

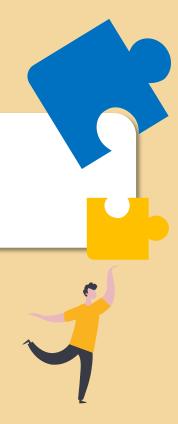
Webinar for Doctors

Primary Healthcare Blueprint & Chronic Disease Co-Care Pilot Scheme

Dr. PANG FEI CHAU
Commissioner for Primary Healthcare



Primary Healthcare Blueprint



Milestones since 2022

19 Oct 2022



Policy Address 2022

Set out the policy direction to launch the CDCC Pilot Scheme

19 Dec 2022



Primary Healthcare Blueprint

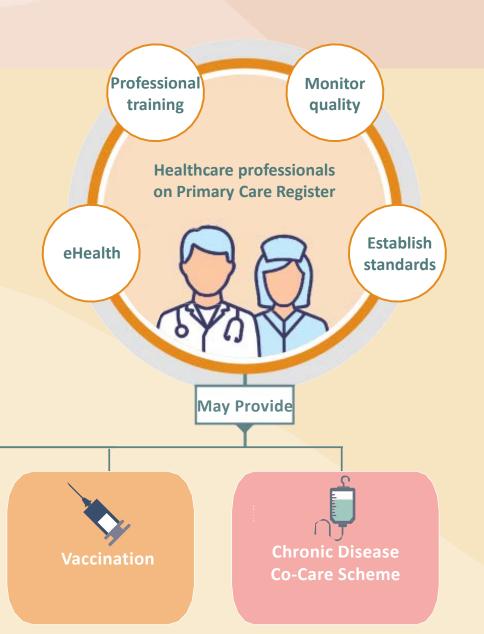
Set out direction of development and strategies for strengthening Hong Kong's primary healthcare system 4Q / 2023



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

Family Doctor for All

- Patient's self-selected Family Doctor (FD)
- Continuous follow up and knows the patient's health needs best
- Care quality is ensured by the Primary Care Register
- Service agreement of private doctors



General Outpatient
Clinic Public-Private
Partnership Programme
(GOPC PPP)

醫療券 Health Care Vouchur Elderly Healthcare Voucher



Chronic Disease Co-Care (CDCC) Pilot Scheme

Overview of CDCC Pilot Scheme

- √ Family Doctor for All
- ✓ District-based Services
- ✓ Chronic DiseasePrevention and Management



Develop a community-based system



Strengthen governance



Consolidate resources



THE CDCC PILOT SCHEME

- Many citizens with Diabetes Mellitus (DM) and Hypertension (HT) are unaware of their condition
- → A scheme to provide community access with screening, monitoring and intervention to prevent occurrence of chronic diseases or related complications



Reinforce manpower



Improve data connectivity and surveillance

CDCC Pilot Scheme – Eligibility

Eligible persons

Based on the **Hong Kong Reference Framework** and screening models of Singapore, Australia and the UK

- HK residents aged ≥ 45 years;
- Without known DM or HT;
- No symptoms of DM; and
- Register as DHC / DHCE member & share their data in eHRSS

The CDCC Pilot Scheme – Process

Enrollment for Screening at DHCs/GP Clinics, and later online enrollment by participant

Family Doctor
Pairing

Subsidy Programme DM or/and
HT or/and
Prediabetes
(HbA1C 6.0-6.4%)

Long-Term Follow up

Individuals aged 45 or above can enrol for screening at the District Health Centres (DHCs) / General Practitioner (GP) Clinics. Participants will conduct initial health assessment.

DHCs will help participants to conduct family doctor pairing according to their own choices, make appointment for consultation, and arrange blood tests. Each participant only needs to pay a consultation fee of \$120*, while the laboratory fee will be borne by the government. Participants do not need to pay additional fees to the laboratory.

(*No medical fee-waiving for participants of the CDCC Pilot Scheme)

If participants are diagnosed with high blood pressure, diabetes or high blood sugar, doctors and DHCs will provide advice on self-management, risk assessment, drug treatment, diet and weight control programmes, and life course preventive care programme.

Building the Family Doctor System (PCD Doctors)

I can receive subsidies for providing medical consultations for my paired participants, and arrange subsidised laboratory investigations for them.

I shall provide **Life Course Preventive Care** for my paired participants, including vaccination and cancer screening.

I can order drugs in the **Community Drug Formulary** at low prices.

I can initiate a request for specialist consultation by HA through the **bi-directional referral mechanism** for paired patients based on specified criteria and protocol.

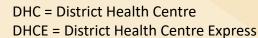
I can be awarded "Pay-for-Performance" incentives if my paired patients would achieve health targets.

I can partner with DHC/DHCE and my paired Family Doctor to **improve my lifestyle.**

I am eligible for **subsidised screening** and laboratory testing.

DHC/DHCE assists me in **scheduling appointments with family doctors** and arranging long-term follow-ups according to my health needs.

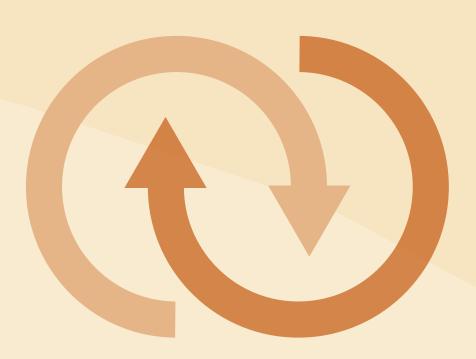
I can use the **eHealth App** to manage my own health based on updated, personalized clinical information, and can be rewarded for achieving health targets.



Protocol-driven Bi-directional Referral Mechanism with HA

Assessed by Family Doctor

- → Seek HA designated M&G specialist consultation for participant with certain clinical conditions
 - established referral criteria and protocols
 - one-off basis.



The HA specialist

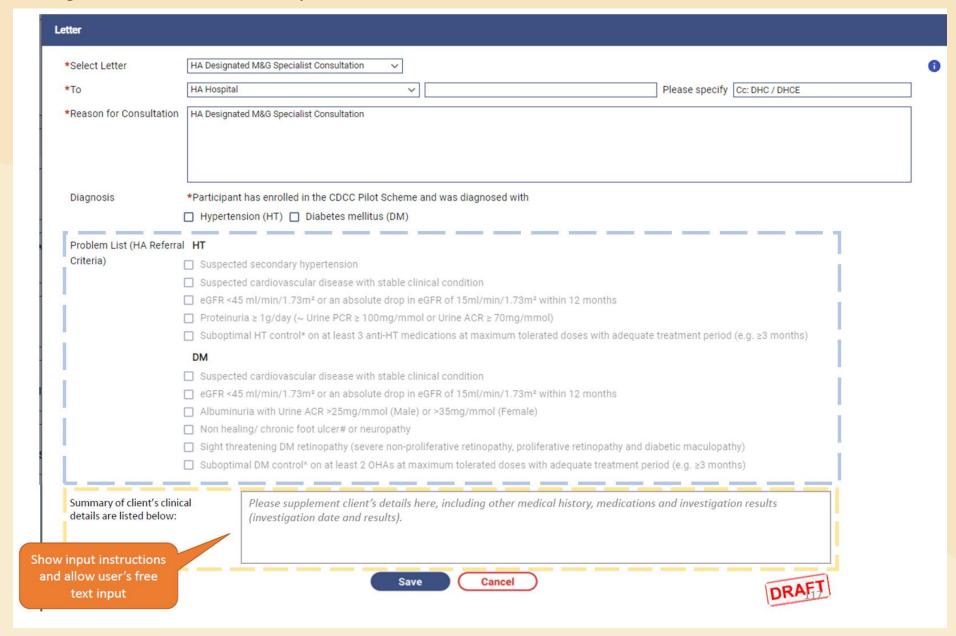
- → provide clinical advice and a management plan
- → help the paired FD/DHC continue to manage their patients' chronic diseases in the community

Conditions required M&G specialist consultation

- Suboptimal disease control on DM/ HT
- New complications arising
- Deterioration of patients' conditions

- FD shall initiate the process by completing the structural consultation letter on the CDCC IT Platform.
- IT Platform will notify the responsible DHC/ DHCE.
- The DHC/DHCE will contact Scheme Participant and coordinate with HA for appointment arrangement.

Family Doctor generate letter to HA - system screen



Incentive for Doctors and Patients

It aims to encourage patient empowerment and to drive the achievement of desirable patient health clinical outcome



All eligible patients

(diagnosed with high blood pressure, high blood sugar, diabetes) will automatically enroll in the incentive mechanism after entering the treatment phase



The incentive mechanism

- start from the secondParticipant ProgrammeYear onwards



Participant's subsidised consultation copayment will be reduced by up to the government's recommended reference copayment (\$150)

- at the beginning of the next Participant Programme Year after reaching the target



Family Doctor can also receive incentive payments

- meeting a pre-defined percentage of patients who satisfactorily controlled their levels of blood sugar and blood pressure (15% of the total amount derived from the number of actual attendance of the subsidised visits by the patients who have achieved their incentive targets, the Government subsidy and the reference co-payment amount)

Community Drug Formulary / Investigation Package / Allied Health Services

- Doctors participating in government-subsidized programmes will be enabled to purchase drugs under the Community Drug Formulary at favourable prices from the drug suppliers of HA, via central procurement by the Strategic Purchasing Office (SPO)
- Doctor can order investigation at purchased price with co-payment
- Doctor will be able to refer to allied health purchased services with co-payment



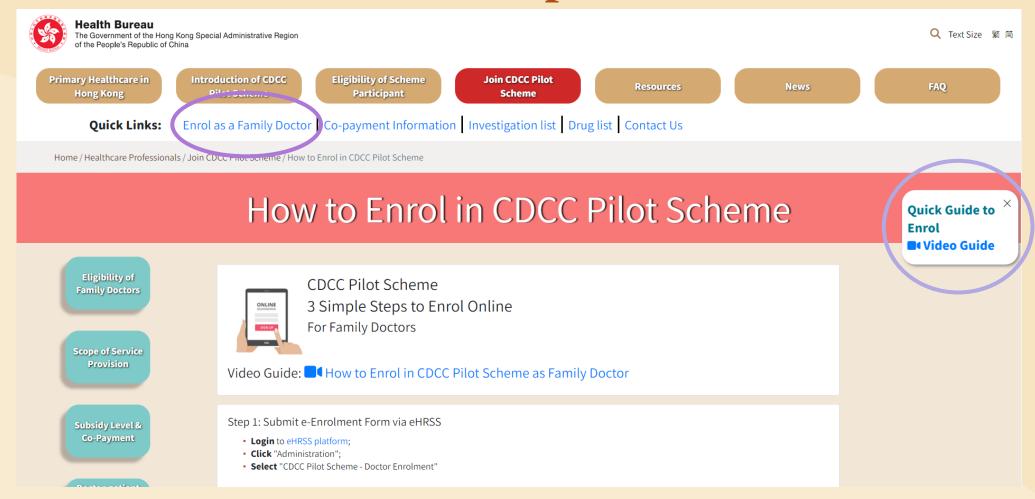
Simple steps to enroll as Family Doctor



https://www.primaryhealthcare.gov.hk/cdcc



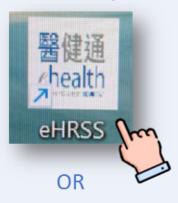
FD Enrollment on eHealth platform



Quick Guide to Enrol via eHRSS

Step 1

Double click eHRSS icon on computer desktop



Use designated clinic computer to access eHRSS via internet browser









Login eHRSS using your user name and One-Time Password



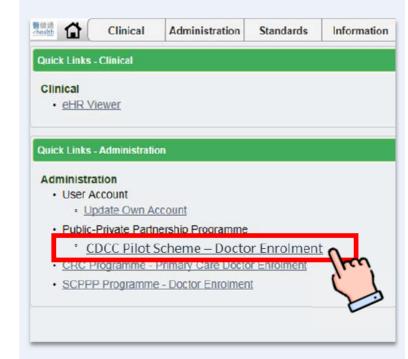
Please enter the 6-digit OTP sent to your registered mobile phone number (852) XXXXXXXX.

One-Time Password: QKRM -

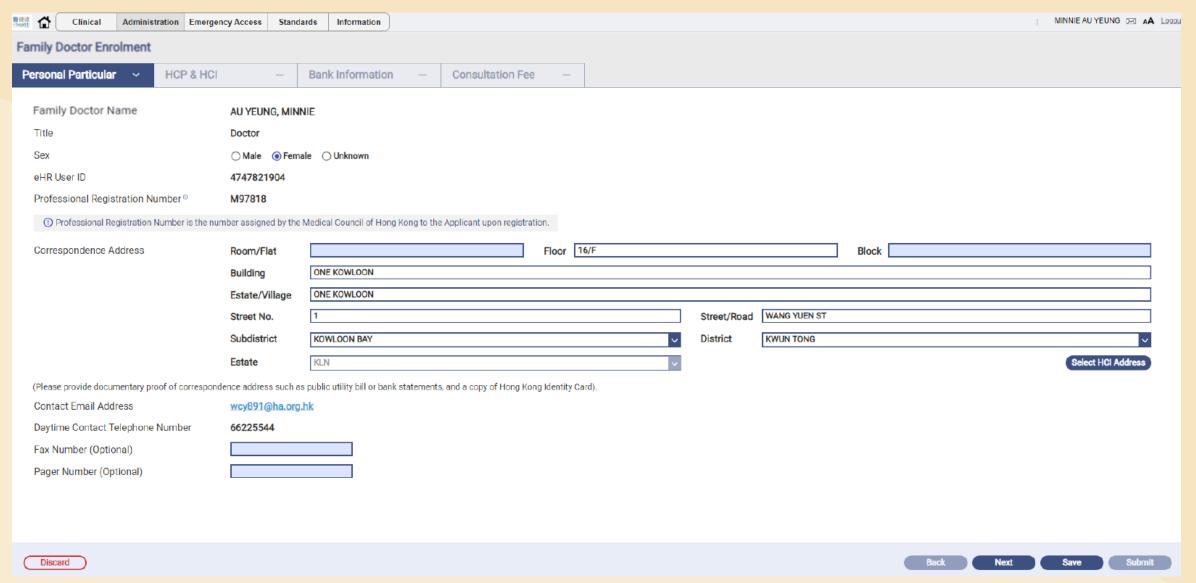
Send OTP Again

Step 3

Click "CDCC Pilot Scheme – Doctor Enrolment"



Family Doctor Enrollment on eHealth platform



Family Doctor Pairing

After successful pairing (dummy for reference)





CDCC Pilot Program Commencement

- Each member of the public obtains a DHC membership and be paired with a doctor listed in PCD
- FD provides life course preventive care (including CDCC Pilot Scheme as appropriate)
- DHC will support management and administration for FD pairing according to guidelines set by PHO e.g. invitation for DHC members, switching FD & termination of pairing



29 Aug 2023

FD Enrollment starts

~13 Nov 2023 TBC)

FD Pairing with the assistance of DHC

Jan 2024

Pairing at FD's
clinic
or
Pairing with the
assistance of DHC

Long run

Self-pairing on online IT system

Pairing at FD's

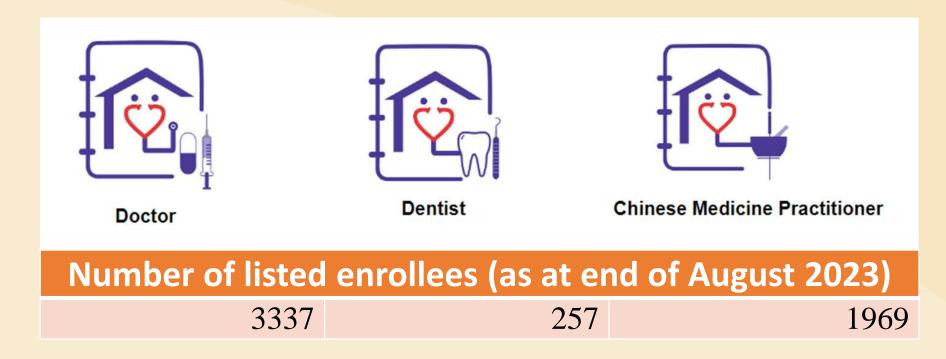
clinic

or Pairing with the assistance of DHC

Primary Care Directory (PCD)



• To provide the public and healthcare service providers an easily accessible electronic database containing practice information and professional qualification of primary care providers of various disciplines in the community.



Primary Care Directory (PCD)

- Pre-requisite for joining CDCC; pre-requisite for enrolling to other Government subsidized primary healthcare programmes (e.g. Elderly Health Care Voucher Scheme, Colorectal Cancer Screening Programme, GOPC PPP) starting from 6 October 2023
- Enhanced CME checking mechanism (exemption for medical reason, change CME cycle). For details, please refer to Terms and Conditions and FAQ 5.2 and 5.3 on PCD website: https://www.pcdirectory.gov.hk
- Doctors are reminded to keep information on the PCD updated through the online platform. For demonstration of information update, please visit: https://www.pcdirectory.gov.hk/files/PCD_SP_PDF_Update_E.pdf
- General practitioners and specialists providing primary healthcare services are welcome to join.
 Professional qualifications and specialist status (if applicable) could be shown on the PCD for public reference
- Enquiries: pho@healthbureau.gov.hk; 3576 3658



Together to build a primary healthcare system

Thank you!

https://www.primaryhealthcare.gov.hk/cdcc



Chronic Disease Co-Care (CDCC) Pilot Scheme Doctors Webinar

4 Sep 2023



BACKGROUND



Policy Address 2022

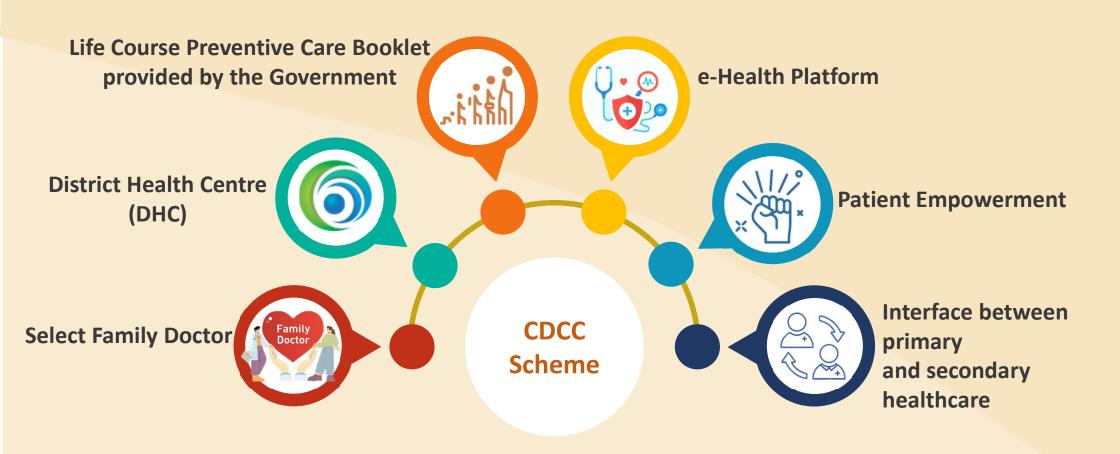
Set out the policy direction to launch the CDCC Scheme to provide targeted subsidies to citizens for early diagnosis and management of target chronic diseases in the private healthcare service sector



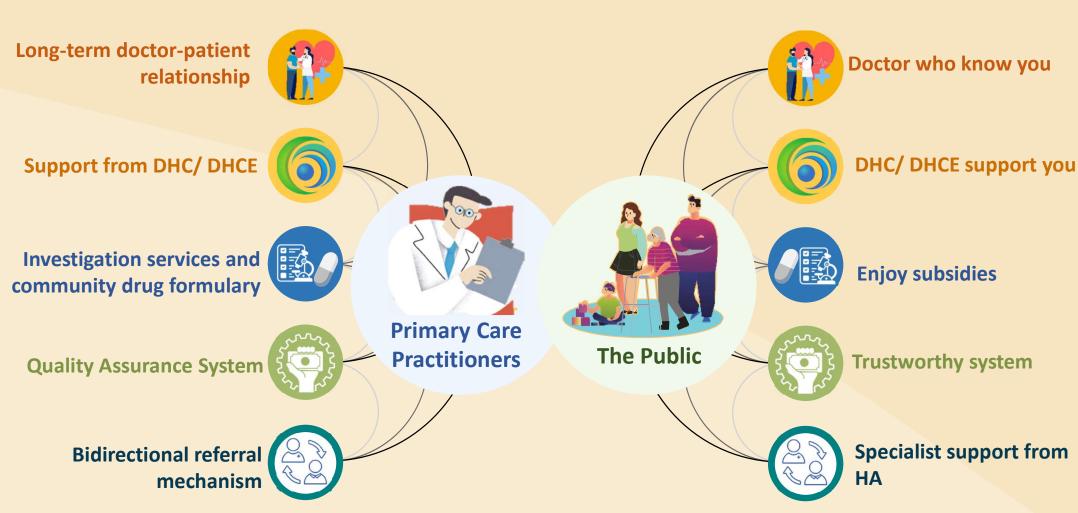
Primary Healthcare Blueprint

Set out direction of development and strategies for strengthening Hong Kong's primary healthcare system to address the challenges brought about by an ageing population and the increasing chronic disease prevalence

THE CDCC SCHEME – Key Components



Establish Primary Healthcare System

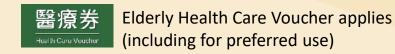


Scheme details

Eligibility

Participant enrolment eligibility

- Hong Kong residents aged ≥ 45 years without known Diabetes Mellitus (DM) and Hypertension (HT)
- No symptoms of DM
- Eligible and joined as DHC / DHCE member
- Joined electronic Health Record system (eHR)
- Consented to CDCC Scheme Terms & Conditions





Medical fee waiver is not applicable for this scheme

Scheme Doctors enrolment eligibility

- Registered in Primary Care Doctor (PCD) Directory
- Joined eHRSS
- Consented to CDCC Scheme Terms & Conditions

Optional:

 Join Elderly Health Care Voucher (this scheme is covered by Elderly Health Care Voucher, including for preferred use)

Key Stakeholders of the CDCC Scheme

- District Health Centre:
 - Participants recruitment
 - Case coordination, management & empowerment
 - Communication with Scheme's Doctor
- Scheme's Doctors:
 - Participants recruitment in clinic, expected in 1Q 2024
 - Participants screening, diagnosis & treatment (including lab investigation)
 - Drug prescription, provision & ordering
 - Communicate with DHC on patient management plan, progress & referral
 - Clinical management according to Scheme Reference Framework
- Other Clinical Supporting Service Providers:
 - Laboratory investigation services
 - Nurse Clinics, Allied Health (Dietitian/ Physio-therapist/ Podiatrist/ Optometrist)
- Programme Office:
 - Doctor enrolment, manage claim, complaint & incidents investigation

CDCC Scheme - Medical Screening

Process	Details
Participants enrolment	 Referred from DHC after matching CDCC doctors with participant From 1Q 2024, enrolled by CDCC doctors when participant meets all criteria
Doctors service scope	 Medical assessment Issue lab investigation referral letter Input clinical information including blood pressure and blood glucose lab result Confirm diagnosis Complete management plan Confirm participant to go into treatment phase as when diagnosis confirmed and participant agrees to join treatment phase (include Pre-DM) for medical follow-up Refer to DHC for follow up otherwise

CDCC Scheme - Medical Treatment

Process	Details
Patient enrolment	 Can only be enrolled after completing scheme screening After diagnosis confirmed and patient agrees to join treatment phase
Doctors service scope	 Clinical management according to Scheme Reference Framework Input medical assessment including the minimal data set including prescription and payment Refer for lab investigation according to clinical needs Drug prescription & provision according to clinical needs (Scheme Drug List) DHC referral for organizing nursing and allied health services
Doctors fee package	 Hypertension and/or DM: with 6 subsidized consultations per year Pre-DM: with 4 subsidized consultations per year Consultation fee per consultation with government fixed subsidy of \$166 per consultation and patient co-pay as set by participating doctor (reference co-pay at \$150) Fixed quarterly drug fee of \$105 with chronic disease drug supplied Incentive package by year-end on meeting set targets Patient self-finance payment on services outside subsidized service scope

Doctor & Patient Incentive

- To encourage patient empowerment and to drive the achievement of desirable patient health clinical outcome, an innovative incentive scheme is put in place for both patients and doctors
- Incentive mechanism for doctors and patients will start from the second participant programme year onwards for each established doctor-patient relationship to give time for stabilising doctor and patient relationship, build understanding of the Scheme operation and discourage frequent patient-doctor re-matching
 - > Second participant programme year is estimated to start from 4Q 2024
 - > 1st Doctor incentive pay-out is estimated to start from 1Q 2026
 - > 1st Patient incentive pay-out is estimated to start from 4Q 2025
 - Doctor incentive package calculated by calendar year end on patients completing participant programme year within the period
 - Doctor meeting targets will receive an incentive payment based on number of subsidized consultations within the
 participant programme year of those patients meeting the targets
 - = No. of subsidised consultation x (fixed subsidy + reference co-pay) x 15%

Incentive Health Targets (1)

- > Set individual patients health targets according to diagnosis
- > Patient incentive package calculated by participant programme year end;
- ➤ Incentive package by patient programme-year end on meeting set targets
 - = Reduced co-pay max \$150 (reference co-pay level) per participant programme year

Category	Parameter	Diagnosis			
		HT+Pre-DM	HT	DM+HT	DM
Patient Empowerment	1) Self-report - BP Participants have home BP monitoring and report in eHealth App at least once per month.	√	✓	√	√
Compliance to CDCC Pilot Scheme	2) Consultation interval (for Subsidised Visits only) during the Treatment Phase Out of a maximum of 6 Subsidised Visits per Scheme Participant within each 12-month participant programme year (PPY), attended at least 4 Subsidised Visits with attendance at least once per quarter within the 12-month PPY	√	√	√	✓
	3) DM/HT management: Patient Empowerment Programme (PEP) Completed PEP including post-assessment as arranged by District Health Centre (DHC) within the 12-month PPY	√	~	√	√
	4) DM management: retinal photography Completed retinal photography examination as arranged by DHC within the 12-month PPY.			√	~
Patient Achieve Target Requirement		2 out of 3		3 out of 4	

Incentive Health Targets (2)

Pre-requisite Requirement for Eligibility of Incentive Payment to Doctor

- Measured by pooled achievement rate of the below 3 parameters (% of patients enrolled who achieve target, where applicable)
- Achievement rate ≥ 70%

Category	Target Parameters
	1) DM management: HbA1c<7%
Pooled	Number of Scheme Participants who have achieved the HbA1c target over the
Service	number of Scheme Participants from DM+HT and DM disease groups
Outcome	2a) DM management: BP<130/80
must be ≥ 70% for all 3 targets	Number of Scheme Participants who have achieved the BP target over the
	number of Scheme Participants from DM+HT and DM disease groups
	2b) HT management: BP<140/90
	Number of Scheme Participants who have achieved the BP target over the
	number of Scheme Participants from HT+Pre-DM and HT disease groups

Drug Supply Package

Process	Details
Scheme Drug List	 Basic tier - Drugs required for DM & BP control and common drugs for minor diseases under family doctor practice Additional tiers to be developed
Drug logistics	 Scheme Drug List with pre-agreed scheme price Subsidised fixed quarterly drug fee with chronic disease drug supplied Doctors will place order directly with a quantity cap linked to number of enrolled patients and settle the payment to suppliers directly
Patient co-pay	 No additional drug co-payment for patients with basic tier drugs (cost included in the co-payment of consultation fee) Drugs outside Scheme Drug List - Patient to self-finance

Scheme Drug List

Basic Tier

The provision of the specified drugs within this tier shall not incur any Co-Payment for Scheme Participants. The co-payment for drugs within this tier is \$0.

Clinical Indication	Drugs	
Anti-hypertensive^	Lisinopril Tablet 5mg	
	Lisinopril Tablet 10mg	
	Lisinopril Tablet 20mg	(ACEI & ARB)
	Losartan Potassium Tablet 50mg	
	Perindopril Tertbutylamine Tablet 4mg	
	Atenolol Tablet 50mg	
	Atenolol Tablet 100mg	
	Metoprolol Tartrate Tablet 50mg	(Beta Blockers)
	Metoprolol Tartrate Tablet 100mg	
	Propranolol HCl Tablet 10mg	
	Amlodipine (Besylate) Tablet 5mg	
	Amlodipine (Besylate) Tablet 10mg	(CCB)
	Felodipine Extended Release Tablet 5mg	
	Felodipine Extended Release Tablet 10mg	
	Dyazide (or Equiv) Tablet	
	Indapamide Tablet 2.5mg	(Diuretics)
	Moduretic (or Equiv) Tablet	
Supplementary to Anti-	Aspirin Tablet 80mg	
hypertensive^	Potassium Chloride SR Tablet 600mg	
	Prazosin (HCI) Tablet 1mg	
	Prazosin (HCI) Tablet 2mg	
	Terazosin HCl Tablet 2mg	

Clinical Indication	Drugs
Lipid-regulating^	Atorvastatin (Calcium) Tablet 10mg
	Atorvastatin (Calcium) Tablet 20mg
	Simvastatin Tablet 10mg
	Simvastatin Tablet 20mg
Anti-diabetic^	Gliclazide Tablet 80mg
	Metformin HCl Tablet 500mg
	Metformin HCl Prolonged Release Tablet 500mg
Antibiotics	Augmentin (or Equiv) Tablet 375mg
	Ciprofloxacin (HCI) Tablet 250mg
	Clarithromycin Tablet 250mg
Drugs for associated	Aluminium / Magnesium Hydroxide and Simethicone Tablet
health problems	Ammonia and Ipecacuanha Mixture*
	Chlorpheniramine Maleate Tablet 4mg
	Diclofenac Sodium Tablet 25mg
	Famotidine Tablet 20mg
	Famotidine Tablet 40mg
	Ibuprofen Tablet 200mg
	Loratadine Tablet 10mg
	Naproxen Tablet 250mg
	Paracetamol Tablet 500mg
	Senna Tablet 7.5mg

¹ ^ Drugs listed under these clinical indications are considered as Chronic Disease Drugs

Additional Tier

The provision of specified drugs under this tier and co-payment arrangements is subject to further development

^{* 120}ml/Bottle

Laboratory Investigation Package

Process	Details
Service supply	Designated laboratory services providers will be provided for doctors
Doctors service scope	 Issue lab referral order to patients Patient go to lab for sample taking Receive lab reports (including critical result alert) Explain result to patients & input lab result to Scheme IT system Entry key data for lab investigations Not required at a later stage when lab can upload structured data to eHR
Laboratory investigation scope	 Scheme Investigation List Patient pay lab service providers directly for co-payment Gov't reimburse to lab directly on subsidy for subsidized items

Scheme Investigation List

(I) Laboratory Investigation Items

Programme Package	
Package (A) - Basic Care Package	Package (B) - Hypertension (HT)
Glucose, Fasting / FPG	Glucose, Fasting / FPG
Full Lipid Profile, Fasting	Full Lipid Profile, Fasting
RFT with eGFR	RFT with eGFR
	Urine PCR
Package (C) - Diabetes mellitus (DM)	
HbA1c	
• Glucose, Fasting / FPG	
Full Lipid Profile, Fasting	
• RFT with eGFR	
Urine ACR	
Package (E) - Basic Care Package (2)	Package (F) - Annual Tests for Pre-DM
• HbA1c	• HbA1c
Glucose, Fasting / FPG	Glucose, Fasting / FPG
	Full Lipid Profile, Fasting
Package (G) - Confirmatory Tests for Suspected	Package (H) - For Newly Diagnosed HT
DM [If initial screening test: HbA1c > 6.5% or FPG	• HbA1c
> 7 mmol/L]	Glucose, Fasting / FPG
• HbA1c	Full Lipid Profile, Fasting
Glucose, Fasting / FPG	RFT with eGFR
Full Lipid Profile, Fasting	MSU, Routine / Microscopy
RFT with eGFR	

Individual Investigation Item	
Blood Test	
HbA1c	Urate
Glucose, Fasting / FPG	CBC
Oral Glucose Tolerance Test (OGTT) – 75g	CBC (with Differential Count)
Full Lipid Profile, Fasting	ESR
RFT	TSH
RFT with eGFR	fT4
LFT	
Urine Test	Sputum Test
Urine PCR	Sputum, (Microscopy & Bacterial Culture)
Urine ACR	Sputum, AFB (Smear / Culture)
MSU, Routine / Microscopy	
MSU, (Microscopy & Bacterial Culture)	

(II) Electrocardiogram (ECG)

Subsidy & Co-payment Summary

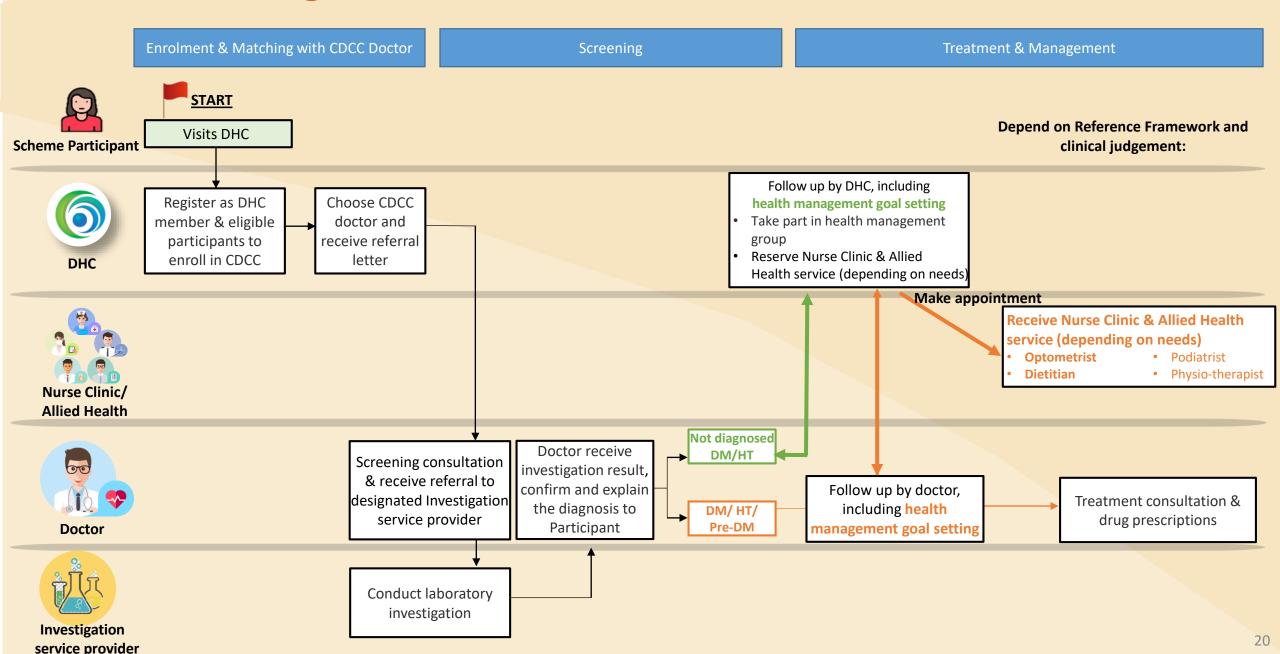
Services	Service Scope	Gov't Subsidy	Participants Co-Pay Amount	
Consultation	Screening Consultation	\$196 (one-off)	\$120 (one-off)	
	Treatment Consultation	\$166 (per subsidised visit)	 Doctor decides co-pay level with price transparency to facilitate patient choice Publicized reference co-pay price: \$150 	
	Drug	\$105 per quarter	No additional co-pay for drugs within basic tier of Scheme Drug List	
	Incentive	+15% (per subsidised visit), (referenced to \$316)	Free 1 x co-pay max. at reference co-pay of \$150	
Laboratory investigation	Screening investigation according to Scheme (Participants co-payment pay directly to Lab)	√ (100%)	No additional co-pay	
		✓ (partial, per item)	Co-pay per item within Scheme Investigation Items	
Nurse Clinic & Allied Health	Nurse Clinic (Consultation)	✓ (partial, per subsidised visit)	Co-pay to be announced	
	Allied Health Session (Include Optometrist/ Podiatrist/ Dietitian/ Physiotherapies)	✓ (partial, per subsidised visit)	Co-pay to be announced	
District Health Centre	Health Management	√ (100%)	Free	

For illustration purpose:

- Assuming consultation fee is of \$316 per subsidised consultation:
 Incentive package per patient achieving targets = \$316 x 15% = \$47.4 per consultation
 Drug fee per consultation (6 consultations) = \$70
- Total consultation fee per consultation = \$433.4

Thank You

Scheme Design Overview





Single Platform - Multiple Function





- Enrolment
- Consultation
- Reimbursement

- Take attendance
- Payment checkout
- Drug ordering
- Supporting documents



eHRSS account is required

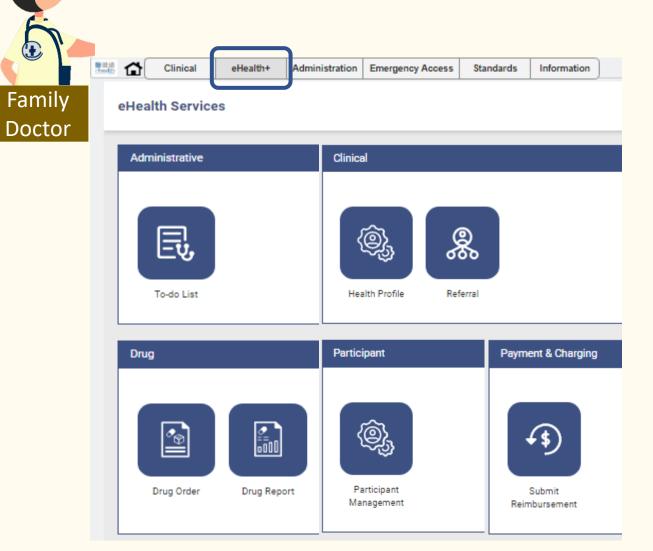


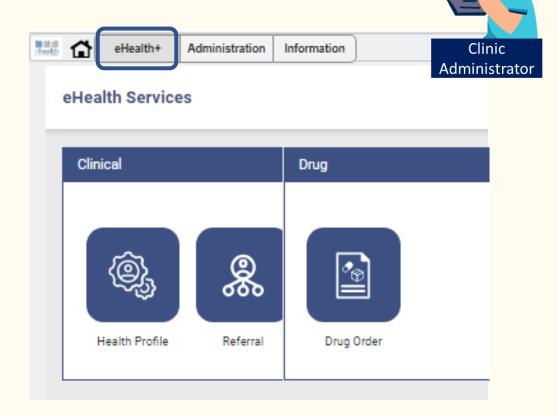
Programme Office

- Payment
- Performance monitoring and reporting
- Incentive computation



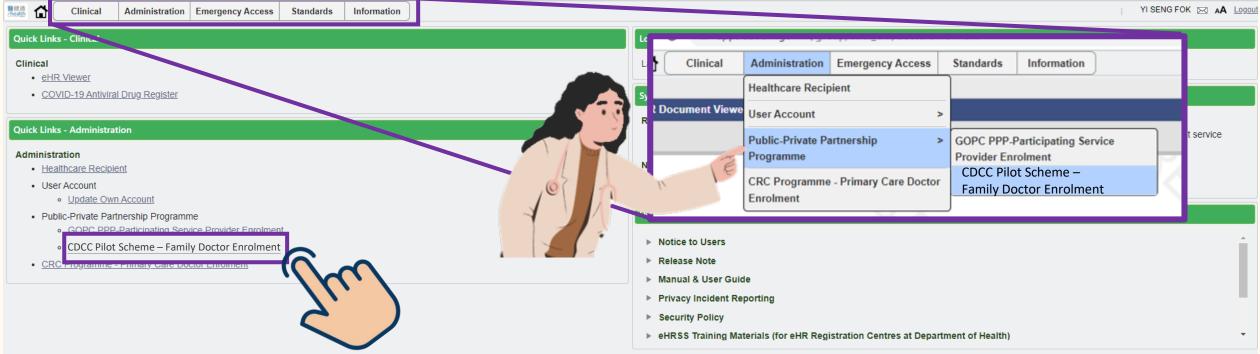
Single Platform - Multiple Function











- Login to eHRSS
- Click Enrolment Link; or
- Select from pull-down menu of top bar





Chronic Disease Co-Care Pilot Scheme Terms and Conditions of Agreement for Private Doctors

1. Preamble

1.1. The Government as represented by the Primary Healthcare Office/Commission and Strategic Purchasing Office of the Health Bureau as well as the Hospital Authority, collectively referred to as the "Government or

🔲 I have read, understood and agreed to the Terms and Conditions of Agreement for Private Doctors, Undertakings & Declaration and Personal Information Collection Statement from the above

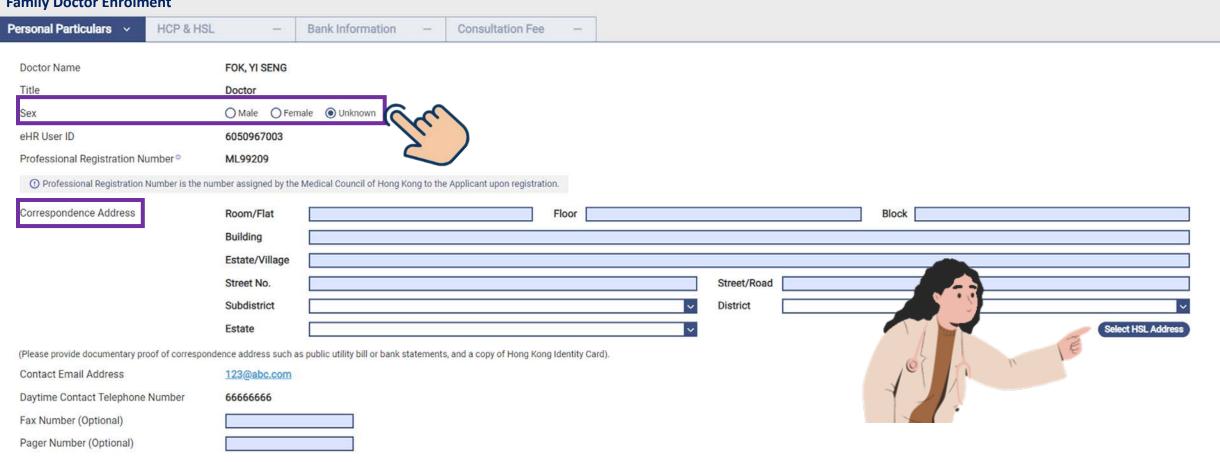
ps://apps.uat.ehr.gov.hk/group/cdcc_enr/doctorenrolment







Family Doctor Enrolment

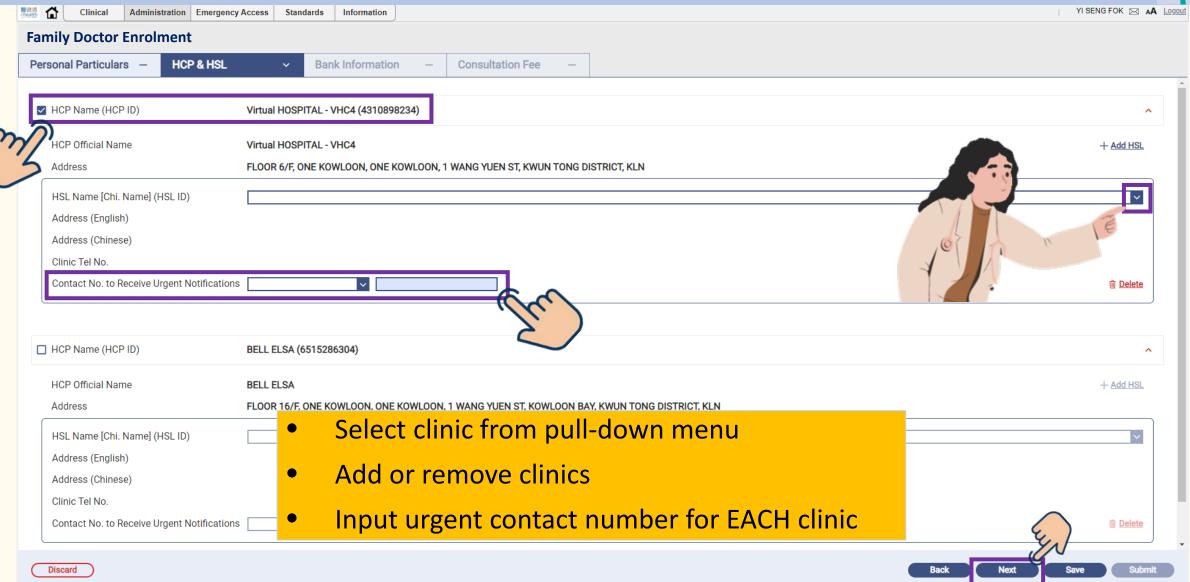


- Update record of gender
- Select correspondence address from the clinic(s) list













ersonal Particulars —	HCP & HSL —	Bank Information V	Consultation Fee –		Input Ba	nk Inform	ation
Bank Information 1					•		
Bank Account Number (No	ote A & C)* Bank Code	123	Branch Coo	de 123	A	Account No. 123456789	
Bank Name	HSBC						
Branch Name	HEAD OFFICE						
Bank Account Name in Eng	glish DR ABC						
Type of Bank Account	Business Account	nt O Personal Account					
							3)
							"
ank Information 2							
Bank Account Number (No	te A & C) Bank Code		Branch Coo	de	A	Account No.	•
Bank Name							
Branch Name							
Bank Account Name in Eng	lish						
Type of Bank Account	O Business Accoun	nt					
NOTE						SDO!	ndence relates
NOTE A. This form must be acco		1 • 6	1	1 1 6 1	_	• spor	nacrice relates
A. This form must be acco	Second b	ank information	on only nee	ded for cha	nge of organ	isation "	nuclide related
A. This form must be acco	Second b	ank informati	on only nee	ded for cha	nge of organ	isation	
A. This form must be acco to a Health Care Provide B. For Business Account, t	Second b	ank informati	on only nee	ded for cha	nge of organ	isation	£.)





Personal Particulars — HCP & HSL — Bank Information — Consultation Fee

Participant's co-payment fee for CDCC management consultation HK\$ 12345-389

① The Government recommended Co-Payment amount is HK\$150.

I understand that where a a Co-Payment is charged, the amount shall be the same for each Subsidised Visit. I may adjust the Co-Payment amount on an annual basis and such adjustments shall not take effect until written confirmation by the Government or its representative has been provided.

Input your intended co-payment amount for treatment consultation



Ne

Save

S





Enrolment Reference Number CDCC000057

Doctor Name FOK, YI SENG
eHR User ID 6050967003

Status Vetted

Last Update On 28 July 2023

Please proceed to submit supporting documents via Fax (3427 9359) or email (cdccdoctor@healthbureau.gov.hk) to complete enrolment

- 1) MCHK Cert
- 2) Bank Statement (within six months)
- 3) Hospital Authority Authority for Payment to a Bank
- 4) Business Registration Certificate (for Business Bank Account only)
- 5) Relieving Doctor Form Enrolment Form (if applicable)
- 6) Clinic Administrator Enrolment Form (if applicable)



Print Appendices for Items #3, 5 and 6





eHealth Services

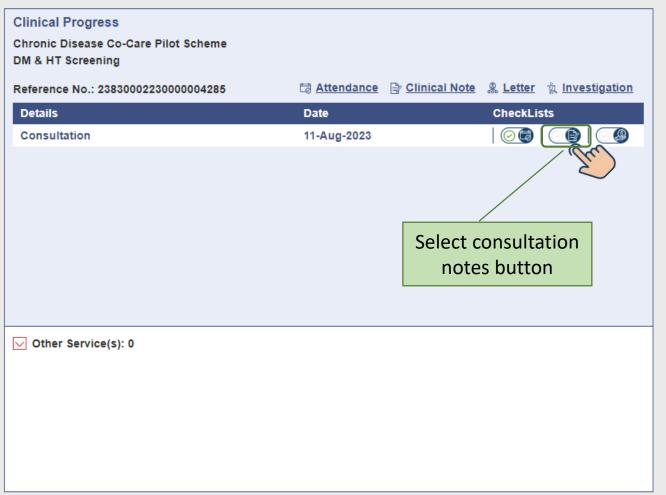
Health Profile

eHealth+

Consultation

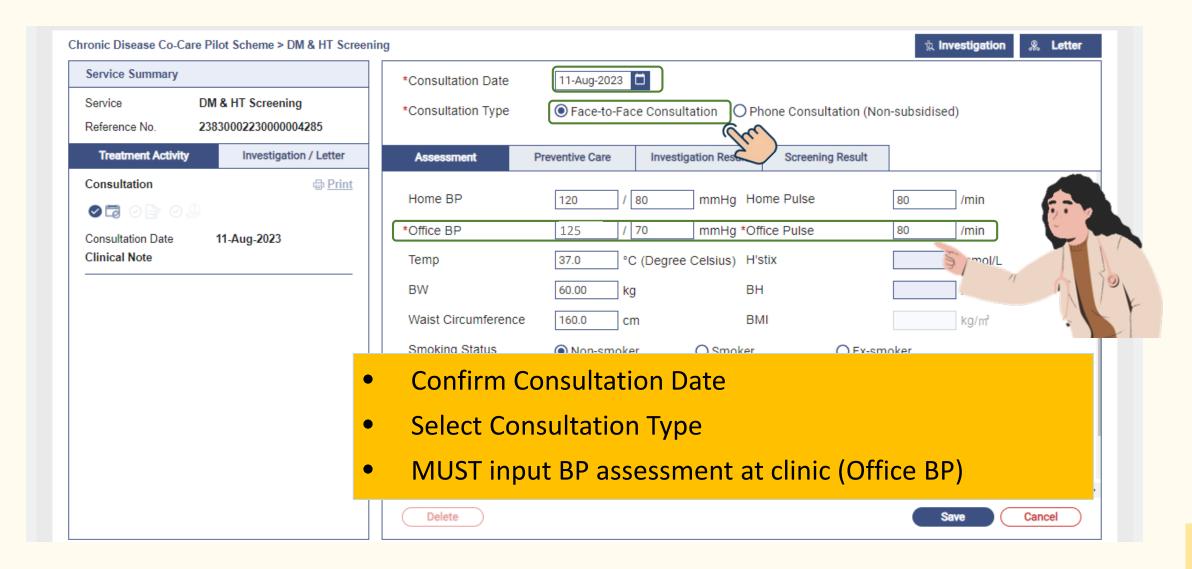






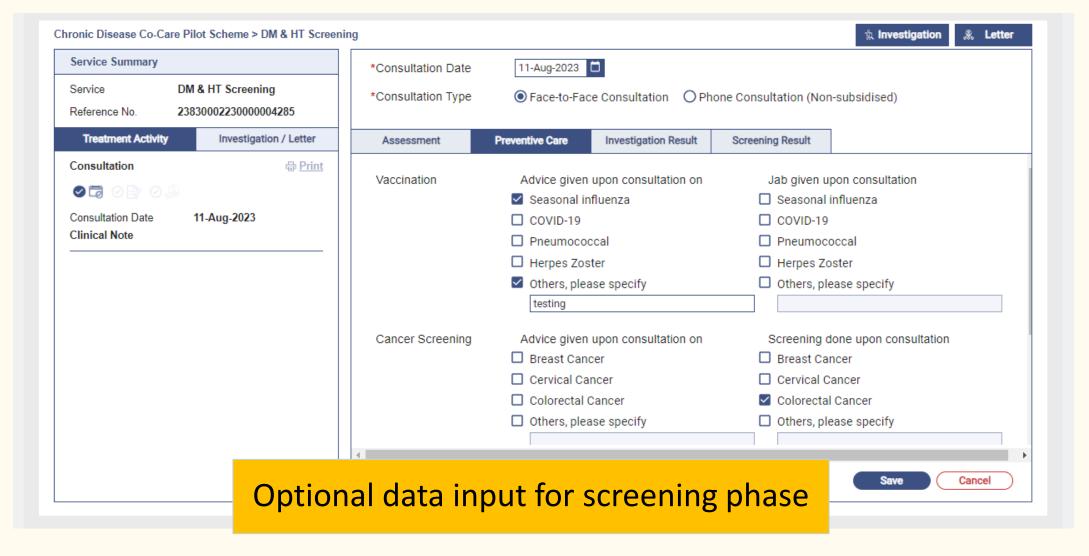






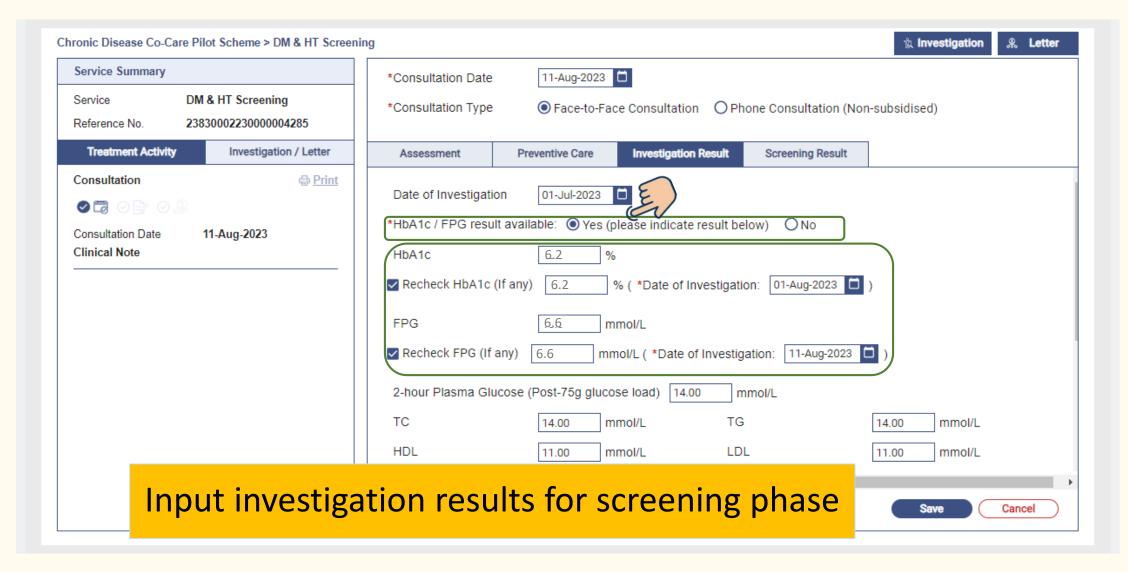






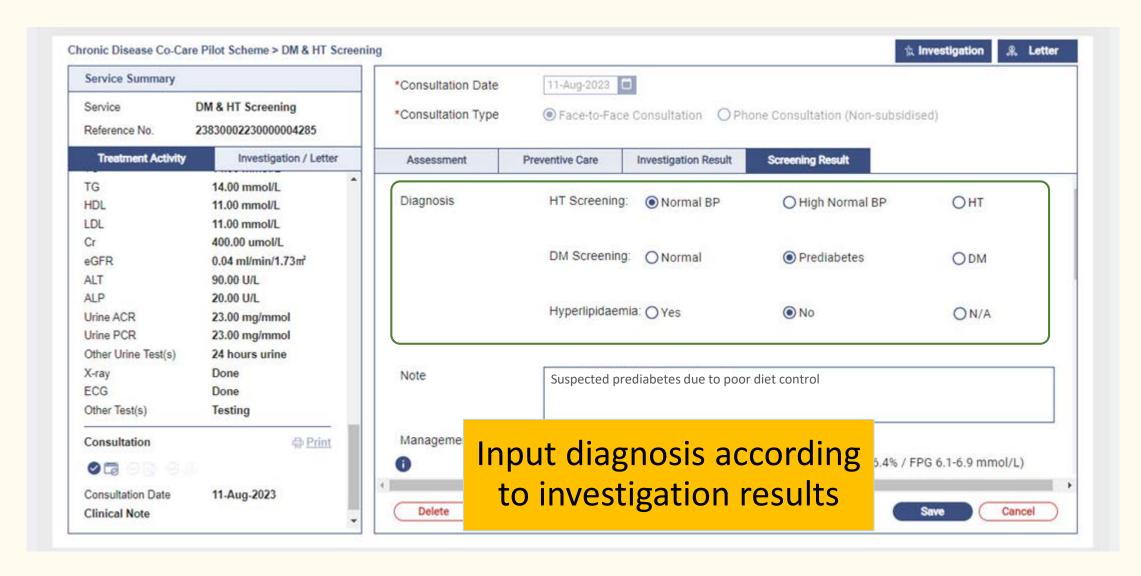












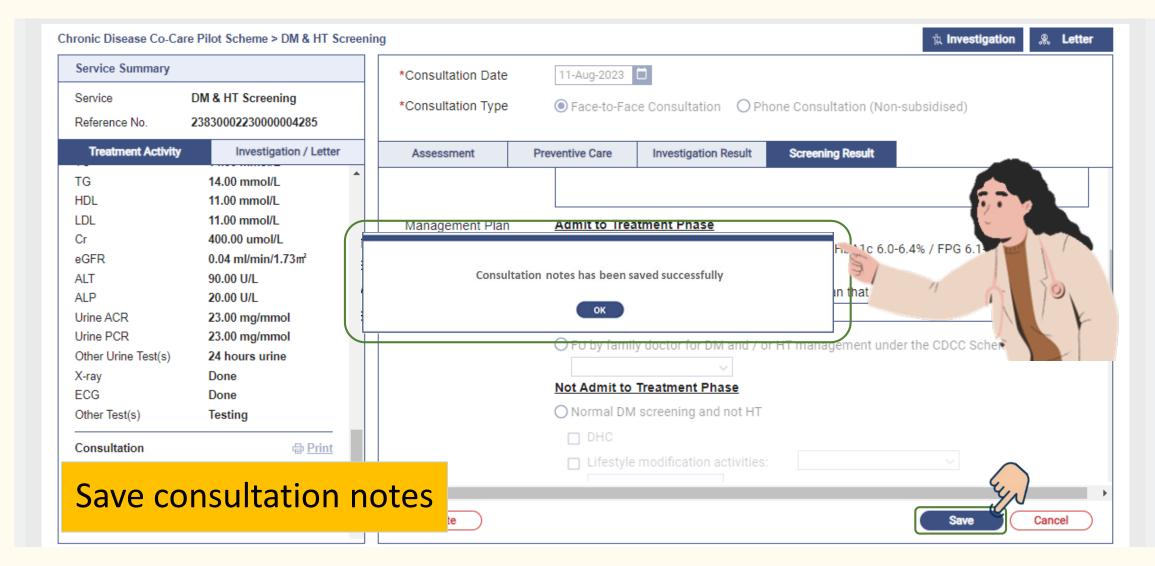




	1					
Management Plan Admit to Treatment Phase FU by family doctor for Pre-DM management (HbA1c 6.0-6.4%/FPG	ng				☆ Investigation & Letter	
6.1-6.9 mmol/L) without HT under the CDCC Scheme	*Consultation Date	11-Aug-2023				
Reason for choosing pre-DM management plan that does not align with lab results:	*Concultation Tuno		- O O - Dh	(81	a and adding the	
FU by family doctor for DM and/or HT management under the CDCC Scheme: (show according to Dx: HT management; HT+Pre-DM	*Consultation Type	Face-to-rac	e Consultation OPh	one Consultation (No	n-subsidised)	
management; HT+DM management; DM management)	Assessment	Preventive Care	Investigation Result	Screening Result		
Not Admit to Treatment Phase Normal DM screening and not HT: DHC						
Lifestyle modification activities:	Management Plan	Admit to Treatment Phase				
smoking cessationweight management	6					
healthy diet						
alcohol controlothers (please specify)		without HT under the CDCC Scheme Reason for choosing pre-DM management plan that does not align with lab results				
Others, please specify				agement plan that doe	es flot aligh with lab results	
Pre-DM management (HbA1c 5.7-5.9%/FPG 5.6-6 mmol/L) without HT:		poor diet co				
Reason for choosing pre-DM management plan that does not align with lab results:		O FU by famil	y doctor for DM and / o	r HT management un	der the CDCC Scheme	
DHC			~			
Lifestyle modification activities		Not Admit to	Treatment Phase			
smoking cessationweight management		O Normal DM	screening and not HT			
healthy diet		☐ DHC				
alcohol control			100 11 11 11			
others (please specify)Others, please specify		Litestyle	modification activities:			
Not FU by family doctor for pre-DM (HbA1c 6.0-6.4% / FPG 6.1-6.9	4				•	
mmol/L) / DM / HT management under the CDCC SchemeDHC						
□ DHC □ Refer to HA	Delete				Save Cancel	
Others, please specify						



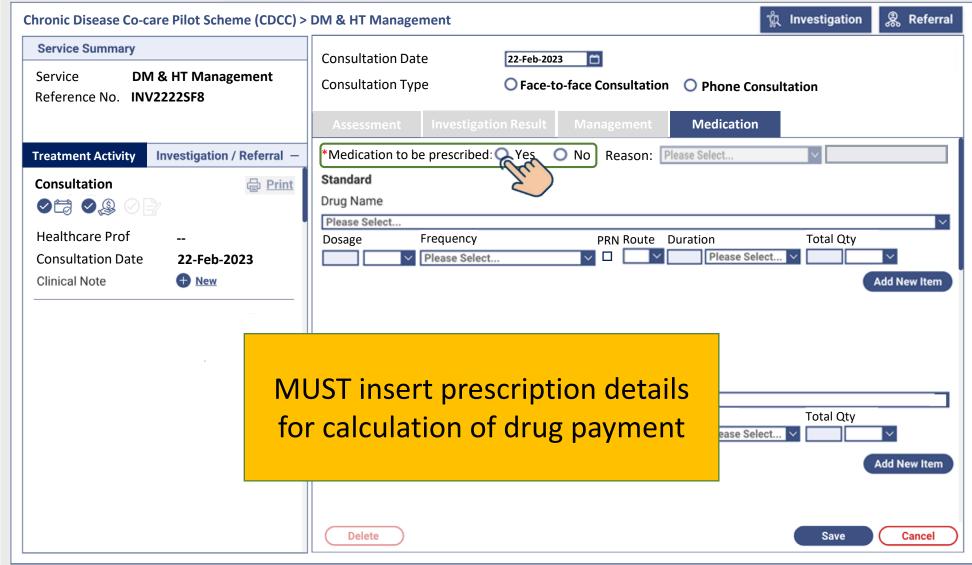






Consultation Treatment Phase



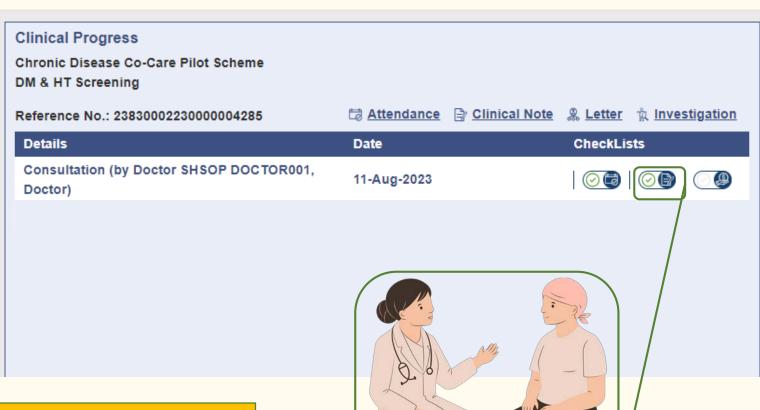




Consultation



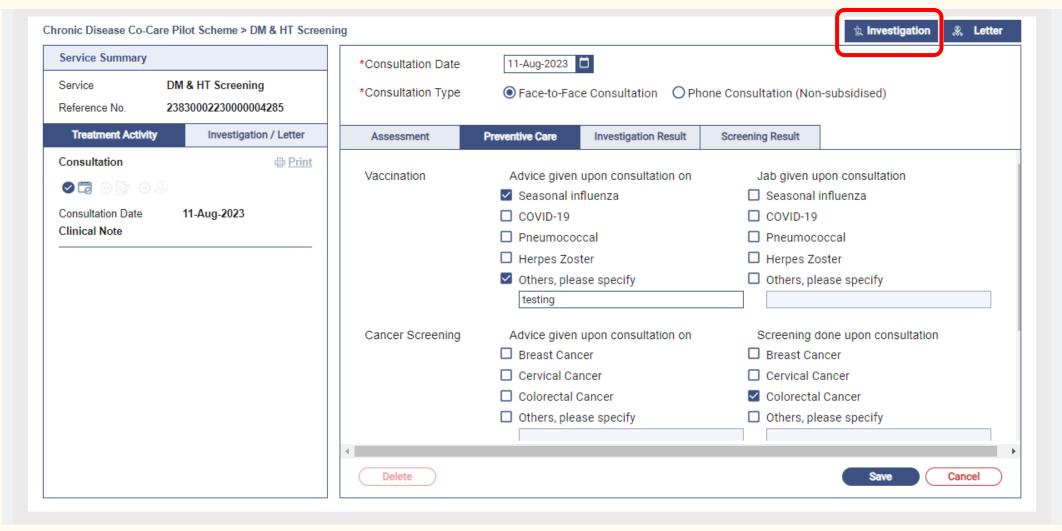




Completion of consultation record

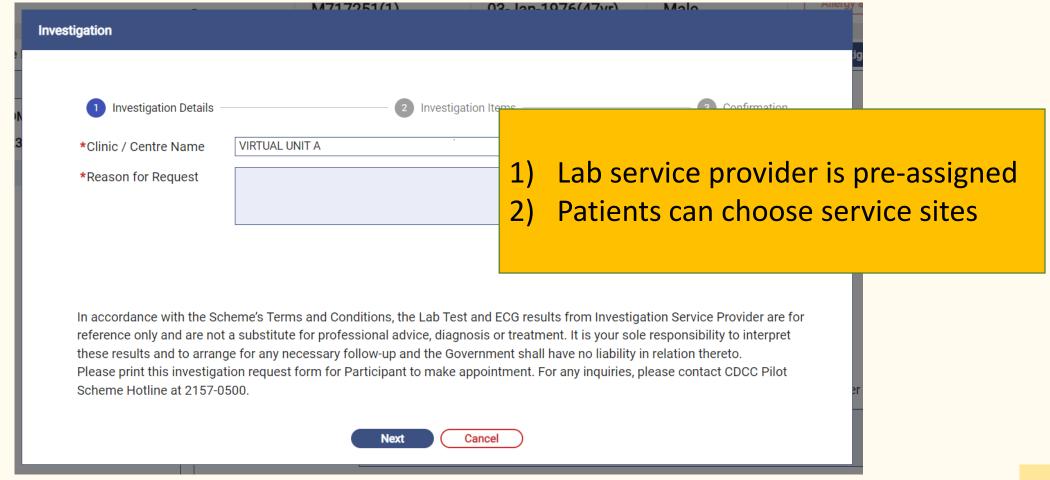






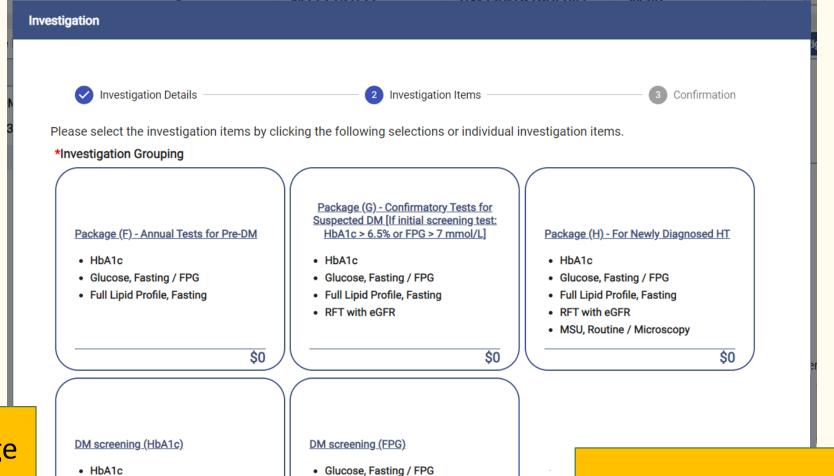












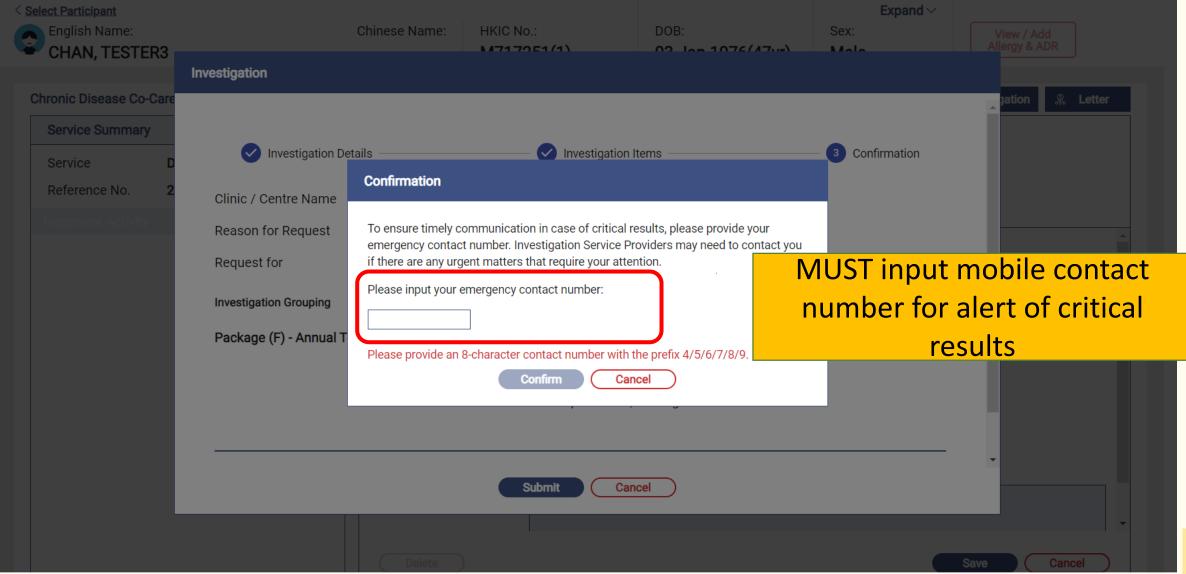
Select package

\$0

No co-payment for lab service required









Laboratory Investigation Treatment Phase





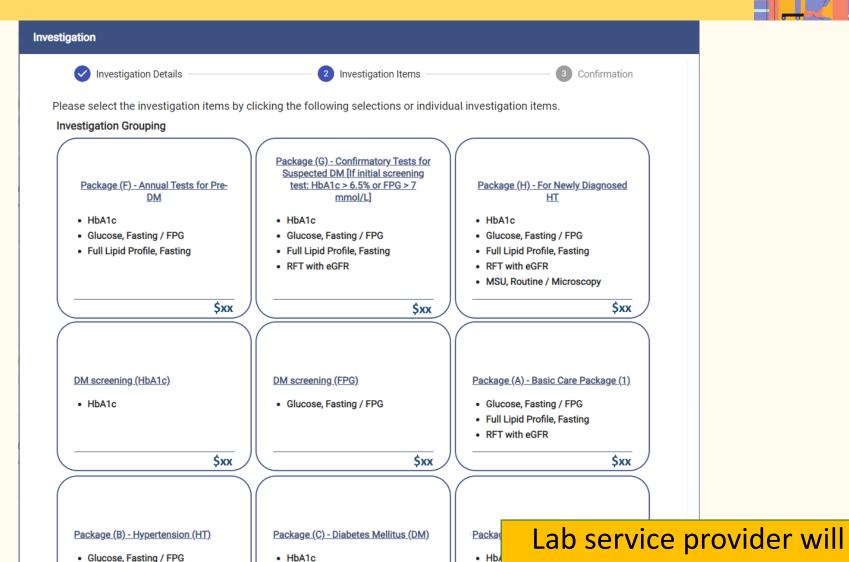


Laboratory Investigation Treatment Phase



collect the co-payment

Select package according to diagnosis



· Glucose, Fasting / FPG

· Full Lipid Profile, Fasting

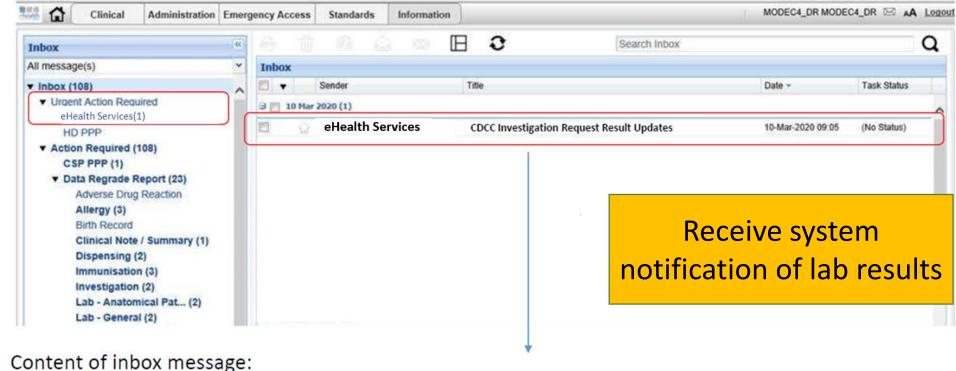
· Full Lipid Profile, Fasting

· RFT with eGFR

• Glu







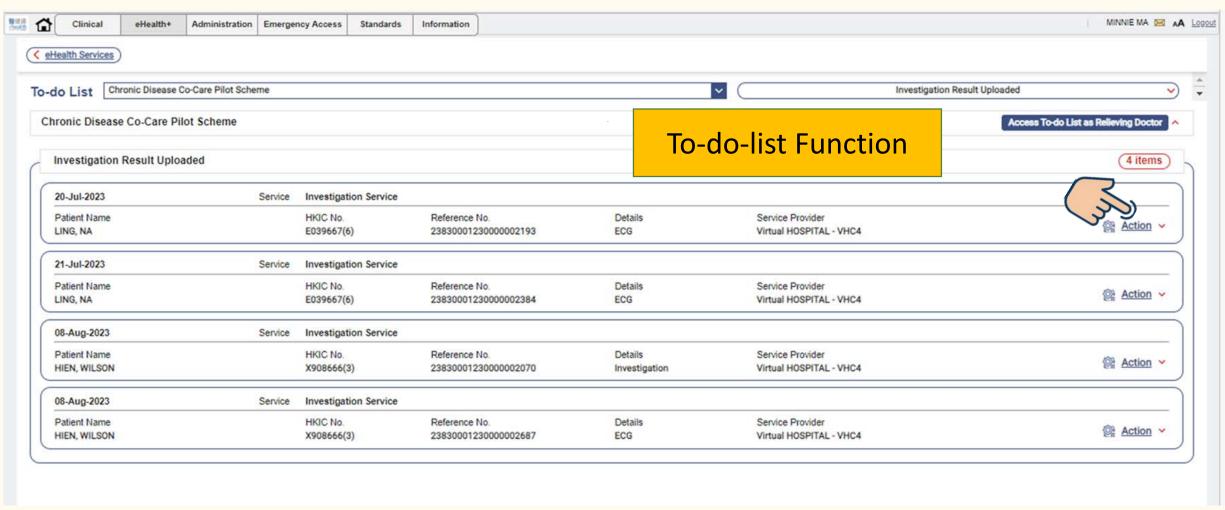
CDCC Investigation Request Result Updates

Your investigation request(s) has/have been completed by Investigation Service Provider. Please go to **To-do List** of eHealth+ Platform for your actions.



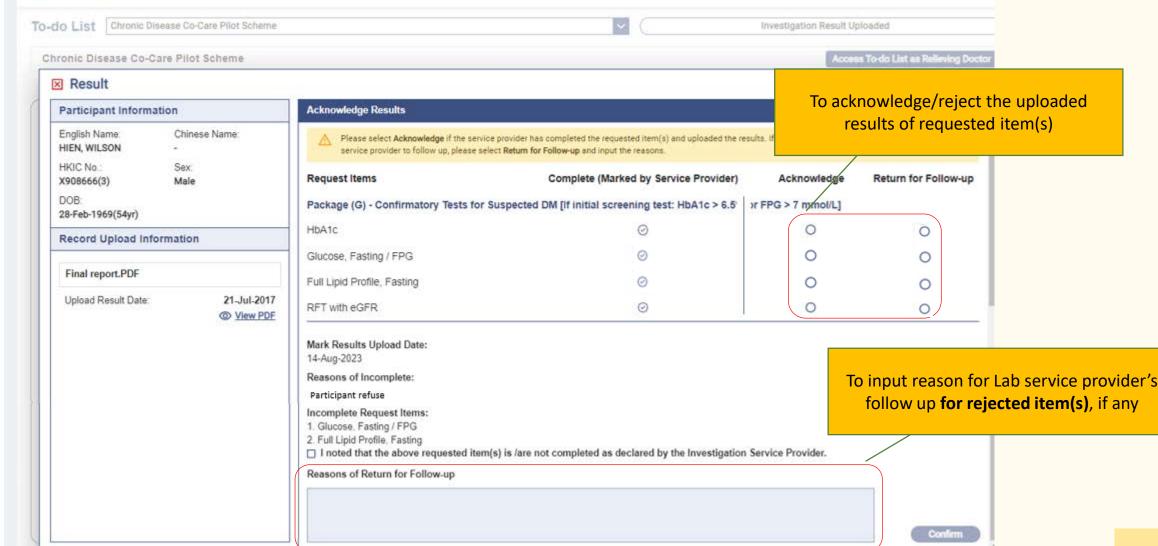






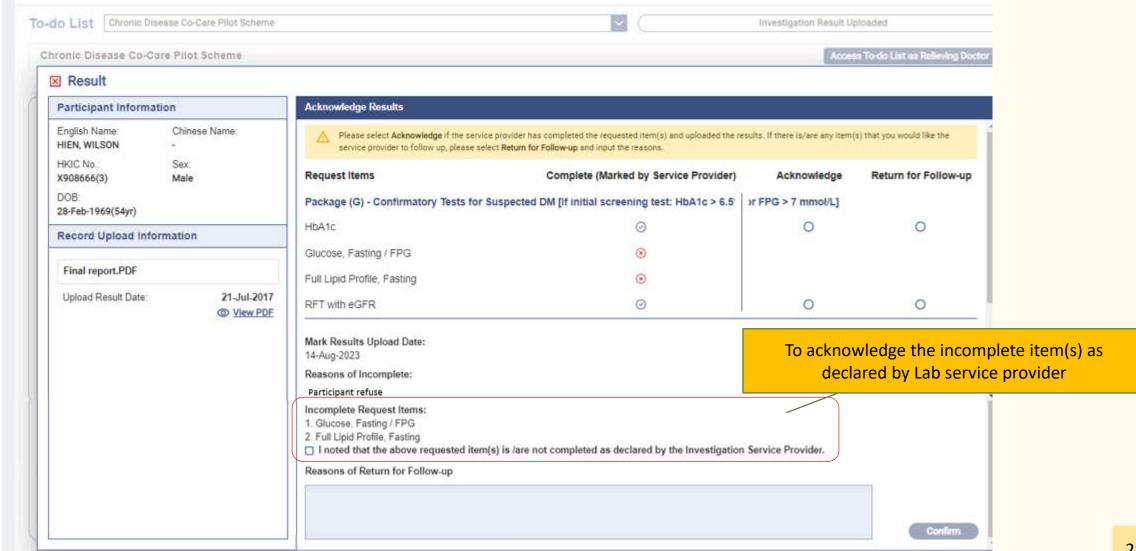








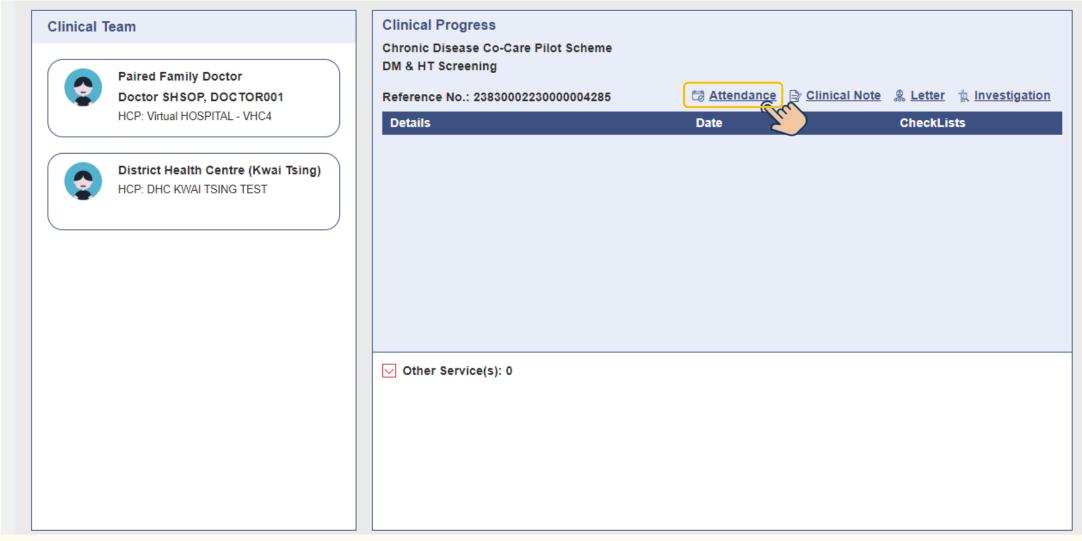






Check-in and Check-out





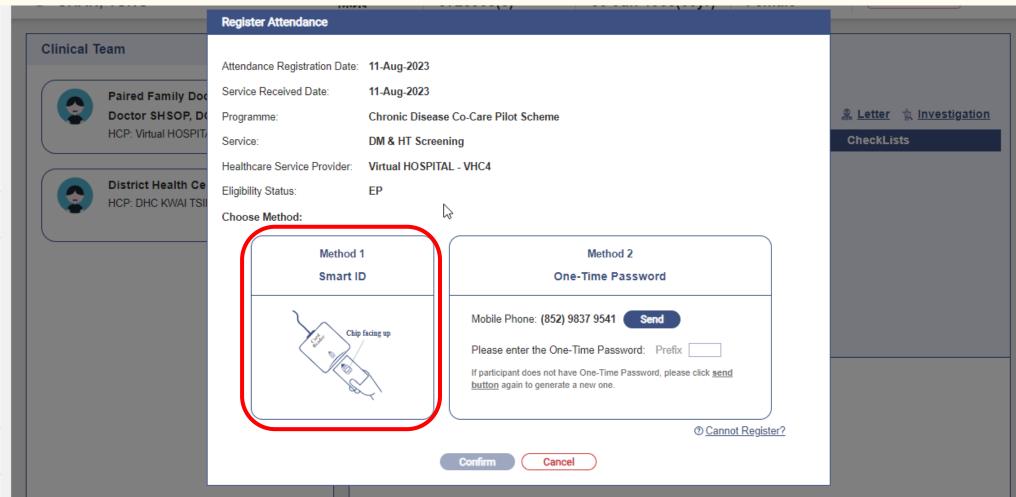


Check-in and Check-out





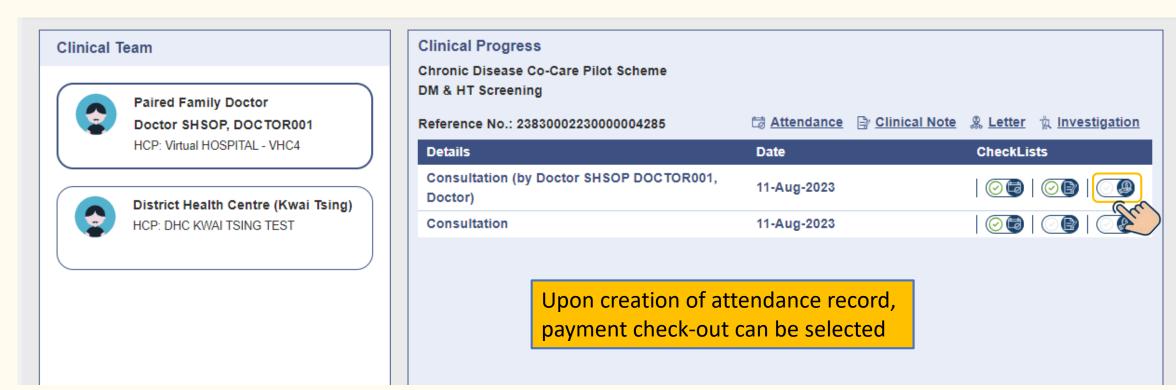






Check-in and Check-out

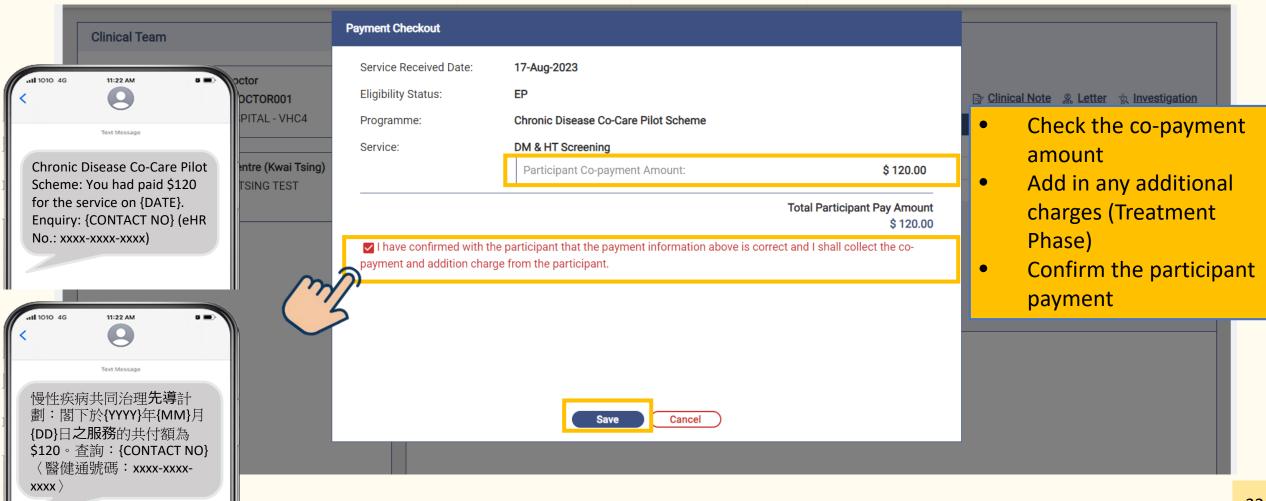






Check-in and Check-out

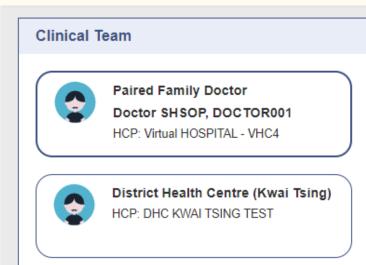


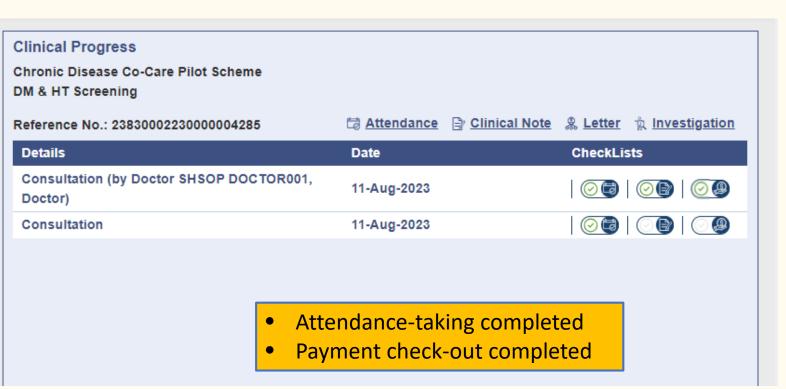




Check-in and Check-out



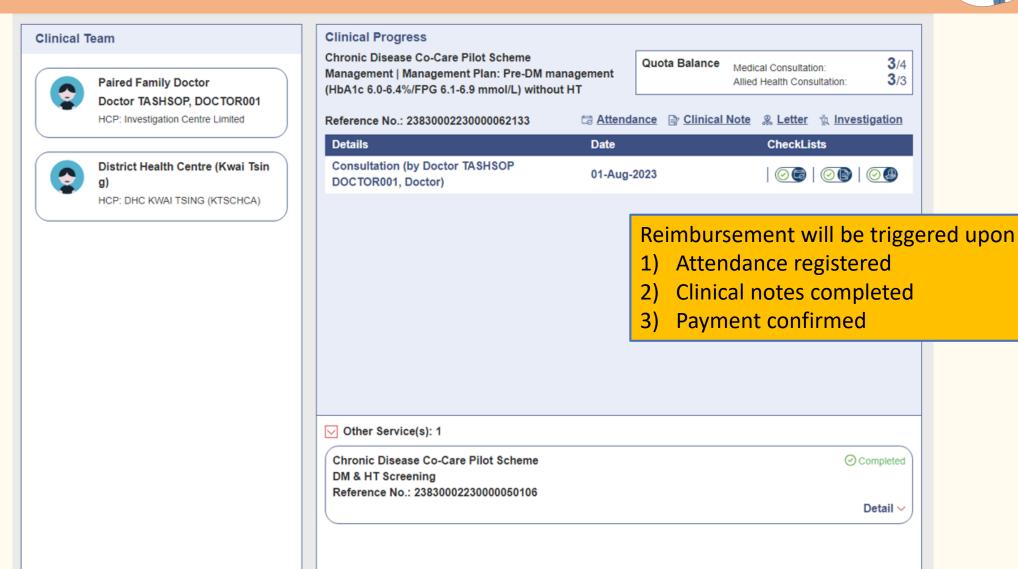






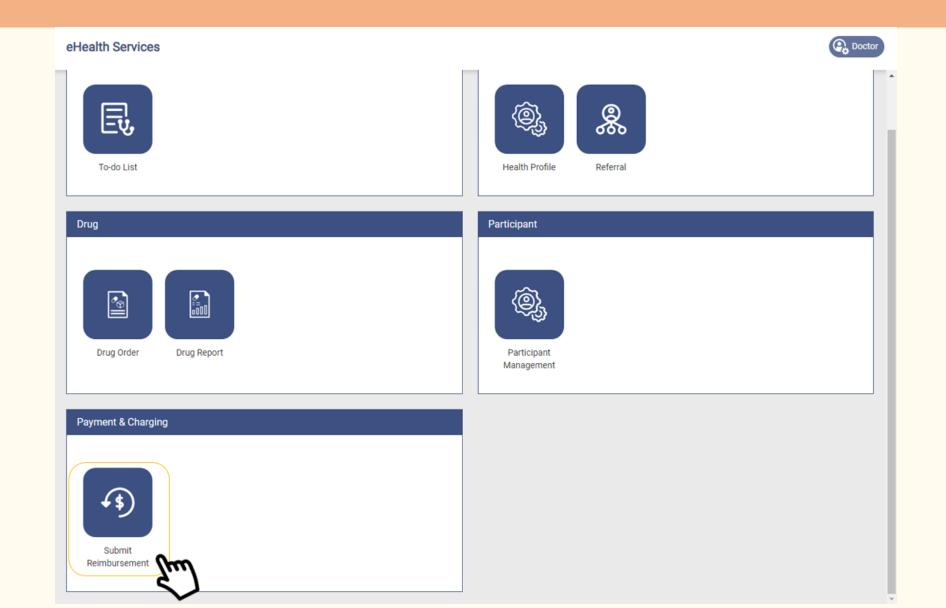






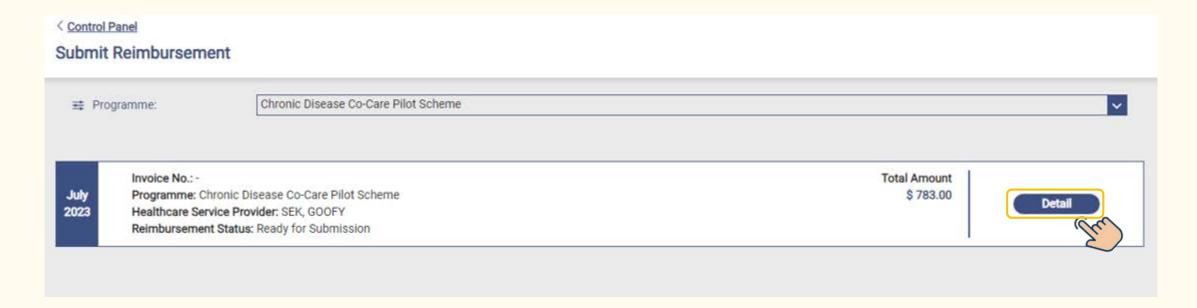










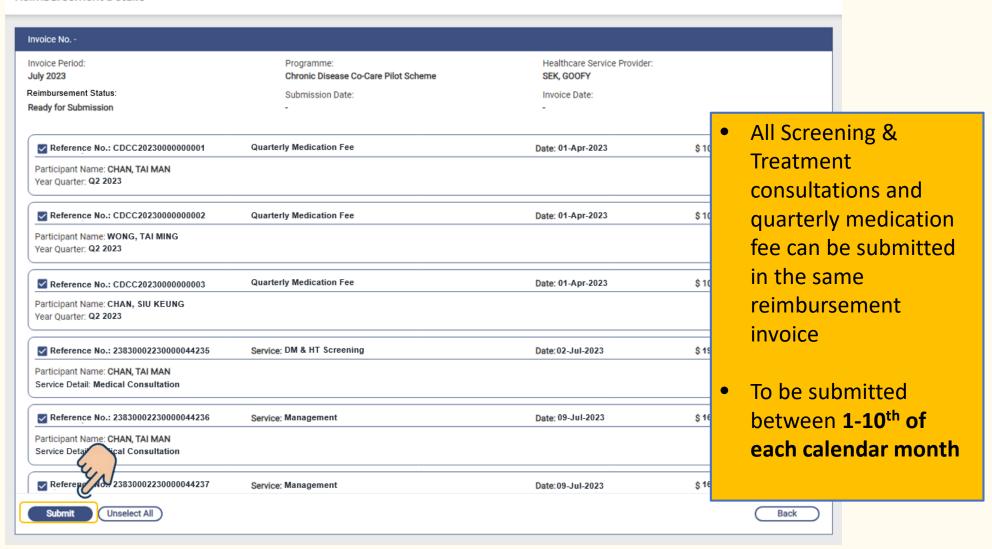






< Submit Reimbursement

Reimbursement Details





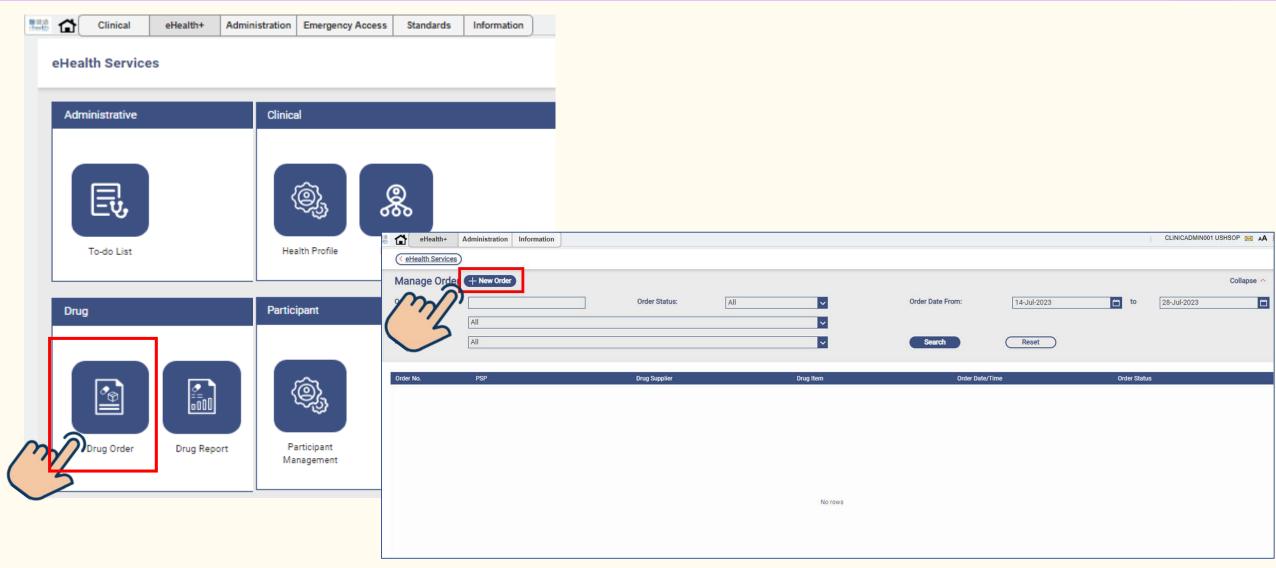




- A new platform (eHealth+) will be used for drug ordering in CDCC Scheme.
- One free order delivery per drug supplier per calendar month, regardless of the program(s) participated by Private Doctors. (i.e. CDCC +/- GOPCPP)
- Delivery fee can be charged by Drug Suppliers for any additional delivery within the same month.
- Drug Suppliers shall be contacted directly in case of any issue, including delivery error or drug recall, late delivery.









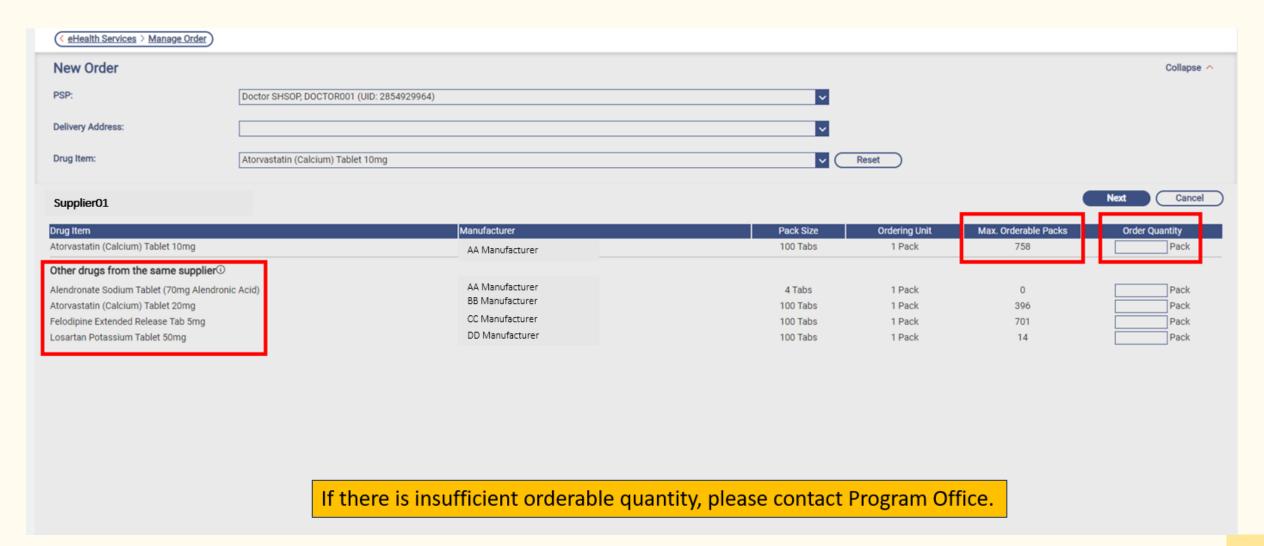


(eHealth Services >	Manage Order		
New Order			Collapse ^
PSP:	Doctor SHSOP, DOCTOR001 (UID: 2854929964)	V	
Delivery Address:			
Drug Item:		Reset	
			Next Cancel

- Select delivery address(es) from pull-down menu showing CDCC and GOPCPPP records
- Select drug items from CDCC, GOPCPPP, Co-Care combined drug list

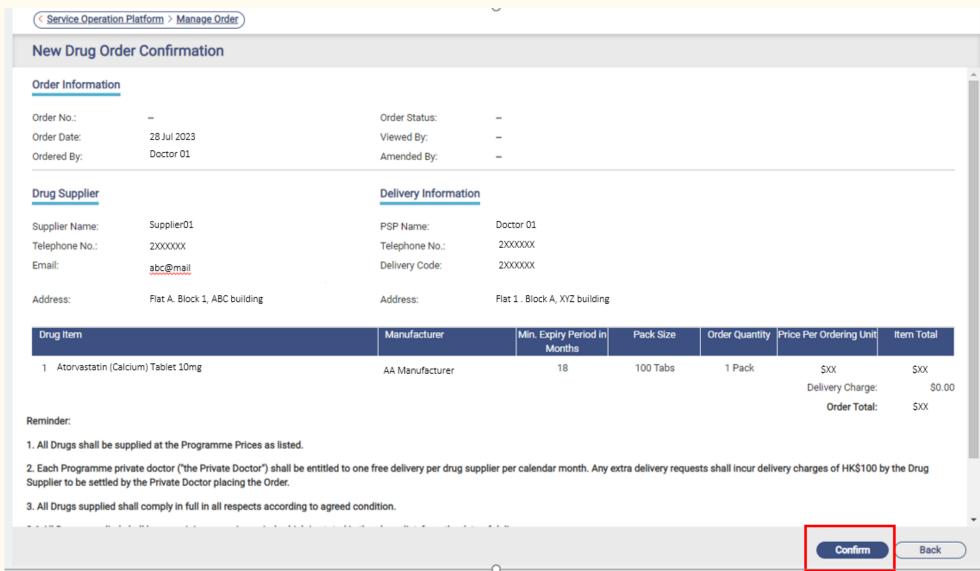






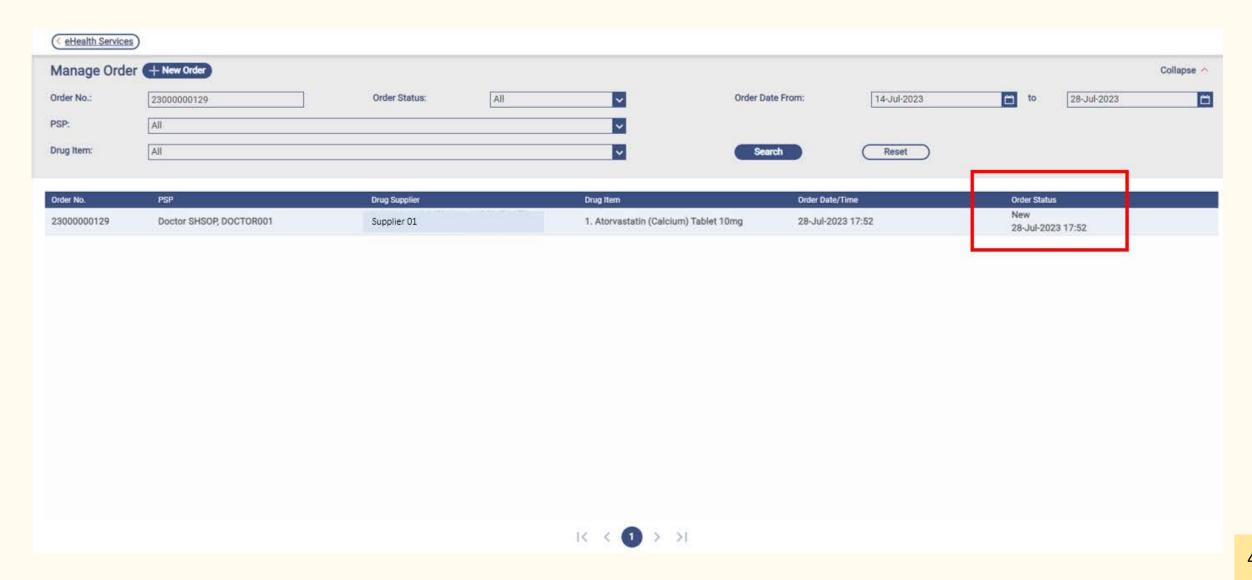














Flat 1 . Block A, XYZ building



eHealth Services > Manage Order

Drug Order Detail

28-Jul-2023 Order Date: Viewed By: Doctor 01 Ordered By: Amended By:

Drug Supplier

Drug Item

Supplier01 Supplier Name: Telephone No .: 2XXXXXX

1. Atorvastatin (Calcium) Tablet 10mg

Flat A. Block 1, ABC building Address:

Delivery Information

Address:

Doctor 01 PSP Name: Telephone No.: 2XXXXXX Delivery Code: 2XXXXXX

Manufacturer	Min. Expiry Period in Months	Pack Size	Order Quantity	Price Per Ordering Unit	Item Total
AA Manufacturer	18	100 Tabs	1 Pack	\$XX	\$XX

Reminder:

- 1. All Drugs shall be supplied at the Programme Prices as listed.
- 2. Each Programme private doctor ("the Private Doctor") shall be entitled to one free delivery per drug supplier per calendar month. Any extra delivery requests shall incur delivery charges of HK\$100 by the Drug Supplier to be settled by the Private Doctor placing the Order.
- 3. All Drugs supplied shall comply in full in all respects according to agreed condition.

abc@mail

- 3.1 All Drugs supplied shall have a minimum expiry period, which is stated in the above list, from the date of delivery.
- 4. Subject to the satisfactory inspection and acceptance of the Drugs, payment should be made within 30 clear working days from the date of receipt of invoices.
- 5. All Drugs shall be supplied directly to the Private Doctor, and all contractual and legal relations relating to the supply of such Drugs shall be between the Drug Supplier and such Private Doctor.



\$0

SXX

Delivery Charge:

Order Total:





Dr	υq	O	rd	e	r

Order Information

Order No: 23000000126 Order Status: New Order Date: 28-Jul-2023 Viewed By: Ordered By: Amended By: Doctor 01

Drug Supplier

Supplier Name: Supplier01 2xxxxxxxxx

Telephone No .:

Address:

Email: abc@mail

Flat A. Block 1, ABC building

Deliver, \ddress:

PSP Name:

Telephone No.:

Delivery Code:

Delivery Information

lat 1 . Block A, XYZ building

Delivery Charge:

Doctor, 'SOP, OCTOF 01

Drug Item Manufacturer n. Expiry Pack Size Order Price Per Item Total F 'od in Quantity Ordering Unit (HKD) Mc 'hs (HKD)

 Atorvastatin (Calcium) Tablet AA Manufactu 10mg

100 Tabs Sxxx (1 Pack)

Vy WY

2 YXXX

Sxxx

\$0.00

Sxxx

Order Total: \$xxx

Reminder:

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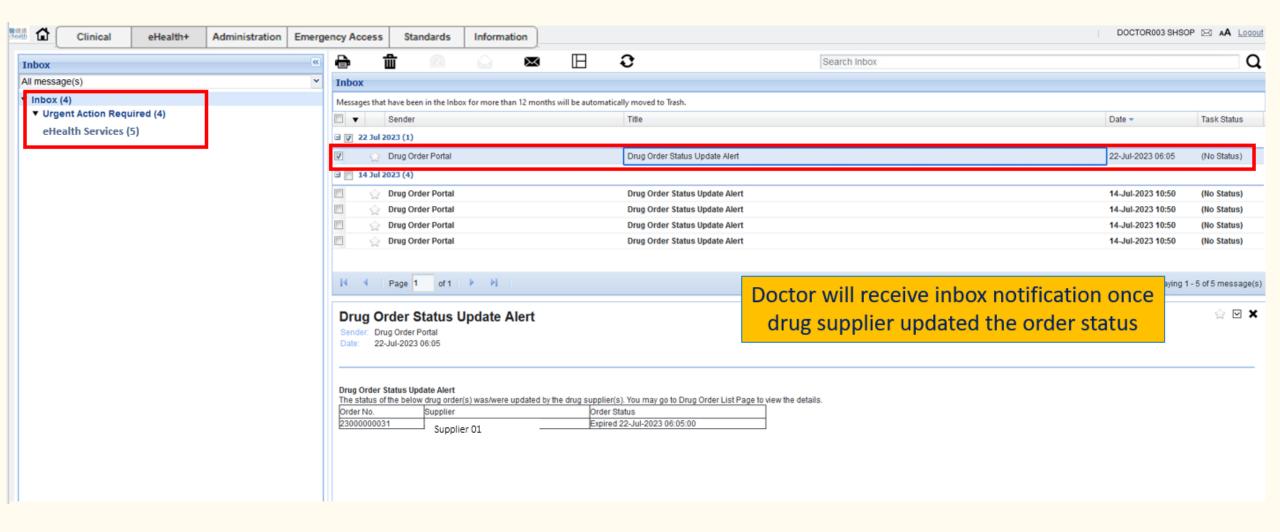












Thank You