subject to Members' endorsement on the proposed roll-out plan for the GOPC PPP, appropriate public communication on the Programme will be launched.

22. Detailed findings and recommendations of the interim review will be presented to the HA Board and the Government for consideration by the end of the first quarter of 2016 and second quarter of 2016 respectively.

Decision Sought

23. Members are invited to note the progress update on the interim review and to endorse the proposed roll-out plan of GOPC PPP as stated in paragraphs 18 to 19.

Enquires

24. For enquiries, please contact Dr K M CHOY, Chief Manager (Service Transformation) at 2300 6928.

Implementation Status of the General Outpatient Clinic Public-Private Partnership Programme as at 31 October 2015

Programme Implementation

1. A Working Group with staff representatives from clusters and HA Head Office has been set up to advise on the planning and implementation of the GOPC PPP.
2. The Programme has been launched in Kwun Tong, Wong Tai Sin and Tuen Mun districts in mid-2014.
3. The initial target group is HA's existing GOPC patients having hypertension with or without hyperlipidemia and diabetes mellitus. They must be clinically stable and have been under the care of HA GOPCs in the three pilot districts for at least 12 months.
4. Private doctors included in the general register in accordance with Section 14 or Section 14A of the Medical Registration Ordinance and with places of practice in these three districts which operate for at least five days per week and three hours per day were invited in March 2014 to enrol. Notwithstanding, private doctors are welcome to apply for participation in the Programme at any time. Private doctors must also participate in the Public-Private Interface - Electronic Patient Record Sharing Project (PPI-ePR) by the time they enrol in the Programme. As at end-October 2015, 91 private doctors have successfully enrolled in the Programme as principal doctors, with another seven private doctors as relieving doctors. Breakdown by districts is shown below :

Districts	Breakdown of Private Doctor Enrolled as Principal Doctor
Kwun Tong	37
Wong Tai Sin	20
Tuen Mun	34
TOTAL	91

5. Identified eligible GOPC patients in each of these three districts have been invited to enrol by phases starting July 2014, on a voluntary basis, and select a private doctor from the list of participating doctors as their family doctors. Those who are not willing to enrol will continue to be taken care of at HA GOPCs. As at end-October 2015, there were 6,028 patients enrolled with the Programme. Breakdown by districts is shown below :

Districts	Ever Enrolled Patients	Participating Patients
Kwun Tong	2,367	2,149
Wong Tai Sin	1,514	1,435
Tuen Mun	2,147	2,029
TOTAL	6,028	5,613

Service Package

6. Under the Programme, each patient will receive up to 10 subsidised consultations in a year, covering both chronic and acute care plus medications based on the HA specified drug list (Programme Drugs) for treating their chronic conditions (hypertension with or without hyperlipidemia, and diabetes mellitus) and episodic illnesses.
7. After each consultation, participating patients will receive drugs for treating their chronic conditions/episodic illnesses immediately from the private doctors at their clinics. Participating private doctors may use their own drugs or purchase the drugs for this Programme from HA's drug suppliers at Programme prices. Individual patients may also receive drugs outside the Programme's scope provided by private doctors at their own expense.
8. Programme Drugs include anti-hypertensive, lipid-regulating, oral anti-diabetic drugs and antibiotics.
9. Apart from the medical consultation and drugs, patients can upon referral by the participating private doctors receive relevant laboratory and x-ray investigation services provided by HA as specified in the Programme guidelines.
10. To facilitate continuity of patient care, all participating patients and private doctors are required to participate in the existing PPI-ePR, and the future electronic Health Record Sharing System (eHRSS), to enable clinical information sharing between the private and the public sectors.

Patient and Doctors Fees

11. Participating patients are only required to pay the GOPC service fee as per the Gazette (currently \$45) for each consultation.
12. Recipients of Comprehensive Social Security Assistance (CSSA) or a holder of valid full or partial medical fee waiver certificates will enjoy the same fee waiver arrangements as for HA's services.

13. Service fee for private doctors will be reviewed upon completion of each service year according to the Consumer Price Index (Medical Service). In 2015, the maximum total payment per patient per year has been adjusted upward by 6.1% from \$2,708 in 2014 to \$2,872 from 1 July 2015 onwards (i.e. one year after service commencement). This amount covers consultation, Programme Drugs and clinic operation fees. Notwithstanding this adjustment, participating patients will continue to pay the HA gazetted GOPC fee (currently \$45). For CSSA and waiver patients, HA will bear the GOPC service fee. Participating private doctors will receive the relevant service fees from HA on a reimbursement basis.
14. Under mutual agreement, individual patients may agree to receive further services and treatment provided by the private doctors at their own expense outside the Programme.
15. Those who are aged 70 or above and participate in the Elderly Health Care Voucher Scheme can pay for non-Programme services from their Health Care Voucher accounts.
16. Participating patients may choose to withdraw from the Programme and return to HA at any time, upon giving reasonable notice.

Progress to Date

17. Initially, 6,000 patient places were planned to be provided in 2015/16. In view of the encouraging response from patients and the substantial new patient pool identified, the initial provision of 6,000 patients in 2015/16 has been adjusted to 6,400 patients. As for 2016/17 and 2017/18, the provisions for the three districts have been adjusted to 8,400 patients.
18. HA has set up Help Desks in the three districts as well as a dedicated central telephone hotline to handle enquiries on operation details of the Programme and to provide support to both participating patients and private doctors.
19. As at end-October 2015, a total of 19,391 consultations have been provided to patients by private doctors.

Summary of the Initial Findings of the Interim Review of the GOPC PPP

The interim review on the GOPC PPP has commenced since April 2015 and is anticipated to be completed by the first quarter of 2016. To prepare for the extension of the Programme to other districts, the interim review focuses on the major areas that will impact on the operation and service provision of the Programme.

2. Based on the views collected from external and internal stakeholders for the past months and analysis of the relevant statistics, initial findings on key areas are summarised in the ensuing paragraphs.

Arrangement for Provision of Programme Drugs

Programme Drugs List

3. The focus of the Programme Drug list is mainly for the management of hypertension with or without hyperlipidemia and diabetes mellitus with only one item (antibiotics) included for episodic illnesses. Based on operational experience, it is very common for participating patients to require more drugs to address their recurrent health problems. The Programme Drug list would therefore need to be expanded to cater for such needs.

Supply of Programme Drugs

4. An ad hoc arrangement has been made by HA with the drug suppliers to provide Programme Drugs at Programme prices to participating private doctors. A tiering cap has been introduced to monitor the amount of drugs ordered by the private doctors. The tiering cap is proposed to be fine-tuned to better match the number of patients enrolled to ensure supply of drugs would be sufficient to meet patients' needs. Moreover, to ensure continuity of drug supply for the Programme, this ad hoc arrangement would need to be formalised through inclusion of the requirement into the HA bulk tender for the drugs concerned.

Information Technology (IT) Platform

5. Participating private doctors have expressed concern on the heavy administrative workload related to the Programme. In this connection, the existing IT platform can be enhanced to :

- (a) allow one stop log in to access to relevant PPP systems to streamline administrative workflow;
- (b) allow the private doctors to delegate the appropriate administrative work to other clinic staff; and
- (c) support IT assisted drug ordering to replace the existing manual arrangement.

Operational Matters

6. In anticipation of the \$10 billion endowment from the Government to fund PPP initiatives, there will be significant increase in the scale and complexity of PPP projects. Public scrutiny and expectation will also be on the rise in particular related to quality and risk management issues. Instead of the existing programme based arrangement, a more systematic and integrated risk management framework and structure would strengthen the overall management of risk and internal control of PPP projects. It is therefore necessary to commission a risk management consultancy study to provide an overall interim review of clinical PPP programmes, and to develop a risk management framework with recommendations on the appropriate structure, systems and internal controls to identify and manage risks pertaining to PPP programmes.

Stakeholders' Communication Platform

7. The Working Group with staff representatives from clusters and HA Head Office set up to plan and implement the GOPC PPP would allow regular engagement and consultation with relevant staff at appropriate stages.

8. External stakeholders of the GOPC PPP are namely the medical professional bodies, participating private doctors and patients. During the pilot stage, the existing engagement platforms are adopted for communication with these stakeholders. Meetings are arranged as and when required. Briefing forums are also arranged for concerned private doctors and patients prior to introducing the Programme to a district. Given the complexity and scope of the GOPC PPP, the setting up of dedicated engagement platforms such as advisory/focus group with relevant medical professional bodies, participating private doctors and patients would facilitate more focused communication and consultation.

The Way Forward

9. As the interim review is still ongoing and is anticipated to be completed by the first quarter of 2016, a full report will be presented to the HA Governance and the Government for consideration by the end of the first quarter of 2016 and second quarter of 2016 respectively.

**Summary of Community Request for Extension of the GOPC PPP
to Other Districts**

Since launching the GOPC PPP in July 2014, HA has received a number of enquiries from the community including District Councils, District Councillors and political parties as detailed below requesting the Government and the HA to consider expanding the Programme to their districts.

Community Request Received for Extension of the GOPC PPP	Request Date
Southern	15 September 2014 26 July 2015
Sha Tin	8 January 2015
Kowloon City	4 March 2015 26 May 2015
Sai Kung	9 March 2015 5 May 2015 3 August 2015
Kwai Tsing, Yuen Long, Tsuen Wan and Islands (North Lantau)	16 March 2015

Proposed Roll-Out Plan
(Roll-out to remaining 15 districts in 3 years)

District	2014	2015	2016	2017	2018	Cluster Applicable
Central and Western				✓		HKWC
Eastern			✓			HKEC
Southern			✓			HKWC / HKEC
Wan Chai			✓			HKEC
Kowloon City			✓			KCC
Kwun Tong	✓					KEC
Sham Shui Po			✓			KWC
Yau Tsim Mong					✓	KWC / KCC
Wong Tai Sin	✓					KWC / KCC
Islands				✓		KWC / HKEC
Kwai Tsing			✓			KWC
North					✓	NTEC
Sai Kung			✓			KEC
Sha Tin			✓			NTEC
Tai Po				✓		NTEC
Tsuen Wan				✓		KWC
Tuen Mun	✓					NTWC
Yuen Long			✓			NTWC

Legend

HKEC	Hong Kong East Cluster
HKWC	Hong Kong West Cluster
KCC	Kowloon Central Cluster
KEC	Kowloon East Cluster
KWC	Kowloon West Cluster
NTEC	New Territories East Cluster
NTWC	New Territories West Cluster