



慢性疾病共同治理先導計劃

糖尿病和高血壓篩查及治理

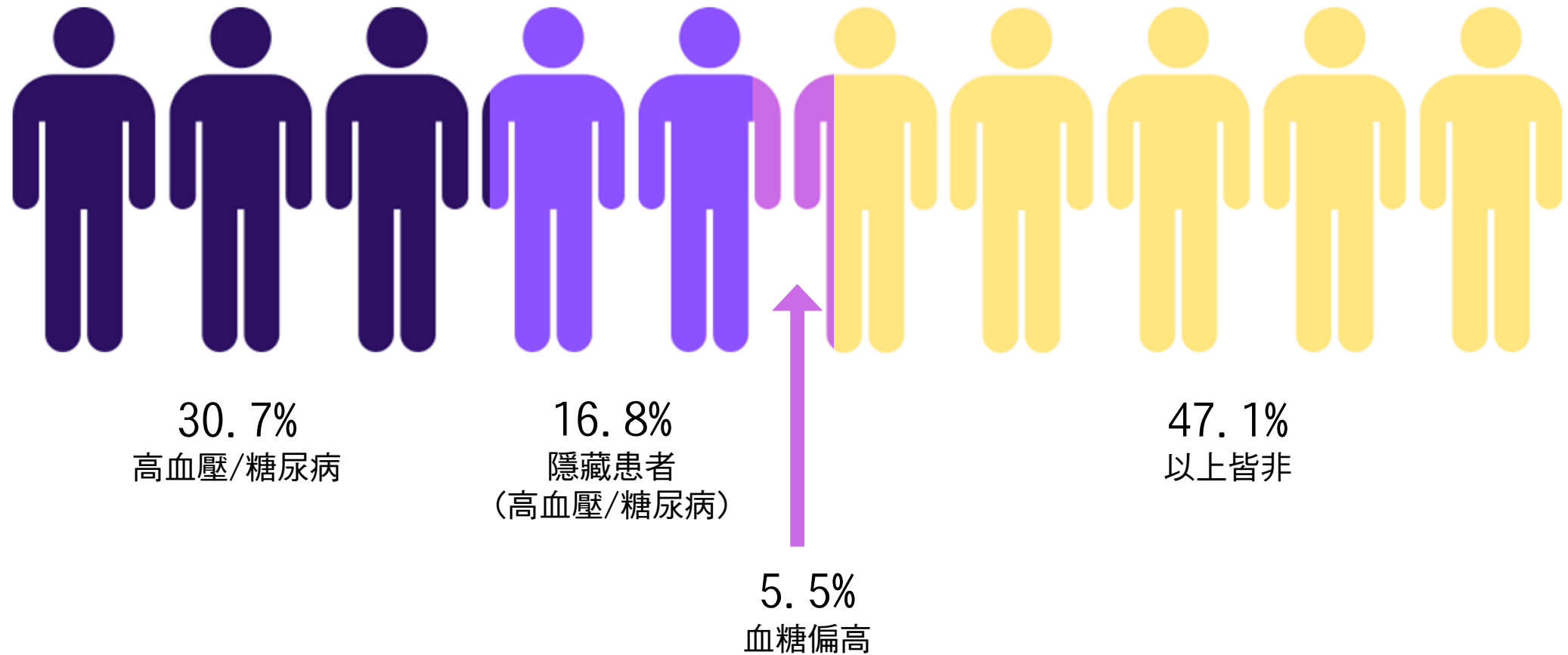
網上簡介會
基層醫療健康專員彭飛舟醫生

二零二三年十月十七日



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

45－84歲人口 患高血壓/糖尿病/血糖偏高的比例



(資料來源:根據衛生署2020-22年度人口健康調查推算)

「慢病共治計劃」－推行目的

- ◆ 提供便捷的糖尿病及高血壓篩查服務
- ◆ 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低出現併發症的風險
- ◆ 實踐「一人一家庭醫生」理念

「慢病共治計劃」－ 參加資格

- ✓ 年齡 ≥ 45 的香港市民
- ✓ 未有已知的糖尿病或高血壓病歷
- ✓ 登記為地區康健中心/站會員
- ✓ 同意使用醫健通



2023年
11月中
正式推出

「慢病共治計劃」－ 主要元素



「慢病共治計劃」 – 共創健康

我可以獲得資助，為配對參加者診症，亦可安排他們接受資助化驗。

我可以在**醫健通**平台全面了解參加者的病歷，以作出最適切的診斷。

我會協助參加者制定**健康人生計劃**，包括安排疫苗接種和癌症篩查。

我可以優惠價格訂購計劃下**基本藥物名單**內的藥物。

我可以透過**雙向轉介機制**，按照訂明的標準和指引為有臨床需要的參加者尋求醫管局的內科專科諮詢。

家庭醫生



參加者



我可以透過地區康健中心/站配對自己心儀的家庭醫生。

我可以獲資助進行篩查和化驗、接受診症和獲處方藥物。

地區康健中心/站會持續跟進我的健康需要。

我可以利用**醫健通**手機應用程式記錄自己的各項健康指數，時刻管理好自己的健康。

謝謝



慢性疾病共同治理先導計劃

糖尿病和高血壓篩查及治理

網上簡介會
策略採購統籌處總監張偉麟醫生

二零二三年十月十七日

「慢病共治計劃」服務流程

篩查階段



參加者

成為康健中心會員，
同意使用醫健通



地區康健中心/站

配對家庭醫生

篩查診症及
轉介至醫務
化驗所進行化驗



家庭醫生

醫生解釋化驗報告
和診斷結果

治療階段

糖尿病/高血壓/
血糖偏高

醫生
繼續跟進

- ◆ 治療診症
- ◆ 處方藥物



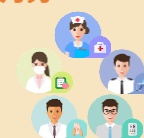
視乎需要，轉介至
醫務化驗所進行
合適的化驗



醫務化驗所

視乎需要，轉介至跟進服務

- ◆ 護士診所
- ◆ 專職醫療（視光師、
足病診療師、營養師
和物理治療師）



護士診所/
專職醫療

健康管理小組活動



地區康健中心/站

沒有糖尿病/
高血壓/血糖偏高

- ◆ 制定健康管理目標
- ◆ 健康管理小組活動

篩查診症



家庭醫生

- ◆ 家庭醫生會為參加者進行醫療評估
- ◆ 家庭醫生會建議參加者所需的化驗項目，並會發出醫務化驗轉介信予參加者



醫務化驗所

- ◆ 根據醫務化驗轉介信，參加者與指定的醫務化驗所預約及接受相關化驗
- ◆ 家庭醫生收到化驗結果後會作出診斷，並向參加者解釋診斷結果及進行適當的治療或健康管理

➤ 糖尿病 / 高血壓 / 血糖偏高

➤ 沒有糖尿病 / 高血壓 / 血糖偏高



政府會向家庭醫生提供一次性資助(\$196)，參加者只須向醫生直接支付一次性\$120的共付額



政府全額資助化驗費用，參加者無須支付任何費用



家庭醫生

由醫生繼續跟進，進行治療



地區康健中心

轉介到地區康健中心/站跟進以進行健康管理
(例如共同制定健康管理目標，為參加者安排健康管理小組)

治療診症次數

按篩查階段的診斷結果，參加者於每個「個人計劃年度」起始時會獲編配相應的資助診症次數。「個人計劃年度」由參加者加入治療階段的日期起計12個月，並在每年同一日期重新計算新一年的資助診症次數

- ◆ 高血壓及血糖偏高/高血壓及糖尿病/高血壓/糖尿病：
每年度最多6次資助診症
- ◆ 血糖偏高：每年度最多4次資助診症

若實際診症次數超出最高資助診症次數或參加者選用計劃涵蓋範圍以外的服務及藥物，則須自行支付相關費用。參加者可向其家庭醫生查詢有關收費

治療診症

➤ 糖尿病 / 高血壓 / 血糖偏高



家庭醫生

家庭醫生會根據參加者診斷結果、臨床判斷及《參考概覽》，為參加者進行臨床治療、處方藥物，並與其共同制定治療目標



醫務化驗所

如參加者需接受特定的化驗及檢查，家庭醫生會轉介參加者到指定的醫務化驗所

根據《參考概覽》及參加者的診斷結果，家庭醫生會轉介參加者至地區康健中心，預約及接受以下服務：



地區康健中心/站

◆ 健康管理小組



護士診所/
專職醫療

◆ 按臨床需要，接受護士診所/專職醫療（視光師/足病診療師/營養師/物理治療師）跟進



政府會就每次診症資助\$166，參加者須支付由家庭醫生釐定的共付額（政府建議的診症共付額為每次\$150）



政府就每位參加者的慢性疾病藥物，提供季度資助105元予家庭醫生。參加者使用計劃藥物名單內的基本藥物，無須額外付費



醫務化驗所將根據特定的化驗及檢查項目逐項收費。政府會資助部分費用，參加者須向醫務化驗所逐項支付指定共付額



政府全額資助相關費用，參加者無須支付任何費用



政府會資助護士診所及專職醫療服務的部分費用，參加者須支付指定共付額

策略採購 — 醫患同樣受惠

策略採購統籌處

集中採購計劃下的藥物及服務

市民可在篩查階段獲得**免費**的化驗服務



市民可在治療階段**免費**使用計劃藥物名單內的基本藥物



市民可在治療階段以**優惠價格**(指定共付額)

- ◆ 在指定醫務化驗所接受化驗和檢查服務
- ◆ 接受護士診所和專職醫療服務



醫生可以**優惠價格**

- ◆ 向指定藥物供應商購買計劃下基本藥物名單內的藥物





未來路向 – 社區藥物名冊

- ◆ 「慢病共治計劃」藥物名單是未來推出的社區藥物名冊的基礎部分

未來推出的社區藥物名冊

- ◆ 支援參與政府策略採購計劃的病人以可負擔的價錢購買藥物
- ◆ 參與計劃的家庭醫生及日後發展的社區藥房可以優惠價格向指定藥物供應商採購名冊內的藥物
- ◆ 會擴闊社區藥物名冊覆蓋範圍，並研究以不同級別釐定不同藥物的資助比例
- ◆ 為病人提供多個配藥服務的選擇




政府資助額和參加者共付額



長者醫療券適用*



醫療費用減免不適用

階段	服務範圍	服務提供者	政府資助額	參加者共付額
篩查	診症	家庭醫生	196元(一次性)	120元(一次性)
	化驗	醫務化驗所	政府資助全部費用	無須額外付費
  	診症	家庭醫生	每次166元	醫生釐定的共付額 (政府建議的共付額為每次150元)
	藥物	家庭醫生	就每位參加者於當季獲處方 計劃藥物名單內治療慢性疾病的藥物， 向家庭醫生提供季度資助105元 [家庭醫生可以優惠價格向指定藥物供應商 採購計劃藥物名單內的藥物]	使用計劃藥物名單內的基本藥物， 無須額外付費
	化驗	醫務化驗所	政府逐項資助部分費用	逐項支付指定共付額 視乎臨床診斷，參加者一般只需就每組 化驗服務(各包含兩至五個化驗項目) 支付介乎40元至130元的指定共付額
	護士診所跟進 專職醫療服務	護士診所 專職醫療	政府就每次服務提供部分資助，參加者須支付指定共付額	

*如該醫生已登記參與長者醫療券計劃，參加者可使用醫療券支付共付額

「慢病共治」先導計劃藥物名單

基本藥物

參加者獲處方下列藥物，無須支付任何藥費（下列藥物的共付額為\$0）。

臨床適應症	藥物	
抗高血壓 ^	Lisinopril Tablet 5mg Lisinopril Tablet 10mg Lisinopril Tablet 20mg Losartan Potassium Tablet 50mg Perindopril Tertbutylamine Tablet 4mg	(ACEI & ARB)
	Atenolol Tablet 50mg Atenolol Tablet 100mg Metoprolol Tartrate Tablet 50mg Metoprolol Tartrate Tablet 100mg Propranolol HCl Tablet 10mg	(Beta Blockers)
	Amlodipine (Besylate) Tablet 5mg Amlodipine (Besylate) Tablet 10mg Felodipine Extended Release Tablet 5mg Felodipine Extended Release Tablet 10mg	(CCB)
	Dyazide (or Equiv) Tablet Indapamide Tablet 2.5mg Moduretic (or Equiv) Tablet	(Diuretics)
	Aspirin Tablet 80mg Potassium Chloride SR Tablet 600mg Prazosin (HCl) Tablet 1mg Prazosin (HCl) Tablet 2mg Terazosin HCl Tablet 2mg	

臨床適應症	藥物
調節血脂	Atorvastatin (Calcium) Tablet 10mg Atorvastatin (Calcium) Tablet 20mg Simvastatin Tablet 10mg Simvastatin Tablet 20mg
降血糖	Gliclazide Tablet 80mg Metformin HCl Tablet 500mg Metformin HCl Prolonged Release Tablet 500mg
抗生素	Augmentin (or Equiv) Tablet 375mg Ciprofloxacin (HCl) Tablet 250mg Clarithromycin Tablet 250mg
相關健康問題藥物	Aluminium / Magnesium Hydroxide and Simethicone Tablet 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

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

* 120ml/Bottle

「慢病共治」先導計劃化驗及檢查目錄

(I) Laboratory Investigation Items

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

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

(II) Electrocardiogram (ECG)

問

家庭醫生在資助診症中，若參加者除高血壓和糖尿病以外，患有的其他疾病，家庭醫生應如何跟進？

答

計劃包括診斷及治療目標慢性疾病（糖尿病及/或高血壓）和偶發性疾病。

家庭醫生會為計劃參加者提供全人照顧，因此在任何一次資助診症中，家庭醫生會為計劃參加者整體健康情況作出評估。同時亦鼓勵計劃參加者告知醫生其整體健康狀況。

若家庭醫生就計劃參加者的其他健康、疾病問題需要提供計劃以外的治療處理，則由醫生和參加者自行協商安排，參加者應向家庭醫生支付相關費用。

問

如何獲編配一間化驗服務提供者？

答

「慢病共治」先導計劃有兩間指定化驗服務提供者。每間醫生診所將按其所屬地區，獲編配其中一間化驗服務提供者。

因此，計劃參加者將根據其選擇的家庭醫生所獲指定的化驗服務提供者，選擇該化驗服務提供者轄下的任何一個服務點接受化驗服務。服務點及服務時間可從家庭醫生發出的轉介便條上得知。

問

計劃涵蓋哪些藥物？處方非特定藥物名單上藥物是如何安排？

答

家庭醫生應按計劃參加者的臨床需要處方適當藥物。「慢病共治計劃」的「特定藥物名單」現時已涵蓋四十多項基本藥物，為家庭醫生提供相對便宜的藥物供應。若家庭醫生曾向參加者處方名單內的慢性疾病藥物，政府會按每名於當季獲發相關藥物的參加者向家庭醫生發放**105元**的季度藥物資助。

若家庭醫生處方「特定藥物名單」基本級別的所有藥物，及「特定藥物名單」以外最多三天的偶發性疾病藥物，參加者無需就此支付額外費用。

若家庭醫生處方以上範疇以外的藥物，參加者需全數支付有關的額外費用。

達標獎勵



參加者

所有被診斷為患有
高血壓/糖尿病的參加者
在進入治療階段後，
將自動獲納入獎勵機制

達標獎勵從參加者的
第二個「個人計劃年度」
開始計算（即參加者
進入治療階段的日期
起計12個月後）

在達標後的下一個
「個人計劃年度」
（即第三個計劃年度），
參加者**首次接受資助**
診症，其共付額將
最高獲扣減政府建議的
診症共付額(\$150)



家庭醫生

若其照顧的參加者中有**70%在控制血糖及血壓方面達標**，家庭醫生便可按達標者的實際資助診症次數、政府診症資助額及政府建議的診症共付額所合算的總額，獲得**相當於該總額的15%**作獎勵

達標準則

自我 監察血壓

每月至少一次自行監察血壓，並上傳結果到醫健通流動應用程式

(只限受資助診症)

診症 相隔時間

在十二個月的「個人計劃年度」內，參加者每季須接受至少一次診症

(糖尿病/高血壓管理)

病人 自強計劃

在十二個月的「個人計劃年度」內，參加者須參與由地區康健中心/站安排的病人自強計劃及在其後完成評估

(糖尿病管理)

眼底照片

在十二個月的「個人計劃年度」內，參與及完成由地區康健中心/站安排的眼底照片檢查

達標獎勵計劃機制

家庭醫生達標獎勵的先決條件

- Measured by **pooled** achievement rate of the below 3 parameters (% of patients enrolled who achieve target, where applicable)
- Achievement rate $\geq 70\%$
- must be $\geq 70\%$ for all 3 targets

「目標項目」達標準則
(每個目標項目均有70%相關病人達標)

1) DM management: HbA1c<7%

- Number of Scheme Participants who have achieved the HbA1c target over the number of Scheme Participants from DM+HT and DM disease groups

2a) DM management: BP<130/80

- 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

問

家庭醫生如何符合資格獲得達標獎勵？

答

家庭醫生達標獎勵的先決條件是在其照顧的高血壓/糖尿病計劃參加者中，在控制血糖及血壓三項目標項目中（如有相關病人），每個目標項目均有**70%**相關病人達標。

家庭醫生可參閱計劃網頁中「醫患合作達標獎勵」的部分，了解有關釐訂達標準則及達到先決條件的詳情。

問

家庭醫生的達標獎勵如何計算？

答

達標獎勵計劃的主要目的是構建良好的醫患關係，及鼓勵參加者積極參與治療過程，並遵循家庭醫生建議，以達到治療目標並提升健康水平。達標獎勵將從參加者的第二個個人計劃年度開始計算（即參加者進入治療階段的日期起計**12**個月後），為醫生與參加者預留時間建立穩定的醫患關係，及加深參加者對計劃的了解。

家庭醫生的達標獎勵會以已完成的個人計劃年度，並符合個人達標條件的計劃參加者作計算。達標獎勵會按達標者的實際資助診症次數、政府診症資助額及建議的診症共付額所合算的總額，獲得相當於該總額的**15%**作獎勵。

家庭醫生可參閱計劃網頁中「醫患合作達標獎勵」的部分，了解有關釐訂達標準則及達到先決條件的詳情。

問

如計劃參加者在治療階段轉換配對醫生，家庭醫生的達標獎勵如何計算？

答

由於達標獎勵會以已完成的個人計劃年度作計算。如計劃參加者在治療階段轉換配對醫生，參加者的個人計劃年度並不會因為中途轉了醫生而年期有所改變，其達標資格將會計算在新配對的家庭醫生。

如家庭醫生符合資格獲得達標獎勵，可獲得的達標獎勵從每年年底計算。如果有醫生是接手其他醫生的個案（例如病人自行選擇轉醫生或原來的醫生退休等），只要該病人已進入治療階段至少12個月，計算新接手醫生的獎賞時亦會計及該病人。

謝謝



Single Platform - Multiple Function



Family Doctor

- Enrolment
- Consultation
- Reimbursement

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



Clinic Administrator

eHRSS account is required



Programme Office

- Payment
- Performance monitoring and reporting
- Incentive computation



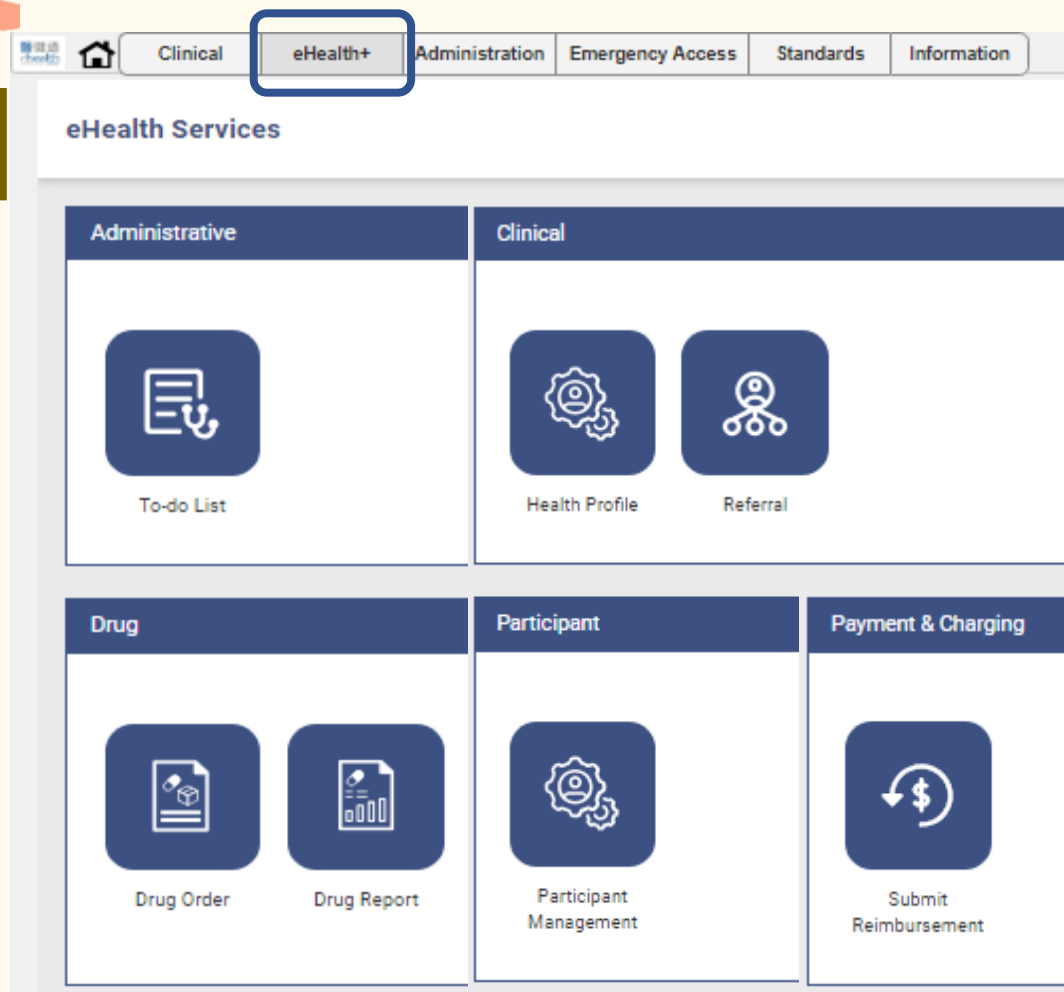
Single Platform - Multiple Function



Clinic Administrator



Family Doctor





Enrolment



The screenshot shows the eHRSS website interface. The top navigation bar includes tabs for Clinical, Administration, Emergency Access, Standards, and Information. The 'Administration' tab is selected, and its dropdown menu is open, showing options: Healthcare Recipient, User Account, Public-Private Partnership Programme, and CRC Programme - Primary Care Doctor Enrolment. The 'Public-Private Partnership Programme' option is further expanded, showing sub-options: GOPC PPP-Participating Service Provider Enrolment and CDCC Pilot Scheme – Family Doctor Enrolment. On the left, the 'Quick Links - Administration' section lists the same options. A hand icon points to the 'CDCC Pilot Scheme – Family Doctor Enrolment' link. A purple box highlights the 'Administration' tab and its dropdown menu. A doctor illustration is overlaid on the screenshot, pointing towards the enrolment options.

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



Enrolment

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.

Next

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

Read and Click the T&C checkbox



Enrolment



Family Doctor Enrolment

Personal Particulars ▾

HCP & HSL —

Bank Information —

Consultation Fee —

Doctor Name FOK, YI SENG

Title Doctor

Sex ☐ Male ☐ Female ☒ Unknown

eHR User ID 6050967003

Professional Registration Number[Ⓜ] ML99209

ⓘ Professional Registration Number is the number assigned by the Medical Council of Hong Kong to the Applicant upon registration.

Correspondence Address

Room/Flat

Floor

Block

Building

Estate/Village

Street No.

Street/Road

Subdistrict

District

Estate

Select HSL Address

(Please provide documentary proof of correspondence address such as public utility bill or bank statements, and a copy of Hong Kong Identity Card).

Contact Email Address 123@abc.com

Daytime Contact Telephone Number 66666666

Fax Number (Optional)

Pager Number (Optional)

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

Back

Next

Save

Submit



Enrolment



Family Doctor Enrolment

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

☒ HCP Name (HCP ID) Virtual HOSPITAL - VHC4 (4310898234)

HCP Official Name Virtual HOSPITAL - VHC4 [+ Add HSL](#)

Address FLOOR 6/F, ONE KOWLOON, ONE KOWLOON, 1 WANG YUEN ST, KWUN TONG DISTRICT, KLN

HSL Name [Chi. Name] (HSL ID)

Address (English)

Address (Chinese)

Clinic Tel No.

Contact No. to Receive Urgent Notifications

Delete

☐ HCP Name (HCP ID) BELL ELSA (6515286304)

HCP Official Name BELL ELSA [+ Add HSL](#)

Address FLOOR 16/F, ONE KOWLOON, ONE KOWLOON, 1 WANG YUEN ST, KOWLOON BAY, KWUN TONG DISTRICT, KLN

HSL Name [Chi. Name] (HSL ID)

Address (English)

Address (Chinese)

Clinic Tel No.

Contact No. to Receive Urgent Notifications

Delete

- Select clinic from pull-down menu
- Add or remove clinics
- Input urgent contact number for EACH clinic

Discard

Back

Next

Save

Submit



Enrolment



Family Doctor Enrolment

Personal Particulars —

HCP & HSL —

Bank Information ▾

Consultation Fee —

Input Bank Information

Bank Information 1

Bank Account Number (Note A & C)* Bank Code Branch Code Account No.

Bank Name

Branch Name

Bank Account Name in English

Type of Bank Account ☒ Business Account ☐ Personal Account

Bank Information 2

Bank Account Number (Note A & C) Bank Code Branch Code Account No.

Bank Name

Branch Name

Bank Account Name in English

Type of Bank Account ☐ Business Account ☒ Personal Account

NOTE

- A. This form must be acco to a Health Care Provide
- B. For Business Account, t
- C. If you do not know the b
- D. If virtual bank is used, p

- Second bank information only needed for change of organisation

Discard

Back

Next

Save

Submit




Enrolment



Family Doctor Enrolment

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

Participant's co-payment fee for CDCC management consultation[®] HK\$

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



☐ I understand that where 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

Discard

Back

Next

Save

Submit



Enrolment



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



[View Enrolment Details](#)

[Print Appendices](#)



New Function: Batch Enrolment

Doctor authorises Clinic Administrator to complete the enrolment procedures

1



Healthcare Organisation

Clinic Administrator:

- Collate signed authorisation forms by Doctors
- Summary doctor list

Submit to CDCC Pilot Scheme Programme Office

2



CDCC Pilot Scheme Programme Office

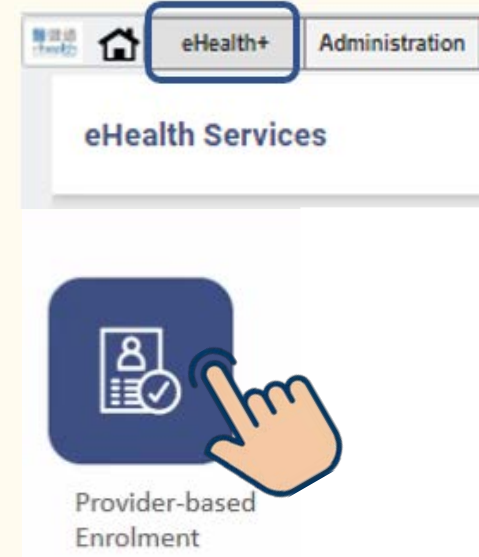
Set-up on CDCC IT Platform base on the documents received

3



Clinic Administrator

- Login to eHRSS
- Complete the enrolment process on behalf of Doctors
- Submit supporting documents to Programme Office



*The authorised Clinic Administrator must be registered under the same Healthcare Provider in eHRSS as the Doctor



New Function: Batch Enrolment

Doctor authorises Clinic Administrator to complete the enrolment procedures

eHealth Services > Provider-based Enrolment

eHR User ID

Status : All

Search Reset

eHR User ID	Doctor Name	Status	
1818276014	PPP BULK TEST, PPP BULK TEST 部惠文		Enrol
1863522302	PPP BULK TEST, PPP BULK TEST 沈月婷	Draft	Edit
1952729551	PPP BULK TEST, PPP BULK TEST 喬以平	Pending Re-submission	Edit
1995405184	PPP BULK TEST, PPP BULK TEST 梅詩昊	Pending Verification	Details
1996690510	PPP BULK TEST, PPP BULK TEST 夏侯元方	Vetted	Details

Click [Enrol] to proceed to Dr enrolment by clinic admin

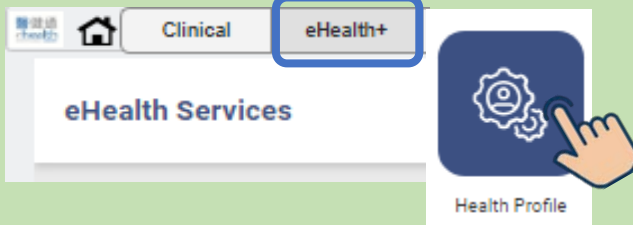
Sample data

According to the doctor list with signed authorisation forms

- 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



Consultation



Clinical Team



Paired Family Doctor
Doctor SHSOP, DOCTOR001
HCP: Virtual HOSPITAL - VHC4



District Health Centre (Kwai Tsing)
HCP: DHC KWAI TSING TEST

Clinical Progress

Chronic Disease Co-Care Pilot Scheme
DM & HT Screening

Reference No.: 23830002230000004285

[Attendance](#) [Clinical Note](#) [Letter](#) [Investigation](#)

Details	Date	CheckLists
Consultation	11-Aug-2023	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>



Select consultation
notes button

☒ Other Service(s): 0



Consultation Screening Phase



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

Investigation **Letter**

Service Summary	
Service	DM & HT Screening
Reference No.	23830002230000004285

Treatment Activity	Investigation / Letter
Consultation Print	
✓	
Consultation Date	11-Aug-2023
Clinical Note	

Assessment	Preventive Care	Investigation Result	Screening Result
Home BP	120 / 80 mmHg	Home Pulse	80 /min
*Office BP	125 / 70 mmHg	*Office Pulse	80 /min
Temp	37.0 °C (Degree Celsius)	H'stix	
BW	60.00 kg	BH	
Waist Circumference	160.0 cm	BMI	
Smoking Status	<input checked="" type="radio"/> Non-smoker <input type="radio"/> Smoker <input type="radio"/> Ex-smoker		

Consultation Date 11-Aug-2023

Consultation Type ☒ Face-to-Face Consultation ☐ Phone Consultation (Non-subsidised)

Assessment **Preventive Care** **Investigation Result** **Screening Result**

Home BP 120 / 80 mmHg Home Pulse 80 /min

*Office BP 125 / 70 mmHg *Office Pulse 80 /min

Temp 37.0 °C (Degree Celsius) H'stix

BW 60.00 kg BH

Waist Circumference 160.0 cm BMI

Smoking Status ☒ Non-smoker ☐ Smoker ☐ Ex-smoker

[Delete](#) [Save](#) [Cancel](#)

- Confirm Consultation Date
- Select Consultation Type
- MUST input BP assessment at clinic (Office BP)



Consultation Screening Phase



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

Investigation

Letter

Service Summary

Service **DM & HT Screening**
Reference No. **23830002230000004285**

Treatment Activity

Investigation / Letter

Consultation

[Print](#)



Consultation Date **11-Aug-2023**

Clinical Note

*Consultation Date

11-Aug-2023

*Consultation Type

☒ Face-to-Face Consultation ☐ Phone Consultation (Non-subsidised)

Assessment

Preventive Care

Investigation Result

Screening Result

Vaccination

Advice given upon consultation on

- ☒ Seasonal influenza
- ☐ COVID-19
- ☐ Pneumococcal
- ☐ Herpes Zoster
- ☒ Others, please specify
testing

Jab given upon consultation

- ☐ Seasonal influenza
- ☐ COVID-19
- ☐ Pneumococcal
- ☐ Herpes Zoster
- ☐ Others, please specify

Cancer Screening

Advice given upon consultation on

- ☐ Breast Cancer
- ☐ Cervical Cancer
- ☐ Colorectal Cancer
- ☐ Others, please specify

Screening done upon consultation

- ☐ Breast Cancer
- ☐ Cervical Cancer
- ☒ Colorectal Cancer
- ☐ Others, please specify

Save

Cancel

Optional data input for screening phase



Consultation Screening Phase



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

Investigation

Letter

Service Summary

Service DM & HT Screening
Reference No. 23830002230000004285

Treatment Activity

Investigation / Letter

Consultation

Print



Consultation Date 11-Aug-2023

Clinical Note

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

Assessment

Preventive Care

Investigation Result

Screening Result

Date of Investigation 01-Jul-2023

*HbA1c / FPG result available: ☒ Yes (please indicate result below) ☐ No

HbA1c 6.2 %

☒ Recheck HbA1c (If any) 6.2 % (*Date of Investigation: 01-Aug-2023)

FPG 6.6 mmol/L

☒ Recheck FPG (If any) 6.6 mmol/L (*Date of Investigation: 11-Aug-2023)

2-hour Plasma Glucose (Post-75g glucose load) 14.00 mmol/L

TC 14.00 mmol/L

TG 14.00 mmol/L

HDL 11.00 mmol/L

LDL 11.00 mmol/L

Input investigation results for screening phase

Save

Cancel



Consultation Screening Phase



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 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			
Hyperlipidaemia: <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> N/A			

Note

Suspected prediabetes due to poor diet control

Manageme

5.4% / FPG 6.1-6.9 mmol/L)

[Delete](#) [Save](#) [Cancel](#)

Input diagnosis according to investigation results



Consultation Screening Phase

- ☐ Normal DM screening and not HT:
- ☐ DHC
- Lifestyle modification activities:
- ☐ smoking cessation
- ☐ weight management
- ☐ healthy diet
- ☐ alcohol control
- ☐ others (please specify____)
- ☐ Others, please specify _____
- ☐ Pre-DM management (HbA1c 5.7-5.9%/FPG 5.6-6 mmol/L) without HT:
- Reason for choosing pre-DM management plan that does not align with lab results: _____
- ☐ DHC
- Lifestyle modification activities
- ☐ smoking cessation
- ☐ weight management
- ☐ healthy diet
- ☐ alcohol control
- ☐ others (please specify____)
- ☐ Others, please specify _____
- ☐ Not FU by family doctor for pre-DM (HbA1c 6.0-6.4% / FPG 6.1-6.9 mmol/L) / DM / HT management under the CDCC Scheme
- ☐ DHC
- ☐ Refer to HA
- ☐ Others, please specify _____

17



Consultation Screening Phase



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

*Consultation Type

☒ Face-to-Face Consultation

☐ Phone Consultation (Non-subsidised)

Assessment

Preventive Care

Investigation Result

Screening Result

Management Plan

Admit to Treatment Phase

Consultation notes has been saved successfully

OK

☐ FU by family doctor for DM and / or HT management under the CDCC Scheme

Not Admit to Treatment Phase

☐ Normal DM screening and not HT

☐ DHC

☐ Lifestyle modification activities:

Save consultation notes

Save

Cancel



Consultation Treatment Phase



Chronic Disease Co-care Pilot Scheme (CDCC) > DM & HT Management

Service Summary

Service **DM & HT Management**
Reference No. **INV2222SF8**

Treatment Activity Investigation / Referral –

Consultation **Print**

Healthcare Prof --
Consultation Date **22-Feb-2023**
Clinical Note [+ New](#)

Consultation Date **22-Feb-2023**
Consultation Type ☐ Face-to-face Consultation ☐ Phone Consultation

Assessment **Investigation Result** **Management** **Medication**

*Medication to be prescribed: ☒ Yes ☐ No Reason: **Please Select...**

Standard
Drug Name **Please Select...**

Dosage Frequency PRN Route Duration Total Qty

Please Select... **Please Select...** ☐ **Please Select...** **Please Select...** **Please Select...**

Add New Item

**MUST insert prescription details
for calculation of drug payment**


Delete **Save** **Cancel**




Consultation



Clinical Team



Paired Family Doctor
Doctor SHSOP, DOCTOR001
HCP: Virtual HOSPITAL - VHC4







District Health Centre (Kwai Tsing)
HCP: DHC KWAI TSING TEST

Clinical Progress

Chronic Disease Co-Care Pilot Scheme
DM & HT Screening

Reference No.: 23830002230000004285

[Attendance](#) [Clinical Note](#) [Letter](#) [Investigation](#)

Details	Date	CheckLists
Consultation (by Doctor SHSOP DOCTOR001, Doctor)	11-Aug-2023	<div><div><input checked="" type="checkbox"/> </div><div><input checked="" type="checkbox"/> </div><div><input checked="" type="checkbox"/> </div><div><input checked="" type="checkbox"/> </div></div>

Completion of consultation record





Laboratory Investigation Screening Phase



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

Investigation

Letter

Service Summary

Service **DM & HT Screening**
Reference No. **23830002230000004285**

Treatment Activity

Investigation / Letter

Consultation

Print



Consultation Date **11-Aug-2023**

Clinical Note

*Consultation Date

11-Aug-2023

*Consultation Type

☒ Face-to-Face Consultation ☐ Phone Consultation (Non-subsidised)

Assessment

Preventive Care

Investigation Result

Screening Result

Vaccination

Advice given upon consultation on

- ☒ Seasonal influenza
- ☐ COVID-19
- ☐ Pneumococcal
- ☐ Herpes Zoster
- ☒ Others, please specify
testing

Jab given upon consultation

- ☐ Seasonal influenza
- ☐ COVID-19
- ☐ Pneumococcal
- ☐ Herpes Zoster
- ☐ Others, please specify

Cancer Screening

Advice given upon consultation on

- ☐ Breast Cancer
- ☐ Cervical Cancer
- ☐ Colorectal Cancer
- ☐ Others, please specify

Screening done upon consultation

- ☐ Breast Cancer
- ☐ Cervical Cancer
- ☒ Colorectal Cancer
- ☐ Others, please specify

Delete

Save

Cancel



Laboratory Investigation Screening Phase



Investigation

1 Investigation Details — 2 Investigation Items — 3 Confirmation

*Clinic / Centre Name

*Reason for Request

In accordance with the Scheme's Terms and Conditions, the Lab Test and ECG results from Investigation Service Provider are for reference only and are not a substitute for professional advice, diagnosis or treatment. It is your sole responsibility to interpret these results and to arrange for any necessary follow-up and the Government shall have no liability in relation thereto. Please print this investigation request form for Participant to make appointment. For any inquiries, please contact CDCC Pilot Scheme Hotline at 2157-0500.

[Next](#) [Cancel](#)

- 1) Lab service provider is pre-assigned
- 2) Patients can choose service sites



Laboratory Investigation Screening Phase



Investigation

✓ Investigation Details — 2 Investigation Items — 3 Confirmation

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

*Investigation Grouping

Package (E) - Annual Tests for Pre-DM

- HbA1c
- Glucose, Fasting / FPG
- Full Lipid Profile, Fasting

\$0

Package (G) - Confirmatory Tests for Suspected DM [If initial screening test: HbA1c > 6.5% or FPG > 7 mmol/L]

- HbA1c
- Glucose, Fasting / FPG
- Full Lipid Profile, Fasting
- RFT with eGFR

\$0

Package (H) - For Newly Diagnosed HT

- HbA1c
- Glucose, Fasting / FPG
- Full Lipid Profile, Fasting
- RFT with eGFR
- MSU, Routine / Microscopy

\$0

DM screening (HbA1c)

- HbA1c

\$0

DM screening (FPG)

- Glucose, Fasting / FPG

\$0

Next

Cancel

Select package

No co-payment for
lab service required



Laboratory Investigation Screening Phase



< Select Participant

English Name: CHAN, TESTER3 Chinese Name: HKIC No.: M717251(1) DOB: 02 Jan 1976 (47yr) Sex: Male Expand

View / Add Allergy & ADR

Investigation

Chronic Disease Co-Care

Service Summary

Service D Reference No. 2

Investigation Details Investigation Items 3 Confirmation

Clinic / Centre Name

Reason for Request

Request for

Investigation Grouping

Package (F) - Annual T

Confirmation

To ensure timely communication in case of critical results, please provide your emergency contact number. Investigation Service Providers may need to contact you if there are any urgent matters that require your attention.

Please input your emergency contact number:

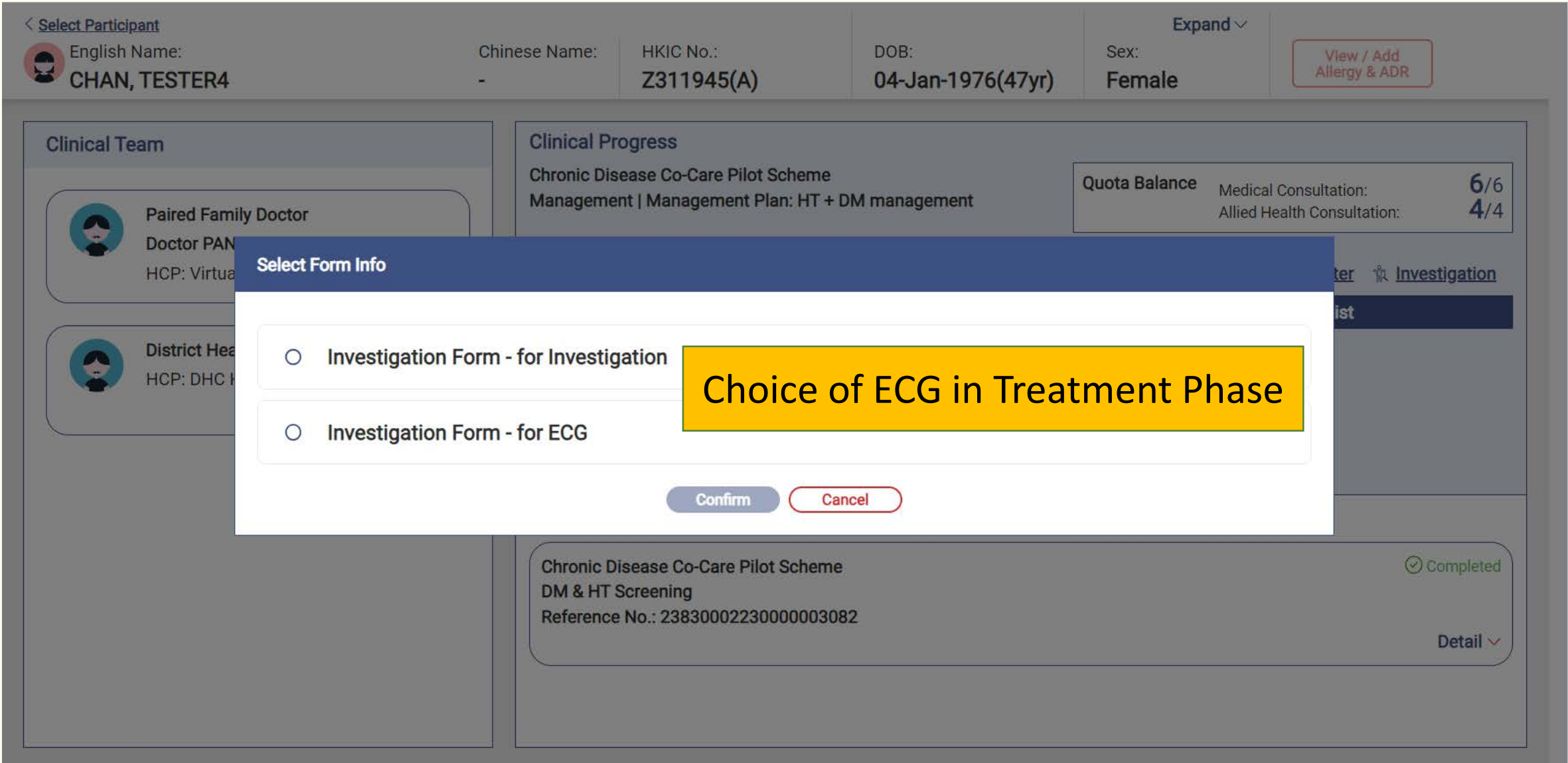
Please provide an 8-character contact number with the prefix 4/5/6/7/8/9.

Confirm Cancel

Submit Cancel

Save Cancel

MUST input mobile contact number for alert of critical results





Laboratory Investigation Treatment Phase



Investigation

✓ Investigation Details — 2 Investigation Items — 3 Confirmation

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

Investigation Grouping

Package (F) - Annual Tests for Pre-DM

- HbA1c
- Glucose, Fasting / FPG
- Full Lipid Profile, Fasting

\$xx

Package (G) - Confirmatory Tests for Suspected DM [If initial screening test: HbA1c > 6.5% or FPG > 7 mmol/L]

- HbA1c
- Glucose, Fasting / FPG
- Full Lipid Profile, Fasting
- RFT with eGFR

\$xx

Package (H) - For Newly Diagnosed HT

- HbA1c
- Glucose, Fasting / FPG
- Full Lipid Profile, Fasting
- RFT with eGFR
- MSU, Routine / Microscopy

\$xx

DM screening.(HbA1c)

- HbA1c

\$xx

DM screening.(FPG)

- Glucose, Fasting / FPG

\$xx

Package (A) - Basic Care Package (1)

- Glucose, Fasting / FPG
- Full Lipid Profile, Fasting
- RFT with eGFR

\$xx

Package (B) - Hypertension (HT)

- Glucose, Fasting / FPG
- Full Lipid Profile, Fasting
- RFT with eGFR

Package (C) - Diabetes Mellitus (DM)

- HbA1c
- Glucose, Fasting / FPG
- Full Lipid Profile, Fasting

Package (D) -

- HbA1c
- Glucose, Fasting / FPG

Select package according to diagnosis

Lab service provider will collect the co-payment



Laboratory Investigation



The screenshot shows the eHealth+ Platform interface. The top navigation bar includes 'Clinical', 'Administration', 'Emergency Access', 'Standards', and 'Information'. The left sidebar shows the 'Inbox' with a list of categories: 'Urgent Action Required eHealth Services(1)', 'HD PPP', 'Action Required (108)', 'CSP PPP (1)', and 'Data Regrade Report (23)'. The main area displays a table of inbox messages. A red box highlights a message from 'eHealth Services' with the title 'CDCC Investigation Request Result Updates', dated '10-Mar-2020 09:05', and status '(No Status)'. A blue arrow points from this message to the content box below.

Sender	Title	Date	Task Status
eHealth Services	CDCC Investigation Request Result Updates	10-Mar-2020 09:05	(No Status)

Receive system
notification of lab results

Content of inbox message:

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.

DRAFT



Laboratory Investigation



醫健通
ehealth

Check

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< eHealth Services

To-do List

Chronic Disease Co-Care Pilot Scheme

Investigation Result Uploaded

Access To-do List as Relieving Doctor

4 items

20-Jul-2023	Service	Investigation Service			
Patient Name	HKJC No.	Reference No.	Details	Service Provider	
LING, NA	E039667(6)	23830001230000002193	ECG	Virtual HOSPITAL - VHC4	Action
21-Jul-2023	Service	Investigation Service			
Patient Name	HKJC No.	Reference No.	Details	Service Provider	
LING, NA	E039667(6)	23830001230000002384	ECG	Virtual HOSPITAL - VHC4	Action
08-Aug-2023	Service	Investigation Service			
Patient Name	HKJC No.	Reference No.	Details	Service Provider	
HIEN, WILSON	X908666(3)	23830001230000002070	Investigation	Virtual HOSPITAL - VHC4	Action
08-Aug-2023	Service	Investigation Service			
Patient Name	HKJC No.	Reference No.	Details	Service Provider	
HIEN, WILSON	X908666(3)	23830001230000002687	ECG	Virtual HOSPITAL - VHC4	Action

To-do-list Function



Laboratory Investigation



To-do List Chronic Disease Co-Care Pilot Scheme Investigation Result Uploaded

Chronic Disease Co-Care Pilot Scheme Access To-do List as Relieving Doctor

Result

Participant Information

English Name: HIEN, WILSON Chinese Name: -
HKIC No.: X908666(3) Sex: Male
DOB: 28-Feb-1969(54yr)

Record Upload Information

Final report.PDF
Upload Result Date: 21-Jul-2017 [View PDF](#)

Acknowledge Results

Please select **Acknowledge** if the service provider has completed the requested item(s) and uploaded the results. If service provider to follow up, please select **Return for Follow-up** and input the reasons.

Request Items	Complete (Marked by Service Provider)	Acknowledge	Return for Follow-up
Package (G) - Confirmatory Tests for Suspected DM [If initial screening test: HbA1c > 6.5% or FPG > 7 mmol/L]			
HbA1c	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Glucose, Fasting / FPG	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Full Lipid Profile, Fasting	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RFT with eGFR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Mark Results Upload Date: 14-Aug-2023

Reasons of Incomplete:

Participant refuse

Incomplete Request Items:

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

☐ I noted that the above requested item(s) is /are not completed as declared by the Investigation Service Provider.

Reasons of Return for Follow-up

Confirm

To acknowledge/reject the uploaded results of requested item(s)

To input reason for Lab service provider's follow up for rejected item(s), if any



Laboratory Investigation



To-do List Chronic Disease Co-Care Pilot Scheme Investigation Result Uploaded

Chronic Disease Co-Care Pilot Scheme Access To-do List as Relieving Doctor

Result

Participant Information

English Name: HIEN, WILSON
Chinese Name: -
HKIC No.: X908666(3)
Sex: Male
DOB: 28-Feb-1969(54yr)

Record Upload Information

Final report.PDF
Upload Result Date: 21-Jul-2017 [View PDF](#)

Acknowledge Results

Please select **Acknowledge** if the service provider has completed the requested item(s) and uploaded the results. If there is/are any item(s) that you would like the service provider to follow up, please select **Return for Follow-up** and input the reasons.

Request Items	Complete (Marked by Service Provider)	Acknowledge	Return for Follow-up
Package (G) - Confirmatory Tests for Suspected DM [If initial screening test: HbA1c > 6.5% or FPG > 7 mmol/L]			
HbA1c	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Glucose, Fasting / FPG	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Full Lipid Profile, Fasting	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RFT with eGFR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Mark Results Upload Date: 14-Aug-2023

Reasons of Incomplete:

Participant refuse

Incomplete Request Items:

1. Glucose, Fasting / FPG
2. Full Lipid Profile, Fasting

☐ I noted that the above requested item(s) is /are not completed as declared by the Investigation Service Provider.

Reasons of Return for Follow-up

Confirm

To acknowledge the incomplete item(s) as declared by Lab service provider



Check-in and Check-out



Clinical Team



Paired Family Doctor
Doctor SHSOP, DOCTOR001
HCP: Virtual HOSPITAL - VHC4



District Health Centre (Kwai Tsing)
HCP: DHC KWAI TSING TEST

Clinical Progress

Chronic Disease Co-Care Pilot Scheme
DM & HT Screening

Reference No.: 23830002230000004285

Attendance

Clinical Note

Letter

Investigation

Details

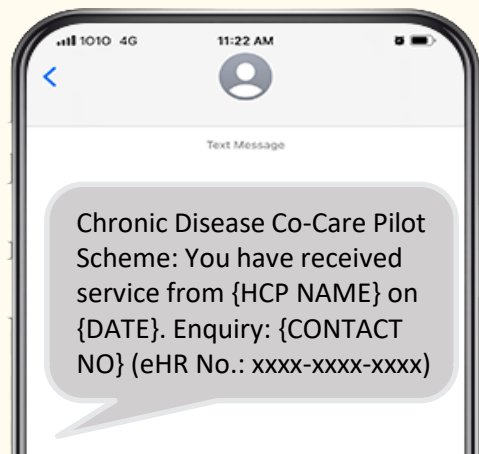
Date

CheckLists

☒ **Other Service(s): 0**



Check-in and Check-out



Register Attendance

Attendance Registration Date: 11-Aug-2023

Service Received Date: 11-Aug-2023

Programme: Chronic Disease Co-Care Pilot Scheme

Service: DM & HT Screening

Healthcare Service Provider: Virtual HOSPITAL - VHC4

Eligibility Status: EP

Choose Method:

Method 1

Smart ID

Chip facing up

Method 2

One-Time Password

Mobile Phone: (852) 9837 9541 [Send](#)

Please enter the One-Time Password: Prefix

If participant does not have One-Time Password, please click [send button](#) again to generate a new one.

[Cannot Register?](#)

[Confirm](#) [Cancel](#)

[Letter](#) [Investigation](#)

CheckLists



Check-in and Check-out



Clinical Team



Paired Family Doctor

Doctor SHSOP, DOCTOR001

HCP: Virtual HOSPITAL - VHC4



District Health Centre (Kwai Tsing)

HCP: DHC KWAI TSING TEST

Clinical Progress

Chronic Disease Co-Care Pilot Scheme
DM & HT Screening

Reference No.: 23830002230000004285

[Attendance](#) [Clinical Note](#) [Letter](#) [Investigation](#)

Details	Date	CheckLists
Consultation (by Doctor SHSOP DOCTOR001, Doctor)	11-Aug-2023	
Consultation	11-Aug-2023	

Upon creation of attendance record,
payment check-out can be selected



Check-in and Check-out



Clinical Team

Doctor: DOCTOR001
Hospital: HOSPITAL - VHC4
Centre (Kwai Tsing)
TSING TEST

Service Received Date: 17-Aug-2023

Eligibility Status: EP

Programme: Chronic Disease Co-Care Pilot Scheme

Service: DM & HT Screening

Participant Co-payment Amount: \$ 120.00

Total Participant Pay Amount: \$ 120.00

☒ I have confirmed with the participant that the payment information above is correct and I shall collect the co-payment and addition charge from the participant.

Clinical Note Letter Investigation

- Check the co-payment amount
- Add in any additional charges (Treatment Phase)
- Confirm the participant payment

Chronic Disease Co-Care Pilot Scheme: You have paid for the service on {DATE} (Government designated co-payment fee is \$120). Enquiry: {CONTACT NO} (eHR No.: xxxx-xxxx-xxxx)

慢性疾病共同治理先導計劃：閣下於{YYYY}年{MM}月{DD}日已就服務付費(政府指定共付額為\$120)。查詢：{CONTACT NO}〈醫健通號碼：xxxx-xxxx-xxxx〉



Check-in and Check-out



Clinical Team



Paired Family Doctor

Doctor SHSOP, DOCTOR001

HCP: Virtual HOSPITAL - VHC4



District Health Centre (Kwai Tsing)

HCP: DHC KWAI TSING TEST

Clinical Progress

Chronic Disease Co-Care Pilot Scheme
DM & HT Screening

Reference No.: 23830002230000004285

[Attendance](#) [Clinical Note](#) [Letter](#) [Investigation](#)

Details	Date	CheckLists
Consultation (by Doctor SHSOP DOCTOR001, Doctor)	11-Aug-2023	
Consultation	11-Aug-2023	


- Attendance-taking completed
- Payment check-out completed




Reimbursement



Clinical Team

**Paired Family Doctor**
Doctor TASHSOP, DOCTOR001
HCP: Investigation Centre Limited




**District Health Centre (Kwai Tsin g)**
HCP: DHC KWAI TSING (KTSCHCA)

Clinical Progress

Chronic Disease Co-Care Pilot Scheme
Management | Management Plan: Pre-DM management
(HbA1c 6.0-6.4%/FPG 6.1-6.9 mmol/L) without HT


Quota Balance Medical Consultation: 3/4
Allied Health Consultation: 3/3

Reference No.: 23830002230000062133 [Attendance](#) [Clinical Note](#) [Letter](#) [Investigation](#)

Details	Date	CheckLists
Consultation (by Doctor TASHSOP DOCTOR001, Doctor)	01-Aug-2023	  

☒ Other Service(s): 1

Chronic Disease Co-Care Pilot Scheme
DM & HT Screening
Reference No.: 23830002230000050106 Completed

Detail 

Reimbursement will be triggered upon








- 1) Attendance registered
- 2) Clinical notes completed
- 3) Payment confirmed



Reimbursement



eHealth Services Doctor

 To-do List	  Health Profile Referral
<div>Drug</div>   Drug Order Drug Report	<div>Participant</div>  Participant Management
<div>Payment & Charging</div>  Submit Reimbursement	



Reimbursement



< [Control Panel](#)

Submit Reimbursement

☰ Programme:

Chronic Disease Co-Care Pilot Scheme



July
2023

Invoice No.: -

Programme: Chronic Disease Co-Care Pilot Scheme

Healthcare Service Provider: SEK, GOOFY

Reimbursement Status: Ready for Submission

Total Amount

\$ 783.00

Detail





Reimbursement



< Submit Reimbursement

Reimbursement Details

Invoice No. -			
Invoice Period: July 2023	Programme: Chronic Disease Co-Care Pilot Scheme	Healthcare Service Provider: SEK, GOOFY	
Reimbursement Status: Ready for Submission	Submission Date: -	Invoice Date: -	

<input checked="" type="checkbox"/>	Reference No.: CDCC20230000000001	Quarterly Medication Fee	Date: 01-Apr-2023	\$ 10
Participant Name: CHAN, TAI MAN Year Quarter: Q2 2023				
<input checked="" type="checkbox"/>	Reference No.: CDCC20230000000002	Quarterly Medication Fee	Date: 01-Apr-2023	\$ 10
Participant Name: WONG, TAI MING Year Quarter: Q2 2023				
<input checked="" type="checkbox"/>	Reference No.: CDCC20230000000003	Quarterly Medication Fee	Date: 01-Apr-2023	\$ 10
Participant Name: CHAN, SIU KEUNG Year Quarter: Q2 2023				
<input checked="" type="checkbox"/>	Reference No.: 23830002230000044235	Service: DM & HT Screening	Date: 02-Jul-2023	\$ 15
Participant Name: CHAN, TAI MAN Service Detail: Medical Consultation				
<input checked="" type="checkbox"/>	Reference No.: 23830002230000044236	Service: Management	Date: 09-Jul-2023	\$ 16
Participant Name: CHAN, TAI MAN Service Detail: Medical Consultation				
<input checked="" type="checkbox"/>	Reference No.: 23830002230000044237	Service: Management	Date: 09-Jul-2023	\$ 16

- All Screening & Treatment consultations and quarterly medication fee can be submitted in the same reimbursement invoice
- To be submitted between 1-10th of each calendar month



Drug Ordering



- 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 +/- GOPCPPP)
- 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.



Drug Ordering



Clinical eHealth+ Administration Emergency Access Standards Information

eHealth Services

Administrative

To-do List

Clinical

Health Profile

Drug

Drug Order

Drug Report

Participant

Participant Management

eHealth+ Administration Information CLINICADMIN001 USHSOP AA

< eHealth Services

Manage Order

Order Status: All

Order Date From: 14-Jul-2023 to 28-Jul-2023

Search

Reset

Order No.	PSP	Drug Supplier	Drug Item	Order Date/Time	Order Status
No rows					



Drug Ordering



< eHealth Services > Manage Order

New Order

Collapse ^

PSP: Doctor SHSOP, DOCTOR001 (UID: 2854929964) ▼

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



Drug Ordering



[eHealth Services](#) > [Manage Order](#)

New Order

Collapse ^

PSP: Doctor SHSOP, DOCTOR001 (UID: 2854929964)

Delivery Address:

Drug Item: Atorvastatin (Calcium) Tablet 10mg

Supplier01

Drug Item	Manufacturer	Pack Size	Ordering Unit	Max. Orderable Packs	Order Quantity
Atorvastatin (Calcium) Tablet 10mg	AA Manufacturer	100 Tabs	1 Pack	758	<input type="text" value=""/> Pack
Other drugs from the same supplier ⓘ					
Alendronate Sodium Tablet (70mg Alendronic Acid)	AA Manufacturer	4 Tabs	1 Pack	0	<input type="text" value=""/> Pack
Atorvastatin (Calcium) Tablet 20mg	BB Manufacturer	100 Tabs	1 Pack	396	<input type="text" value=""/> Pack
Felodipine Extended Release Tab 5mg	CC Manufacturer	100 Tabs	1 Pack	701	<input type="text" value=""/> Pack
Losartan Potassium Tablet 50mg	DD Manufacturer	100 Tabs	1 Pack	14	<input type="text" value=""/> Pack

If there is insufficient orderable quantity, please contact Program Office.



Drug Ordering



[Service Operation Platform](#) > [Manage Order](#)

New Drug Order Confirmation

Order Information

Order No.:	—	Order Status:	—
Order Date:	28 Jul 2023	Viewed By:	—
Ordered By:	Doctor 01	Amended By:	—

Drug Supplier

Supplier Name:	Supplier01
Telephone No.:	2XXXXXX
Email:	abc@mail
Address:	Flat A, Block 1, ABC building

Delivery Information

PSP Name:	Doctor 01
Telephone No.:	2XXXXXX
Delivery Code:	2XXXXXX
Address:	Flat 1, Block A, XYZ building

Drug Item	Manufacturer	Min. Expiry Period in Months	Pack Size	Order Quantity	Price Per Ordering Unit	Item Total
1 Atorvastatin (Calcium) Tablet 10mg	AA Manufacturer	18	100 Tabs	1 Pack	\$XX	\$XX
Delivery Charge:						\$0.00
Order Total:						\$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.

Confirm

Back



Drug Ordering



[eHealth Services](#)

Manage Order [+ New Order](#) Collapse ^

Order No.:

Order Status:

Order Date From: to

PSP:

Drug Item:

Order No.	PSP	Drug Supplier	Drug Item	Order Date/Time	Order Status
23000000129	Doctor SHSOP, DOCTOR001	Supplier 01	1. Atorvastatin (Calcium) Tablet 10mg	28-Jul-2023 17:52	New 28-Jul-2023 17:52

[|<](#) [<](#) [1](#) [>](#) [>|](#)



Drug Ordering



< eHealth Services > Manage Order

Drug Order Detail

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

Viewed By: -
Amended By: -

Drug Supplier

Supplier Name: Supplier01
Telephone No.: 2XXXXXX
Email: abc@mail
Address: Flat A, Block 1, ABC building

Delivery Information

PSP Name: Doctor 01
Telephone No.: 2XXXXXX
Delivery Code: 2XXXXXX
Address: Flat 1, Block A, XYZ building

Drug Item	Manufacturer	Min. Expiry Period in Months	Pack Size	Order Quantity	Price Per Ordering Unit	Item Total
1. Atorvastatin (Calcium) Tablet 10mg	AA Manufacturer	18	100 Tabs	1 Pack	\$XX	\$XX
Delivery Charge:						\$0
Order Total:						\$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.
 - 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.

Print

Close



Drug Ordering



Drug Order

Order Information

Order No: 23000000126
Order Date: 28-Jul-2023
Ordered By: Doctor 01

Order Status: New
Viewed By: --
Amended By: --

Drug Supplier

Supplier Name: Supplier01
Telephone No.: 2xxxxxxx
Email: abc@mail

Delivery Information

PSP Name: Doctor 01 SOP, DOCTOR 01
Telephone No.: 2xxxxxxx
Delivery Code: 2xxxxxxx

Address: Flat A, Block 1, ABC building

Delivery Address: Flat 1, Block A, XYZ building

Drug Item	Manufacturer	Min. Expiry Period in Months	Pack Size	Order Quantity	Price Per Ordering Unit (HKD)	Item Total (HKD)
1. Atorvastatin (Calcium) Tablet 10mg	AA Manufacture		100 Tabs	Sxxx (1 Pack)	Sxxx	Sxxx
Delivery Charge:						\$0.00
Order Total:						\$xxx

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.
 - 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 relation to the supply of such Drugs shall be between the Drug Supplier and such Private Doctor.



Drug Ordering



< eHealth Services

Manage Order

+ New Order

Collapse ^

Order No.:

23000000129

Order Status:

All

Order Date From:

14-Jul-2023

to

28-Jul-2023

PSP:

All

Drug Item:

All

Search

Reset

Order No.	PSP	Drug Supplier	Drug Item	Order Status
23000000129	Doctor SHSOP, DOCTOR001	Supplier 01	1. Atorvastatin (Calcium) Tablet 10mg	Delivered 28-Jul-2023 18:06



Doctor will receive inbox notification once drug supplier updated the order status

More Information

CDCC Website

www.primaryhealthcare.gov.hk/cdcc/tc



CDCC Hotline : 2157 0500

Designated email for Family Doctors:
cdccdoctor@healthbureau.gov.hk



For updating information in Primary Care Directory:

Primary Healthcare Office, Health Bureau

Contact no.: 3576 3658

Email: pho@healthbureau.gov.hk

Thank You
Q&A



長者醫療券計劃 Elderly Health Care Voucher Scheme

新優化措施 – 長者醫療券獎賞先導計劃 New Enhancement Measure – Elderly Health Care Voucher Pilot Reward Scheme

17 October 2023



香港特別行政區政府
The Government of
the Hong Kong Special Administrative Region



衛生署
Department of Health

計劃概要

Scheme at a glance

- 長者醫療券計劃旨在為長者提供資助，讓他們選擇最切合自己健康需要的私營基層醫療服務，包括預防性、治療性及復康性服務。

The Elderly Health Care Voucher Scheme (“EHVS”) aims to provide subsidies for elderly persons to choose private primary health care services that best suit their health needs, including preventive, curative and rehabilitative services.

- 醫療券透過**醫健通（資助）系統**發放及使用

Vouchers are allotted and used through the **eHealth System (Subsidies)**

- 每年醫療券金額：**2,000元**

Annual voucher amount: **\$2,000**

- 累積上限：**8,000元**

Accumulation limit: **\$8,000**

香港特別行政區政府

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Department of Health

獎賞先導計劃

Pilot Reward Scheme



計劃推出日期：配合「慢性疾病共同治理先導計劃」的推出

Target Launch Date: aligns with launch of Chronic Disease Co-care Pilot Scheme

- 為鼓勵長者更有效使用私營基層醫療服務，長者醫療券計劃將推出為期3年的「長者醫療券獎賞先導計劃」（「**獎賞先導計劃**」）。

To encourage the more effective use of private primary healthcare services by elderly persons, the EHVS will launch a three-year “Elderly Health Care Voucher Pilot Reward Scheme” (“**Pilot Reward Scheme**”).

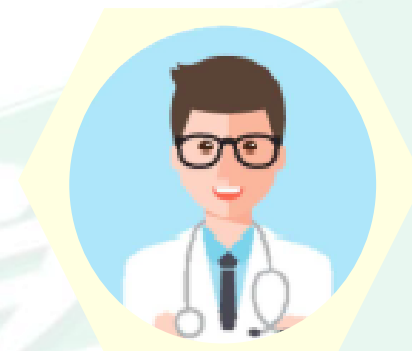
- 合資格長者如在同一年度累積使用**1,000元或以上**醫療券於預防疾病或管理健康等**特定基層醫療服務**，即會自動獲發放**500元獎賞**至其醫療券戶口，用作同樣用途。

An eligible elderly person who has accumulated use of **at least \$1,000** health care vouchers (“Vouchers”) on **designated primary healthcare services** (such as disease prevention or health management) in a calendar year will be allotted a **\$500 reward** to his or her voucher account automatically for use on the same purposes.



甚麼是特定基層醫療服務？

What are Designated Primary Healthcare Services?



就已登記參與長者醫療券計劃的**西醫**:

- 預防疾病、跟進 / 監測慢性病症的服務

(例如: 健康評估、驗身、篩檢、防疫注射、處方預防藥物，及治理慢性疾病等)

Regarding **Medical Practitioners** enrolled in the EHVS:

- Disease prevention, services related to follow-up/monitoring of chronic disease
(e.g. health assessment, body check, screening, vaccination, prescription of preventive drugs, and treatment of chronic diseases, etc.)

The Government of
the Hong Kong Special Administrative Region



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甚麼是特定基層醫療服務？

What are Designated Primary Healthcare Services?



- 就「慢性疾病共同治理先導計劃」/ 地區康健中心 / 地區康健站提供的相關服務
- Relevant services provided under “**Chronic Disease Co-care Pilot Scheme**” / **District Health Centres** / **District Health Centre Expresses**

香港特別行政區政府

The Government of
the Hong Kong Special Administrative Region



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獎賞發放

Reward Allotment

- 在醫療服務提供者完成申報使用醫療券時，當醫健通（資助）系統記錄得長者使用醫療券於**主要到診原因**的情況已達到相關要求，便會即時自動發放獎賞到長者的醫療券戶口內供長者下一次使用。

Upon a healthcare service provider completing a Voucher claim and the eHealth System (Subsidies) recording the accumulated Voucher usage on **principal reason for visit** has reached the stipulated threshold, the reward will be automatically allotted to the elderly person's Voucher account immediately. The reward can be used by the elderly person for the next episodic visit.

香港特別行政區政府
The Government of
the Hong Kong Special Administrative Region



衛生署

獎賞發放

Reward Allotment

- 醫健通（資助）系統內的**到診原因**會稍作調整，並會適時向參與醫療券計劃的西醫提供。

Reasons for Visit in eHealth System (Subsidies) will be slightly adjusted and provided to Medical Practitioners enrolled in the EHVS in due course.

- 在申報使用醫療券時，醫健通（資助）系統的工作流程將**沒有**特別更改。系統會先**自動扣除**長者醫療券戶口內的**獎賞**（如有及適用）後，然後才（在有需要時）從其醫療券戶口內的醫療券餘額扣除餘下費用。

When submitting Voucher claims, there will be **no** particular change of workflow in eHealth System (Subsidies). The system will **automatically deduct the rewards** (if any and applicable) in the elderly persons' Voucher accounts **prior to** deducting the remaining balance from their Vouchers accounts (if necessary).



注意事項 Points to Note

獎賞先導計劃詳情將於**2023年11月初**為參與醫療券計劃的西醫安排的專屬網上簡介會公布。

Details of Pilot Reward Scheme will be announced in the forthcoming online engagement session exclusively for Medical Practitioners enrolled in the EHVS in **early November 2023**.

香港特別行政區政府

The Government of
the Hong Kong Special Administrative Region



衛生署

更多資料 More Information

長者醫療券計劃網頁 Website: hcv.gov.hk



長者醫療券計劃熱線 Hotline: [2838 2311](tel:28382311)

醫療服務提供者查詢電話 Service Providers Enquiry No.: [3582 4102](tel:35824102)



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謝謝
Thank you!

香港特別行政區政府

The Government of
the Hong Kong Special Administrative Region



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Department of Health