



PSP Briefing on Co-care Service Model in GOPC PPP

July 2021

Purpose

To introduce the **Co-care service model** under GOPC PPP by expanding the target patient groups from HA GOPCs to **selected HA SOPCs** with **stable clinical conditions** to receive **holistic care** in the community

GOPC PPP – Latest Progress

As at end June 2021





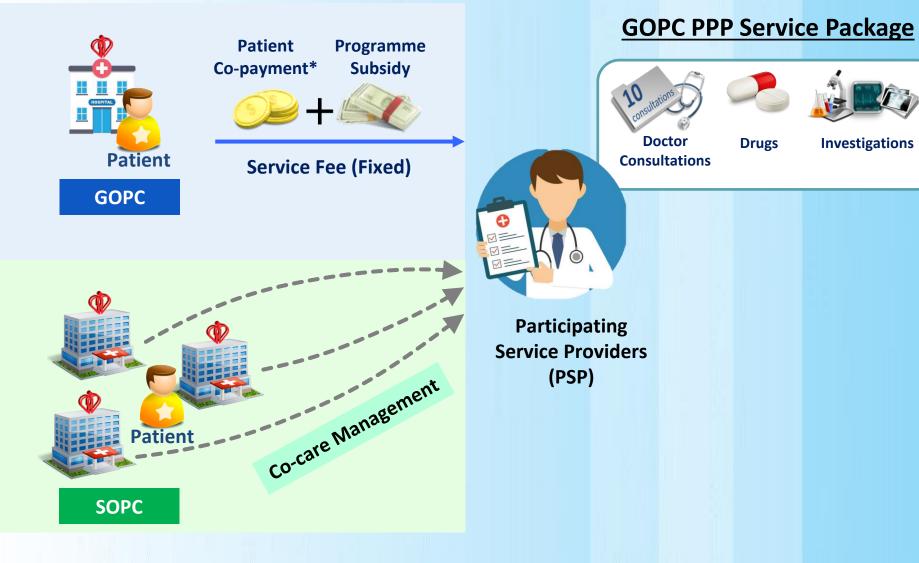


40,000+ Participating patients



Over **680,000** Consultations provided

Co-care Service Model



* HA present general out-patient fee of \$50 as per Gazette (subject to applicable waivers for individual patients)

Investigations

Highlights of Co-care Service Model

- Enlarged Patient Pool from HA GOPCs to include HA SOPCs
- Expanded Programme Drug List to cater newly added specified specialties
- Supported by HA specialists
- Attractions to Patients
 - GOPC service fee \$50 all inclusive compared to SOPC \$80 per visit + \$15 per drug item
 - Special Referral Mechanism
 - Provision of holistic care under family doctor concept

1) Subsidized Consultations

To provide **10** subsidized consultations per year for each participating patient covering for both chronic and episodic illnesses, same provision as GOPC PPP

2 additional quotas for Winter Surge period as desired by HA

2) Programme Drug

Expanding the <u>Programme drugs list</u> for O&T patients

Same drug ordering mechanism where PSPs may purchase from designated drug suppliers at Programme prices or use their own drugs

3) Investigation

- Same <u>list of investigations</u> for PSPs to refer patients to receive relevant laboratory and x-ray services provided by HA as and when clinically indicated
- Will continue to explore the feasibility to purchase investigation services from the community

Fees and Charges

- Same service provision by PSP and same co-payment by patient
- Under mutual agreement, patients may at their own cost receive further services and treatments provided by the PSPs outside the Programme

Support to PSPs

- Under Co-care service model, a "refer back" function will be developed under IT platform for SOP referred patients
- HA will perform initial triage and communicate with the PSP via telephone/ fax to discuss the handling of the case
 - If clinically indicated, patient may revert back to the originally referred specialty for further assessment
 - Prevailing practice in making referral to other HA specialties prevails for clinical conditions which fall outside the Programme scope
 - Experience sharing between PSPs and HA specialists from time to time to facilitate better chronic disease management in the community

IT Platform - Update

Refer Back Function

黄大文 WON(HKIC No. : Q00(G, TAI MAN 0999(3)	DOB : 14-Feb-	.1976 Ag	e : 45 years	Sex : M Details 🕨				View / Add Allergy & ADR	Select► Close × Patient Record
General Outpa	tient Clinic P	ublic-Private Par	tnership (GOPC	PPP) Programme					F	eedback 🤚 🍈
Consultation His	tory				GOPC PPP Consultation				R	emaining Quota: 0
Date	1	Reason	Ref No.	Created By	Attendance Details			-		istrict: Kwun Tong
02-Mai	r-2021 F	FU chronic illness	0001013626	Mr TAAM3, DOC	Chronic Disease H		*Reason		Iness O Episodic is	
05-Feb	o-2021 I	FU chronic illness	0001013623	Doctor PPPDOC	Subsidy & Payment Details				ultation Payment To	otal \$
01-Feb	o-2021 I	FU chronic illness	0001013612	Doctor PPPDOC	Subsidized by GOPC N	o Charge	e Amount \$-	Char	ge Payment Type	
29-Jan	n-2021 F	FU chronic illness	0001013613	Doctor PPPDOC	Additional Charging			0	Hatian Data Inc.	
Assessment Note	e/Diagnosis M	edications Payme	nt		Consultation Details Assessment Note/Diag	nosis Medic	ations	Consu	tation Date 08-Apr-	2021 🖸
Standard Amlodipine (Besyl	late) Tablet 5mg	0.5 tablet(s) oral dail	y 1 Week(s)	Ref No.: 0001013626	Health Status *BP /	mmHg	*Pulse	* /min	Mandatory * (Temp	Carry Forward
Other Nil					Wt kg (H'stix mmol/L	lb)	*Ht	2.0 m	BMI	kg/m ²
				Copy All Drug(s) >>		on-Smoker on-Drinker	 Smoker Current Drinker 	 Ex-Smoker Social Drinker 	O Ex-Drinker	
					Drug Compliance	⊖ Good	O Fair	O Poor		
			New	Edit Print	Side Effect of Medications Dietary Compliance	YesGood	○ No ○ Fair	O Poor		
Examination Ref	ferral History				Exercise	○ Regular	○ Infrequent	○ None		
		Refer Back	ECG	X-Ray Ix Request PEP Referral					Save	Clear
Only	y available	e for co-care	patient							

Refer Back Function

	General Outpatient Clinic Public Private Partnership (GOPC PPP) Programme				
Patient Particulars			Referral Source		
Name: HKIC No.: Case No.: Follow Up District:	WONG, TAI MAN Q0009993 GPPU-00-09993(Q) Kwun Tong		PSP Name: Reporting Location Code: PSP Tel. Number: Special consideration	Doctor PPPDOCTOR031, PPPDOCTOR031 TMR/GPPQ/1234 23112455	
Referral Details			- For abnormal investig	gation result	
Specialty .		~	 For follow up For investigation / pr For medication 		
Reason for referral			- For surgery		
Special Consideration		~	- For symptom - Nil		
Reason for priority		~	- Others (please specif	ý)	
<u>Clinical Information</u>			Reason for priority - Alarming symptom/sign - Malignancy/ suspected - Pregnancy - Others (please specify)	malignancy	

HA may contact you for further information and subsequent arrangement. For enquiry, please contact GOPC PPP Hotline at 23007300.

Save Reset Cancel



You are welcomed to raise any questions using the "Q&A" function.



The questions could be asked anonymously.

Question and Answer	_		×
Welcome Feel free to ask the host and panelis	sts questi	ons	
Type your question here			
Send anonymously	ancel	Send	

Need Further Support?

PowerPoint of the webinar will be sent to your email after the webinar.

For enquiries:



eHRSS Healthcare Staff Hotline **3467 6230** GOPC PPP Hotline **2300 7300**



Thank you



門診協作 General Outpatient Clinic Public-Private Partnership Programme

List of Specified Drugs

Anti-HT	Lipid-lowering	Drugs for Associated Health Problems	0&T
Lisinopril Losartan Perindopril Tertbutylamine Atenolol Metoprolol Tartrate Propranolol HCl Amlodipine (Besylate) Felodipine Dyazide (or Equiv) Indapamide Moduretic (or Equiv)	 Atrovastatin (Calcium) Simvastatin 	 Aluminium/Magnesium Hydroxide and Simethicone Ammonia and Ipecacuanha Mixture Chlorpheniramine Maleate Diclofenac Sodium Famotidine Ibuprofen Loratadine Naproxen Senna 	 Diclofenac Sodium Heparinoid Cream Tramadol Hcl Methyl Salicylate Compound Ointment Calcium (Carbonate) + Vitamin D Chew Alendronate Sodium Ibandronic Acid Pregabalin Paracetamol
Supplementary to anti-HT	Anti-Diabetic	Antibiotics	
Aspirin Potassium Chloride SR Prazosin (HCl) Terazosin HCl	GliclazideMetformin HCl	 Augmentin (or Equiv) Ciprofloxacin (HCl) Clarithromycin 	

No change for MED as patients having the same diseases as GOPC PPP

Drugs for Associated Health Problems and Antibiotics shall apply to all patients regardless of their referral specialty

New drugs for O&T



Specified Investigations

Blood Test	Urine Test
Haemoglobin A1c (HbA1c) Glucose, Fasting Lipid Profile, Fasting • Cholesterol • Triglycerides	Urine for Protein/ Albumin Spot urine Albumin: Creatinine Ratio (ACR) Mid-stream urine (MSU), Routine / Microscopy Mid-stream urine (MSU), (Microscopy & Bacterial Culture)
High-density LipoproteinLow-density Lipoprotein	Sputum
Renal Function Test (RFT) Sodium Potassium Urea 	Sputum, (Microscopy & Bacterial Culture) Sputum, Acid Fast Bacilli (Smear / Culture)
Creatinine	X-Ray
estimated Glomerular Filtration Rate (eGFR) Liver Function Test (LFT) • Total Protein • Albumin • Total Bilirubin • Alkaline Phosphatase	Chest X-Ray Kidneys-ureters-bladder (KUB) Abdominal X-Ray Plain X-Ray in Extremities / Spine
Alanine Transaminase Urate	Others
Complete Blood Picture (CBC) Complete Blood Picture (with Differential Count) Erythrocyte Sedimentation Rate (ESR) Thyroid Stimulating Hormone (TSH) Free Thyroxine (fT4)	Electrocardiography (ECG)