

健道同行

Partnering in the Health Journey

慢性疾病共同治理先導計劃 Chronic Disease Co-Care Pilot Scheme

公眾人士簡介
Public Pamphlet



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鞏固基層醫療

- 《基層醫療健康藍圖》為本港的基層醫療健康系統制定發展方向及策略
- 大約四成糖尿病和高血壓患者因沒有進行身體檢查而不察覺自己患病
- 「慢性疾病共同治理先導計劃」（計劃）鼓勵市民及早識別及管理慢性疾病
- 強化「一人一家庭醫生」概念，建立醫患互信關係
- 推動市民實踐「健康人生計劃」，認識各個人生階段的不同健康需要

健康三健事



計劃目的

- 提供便捷的糖尿病及高血壓篩查服務，未來將擴展服務以涵蓋更多病種，包括乙型肝炎
- 為參加者度身訂造健康管理方案，控制慢性疾病風險因素
- 及早預防慢性疾病及減少相關併發症
- 實踐「一人一家庭醫生」理念



貼心服務



一人
一家庭醫生

- 由參加者自行選擇家庭醫生，照顧其健康，從而獲得個人化和全方位的基層醫療服務



全面照顧

- 家庭醫生會根據篩查結果為參加者制定健康管理方案，並為有醫療需要的參加者安排診症、提供藥物，以及轉介所需的化驗、護士診所和專職醫療服務



個人化
個案管理

- 地區康健中心／站會按參加者的健康管理方案，統籌預約健康管理小組活動、護士診所或專職醫療服務



專業團隊
綜合護理

- 由家庭醫生、護士、專職醫療人員（視光師／足病診療師／營養師／物理治療師）及地區康健中心／站組成的跨專業團隊支援參加者各方面的醫療需要



「醫健通
eHealth」
手機程式支援

- 參加者可透過「醫健通eHealth」手機程式瀏覽健康資訊、查閱個人健康資料，自行記錄和監察血壓及體重等健康數據



政府資助

- 政府會資助計劃下的家庭醫生診症、藥物、化驗、護士診所和專職醫療服務的部分費用，參加者只需承擔共付額



達標獎勵

- 由第二個個人計劃年度開始，如參加者已達到指定健康指標，將可於下一個個人計劃年度第一次接受資助診症時，獲扣減最高\$150共付額（政府建議的共付額）

計劃內容

篩查項目

- 由家庭醫生評估及安排篩查化驗
- 由家庭醫生轉介到指定醫務化驗所抽血
- 由家庭醫生解釋化驗報告及診斷結果，安排合適的健康管理方案

健康管理方案 — 「三高全覆蓋」

- 家庭醫生為以下參加者提供受資助診症及所需藥物：

診斷患有	受資助診症次數
高血壓及／或糖尿病	每年最多六次
血糖偏高	每年最多四次
血脂異常	首個個人計劃年度最多四次，由第二個個人計劃年度起每年最多兩次
慢性乙型肝炎	適時公布



- 涵蓋血脂檢查以更全面評估及妥善管理包括「三高」在內的心血管疾病風險因素
- 家庭醫生會因應參加者的醫療需要，安排特定的化驗及檢查
- 地區康健中心／站會按家庭醫生轉介及參加者狀況，安排護士診所及／或專職醫療服務



地區康健中心／站統籌支援



- 跟進和統籌參加者的健康管理方案
- 根據家庭醫生建議，與參加者共同制定健康管理目標
- 提升參加者的自我健康管理能力，推動參加者自強，以及協助他們建立健康生活模式

請即登記

- 45歲或以上香港居民*
- 沒有已被確診患有糖尿病或高血壓
- 前往地區康健中心／站登記成為會員，加入「醫健通」，報名參加計劃，及自行揀選家庭醫生；亦可透過家庭醫生邀請，直接在其診所報名參加計劃



資助與共付

篩查階段	<ul style="list-style-type: none">包括篩查診症、相關化驗及檢查政府會就相關費用提供一次性\$196的資助，參加者只需支付一次性最多\$120的共付額	
治療階段	診症及藥物	<ul style="list-style-type: none">每次診症，政府會資助部分費用，金額為\$166，參加者每次只需支付家庭醫生於參加計劃時所釐定的共付額。政府建議的共付額為\$150獲取特定藥物名單內涵蓋的藥物及／或最多三天偶發性藥物，無需額外付費
	化驗	<ul style="list-style-type: none">政府會就每項化驗提供部分資助，參加者只需支付共付額
	地區康健網絡專屬護士診所及專職醫療服務	<ul style="list-style-type: none">政府會就每次服務提供部分資助參加者只需支付共付額（每次） 護士診所：\$80 視光師／物理治療師：\$150 營養師／足病診療師：\$380

註：家庭醫生如為計劃參加者提供計劃範圍以外的服務，可與參加者協商額外收費



長者醫療券(包括獎賞先導計劃的獎賞)適用於此計劃



醫療費用減免
不適用於此計劃

* (1) 持有根據《人事登記條例》(第177章) 所簽發香港身份證的人士，但若該人士是憑藉其已獲入境或逗留准許而獲簽發香港身份證，而該准許已經逾期或不再有效則除外；或(2) 持有《入境條例》(第115章)所指明的《豁免登記證明書》

計劃網頁
Scheme
Website



地區康健中心/站
DHC/DHCE



查詢計劃詳情

Enquiries for further information

電話 Telephone : 2157 0500

網頁 Website : www.primaryhealthcare.gov.hk/cdcc



中華人民共和國香港特別行政區政府
醫務衛生局
Health Bureau
The Government of the Hong Kong Special Administrative Region
of the People's Republic of China



Strengthening Primary Healthcare

- The "Primary Healthcare Blueprint" sets out the direction of development and strategies for strengthening the primary healthcare system in Hong Kong
- Around 40% of patients with diabetes mellitus (DM) and hypertension (HT) are unaware of their condition due to lack of check-ups
- The Chronic Disease Co-Care Pilot Scheme (the Scheme) encourages early detection and management of chronic diseases
- To strengthen "Family Doctor for All" concept for building doctor-patient relationship with trust
- To promote "Life Course Preventive Care" among citizens in alerting them to different health needs at different stages of life

3 Keys to Good Health

Life Course Preventive Care
One-stop Care at District Health Centre (DHC)/
District Health Centre Express (DHCE)
Personal Health Record in eHRSS



Scheme Objectives

- To provide convenient screening services for DM and HT, and extend to cover more disease areas in the future, including hepatitis B
- To provide a tailored health management plan for participant to control risk factors for chronic diseases
- To prevent chronic diseases at an early stage, thus reducing related complications
- To realise the goal of "Family Doctor for All"

Caring Services



Family Doctor
for All

Participant can choose his/her preferred Family Doctor to receive personalised and comprehensive primary healthcare services



Comprehensive
Care

Family Doctor will formulate health management plan based on screening results and provide medical consultations, medications as well as referrals to laboratory investigations, nurse clinic and allied health services to meet the medical needs of participant



Personalised
Case
Management

DHC/DHCE will coordinate health management group activities, nurse clinic and allied health services based on the health management plan of participant



Integrated Care
by
Professional Team

A multidisciplinary team including Family Doctor, nurses, allied health professionals (optometrist/ podiatrist/ dietitian/ physiotherapist) and DHC/DHCE will support various medical needs of participant



eHealth App
Support

Participant can use the eHealth App to browse health information, access personal health record, as well as record and self-monitor certain health parameters such as blood pressure and weight



Government
Subsidy

The Government will partially subsidise medical consultations with Family Doctor, medications, laboratory investigations, nurse clinic and allied health services under the Scheme. Participant is required to pay the co-payment fee only



Incentive
Mechanism

Starting from the second participant programme year, participant who achieves health incentive targets will enjoy a one-off reduction in co-payment fee by \$150 maximum (i.e. the co-payment fee recommended by the Government) for the first subsidised consultation in the following participant programme year of the Scheme



Scheme Content



Screening Services

- Family Doctor will perform assessment and arrange investigations for screening
- Family Doctor will arrange blood test(s) at designated medical laboratory
- Family Doctor will explain investigation report and diagnosis, and formulate appropriate health management plan



Health Management Plan — "Three highs covered"

- Family Doctor will provide subsidised consultation together with the necessary medications, to participant as follows:

Diagnosis	Number of Subsidised Consultation
HT and/or DM	Up to six annually
Prediabetes	Up to four annually
Dyslipidaemia	Up to four in the first participant programme year and two from the second participant programme year onwards
Chronic hepatitis B	To be announced

- Covering blood lipid testing allows a comprehensive approach to the assessment and proper management of cardiovascular disease risk factors, including the "three highs"
- Family Doctor will arrange necessary laboratory tests and examinations as required
- DHC/DHCE will arrange nurse clinic and/or allied health services according to referral by the Family Doctor and condition of the participant



Coordination and Support from DHC/DHCE



- To follow up and coordinate health management plan of participant
- To set health goals together with participant based on Family Doctor's suggestion
- To enhance participant's self-health management, promote participant empowerment and help to build a healthy lifestyle



Elderly Health Care Voucher (including the reward under Pilot Reward Scheme) is applicable to the Scheme



Medical fee waiver is not applicable to the Scheme



Enrol Now

- Hong Kong residents aged 45 or above*
- No known medical history of DM or HT
- Visit a DHC/DHCE and register as a member, join eHRSS, enrol in the Scheme and choose a Family Doctor; or can be invited by Family Doctor to enrol in the Scheme directly at the clinic



Subsidy & Co-payment

Screening Phase	<ul style="list-style-type: none">• Include screening consultation and related laboratory investigations and examinations• The Government will provide a one-off fixed subsidy of \$196 to cover the relevant expenses. Participant will only need to pay a one-off co-payment fee of \$120 or less	
Treatment Phase	Consultation and Drug	<ul style="list-style-type: none">• The Government will provide a partial subsidy of \$166 for each subsidised consultation, while participant will only need to pay the co-payment fee determined by Family Doctor upon enrolment to the Scheme. The Government recommended co-payment fee is \$150• No additional payment on receiving drugs under the list of Specified Drugs and/or up to 3 days of drugs for episodic illnesses
	Laboratory Investigation	<ul style="list-style-type: none">• The Government will provide a partial subsidy for each item. Participant only has to pay the co-payment fee
	Dedicated Nurse Clinic and Allied Health Services under District Health Network	<ul style="list-style-type: none">• The Government will provide a partial subsidy for each subsidised visit• Participant only has to pay the co-payment fee (per visit) Nurse Clinic : \$80 Optometrist / Physiotherapist : \$150 Dietitian / Podiatrist : \$380

Note: Subject to mutual agreement, Family Doctor may charge the Scheme participant for services outside the service scope of the Scheme

*Holding (1) a valid Hong Kong Identity Card within the meaning of the Registration of Persons Ordinance (Cap. 177), except those who obtained their Hong Kong Identity Card by virtue of a previous permission to land or remain in Hong Kong granted to them and such permission has expired or ceased to be valid, or (2) a valid Certificate of Exemption within the meaning of the Immigration Ordinance (Cap.115)