



## **Chronic Disease Co-Care Pilot Scheme**

### **Participant Information Notice**

#### **1. Eligibility**

1.1 To enrol in the Chronic Disease Co-Care Pilot Scheme (“**CDCC Pilot Scheme**”) as a participant (“**Scheme Participant**”), an individual must:

- (a) be a holder of a valid Hong Kong Identity Card within the meaning of the Registration of Persons Ordinance (Cap. 177 of the laws of Hong Kong), unless he/she is a holder of the Hong Kong Identity Card by virtue of a previous permission to land or remain in Hong Kong granted to him/her and such permission has expired or ceased to be valid; or be a holder of a valid certificate of exemption within the meaning of the Immigration Ordinance (Cap. 115 of the laws of Hong Kong);
- (b) have enrolled in the Electronic Health System (“**eHealth**”) and registered as a District Health Centre or District Health Centre Express (each a “**DHC**”) member; and
- (c) meet the specified criteria as specified by the Government of the Hong Kong Special Administrative Region of the People’s Republic of China (“**Government**”) of any one or more of the following groups:
  - (i) for screening for diabetes mellitus (“**DM**”) and hypertension (“**HT**”) (“**Group A Eligible Person**”), he/she
    - (1) is aged 45 years or above; and
    - (2) has no known history of DM/HT, nor related symptom(s)<sup>1</sup>;
  - (ii) with effect from 7 February 2026 for screening for chronic hepatitis B (“**CHB**”) (“**Group B Eligible Person**”), he/she
    - (1) was born in or before 1988 the year of the introduction of universal childhood hepatitis B immunisation programme in Hong Kong ; and
    - (2) has a family member (which may be, without limitation, a parent, sibling or offspring) or sexual partner who has CHB; and
    - (3) has no known medical history of CHB, nor related symptoms<sup>1</sup>; and
    - (4) has not received a complete course of hepatitis B vaccination.
  - (iii) with effect from 1 September 2025 for a person currently under care of the Hospital Authority’s (“**HA**”) Family Medicine Clinics (formerly known as General Outpatient Clinics), or from 1 January 2026 for person participating in the General Outpatient Clinic Public-Private Partnership Programme (each a “**Group C Eligible Person**”), who

---

<sup>1</sup> Screening is targeted at asymptomatic individuals. Those with symptom(s) are advised to have early medical consultation.

- (1) has met the clinical criteria as specified by the Government and is invited to enrol in the CDCC Pilot Scheme; and
- (2) (for HA Family Medicine Clinics patients only) has attended consultation in HA Family Medicine Clinics for treatment of Relevant Illnesses, as defined in Clause 2.7 below, for a period of at least twelve (12) months prior to enrolling in the CDCC Pilot Scheme.

- 1.2 An individual needs to provide his/her consent to enrol in the CDCC Pilot Scheme via electronic application or by submission of a duly signed application form to the Government.
- 1.3 If at any time after being enrolled in the CDCC Pilot Scheme, a Scheme Participant ceases to fulfil or agree to or comply with any of the eligibility criteria set out in Section 1.1, he/she shall notify his/her corresponding DHC immediately and shall not be entitled to receive any subsidy from the Government under the CDCC Pilot Scheme after he/she does not fulfil any of the aforementioned eligibility criteria.

## 2. Scope of Service of the CDCC Pilot Scheme

- 2.1 The CDCC Pilot Scheme is a comprehensive programme formulated to promote (a) early detection and timely intervention of HT, DM and CHB<sup>2</sup> with a view to better manage these target chronic diseases, as well as (b) continuous and holistic primary care through pairing of each Scheme Participant with a registered medical practitioner (as registered under section 14 or section 14A of the Medical Registration Ordinance (Cap. 161 of the laws of Hong Kong)) who is enrolled in the CDCC Pilot Scheme, not employed by the Government and in private practice (“**Family Doctor**”).
- 2.2 Upon being enrolled in the CDCC Pilot Scheme, the Scheme Participant shall have the right to select a Family Doctor according to his/her own choice. The Government or DHC shall endeavour to pair the Scheme Participant with the selected Family Doctor. The Government or DHC will not recommend any Family Doctor to the Scheme Participant. Upon successful pairing of a Family Doctor and Scheme Participant by the Government or DHC, the Scheme Participant who is a Group A Eligible Person and/or Group B Eligible Person enrolled in the CDCC Pilot Scheme will then enter the Screening Phase (as defined in Section 2.3 below). The Scheme Participant who is a Group C Eligible Person will enter the Treatment Phase (as defined in Section 2.5 below) directly after being enrolled in the CDCC Pilot Scheme.
- 2.3 The “**Screening Phase**” is the phase during which the Family Doctor shall provide the Scheme Participant, who is a Group A Eligible Person and/or Group B Eligible Person enrolled in the CDCC Pilot Scheme and is paired up with him/her, with services subsidised by the Government in order to identify whether such Scheme Participant suffers from, or is prone to HT, DM, and/or CHB and whether further treatment or monitoring is needed. It shall commence on the date of enrolment of a Scheme Participant in the CDCC Pilot Scheme and end on a date on which the Family Doctor completes the tasks and provided services to the Scheme Participant as set out in Section 2.4 below, or when the Scheme Participant ceases to be enrolled in the CDCC Pilot Scheme, whichever is the earlier.

---

<sup>2</sup> In February 2026, the service scope of the CDCC Pilot Scheme has been further expanded to provide risk-based chronic hepatitis B screening and management as the Hepatitis B Co-care Scheme.

2.4 During the Screening Phase, the Scheme Participant who is a Group A Eligible Person and/or Group B Eligible Person enrolled in the CDCC Pilot Scheme will receive from the Family Doctor, *inter alia*, the following subsidised services:

- (a) one (1) subsidised visit (i.e. medical consultation and assessment) with the paired Family Doctor;
- (b) referral to medical laboratories for laboratory investigation(s) including blood test(s) and urine analysis if necessary;
- (c) diagnosis and explanation of the Scheme Participant's medical condition(s) which fall within the scope of the CDCC Pilot Scheme; and
- (d) admission to the Treatment Phase or referral to DHC for management of his/her health conditions.

2.5 The “**Treatment Phase**” is the phase during which the Family Doctor shall provide services to the Scheme Participant in respect of his/her assigned management programme based on the diagnosis (for details, please see Section 2.7 below). It shall commence on the date after the Scheme Participant (i) who is a Group A Eligible Person and/or Group B Eligible Person enrolled in the CDCC Pilot Scheme has undergone and completed the Screening Phase and subsequently been admitted to a management programme; or (ii) who is a Group C Eligible Person enrolled in the CDCC Pilot Scheme and has been admitted to a management programme directly after his/her enrolment in the CDCC Pilot Scheme, and shall end on the date when the Scheme Participant is no longer eligible for, or applies to cease his/her enrolment in the CDCC Pilot Scheme.

2.6 During a subsidised visit attended in the Treatment Phase, a Scheme Participant who fulfils the eligibility criteria for screening of HT, DM and/or CHB as specified in Section 1.1 above may undergo such screening activity and receive from the Family Doctor, the subsidised services set out in Section 2.4 (b) to (c) above.

2.7 If the Scheme Participant is diagnosed with any of the following illnesses or health conditions (“**Relevant Illnesses**” or each, a “**Relevant Illness**”) in the Screening Phase or by any screening activity for other Relevant Illness(es) conducted during the Treatment Phase

- (a) HT;
- (b) DM;
- (c) prediabetes with (i) a blood sugar level within a glycated haemoglobin measurement of 6.0 – 6.4% or (ii) fasting blood glucose measurement of 6.1 – 6.9 mmol/L (“**Specific Blood Sugar Level of Prediabetes**”);
- (d) dyslipidaemia with (i) a low-density lipoprotein-cholesterol level  $\geq 5.0$  mmol/L or (ii) a low-density lipoprotein-cholesterol level 2.6 –  $< 5.0$  mmol/L with an estimated cardiovascular disease risk  $\geq 20\%$  (“**Specified Condition of Dyslipidaemia**”);
- (e) CHB; or
- (f) any other illness(es) or health condition(s) as specified by the Government,

he/she may be admitted to the Treatment Phase (if applicable) and receive from the Family Doctor, *inter alia*, the following subsidised services in respect of his/her health condition with or without episodic illnesses:

- (i) up to the respective maximum allotted number of subsidised visits in each participant programme year (“PPY”)<sup>3</sup> as set out in Schedule with his/her paired Family Doctor depending on his/her respective management programmes based on disease groups;
  - (ii) medication where clinically indicated;
  - (iii) referral to medical laboratories where clinically indicated; and
  - (iv) referral to healthcare services providers under arrangement by DHC including but not limited to, nurse clinic follow-up and allied health services from service providers designated by the Government as clinically indicated.
- 2.8 If the Scheme Participant who is a Group A Eligible Person and/or Group B Eligible Person enrolled in the CDCC Pilot Scheme is not diagnosed with any Relevant Illnesses, he/she is not permitted to enter the Treatment Phase. Instead, he/she will receive health advice and management of the relevant health conditions under arrangement by DHC as clinically indicated.
- 2.9 Subject to the Reference Framework(s) published by the Government on preventive care and disease management and protocol(s) specified by the Government from time to time, the paired Family Doctor shall also apply his/her professional judgment in the course of provision of medical services to the Scheme Participant during the Treatment Phase in light of the Scheme Participant’s health condition and risk factors.
- 2.10 The DHC will be responsible for the case management and the arrangement of various service items for the Scheme Participant and provide support throughout his/her participation in the CDCC Pilot Scheme.
- 2.11 Scheme Participant shall note that the Government may vary the scope of services of the CDCC Pilot Scheme from time to time and any such variations will be binding on him/her. The current scope of services of the CDCC Pilot Scheme, may be found at [www.primaryhealthcare.gov.hk/cdcc](http://www.primaryhealthcare.gov.hk/cdcc).

### 3. Co-Payment

- 3.1 The Government subsidises specific service items under the CDCC Pilot Scheme (including medical consultation, medication, investigation services, services provided by nurse clinics and allied health services). The Scheme Participant is required to pay co-payment fees, as may be determined by the Family Doctor (the “Co-Payment”), to the Family Doctor for receiving services and/or medication under the CDCC Pilot Scheme from the Family Doctor. The Scheme Participant shall pay the Co-Payment directly to either the paired Family Doctor or the designated service provider(s) (as the case may be) for services provided under the Screening Phase and the Treatment Phase respectively. For Co-Payments charged by Family Doctors or other health service providers under the CDCC Pilot Scheme, please refer to

---

<sup>3</sup> PPY means a twelve (12)-month period starting from:

- (i) unless (ii) applies, the date on which a Scheme Participant is admitted into the Treatment Phase, and
- (ii) the date on which a Scheme Participant, who has already been admitted into the Treatment Phase and, is subsequently assigned a new diagnosis within the Relevant Illnesses.

For a Scheme Participant already admitted into the Treatment Phase, a new diagnosis of CHB shall not result in a reset of the 12 month period of the PPY starting from the date the Scheme Participant is assigned the diagnosis of chronic hepatitis B (i.e., Clause (ii) of the definition of “PPY” above shall not apply), unless such diagnosis entitles the Scheme Participant to a higher maximum number of subsidised visits than his/her current entitlement. For example, if a Scheme Participant is currently receiving subsidised treatment for HT or DM (six subsidised visits per year) and is subsequently diagnosed with CHB (four subsidised visits per year), his/her current treatment year (and his/her number of subsidised visits) will not automatically restart.

- 3.2 Only for a Scheme Participant who is a Group A Eligible Person and/or a Group B Eligible Person enrolled in the CDCC Pilot Scheme in the Screening Phase, a Scheme Participant cannot change his/her paired Family Doctor save for the exception where the Scheme Participant has attended the first subsidised visit and paid the Co-Payment to his/her paired Family Doctor but did not complete the services of the Screening Phase, then he/she may apply to the corresponding DHC for a change of his/her paired Family Doctor after 270 days from the date of the Scheme Participant's attendance at his/her first subsidised visit. Such Scheme Participant shall pay Co-Payment to his/her newly paired Family Doctor for services provided under the Screening Phase.
- 3.3 Where a service item or medication is outside the scope of the CDCC Pilot Scheme, the Scheme Participant shall bear all of the cost of such service or medication at his/her own expense.
- 3.4 The Scheme Participant may use Health Care Vouchers under the Elderly Health Care Voucher Scheme ("EHVS") to settle the Co-Payments chargeable by the Family Doctor and the relevant service provider(s) who are also registered under the EHVS and accept such form of payment.

#### 4. Exit from the CDCC Pilot Scheme

- 4.1 The CDCC Pilot Scheme provides subsidy for the management of the Relevant Illnesses by the paired Family Doctor in the private healthcare sector. Should a Scheme Participant wish to receive follow-up for management of the aforementioned clinical conditions in the public sector (including but not limited to the HA and the Department of Health of the Government) at any time after being enrolled in the CDCC Pilot Scheme, the Scheme Participant shall notify his/her corresponding DHC to arrange withdrawal from the CDCC Pilot Scheme.
- 4.2 Scheme Participant who wishes to withdraw from the CDCC Pilot Scheme may, by giving **not less than thirty (30) days' prior notice** to his/her corresponding DHC, terminate his/her enrolment in the CDCC Pilot Scheme.
- 4.3 If the Government has reasonable ground(s) to believe that a Scheme Participant is no longer eligible to enrol in the CDCC Pilot Scheme, the Government may terminate the Scheme Participant's enrolment in the CDCC Pilot Scheme by giving written notice to the Scheme Participant.
- 4.4 Should a Scheme Participant apply to re-enrol in the CDCC Pilot Scheme after termination of enrolment, the Government reserves the right to assess the application on a case-by-case basis.
- 4.5 Should Scheme Participant have any feedback or complaints regarding the CDCC Pilot Scheme, he/she may call the designated hotline or contact his/her corresponding DHC.

## Schedule

### Maximum Allotted Subsidised Visits

- 1.1 The maximum number of subsidised visits allotted for respective management programmes based on disease groups under the Treatment Phase of the CDCC Pilot Scheme is set out as follows:

	<b>Disease Group(s)</b>	<b>Management Programme</b>
1	HT and/or DM <sup>1</sup>	Up to six (6) subsidised visits per Scheme Participant within each PPY
2	Specific Blood Sugar Level of Prediabetes <sup>2</sup>	Up to four (4) subsidised visits per Scheme Participant within each PPY
3	Specified Condition of Dyslipidemia only <sup>3</sup>	Up to four (4) subsidised visits per Scheme Participant within the first PPY and two (2) subsidised visits per Scheme Participant for each subsequent PPY
4	CHB <sup>4</sup>	Up to four (4) subsidised visits per Scheme Participant within each PPY

- 1.2 If a Scheme Participant is diagnosed with more than one Relevant Illnesses which fall within more than one (1) disease group above, the maximum number of subsidised visits allotted for a Relevant Illness within each PPY will be determined by the disease group of the Relevant Illness with the highest number of subsidised visits.

---

<sup>1</sup> A Scheme Participant who is diagnosed with HT and/or DM shall fall within this category regardless of whether he/she is also diagnosed with Prediabetes, CHB or Specified Condition of Dyslipidaemia.

<sup>2</sup> A Scheme Participant who is diagnosed with Specific Blood Sugar Level of Prediabetes, but is not diagnosed with HT, shall fall within this category, regardless of whether he/she is also diagnosed with CHB or Specified Condition of Dyslipidaemia.

<sup>3</sup> A Scheme Participant who is diagnosed with Specified Condition of Dyslipidaemia without Specific Blood Sugar Level of Prediabetes, HT, DM or CHB shall fall within this category.

<sup>4</sup> A Scheme Participant who is diagnosed with CHB but is not diagnosed with, HT, DM or Specific Blood Sugar Level of Prediabetes shall fall within this category, regardless of whether he/she is also diagnosed with Specified Condition of Dyslipidaemia.