Latest Outlook of Chronic Disease Co-care Pilot Scheme



	Time	Topic	Speaker	
	1:00-2:00pm	Strengthening Primary Healthcare: Development of the CDCC	Dr PANG Fei Chau, Commissioner for Primary Healthcare	
		Overview of CDCC's Upcoming Enhancements	Dr Christina MAW, Asst Director of Strategic Purchasing Office	
		 Highlight of CDCC Enhancements Expansion to Cover Blood Lipid Testing Integration of GOPC PPP 	Dr Tony HA, Asst Commissioner for Primary Healthcare Dr Christina MAW, Asst Director of Strategic Purchasing Office	

2:00-2:30pm Question and Answers



Strengthening Primary Healthcare: Development of the CDCC Pilot Scheme

Webinar on Latest Outlook Of Chronic Disease Co-care Pilot Scheme

4 March, 2025

Dr PANG Fei Chau, Commissioner for Primary Healthcare

Background

- The Government released the Primary Healthcare Blueprint on 19 December 2022
- In November 2023, the Chronic Disease Co-Care Pilot Scheme (CDCC Pilot Scheme) was launched as the first major initiative under the Primary Healthcare Blueprint

Purposes

- To thank Family Doctors in the collaborative effort with the Government in CDCC development
- To encourage prospective Family Doctors in Primary Care Directory to join in early on the effort to develop primary healthcare

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 & implement hepatitis B screening

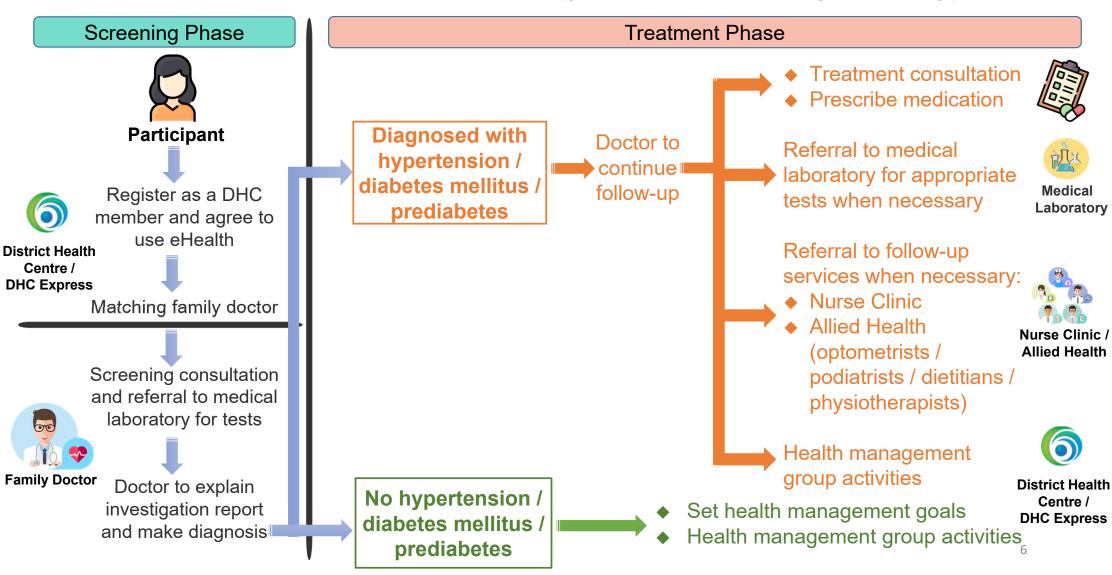
Overview of CDCC Pilot Scheme

- Officially launched on 13 Nov 2023
- Providing subsidies for the public to conduct screening for and manage targeted chronic diseases, including diabetes mellitus (DM) and hypertension (HT), in the private healthcare sector via a "Family Doctor for All" and multidisciplinary public-private partnership model coordinated by District Health Centre (DHC)/ DHC Express (DHCE)
- The Scheme has received positive feedback from the public and Family Doctors (FDs)

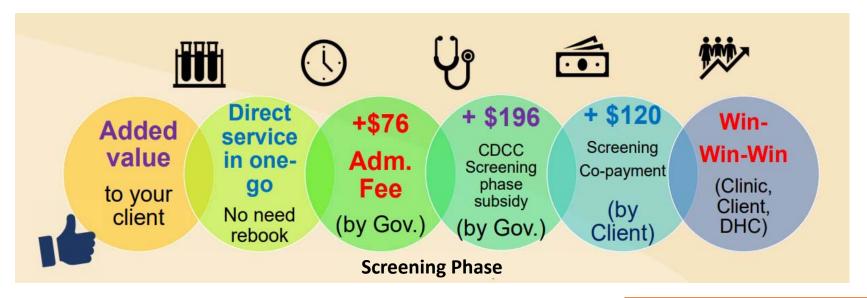


Key elements of CDCC Pilot Scheme

Current Service Flow for CDCC (protocol-driven pathway)



Direct CDCC Enrolment in FD Clinic





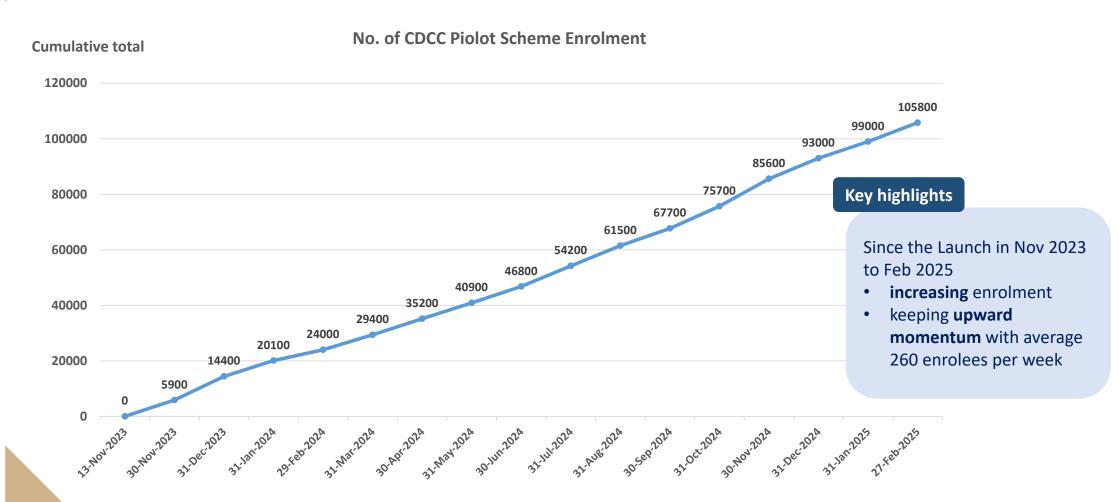
- Gov will provide a subsidy of \$166 for each subsidised consultation
- Participant will pay the copayment fee determined by FD (Gov. recommended co-payment fee is \$150)

Other Enhanced Support in CDCC

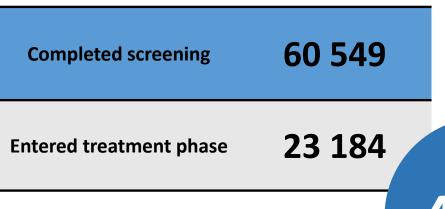
- Strengthened care coordination and support to FDs by DHC/Es
- Increased capacity and support by purchasing Nurse Clinic & AH services
- Enhanced IT system in:
 - Administrative support
 - Streamlined participant identification process
 - Improved workflow efficiency & usability

Overview of CDCC Pilot Scheme

Continuous Increase in CDCC Participant Pool



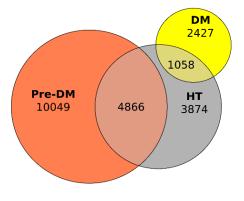
Participant Health Benefit: Early Detection and Management



Notes:

1. Provisional figures as at 31 Jan 2025





Scheme participants entering treatment phase

- **Key highlights**
- Of participants who have completed screening, ~40% were eligible to enter treatment phase (Pre-DM2, DM, HT, DM+HT)
- Of participants who have entered treatment phase, ~50% were admitted to pre-DM 2 management plan

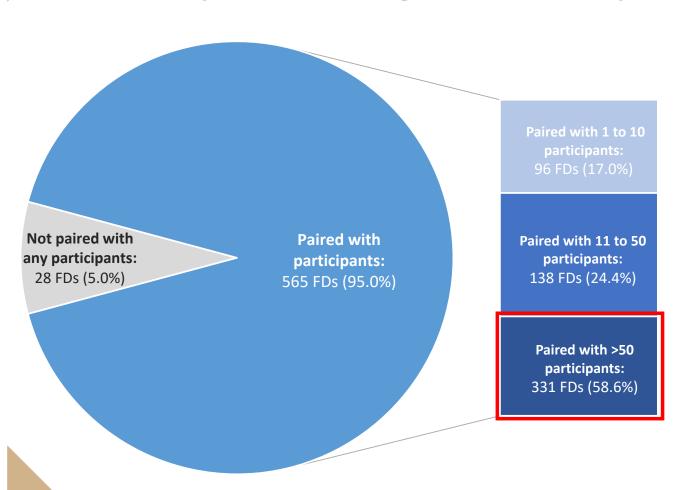
Continuous Support on CDCC from Family Doctors in Building Extensive Network of Service Locations

Family Doctor (FD) Enrolment Situation -

Figures of FD enrolment	As at 27 Feb 2025
No. of doctors enrolled as FD (vetted by Programme Office)	602
No. of service locations provided by FDs (excluding service locations of FDs suspended without accepting new case*)	691

^{*}An FD may provide service in more than 1 service location

Participant Pairing with Family Doctor



95 % of FDs paired with participants, with almost 60% pairing with >50 participants

For FD paired with >50 participants:

No. of participants paired with each FD (Nov 2023 – Dec 2024)	No. of FD
>2000	1
1000- 2000	7
500- 999	28
100- 499	214
51-99	81

Notes:

- 1. Source: CDCC IT System
- 2. Provisional figures (as at 31 Dec 2024)
- 3. Excluded FDs withdrawn

Way Forward: Rolling out of 2024 PA Initiatives on CDCC

- 1) Expand the service scope of the Chronic Disease Co-Care Pilot Scheme (CDCC Pilot Scheme) to cover blood lipid tests
- 2) Roll out 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.

Community-based Primary Healthcare System – Family Doctor for All

- Provision of preventive care and continuity of care
- Build long term trustworthy relationship between citizens and district-based Primary Healthcare Network



Call for Action – Join CDCC Now

Benefits as a Family Doctor -

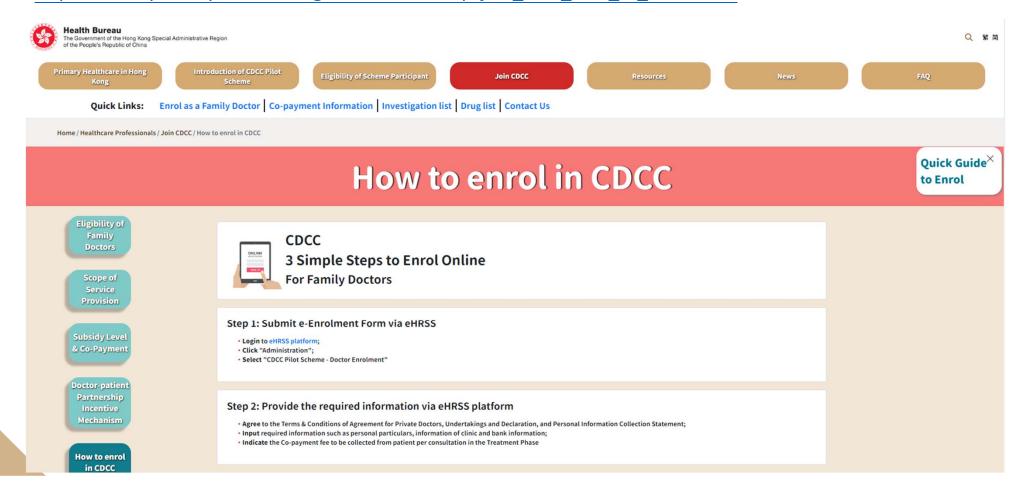
- ✓ Be part of the transformative movement for advancing primary healthcare
- ✓ Pairing with CDCC participants to bring positive health impacts and financial sustainability
- ✓ Extensive support ingrained in CDCC programme design, e.g. DHC/E network, IT systems and financial incentives, to be continuously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







Overview of CDCC's Upcoming Enhancements

Webinar on Latest Outlook Of Chronic Disease Co-care Pilot Scheme

4 March 2025

Dr Christina MAW, Assistant Director, Strategic Purchasing Office



Upcoming Enhancements

- Outlook Transform from a chronic disease management <u>programme-based</u> to a chronic disease management <u>platform</u>
 - 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
 - Post-pilot enhancements (including system enhancements)

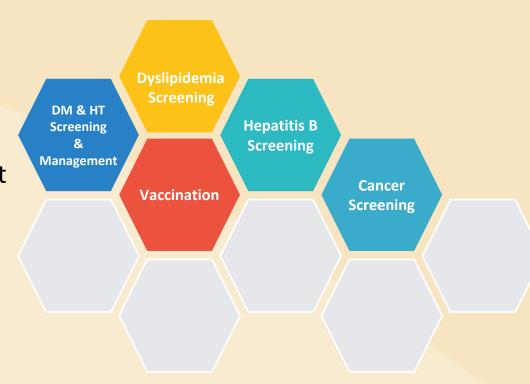


CDCC Platform – A Platform for Multiple Initiatives

- Transform from programme based to platform based
- Launch started with DM&HT, will transform to a platform which covers with different diseases and health situations

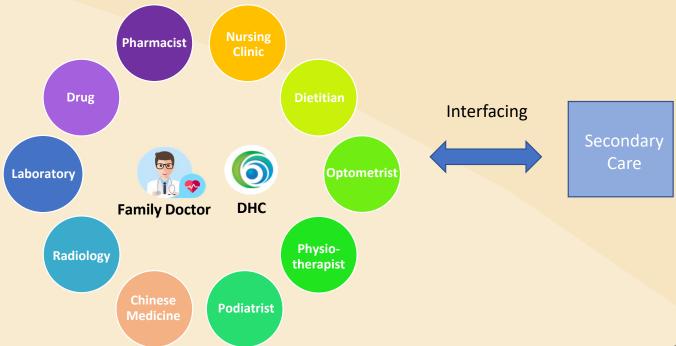
Scope

- 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



Vaccination Subsidy Scheme (VSS) - Seasonal Influenza Vaccines (SIV)

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

Arrangement for Seasonal Influenza Vaccines Drawn from Government Contracts

- 1. Government position on specified VSS doctors to draw seasonal influenza vaccines from Government contracts
 - Set up contracts with suppliers and allow specified VSS doctors to draw seasonal influenza vaccines at specified quantity for eligible persons under VSS at a price set by the Government
 - Specified VSS doctors directly settle payment with vaccine suppliers
- 2. Proposed specified VSS doctors Doctors who joined both VSS and CDCC Pilot Scheme in the period specified by the Government
- 3. Co-payment setting for eligible persons in 2025/26:
 - A. Propose combined co-payment setting for eligible adult group and eligible children group

 [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. Additionally, VSS doctors can set co-payment specifically for paired participants
 - Encourage eligible persons receive vaccination at paired family doctors
 - C. Specified VSS doctors who draw from Government contract are required to set the co-payment at \$0 across all eligible persons
 - Eligible persons thus can benefit directly from Government bulk purchase of lower cost vaccines

Community Drug Formulary and Drug List Expansion

- The "Specified Drug" list under the CDCC Pilot Scheme which would form the foundation of the future community drug formulary
- Continue expansion, next expansion effective in 3Q 2025
 (Launched on 13 Nov 2023 with 43 drug items → 1 Aug 2024 with 59 drug items)

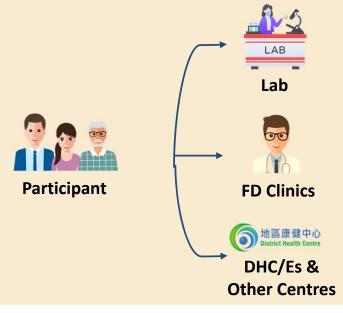


Future Community Drug Formulary

- To support Scheme participants enrolled in the Government subsidised strategic purchasing programmes on drug access at affordable prices
- Family doctors participating in the programmes and future community pharmacies can purchase drugs in the formulary from designated suppliers at discounted prices
- To extend scope of the Community Drug Formulary and explore mechanisms of different subsidies & co-payments in different drug tiers

New Laboratory Collaboration

- New Laboratory Service Collaboration will start in November 2025
- New features:
 - 1. Expansion of service scope, test items & packages
 - 2. Participants can choose to have blood taking/specimen collection at FD clinics (if available), DHC/Es & other centres, awarded laboratories
 - 3. Automatic structural data uploading by laboratories
 - 4. Divide the territory into 5 Service Regions, availability of service sites in each region



Doctors' Choice:

- FD choose to partner with one of the awarded laboratories
- FD can choose to (Optional)
 - provide blood taking and specimen collection service at the clinic – courier to lab
 - FD: collect an optional, mutually agreed (with patients)
 add-on service fee + designated lab test co-payment
 from participant on behalf of the laboratory

IT Initiative to Streamline the Workflow: Post-Pilot

- 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

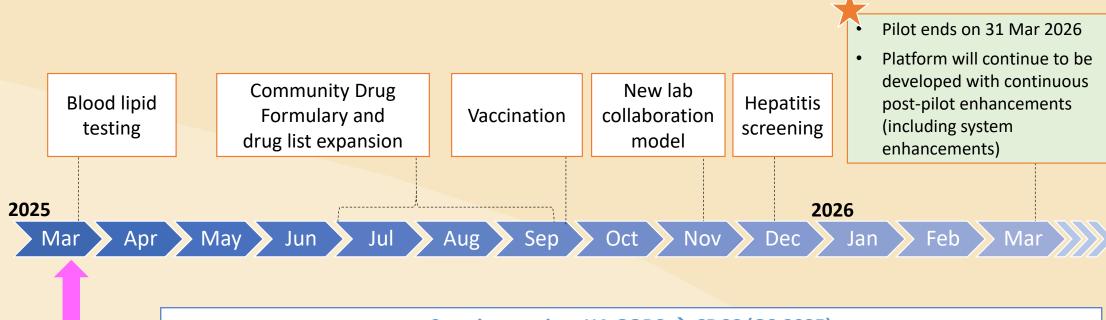
- Enrolment for FDs and participants
- Follow-up investigation report
- Submit reimbursement
- Drug ordering
- Manage user accounts
- Receive subsides via corporate account

Clinic Administrative Functions

Allow Clinic Administrator to carry out nonclinical 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

2025 and Beyond



Update CDCC Pilot Phase T&C to include new services in 2025

Start integration: HA GOPC → CDCC (Q2 2025)

- Invitations to **HA GOPC** patients
- Patient enrolment to CDCC Treatment Phase

Start integration: GOPC PPP → CDCC (Q3/Q4 2025)

- Invitations to GOPC PPP patients by batches
- Patient enrolment in CDCC Treatment Phase

Highlight of CDCC Pilot Scheme Enhancements - Expansion to Cover Blood Lipid Testing

Webinar on Latest Outlook Of Chronic Disease Co-care Pilot Scheme

4 March, 2025

Dr Tony HA, Assistant Commissioner for Primary Healthcare

Background

- In November 2023, the Chronic Disease Co-Care Pilot Scheme (CDCC Pilot Scheme) was launched as the first major initiative under the Primary Healthcare Blueprint
- As announced in 2024 Policy Address, Expand the service scope of the Chronic Disease Co-Care Pilot Scheme (CDCC Pilot Scheme) to cover blood lipid tests

Purpose

To highlight of CDCC Pilot Scheme Enhancement:

Expansion to Cover Blood Lipid Testing

Policy direction on service expansion of CDCC Pilot Scheme - Key Initiatives Announced in Policy Address 2024

Advance Primary Healthcare Development

186. The Government will promote the **development** of primary healthcare on all fronts, including

(vii) Expanding the Chronic Disease Co-Care Pilot Scheme to cover blood lipid testing; ...





Highlight of Expansion to Cover Blood Lipid Testing

• To provide a comprehensive approach to the assessment and proper management of cardiovascular disease (CVD) risk factors including the "three highs" (high blood pressure, high blood sugar, high cholesterol)

Streamlined clinical workflow

Expanded management packages

Enhanced IT System

Streamlined Clinical Workflow

- Inclusion of lipid profile in screening phase for all eligible participants
- Further inclusion of participants in treatment phase, fulfilling following criteria
 - Dyslipidaemia without prediabetes (HbA1c 6.0-6.4% or FPG 6.1-6.9 mmol/L) or DM or HT
 - LDL-C ≥5.0 mmol/L; or
 - LDL-C 2.6 <5.0 mmol/L with CVD risk ≥20%
- Reference Framework provided as reference guidelines

Out of Mid-2021 population of HK aged 45+ (N = 3854500), estimated as eligible for current CDCC screening (N = 2202100)

For every ${f 100}$ persons eligible for enrolling in the CDCC Pilot Scheme for DM/HT screening,

- **32.2** of them are eligible for the DM/HT/Pre-DM 2 treatment phase, consisting of:
 - 9.3 persons meeting the initial target for statin therapy
- Additional 4.4 persons without DM/HT/Pre-DM 2 also meet the initial target for statin therapy

(Source: Derived from Population Health Survey 2020-22)

Expanded Management Packages

Current Management Packages

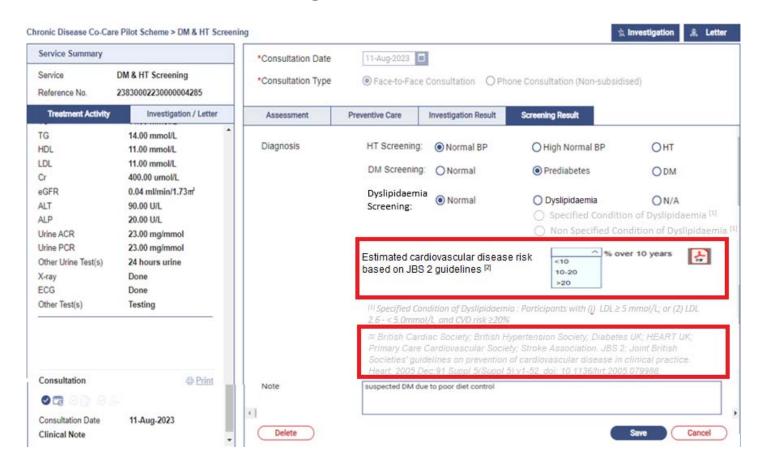
Screening Result Intervention	<u>Package A:</u> HbA1c ≤5.9% or FPG ≤6.0 mmol/L without HT	<u>Package B:</u> Prediabetes (HbA1c 6.0 – 6.4% or FPG 6.1 – 6.9mmol/L) without HT	<u>Package C:</u> DM/HT
Medical Consultation	NA	Maximum 4 subsidised visits every year On drug treatment for pre-DM: 4 Not on drug treatment for pre-DM: 2	Maximum 6 subsidised visits every year
Health Coaching/ Nurse Clinic	Health coaching (annually)	2 subsidised Nurse Clinic visits (annually)	2 subsidised Nurse Clinic visits (annually)
Other AH Services	NA	Maximum 3 subsidised visits every year (Dietitian/ Physiotherapist)	Maximum 3 subsidised visits every year (Dietitian/ Physiotherapist/ Podiatrist)

New Package

Specified condition of dyslipidaemia without pre-DM (HbA1c 6.0 – 6.4% or FPG 6.1 – 6.9mmol/L) or DM or HT

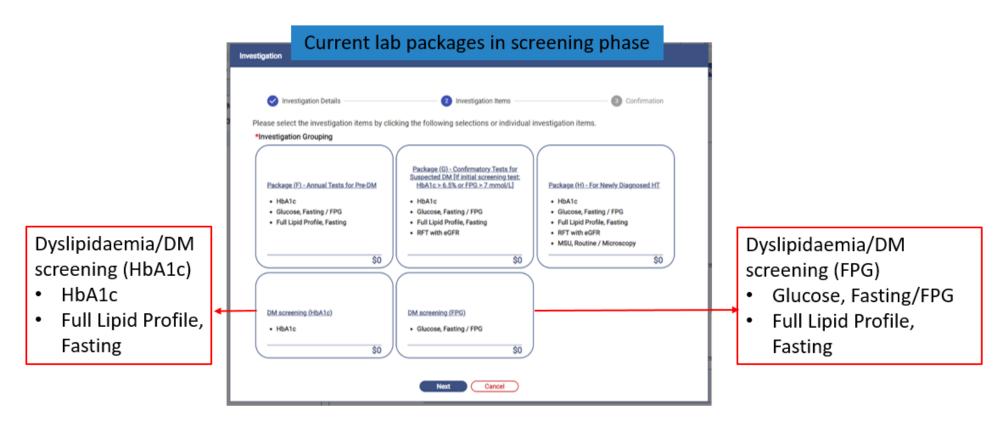
- Take reference from Package B
- Medical Consultation
 - First year: maximum 4 subsidised visits is recommended
 - Subsequent years: maximum 2 subsidised visits is recommended

Enhanced IT System - CVD Risk Assessment

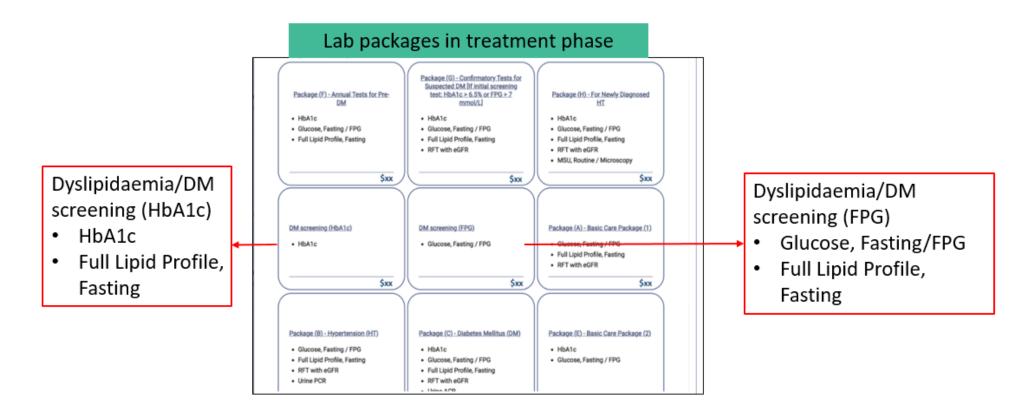


British Cardiac Society; British Hypertension Society; Diabetes UK; HEART UK; Primary Care Cardiovascular Society; Stroke Association. JBS 2: Joint British Societies' guidelines on prevention of cardiovascular disease in clinical practice. Heart. 2005 Dec;91 Suppl 5(Suppl 5):v1-52. doi: 10.1136/hrt.2005.079988.

Inclusion of Lipid Profile to Laboratory Packages in Screening Phase



Inclusion of Lipid Profile to Laboratory Packages in Treatment Phase



Prepare for Service Launch and Announcement

- ✓ Expansion will launch on 28 March 2025
- ✓ Public announcement through Press Release ahead of service launch
- ✓ CDCC Website will be updated for release of latest programme information
- ✓IT Training Session for doctors on 24 Mar 2025
- Call for Action: Join CDCC Now

Website for enrolment-

https://www.primaryhealthcare.gov.hk/cdcc/en/hp/join cdcc how to enrol.html





Integration of GOPC PPP into CDCC

Webinar on Latest Outlook Of Chronic Disease Co-care Pilot Scheme

4 March 2025

Dr Christina MAW, Assistant Director, Strategic Purchasing Office

Tentative Arrangement



Phase 1: HA GOPC

Suitable patients with the following disease types: HT, DM, Pre-DM 2, dyslipidaemia

Start in Q2 2025

Invite to join by batches

Chronic Disease Co-Care (CDCC) Pilot Scheme





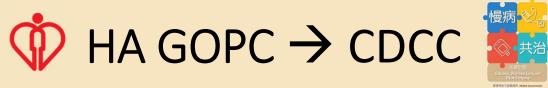
Phase 2: GOPC PPP

Suitable uncomplicated HT and/or DM patients

GOPC PPP continues to operate till Q1 2028

Start in Q3 2025

Invite to join by batches



1. Patient selection

HA GOPC patients who are clinically stable with uncomplicated HT, DM, Pre-DM 2, Dyslipidaemia

2. Patient invitation



By batches, starting Q2 2025

3. Patient enrolment



- DHC to enrol patients into CDCC Treatment Phase
- DHC to arrange family doctor pairing, selection of management plan and first consultation appointment

4. Patient consultation







Direct admission into treatment phase



門診協作 General Optation Classic Pather-Princip Programme HA GOPC PPP → CDCC



1. Patient selection

Current GOPC PPP patients

2. Patient invitation ①



By batches, starting Q3/Q4 2025

Patient enrolment

DHC to enrol patients into CDCC Treatment Phase Or



Direct enrolment at clinic by attending GOPC PPP doctor already joined CDCC



4. Patient consultation

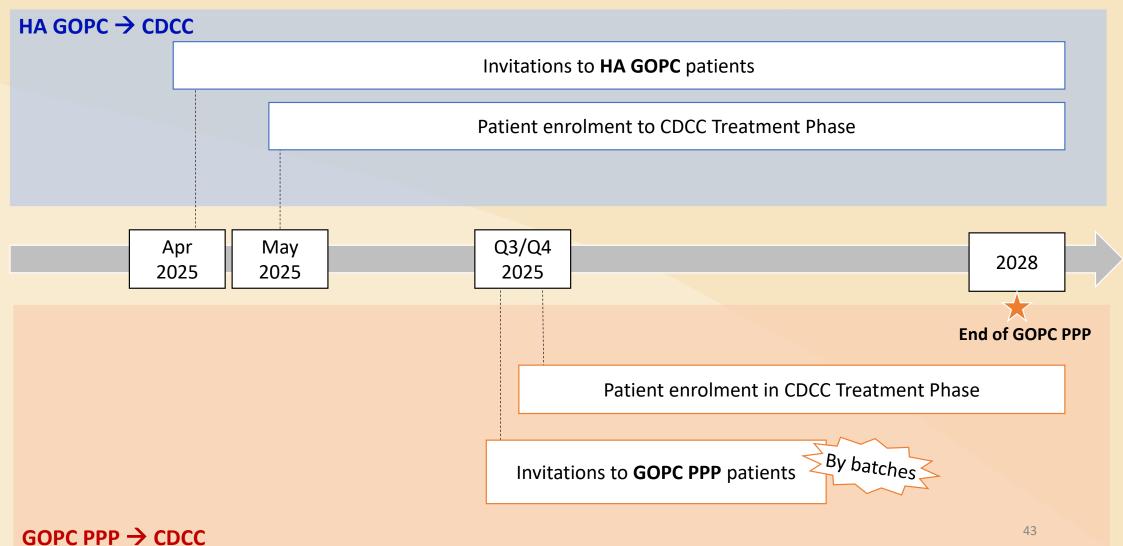
Direct admission into treatment phase







Tentative Timeline





For all Doctors

- Support the service provision to more patients from HA GOPCs and HA GOPC PPP
- Support the wider service scope for comprehensive management
- Collaborate with DHC and the multidisciplinary team of professionals to provide holistic care

For Doctors not yet joined CDCC

- Join CDCC to ensure continuity of patient care
- Training and support will be provided for change of operation workflow/platform





Chronic Disease Co-care Pilot Scheme Screening & Treatment of Diabetes and Hypertension

Thank You