

Latest Outlook of Primary Healthcare

Welcome All!

The webinar will start soon!

16 June 2025



You may send us questions anytime using the Q&A function.
We will address them during the Q&A session.

Latest Outlook of Primary Healthcare

Time	Topic	Speaker
1:00pm-2:00pm	Primary Healthcare Reform – the latest outlook	Dr F C Pang Commissioner for Primary Healthcare
	Chronic Disease Co-Care Pilot Scheme (CDCC) Post-pilot Review – Transforming into an Encompassing Platform <ul style="list-style-type: none"> New Dimensions <ul style="list-style-type: none"> Vaccination Subsidy Scheme Community Drug Formulary and Community Pharmacy 	Dr W L Cheung Director of Strategic Purchasing Office
	Updates on CDCC <ul style="list-style-type: none"> Updates on GOPC PPP New Model of Laboratory Services Collaboration 	Dr Christina Maw Asst Director of Strategic Purchasing Office
	<ul style="list-style-type: none"> Introduction of Hepatitis B Screening 	Dr Tony Ha Asst Commissioner for Primary Healthcare
2:00pm-2:30pm	<ul style="list-style-type: none"> Question and Answers 	



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We will address them during the Q&A session.



Webinar on Latest Outlook of Primary Healthcare

Primary Healthcare Reform – The Latest Outlook

Dr PANG Fei Chau, Commissioner for Primary Healthcare

16 June 2025

Key Milestones of PHC and CDCC Development through Collaboration

Oct 2022



Policy Address 2022

Set out the policy direction to launch the CDCC Pilot Scheme

Dec 2022



Primary Healthcare Blueprint

Set out direction of development and strategies for strengthening Hong Kong's Primary Healthcare (PHC) system

Nov 2023



CDCC Pilot Scheme

The first item to promote primary healthcare since the announcement of Primary Healthcare Blueprint

Oct 2024



Policy Address 2024

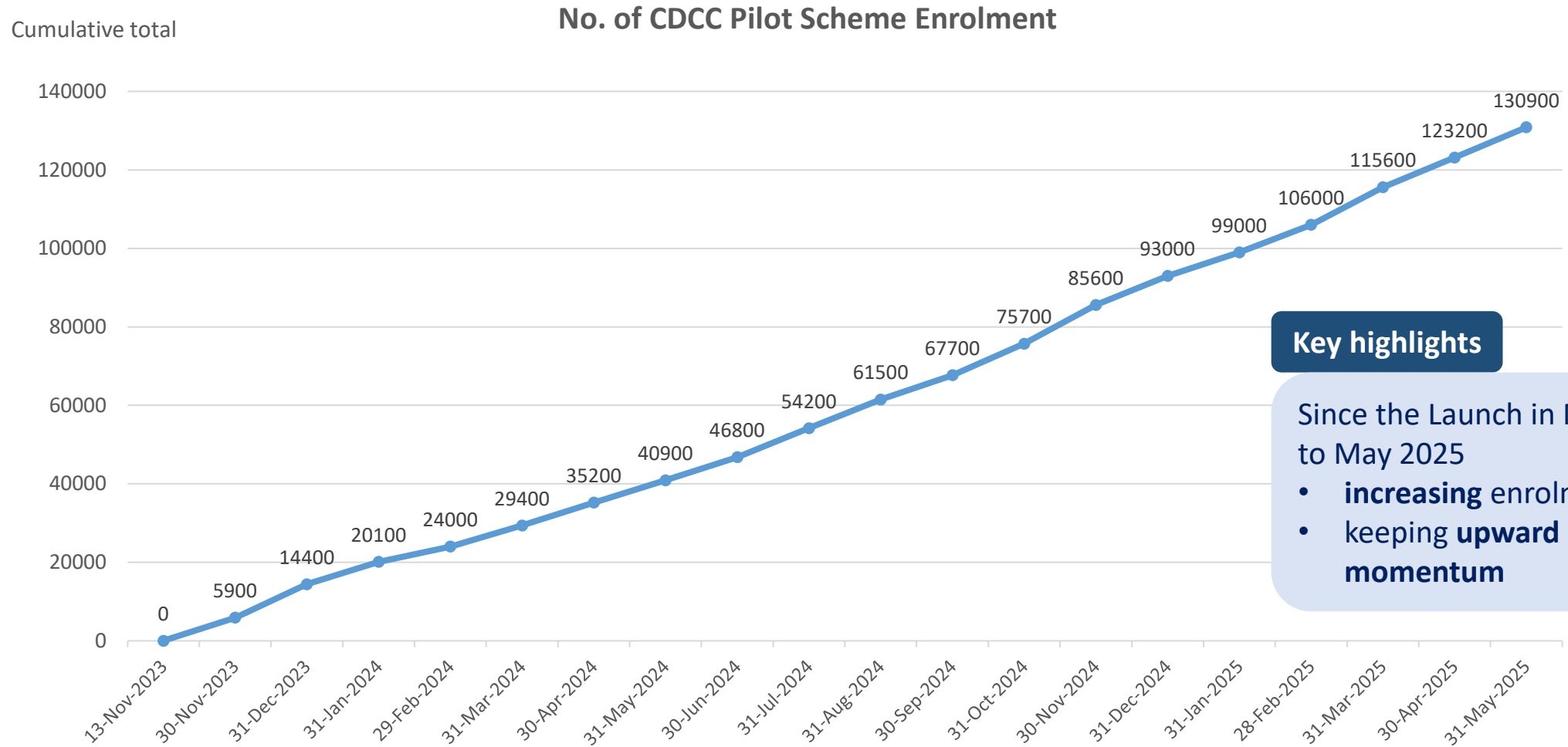
Expand CDCC Pilot Scheme to cover blood lipid testing *(launched on 28 Mar 2025)* & implement hepatitis B screening *(by Q4 2025)*

Key elements of CDCC

- Providing subsidies for the public to conduct screening for and manage targeted chronic disease including DM and HT in the private healthcare sector
 - Expand drug list and investigation choices including imaging
 - Integrate government subsidised programs e.g. VSS and CRC
- “Family Doctor for All” and Coordinated by DHC/ DHC Express
 - Subsidised for services involving women’s health & elderly health (e.g. pap smear)
 - Paired PT/OTs for first contact arrangement
 - Referral system with HA hospitals
- Brand building for family doctors



Situation Update in CDCC Participant Enrolment



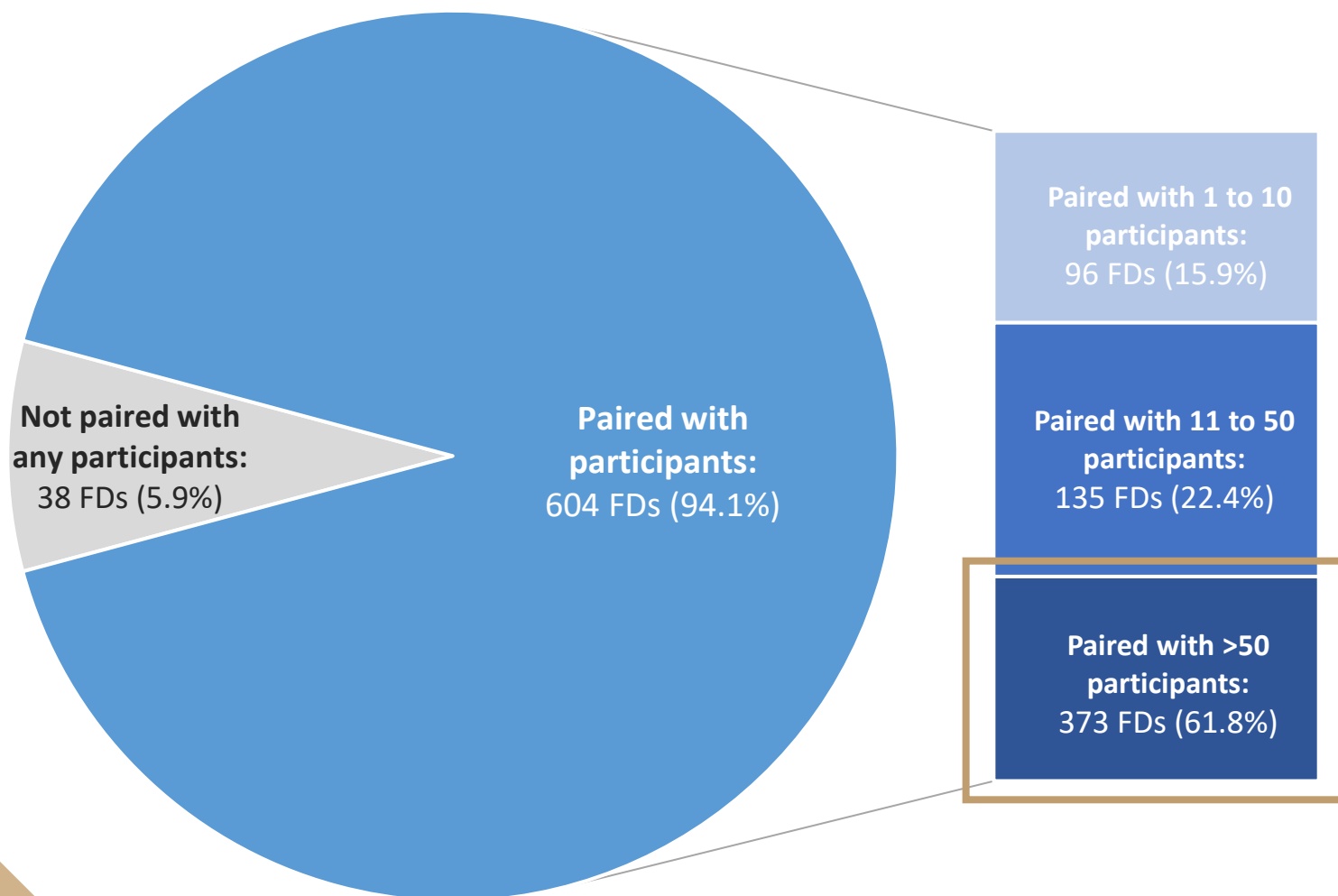
Call for FD Enrolment

Family Doctor (FD) Enrolment Situation –

Figures of FD enrolment	As at 12 June 2025
No. of doctors enrolled as FD (vetted by Programme Office)	651
No. of service locations provided by FDs (excluding service locations of FDs suspended without accepting new case*)	760

*An FD may provide service in more than 1 service location

Participant Pairing with Family Doctor



94% of FDs paired with participants, with **> 60% pairing with >50 participants**

For FD paired with >50 participants:









No. of participants paired with each FD (Nov 2023 – May 2025)	No. of FD
>2000	3
1000- 2000	15
500- 999	54
100- 499	223
51-99	78

Notes:

1. Source: CDCC IT System
2. Provisional figures (as at 31 May 2025)
3. Excluded FDs withdrawn

Information on Subsidy Level and Co-Payment

- Enhance information transparency
- ✓ co-payment fees details on CDCC Pilot Scheme website

姓名	性別	地區	治療階段的診症共付額	政府資助基層醫療計劃
 家庭醫生編號: FD0-00017 eHR UID: 5245745662	男性	南區 • 香港, 南區香港仔大道208號裕輝商業中心地下5舖 詳細資料	HK\$0	
 家庭醫生編號: FD0-00068 eHR UID: 7022857957	女性	深水埗 • 九龍, 深水埗區青山道113號寶血醫院 詳細資料	HK\$150	
 家庭醫生編號: FD0-00411 eHR UID: 6215384232	女性	油尖旺 • 九龍, 油尖旺區漢口道4-6號騏生商業中心11樓 詳細資料	HK\$150	
 家庭醫生編號: FD0-00157 eHR UID: 5733099000	男性	離島 • 新界, 離島區愉景灣愉景廣場B座108舖 詳細資料	HK\$50	

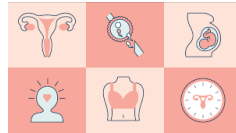
Note: FDs may adjust the medical consultation co-payment fee for the treatment phase on an annual basis around mid-year.

Connecting Services in the Community

Nurse clinics & allied health services



Women Health



Community Pharmacy



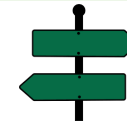
Exercise Prescription



Elderly Health



Bi-directional referral



Mental Health



Oral Health



Patient Empowerment



1. Development of CDCC Platform

Chronic disease management with paired participants

Subsidised vs Non-subsidised

- Diabetes Mellitus / Pre-diabetes
- Hypertension
- Hyperlipidaemia
- Hepatitis B carriers management
- Cardiovascular diseases
- Benign Prostatic Hypertrophy
- Mild depression or cognitive impairment
- Osteoporosis
- Women's common disorders
- Hyperthyroidism / hypothyroidism

Disease Screening and Vaccination

Subsidised vs Non-subsidised

- Vaccination
 - Seasonal flu vaccines
 - Pneumococcal vaccines
 - Human papillomavirus vaccine
 - Herpes zoster vaccine
 - Hepatitis B vaccine
 - Child Immunisation Programme
 - Covid-19 vaccine
- Cervical Cancer screening
- Colorectal cancer screening program
- Breast Cancer screening for high risk group

2. Multidisciplinary primary healthcare team support

- CDCC introducing dedicated Nurse Clinic and strengthening Allied Health services under the district health network through strategic purchasing to support DHC/DHC Express
- Offering a broader scope of healthcare services thereby further expanding the primary healthcare service network

Nurses



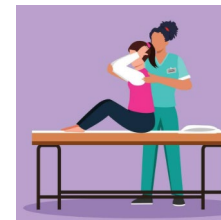
Pharmacists



Occupational Therapists



Physiotherapists



Optometrists



Call for Action – Join CDCC Now

Benefits as a Family Doctor -

- ✓ Be part of the transformative movement for advancing primary healthcare
- ✓ Pairing with CDCC participants to bring positive health impacts and financial sustainability
- ✓ Extensive support ingrained in CDCC programme design, e.g. DHC/E network, IT systems and financial incentives, to be continuously developed by Government

**Simple steps to
Enrol as Family
Doctor!**

Simple steps to enrol as Family Doctor

Website for enrolment-

https://www.primaryhealthcare.gov.hk/cdcc/en/hp/join_cdcc_how_to_enrol.html

The screenshot displays the official website for enrolling as a Family Doctor in the CDCC Pilot Scheme. The header includes the Health Bureau logo and navigation links such as 'Primary Healthcare in Hong Kong', 'Introduction of CDCC Pilot Scheme', 'Eligibility of Scheme Participant', 'Join CDCC', 'Resources', 'News', and 'FAQ'. A 'Quick Links' section provides direct access to 'Enrol as a Family Doctor', 'Co-payment Information', 'Investigation list', 'Drug list', and 'Contact Us'. The main content area is titled 'How to enrol in CDCC' and features a 'Quick Guide to Enrol' button. A sidebar on the left lists related topics: 'Eligibility of Family Doctors', 'Scope of Service Provision', 'Subsidy Level & Co-Payment', 'Doctor-patient Partnership Incentive Mechanism', and 'How to enrol in CDCC'. The central content area outlines '3 Simple Steps to Enrol Online For Family Doctors':

- Step 1: Submit e-Enrolment Form via eHRSS**
 - Login to [eHRSS platform](#);
 - Click "Administration";
 - Select "CDCC Pilot Scheme - Doctor Enrolment"
- Step 2: Provide the required information via eHRSS platform**
 - Agree to the Terms & Conditions of Agreement for Private Doctors, Undertakings and Declaration, and Personal Information Collection Statement;
 - Input required information such as personal particulars, information of clinic and bank information;
 - Indicate the Co-payment fee to be collected from patient per consultation in the Treatment Phase



Thank you



Chronic Disease Co-Care Pilot Scheme (CDCC)

Webinar on Latest Outlook of Primary Healthcare

16 June 2025

Dr CHEUNG Wai Lun, Director, Strategic Purchasing Office



Post-Pilot Review – Transforming into an Encompassing Platform



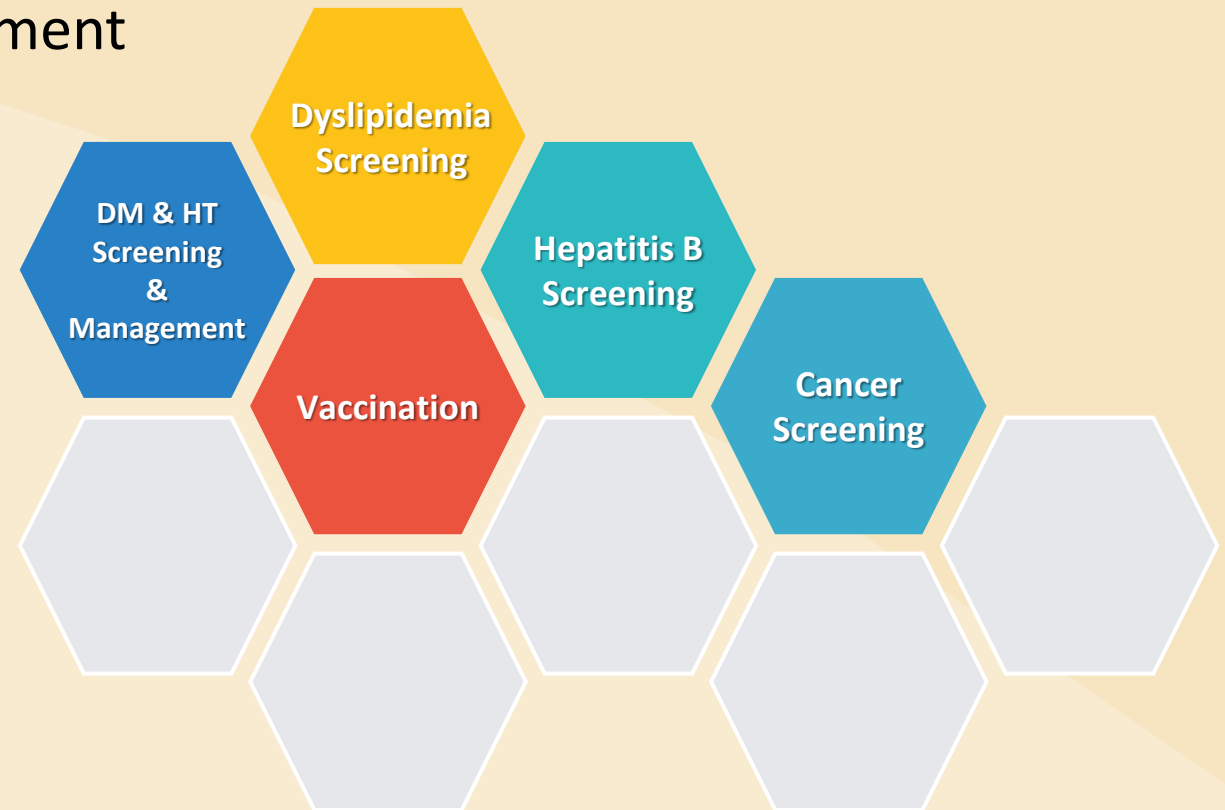
Post-Pilot Review – Transforming into an Encompassing Platform

- **Transform** from a chronic disease management programme-based to a chronic disease management platform
- Launch started with DM&HT, will transform to a platform which covers with different diseases and health situations
 - Inclusion of **blood lipid testing** and **hepatitis screening** for more comprehensive risk-based screening
 - **Vaccination** for preventive care
 - **Integration of GOPC PPP** to align delivery models
- **Ongoing supporting services enhancements**
 - **Community Drug Formulary and drug list expansion**
 - **New lab collaboration model**

CDCC Platform – A Platform for Multiple Initiatives

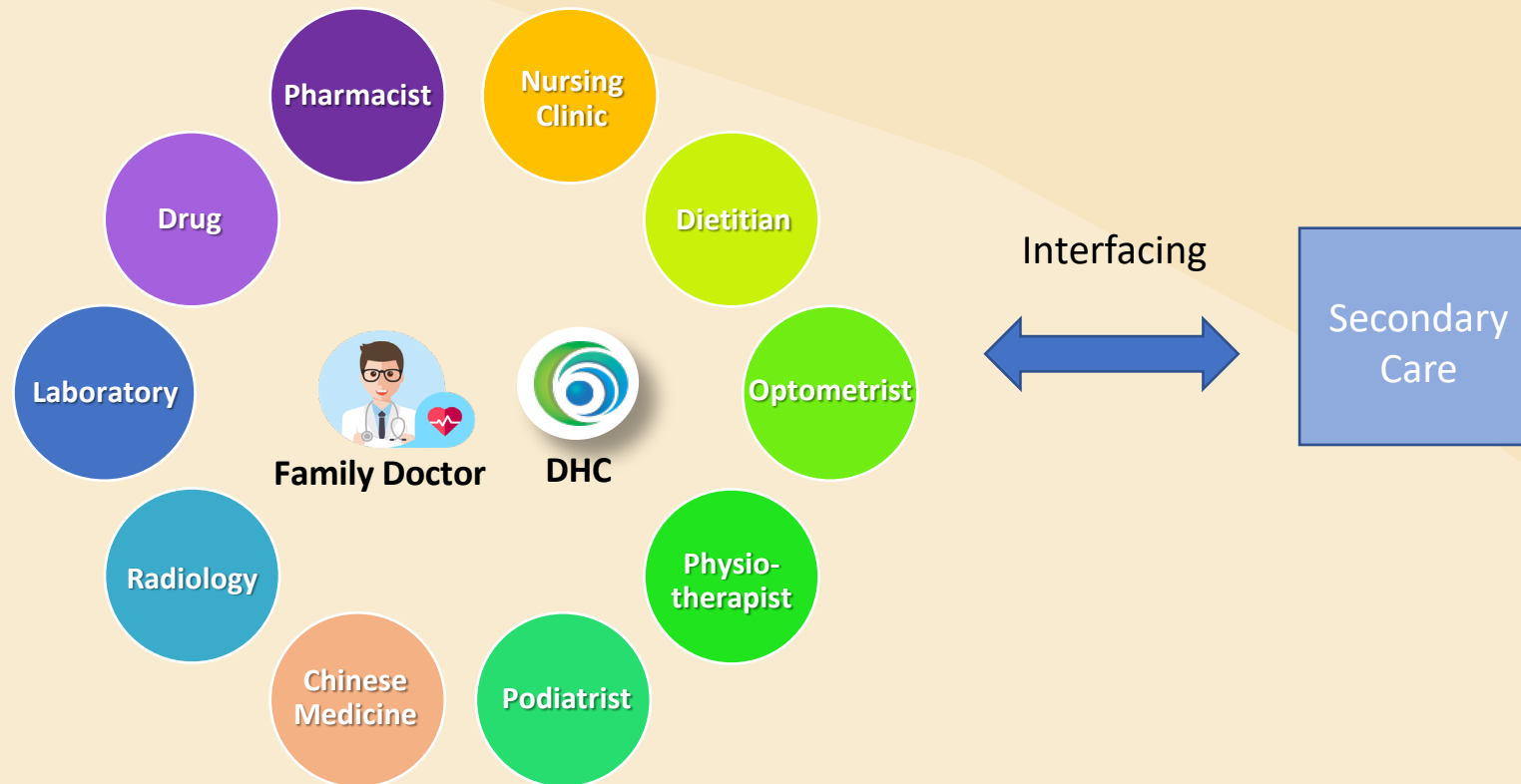
Scope

- Screening
- Preventive care
- Management of chronic diseases
- Align with participants' life cycle management



CDCC Platform – Family Doctors and Multi-disciplinary Network Support

- **Family Doctors provide holistic whole-person care to participants with**
 - Supported by a network of multi-disciplinary support
 - Disease management according to clinical condition / clinical protocol
- DHC as health coordinator



IT Initiative to Streamline the Workflow in Post-Pilot Phase

- Integration with **Service providers' Business Platform**
 - To avoid duplicated data entry
- Enhancement in **Central Administrative & Clinic Administrative** functions
 - To facilitate operations

Central Administrative Functions

Allow Back-Office Administrator to carry out central administrative functions

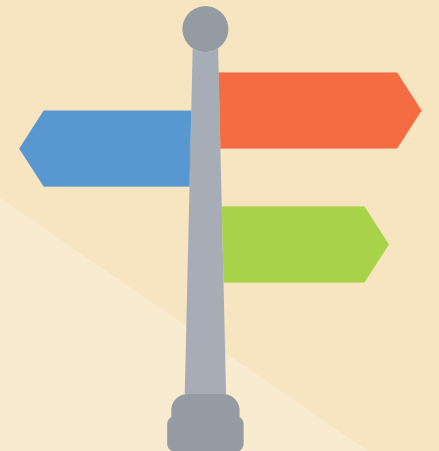
- Enrolment for FDs and participants
- Follow-up investigation report
- Submit reimbursement
- Drug ordering
- Manage user accounts
- Receive subsidies via corporate account

Clinic Administrative Functions

Allow Clinic Administrator to carry out non-clinical and supporting work

- Enrolment for Participants
- Attendance taking, follow up on investigation reports and others
- View notifications for service providers
- Supporting clinical work, streamline payment checkout

New Dimensions





Overview of 2025/26 Vaccination Subsidy Scheme

2025/26 Vaccination Subsidy Scheme (VSS) – Background

- Currently, **VSS** is a scheme under the Department of Health (DH)
 - Provides subsidised Seasonal Influenza Vaccination and Pneumococcal Vaccination to eligible Hong Kong residents **through the participation of private doctors**
- **Strategic Purchasing Office (SPO)** was established in 2022
 - In line with the Government's policy direction: to adopt **strategic purchasing** to drive towards a more optimal healthcare system that can contribute to the long-term sustainability of the system in Hong Kong
- One of the functions of SPO involves the development of a **common platform to facilitate integrated purchasing of healthcare services**, including the consolidation of existing Hospital Authority (HA) and DH's public-private-partnership programmes
- Starting 2025/26 VSS
 - Centre for Health Protection (**CHP**) of **DH** will continue to be the overall administrator of VSS
 - **SPO** will coordinate the business and operation
 - Primary Healthcare Commission (**PHCC**) will take the lead in promoting primary care and family doctors' role

2025/26 VSS – Proposed Enhancements

- For 2025/26 VSS, the following enhancements :
 - **New eligible group** for 2025/26 seasonal influenza vaccination
 - **All persons aged 18-49 years with chronic medical problems**
 - System **migration** from the eHealth System (Subsidies) **to the Electronic Health Record Sharing System (eHRSS)**
 - **VSS Doctors** are required to be **enrolled in PCD AND eHRSS**
 - Doctor enrolment will be changed from paper to **online application**
 - Explore the supply of **certain quantity** of seasonal influenza vaccine (SIV) for VSS **through the Government contract**

2025/26 VSS : SIV –Inactivated Influenza Vaccine (IIV)

The Government is purchasing **additional SIV(IIV) for specified VSS doctor groups** in **2025/26 season**

1. To test out the private market's readiness to obtain SIV(IIV) through Government contract and to stabilize the vaccine supply for VSS eligible persons at Government specified price
 - As a transitional arrangement for 2025/26, pave the way for long-term arrangement
 - Pilot with **purchasing a certain additional quantity**
 - Test and **build readiness of vaccine suppliers, VSS doctors and IT system**
2. In long run, to explore extending the SIV(IIV) supply coverage to total population to ensure stable vaccine supply

Arrangement for SIV(IIV) Drawn from Government Contracts (1/2)

1. Government position on “specified VSS doctors” to draw SIV(IIV) from Government contracts

- Set up contracts with suppliers and allow “specified VSS doctors” to draw SIV(IIV) at specified quantity for eligible persons under VSS at a price set by the Government
 - This provision is an **alternative source** of vaccine supply for “specified VSS doctors” while they can also use vaccines procured from private market anytime on eligible persons
 - “Specified VSS doctors” **directly settle payment with vaccine suppliers**

2. Specified VSS doctors

- Doctors who have **joined both VSS and CDCC** Pilot Scheme in the period specified by the Government

Arrangement for SIV(IIV) Drawn from Government Contracts (2/2)

3. Co-payment setting for eligible persons in 2025/26:

A. Propose combined **co-payment setting, divided into two eligible groups only**

[Note: 2024/25 co-payment setting are under each eligible group, e.g. ≥ 65 years; 50-64 years; pregnant women, persons with intellectual disability]

- i. Eligible **adult** group
- ii. Eligible **children** group

B. “Specified VSS doctors” who **draw SIV(IIV) from Government contract** are required to set the **co-payment of SIV(IIV) at \$0 across all eligible persons**

- Eligible persons thus can benefit directly from Government bulk purchase of lower cost vaccines

Details - Briefing Sessions

- Two identical Briefing Sessions will be arranged by CHP in July 2025

	Session 1	Session 2
Date	8 July 2025	16 July 2025
Time	10:30am – 12:45pm	14:30pm – 16:45pm

- All PCDs are encouraged to join CDCC

Enrolment website: <https://www.primaryhealthcare.gov.hk/cdcc/en/>

Community Drug Formulary and Community Pharmacy

Background

Healthcare Blueprints

- Sustained delivery of quality and adequate primary healthcare (PHC) services by incorporating the concept of multi-disciplinary teamwork in PHC in the community
- Develop a community-based primary healthcare system to enhance the management of chronic diseases
- Support the development of community pharmacy through the development of community pharmacy services

The 2024 Policy Address

- Launching a community pharmacy program and developing a community drug formulary help the public obtain affordable, primary-healthcare drugs through central purchasing and the community network
- Aims to reduce economic burden on patients and reduce their reliance on the public healthcare system

Community Drug Formulary (CDF)

Community Drug Formulary

Objectives of setting up a Community Drug Formulary

- Facilitate patients to access affordable primary care drugs through family doctors and community pharmacies, thereby reducing the their financial burden and reliance on the public healthcare system
- The government will collaborate with the Hospital Authority to obtain drugs at lower prices through centralized procurement

Scope of the Community Drug Formulary

- Enhance access to medications commonly used in primary healthcare settings, including medications for preventive care (such as vaccines) and managing episodic and chronic conditions that meets the clinical needs of the primary care services
- Promote best practices and evidence-based use of medications, ensuring optimal patient outcomes according to the clinical reference framework of government subsidized primary care programmes
- Application of the Community Drug Formulary to
 - Family doctors participating in government subsidized primary care programmes
 - Community pharmacies participating in the Community Pharmacy Programme

Community Drug Formulary

Structure of the Community Drug Formulary

- Tier 1 - primarily generic drugs
- Tier 2 - primarily patent drugs and certain specified drugs
- Tier 3 - offer more comprehensive and affordable patient options (under exploration)

Drug Selection

- Leverage on HA Procurement's well-established procurement mechanism
 - Select drugs based on the HA Drug Formulary, which has been reviewed by experts for safety, efficacy, and cost-effectiveness
 - Combine purchasing power with HA and procure drugs through tender or quotation process to achieve better prices
 - HA has robust procurement requirements to ensure quality assurance with risk management

Drug Supply Arrangements

- Order from HA drug suppliers through SHSOP

Community Pharmacy Programme

Community Pharmacy Programme

Restricted

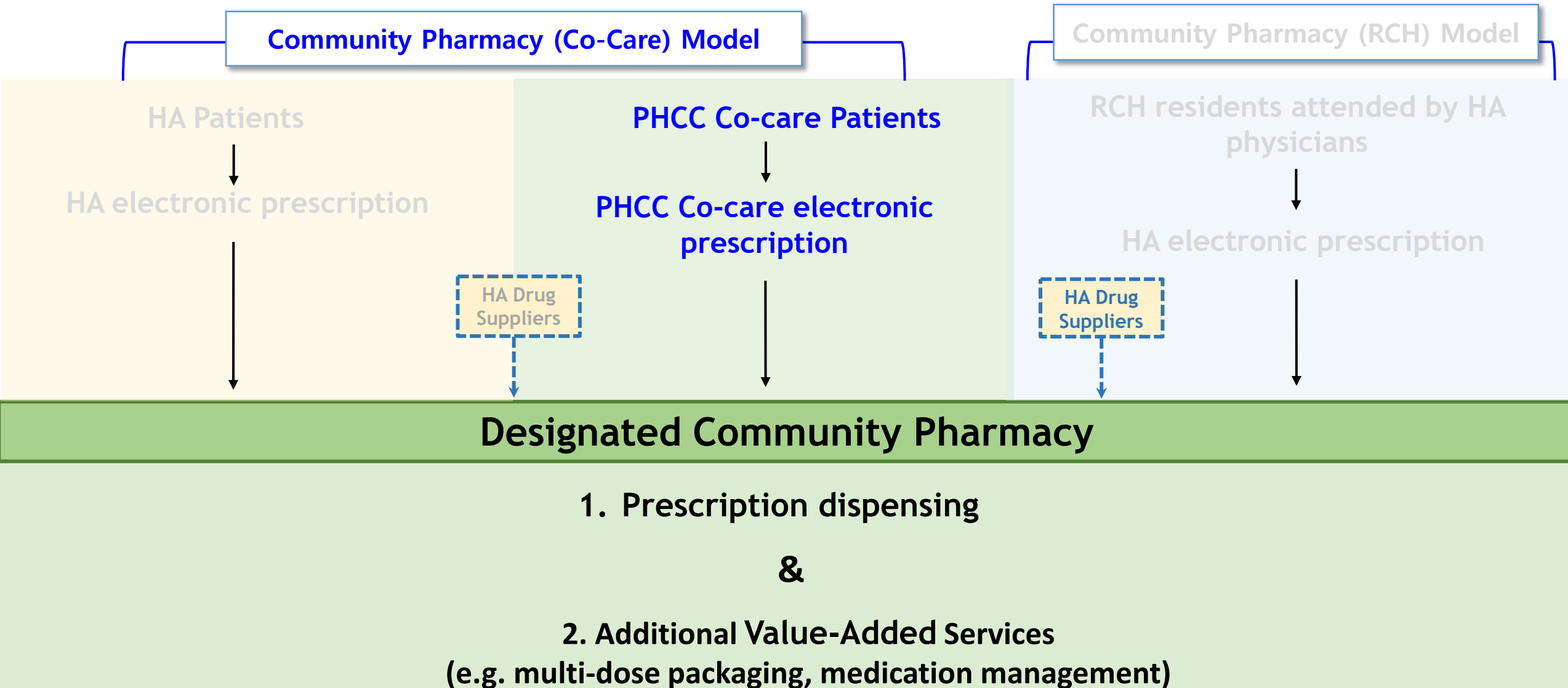
Objectives

- To develop community pharmacies (CPh) to provide drug dispensing and professional pharmacist services that are convenient and accessible by the public within districts
- To provide drug refill service in community pharmacies for HA prescriptions to enhance patient adherence with personalized counseling
- To offer an alternative choice for patients to obtain drugs listed in the Community Drug Formulary (CDF)
- To provide direct drug dispensing and packaging service by community pharmacy to enhance residential care homes' (RCH) drug management, streamline workflow, ensures accuracy and medication safety

Community Pharmacy Programme

1. Co-care model
 - HA patients
 - PHCC Co-care patients
2. RCH model
 - HA patients residing in RCHs

Community Pharmacy Service Model



Community Pharmacy Programme (PHCC Co-care Model)

Scope and Model

Dispensing service

- Patients in the government subsidized primary care programmes obtain prescriptions from their family doctors based on the Community Drug Formulary
- Patients have the option to dispense their drugs either from their family doctors or their paired community pharmacy where they can receive personalized pharmacy services

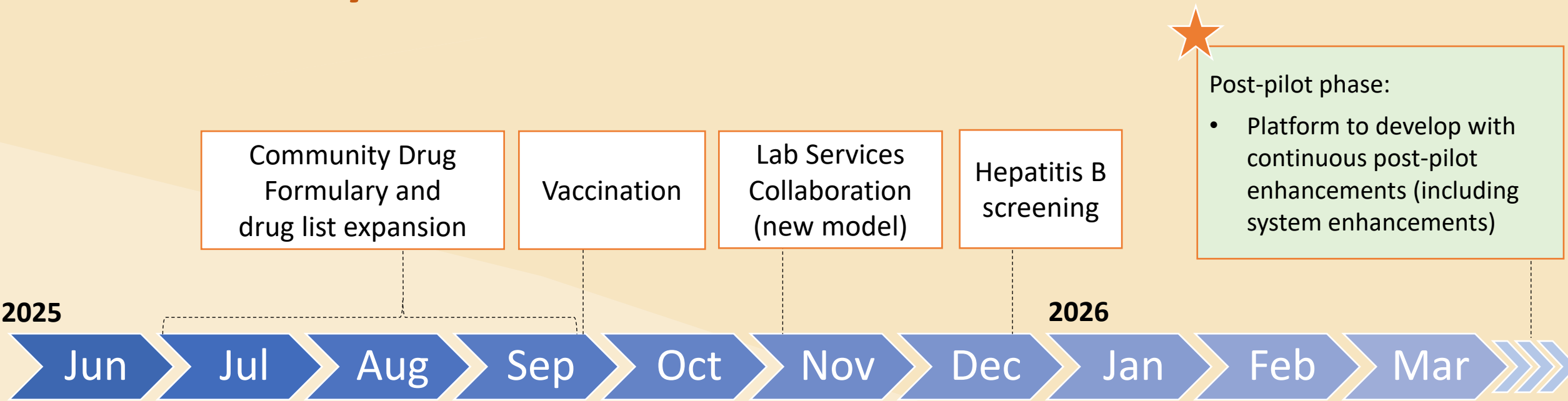
Value added service

- Smoking Cessation Service
- Medication Management Service
- Chronic Disease Management

Community Pharmacy Programme

Timeline	Events
4Q2025	Establishment of the CDF mechanism
2Q2026	Launch the Community Drug Formulary
4Q2026	Implementation of the Co-care Programme, roll out by phases to provide service covering 18 districts

2025 and Beyond



- 1. Invite suitable HA GOPC patients to CDCC Treatment Phase by batches starting from Q3 2025
- 2. Invite GOPC PPP patients to CDCC Treatment Phase by batches starting from Q4 2025



Chronic Disease Co-care Pilot Scheme

Screening & Treatment of Diabetes and Hypertension

Thank You



Updates on Chronic Disease Co-Care Pilot Scheme

Webinar on Latest Outlook of Primary Healthcare

16 June 2025

Dr Christina MAW, Assistant Director, Strategic Purchasing Office



Updates on Chronic Disease Co-Care Pilot Scheme

1. Updates on GOPC PPP
2. New Model of Laboratory Services Collaboration
3. Introduction of Hepatitis Screening



Updates on Chronic Disease Co-Care Pilot Scheme

1. Updates on GOPC PPP

Integration of GOPC PPP into CDCC



130 000 citizens
enrolled

~40% screened
participants requires
chronic disease
management

In line with policy direction of consolidating primary healthcare resources, GOPC PPP, with a similar nature, will be integrated into CDCC.

Invitation to join GOPC PPP
suspended in 2024

Functions of GOPC PPP to be fully
taken over by CDCC by 2028

Invitation of GOPC PPP patients
to CDCC commences in 2025

CDCC

Focus on Chronic Disease Management

- Expanding service scopes and dimensions
- More comprehensive/ expanding drug list

Multidisciplinary, Coordinated Care

- DHC co-ordination and support
- Nurse clinic, allied health services

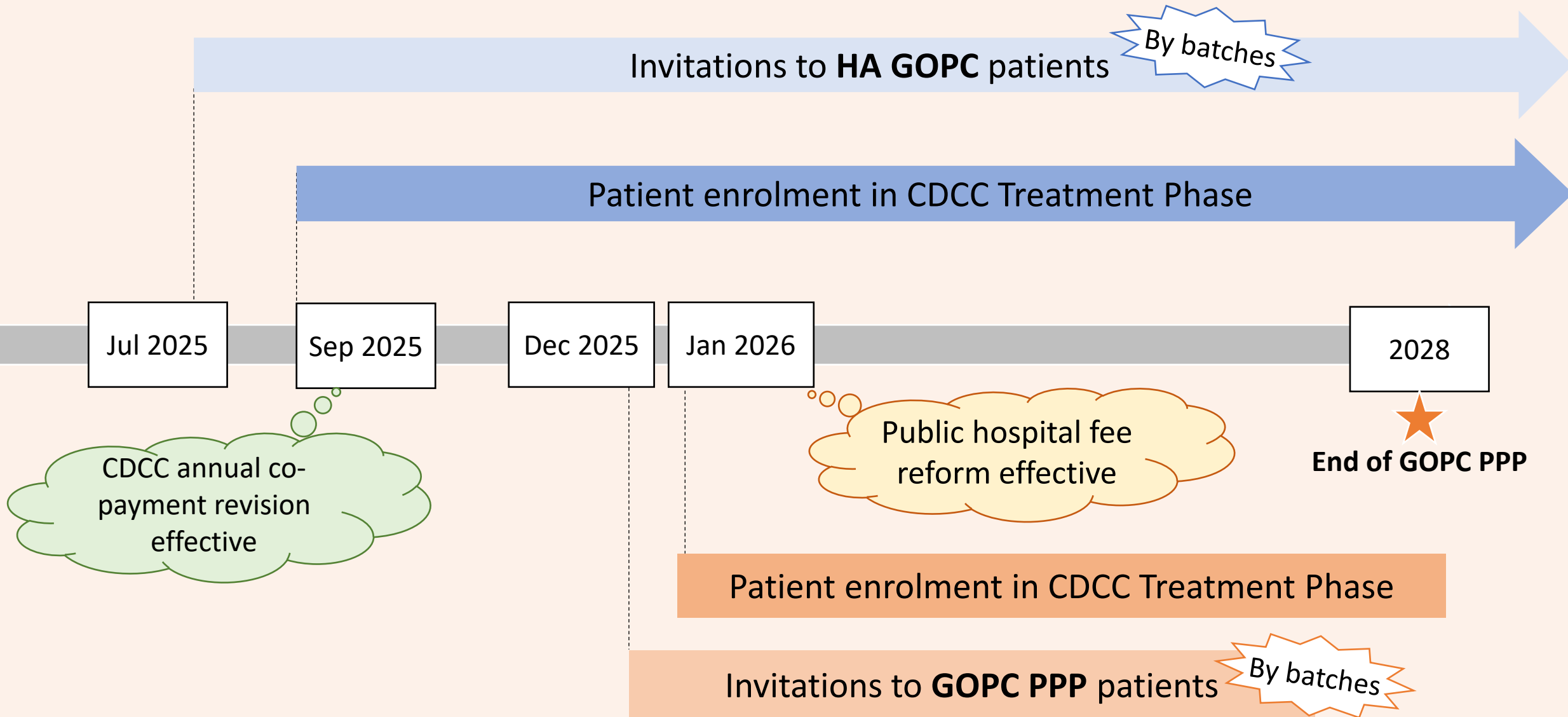
Flexible Co-payment

- Doctors to determine co-payment amount
- Annual adjustment option
- Discretionary one-off adjustment

Incentive Mechanism

- Strengthen doctor-patient partnership
- Patient empowerment and compliance

Tentative Timeline





GOPC PPP Patient Arrangement

Patients of **doctors ALREADY** joined CDCC



Enrol directly in clinic

Continual care by current doctor



Choose another CDCC doctor



Withdraw from GOPC PPP

Patients of **doctors NOT YET** joined CDCC



Choose another CDCC doctor



Withdraw from GOPC PPP



Patients' Views and Possible Concerns of Joining CDCC

Increase in out-of-pocket medical expenses arising from co-payments in consultation, laboratory and other services

- Will consider joining CDCC
- Can **choose his/ her own family doctor, continuity of care**
- **Convenience and flexible** (e.g. in scheduling, locations)
- In general, **less time is needed in attending consultations**
- **Co-payment** is within affordable range

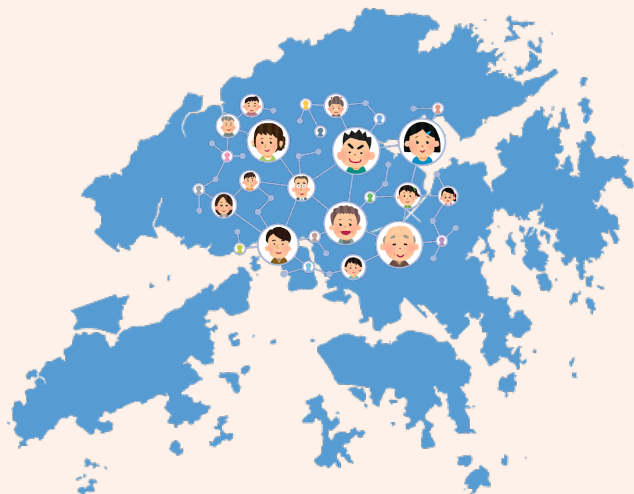
Change of co-ordination function by District Health Centre instead of HA

- Comprehensive **range of services available in DHCs/ DHCEs**, such as gymnastic facilities, health/ cooking classes are attractive
- Community pharmacy service run by some DHCs are useful

Change of doctors

- Prefer continue to consult **the same doctor**
- Some expressed disappointment to know that the current GOPC PPP doctors have not yet joined CDCC
- Welcome the bi-directional referral support from HA specialist when indicated

Stronger Support Needed for Larger Patient Pool



~130 000 citizens have already enrolled for screening



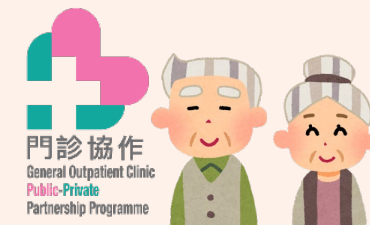
Suitable participants for screening



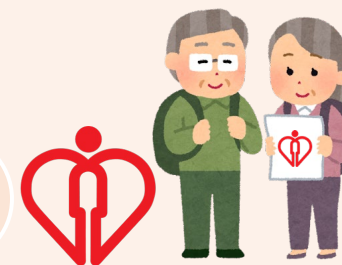
Currently ~30 000 patients under treatment



GOPC PPP Patients



Suitable GOPC Patients



IMPORTANT

Be their Family Doctor NOW!



Support and Training

1. Streamline the operation workflow/platform for patient migration
 - Patient enrolment and CDCC service commencement in one go
 - Patient's programme participation status automatically identified by system
2. Designated briefing and training sessions in August/ September
3. Designated helpline 2300 8388 manned by Programme Office
4. Extended operation of GOPC PPP IT system to allow claim submissions and other follow ups



Updates on Chronic Disease Co-Care Pilot Scheme

2. New Model of Laboratory Services Collaboration

New Features

Blood Taking / Specimen Collection



FD Clinics



By DHC/Es
& Others



Awarded Laboratories

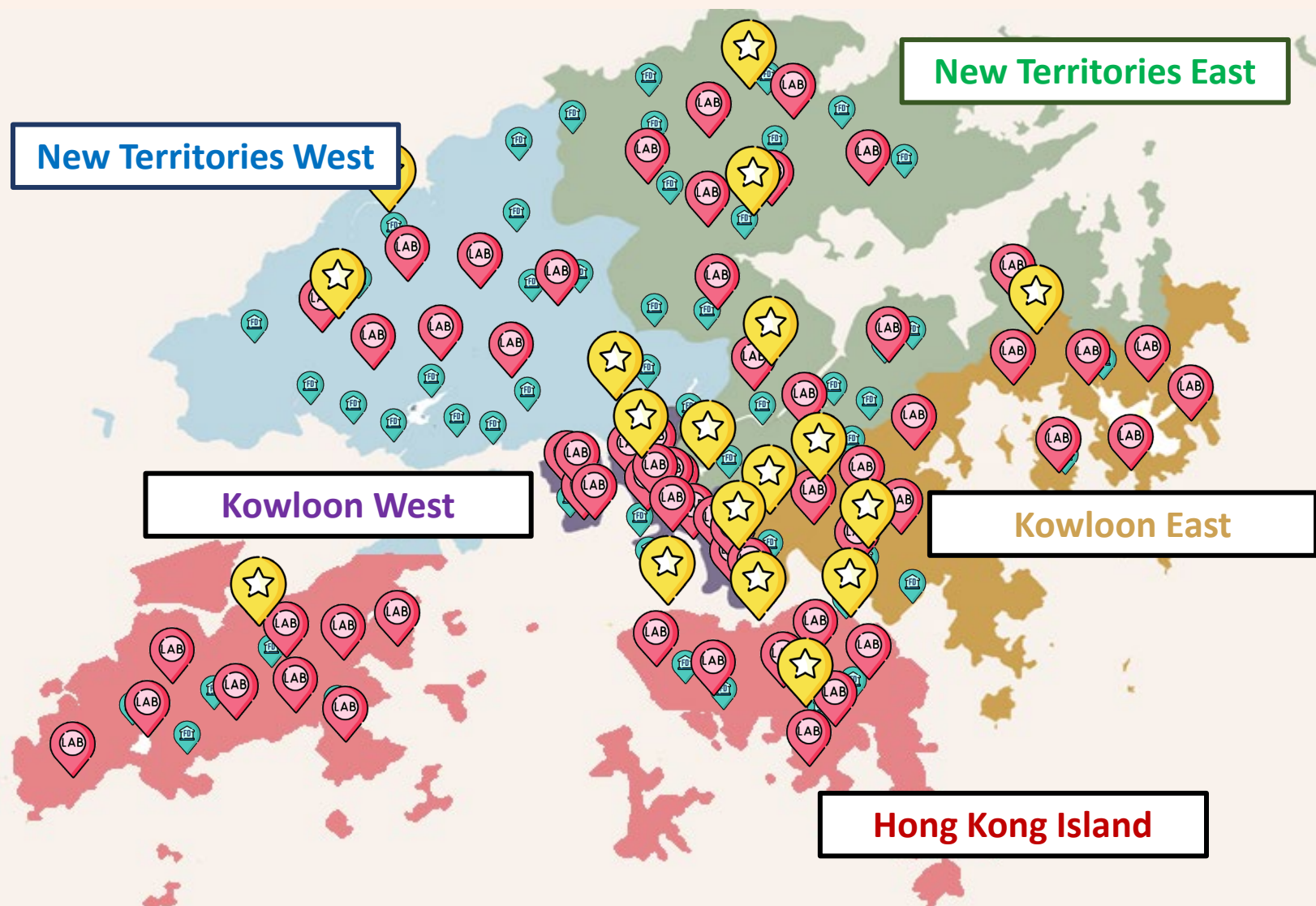
1. Allow blood taking/ specimen collection **at FD clinics, DHC/Es & other centres and awarded laboratories**
2. Availability of **service locations in all 5 geographical regions**
3. More efficient **booking arrangements**
4. Revised **accreditation requirement**
5. Allow **sub-contracting/ partnership**
6. Ready to have **structured data** arrangement in line with eHRSS development

Note: "DHC/Es & Others" means the DHC/Es and other Centres specified by Primary Healthcare Commission (PHCC)

Latest Updates

- New contract will commence on **6 November 2025**
- Support CDCC current and extended scopes; and other primary healthcare initiatives
- **Two Laboratory Service providers** to provide laboratory services
 - For specimen taken in **the Laboratory service sites**
 - For specimen collected from **Family Doctor (FD) clinics & DHC/Es**
- Briefings on detailed workflow, including transition for contract changeover will be arranged in **September 2025**

More Accessible and Convenient



2 Laboratory Service Providers

- 59 service locations across 5 regions



18 DHC/DHCEs

- Provide blood / specimen collection services across 18 districts



FD clinics

- Option to provide blood-taking service

One-stop Blood-taking Service at Clinics

Doctors' choice

1. Provide **blood taking and specimen collection services** at the clinic
2. Mutually agreed (with participants) **add-on service fee**
3. **Partner with one** of the two awarded laboratories – courier arranged by laboratories

Fee collection from participants

1. Collect **add-on service fees** and record them in the IT system
2. Collect **laboratory test co-payment***, as shown in the IT system, on behalf of and subsequently settled with the laboratory

Participant will receive
notification for all fees
collected



*CDCC participants only; GOPC PPP participants are fully subsidized for the laboratory services

Participant

System Enhancements

- Facilitate blood taking/ specimen collection and fees (add-on and co-payment) **collection at clinics**
- Provide **summary statement of co-payments collection** for settlement with partner laboratory
- **Wider range of laboratory test items** and packages for selection
- Additional **structured data** will also be automatically uploaded by laboratories
- Single referral for different programmes
- Test results acknowledgement **workflow will be streamlined**



Thank You



Webinar on Latest Outlook of Primary Healthcare

Introduction of Hepatitis B Screening

Dr Tony HA, Assistant Commissioner for Primary Healthcare

16 June 2025

Background

- CDCC Pilot Scheme was officially launched on **13 Nov 2023**
- Policy Address 2024 announced the Government will promote the **development of primary healthcare on all fronts**, including
 - ✓ expanding the Chronic Disease Co-Care Pilot Scheme **to cover blood lipid testing (Launched on 28 Mar 2025)**
 - ✓ implementing **hepatitis B screening (by Q4 2025)**



Purpose: To update Family Doctors on CDCC's latest development regarding hepatitis B screening in primary care setting

Key Milestones of PHC and CDCC Development through Collaboration

Oct 2022



Policy Address 2022

Set out the policy direction to launch the CDCC Pilot Scheme

Dec 2022



Primary Healthcare Blueprint

Set out direction of development and strategies for strengthening Hong Kong's Primary Healthcare (PHC) system

Nov 2023



CDCC Pilot Scheme

The first item to promote primary healthcare since the announcement of Primary Healthcare Blueprint

Oct 2024



Policy Address 2024

Expand CDCC Pilot Scheme to cover blood lipid testing *(launched on 28 Mar 2025)* & implement hepatitis B screening *(by Q4 2025)*

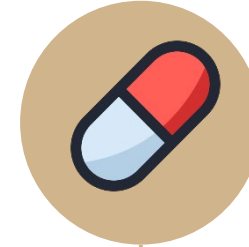
Key Milestones of the CDCC Pilot Scheme Development



Sep 2023
Press briefing for
CDCC Pilot
Scheme



Mar 2024
Participants can
enrol and pair with
FDs at clinics of FDs



Mar 2025
Expand to cover
blood lipid
testing



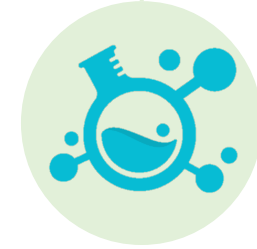
Aug 2023
FD enrolment
starts



Nov 2023
Participants can
enrol and pair with
FD at the DHC/ DHCE



Aug 2024
Expanded basic-tier
drug list from 43 to
59 drug items



4Q 2025
Launch
risk-based
screening
programmes
for Hep B

Ongoing enhancement

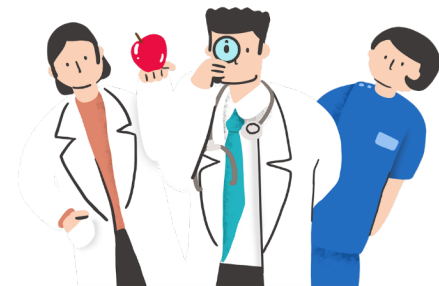
Expand service scope of CDCC Pilot Scheme

Policy Address 2024: roll out of ***subsidised risk-based hepatitis B screening*** to prevent liver cancer, under which DHCs and family doctors provide risk-based hepatitis B screening and management through strategic purchasing

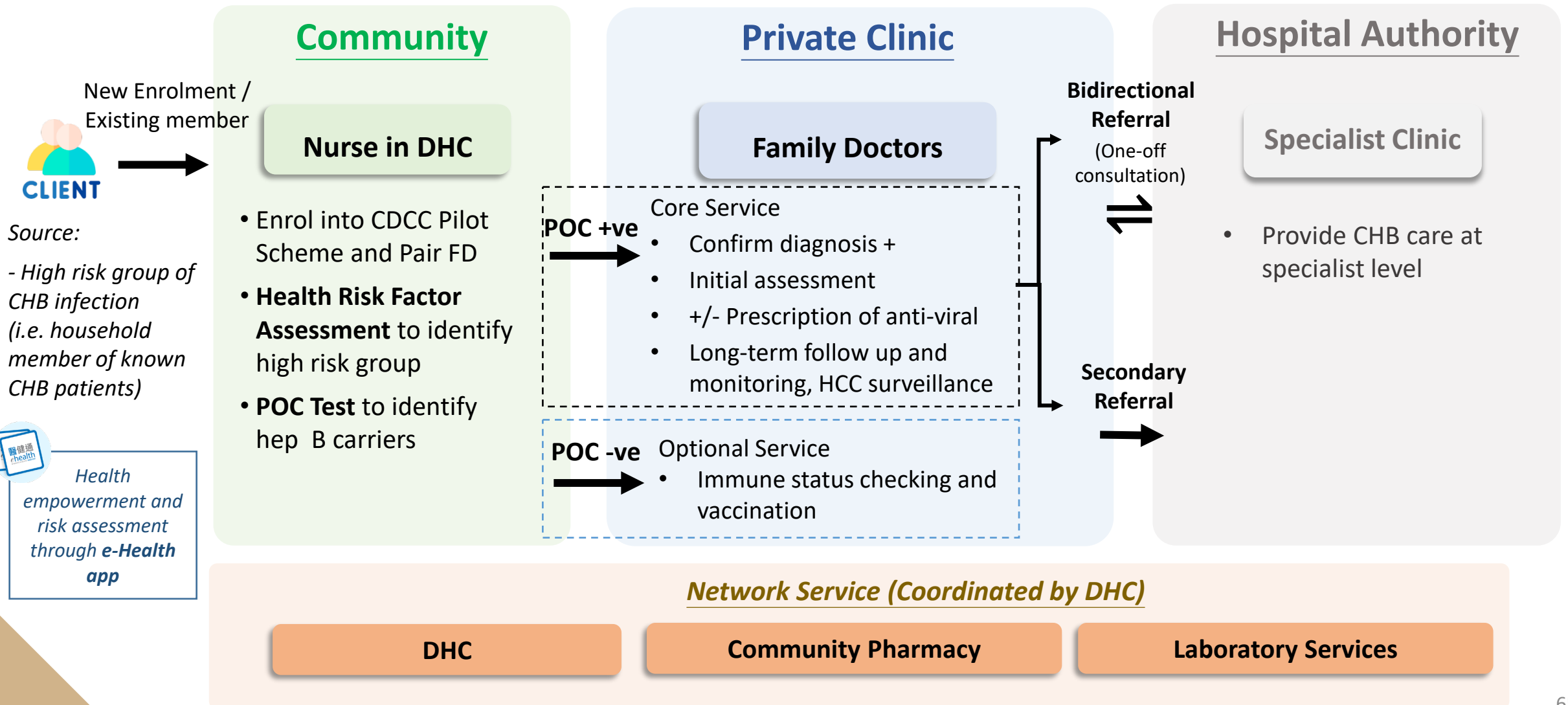
- A **pilot programme** will be launched by the end of 2025:
 - to provide **subsidised hepatitis B screening in primary care setting** based on DHC and FD model
 - screening at **territory-level for early detection of hepatitis B infection in carriers not aware of own status**
 - enable **early detection and treatment** of chronic hepatitis B (CHB) to **reduce the risk of complications** (such as liver cancer and cirrhosis)
 - Integrated in the **Life Course Preventive Care Plan**

Key Service Features

- **Risk-based screening and care services**
 - for selected group of those **at high risk of CHB infection**
- **Use of Point-of-care (POC) testing** after health risk factor assessment
- **Management of CHB at primary care level**, including
 - prescription of anti-virals and HCC surveillance at primary care level
 - protocol-driven approach and bidirectional referral mechanism / secondary referral with HA
- **IT system enhancement**
 - health empowerment and risk assessment



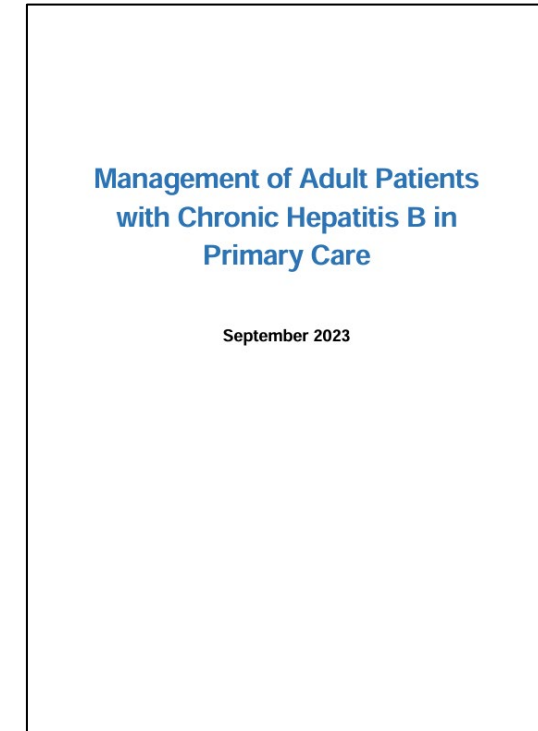
Service Model



Framework for Clinical Reference – Management of Adult Patients with CHB in Primary Care

- Designed based on the '*Management of Adult Patients with Chronic Hepatitis B in Primary Care*' guideline by the Viral Hepatitis Control Office (VHCO) under the DH
- The Steering Committee on Prevention and Control of Viral Hepatitis has been set up to formulate strategies to prevent and control viral hepatitis
- Co-chaired by the Director of Health and the Chief Executive of the HA; Membership comprises representatives of academia and experts of different medical specialties, HHB, CHP of the DH and the HA

➤ *A guideline is currently under review for supporting FDs to manage cases and will be disseminated in Q4*



Available at:

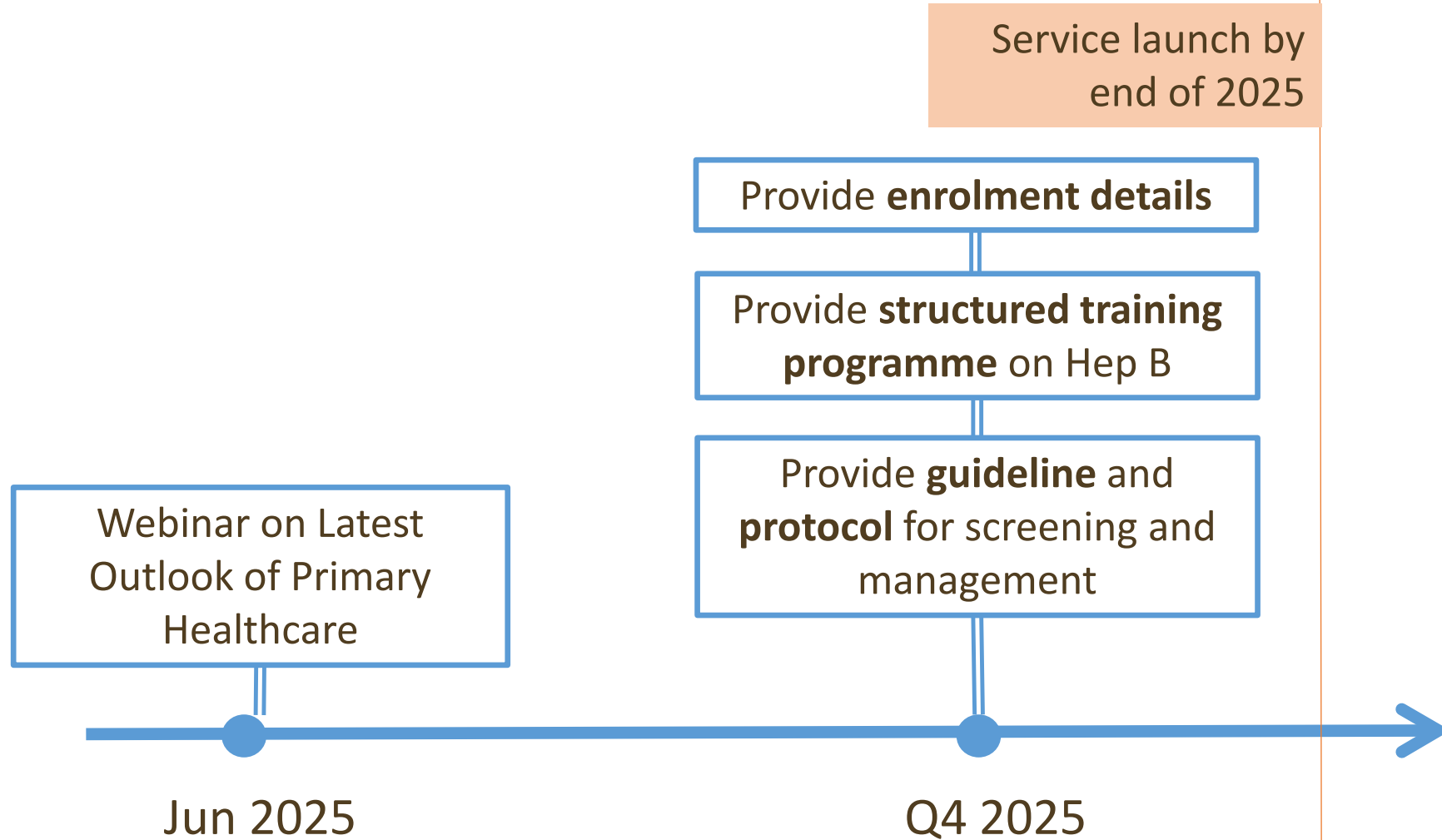
https://www.hepatitis.gov.hk/english/health_professionals/files/Management_of_Adult_Patients_with_CHB_in_Primary_Care_full_guidance.pdf

Overview of Key Enablers in Development

1. Enhanced **clinical protocol** for CHB screening and management
2. Structured **training** programme
3. **Bi-directional referral** mechanisms with Hospital Authority
4. Strategic Purchasing of **laboratory and radiological services**
5. **IT system** enhancement

➤ *Subsidy level and co-payment for CDM platform is under review*

Timeline of Implementation



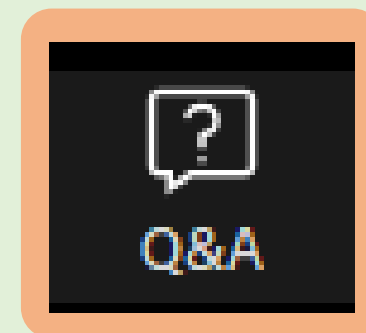


Thank you



Questions & Answers

- Please send in your questions using the “Q&A” function.
- Questions will be answered one by one.
- Unanswered questions will be addressed and supplementary information will be provided via the eBulletin.
- Please provide your email address if individual follow-up reply is needed.





Key dates of CDCC Pilot Scheme in 2025

Expansion of Drug List	Ordering of new drug items	2 July
	Prescription of new drug items	1 August
Co-payment Adjustments	Family Doctors to input co-payment adjustments, if any, on IT platform	1 - 19 August
	Effective date of revised co-payment	1 September

Thank you!

More Views and Questions



Designated Helpline: 2300 8388



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Webinar and reference materials will be available on CDCC website



CDCC Website

