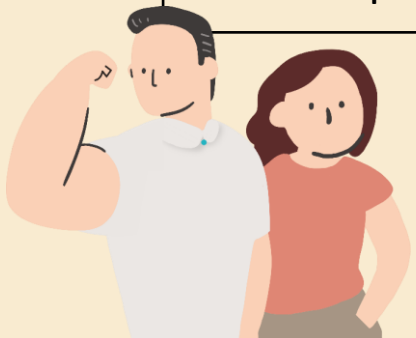


Latest Outlook of Chronic Disease Co-care Pilot Scheme



| 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 <ul style="list-style-type: none"> • 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

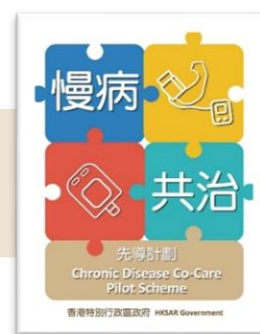
Dec 2022



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)

Screening Phase

Treatment Phase



Participant

Register as a DHC member and agree to use eHealth



District Health Centre / DHC Express

Matching family doctor

Screening consultation and referral to medical laboratory for tests



Family Doctor

Doctor to explain investigation report and make diagnosis

Diagnosed with hypertension / diabetes mellitus / prediabetes

Doctor to continue follow-up

No hypertension / diabetes mellitus / prediabetes

- ◆ Treatment consultation
- ◆ Prescribe medication



Referral to medical laboratory for appropriate tests when necessary



Medical Laboratory

Referral to follow-up services when necessary:

- ◆ Nurse Clinic
- ◆ Allied Health (optometrists / podiatrists / dietitians / physiotherapists)



Nurse Clinic / Allied Health

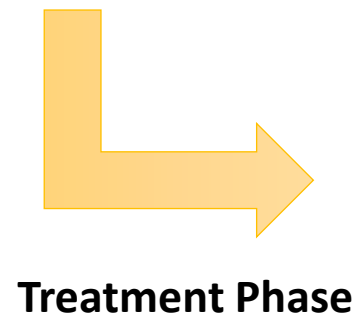
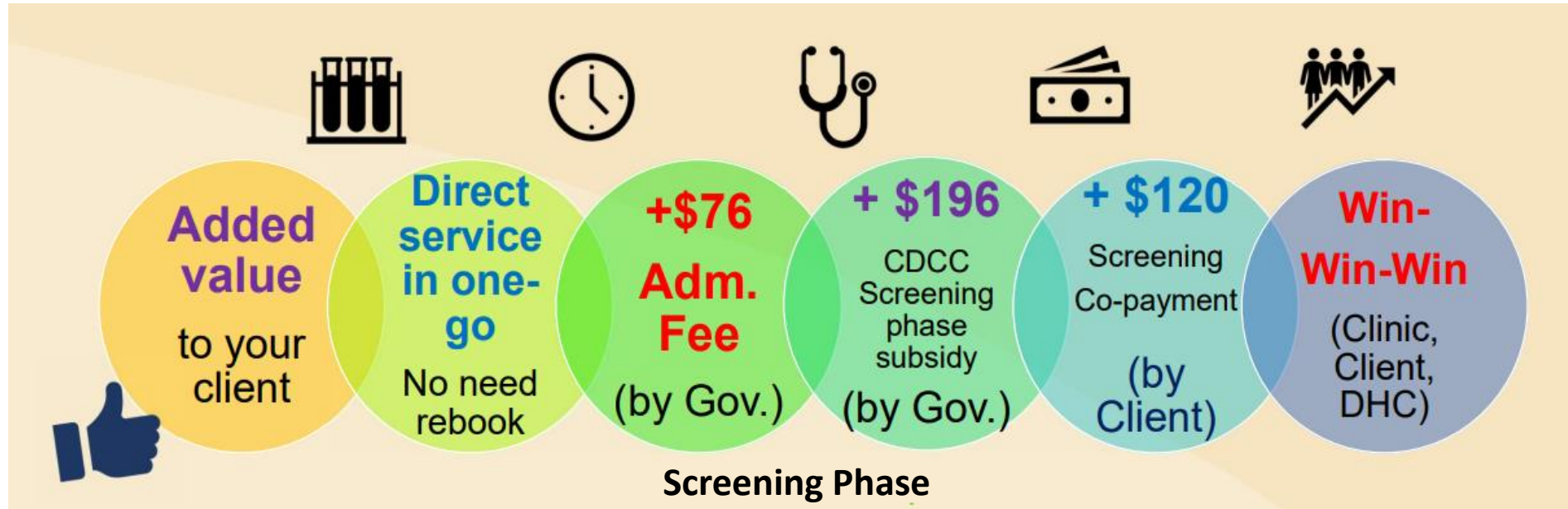
Health management group activities



District Health Centre / DHC Express

- ◆ Set health management goals
- ◆ Health management group activities

Direct CDCC Enrolment in FD Clinic



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

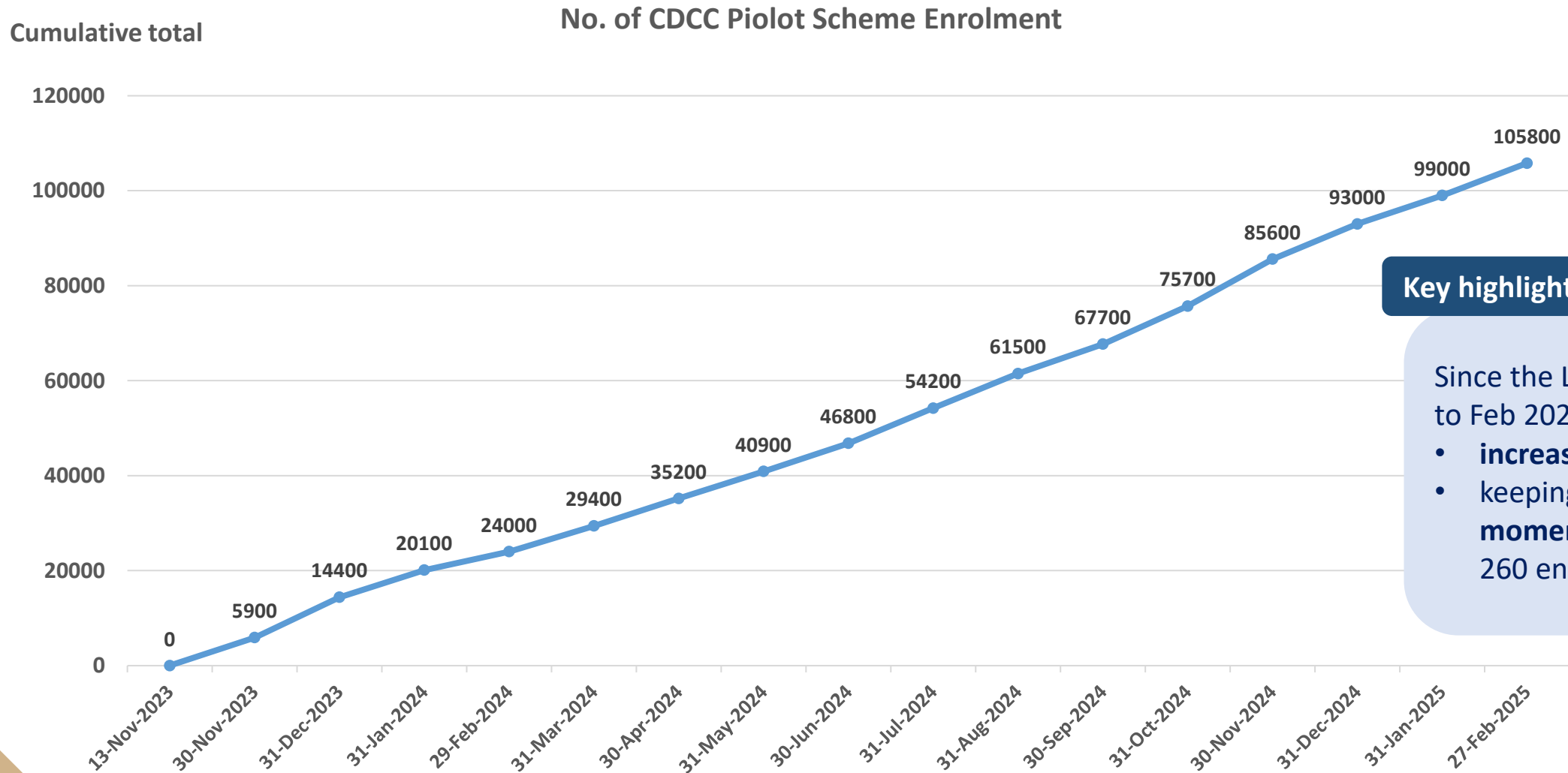
Other Enhanced Support in CDCC

- 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



Key highlights

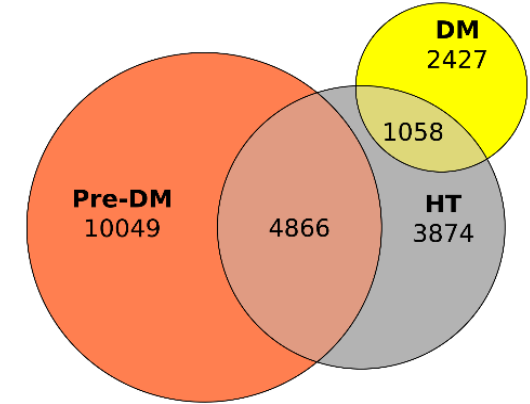
Since the Launch in Nov 2023 to Feb 2025

- **increasing** enrolment
- keeping **upward momentum** with average 260 enrolees per week

Participant Health Benefit: Early Detection and Management

| | |
|-------------------------|--------|
| Completed screening | 60 549 |
| Entered treatment phase | 23 184 |

40%



Scheme participants entering treatment phase

Notes:

1. Provisional figures as at 31 Jan 2025

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**

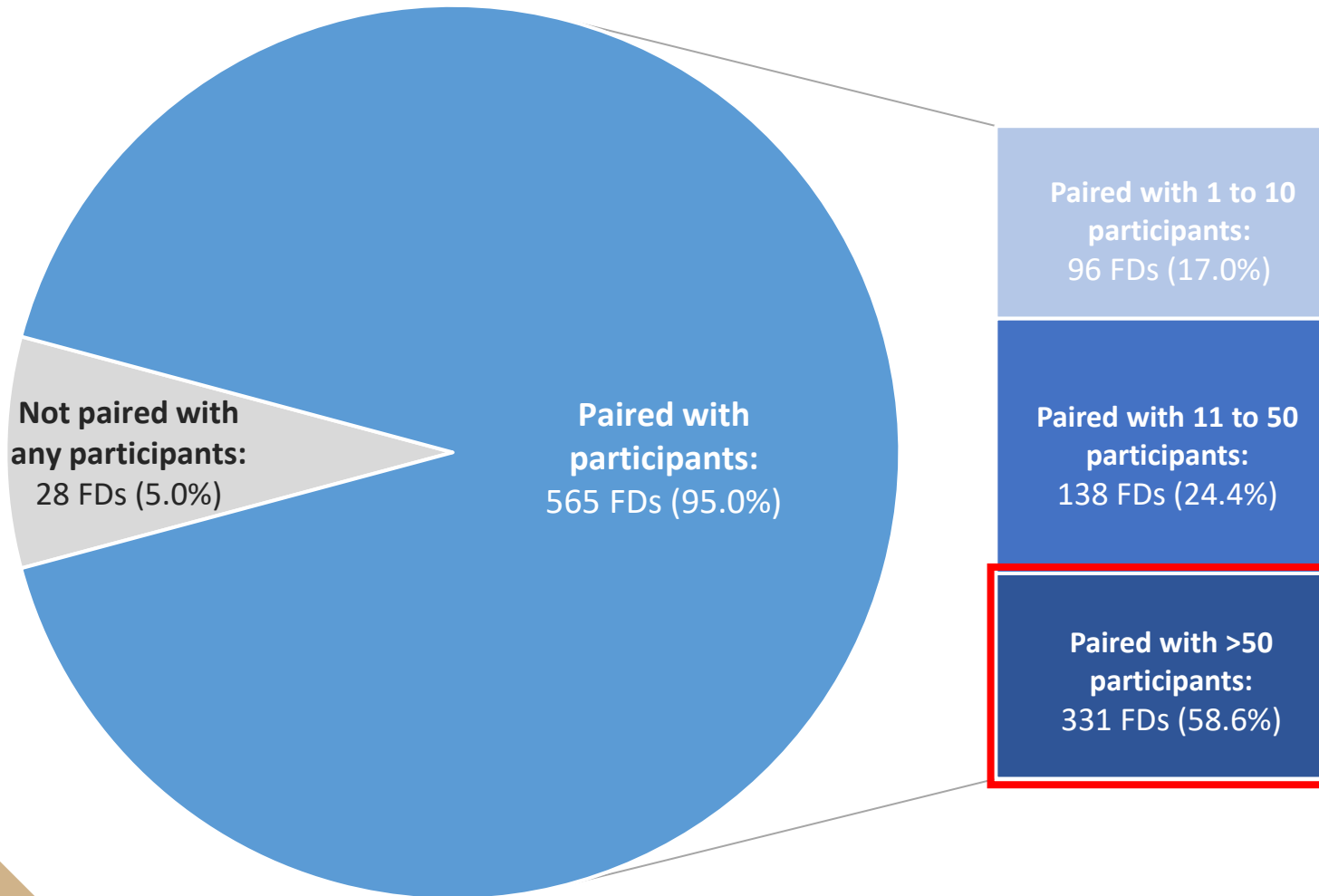
Continuous Support on CDCC from Family Doctors in Building Extensive Network of Service Locations

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

The screenshot displays the Health Bureau website's enrolment page. At the top left is the Health Bureau logo and name, with the text 'The Government of the Hong Kong Special Administrative Region of the People's Republic of China'. A search icon and the characters '繁 簡' are on the top right. A navigation bar contains buttons for 'Primary Healthcare in Hong Kong', 'Introduction of CDCC Pilot Scheme', 'Eligibility of Scheme Participant', 'Join CDCC' (highlighted in red), 'Resources', 'News', and 'FAQ'. Below this is a 'Quick Links' section with links for 'Enrol as a Family Doctor', 'Co-payment Information', 'Investigation list', 'Drug list', and 'Contact Us'. The main content area has a breadcrumb trail: 'Home / Healthcare Professionals / Join CDCC / How to enrol in CDCC'. A large red banner reads 'How to enrol in CDCC' with a 'Quick Guide to Enrol' button. A sidebar on the left lists: 'Eligibility of Family Doctors', 'Scope of Service Provision', 'Subsidy Level & Co-Payment', 'Doctor-patient Partnership Incentive Mechanism', and 'How to enrol in CDCC'. The main content features a section titled 'CDCC 3 Simple Steps to Enrol Online For Family Doctors' with an icon of a hand holding a smartphone. Below this are two steps: 'Step 1: Submit e-Enrolment Form via eHRSS' and 'Step 2: Provide the required information via eHRSS platform', each with a list of actions.

Health Bureau
The Government of the Hong Kong Special Administrative Region
of the People's Republic of China

Primary Healthcare in Hong Kong | Introduction of CDCC Pilot Scheme | Eligibility of Scheme Participant | **Join CDCC** | Resources | News | FAQ

Quick Links: [Enrol as a Family Doctor](#) | [Co-payment Information](#) | [Investigation list](#) | [Drug list](#) | [Contact Us](#)

Home / Healthcare Professionals / Join CDCC / How to enrol in CDCC

How to enrol in CDCC

Quick Guide to Enrol

Eligibility of Family Doctors

Scope of Service Provision

Subsidy Level & Co-Payment

Doctor-patient Partnership Incentive Mechanism

How to enrol in CDCC

CDCC 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



Overview of CDCC's Upcoming Enhancements

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

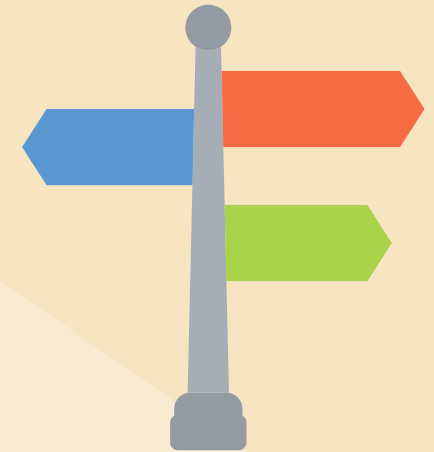
4 March 2025

Dr Christina MAW, Assistant Director, Strategic Purchasing Office



Upcoming Enhancements

- **Outlook – Transform from a chronic disease management programme-based to a chronic disease management platform**
 - 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)**

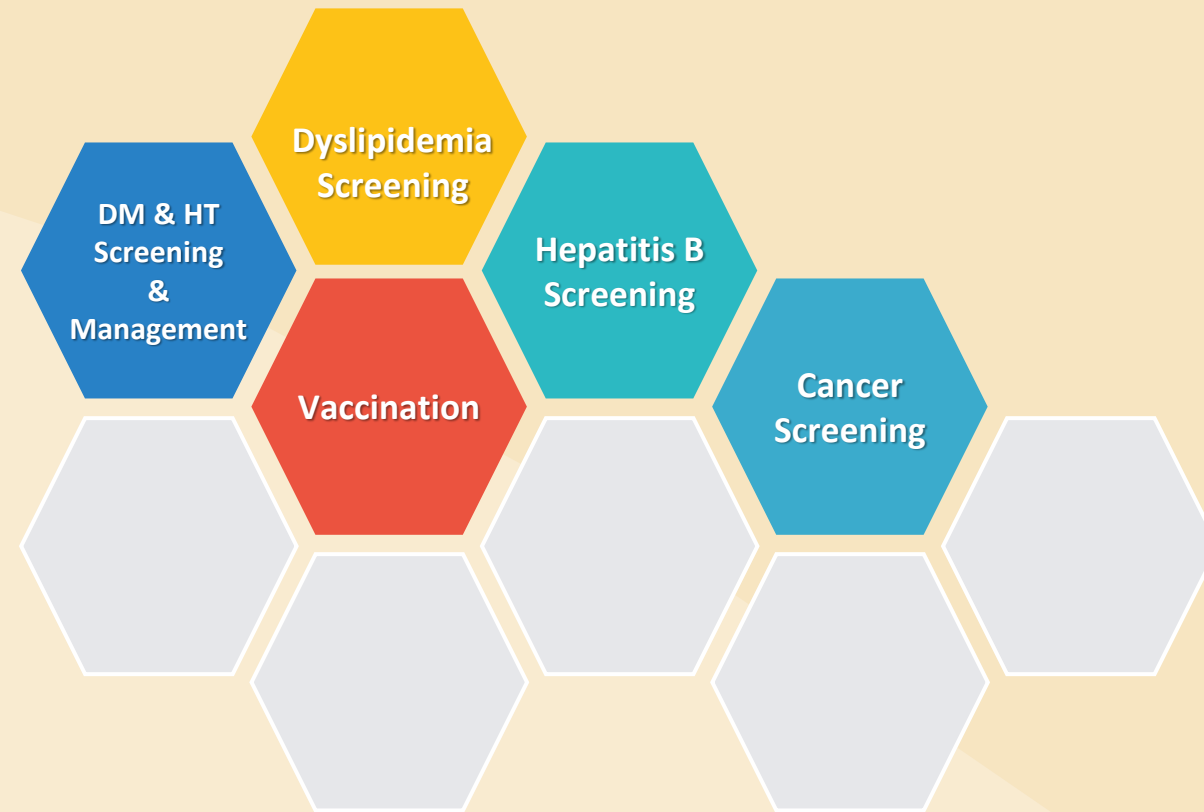


CDCC Platform – A Platform for Multiple Initiatives

- 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

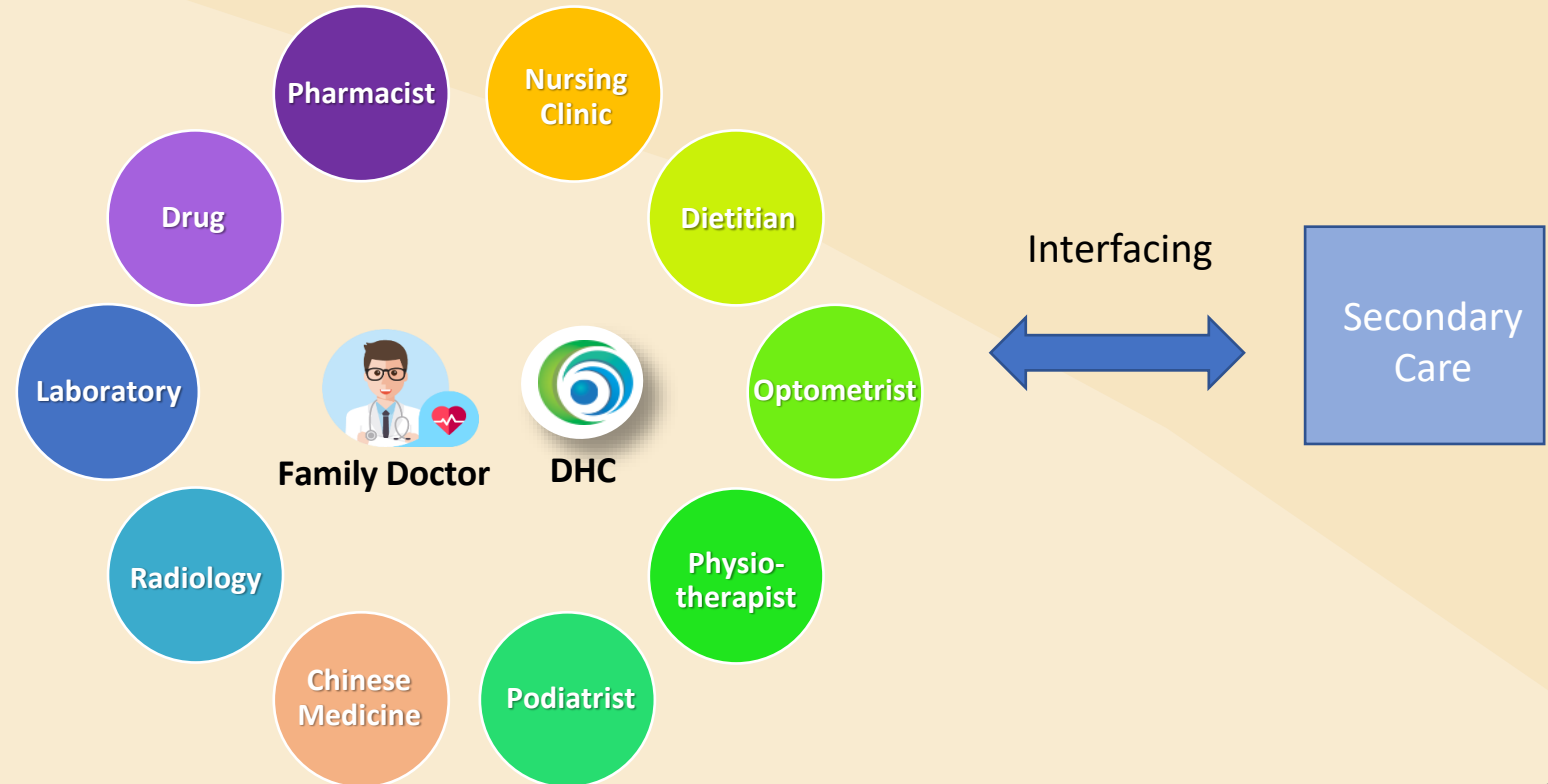
Scope

- 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)

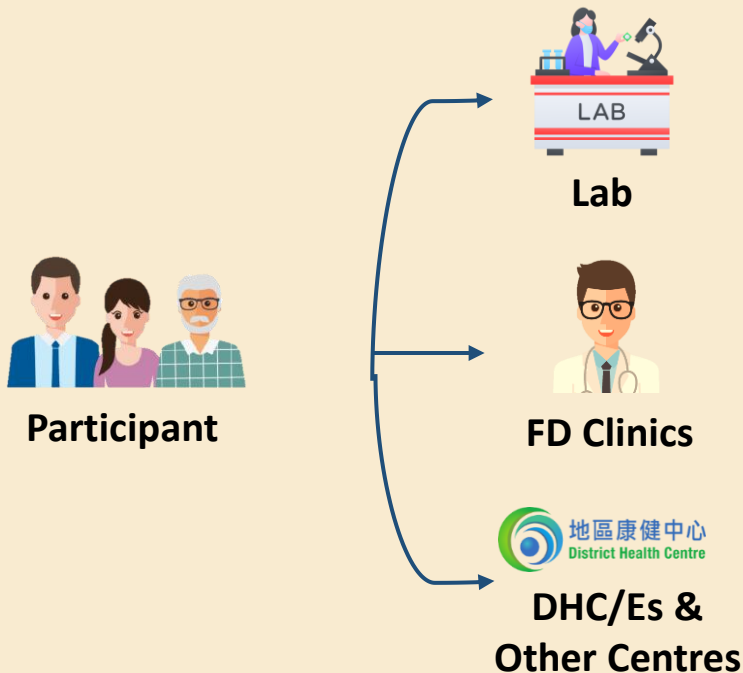


Future Community Drug Formulary

- 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

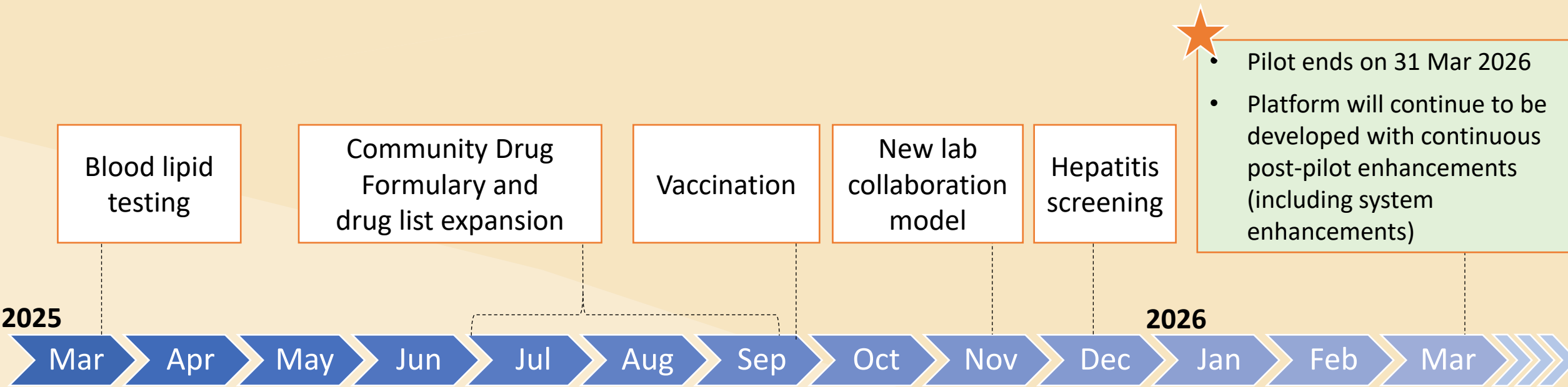
- Enrolment for FDs and participants
- Follow-up investigation report
- Submit reimbursement
- Drug ordering
- Manage user accounts
- Receive subsidies via corporate account

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

2025 and Beyond



2025

2026



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

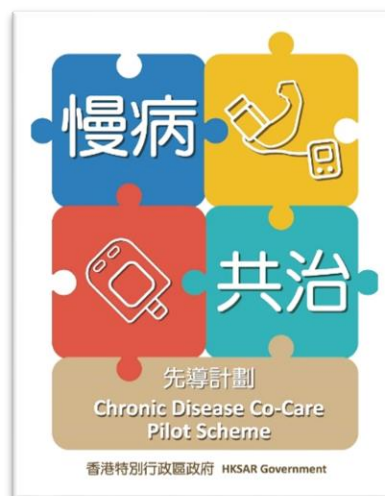
- To highlight of CDCC Pilot Scheme Enhancement:
Expansion to Cover Blood Lipid Testing

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 $\geq 20\%$
- **Reference Framework** provided as reference guidelines

Out of Mid-2021 population of HK aged 45+ (N = 3 854 500), estimated as eligible for current CDCC screening (N = 2 202 100)

For every **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

Chronic Disease Co-Care Pilot Scheme > DM & HT Screening

Investigation Letter

| Service Summary | |
|-----------------|----------------------|
| Service | DM & HT Screening |
| Reference No. | 23830002230000004285 |

| Treatment Activity | Investigation / Letter |
|---------------------|--------------------------------|
| TG | 14.00 mmol/L |
| HDL | 11.00 mmol/L |
| LDL | 11.00 mmol/L |
| Cr | 400.00 umol/L |
| eGFR | 0.04 ml/min/1.73m ² |
| ALT | 90.00 U/L |
| ALP | 20.00 U/L |
| Urine ACR | 23.00 mg/mmol |
| Urine PCR | 23.00 mg/mmol |
| Other Urine Test(s) | 24 hours urine |
| X-ray | Done |
| ECG | Done |
| Other Test(s) | Testing |

Consultation Print

Consultation Date 11-Aug-2023

Clinical Note

*Consultation Date

*Consultation Type Face-to-Face Consultation Phone Consultation (Non-subsidised)

| Assessment | Preventive Care | Investigation Result | Screening Result |
|------------|--------------------------|--|---|
| Diagnosis | HT Screening: | <input checked="" type="radio"/> Normal BP | <input type="radio"/> High Normal BP <input type="radio"/> HT |
| | DM Screening: | <input type="radio"/> Normal | <input checked="" type="radio"/> Prediabetes <input type="radio"/> DM |
| | Dyslipidaemia Screening: | <input checked="" type="radio"/> Normal | <input type="radio"/> Dyslipidaemia <input type="radio"/> N/A |
| | | | <input type="radio"/> Specified Condition of Dyslipidaemia ^[1] |
| | | | <input type="radio"/> Non Specified Condition of Dyslipidaemia ^[1] |

Estimated cardiovascular disease risk based on JBS 2 guidelines ^[2]

| | | |
|-------|-----------------|--|
| <10 | % over 10 years | |
| 10-20 | | |
| >20 | | |

^[1] Specified Condition of Dyslipidaemia : Participants with (i) LDL ≥ 5 mmol/L; or (2) LDL 2.6 - < 5.0mmol/L and CVD risk ≥20%

^[2] 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.

Note

suspected DM due to poor diet control

Delete Save Cancel

Inclusion of Lipid Profile to Laboratory Packages in Screening Phase

Investigation

Current lab packages in screening phase

Investigation Details — Investigation Items — Confirmation

Please select the investigation items by clicking the following selections or individual investigation items.

*Investigation Grouping

| | | |
|--|--|---|
| <p>Package (E) - Annual Tests for Pre-DM</p> <ul style="list-style-type: none">• HbA1c• Glucose, Fasting / FPG• Full Lipid Profile, Fasting <p>\$0</p> | <p>Package (G) - Confirmatory Tests for Suspected DM [If initial screening test: HbA1c \geq 6.5% or FPG \geq 7 mmol/L]</p> <ul style="list-style-type: none">• HbA1c• Glucose, Fasting / FPG• Full Lipid Profile, Fasting• RFT with eGFR <p>\$0</p> | <p>Package (H) - For Newly Diagnosed HT</p> <ul style="list-style-type: none">• HbA1c• Glucose, Fasting / FPG• Full Lipid Profile, Fasting• RFT with eGFR• MSU, Routine / Microscopy <p>\$0</p> |
| <p>DM screening (HbA1c)</p> <ul style="list-style-type: none">• HbA1c <p>\$0</p> | <p>DM screening (FPG)</p> <ul style="list-style-type: none">• Glucose, Fasting / FPG <p>\$0</p> | |

Next Cancel

Dyslipidaemia/DM screening (HbA1c)

- HbA1c
- Full Lipid Profile, Fasting

Dyslipidaemia/DM screening (FPG)

- Glucose, Fasting/FPG
- Full Lipid Profile, Fasting

Inclusion of Lipid Profile to Laboratory Packages in Treatment Phase

Lab packages in treatment phase

| | | |
|--|--|--|
| <p>Package (F) - Annual Tests for Pre-DM</p> <ul style="list-style-type: none"> • HbA1c • Glucose, Fasting / FPG • Full Lipid Profile, Fasting <p>\$xx</p> | <p>Package (G) - Confirmatory Tests for Suspected DM (If initial screening test: HbA1c > 6.5% or FPG > 7 mmol/L)</p> <ul style="list-style-type: none"> • HbA1c • Glucose, Fasting / FPG • Full Lipid Profile, Fasting • RFT with eGFR <p>\$xx</p> | <p>Package (H) - For Newly Diagnosed HT</p> <ul style="list-style-type: none"> • HbA1c • Glucose, Fasting / FPG • Full Lipid Profile, Fasting • RFT with eGFR • MSU, Routine / Microscopy <p>\$xx</p> |
| <p>DM screening (HbA1c)</p> <ul style="list-style-type: none"> • HbA1c <p>\$xx</p> | <p>DM screening (FPG)</p> <ul style="list-style-type: none"> • Glucose, Fasting / FPG <p>\$xx</p> | <p>Package (A) - Basic Care Package (1)</p> <ul style="list-style-type: none"> • Glucose, Fasting / FPG • Full Lipid Profile, Fasting • RFT with eGFR <p>\$xx</p> |
| <p>Package (B) - Hypertension (HT)</p> <ul style="list-style-type: none"> • Glucose, Fasting / FPG • Full Lipid Profile, Fasting • RFT with eGFR • Urine PCR | <p>Package (C) - Diabetes Mellitus (DM)</p> <ul style="list-style-type: none"> • HbA1c • Glucose, Fasting / FPG • Full Lipid Profile, Fasting • RFT with eGFR | <p>Package (E) - Basic Care Package (2)</p> <ul style="list-style-type: none"> • HbA1c • Glucose, Fasting / FPG |

Dyslipidaemia/DM screening (HbA1c)

- HbA1c
- Full Lipid Profile, Fasting

Dyslipidaemia/DM screening (FPG)

- Glucose, Fasting/FPG
- Full Lipid Profile, Fasting

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

Cardiovascular risk assessment tools

(1) Key Reference - JBS2 Publication

- 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
(Available at: <https://pmc.ncbi.nlm.nih.gov/articles/PMC1876394/>)

Cardiovascular risk assessment tools

(2) IT system enhancements - Embedded Risk Assessment Tool into IT System

Chronic Disease Co-Care Pilot Scheme > DM & HT Screening

Investigation Letter

Service Summary

Service: DM & HT Screening
Reference No.: 23830002230000004285

| Treatment Activity | Investigation / Letter |
|---------------------|--------------------------------|
| TG | 14.00 mmol/L |
| HDL | 11.00 mmol/L |
| LDL | 11.00 mmol/L |
| Cr | 400.00 umol/L |
| eGFR | 0.04 ml/min/1.73m ² |
| ALT | 90.00 U/L |
| ALP | 20.00 U/L |
| Urine ACR | 23.00 mg/mmol |
| Urine PCR | 23.00 mg/mmol |
| Other Urine Test(s) | 24 hours urine |
| X-ray | Done |
| ECG | Done |
| Other Test(s) | Testing |

*Consultation Date: 11-Aug-2023
*Consultation Type: Face-to-Face Consultation Phone Consultation (Non-subsidised)

| Assessment | Preventive Care | Investigation Result | Screening Result |
|------------|--|--|--|
| Diagnosis | HT Screening: <input checked="" type="radio"/> Normal BP <input type="radio"/> High Normal BP <input type="radio"/> HT | DM Screening: <input type="radio"/> Normal <input checked="" type="radio"/> Prediabetes <input type="radio"/> DM | Dyslipidaemia Screening: <input checked="" type="radio"/> Normal <input type="radio"/> Dyslipidaemia <input type="radio"/> N/A |
| | | <input type="radio"/> Specified Condition of Dyslipidaemia [1] | <input type="radio"/> Non Specified Condition of Dyslipidaemia [1] |

Estimated cardiovascular disease risk based on JBS 2 guidelines [2] % over 10 years

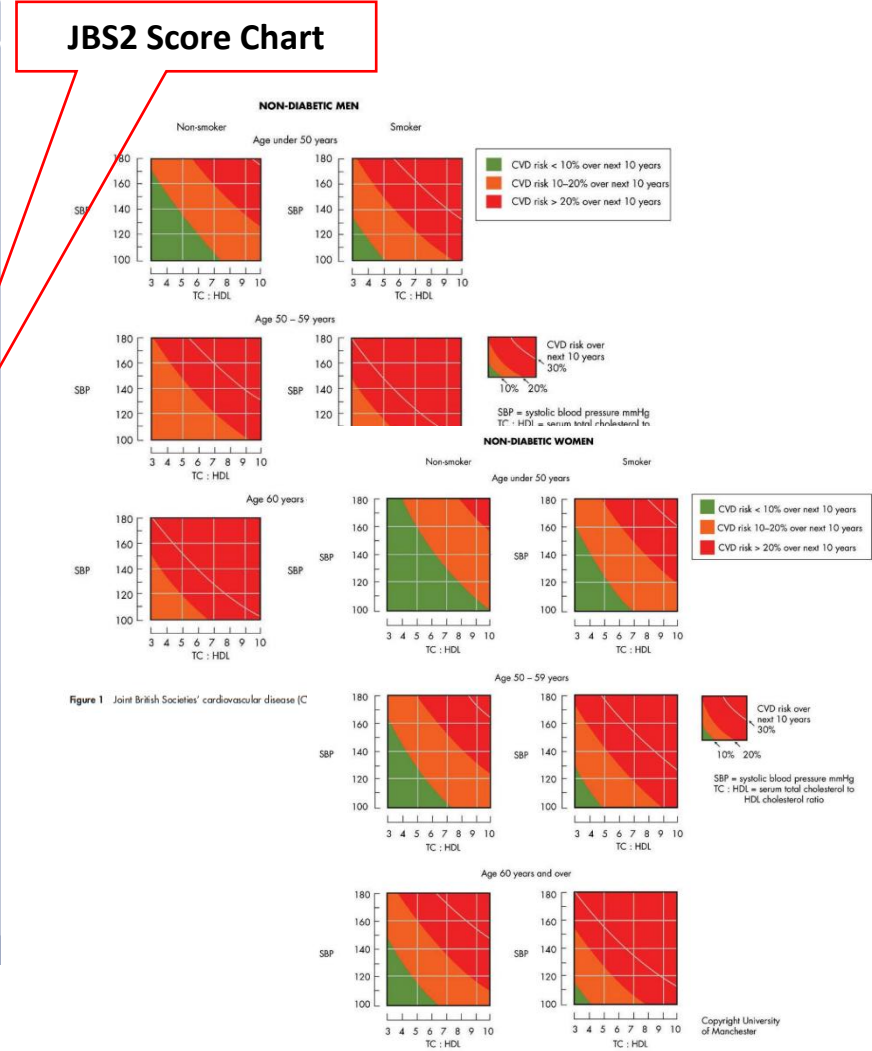
<10
10-20
>20

[1] Specified Condition of Dyslipidaemia : Participants with (1) LDL ≥ 5 mmol/L; or (2) LDL 2.6 - < 5.0mmol/L and CVD risk ≥20%

[2] 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.

Note: suspected DM due to poor diet control

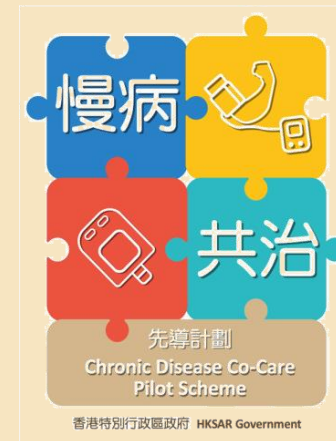
Delete Save Cancel



Supplementary Information

- 1) **Hong Kong Viral Hepatitis Action Plan 2020 – 2024***, Viral Hepatitis Control Office, Department of Health. October, 2020.
(Available at: https://www.hepatitis.gov.hk/english/action_plan/content.html)
- 2) **Management of adult patients with chronic hepatitis B in primary care (Sep 2023)**. (Available at: https://www.hepatitis.gov.hk/english/health_professionals/guidelines_recommendations.html)
- 3) **Steering Committee on Prevention and Control of Viral Hepatitis** has been set up to formulate strategies to effectively prevent and control viral hepatitis.
(For more information: https://www.hepatitis.gov.hk/english/about_us/about_us.html)

**subject to further update.*



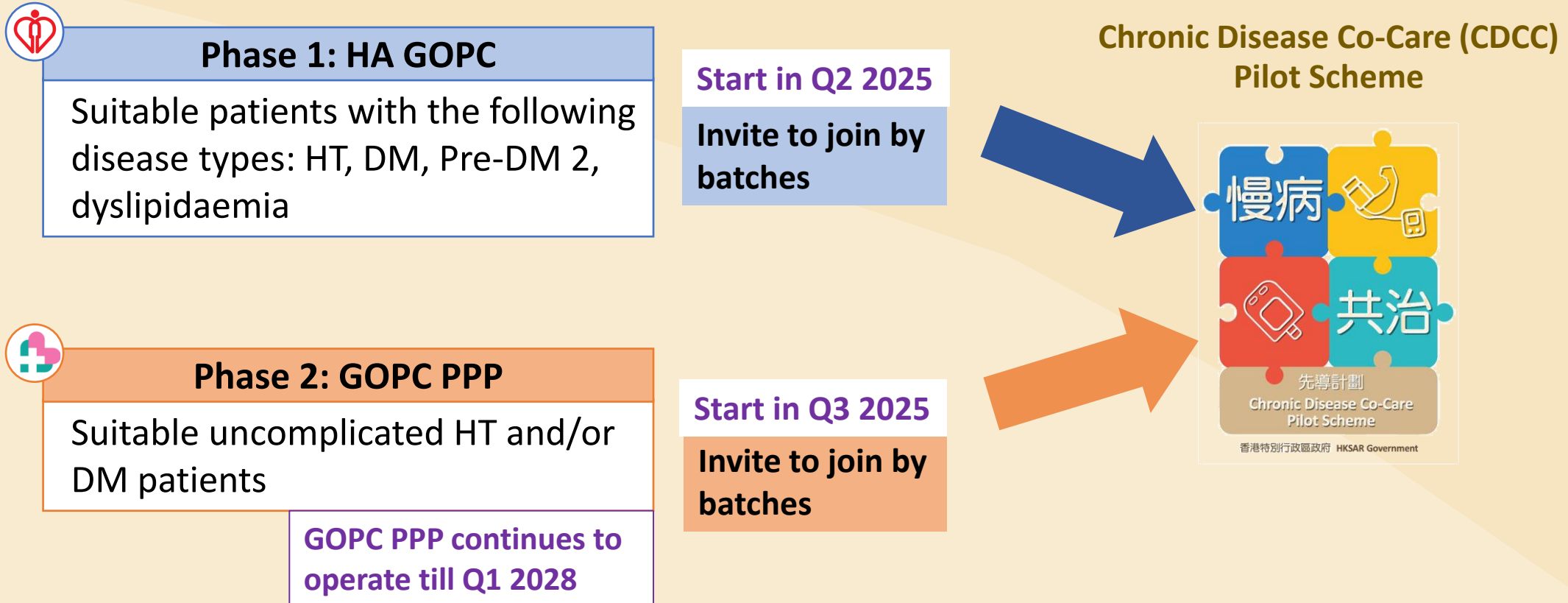
Integration of GOPC PPP into CDCC

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

4 March 2025

Dr Christina MAW, Assistant Director, Strategic Purchasing Office

Tentative Arrangement





HA GOPC → CDCC



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



HA GOPC PPP → CDCC




1. Patient selection

- Current GOPC PPP patients


2. Patient invitation

- By batches, starting Q3/Q4 2025



3. 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

HA GOPC → CDCC

Invitations to **HA GOPC** patients

Patient enrolment to CDCC Treatment Phase

Apr
2025

May
2025

Q3/Q4
2025

2028

★
End of GOPC PPP

Patient enrolment in CDCC Treatment Phase

Invitations to **GOPC PPP** patients

By batches

GOPC PPP → CDCC



An Appeal to All Doctors

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