

User Manual for CDCC IT Module [G139]

January 2025

The Government of the Hong Kong Special Administrative Region

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Document Summary

Document Item	
Document Title	User Manual for CDCC IT Module
Document Owner	The Government of the Hong Kong Special Administrative Region
Subject Officer	HOIT&HI(eHR)2
Contact Information	connielau@ha.org.hk

Amendment History

Version No.	Date of Amendment	Description
October 2023	October 2023	Initial Version
November 2023	November 2023	Sections are added:
		Review and approve reimbursement
		District transfer in DHC
		Integration with other systems
December 2023	December 2023	Sections are revised:
		Incentive targets
		Letters
January 2025	March 2025	Sections are revised:
		Health Profile
		Clinical Note
		Investigation
		• Letter
		Payment Checkout
		Report Centre
		• To-do List
		Accept referral
		Participant Profile Management
		Reimbursement

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Introduction

1. CDCC Introduction

The CDCC IT Module which rides on the eHealth+ of Electronic Health Record Sharing System (eHRSS) platform is designated for the operation for Chronic Disease Co-Care (CDCC) Pilot Scheme. The CDCC IT Module is developed to facilitate the provision of clinical services by healthcare professionals to the participants, which includes clinical documentation, attendance register, clinical record sharing and reimbursement submission.

This user guide aims at providing CDCC Healthcare Service Providers with detailed information of the CDCC IT Module. The general operation and expected outcomes of each function will be illustrated step-by-step in this user manual. It should be read together with the CDCC Operation Manual and Services Guidelines which provide an overview and operational information on the CDCC Pilot Scheme.

2. Definitions and Conventions



CDCC

Full name: Chronic Disease Co-Care Pilot Scheme Definition: Chronic Disease Co-Care Pilot Scheme



CDCC Healthcare Service Providers

Definition: Family Doctors, DHC, Nurses, Optometrists, Physiotherapists, Dietitians & Podiatrists who had enrolled in CDCC and will provide services to CDCC participants



DHC

Full name: District Health Centre Definition: District Health Centre



DHCE

Full name: District Health Centre Express Definition: District Health Centre Express



DHC CMS On-ramp

Full name: District Health Centre Clinical Management System On-ramp

Definition: A part of the DHC IT Systems to support the operation at DHC core centre, satellite centres and service points by Operator (both Full-fledged and Express)



eHR

Full name: Electronic Health Record

Definition: Electronic health record in eHRSS



eHRSS

Full name: Electronic Health Record Sharing System Definition: Electronic Health Record Sharing System



HCP

Full name: Health Care Provider Definition: Health care provider in eHRSS



HCR

Full name: Health Care Recipient Definition: Health care recipient in eHRSS



HSL

Full name: Health Service Location Definition: Health service location in eHRSS



Participant

Full name: Chronic Disease Co-Care Pilot Scheme Participant Definition: Members of the public who enrolled CDCC

3. Participant Journey



See Appendix A for details.

4. How to Login to CDCC IT Module?





g.

Select function by clicking on the icons on the "eHealth Services" landing page.

eHealth Services	Co Doctor
Administrative	Clinical
Drug Drug Order Drug Report	Participant Participant Management
Payment & Charging	

5. Health Profile

After participants enrolled CDCC, CDCC journey will start with [Health Profile]. It serves as an one-stop entry to manage the health events for participants in CDCC.



For details of CDCC participant enrolment, please refer to **G137 User Manual for CDCC** *Participant Enrolment in DHC*.

a.

Click [Health Profile] under "Clinical".



b.

There are 2 methods: Manual input HKIC number and read Smart ID Card.

Please select participant	
Enter HKIC No. *HKIC No. : ()	

С.

Ask participant to insert the Smart ID into the card reader.



d.

Click the image, then [Next].



e.

Reading Smart ID in progress.



f.

Return the Smart ID to participant.



<Restricted>

Health Profile page.

а	Select Participant Singlish Name: SHSOP, TEST	ci -	ninese Name:	HKIC No.: M728	DOB: 01-Jan-1960 (64 years)	Sex: Male	Expand 🗸	View / Add Allergy & ADR	
b	Quota Balance Medical Consultation	6 /6	Clinical Pr Chronic Dis Manageme	ogress ease Co-Care Pilot Scheme nt Management Plan: HT + DM m	anagement		Attendance	Click More Click More Investigation	d
	Allied Health Consultation	2 /2 4 /4	Details			Date		Checklist	
	Clinical Team		Investigati	ion (by Doctor SHSOP DOCTOR001 ion (by Doctor SHSOP DOCTOR001 Doctor SHSOP DOCTOP001 Doctor	, Doctor) , Doctor)	30-Dec-2024 30-Dec-2024			e
С	Paired Family Doctor Doctor SHSOP, DOCTOR001		Letter (by Letter (by	Doctor SHSOP DOCTOR001, Docto Doctor SHSOP DOCTOR001, Docto	r) r)	30-Dec-2024 30-Dec-2024			
	District Health Centre (Kwai Tsing)		Letter (by Letter (by	Doctor SHSOP DOCTOR001, Docto Doctor SHSOP DOCTOR001, Docto	r) r)	30-Dec-2024 30-Dec-2024			
			Other Se	ervice(s) Amount: 1				🛞 Re-screening	
			Chronic D DM & HT S	isease Co-Care Pilot Scheme Screening				⊘ Completed	f
			Details Consulta	no.: 23030002240)1, Doctor)	Date 30-Dec-2024		Checklist	J

Panel of Participant's Particulars

The participant's particulars including name, HKIC No., DOB, age and sex are displayed. [Allergy & ADR] will be directed to eHRSS Viewer for details.



а

Subsidisation Quota of Medical, Nurse Clinic and Allied Health Consultation

It is not applicable to screening phase. When screening completes, the participant will enter the treatment phase of CDCC. Quota balance of the participant's management plan will be shown.



d

Clinical Team

Clinical Team includes details of the paired Family Doctor, DHC and Allied Health professionals who provide clinical services to the participant.



Click more to enter / view the Goal Setting and Incentive Targets.



Clinical Progress

Display of the clinical records under the current active CDCC service. Status of "Attendance", "Clinical Note" and "Payment Checkout" are shown under Checklist.



Other Service(s)

Display of the clinical records of completed CDCC service(s).

2

View / Add Allergy & ADR

а.

The grey box indicates the participant has no allergy or ADR record in eHRSS.

< Select Participant English Name: CHUK, HEALTHY		Chinese Name: HKIC No.: DOB: Expand ~ Sex: Male Male	View / Add Allergy & ADR
Quota Balance		Clinical Progress	€ Click More ✓
Medical Consultation	4 /4	Chronic Disease Co-Care Pilot Scheme Management Management Plan: FU by family doctor for Pre-DM management (HbA1c 6.0-6.4% / I without HT under the CDCC Pilot Scheme	PG 6.1-6.9 mmol/L)

The red box indicates the participant has allergy or ADR record in eHRSS.

English Name: CHUK, HEALTHY		Chinese Name: 祝健康	HKIC No.: C230	DOB: 01-Jan-1960 (63 years)	Sex: Male	View / Add Allergy & ADR
Quota Balance		Clinical Pro	gress			Click More
		Chronic Disea	ase Co-Care Pilot Schem	le		
Medical Consultation	Au	Management	Management Plan: FU	by family doctor for Pre-DM manage	ment (HbA1c 6.0-6.4% /	FPG 6.1-6.9 mmol/L)

b.

Click the [View/Add Allergy & ADR] red box and click [Yes] to redirect to eHR Viewer.



С.

View or update the records if necessary.

Allergy & Adverse Drug Reaction D	etails		
Allergen	Allergy Information	Date	Institution
▼ penicillins			
penicillins	Certain, Eyelid swelling	29-Sep-2023	VHC4 HOSPITAL 🤌
			Aller M



For details of allergy and adverse drug reaction record in eHR Viewer, please refer to Section of Allergy & Adverse Drug Reaction Record in [G73] User Guide for eHR Viewer and [G104] User Guide for Allergy and Adverse Drug Reaction (ADR) Input Module.



Points to Note

When redirecting to eHR Viewer from CDCC IT Module, all unsaved records in CDCC IT Module will be lost.

How to Register Attendance for a CDCC Participant?

6.



6. How to Register Attendance for a CDCC Participant?



When the participant comes to your service location for the **first-time** CDCC healthcare service, he/she may present you a Family Doctor appointment slip or a general letter from DHC for Allied Health services.



For details of Allied Health services referral, please refer to **Section 8.2.1 Assignment by DHC &** acceptance by Allied Health service providers.



It is advised to register attendance every time when the participant comes to your service location for CDCC healthcare services. The participant's attendance can be recorded electronically in [Health Profile].

After login to eHealth+ Portal, go to [eHealth Services] under "eHealth+".

Go to [Health Profile]. Search the participant by his / her HKID no.



For details of Health Profile of the participant, please refer to Section 5 Health Profile.

a.

Click [Attendance] under "Clinical Progress".



b.

There are 2 methods to register attendance for CDCC services. Select [Method 1 - Smart ID] or [Method 2 – One-Time Password].



6.1 Method 1 : Smart ID

i.

Ask participant to insert the Smart HKIC into the card reader.



iii.

Reading Smart HKIC in progress.



ii.

Click on Method 1 Smart ID icon.



iv.

Return the Smart HKIC to participant.



V. Click [Confirm].



vi.

Attendance record has been saved successfully.



6.2 Method 2 : One-Time Password

One-Time Password is sent through SMS to mobile device with a pre-registered number.

i.

Click [Send] to retrieve One-Time Password, which will be sent via SMS to the participant's registered mobile phone number.



<section-header>

iii.

iv.

One-Time Password will be sent via SMS to the participant's registered mobile phone number.



v.

Enter the 4-digit One-Time Password received within 3 minutes. Then click [Confirm].



Attendance record has been saved successfully.

⊘ The following attendance	record has been saved successfully.
Attendance Registration Date:	04-Sep-2023
Service Received Date:	04-Sep-2023
Programme:	Chronic Disease Co-Care Pilot Scheme
Service:	DM & HT Screening
Healthcare Service Provider:	Virtual HOSPITAL - VHC4
Attendance Method:	One-Time Password
Eligibility Status:	EP

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С.

A new line of "Consultation" will be created as below. The "Date" indicates the date of service provision.

[Attendance \square] icon under Checklist will be marked as \checkmark .

Clinical Progress Chronic Disease Co-Care Pilot Scheme Management Management Plan: HT + Pre-DM management Reference No.: 23830002230000011417	Ca Attendance 🕞 Clinical Note	Click More V
Details Consultation	Date 26-Sep-2023	

d.

A notification for receiving CDCC service will be sent to the participant's eHRSS registered communication means (SMS, email or postal) after attendance record is registered.



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6.3 How to Register Attendance when Smart ID and OTP both Failed?

In unexpected situation where attendance registration by Smart ID or OTP is not feasible due to location or technical constraint, the Healthcare Service Providers / Clinic Administrator can generate a **pre-filled attendance sheet**, which requires the **signatures** from both of the Healthcare Service Providers and the relevant Scheme Participant, from the CDCC IT Module.



The Healthcare Service Providers / Clinical Assistant must state the reason for choosing this method of attendance taking and upload the **pre-filled attendance sheet with signatures** from both of the Healthcare Service Providers and the relevant Scheme Participant to the CDCC IT Module.

a.

Click [Cannot Register?] to proceed.



С.

Preview the attendance sheet. Click print icon.



b.

Click [Print Attendance Sheet].



d.

Signature is required from the Healthcare Service Providers and the relevant scheme participant.

32

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e.

Click [Browse] to upload the signed attendance sheet.

Attendance Registration Date:	01-Aug-2023	Preview	
Service Received Date:	01-Aug-2023		
Programme:	Chronic Disease Co-Care Pilot Scheme		
Service:	DM & HT Screening		
Healthcare Service Provider:	Virtual HOSPITAL - VHC4		
Eligibility Status:	EP		
Upload File *Supported File Type	a: JPG, PNG, PDF	1	
Upload File *Supported File Type	x: JPG, PHG, PDF	3	

f.

Review the attendance sheet at the right-hand side. Click [Save] to proceed.

Desister Attendence		
egister Attendance		
tendance Registration Date:	01-Aug-2023	Preview
ervice Received Date:	01-Aug-2023	
Programme:	Chronic Disease Co-Care Pilot Scheme	受けた時 同時に知られます Chronic Disease Couldans Mid Science
ervice:	DM & HT Screening	注意的研究部 Confirmation of Atlandance
ealthcare Service Provider:	Virtual HOSPITAL - VHC4	会社営業科 Participant Particulars 物品: 単乙
ligibility Status:	EP	Name: KEUNO,8 を達得分割 HNO No.: KD2***(*)
pload File *Supported File Type	s: JPG, PNG, PDF	1535 Sec: 95 Male
 File size within 5MB. 		
	ſ	8.//ECP/R - Peablicans Service Provider: Vintual HOSP/TAL-19104 BUTTER: 2003442/04/11 Dense Reserve Date: 01-Aug-2023
	Browse *Browse or drag files to upload	的会议世界要求 To be signed by participant
		在斯塔本湖北市後、本人的基本研究市的当时に開展後的地。 例y signing the confirmation, I confirm that all information in this sheet is genuine.
ust Uploaded The signed attendance sheet mu a saved within 7 days after serv	ust be uploaded and the attendance registration record must ice received date.	dalaseed.ca#答 To be signed by Healthown Bankes Provider To be signed by Healthown Bankes Provider
		This is to certify that the above named participant attended here on 01-Aug-2023.

g.

It is required to enter reason for using attendance sheet, input and click [Confirm].

attendance. Please input reason	 	
Max 500 characters	 	

h.

The attendance record has been saved successfully. Click [Close] to return to Clinical Progress.

Market State	Attendance Registration Date: Service Received Date: Programme: Renice: Healthcase Service Provider: Eligibility Status: Attendance Method: Reason to lice Attendance Sheet:	01 Aug.2023 (11 Aug.2023) Christie Dissae Co Case Piet Bohme DM & HT Forrenting M Autoriania Polititat VHCA (20 Prefile Attandance Tweet Bownt ID caref faciliaria and no mobile planes for OTP	EXECUTE F
			Address States

i.

A new line of "Consultation" will be created as below. The "Date" indicates the date of service provision.

[Attendance \square] icon under Checklist will be marked as \checkmark .

	Clinical Progress Chronic Disease Co-Care Pilot Scheme Management Management Plan: HT + Pre-DM management			Click More V		
	Reference No.: 23830002230000011417	Attendance	🕞 Clinical Note 🛛 & Letter	1 Investigation		
L	Details	Date	Checklist			
ļ	Consultation	26-Sep-2023	□ -	₿~ -	~	& √



Sample of SMS notification



Who can register attendance for the CDCC participant?

Healthcare Service Providers and their Clinic Assistant of the HCP listed in the Clinical Team are able to register attendance.

When should I register attendance for the participant?

Only **today**'s attendance can be registered in CDCC IT Systems. It is strongly recommended to register attendance when the participant comes to your service location to receive CDCC services. **Delayed attendance registration may lead to failure of payment checkout and reimbursement**.



In unexpected situations where the use of CDCC IT module is not feasible due to location or technical constraint, the Healthcare Service Providers shall create the consultation note as soon as possible after the use of CDCC IT module is resumed.

It is allowed to register the attendance within **seven calendar days** from the date of service provision. e.g., The latest backdate attendance register date for consultation conducted on **10 Oct (Day 0) would be 17 Oct (Day 7)**.

Pre-filled attendance sheet

The Healthcare Service Providers / Clinical Assistant must state the reason for choosing this method of attendance taking and upload the **pre-filled attendance sheet with signatures** from both of the Healthcare Service Providers and the relevant Scheme Participant.



Attendance Reminder



After a clinical note is created, a green checked "Clinical Note Done" icon will be found. Healthcare professionals should click on the "Take Attendance" icon (circled in yellow) right next to the green checked "Clinical Note Done" icon to register corresponding attendance. In this connection, an attendance record is registered with a created clinical note.

A reminder will be prompted when clinic admin or healthcare professional clicked on Attendance while unlinked clinical note under the same HCP is listed:

	Please register attendance with a saved clinical note:			×	
	Details	Date	Action		
1	Consultation (by Doctor DOU YI SENG, Doctor)	04-Dec-2023	<u>Register attendance</u>	ta <	
2	N/A	N/A	Register attendance without existing clinical note	ta 🗸	

	Action by clinic admin or healthcare professionals	Outcomes
1	Choose and click "+"	The saved consultation record will be registered with an attendance record
2	Choose and click "+"	A new attendance of today's date is registered



Consultation Documentation



7. Consultation Documentation

7.1 Consultation Type

CDCC Healthcare Service Providers shall document the condition and progress of the Scheme Participant for each consultation, and update the designated CDCC IT module as required.

There are 2 consultation types, [Face-to-Face Consultation] and [Phone Consultation (Non-subsidised)].





Face-to-Face Consultation It is defaulted as Face-to-Face Consultation when attendance has been taken.

Office BP / Pulse are the mandatory fields for Face-to-Face Consultation.



Phone Consultation (Non-subsidised)

No attendance registration or payment checkout can be done for Phone Consultation (Non-subsidised).

How to create a clinical note of phone consultation?

a.

Click [Clinical Note] from Menu to create a new consultation record instead of [Attendance].

Clinical Progress		Click More V
Chronic Disease Co-Care Pilot Scheme		
Management Management Plan: HT + Pre-DM management		
Reference No.: 23830002230000011417	Attendance	B Clinical Note & Letter 1 Investigation
Details	Date	Checklist
Consultation (by Doctor SHSOP DOCTOR001, Doctor)	26-Sep-2023	



b.

Check [Phone Consultation]. Fill in the details, click [Save].





d.

A new consultation record is built in Clinical Progress.

Clinical Progress				Click More V
Chronic Disease Co-Care Pilot Scheme Management Management Plan: HT + Pre-DM management				
Reference No.: 23830002230000011417	😂 Attendance	Clinical Note	웄 Letter	☆ Investigation
Details	Date		Checklist	
Consultation (by Doctor SHSOP DOCTOR001, Doctor)	29-Sep-2023			2 🖌
Consultation (by Doctor SHSOP DOCTOR001, Doctor)	26-Sep-2023		Ca 🗸 🛛 🗉	2 🗸

e.

No Attendance registration or payment checkout can be done for Phone Consultation.

Register Attendance

Attendance registration is not allowed for Phone Consultation.

7.2 Reminders when saving clinical notes

7.2.1 Reminders for mandatory fields

Programme Office sets the data fields for each professional discipline for service monitoring. Some of the date fields are mandatory and marked with *. Any missing required information will trigger a warning box when saving the note. Please review your consultation note before saving.





For details of Data Fields, please refer to **Section 8 Consultation Documentation of Healthcare Service Providers**.

7.2.2 Reminder for attendance registry and payment checkout

When saving a clinical note, a message will prompt to remind users to complete the steps for "Take Attendance" and "Payment Checkout" if not yet done.

а.

Reminder of saving a clinical note before taking "Attendance" and "Payment Checkout".



b.

Reminder of saving a clinical note before "Payment Checkout".



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7.3 Saving a Consultation Note

The [Clinical Note]: icon is checked after the consultation note is saved successfully.

Clinical Team	Clinical Progress		[Click More ~	1
Paired Family Doctor	Chronic Disease Co-Care Pilot Scheme DM & HT Screening				
Doctor SHSOP, DOCTOR001	Reference No.: 2383000223000008370 Details	Date	Clinical Note & Lette	er 🖞 Investigation	
District Health Centre (Kwai Tsing)	Consultation (by Doctor SHSOP DOCTOR001, Doctor)	20-Sep-2023		₿⁄ ✓	& ~

Each saved consultation note will be shared to eHRSS. Samples of consultation note from Family Doctor, Optometrist and Dietitian are listed in Appendices A, B and C respectively.

7.4 Edit / Review / Delete a Consultation Note

Clinical Team		Clinical Progress Chronic Disease Co-Care DM & HT Screening	Pilot Scheme				
Doctor SHSOP, DOCTOR001		Reference No.: 2383000	223000008370	Dat	Attendanc	e B <u>Clinical Note</u> <u>R</u> L	etter 🏠 Investigation
District Health Centre (Kwai	Tsing)	Consultation (by Doctor	r SHSOP DOCTOR001, Doct	or) 20-Se	p-2023		S S
b.	Chronic Disease Co-Can Service Summary Service No. 2 Treatment Activity Consultation Mealthcare Prof Consultation Date	Anagement Management Investigation / Letter Print Doctor SHSOP DOCTORBOP, Doctor 26-Sep-2023	nt Consultation Date Consultation Type Assessment Office BP Temp BW Waist Circumference Smoking Status	29-dep-2023 C O Face-to-Face Co meetigation Result / Co (Deg kg O Non-employ	mmHg ree Celsius)	Preventive Care Office Pulse Hatix BH BMI O Exemplase	tised) Medication /min mmol/L m kg/m
er saved sultation note is available in eatment Activity"	Assessment Office BP Office Pulse Investigation Result HbA1c / FPG result a allable Management Management	annov C G Edit Less C G Edit 120 / 55 mmHg 65 /min w No Disease Education DM diet control edu cation gives Refert o allied health servi	Drinking Habit Drug Compliance Side Effect of medications Dietary Compliance Exercise	O Non-drinker O Good Remarks O Yes Remarks O Good Remarks O Regular Remarks	O Current drin O Fair O No O Fair O Fair O Infrequent O Infrequent	ker O Social drinker O Poor O N/A O Poor O None	O Ex-drinker O N/A
	Medication Medication to be pre	ce Dietitian , Podiatr Ist sc Yes Aspirin Tablet 80mg	Assessment Note				

С.

Click [Edit] to amend the note if you are the record creator.

Assessment	Preventive Care	Investigation Result	Screening Result		_
Home BP	1	mmHg	Home Pulse	/min	
Office BP	120 / 8	0 mmHg	*Office Pulse	75 /min	
Temp	36.5 °C (I	Degree Celsius)	Histix	mmol/L	
BW	80.00 kg		BH	1.60 m	
Waist Circumference	cm		BMI	31.25 kg/m²	
Smoking Status	O Non-smoker	 Smoker 	O Ex-smoker		
Drinking Habit	O Non-drinker	O Current drink	er O Social drinker	O Ex-drinker	
				Edit	ancel

e.

Or click [Delete] to delete the note.

Home BP		mmHg	Home Pulse	/min	
Office BP	120 / 80	mmHg	*Office Pulse	75 /min	
Temp	36.5 °C (De	gree Celsius)	Histix	6.50 mmol/L	
BW	80.00 kg		BH	1.60 m	
Waist Circumference	cm		BMI	31.25 kg/m²	
Smoking Status	O Non-smoker	Smoker	O Ex-smoker		
Drinking Habit	O Non-drinker	O Current drinke	r 💿 Social drinker	O Ex-drinker	
Assessment Note	1				

d.

Click [Save] when editing is done.

Home BP		mmHg	Home Pulse	/min	
Office BP	120 / 80	mmHg	*Office Pulse	75 /min	
Temp	36.5 °C (De	gree Celsius)	Histix	6.50 mmol/L	
BW	80.00 kg		BH	1.60 m	
Waist Circumference	cm		BMI	31.25 kg/m	
Smoking Status	O Non-smoker	Smoker	O Ex-smoker		
Drinking Habit	O Non-drinker	O Current drinke	r Social drinker	O Ex-drinker	
Assessment NOLE					
Delete				Save	ancel

f.

Other users **do not have the right** to edit or delete the record.

*Consultation Date	20-Sep-2023 🗂			
*Consultation Type	Face-to-Face Co	onsultation O Phone (Consultation (Non-subsidis	sed)
Assessment	Preventive Care In	vestigation Result S	creening Result	
Home BP	/	mmHg	Home Pulse	/min
Office BP	120 / 80	mmHg	*Office Pulse	75 /min
Temp	36.5 °C (Deg	ree Celsius)	H'stix	mmol/L
BW	80.00 kg		вн	1.60 m
Waist Circumference	cm		BMI	31.25 kg/m²
Smoking Status	O Non-smoker	Smoker	O Ex-smoker	
Drinking Habit	O Non-drinker	O Current drinker	Social drinker	O Ex-drinker
Assessment Note				
Balata			_	- Annual

7.5 Backdated Consultation Note

To backdate a consultation record, please follow the steps below:

а.

Create a new consultation record by clicking [Clinical Note] instead of [Attendance].

Clinical Progress Chronic Disease Co Management Man	-Care Pilot Scheme agement Plan: HT + Pre-	DM management	
Reference No.: 238	30002230000011417	🛱 Attendance	<u>Clinical Note</u>
Details	Date	Checklist	

b.

Edit "Consultation Date" and save record.



d.

Input retrospective entry reason. Click [OK].





C.

A new record with [Clinical Note [2]] is generated.

Register attendance for corresponding record by clicking the [Attendance] icon. It is allowed to register the attendance within seven calendar days from the date of service provision (i.e., the consultation date in step b).



e.

Backdated consultation note is created with registered attendance.



Points to Note

Consultation Reminder



After an attendance record is registered, a green checked "Take Attendance" icon will be found. Healthcare professionals should click on the "Clinical Note" icon (circled in yellow) right next to the green checked attendance icon to create corresponding clinical note. In this connection, a clinical note is created with the registered attendance record.

A reminder will be prompted when healthcare professionals clicked on Clinical Note while unlinked attendance records under healthcare professionals' HCP is listed:

	Please create clinical note with a registered attendance record:				
	Attendance Registration Date	Action			
1	04-Dec-2023	<u>Create clinical note</u>	≩ ~		
2	N/A	<u>Create clinical note without existing attendance record</u>	≩ ∕]	

	Action by healthcare professionals	Outcomes			
1	Choose and click "+"	A new clinical note will be created and paired with the attendance record			
2	Choose and click "+"	A new clinical note will be created without any attendance record			



<Restricted>

8.1 Doctors

8.1.1 Clinical Note of Screening Phase



a.

For a new clinical note with registered attendance, click [Clinical Note **Provide**] under Checklist.

The "Date" indicates the date of service provision.

Clinical Progress Chronic Disease Co-Care P DM & HT Screening	ilot Scheme			(;)	Click More 🗸	
Reference No.: 238300022	30000010631	Ca Attendance	Clinical Note	& Letter	读 Investigation	
Details	Date			Checklist		
Consultation	21-Sep-2023			ta <mark> ~</mark>	Br - S	

b.

There are 2 consultation types, [Face-to-Face Consultation] and [Phone Consultation (Non-subsidised)].


In screening service, there are four categories in clinical note of Family Doctor.

c. Assessment

For vital signs, basic assessment and social habit

Chronic Disease Co-Ca	are Pilot Scheme > DM & HT Scre	ening					☆ Investigation	🧏 Letter	
Service Summary		*Consultation Date	20-Sep-2023						
Service Reference No.	DM & HT Screening 2383000223000008370	*Consultation Type	Face-to-Face	Consultation O Pl	none Consultation (Non	-subsidised)			Office BP / Pulse
Treatment Activity	Investigation / Letter	Assessment	eventive Care	Investigation Result	Screening Result				are the mandatory field
Consultation	⊜ <u>Print</u>	Home BP		mmHg	Home Pulse		/min		, if Face-to-Face
o 🖪 o 🗟 🔇		*Office BP	120 / 80	mmHg	*Office Pulse	78]/min		Consultation is selected
Healthcare Prof	Doctor SHSOP	Temp	°C (De	egree Celsius)	H'stix		mmol/L		
Consultation Date	20-Sep-2023	BW	kg		BH		m		/ defaulted.
Clinical Note	Detail~	Waist Circumference	cm		BMI				

d. Preventive Care

For medical advice or intervention given upon vaccination, cancer screening and others.

"Please specify" is mandatory when "Others" is checked.



e. Investigation Result

CDCC IT Module is able to integrate the uploaded structured investigation result into the "Investigation Result" of "Clinical Note" of Screening Phase.



For details of Investigation Result, please refer to **New Section 8.1.4 Investigation Results in Screening Phase**.

f. Screening Result

It is used for screening completion only when investigation results returned for making diagnosis and prescribing management plan. "Screening Result" should be skipped if screening is not yet completed.



For details of Screening Result, please refer to Section 8.1.5 Screening Result.

g.

Click [Save] when done. Or [Cancel] to return to Clinical Progress.

Home BP	/	mmHg	Home Pulse		/min
*Office BP	120 / 80	mmHg	*Office Pulse	75	/min
Temp	36.5 °C (D	egree Celsius)	Histix	6.50	mmol/L
BW	80.00 kg		BH	1.60	m
Waist Circumference	cm		BMI		kg/m²
Smoking Status	O Non-smoker	Smoker	O Ex-smoker		
Drinking Habit	O Non-drinker	O Current drinke	Social drinker	O Ex-0	drinker
Assessment Note					
Delete					Save Car

i.

Consultation note is saved. Click [OK] to proceed.

h.

Any missing required information will trigger a warning box when saving the note. Click [OK] and provide the required information.





8.1.2 Investigation Order in Screening Phase



Order Investigation Requests in Screening Phase

а.

There are **2 entries** to order investigation in both **Screening Phase** and **Treatment Phase**.

Entry 1: Click [Investigation] on Menu.

Clinical Progress Chronic Disease Co-Care Pilot Scheme		Click More ∨
DM & HT Screening Reference No.: 2383000223000008370	Ca Attendance	P Clinical Note & Letter 1 Investigation
Details	Date	Checklist
Consultation	20-Sep-2023	
Consultation (by Doctor SHSOP DOCTOR001, Doctor)	15-Sep-2023	

Entry 2: Click [Investigation] in Consultation.

Service Summary		*Consultation Date	20-Sep-2023				(V)
Service Reference No.	DM & HT Screening 23830002230000008370	*Consultation Type	Face-to-Face Face-to-Face	e Consultation O Ph	one Consultation (Non	-subsidised)	\geq
Treatment Activity	Investigation / Letter	Assessment	Preventive Care	Investigation Result	Screening Result		
Consultation	A Drint						

b.

Select the "Clinic / Centre Name". Fill in "Reason for Request". Click [Next].

Select the investigation package. Click [Next].

(Investigation packages content and co-payment fee by participant are different between screening phase and treatment phase. **Copayment fee of investigation in screening phase is \$0**.)





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С.

d.

Click [Submit] to confirm the investigation order.



e.

Input the emergency contact number of family doctor (not printed) to contact for critical result. Click [Confirm].

(The emergency contact number is defaulted from last entry by the Family Doctor, and allowed to click the pencil icon for editing.)

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:
91234567
Please provide an 8-character contact number with the prefix 2/3/4/5/6/7/8/9.
Confirm Cancel

g.

Save successfully.

f.

The PDF file of Investigation Request Note is generated.



h.

Check the Investigation Request Note.

Participant can arrange appointment with the laboratories according to contact of Investigation Service Location by the booking number or booking website shown on the Note.

"Per 122 Investigation Request for Chronic Disease Co-Care Field Scheme 全世界介绍者 Investigation Request Note	Investigation
P & F & M F / M F / M # / A & E / / M / M # / A & M / M / M # / A & M / M / M # / A & M / M / M # / A & M / M / M # / A & M / M / M	Investigation Details O Investigation items O Confirmation
1월 841: 小杉 Unixione 2,85000.123 약월 Agn: 60 year 地名意思中心: 蜀泉北昌皇年心了FST	*Clinic / Centre Name Virtual HOSPITAL - VHC4 V
Delet Health Carden K. KTROPIC TEST N 25 8 (Ar-C) & A 25 B. Child Managements in starture (Strend Billion)	*Reason for Request CDCC DM Screening
A 教育 学 供用 (2) (日本) A 教育 (2) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	
Investigation Grouping	Investigation
The Answer Provide set of the Answer Planckage (0) - Confirmatory Treats for Supported DM (If initial screening list): The Answer Planckage (0) - Confirmatory Treats for Supported DM (If initial screening list): The Answer Planckage (0) - Confirmatory Treats for Supported DM (If initial screening list): The Answer Planckage (0) - Confirmatory Treats for Supported DM (If initial screening list): The Answer Planckage (0) - Confirmatory Treats for Supported DM (If initial screening list): The Answer Planckage (0) - Confirmatory Treats for Supported DM (If initial screening list): The Answer Planckage (0) - Confirmatory Treats for Supported DM (If initial screening list): The Answer Planckage (0) - Confirmatory Treats for Supported DM (If initial screening list): The Answer Planckage (0) - Confirmatory Treats for Supported DM (If initial screening list): The Answer Planckage (0) - Confirmatory Treats for Supported DM (If initial screening list): The Answer Planckage (0) - Confirmatory Treats for Supported DM (If initial screening list): The Answer Planckage (0) - Confirmatory Treats for Supported DM (If initial screening list): The Answer Planckage (0) - Confirmatory Treats for Supported DM (If initial screening list): The Answer Planckage (0) - Confirmatory Treats for Supported DM (If initial screening list): The Answer Planckage (0) - Confirmatory Treats for Supported DM (If initial screening list): The Answer Planckage (0) - Confirmatory Treats for Supported DM (If initial screening list): The Answer Planckage (0) - Confirmatory Treats for Supported DM (If initial screening list): The Answer Planckage (0) - Confirmatory Treats for Supported DM (If initial screening list): The Answer Planckage (0) - Confirmatory Treats for Supported DM (If initial screening list): The Answer Planckage (0) - Confirmatory Treats for Supported DM (If initial screening list): The Answer Planckage (0) - Confirmatory Treats for Supported DM (If initial	*Investigation Grouping
Tegerin Inder danstang Inder Bauer (1) ander 1) Inder Bauer (1) ande	Package (9)-Annual Tests for Pre-DM
10 2世のルール・高級を許 第2月2日 - 100 - 第2月2日 - 100 - 第2月3日 - 100 - 第3月3日 - 100 - 第3月	HbA1c HbA1c HbA1c HbA1c HbA1c HbA1c Glucose, Fasting / FPG Full Job Profile, Fasting HD Full Job Profile, Fasting HD
Convira No. 在nvira No. Regula Date:	RFT with eGFR Microscopy
Update/by: Doder MA, VINNE or Principy: Coder MA, VINNE or Virtual HOSPITAL - VHC4	\$0 \$0 \$0
田和常語: Mitro電話で回転が色光的(小田間)(10円間で、前回の国本部名 215) Booking Tet. For booking, please call Individual service locations (For further assistance, please contact the service holim at 2153)	DM.Screening.(HbA1c) DM.Screening.(FPG)
Hilli Stat: Booking Webster: https://bookingcom.tk/	• HbA1c • Glucose, Fasting / FPG • \$\$0\$ \$\$0\$
	Delete Back Next Cancel
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j.

A new line of investigation is added in Clinical Progress.

The "Date" indicates the date of ordering investigation request.

Clinical Progress Chronic Disease Co-Care Pilot Scheme DM & HT Screening		Click More V
Reference No.: 2383000223000008370	Attendance	e 🕞 Clinical Note 🕱 Letter 🎄 Investigation
Details	Date	Checklist
Investigation (by Doctor SHSOP DOCTOR001, Doctor)	26-Sep-2023	B . B
Consultation	20-Sep-2023	



Delete the investigation request

а.

Click [E]] icon of the corresponding investigation to view or edit the investigation request.

Clinical Progress Chronic Disease Co-Care Pilot Scheme DM & HT Screening				(E) Click More V
Reference No.: 2383000223000008370	Attendance	Clinical Note	& Letter	☆ Investigation
Details	Date)	Checklist	:
Investigation (by Doctor SHSOP DOCTOR001, Doc	tor) 26-Sep	-2023		
Consultation	20-Sep	-2023	Ca 🗸	
				ک

b.

Click [Delete] to delete the investigation request created. The investigation request is only deletable by the record creator.



С.

Laboratory service providers are not notified for the deletion. Please contact the laboratory service providers or DHC for necessary follow-up action. Click [Yes] to confirm.



d.

If you are not the Family Doctor who issued the investigation request, you are not allowed to edit / delete the record.

Investigation	
1 Investigation Details —	Investigation Items
*Clinic / Centre Name	Virtual HOSPITAL - VHC4 V
*Reason for Request	For CDCC DM screening
In accordance with the Sch reference only and are not results and to arrange for a Please print this investigat Hotline at 2157-0500.	eme's Terms and Conditions, the Lab Test and ECG results from Investigation Service Provider are for a substitute for professional advice, diagnosis or treatment. It is your sole responsibility to interpret these iny necessary follow-up and the Government shall have no liability in relation thereto. ion request form for Participant to make appointment. For any inquiries, please contact CDCC Pilot Scheme
Delete	Back Next Cancel

8.1.3 To-do List & Laboratory Result Acceptance



After the participant has attended the laboratory for investigation, the laboratory would upload the result to eHRSS. A notification with "Action" will be sent to the To-do List of the Family Doctor. Family Doctor will receive an eHRSS inbox message when there are new items of the To-do List.

Click [To-do List] under "Administrative".



b.

а.

When the laboratory uploads the result of your investigation request, it will be displayed on your "To-do list". Click [Action].

0-u0 List	Chronic Disease Co-Care Pilot Sc	heme	 Investigation Result Uple 	aded	✓ Sho	w Completed Item(s)
Chronic Dise	ease Co-Care Pilot Scheme				Access To-do	List as Relieving Doctor
Investigat	tion Result Uploaded	lş-				(1 items)
21-Sep-202	23 Service	Investigation Service				
		LINGO NA	Deference No	Details	Convice Drawider	

С.

View PDF to check the report of laboratory results. Select [**@** Read and Accept] and click [Confirm] if agreed with the results.

×	Result
	Participant Information Read and Accept Results
ts. If there is/are the reasons.	English Name: A. Please select Read and Accept if the service provider has completed the neguested item(s) and uploaded the nesults. If there is any item(s) that you would like the service provider to follow up, please select Require Lab Reprocessing and input the reasons.
Lab Reprocessing	- Request Items Complete (Marked by Service Provider) Read and Accept Require Lab Reproc
	HI0C No.: Sex: DM Screening (HbA1c) Select All Select All
0	DDB: O1-Jan-1960(65yr) HbA1c O O O
	Record Upload Information Mark Results Upload Date: 05-Dec-2024
	Report.PDF Reasons of Incomplete:
Confirm	Date: 05-De-2024 © <u>View PDF</u> Reasons of Require Lab Reprocessing
	Reasons of Require Lab Reprocessing

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e.

The record is removed from the To-do list after your acknowledgment.

o-do List	All Programme	All Categories		Show Completed Item(s)
-----------	---------------	----------------	--	------------------------

8.1.4 Investigation Results in Screening Phase

- Laboratory Information System (LIS) of current CDCC laboratory service providers will upload structured investigation result to eHRSS, in addition to the PDF investigation result report.
- CDCC IT Module integrates the uploaded structured investigation result into the "Investigation Result" of "Clinical Note" of screening phase. The latest uploaded structured investigation result from laboratory service providers ordered in screening phase will be automatically filled and displayed in "Investigation Result" tab of "Clinical Note".

а.

In Investigation Result tab, the latest uploaded structured investigation result from laboratory service providers is automatically displayed.



Sample of FPG result displayed in screening phase

b.

Click [PDF icon] from [Investigation / Letter] under Service Summary, to view the PDF investigation result report.

[Copy Data] function of the **latest uploaded structured investigation result** is **disabled** since it has been already filled into Clinical Note.

Chronic Disease Co-	Care Pilot Scheme > DM & HT Scree	ning	$\ensuremath{\underline{\diamond}}$ Investigation	🤱 Letter
Service Summary		*Consultation Date 29-Nov-2024		
Service Reference No.	DM & HT Screening 23830002240000255442	Consultation Type		
Treatment Activity	Investigation / Letter	Assessment Preventive Care Investigation Result Screening Result		
Healthcare Prof	Doctor USHSOP DOCTOR106, Doctor	st Investigation Result Uploaded From Laboratory Service Provider		
Request Date	20-Nov-2024 23830001240000255701	Specimen collection date: 22-Nov-2024		
Nererence Ho.	Detail	Glucose, Fasting plasma (Sl unit): 4.7 mmol/L		
Specimen collectio	n date			Remove
22-Nov-2024	Final report DEP C Copy Data	Supplementary Investigation Result		
Investigation	@ Print	+ Manual Input		
Re	sult available			
Healthcare Prof	Doctor USHSOP DOCTOR106, Doctor			
Request Date	20-Nov-2024			
Reference No.	23830001240000255690			
	- date			
Specimen collectio	n date			
21-NOV-2024	Final report SPDF	Delete	Save	Cancel)
	Copy Data •			

С.

Click [Copy Data] of the corresponding investigation to copy the previous investigation results to the Clinical Note, [Copy Data] is **disabled** after copying.

The auto-filled and copied investigation results can be removed from the clinical notes by clicking [Remove] on the right-hand side.



d.

To supplement investigation result(s) manually, click [+ Manual Input] to enter investigation results.



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e.

HbA1c or Fasting Plasma Glucose (FPG) is mandatory record in screening completion.

All available HbA1c & FPG results (including both copied or manual input) in the current clinical note will be displayed in the screening summary. In each set of HbA1c and FPG results, the results are listed in **reverse chronological order**.

Click [Confirm] to complete screening.



f.

The CDCC DM & HT Screening Summary and CDCC Consultation Summary will be uploaded to eHRSS as current practice.



Sample of CDCC DM & HT Screening Summary in eHRSS Viewer



If the structured investigation result is not yet uploaded by laboratory service providers, or no structured data is available, "No Result" will be displayed in the [Investigation Result] tab.

:	Screening Phase	Manag	ement Phase
a. Investigation re	sult not yet returned	a. Investigation result r	ot yet returned
Chronic Disease Co-Care Pilot Scheme > DM & HT S Service Summary Service DM & HT Scheming Reference No. 338300224000242603 Treatment Activity Severalization / Letter	Consultation Date Consultation Date Consultation Date Consultation Type Consultation Proverfyre Proverf	Chronic Disease Co-Care Pilot Echeme - Management Service Magament Service Magament Treatment Activity Neveloption / Letter No Result @ No Result @ Supplementage	Date
b. No structured d (with PDF result o	ata available nly)	b. No structured data a (with PDF result only)	vailable
Service Summary Service Multi-Att Screening Reference No. 2005/0002240002255422 Tradement Activity Residence Social Second Secon	Consultation Date: Street and a second se	Chronic Disease Co-Care Pilot Scheme - Management Service Summay Service Summay Service Advancement Reference No. 228000022400000755556 Terement Activity Investigation No Result evaliable Reguest Data: 20Nov 2024 Reference No. 288000124000255766	ade [29 Nov 2024] ge @ Face & Deare Consultation (Very suboldaed) westigation Result Westigation Result

Non-standardized structured data refers to structured data NOT mapped to LOINC.

Final report DE

- Standardized structured data refers to structured data mapped to LOINC (Logical Observation Identifiers Names and Codes). For example, LOINC of HbA1c and FPG is 4548-4 and 14771-0 respectively.
- In rare scenarios, laboratory service providers may upload non-standardized structured data. There is a remark for non-standardized structured data as below:



Non-standardized structured data is not recognized by the system.

If Family Doctor completes screening for participants with non-standardized structured HbA1c / FPG result, a warning reminder would be prompted as below. Family Doctor is advised to click [+ Manual Input] to supplement the result of HbA1c or FPG manually.



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8.1.5 Screening Result



"Screening Result" is used for screening completion only when investigation results returned for making diagnosis and prescribing management plan.



For details of creating a new clinical note, please refer to Section 8.1.1 Clinical Note of Screening Phase.

a.

Click [Investigation / Letter] under Service Summary for investigation order and result if necessary. A PDF icon will be displayed if the laboratory uploads the laboratory test result to eHRSS.

Service Summary		*Consultation Date	21-Sep-2023			
Service Reference No.	DM & HT Screening 23830002230000009900	*Consultation Type	Face-to-Face	e Consultation O Ph	one Consultation (Non-subsidi	sed)
Treatment Activity	Investigation / Letter	Assessment	Preventive Care	Investigation Result	Screening Result	
Investigation	@ Print	me BP	/	mmHg	Home Pulse	/min
Healthcare Prof	Doctor PANG DONALD, Doctor	*Office BP	/	mmHg	*Office Pulse	/min
Request Date	20-Sep-2023	Temp	°C (Degree Celsius)	Histix	mmol/L
Reference No.	23830001230000010091 Detail~	BW	kg		вн	m
		Waist Circumference	cm		BMI	kg/m ²
Result Date 2023-09-20 Final	report A	Smoking Status	O Non-smoker	O Smoker	OEvermoker	

b.

Click [PDF] icon to check investigation result.

meanine mounty	investigation / Letter			and the second se	
Request Date	DOCTOR106, Doctor 19-Jun-2024	Latest Investigation	Result Uploaded From	n Laboratory Service Provi	der
Reference No.	2383000124000067803 Show Less V (2) Edit	Specimen collectio Glucose, Fasting pl	n date: asma (SI unit):	10-Jul-202 4.7 mmol	24 9 /L
Investigation Detai Clinic / Centre Nam Reason for Request Investigation Group	Is e PathLab Medical Laboratories Ltd_test "To verify the display of different lab package data - Package (F) - Annual Tests for Pre-DM ping	Triglycerides (SI un Cholesterol, Total (HDL Cholesterol, Di LDL Cholesterol, Di Chol/HDL Ratio (Of HBA1c (by HPLC) (VLDL Cholesterol, B	it): SI unit): I unit): rect (SI unit): her unit): Other unit): oy Calc (SI unit):	2.38 mmo 7.23 mmo 1.99 mmo 3.28 mmo 3.6 5.1 % 1.94 mmo	N/L N/L N/L N/L
Package (F) - Annua Tests for Pre-DM Investigation Package	HbA1c,Glucose, Fasting / FPG,Full Lipid Profile, Fasting	Supplementary Inves	stigation Result		
Specimen collectio 10-Jul-2024	Final report	DE			

С.

Click print icon to print the investigation result if needed.

		Medica	al Laborat	pere Cr. off		C
	Patien Holt Salter Calles Desat	n CHAN GO		ladi No; Sina kapi A K Old No; Kapata dana Kapata dana	n	Page 1 of 2 OB 10.01, main
	-	11.004		-		nd 848
BIOCHEMISTRY						
Light Public (Deven) D.B.B.D.B.B. Demonstration ABUB HD, Demonstration ABUB D-D, PD, April B. STUDIER D-D, PD, April B. STUDIER	1 10 10 10	constitut monaista Ratio	492 1418 14	20 N	-93	+390 +54
Ingjourden (MILIA 12h October) AltaBilitation David	8. 1 AD	mana h	-117 -28	. 01	-4216 -4216	100

d.

Check the autofill laboratory results from "Investigation Result", or click [+ Manual Input] to supplement further.

Assessment Preventive Care Investigation Result Screening Result Latest Investigation Result Uploaded From Laboratory Service Provider From Laboratory Service Provider From Laboratory Service Provider

Specimen collection date:	10-Jul-2024	
Glucose, Fasting plasma (SI unit):	4.7 mmol/L	
Triglycerides (SI unit):	2.38 mmol/L	
Cholesterol, Total (SI unit):	7.23 mmol/L	
HDL Cholesterol (SI unit):	1.99 mmol/L	
LDL Cholesterol, Direct (SI unit):	3.28 mmol/L	
Chol/HDL Ratio (Other unit):	3.6	
HbA1c (by HPLC) (Other unit):	5.1 %	
VLDL Cholesterol, by Calc (SI unit):	1.94 mmol/L	
		Remove

Supplementary Investigation Result



Edit Cancel

e.

Go to "Screening Result" for Diagnosis and Management Plan.

Assessment	Preventive Care	Investigation Result	Screening Result	<u></u>
Diagnosis	HT Screening:	O Normal BP	O High Normal BP	Онт
	DM Screening:	ONormal	O Prediabetes	Odm
	Hyperlipidaemia	O Yes	O No	ON/A
Note				
Management Plan	Admit to Treatmo	nt Phase		
	O FU by family do	octor for Pre-DM mana	igement (HbA1c 6.0-6.4%	/ FPG 6.1-6.9 mmol/L) without HT under the
•	CDCC Pilot Sch	neme		
	Reason for ch	loosing pre-DM manag	gement plan that does not	align with lab results
	O sub-freeth d	and a part and the st	The second	
	Scheme	octor for DM and / or F	i management under the	CDCC Pilot
	Not Admit to Trea	tment Phase		
	O Normal DM sci	reening and not HT		
	DHC	1		
	Lifestyle m	odification activities		
	weight	management		
	healthy	/ diet		
	alcoho	l control		
	C Others	, please specify		
	Others, ple	ase specify		
	O Pre-DM manag	ement (HbA1c 5.7-5.9	% / FPG 5.6-6 mmol/L) wi	align with lab regulta
	Reason for cr	loosing pre-Dwi manag	jernent plan that does not	angn with lab results
	П рнс			
	Lifestyle m	odification activities		
	smokir	ig cessation		
	🔲 weight	management		
	□ healthy	/ diet		
	alcoho	l control		
	Others	, please specify		
	U Obiers, pre	ase specify		
	O Scheme Partic	inant has pre-DM (HbA	1c 6 0-6 4% / FPG 6 1-6 9	mmol/L) / DM / HT
	but he/she doe	es not opt for entering	Treatment Phase	(IIIII0/L) / DW/ HI,
	DHC			
	🔲 Refer to H	Ą		
	Others, ple	ase specify		
	Screening Com	pleted		
Delete				Save Cance

Management Plan

Corresponding management plan will be enabled according to the Diagnosis input by the Family Doctor as follows:

	Diagnosis of HT Screening	Diagnosis of DM Screening	Management Plan
i.		Normal	Normal DM screening and not HT
ii			Pre-DM Management
	Normal /	Normal / Pre DM	(HbA1c 6.0-6.4% / FPG 6.1-6.9 mmol/L)
	High Normal		Pre-DM Management
			(HbA1c 5.7-5.9% / FPG 5.6-6 mmol/L)
iv.		DM	DM Management
v.		Normal	HT Management
vi.	HT	Pre DM	HT + Pre-DM Management
vii.		DM	HT + DM Management

i. Normal DM screening and not HT

			100
HT Screening:	Normal BP	O High Normal BP	OHT
DM Screening:	Normal	O Prediabetes	ODM
Hyperlipidaemia:	O Yes	O No	ON/A
HT Screening:	O Normal BP	High Normal BP	Онт
DM Screening:	Normal	O Prediabetes	ODM
Hyperlipidaemia:	O Yes	O No	ON/A

ii & iii. Pre-DM Management

HT Screening:	Normal BP	O High Normal BP	OHT
DM Screening:	O Normal	Prediabetes	ODM
Hyperlipidaemia:	O Yes	O No	ON/A
HT Screening:	O Normal BP	High Normal BP	OHT
HT Screening: DM Screening:	O Normal BP	 High Normal BP Prediabetes 	O HT

Since there are 2 types of pre-DM:

- HbA1c 6.0-6.4% / FPG 6.1-6.9 mmol/L
- HbA1c 5.7-5.9% / FPG 5.6-6 mmol/L

Investigation results in the current consultation note will be checked against with the management plan selected.

Please provide reason if it is not aligned.

~	DHC
	Lifestyle modification activities
	smoking cessation
	weight management
	healthy diet
	alcohol control
	Others, please specify
	Others, please specify



iv. DM Management

HT Screening:	Normal BP	O High Normal BP	OHT
DM Screening:	O Normal	O Prediabetes	● DM
Hyperlipidaemia:	O Yes	O No	●N/A
		High Normal PP	0.17
HT Screening:	O Normai bi	C right tornal br	OHI
HT Screening: DM Screening:	O Normal	O Prediabetes	© DM

v. HT Management

HT Screening:	O Normal BP	O High Normal BP	◎ HT
DM Screening:	Normal	O Prediabetes	ODM
Hyperlipidaemia:	O Yes	ONO	N/A

Admit to Treatment Phase FU by family doctor for DM and / or HT management under the CDCC Pilot DM management Scheme Not Admit to Treatment Phase Oscheme Participant has pre-DM (HbA1c 6.0-6.4% / FPG 6.1-6.9 mmol/L) / DM / HT, but he/she does not opt for entering Treatment Phase DHC Refer to HA Others, please specify

FU Sci	by family doctor for DM and / or HT management under the CDCC Pilot neme	HT management
Not	Admit to Treatment Phase	
OSc	neme Participant has pre-DM (HbA1c 6.0-6.4% / FPG 6.1-6.9 mmol/L) / DM / H	HT, but he/she does not opt
TOT	entering Treatment Phase	
Tor	entering Treatment Phase DHC	
	entering Treatment Phase DHC Refer to HA	

vi. HT + Pre-DM Management

HT Screening:	O Normal BP	O High Normal BP	● HT
DM Screening:	ONormal	Prediabetes	ODM
Hyperlipidaemia:	O Yes	ONO	●N/A

SC	J by family doctor for DM and / or HT management under the CDCC Pilot HT + Pre-DM management
Not	Admit to Treatment Phase
) Sc for	heme Participant has pre-DM (HbA1c $6.0-6.4\%$ / FPG $6.1-6.9$ mmol/L) / DM / HT, but he/she does not opt r entering Treatment Phase
	DHC
	Refer to HA
	Noter to the

vii. HT + DM Management

HT Screening:	O Normal BP	O High Normal BP	◎ HT
DM Screening:	O Normal	O Prediabetes	© DM
Hyperlipidaemia:	O Yes	ONo	●N/A

Admit to Treatment Phase

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

Not Admit to Treatment Phase

O Scheme Participant has pre-DM (HbA1c 6.0-6.4% / FPG 6.1-6.9 mmol/L) / DM / HT, but he/she does not opt for entering Treatment Phase

DHC

Refer to HAOthers, please specify

f.

Click (1) to view supplementary information for doctor's referral to other health services according to different management plans.

Assessment	Preventive Care	Investigation Result	Screening Result								
Diagnosis	HT Screening:	O Normal BP	O High Normal BP	Онт							
	DM Screening:	ONormal	O Prediabetes	O DM	Doctor may refer heal	th servic	ces under s	pecific manag	ement plan acco	rding to table	e below:
	Hyperlipidaemi	ia: O Yes	O No	O N/A				peenie manog		and to tast	
Note					Management Plan	Health services referral available with subsidies					
						DHC	Dietitian	Optometrist	Physiotherapist	Podiatrist	Annual blood and urine tests for complication screening
Management Plan	Admit to Treatm	ent Phase			Normal DM screening and not HT	~					
0	CDCC Pilot S	cheme	agement plan that does no	t alice with lab res	Pre-DM management (HbA1c 5.7- 5.9%/FPG 5.6-6 mmol/L) without HT	6					
	O FU by family	doctor for DM and / or	HT management under th	e CDCC Pilot	Pre-DM management (HbA1c 6.0- 6.4%/FPG 6.1-6.9 mmol/L) without HT	~	~		~		
	Scheme				DM management	1	1	1	1	1	1
					HT+DM management	~	~	×	×	1	✓
					HT management	1	1	1	1	*	*
					HT+Pre-DM management	1	1	1	1	1	1

g. Select [☑ Screening completed] and [Save].



i.

After saving consultation note of screening completed, a screening summary will be prompted for review, click [Confirm].



h.

Some mandatory fields to fulfill when [Screening completed] checkbox has been checked.



j.

A CDCC DM & HT Screening Summary will be uploaded to eHRSS Viewer (Appendix F).

Time 40	and too caners vi		010
Type As		T + rate [] or i of of one +] O	0 6
PERMIT AND		The attend use only and out for aborbulan	
INTEL INT R		HCC No.: C232300(5)	
COCC dietetic note Subjatient record 2-Oct-2023 ARTUAL UNIT B	2	CDCC DM & HT screening summary 008 01 Jan 100 Age 01 Jan 100	
DCC nursing note		Sec Male	
Outpatient record 2-Oct-2023 DHC KWAII TSING TEST 20CC consultation summa Sulpatient record 1-Oct-2023	7: ×y	Considerin Brenny Pol Nerve Media Consideri Programe Denis Desarco Color Pol Selare Brena Disk Tananny Course Cene Vesuit 100/TML VICE Course Cene Vesuit 100/TML VICE	
Intual HOSPITAL - VHC4	12	The information being uses optimized from latest data input formational formation Plana as at 14.	
CDCC dietetic note Dutpatient record 11-Oct-2023 ARTUAL UNIT B	2	Sep 202 Media / Assessment Office IP: 102 / Minerity Office Takes 45 Inter	
CDCC dietetic note Outpatient record 0-Oct-2023 IRTUAL UNIT B	71	Honopen Hand HANS 75 S HonoresHANS - PPG - Relation -	
DCC consultation summa	ny	Basering Result	
A Crit 2022		Diagnossi H1 Screening H1, Dir Screening Predabetes	
VIUAL HOSPITAL - VHC4	2	Perforgent Copyrant for Screening Service	
DCC DM & HT screening		Amount \$120	
united y		Revise Constants on Interpreter	
4-Sep-2023		This acreeving service was completed and confirmed on14-Sep-2022.Participant was enrolled to according to the Management Plan	
THE PROPERTY ALL STRUE		Prepared by Docker SetSOP, DOC10R001	
who convertigation summa	"	Last updated in: 25-Sep-2023 16-58	
4-Sep-2023	. (/	ALTERNET ALTERNET ALTERNET ALTERNET ALTERNET ALTERNET ALTERNET ALTERNET ALTERNET	
vitual HogenSUL - VHC4 Chronic Disease Co-Care Icheme consultation sums Subatient record 1-Sep-2023		No device the TableTableTableTableTableTableTableTable	

Prepared by IT & HI, HA

k.

Confirmation is needed to proceed to treatment phase. Click [Yes].



١.

Save successfully.



Family Doctor will be redirected to issue a referral letter to DHC for treatment phase. Click [Yes] to proceed.

SYSTEM MESSAGE	
Do you wish to print referral letter to DHC +/- other healthcare providers for arrangement of health service(s) now?	
Yes Cancel	

n.

Fill in all text fields of **Referral letter to DHC**, especially the Allied Health services indicated for the participant. Click [Save].

m.

re P	Letter		/es
DM 238	*Select Letter *To	Referral Letter V DHC / DHCE V Please specify	
	District	KTSIDHC TEST	
	*Reason for referral/Topic	For arrangement of health service(s) for newly diagnosed Pre-DM + HT	
C	*Clinical details	HbA1c 7.0mmol/L BP baseline 140/90mmHg	age
	*Management plan/Remarks	Refer to Optometrist, Dietitian and Nurse clinic for consultations	
	Delete	Save Cancel	

Ο.

The screening service is completed. It will be displayed in Other Service(s).

Aanagement Management Plan: HT + DM management		
teference No.: 23830002230000010653	ta Attendance 🕞 Cl	inical Note 🧝 Letter 👷 Investigation
Details	Date	Checklist
Letter (by Doctor LEE YI SENG, Doctor)	21-Sep-2023	
Other Service(s) Amount: 1		@ Re-screen
Chronic Disease Co-Care Pilot Scheme DM & HT Screening Reference No.: 23830002230000010631		⊘ Comple
Details	Date	Checklist
	21-Sep-2023	
Consultation (by Doctor LEE YI SENG, Doctor)	04.0 0000	
Consultation (by Doctor LEE YI SENG, Doctor) Investigation (by Doctor LEE YI SENG, Doctor)	21-Sep-2023	

•	
A	

For details of Letters, please refer to Section 9 Letters.

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8.1.6 Selection of "Not opt for entering Treatment Phase"

If Family Doctor selects to opt out for entering Treatment Phase at screening completion for participants, it is allowed to have "Cooling off period" to admit to Treatment Phase

When participants opt out Treatment Phase at screening completion, a reminder will be prompted for confirmation. Click [Confirm] to proceed screening completion, or [Cancel] to go back to clinical note. "Not opt for entering Treatment Phase" indicates the Scheme Participant will not enter Treatment Phase with corresponding management package provided. Please confirm.



To follow up those participants by DHC care coordinators, a **90-day** "cooling off period" is allowed during which CDCC Family Doctors can edit a screening completed clinical note for change of diagnosis / management plan.

- This saved clinical note can be updated within 90 days from the first screening completion date.
- CDCC Family Doctors can select another management plan for the CDCC participant with reason.
- The newly selected management plan will be created accordingly.
- The corresponding "CDCC consultation summary" and "CDCC DM & HT screening summary" will be updated and uploaded to eHRSS (by replacing the original version).
- To change other saved management plans (e.g., HT+Pre-DM Management to HT+DM Management), Family Doctor can manage in [Participant Profile Management].



For details of selecting "Not FU by family doctor", please refer to Section 13.1 Inbox Notification.

Steps to update management plan after completing DM & HT screening with "Scheme Participant has pre-DM (HbA1c 6.0-6.4% / FPG 6.1-6.9 mmol/L) / DM / HT, but he / she does not opt for entering Treatment Phase":

Click [Health Profile] and search for participant.



b.

а.

Open the saved clinical note of screening completion in Other Service(s).

Other Service(s) Amount: 1		🛞 Re-screening
Chronic Disease Co-Care Pilot Scheme DM & HT Screening		⊘ Completed
Reference No.: 238300022		
Details	Date	Checklist
Consultation (by Doctor SHSOP DOCTOR001, Doctor)	26-Aug-2024	

С.

Provided that the first screening completion date is within 90 days, [Edit] is available. Click [Edit].





d.

Update Management Plan or other necessary information.

Assessment	Preventive Care	Investigation Result	Screening Result			
Diagnosis	*HT Screening:	O Normal BP	O High Normal BP	• HT		Î
	*DM Screening:	O Normal	Prediabetes	ODM		
	Hyperlipidaemia	a: • Yes	ONO	ON/A		
Note	Update Dx to HT of	n 3/9				ľ
*Management Plan	Admit to Treatme	ent Phase octor for Pre-DM manage hoosing pre-DM manage	ement (HbA1c 6.0-6.4% ment plan that does not	/ FPG 6.1-6.9 mmol/L) align with lab results	without HT under the CDCC Pilot Scheme	
	FU by family d	octor for DM and / or HT	management under the	CDCC Pilot Scheme	HT + Pre-DM management]
Delete	L				Save Cancel)

e.

Input "Reason for changing management plan" which is mandatory and click [Save].

Assessment	Preventive Care	Investigation Result	Screening Result		
O Sch	eme Participant has pr	e-DM (HbA1c 6.0-6.4% /	/ FPG 6.1-6.9 mmol/L) /	/ DM / HT, but he/she does not opt for entering Treatment Phase	^
	DHC				
	Refer to HA				
	Others, please specify				
Scree	ening Completed				
*"Schen	ne Participant does not	opt for entering Treatm	ent Phase" was select	ed before, please specify the reason for changing Management Plan	
Update (Dx to HT				
Change	plan on 3/9				
Delete				Save Cancel	

f.

Review the updated screening summary with new screening completion date and click [Confirm].

g.

Confirm screening completion.

confirmation	
This screeni	ng service will be completed once confirmed today (03-Sep-2024).
Are you sure	to confirm and proceed?
	Yes No

h.

Click [Yes] to issue a referral letter to DHC and other healthcare providers if necessary.

	Letter	
	*Select Letter *To	Referral Letter V DH67/DHCE V V Please specify
	District	
SYSTEM MESSAGE	*Reason for referral/Topic	C For arrangement of health service(s)
Do you wish to print referral letter to DHC +/- other healthcare providers for arrangement of health	◆Clinical details	Please provide information such as related history, physical examination findings, investigation results, other clinical assessment, diagnosis
service(s) now?	*Management plan/Remarks	Please provide information such as referral details for arrangement of health service(s), point(a) to note
	Delete	Seve Cancel

i.

New management plan with subsidised quotas is created.

Quota Balance		Clinical Progress Chronic Disease Co-Care Pilot Scheme				(Click More V	
Medical Consultation	6 /6	Management Management Plan: HT + DM management						
Nurse Clinic	2 /2	Reference No.: 2383000224		Attendance	Clinical Note	& Letter	Investigation	
Allied Health Consultation	4 /4	Details	Date		(Checklist		
Clinical Team								
Paired Family Doctor Doctor SHSOP, DOCTOR001								
District Health Centre (Kwai Tsing)								
		Other Service(s) Amount: 1					🛞 Re-screening	
		Chronic Disease Co-Care Pilot Scheme DM & HT Screening						
		Reference No.: 2383000224	Dete		0			
		Consultation (by Doctor SHSOP DOCTOR001, Doctor)	30-Dec-2024				× 8 ×	
L								1

60

8.1.7 Clinical Note of Treatment Phase



After screening completed, CDCC participants will go to treatment phase if clinically indicated. The management plan of the participant is shown in "Clinical Progress".



There are **five categories** in the Clinical Note of Family Doctor in treatment phase.

Chronic Disease Co-Care Pilot Scheme > Management	t				🕆 Investigation 2. Letter
Service Summary	*Consultation Date	26-Sep-2023			
Service Management Reference No. 23830002230000011417	*Consultation Type	Face-to-Face Consultation O P	hone Consultation (Nor	n-subsidised)	
Treatment Activity Investigation / Letter	Assessment	investigation Result Management	Preventive Care	Medication	
Consultation @ Print	Home BP	/ mmHg	Home Pulse	/min	Í
ی 🗠 😭 🛇 😭	*Office BP	/ mmHg	*Office Pulse	/min	
Consultation Date 26-Sep-2023	Temp	*C (Degree Celsius)	H'stix	mmc	l/L
Clinical Note	BW	kg	BH	m	
	Waist Circumference	cm	BMI		

a. Assess	ment					
Assessment	vestigation Result	Management	Preventive Care	Medication		
Home BP	/ /	mmHg mmHg gree Celsius)	Home Pulse *Office Pulse H'stix BH		min min nmol/L n	
Smoking Status Drinking Habit	O Non-smoker	O Smoker O Current drinke	EIMI O Ex-smoke er O Social drir	r nker O Ex-dri	g/m	
Drug Compliance	O Good Remarks	O Fair	O Poor	O N/A		
Side Effect of medications	O Yes Remarks	0 No	O N/A			
Dietary Compliance	O Good Remarks	O Fair	O Poor			
Exercise	O Regular Remarks	O Infrequent	O None			
Assessment Note						

b. Investig	gation Result					
Assessment Inv	vestigation Result Management	Preventive Care	Medication		_	
Date of Investigation						HbA1c / FPG availability defaulted to
*HbA1c / FPG result avail	lable: O Yes (please indicate result belo	w) 🖲 No				be No.
HbA1c	% Recheck HbA	1c (If any)	% (Date of Investig	ation: 📋)		
FPG	mmol/L Recheck FPG	(If any) n	nmol/L (Date of Inve	stigation: 📋)		
2-hour Plasma Glucose ((Post-75g glucose load) mn	nol/L				
тс	mmol/L	TG		mmol/L		
HDL	mmol/L	LDL		mmol/L		
Cr	umol/L	eGFR		ml/min/1.73m²		
ALT	U/L	ALP] U/L		
Urine ACR	mg/mmol	Urine PCR		mg/mmol		
Other Urine Test(s)]	
X-ray]	
ECG]	
Other Test(s)]	

c. Management

Assessment	restigation Result Management Preventive Care Medication	
Problem	DM Prediabetes Hyperlipidaemia Others, please specify	
Management	 Interpretation Please Education please specify Life Style Modification Advice please specify Arrange Investigation Physiotherapist Optometrist Dietitian Poliatrist Refer to Nurse Clinic Patient Empowerment Programme Intensive Diabetes Prevention Programme Arrange HA Designated M&B Specialist Consultation Arrange Family Doctor FU, Date of Next Appointment Day 	
	Others, please specify	
Additional Clinical No		

d. Preventive Care

Assessment	Investigation Result	Management	Preventive Care	Medication	
			2		
Vaccination	Advice given u	pon consultation on	Ja	ab given upon consulta	tion
	Seasonal in	fluenza		Seasonal influenza	
	COVID-19			COVID-19	
	Pneumococ	cal		Pneumococcal	
	Herpes Zost	er		Herpes Zoster	
	Others, plea	se specify		Others, please specify	/
Concor Scrooping	Advice given u		0	arooning dono upon con	nultation
cancer screening	Advice given u	or		Dreast Cancer	Isultation
		el		breast Gancer	
	Cervical Car	ncer		Cervical Cancer	
	Colorectal C	ancer		Colorectal Cancer	
	Others, plea	se specify		Others, please specify	/
Note					
Other proventive ee					
place specify	e,				
please specify					

e. Medic Assessment	COTION Investigation Result	Management	Preventiv	ve Care	Medication				Medication to be prescribed is
*Medication to be pro Standard Drug Name Aspirin Tablet 80mg	escribed	Reason			~		× ~		Select the medication from the drug list.
*Dosage tablet	*Frequency	~	PRN *	*Route Oral ✓	*Duration	day(s)	*Total Qty		multiple entries.
Other Drug Name									
Dosage	Frequency	~	PRN	Route ~	Duration		Total Qty	2	Other Drug: Allow free text entry for non- subsidised medication.
Delete						Save	Cancel		

f.

If no medication to be prescribed, reason is required.

Assessment	Investigation Result	Management	Preventive Care	Medication
*Medication to be pr	escribed 🔾 Yes 💿 N	lo *Reason		^
Standard Drug Name		No Pat Pat	medication required for this tient using own stock tient refused medications	s consultation
Dosage	Frequency	Oth	hers	

g.

Click [Save] when documentation done.

Assessment	Investigation Result	Management	Preve	ntive Care	Medication		
 Medication to be pr 	escribed 🖲 Yes 🔘	No Reason			~		
Standard							
Drug Name							
Aspirin Tablet 80mg							× ×
*Dosage	*Frequenc	(PRN	*Route	*Duration		*Total Qty
tablet	~	`	- 0	Oral 🗸	d	ay(s) 🗸	
tablet 🗸							
	-						dd New Item
Other							
Drug Name							
Dosage	Frequenc	y .	PRN	Route	Duration		Total Qty
			-				
	-						
· · · ·	-						dd New Item
Delete						Save	Cancel
						C	
							-

h.

[Clinical Note [2]] icon is on under Checklist.





Medication records of previous saved clinical notes are displayed in each corresponding historical Treatment Activity under "Service Summary". There is a Medication Copying function for CDCC Family Doctors, where past medication records are able to be copied to current clinical note.

а

Click "Copy" button next to each past medication record.



b.

The selected medication record will be copied to the current new clinical note, including Drug name, Dosage, Frequency, PRN indicator, Route, Duration and Total Quantity.

Further amend dosage instruction if necessary.



<Restricted>

С.

If all medication records of a past clinical note are to be copied, click "Copy All Drug(s)" button, which is at the bottom of Medication section.

Medication Medication to be Yes		t Consultation De							
Medication to be Yes		-Consultation Da	26-Aug-2024	I					
prescribed	1	*Consultation Ty Assessment	pe Face-to-Face Investigation Result	Consultation O Ph	one Consultation (No	n-subsidised) Medication			
Standard Aluminium / N Hydroxide and Tablet - 2 tabl oral - 7 day(s)	Magnesium	*Medication to be Standard Drug Name	prescribed Yes No Frequency)	Reason PRN Poute	Duration	V Total Oty		Ý
Standard Tramadol HCl - 1 capsule - fr oral - 1 day(s)	Capsule 50mg ① <u>Copy</u> our times daily - - 4 capsule	Other Drug Name	V	~			∨ V	× •	Add New Item
Other testing drug A three times da day(s) - 21 tal	- 1 tablet -	Dosage	Frequency	~	PRN Route	Duration	Total Qty	✓	Add New Item
Other test drug B - 1 daily - oral - 1	tablet - once <u>Copy</u> day(s) - 1 tablet <u>Copy All Drug(s</u>)							Save	Cancel

d.

All medication records of both Standard and Other will be copied respectively to current clinical note. Further amend dosage instruction of each medication if necessary.

*Consultation Date	26-Aug-2024	1				
*Consultation Type	Face-to-Face	Consultation OP	hone Consultation (N	Non-subsidised)		
Assessment	Investigation Result	Management	Preventive Care	e Medication		
*Medication to be pre	escribed Yes N	0	Reason		~	
Standard						
Drug Name Aluminium / Magnesiu	um Hydroxide and Simethic	one Tablet				~
*Decesso	* [roguopoy	DDA	L *Douto	*Duration	*Total Oty	
2 tablet	 Frequency once daily 		oral V	7 day(s)	✓ 14 tablet ✓	•
Drug Name						-
Tramadol HCl Capsule	50mg					~
*Dosage	*Frequency	PRI	*Route	*Duration	*Total Otv	,
1 capsule	✓ four times d	aily 🗸 🗆	oral 🗸	1 day(s)	✓ 4 capsule ✓	
						Add New Item
Other						
Drug Name						
testing drug A						
*Dosage	*Frequency	PRI	*Route	*Duration	*Total Qty	
1 tablet	three times of the times of	iaily 🗸 🗌	oral 🗸	7 day(s)	v 21 tablet v	
Drug Name						
test drug B						
*Dosage	*Frequency	PR	Route	*Duration	*Total Qty	_
I tablet		✓ □	orai 🗸	I udy(s)		
						Add New Item
Delete						Save Cancel



<Restricted>

8.1.8 Investigation Order in Treatment Phase

а.

Click [Investigation] on Menu, or click [Investigation] in Consultation page of Treatment Phase.

Attendance 🕞 Clinical No	te 🔉 Letter 🐁 Investigation
Date	Checklist
04-Oct-2023	□ <mark>- </mark>
03-Oct-2023	
03-Oct-2023	🖬 🗸 🕞 🖌 🖓 🗸
26-Sep-2023	

b.

For blood test in Treatment Phase, select [
Investigation Form – for Investigation]. Click
[Confirm].



С.

Select Clinic / Centre Name from the list, enter reason for request. Click [Next].

Investigation				
1 Investig	ation Details	Investigation items ————————————————————————————————————	0	Confirmation
*Clinic / Cen	tre Name			2
*Reason for	Request Virtual HOSPITAL - VHO	4		
In accordano reference onl results and to Please print 1 Hotime at 211	with the Scheme's Terms and Cond rand are not a substitute for profess arrange for any necessary follow up its investigation request form for Par 77 0500.	titions, the Lab Test and EDO results from ional advice, diagnosis or treatment. It is and the Bovernment shall have no liabil ticipient to make appointment. For any I	n Investigation Service Provide a your sole responsibility to int Iny in relation thereto. Inquiries, please contact CDCC	r are for erpret these Pliot Scheme
Delete		Red Ned Of	cel	

d.

More investigation packages with price list can be selected.

Or check the checkbox of individual lab items with the listed price.

Click [Next].

estigation		
V Investigation Details	2 Investigation Items	3 Confirmation
Please select the investigation items by clicking the fol	lowing selections or individual investigation items.	
Investigation Grouping		
Package (F) - Annual Tests for Pre-DM + HeA1c Glucose, Fasting / PPG • Full UpId Profile, Fasting	Package (G)-Confirmatory Tests for Suspected DM If shall accessing test: HAN's 6.5% or FPG a Z mmS/LL + ReA1c - ReA1c - Glucose, Fasting / FPG - Full Lipid Profile, Fasting - RFT with eGPR	Package (b)-For Newly Disaccesd HT + HeAtc - Glucose Fasting / FPG - Fail Luid Profile, Fasting - RFT with oUTR - MSU, Routine / Microscopy
\$70	\$100	\$130
DM Screening (HbA1c) + HbA1c	DM Screening (FPG) Glucose, Fasting / FPG	Package (A)- Basic Care Package (1) Glucose, Fatting / FPG Full Lipit Profit, Fasting RFT with eGFR
\$20	\$20	\$80
Packase.(III.:Hvartension.011) • Glocose Fasting / IPG • Full Loge Hover, Fasting • RF1 with dGR • Unice PGR • Unice PGR \$110	Package (3-Dabbets Milliou (DM) • NeA10 • Guicose, Faning / FPG • Guicose, Faning / FPG • Guicose, Faning • Girtwith edge • Gritwith edge \$130	Packape, 61-18aic Care Packape, f2) • HbA1c • Glucose, Fasting / FPG \$40
Investigation Items		
Blood lest	Ann 💭 Olympic Factory (FD	
	\$20 Glucose, Fasting / FP	5 \$20
Oral Glucose Tolerance Test (UGTT) - 75g	S20 Puil Lipid Profile, Fast	ng \$30
	S30 M REI WITH EGER	\$30
	\$30 Orate	\$20
	\$50 CBC (with Differential	Count) \$50
L ESR	\$20 LI TSH	\$50
LI TT4	\$50	
Urine Test	000 E 1999 ACC	*
	Sad 🗋 Unite ACR	\$30
MSU, Routine / Microscopy	\$30 🔲 MSU, (Microscopy & E	sacterial Culture) \$50
Sputum rest		(0.1)
 Sputum, (Microscopy & Bacterial Culture) 	\$50 🔲 Sputum, AFB (Smear ,	(cuiture) \$50
	Back Next Cancel	

e.

Calculation of total costs for the investigations ordered will be shown. Click [Submit].



f.

To issue Investigation Form for ECG, repeat the steps. Select [
 Investigation Form – for ECG], click [Confirm].



g.

Select "Clinic / Centre Name" from the list, enter reason for ordering. Click [Next].

-	
Investigation	
1 Investigation Details	Onfrination
*Clinic / Centre Name	Virtual HOSPITAL - VHC4
*Reason for Request	Chest discomfort
In accordance with the Sc	heme's Terms and Conditions, the Lab Test and ECG results from Investigation Service Provider are for reference only and are not a a arbitrar disponsis or treatment. It is your sola responsibility to intervent these results and to arrange for any necessary following and the
Government shall have no	 I ability in relation thereto. I ability for each of the second state of the sec
Please print this investiga	tion request form for Participant to make appointment. For any inquines, please contact CUCC Priot scheme Poune at 2157-0500.
Delete	Back Next Cancel

h.

Calculation of total costs for the ECG ordered will be shown. Click [Submit].

Investigation Details —		- 2 Confirmation
Clinic / Centre Name	Virtual HOSPITAL - VHC4	
Reason for Request	Chest discomfort	
Investigation Items		
ECG		\$50
	Tota	Participant Pay Amount \$50

Enter the emergency contact of family doctor (not printed) and print the Investigation Request form. (The emergency contact number is defaulted from last entry by the Family Doctor, and allowed to click the pencil icon for editing.)



i.

8.1.9 Investigation Results in Treatment Phase

 CDCC IT Module is able to integrate the uploaded structured investigation result into the "Investigation Result" of "Clinical Note" of Treatment Phase. The latest uploaded structured investigation result from laboratory service providers ordered in Treatment Phase would be automatically filled and displayed in "Investigation Result" tab of "Clinical Note" under treatment phase.

Go to Investigation Result tab, the latest uploaded **structured investigation result** (ordered in treatment phase only) from laboratory service providers would be automatically displayed.

Assessment Investigation Result	Aanagement Preventive Care	Medication	
Latest Investigation Result Uploaded From Labor	atory Service Provider		
Specimen collection date: Glucose, Fasting plasma (SI unit):	22-Nov-2024 4.7 mmol/L		i Remove
Supplementary Investigation Result			
Delete			Edit Cancel

Sample of FPG displayed in treatment phase



For details of Investigation Result, please refer to **New Section 8.1.4 Investigation Results in Screening Phase**.

8.1.10 Rescreening by Family Doctor

Re-screening eligible participants can be performed to support CDCC participants who had completed the 1st screening service with one of the below Management Plans not admitting to Treatment Phase:



To start "Re-screening" for a CDCC participant



b.

[Re-screening] button is located on the right-hand side of "Other Service(s)". It is only available to the **active paired FD in "Clinical Team"**.

Clinical Progress Chronic Disease Co-Care Pilot Scheme Management Management Plan: Normal DM screening and not HT				🗓 Click More 🗸
Reference No.: 2383000224	🗇 Attendance	Clinical Note	& Letter	象 Investigation
Details	Date	C	Checklist	
Other Service(s) Amount: 1				B Re-screening
Chronic Disease Co-Care Pilot Scheme				⊘ Completed
DM & HT Screening				
Reference No.: 2383000224				
Details	Date	Ch	ecklist	
Consultation (by Doctor SHSOP DOCTOR001, Doctor)	01-Nov-2024		la 🗸 🛛	2 🗸 🚙 🗸

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•

С.

Select [Re-screening Reason] from the dropdown list and click [Confirm].



d.

Click [Yes] to confirm to complete current management plan and start a new screening service.



e.

A summary is prompted. Click [Close].

Ourrent management is c	ompleted. You can perform re-screening for the participant.	
Programme	Chronic Disease Co-Care Pilot Scheme	
Programme Start Date	2024-11-06	
Current Management Plan	Normal DM screening and not HT	
Re-screening Reason	Screening every 3 years for individual with normal screening prev	riously
Reference No.	2383000224	Close

f.

A new "DM & HT Screening" will be created under "Clinical Process" in "Health Profile". The previous management plan will be shown as "Closed" under "Other Service(s)".

Clinical Team	Clinical Progress Chronic Disease Co-Care Pilot Scheme			Click More V
Paired Family Doctor Doctor HO, DOCTOR201	DM & HT Screening DM & HT Screening Reason Reference No - 2883000224	Attendance	Clinical Note & Lette	r ຈື Investigation
District Health Centre (Kwai Tsing)	Details	Date	Checklist	
	Other Service(s) Amount: 2			Re-screening
	Chronic Disease Co-Care Pilot Scheme Management Management Pian: Normal DM screening and not HT			Closed
	Reference No.: 2383000224(Details	Date	Checklist	
	Chronic Disease Co-Care Pilot Scheme DM & HT Screening			
	Reference No.: 2383000224 Details	Date	Checklist	
	Consultation (by Doctor HO DOCTOR201, Doctor)	12-Nov-2024		

g.

Re-screening reason can be retrieved by mouse-over [Re-screening Reason].

Clinical Team	Clinical Progress
Paired Family Doctor Doctor HO, DOCTOR201	Chronic Disease Co-Care Pilot Scheme DM & HT Screening Re-screening Reason Screening every 3 years for individual with 1807
District Health Centre (Kwai Tsing)	normal screening previously

h.

Initiate the new screening service as usual practice, including Attendance, Clinical Note, Investigation and Payment Checkout.



For details of clinical workflow, please refer to Section 6 How to Register Attendance for a CDCC Participant? Section 8.1 Consultation Documentation of Doctors; Section 10.1 Payment Checkout (Family Doctor)



1. Participant Profile Management

Updated Programme status will be reflected in Participant Profile Management. A new plan of "DM & HT Screening" with "Active" status will be created. The previous management plan will be shown as "Closed" with "End Date".

Re-screening reason can be retrieved by mouse-over [Re-screening Reason].

Participant Profile Management			~	Clinical Team
Participant Information (C) Show	Details			
Chronic Disease Co-Care Pilot Scherr	e	Registration Date 06-Nov-2024		Status Active
Chronic Disease Co-Care Pilot Scheme DM & HT Screening இ <u>Re-screening Re</u>	ason			
Programme Start Date 11-Nov-2024	Status Active	End Date -		
Chronic Disease Co-Care Pilot Scheme Management Normal DM screening and	not HT			
Programme Start Date 06-Nov-2024	Status Closed	End Date 11-Nov-2024		
Chronic Disease Co-Care Pilot Scheme DM & HT Screening				
Programme Start Date 06-Nov-2024	Status Completed	End Date 06-Nov-2024		

Participant Profile Managen	nent	✓ CI	nical Team
Participant Information 0	Show Details		
Chronic Disease Co-Care Pilot S	cheme	Registration Date 06-Nov-2024	Status Active
Chronic Disease Co-Care Pilot Sch DM & HT Screening (2) <u>Re-screeni</u>	eme		
Program Screening every 3 years 11-Nov-2 normal screening previo	for individual wit	End Date -	
Chronic Disease Co-Care Pilot Sch	eme		
Management Normal DM screeni	ng and not HT		
Programme Start Date	Status	End Date	
06-Nov-2024	Closed	11-Nov-2024	
Chronic Disease Co-Care Pilot Sch	eme		
DM & HT Screening			
Programme Start Date	Status	End Date	
06-Nov-2024	Completed	06-Nov-2024	

If FD appointment slip of the new screening service is required, click [Print FD Appointment Slip] under the new "DM & HT Screening".

Participant Profile Managen	nent	~	Clinical Team	-
Participant Information 🖒	Show Details			
Chronic Disease Co-Care Pilot S	Scheme	Registration Date 06-Nov-2024	Status Active	
Chronic Disease Co-Care Pilot Scho DM & HT Screening (2) Re-screeni	eme ing <u>Reason</u>			Reference No. 238300022
Programme Start Date 11-Nov-2024	Status Active	End Date -		
Chronic Disease Co-Care Pilot Sch	eme			Reference No. 2383000224 ;
Management Normal DM screening	ng and not HT			
Programme Start Date 06-Nov-2024	Status Closed	End Date 11-Nov-2024		
Chronic Disease Co-Care Pilot Sch	eme			Reference No. 238300022
DM & HT Screening				Print FD Appointment Slip
Programme Start Date 06-Nov-2024	Status Completed	End Date 06-Nov-2024		
2. Participant in active screening service

If the FD clicks [Re-screening] button in [Health Profile] for a participant who has already been in an active screening service, a warning message would be prompted.



3. Participant not eligible for re-screening

If the FD clicks [Re-screening] button in [Health Profile] for a participant who is not eligible for re-screening, a warning message would be prompted.



4. Participant Enrolment

If a participant has already been enrolled to CDCC Pilot Scheme, system will remind the Programme status of the participant at **Participant Enrolment**. If the participant is eligible for re-screening, it is advised to start the new screening round via [Health Profile].





<Restricted>

8.2 Nurse Clinic & Allied Health Service Providers



8.2.1 Assignment by DHC & Acceptance by Nurse Clinic & Allied Health Service Providers

In CDCC treatment phase, the following Allied Health services are available.

Management plan	Duration	Nurse Clinic	Optometrist	Allied Health
Pre-DM (HbA1c 6.0 – 6.4% / FPG 6.1 – 6.9 mmol/L)	Annually	2 sessions	No session	 3 sessions (maximum) Dietitian Physiotherapist
DM / HT+ DM	Annually	2 sessions	1 session	 3 sessions (maximum) Dietitian Physiotherapist Podiatrist
HT / HT + Pre-DM	1 st year	2 sessions	1 session	3 sessions (maximum)Dietitian
	Subsequent years	2 sessions	No session	 Physiotherapist Podiatrist

When screening completed, Family Doctor will indicate the Allied Health services required for the participant on the referral letter to DHC. DHC will then issue a general letter to each type of Allied Health Service Provider (Section 9.3 General Letters). After General Letter for **Nurse Clinic**, **Dietetic**, **Optometry**, **Podiatry and Physiotherapy service** is issued, the participant can make appointment and attend the clinic of Allied Health Service Provider.

а.

The Allied Health Service Provider can go to "eHealth Service". Click [Referral].



b.

Insert participant's HKID card or manual input HKIC No.

*HKJC No.: ()

С.

Referral record will be listed. Referral can be accepted by a corresponding professional. For example, only Dietitians are able to accept the referral to Dietetic Service.

English Name: SHSOP, TEST	1t	Chinese Name: -	HKIC No.: F958 (iii)	DOB: 01-Jan-1960 (64 years)	Expand V Sex: Male	
Pendin) Referral					
	Deferred Consider	Chronic Disease Co-Care Pilot	i Scheme > Management	Dietetic Service Refe	rral Status	

d. Click [Accept]. Referral Service: Chronic Disease Co-Care Pilot Scheme > Management > Dietetic Service Referral No.: 829766 Referral Date: 09-Sep-2024 Referral Date: 09-Sep-2024 Referral Date: 09-Sep-2024

Example of dietetic service referral.

Referral To:

e.

Click [Yes] to confirm to accept referral.



f.

Referral Status changed to Accepted. The referral is built to any dietitian in the accepted HCP



g.

Allied Health Service Provider can start the clinical documentation by clicking [Health Profile].





Points to Note

When the Family Doctor does not prescribe your health service to the participant, DHC will not issue a general letter to you. Hence, you will not find your referral letter and a reminder message will be prompted.

No referral letter to your professional found.
OK

8.2.2 Nurse Clinic & Allied Health Professionals providing service to participant

а.

Nurse Clinic & Allied Health Service Providers can start the clinical documentation by clicking [Health Profile]. Smart ID is the most preferred means.



•		
L		
v	_	
	-	

Take Attendance for the participant.

Attendance Clinical Note	e & Letter 🕆 Investigation
Date	Checklist
21-Sep-2023	
21-Sep-2023	· · · · · · · · · · · · · · · · · · ·
21-Sep-2023	

For details of Taking Attendance,

please refer to Section 6 How to Register Attendance for a CDCC Participant?

d.

A new consultation record is added.

Click [Clinical Note 📴 🖂] to continue the record.

Clinical Progress		(i) Click More ~
Chronic Disease Co-Care Pilot Scheme		
Management Management Plan: HT + DM management		
Reference No.: 23830002230000010653	Attendance	Clinical Note & Letter 1/2 Investigation
Details	Date	Checklist
Consultation	21-Sep-2023	
Letter (by Mr SHSOP NURSE001, Nurse)	21-Sep-2023	
Consultation (by Doctor LEE YI SENG, Doctor)	21-Sep-2023	
Letter (by Doctor LEE YI SENG, Doctor)	21-Sep-2023	

e.

[Face-to-Face Consultation] is defaulted if attendance has been taken for the same record.

Chronic Disease Co-Care	Pilot Scheme > Management				ģ, Inv	vestigation	Letter
Service Summary		*Consultation Date	21-Sep-2023				
Service N Reference No. 2	Management 3830002230000010653	*Consultation Type	Face-to-Face	Consultation O Phon	e Consultation (I	Non-subsidised)	
Treatment Activity	Investigation / Letter	Optometry Assessment	Note & Management				
Consultation	음 <u>Print</u>		Right Eye		Left Eye		
0 🛱 🖗 🗟 🙆		Visual Acuity	6/	(without pinhole)	6/	(without pinh	ole)
Consultation Date Clinical Note	21-Sep-2023		6/	(with pinhole)	6/	(with pinhole)



For details of Face-to-Face Consultation, please refer to Section 7.1 Consultation type.

f.

Consultation Note is done, with the service provider's name.

Details	Date	Checklist	_
Consultation (by Miss SHSOP OPTOMETRIST002, Optometrist)	21-Sep-2023	🛱 🖌 🖹 🗸	& ≪
Letter (by Mr SHSOP NURSE001, Nurse)	21-Sep-2023		
Consultation (by Doctor LEE YI SENG, Doctor)	21-Sep-2023		

g.

Click [Payment Checkout [20] under Checklist on the same record.

Details	Date	Checklist	
Consultation (by Miss SHSOP OPTOMETRIST002, Optometrist)	21-Sep-2023		
Letter (by Mr SHSOP NURSE001, Nurse)	21-Sep-2023		
Consultation (by Doctor LEE YI SENG, Doctor)	21-Sep-2023		



For details of Payment Checkout, please refer to **Section 10.2 Payment Checkout (Nurse Clinic & Allied Health)**.



Clinical Note for Nurse Clinic Service

There are 5 sessions



1. Assessment

*Consultation Date	03-Sep-2024				
*Consultation Type	Face-to-Face 0	Consultation OPh	one Consultation (Non-subsid	lised)	
Assessment	Management	Preventive Care	Adult/Older Adult Health Ris	k Assessment	Foot Assessment
Home BP		mmHg	Home Pulse		/min
*Office BP	/	mmHg	*Office Pulse		/min
Temp	°C (De	gree Celsius)	H'stix		mmol/L
*BW	kg		*BH		m
Waist Circumference	cm		BMI		kg/m²
Smoking Status	O Non-smoker	O Smoker	O Ex-smoker		
Drinking Habit	O Non-drinker	O Current drin	nker O Social drinker	O Ex-drin	ker
Drug Compliance	O Good Remarks	O Fair	O Poor	O N/A	
Side Effect of medications	O Yes Remarks	O No	O N/A		
Dietary Compliance	O Good Remarks	O Fair	O Poor		
Exercise	O Regular Remarks	O Infrequent	O None		
SBPM	O Yes Remarks	O No			
SMBG	O Yes Remarks	O No			
Others, please specify					
Assessment Note					
Delete					Save Cancel

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2. Management

Assessment	Management	ventive Care	Adult/Older Adult Health Risk Assessment	Foot Assessment	
Management					
Delete				Save (Cancel

3. Preventive Care

Assessment	Man	agement	Preventive Care	Older	Adult He	alth Risk Assessment	Foot Assessment	
	Ad			\sum	40	cointmont orranged for		
Vaccination		Seasonal in	fluenza			Seasonal influenza	(Appointment date	
		COVID-19				COVID-19	(Appointment date	
		Pneumocoo	cal			Pneumococcal	(Appointment date	
		Herpes Zos	ter			Herpes Zoster	(Appointment date	
		Others, plea	se specify			Others, please specify	(Appointment date	
	-							
Cancer Screening		Breast Cano	er			Breast Cancer	(Appointment date	
		Cervical Car	ncer			Cervical Cancer	(Appointment date	
		Colorectal C	ancer			Colorectal Cancer	(Appointment date	
		Others, plea	se specify			Others, please specify	(Appointment date	
Other preventive care	•							
please specify	c,							
Delete							Save	Cancel

4. Adult/Older Adult Health Risk Assessment

Assessment Management	Preventive Care Adult/Older Adult Heelth Risk Assessment Foot Assessment		
lealth Background	X	Cognitive Impairment (For Older Adult Aged = 6	55 ONo OYes, please specify
amily History (First-degree relatives)	Diabetes Mellitus (DM) Hypertension Stroke Cononary Artery Disease Others N/A	years)	Abbreviated Mental Test (AMT) Score Montreol Cognitive Assessment Score
o you participate in any health screening rogramme regularly?	ONo OYes Coloerectal cancer Devical cancer Prostate cancer	Mental Problem	()f AMT < 6) Depression Anxiety Psychosis N/A
e you a regular use of healthcare service?	O No Over	Sleep Problem	O bifficulty in failing asleep O bifficulty in maintaining skep O Early moming awakening O Non-restorative skep
nen bio you last receive nu vaccination?	Tionina são O Navar		O N/A
fedical Background		Other Significant Medical History	
ardiovascular	Hypertension Coronary Heart Disease Stroke Peripheral Vascular Disease Others N/A		
ndocrine / Metabolic	Diabetes Mellitus (DM)	Any Chronic Medication	O No O Yes, please specify
	Gestational Diabetes Mellitus/ Big baby (± 4 kg or 9 lbs) Impaired Glucose Tolerance / Impaired Fasting glucose / Prediabetes Hyperfluidaenia	Any systemic steroid therapy for more than 3 months	O No O Yes
	Polycystic Ovarian Syndrome	On ≥ 5 Chronic Medications	O No O Yes
	Others N/A	Mobility Status	Unaided Unaik with assistance Walk with assistance Walk with assistance
eurological	Parkinsonism 🗋 Others 📄 N/A		Owneekchair
listory of falls within the last 12 months	O No O Yes	Activities of Daily Living	O Independent O Partially dependent
	 Presented with soute fall (falls requiring medical attention or presenting to emergency department) 	Psychosocial Support	Carer Carer
fusculoskeletal	Osteoarthntis of Knee	Lifestyle Behaviour	
	Osteoarthritis of Hip	Physical Activity	O <150mins per week O At least 150mins per week
	Costeoporosis	Daily Fruits Consumption	O Adequate (< 2 servings)
	Musculoskeletal Pain related to injury	Daily Vegetables Consumption	O Adequate (± 3 servings) O Inadequate (< 3 servings)
	Others N/A	Smoking	O Never O Ex-smoker, guitted for years
ision Problem (For Older Adult Aged ≥ 65 yea	ars) O Known eye disease(s), please specify		O Current smoker cigarettes per day for years
	No known eye disease(s) DM (Advice on complication screening is provided) Withward DM		Conventional cigarettes Alternative tobacco products e.g. Electrostic cigalette
	Visual impairment or difficulty in reading/daily living because of eyesight No Yes (Visual acuity is performed as below) RE PH	Alcohol	Non-drinker E-chinker Social dinker Chronic drinker mi of v per week
	LE PH		AUDIT score
		Operation	Same

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5. Foot Assessment

Assessment	Management	Preventive Care	Adult/Older Adult Hea	Ith Risk Assessment	Foot Assessment	\sim	
Please specify if this	s assessment is related	dito 🔲 HT	DM			\sum	
Vascular Assessme	nt	Right Foot			Left Foot		
Foot pulses (Posteri	ior tibialis or dorsalis p	edis) OPresent	O Absent	O N/A	O Present	O Absent	O N/A
Ischemic Change		O No	O Yes	O N/A	O No	O Yes	O N/A
History of Ulcer / No	on-traumatic	O No	O Yes	O N/A	O No	O Yes	O N/A
Active Ulcer		O No	O Yes	O N/A	O No	O Yes	O N/A
Claudication		O No	O Yes	O N/A	ONo	O Yes	O N/A
Rest Pain		O No	O Yes	O N/A	ONo	O Yes	O N/A
Foot Abnormality		Right Foot			Left Foot		
Nail abnormality		O No	O Yes	O N/A	ONo	⊖ Yes	O N/A
Deformity		O No	O Yes	O N/A	ONo	O Yes	O N/A
Dry Skin / Callus		O No	O Yes	O N/A	ONo	O Yes	O N/A
Infection		O No	O Yes	O N/A	ONo	O Yes	O N/A
Fissure		O No	O Yes	O N/A	O No	O Yes	O N/A
10g Monofilament T	est	O Normal	O Abnormal	O N/A	O Normal	O Abnormal	O N/A
Vibration Test (Eithe	er one of the following)						
O 128Hz Tuning Fo	rk	Right Foot			Left Foot		
		⊖ Normal ⊖	Diminished O Absent	O N/A		nished O Absent (O N/A
O Vibration Percept	tion Threshold (0-50V)	Right Foot			Left Foot		
			V ON/A		0 v (D N/A	
Delete						Save	Cancel

Clinical Team

Paired Family Doctor Doctor TASHSOP, DOCTOR001

District Health Centre (Sham Shui P

8.2.4 Dietetic Service

Organisation (HCP) name "yyy Clinic" is shown at Clinical Team after accepting referral

Referral Service	e: Chronic Disease Co-Care Pilot Scheme > Management > Dietetic Service	Referral Status	Nurse	Nurse Clinic
Referral No.:	829766	Accepted	Clinic	xxx Clinic
Referral Date:	09-Sep-2024			
Referral By:	SHSOP, NURSE001 [HCP ID: 59131]			
Referral To:	yyy Clinic [HCPID: 59131]		Allied	Dietetic Service

Clinical Note for Dietitians

1. Dietitian

Dietitian	Note and P	lan												
*BW kg Hong Kong Chinese BMI Score	g - Malnutrition U	*BH Iniversal	1.70 Screening] m Too	I (HKC-MUST	вмі	kg/m²		Body prefil Clinic	Heig led fr al No	ht (B om j te if	H) wi orevic any.	ll be ous	
Weight Loss Score					Not Done									
Acute Disease Effec	ot Score				Not Done									
Total Score														
Overall Risk of Maln	utrition) Low R	isk oplicable		⊖ Medium	Risk	O High Risk							
*Assessment														
*Intervention							~	· E	• •					
Delete						(Save	Са	ncel					

2. Note and Plan

Dietitian	Note and Plan		
Clinical Note			
Plan of Management			
*Subsequent follow-up			
cubequent follow up	O Yes	, reason(s): (must select Complicated case requi Intervention provided re Others, please specify:	at least one of the followings) ring further review quiring follow-up for progress
Delete			Save Cancel

8.2.5 Optometry Service

Organisation (HCP) name "Opt Clinic" is shown at Clinical Team after accepting referral



Clinical Team

Clinical Note for Optometrists

1. Optometry Assessment

Optometry Assessment	Note and Management	
Visual Acuity	Right Eye 6 / (without pinhole) 6 / (with pinhole)	Left Eye 6 / (without pinhole) 6 / (with pinhole)
*Retinal Photography Done	O Yes O No	O Yes O No
Diabetic Retinopathy	 No retinopathy Mild non-proliferative Moderate non-proliferative Severe non-proliferative Proliferative Ungradable N/A 	No retinopathy Mild non-proliferative Moderate non-proliferative Severe non-proliferative Proliferative Ungradable N/A
Hypertensive Retinopathy	O No retinopathy O Mild O Moderate O Severe O Ungradable O N/A	 No retinopathy Mild Moderate Severe Ungradable N/A
Maculopathy	O No maculopathy O Maculopathy O Ungradable O N/A	O No maculopathy O Maculopathy O Ungradable O N/A
Clinical Note		
Delete		Save Cancel

2. Note and Management

Optometry Assessment	Note and Management
Other Note	
Management Plan	
*Subsequent follow-up is	required No Yes, reason(s): (must select at least one of the followings) Complicated case requiring further review Intervention provided requiring follow-up for progress Others, please specify:
Delete	Save Cancel

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8.2.6 Physiotherapy Service

Organisation (HCP) name "zzz Clinic" is shown at Clinical Team after accepting referral

Referral Service:	Chronic Disease Co-Care Pilot Scheme > Management > Physiotherapy Service	Referral Status
Referral No.:	829788	Accepted
Referral Date:	09-Sep-2024	
Referral By:	SHSOP, NURSE001 [HCP ID: 59131]	
Referral To:	zzz Clinic [HCPID: 59131]	

Clinical Te	am
6	District Health Centre (Sham Shui Po)
Nurse	Nurse Clinic
Clinic	xxx Clinic
Allied	Physiotherapy Service
Health	zzz Clinic

Clinical Note for Physiotherapists

1. PT Assessment

PT Assessment	Note and Plan					
Ambulatory Status(Walking Aids)					
Modified Function A	Ambulatory Classification (MFAC)) 🗌 Not Done				
Elderly Mobility Sca	le (EMS)	Not Done				
Six Minutes Walk Te	Six Minutes Walk Test m					
New York Heart Ass	New York Heart Association Functional Classification					
The Keele STarT Ba	ck Screening Tool					
Total Score	Sub Score	Risk Group O Low Risk O Medium Risk O High Risk				
*Assessment						
*Intervention		✓ = +				
Delete		Save Cancel)			

2. Note and Plan

Clinical Note	
Plan of Management	
*Subsequent follow-up is required	No Yes, reason(s): (must select at least one of the followings)
	Complicated case requiring further review
	Intervention provided requiring follow-up for progress
	Others, please specify:
Delete	Save Cancel

8.2.7 Podiatry Service

The Podiatry Service under Clinical Team in Health Profile is built as an individual professional based where Podiatrist's name is shown in Clinical Team after accepting referral.

Referral Service:	Chronic Disease Co-Care Pilot Scheme > Management > Podiatry Service	Referral Status		District Health Centre (Kwai Tsing
Referral No.:	829790	Accepted		
Referral Date:	09-Sep-2024			
Referral By:	SHSOP, NURSE001 [HCP ID: 59131]		6	
Referral To:	Pod Clinic [HCP ID: 86304]		Nurse	Nurse Clinic
)		VUC4_A
				Podiatry Service
			Health	Mr CHAN, PODIATRIST001

Clinical Note for Podiatrists

1. Foot Assessment

Foot Assessment	Note and Plan							
Vascular Assessmer	nt	Right Foot			Left Foot			
*Foot pulses (Posteri	or tibialis or dorsalis pedis)	O Present	O Absent	O N/A	O Present	OAbsent	O N/A	
*Ischemic Change		O No	OYes	O N/A	O No	O Yes	O N/A	
*History of Ulcer / No	n-traumatic	O No	OYes	O N/A	O No	O Yes	O N/A	
*Active Ulcer		O No	OYes	O N/A	O No	O Yes	O N/A	
*Claudication		O No	OYes	O N/A	O No	O Yes	O N/A	
*Rest Pain		O No	OYes	O N/A	O No	O Yes	O N/A	
Foot Abnormality		Right Foot			Left Foot			
Nail abnormality		O No	OYes	O N/A	O No	O Yes	O N/A	
Deformity		O No	OYes	O N/A	O No	O Yes	O N/A	
Dry Skin / Callus		O No	OYes	O N/A	O No	() Yes	O N/A	
Infection		O No	OYes	O N/A	O No	O Yes	O N/A	
Fissure		O No	OYes	O N/A	O No	O Yes	O N/A	
10g Monofilament T	est	O Normal	O Abnormal	O N/A	ONormal	O Abnormal	O N/A	
Vibration Test (Eithe	r one of the following)							
O 128Hz Tuning For	rk	Right Foot			Left Foot			
		○ Normal ○ Diminished ○ Absent			○ Normal ○ Diminished ○ Absent			
O Vibration Percept	ion Threshold (0-50V)	O N/A			O N/A			
	•		O v ON/A			O V ON/A		
Assessment								
*Intervention							✓ Ξ ➡	
Delete						Save	Cancel	

2. Note and Plan

Foot Assessment	Note and Plan		
Clinical Note			
Plan of Managemen	t		
*Subsequent follow-u	ip is required No Yes	reason(s): (must select at least one of the followings) omplicated case requiring further review tervention provided requiring follow-up for progress thers, please specify:	
Delete		Save Cancel	\supset

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9. Letters

There are **3 types** of letters:

tige 1 of 1		Page 1 of 1			Page 1 of 2		
慢性疾病共同治理先導計劃	1001年間において		量性疾病共同治理失導計劃			慢性疾病共同治理先導計劃	
Chronic Disease Co-Care Pilot Sci	ene 🚼		Chronic Disease Co-Care Pilot Scheme	199306-06488		Chronic Disease Co-Care Pilot Scheme	19 Sec. 6 - 10
轉介信			Come Batton Latter	8 22		一般信雨	81
Referral Letter	1 A		Consultation Center	8 9		General Letter	5 1
	建筑 集体和14.00km			5 S			× 1
服務依用者費料 Destinated Destinations	Reference No.:			2013 16 A 6 16			51.00
	23830003	服務使用者業料		Reference No.:	屬廢使用者資料		Reference No.:
Neme: PREE/EI		Participant Particulars		23830003236	Perocpant Perocuers		2383000321
香港市创建 HOC No.: C232***(*)		86	RASS CONTRACTOR		姓名:	袁十七	
11.31 Gex : H Male		# 8 P 127 HOC No. :	C222770		Name: 2018 0:10/27 HK/C No. 1	YUEN, SEVENTEEN	
District : KTSIDHC TEST		W.W Dex	31 Maie		MR Sex:	W Male	
		林政:	使用地區理想中心 TEST		地區	英昌地區原健中心 TEST	
		Contra 1			Casing .	KISIDHG (ESI	
To: DHC / DHCE		Ta: HA Hospital			To: Alled	cath Sorvices	
KTSIDHC TEST		CIE DHC / DHCE			Optom	try Service	
		Reason for Consultation: HA De	eignated M&O Specialist Consultation				
Reason for referral/Topic: For arrangement of hea	Ith service(a)						
Thank you for seeing the participant CHAN, TO TO		Thank you for seeing the particip	Last photo to to		Reso	for referral: For CDCC management allied health service	referral
		Participant has enrolled in CDO	C Plot Scheme and was diagnosed with Hyperlensio	n (HT), Diabetes melitus (DM)	Thank you for seeing the p	articipant YUEN, SEVENTEEN	
Summary of participant's clinical details are listed below					Present of a division in	initial deficits and finited indexes	
					contrary or periodynes a c		
Poforral lot	or		anatod M&G Sr	ocialist		Gonoral lattor	
Referrarieu	.01	TA Desi	gnaleu Mad Sh	Jecialist		General letter	
		6					
			onsultation Lette	er			

Letter function is available to different CDCC Healthcare Service Providers:

Screening phase

Type of letter	То	Family Doctor	Nurse	Allied Health
	DHC / DHCE	\checkmark	×	×
	Nurse Clinic services	×	×	×
Referral letter	Allied Health services	×	×	×
	HA Hospital	\checkmark	×	×
	Others	\checkmark	×	×
HA Designated M&G Specialist Consultation Letter	HA Hospital	×	×	×
	DHC / DHCE	\checkmark	×	×
	Nurse Clinic services	×	×	×
General letter	Allied Health services	×	×	×
	HA Hospital	\checkmark	×	×
	Others	\checkmark	×	×

Treatment phase

Type of letter	То	Family Doctor	Nurse	Allied Health
	DHC / DHCE	\checkmark	×	×
	Nurse Clinic services	\checkmark	×	×
Referral letter	Allied Health services	\checkmark	×	×
	HA Hospital	\checkmark	×	×
	Others	\checkmark	×	×
HA Designated M&G Specialist Consultation Letter	HA Hospital	\checkmark	×	×
	DHC / DHCE	\checkmark	\checkmark	\checkmark
	Nurse Clinic services	\checkmark	\checkmark	×
General letter	Allied Health services	\checkmark	\checkmark	×
	HA Hospital	\checkmark	\checkmark	\checkmark
	Others	\checkmark	\checkmark	\checkmark

9.1 Referral Letter



Referral letter is available for Family Doctors only.

a.

Press [Letter] on Menu list to start writing a letter.

English Name: CHAN, TO TO		Chinese Name: 陳滔滔	HKIC No.: C232		DOB: 01-Jan-1960 (63 ye	Sex: Male	Expand 🗸	View / Add Allergy & ADR	
hronic Disease Co-C	Care Pilot Scheme > Manager	nent					ሲ Inves	tigation & Letter	
Service Summary		*Consult	ation Date	29-Sep-2023					
Service Reference No.	Management 23830002230000011417	*Consul	ation Type	O Face-to-Fa	ce Consultation 💿 Pl	hone Consultation (No	on-subsidised)		2
Treatment Activity	Investigation / Letter	Assess	ment Inve	stigation Result	Management	Preventive Care	Medication		
Consultation	@ Prin	t Home BF		/	mmHg	Home Pulse		/min	

b.

Family Doctors are allowed to select letter type from **Referral Letter**, General Letter or HA Designated M&G Specialist Consultation (**only** available in Treatment Phase).

Letter	
*Select Letter *To District *Reason for referral/Top	Referral Lette: V Referral Lette: V General Lette: V HA Designated M&G Specialist Consultation
*Clinical details	Please provide information such as related history, physical examination findings, investigation results, other clinical assessment, diagnosis
*Management plan/Remarks	Please provide information such as referral details for arrangement of health service(s), point(s) to note

С.

Refer to DHC / DHCE, Nurse Clinic / Allied Health Service (**only** available in Treatment Phase), HA Hospital or Others.



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d.

Reason for referral / Topic, Clinical details, Management plan / Remarks are all mandatory fields before saving the letter. The entered information will be displayed on the printout of referral letter. (Appendix G)

Click [Save].



Print the Letter with the printer icon.

🚟 🟠 Clinical eHealth+ Administration Emergency Access Standards Info < Se Print 1 sheet of pap PDF P 🖶 Kyocera TASKalfa 5003 👻 Destin | ↑ ↓ Page 1 All Page 1 CHAN, TO TO Reason AN, TO TO

g.

A new letter record is added under Checklist.

Clinical Progress				🔅 Click More 🗸
Chronic Disease Co-Care Pilot Scheme				
Management Management Plan: HT + DM managemen	t			
Reference No.: 23830002230000010653	ta Attendance	P Clinical Note	& Letter	$\hat{\mathbb{T}}_{\mathbb{R}}$ Investigation
Details	Date		Checklist	
Letter (by Doctor LEE YI SENG, Doctor)	21-Sep-2023		63	

9.2 Letter to HA Designated M&G Specialist Consultation

a.

Only Family Doctors can issue letters to HA Designated M&G Specialist Consultation in treatment phase. **Diagnosis and Problem List** will be required for entry.

Letter		
*Select Letter	HA Designated M&G Specialist Consultation	•
*To	HA Hospital V Ple	ase specify Cc: DHC / DHCE
*Reason for Consultation	HA Designated M&G Specialist Consultation	
Diagnosis	L *Participant has enrolled in the CDCC Pilot Scheme and was diagnosed with	010
	Hypertension (HT) 🔲 Diabetes mellitus (DM)	

b.

When Hypertension is checked, problem list for HT will be enabled to enter.



С.

When Diabetes mellitus is checked, problem list for DM will be enabled to enter.



d.

Click [Save] to save the letter when all required information is entered.



e.

Save successfully. Click [OK].



See Appendix H for a sample letter. Participant should visit DHC for arranging the appointment.



		↑ ♦ Page 1	
Pige1 #1			
	慢性疾病共同治理失導計劃		
	Chronic Disease Co-Care Pilot Scheme	的政策的思想	
	Consultation Letter		
新教保持在展 期		Reference No :	
Participant Particulars		2363000323	
8.6	HOURS .		
Norre :	CHAN, TO TO		
香港升台提 HKIC No.	C232***/7		
MIN Sex	I Maie		
林御:	使品地區接触中心 TEST		
District :	KTSIDHC TEST		
To: NA Hospital			
No	lospital		
Cc: DHC / DHCE			



Points to Note

When there is issuance of a letter to HA Designated M&G Specialist Consultation by Family Doctor, DHC Operator User Administrator(s) from the DHC district of the participant will be noticed by eHRSS inbox notification. *For details of inbox notification, please refer to Section 13.1 Inbox Notification*.

After HA Doctor's care plan is returned, it will be indicated in "PPP Report Download Centre" in DHC IT Systems. For details, please refer to N317 Release Note for District Health Centre IT Module (DHC Operator & Primary Healthcare Office).



9.3 General Letters

All Healthcare professionals can issue general letters.

		-	.020111(5)	01-Jan-1960 (65 years)	Male
	Letter				
	*Select Letter	General Letter	~		<u>^</u>
	*To	1		✓ Please specify	tte
	District	DHC / DHCE			st
ati	*Reason for referral/Topic	HA Hospital			
		Others, please specify			1
]
mil					
ISC	*Clinical details	Please provide inform	nation such as related histor	ry, physical examination finding	s, investigation
		results, other clinical	assessment, diagnosis		11
eal					
	*Management	Please provide inform	nation such as referral detai	ls for arrangement of health se	rvice(s),

а.

Select letter type as General Letter.

Letter	<u> </u>
*Select Letter *To District *Reason for referral/To	Concest Latter X
*Clinical details	Please provide information such as related history, physical examination findings, investigation results, other clinical assessment, diagnosis
*Management plan/Remarks	Please provide information such as referral details for arrangement of health service(s), point(s) to note

b.

Refer to DHC / DHCE, Nurse Clinic Service, Allied Health services (Nurse Clinic & Allied Health only available in Treatment Phase for Family Doctor & DHC care coordinator), HA Hospital or Others.

	Letter	
	*Select Letter	General Letter
	*To	
	District	DHC / DHCE
ti	*Reason for referral/Tonio	Nurse Clinic Service
	Redoon for foreind, ropic	Allied Health Services
		HA Hospital
		Others, please specify
nil SC	*Clinical details	Please provide information such as related histor

С.

For Allied Health services, select type of service.



d.

Specify additional information if necessary.



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e.

A new record of letter is generated.

Clinical Progress Chronic Disease Co-Care Pilot Scheme Management Management Plan: HT + DM management	0	Click More V
Reference No.: 23830002230000010653	ta Attendance 🕞 Clinical Note 🙊 Letter 🐀 In	vestigation
Details	Date	Checklist
Letter (by Mr SHSOP NURSE001, Nurse)	21-Sep-2023	
Consultation (by Miss SHSOP OPTOMETRIST002, Optometrist)	21-Sep-2023	
Letter (by Mr SHSOP NURSE001, Nurse)	21-Sep-2023	
Consultation (by Doctor LEE YI SENG, Doctor)	21-Sep-2023	

9.4 How to View / Edit the Letters?

а.

Click the icon of Clinical Note next to the letter.

Clinical Progress				Click More
Chronic Disease Co-Care Pilot Scheme				
Management Management Plan: HT + DM management	t			
Reference No.: 23830002230000010653	ta Attendance	P Clinical Note	& Letter	* Investigation
Details	Date		Checklist	
Letter (by Doctor LEE YI SENG, Doctor)	21-Sep-2023		63	24

b.

Or retrieve the Letter from "Investigation/Letter" under "Service Summary". Click [Details].



С.

Edit the letter by clicking [Edit].

Treatment Activity	Investigation / Letter	Assessment	Investigation Result	Management	Preventive Care	Medication	
Letter	⊜ <u>Print</u> ^	Home BP	/	mmHg	Home Pulse	/min	
Healthcare Prof	Doctor SHSOP DOCTOR001, Doctor	*Office BP	120 / 55	mmHg	*Office Pulse	65 /min	
Request Date	03-Oct-2023	Temp	*C (Degr	ee Celsius)	H'stix	mmol/L	
Reference No.	2383000323000001391 Show <u>Edit</u>	cumference	kg cm		BH BMI	m ka/m²	
Select Letter To	Referral Letter DHC / DHCE	status	O Non-smoker	O Smoker	O Ex-smoker		
District	KTSIDHC TEST	king Habit	O Non-drinker	O Current drink	ker O Social drin	ker O Ex-drinker	
Reason for referral/Topic	For DM & HT Management Programme Health	Drug Compliance	O Good Remarks	O Fair	O Poor	O N/A	
Clinical details	Fasting Plasma Glucose: 8 mmol/L	Side Effect of medications	O Yes Remarks	O No	O N/A		
	Creatinine: 90 µmol/L eGER: 70	Dietary Compliance	O Good Remarks	O Fair	O Poor		
	mL/min/1.73m2 Lipid profile (Total	Exercise	O Regular Remarks	OInfrequent	ONone		

d. Click [Edit].



e.

Save the changes or delete the letter.

Select Letter			
*To		Please specify	
District			
*Reason for referral/To	pic For DM & HT Management Programme Hea	Ith Service arrangement	
*Clinical datails	Easting Plasma Glucose: 8 mmol/1		
Chine and acture	HbA1c: 7 %		- 1
	Creatinine: 90 µmol/L		
	eGFR: 70 mL/min/1.73m2		
	Lipid profile (Total chol): 150 mmol/L (Trig	voerides): 70 mmol/L	
*Management	Please kindly arrange the following health s	ervice(s) for the client:	
plan/Remarks	- Health Coaching/ Counselling		
	 Lifestyle modification activities (weight co 	ntrolling)	
	- Optometry Service		

9.5 Referral to Nurse Clinic & Allied Health Services



Family Doctor issues a Referral Letter to DHC with referred Health Services indicated to participant when Screening Phase completed.





DHC Nurse will arrange the Health Services according to the referral letter.

Nurse will issue General Letter if health services of Nurse Clinic, Dietitian, Optometrist, Physiotherapist and/or Podiatrist are prescribed by the doctor.

Individual General Letter is needed for each type of Nurse Clinic and Allied Health referral. For example, DHC nurse will need to issue 4 letters to the participant with 4 types of Allied Health service. (Appendix I)

tendance 📑 Clinical Note	& Letter 🐁 Investigation
ate	Checklist
Sep-2023	
	endance 🕞 Clinical Note ate Sep-2023

General Letter V	
Allied Health Services 🗸	Please specify
	Dietetic Service Close
	Optometry Service
	Physiotherapy Service
	Podiatry Service
Please provide information such as related history, phy	sical examination findings, investigation results, other clinical assessm
Please provide information such as referral details for	arrangement of health service(s), point(s) to note
	General Letter Alled Health Services Please provide information such as related history, phy Please provide information such as referral details for



Participant makes an appointment to the clinic and brings the General Letter to attend the clinic.

	慢性疾病共同治理先導計劃	
	Chronic Disease Co-Care Pilot Scheme	
	一般信函 General Letter	
服務使用者資料		Reference No.:
Participant Particulars		2383000323000008730
姓名:	袁十七	20000002000000000
Name:	YUEN, SEVENTEEN	
香港身份證 HKIC No.:	Y082***(*)	
性別 Sex:	男 Male	
地區:	葵青地區康健中心 TEST	
District :	KTSIDHC TEST	
To: Allied Healt	n Services	
Optometry S	Service	
Reason for	eferral: For CDCC management allied health service r	eferral
Thank you for seeing the partici	pant YUEN. SEVENTEEN	



Allied Health Professional accepts the referral before providing services to participant when the participant attends the clinic for the first time.

When referral is accepted, the **HCP of Allied Health Professional** will be one of participant's Clinical Team. For example, any nurse from HCP "KTSIDHC TEST" could provide Nurse Clinic service to the participant.

Pending Referral



10. Payment Checkout

10. Payment Checkout

10.1 Payment Checkout (Family Doctor)

а.

Click [Payment Checkout 20] over the same record.



b.

The Family Doctor / clinic assistant could click [[]] button to edit the original co-payment amount for a single episode of the service if necessary.

Service Received Date:	06-Aug-2024	
Eligibility Status:	EP	
Programme:	Chronic Disease Co-Care Pilot Scheme	
Service Location:	Virtual HOSPITAL - VHC4	
Service:	DM & HT Screening (Medical Consultation)	
	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 sha	Il collect the co-payment and

С.

A disclaimer will be displayed. The amount is allowed to be reduced only, and has to be ≥ 0 . In the following example, [Participant Co-payment Amount] can be adjusted from 0 - 120.

	00 Ady 2024	
igibility Status:	EP	
ogramme:	Chronic Disease Co-Care Pilot Scheme	
ervice Location:	Virtual HOSPITAL - VHC4	
ervice:	DM & HT Screening (Medical Consultation)	
	Participant Co-payment Amount:	\$ 120
	▲ Your declared co-payment amount for DM & HT Sc If you want to charge a lower co-payment amount please indicate the desired co-payment amount in	reening is \$120. for this specific visit, the above field.
	То	tal Participant Pay Amount
	Your declared co-payment amount for DM & HT Sc If you want to charge a lower co-payment amount please indicate the desired co-payment amount in	reening is \$120. for this specific visit, the above field.

d.

Check the disclaimer at bottom to proceed with the payment. No additional charge in screening phase.



e.

In Screening Phase, only one payment checkout is required. After a payment checkout is done, you will encounter the below message when a new payment checkout is selected.

Payment Checkout	
There is no more remaining subsidised quota for DM & HT Screening (Medical Consultation).	
ок	



The "Original Co-payment Amount" and adjusted "Actual Co-payment Amount" will be reflected in Family Doctor's Reimbursement Report. For details of Reimbursement Report, please refer to Section 13.4.1 Reimbursement Report.

f.

In Treatment Phase, co-payment fee indicated by the Family Doctor in CDCC Family Doctor enrolment will be displayed in payment checkout, allowing users to click [

Service Peceived Date:	06-40-2024	Quota Balance:6 / 6
Eligibility Status:	EP	
Programme:	Chronic Disease Co-Care Pilot Scheme	
Service Location:	Virtual HOSPITAL - VHC4	
Service:	Management (Medical Consultation)	
	Participant Co-payment Amount:	\$ 510.00
Additional Charging:	OYes ◉No	
		Total Participant Pay Amount \$ 510.00
I have confirmed with the	participant that the payment information above is correct ar	nd I shall collect the co-payment and
addition only go normality		

g.

Click [• Yes] for additional charge if any.

Enter the amount of payment and select the chargeable item.

		Quota Balance:6/6
Service Received Date:	06-Aug-2024	
Eligibility Status:	EP	
Programme:	Chronic Disease Co-Care Pilot Scheme	
Service Location:	Virtual HOSPITAL - VHC4	
Service:	Management (Medical Consultation)	
	Participant Co-payment Amount:	\$ 400
	Participant corpayment Annount.	5 400
	A Your declared co-payment amount for Mana If you want to charge a lower co-payment an please indicate the desired co-payment amo	agement is \$510. mount for this specific visit, punt in the above field.
Additional Charging:	Your declared co-payment amount for Mana If you want to charge a lower co-payment and please indicate the desired co-payment and Yes 200 Yes Remar	agement is \$510. mount for this specific visit, pount in the above field.
Additional Charging:	Your declared co-payment amount for Mana If you want to charge a lower co-payment an please indicate the desired co-payment amo Yes 200 Trugs Remar	agement is \$510. mount for this specific visit, bount in the above field. ks +
Additional Charging:	Your declared co-payment amount for Mana If you want to charge a lower co-payment and please indicate the desired co-payment and \$ 200 Prugs Remar Drugs Investigations	agement is \$510. mount for this specific visit, bount in the above field. ks + Total Participant Pay Amoun \$ 600.00

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h.

Check the disclaimer. Click [Save].



i.

Click [Yes] to confirm the payment.

After payment done, the participant will receive a notification.



.

A notification for payment checkout of CDCC service will be sent to the participant's eHRSS registered communication means (SMS, email or postal).





k.

The consultation is completed. The medical consultation quota for subsidy is deducted if it is treatment phase.



j.

Reimbursement can be done only after 3 steps of "Attendance", "Clinical Note" & "Payment Checkout" have been completed.

NVOICE Period: Sep 2023	Programme: Chronic Disease Co-Care Pilot Scheme	Healthcare Service Prov SHSOP, DOCTOR001	ider:
Reimbursement Status: Ready for Submission	Submission Date: -	Invoice Date: -	
Reference No.: 23830002230000	011417 Service: Management	Date: 26-Sep-2023	Amount: \$166.00
Participant Name: CHAN, TO TO Service Detail: Medical Cons	ultation		
Submit Select All			Back
Submit Select All			В

<u>*</u>

For details of Reimbursement, please refer to **Section 11 Reimbursement**.

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10.2 Payment Checkout (Nurse Clinic & Allied Health)

а.

Click [Payment Checkout 2] over the same record.

Clinical Progress				Click More V
Chronic Disease Co-Care Pilot Scheme Management Management Plan: HT + DM management				
Reference No.: 23830002230000010653	C3 Attendance	Clinical Note	& Letter	1: Investigation
Details	Date		Checklist	
Consultation (by Miss SHSOP OPTOMETRIST002, Optometrist)	21-Sep-2023	1		
Letter (by Mr SHSOP NURSE001, Nurse)	21-Sep-2023		1	
Consultation (by Doctor LEE YI SENG, Doctor)	21-Sep-2023		Ca 🖌 🛛	
Letter (by Doctor LEE YI SENG, Doctor)	21-Sep-2023	1		

b.

Check the disclaimers to proceed with the payment. No additional charge is allowed from Nurse Clinic & Allied Health Service Providers.

С.

Click [Yes] to confirm the payment. After payment done, the participant will receive a notification.

		Quota Balance:4/
Service Received Date:	11-Dec-2023	
Eligibility Status:	EP	
Programme:	Chronic Disease Co-Care Pilot Scheme	
Service:	Management (Optometry Service)	
	Participant Co-payment Amount:	\$ 150.0
		Total Participant Pay Amoun \$ 150.00
I understand that one quot appointment, I will review the the usage of the remaining qu	a will be deducted from the Allied Health (AH) subsidised sessions AH service(s) referred by the Family Doctor for this Scheme Particij ota of the AH subsidised sessions according to the clinical protoco	. Before arranging next pant and discuss with him/her on ol and care needs.
I have confirmed with the p addition charge from the partie	articipant that the payment information above is correct and I shal cipant.	I collect the co-payment and



d.

A notification for payment checkout of CDCC service will be sent to the participant's eHRSS registered communication means (SMS, email or postal).



Sample : SMS notification of Allied Health service

<Restricted>

e.

In the following example, Allied Health Consultation subsidy quota is deducted.

< Select Participant English Name: TEST, C241	se Name: HKIC No.: DOB: Sex: C241 01-Jan-1960 (64 years) Male	Allergy & ADR
Quota Balance	Clinical Progress	🔅 Click More 🗸
Medical Consultation 6/6	Chronic Disease Co-Care Pilot Scheme Management Management Plan: HT + Pre-DM management	Î
Nurse Clinic 2/2	Reference No.: 2383000224	Clinical Note & Letter & Investigation
Allied Health Consultation 2/4	Details Date	Checklist
Olisical Team	Consultation (by Miss SHSOP OPTOMETRIST002, 05-Dec-2024 Optometrist)	
Cinical learn	Letter (by Ms SHSOP NURSE002, Nurse) 05-Dec-2024	
Paired Family Doctor	Consultation (by Mr CHAN PODIATRIST001, Podiatrist) 14-Oct-2024	
Doctor SHSOP, DOCTOR001	Consultation (by null WONG DIETITIAN004, Dietitian) 14-Oct-2024	
	Consultation 14-Oct-2024	
District Health Centre (Sham Shui Po)	Consultation 14-Oct-2024	
	Letter (by Doctor SHSOP DOCTOR001, Doctor) 14-Oct-2024	
	Letter (by Doctor SHSOP DOCTOR001, Doctor) 14-Oct-2024	
Dietetic Service	Letter (by Doctor SHSOP DOCTOR001, Doctor) 14-Oct-2024	
Health WONG, DIETITIAN004	Letter (hv Doctor SHSOP DOCTOR001 Doctor) 14-Oct-2024	
	Other Service(s) Amount: 1	(1) Re-screening
Allied Podiatry Service	Chronic Disease Co-Care Pilot Scheme	
Mr CHAN, PODIATRIST001	DM & HT Screening	
	Reference No.: 23830002240	
Allied Optometry Service	Details Date	Checklist
Health SSPDHC TEST	Consultation (by Doctor SHSOP DOCTOR001, Doctor) 14-Oct-2024	

f.

Reimbursement can be done after 3 steps of "Attendance", "Clinical Note" & "Payment Checkout" have been completed.

╘┛┥╱╘╝┥╱╣	Submit Reimbursemer	nt
	Paimhuraamant) Baimhuraamant Dataila	
Health Services > Submit		
Health Services > Submit	Programme: Chronic Disease Co-Care Pilot Scheme	Healthcare Service Provi SHSOP, DOCTOR001

nvoice Period:	-			
nvoice Period: Programme: Sep 2023 Chronic Disease Co-Care Pilot Scheme		Healthcare Service Pr SHSOP, DOCTOR001	ovider:	
Reimbursement Status:	imbursement Status: Submission Date:		Invoice Date:	
Ready for Submission	-		-	
Reference No.: 2383	30002230000011417	Service: Management	Date: 26-Sep-2023	Amount: \$ 166.00
Participant Name: O Service Detail:	CHAN, TO TO Medical Consultation			



For details of Reimbursement, please refer to **Section 11 Reimbursement**.

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Co-payment fee and service fee for Nurse Clinic and Allied Health services revealed in Payment checkout are managed in HCP Management module input by Programme Offices (Strategic Purchasing Office and Primary Health Care Commission).

Dietetic Service	Nurse Clinic Service	Optometry Service	Physiotherapy Service	Speech Therapy Service
Professional Service Suspensio	on 🗌			Apply HSL to all tabs + Add HSL
*HSL Name [Chi Name] (HSL II	D) VIRTUAL UNIT A [VIRTUAL UNIT A] (79995)		×
Address (English)	16/F, ONE KOWLOON, ONE KOWLOO	N, 1 WANG YUEN ST, KWUN TONG DIS	TRICT, KLN	
Address (Chinese)	九龍, 觀塘區			
Clinic Tel No.	3256			
HSL Status	Active			
*Service Period	06-Nov-2024 🗂 to	🗂 🗹 (No Service End D	ate)	
Location Suspension				
*Scheme	Chronic Disease Co-Care Pilot	Scheme & District Health Centre Sche	me 🔨	
	*Service Fee	\$	500	
	*Co-payment Fee 💿	\$	150	
	(i) Co-payment Fee for CDCC would be	applied to payment checkout while not applicable to	DHC Service.	
	Subsidy (Service Fee - Co-paym	ent Fee)	\$350	
	*Tendered Quantity		5	
				🗑 <u>Remove HSL</u>

- The service fees of nurse clinic and services of dietetic, optometry & physiotherapy are set as per discipline and per Healthcare Service Location (HSL) that the participant received service.
- This function is **not** applicable to **Podiatry Service**. Service fee of Podiatry Service is set out of system and as per individual podiatrist and per DHC district of participants manually.



For details of HCP Management, please refer to **User Manual for CDCC Pilot Scheme and DHC** Service HCP Management and Provider-based Enrolment (Nurse Clinic & Allied Health Professionals) [G164] - Part A.



11. Reimbursement

U	U	мс	DN.	τн	U	0
1	2	3	4	5	6	7
		10	11	12	13	14
15	16	17	18	19	20	
22	23	24	25	26	27	
29	30					4

For Family Doctors, they can submit their own CDCC consultation records to Programme Office

For Allied Health Professional provided service before 20 Jan 2025, they can submit their own CDCC consultation records to DHC Operator

For Nurse Clinic & Allied Health service providers, HCP finance officer / administrative with eHRSS role group "HCP Finance Officer+" can submit the CDCC records for the entire HCP.

They can submit the CDCC records to Programme Office for reimbursement anytime for the previous months.



b.

Submission of reimbursement is available anytime for the records from past month(s). It is allowed to perform more than once per month.

Total amount is calculated. Click [Details] to see the breakdown.

eHea	alth Services > Submi	it Reimbursement			
≢ P	rogramme:	Chronic Disease Co-Care Pilot Scheme			✓
S	tatus:	Ready for Submission Submitted			
Remarks:	Reimbursement claims ca acceptance by the Govern	in be submitted anytime in the next calendar montl ment.	h. Payment shall be made w	vithin 30 clear working days upon	verification and
1.1.0004	Invoice No.: -	Status: Ready for Submission	Submission Date: -	Invoice Date: -	\$ 34,964.00
JUI 2024	Programme: Chronic Dis	ease Co-Care Pilot Scheme	Healthcare Service Provid	der: SHSOP, DOCTOR001	Detail
h-= 000 4	Invoice No.: -	Status: Ready for Submission	Submission Date: -	Invoice Date: -	\$ 3,012.00
Jun 2024	Programme: Chronic Dis	ease Co-Care Pilot Scheme	Healthcare Service Provid	der: SHSOP, DOCTOR001	Detail
1 000 4	Invoice No.: -	Status: Ready for Submission	Submission Date: -	Invoice Date: -	\$ 5,515.31
Apr 2024	Programme: Chronic Dis	ease Co-Care Pilot Scheme	Healthcare Service Provid	der: SHSOP, DOCTOR001	Detail
	Invoice No.: -	Status: Ready for Submission	Submission Date: -	Invoice Date: -	\$ 362.00
Mar 2024	Programme: Chronic Dis	ease Co-Care Pilot Scheme	Healthcare Service Provid	der: SHSOP, DOCTOR001	Detail

С.

Check the record(s) for reimbursement. Click [Submit].

voice No				
voice Period: Il 2024	Programme: Chronic Disease Co-Care Pil	lot Scheme	Healthcare Service Provider: SHSOP, DOCTOR001	
eimbursement Status: eady for Submission	Submission Date: -		Invoice Date: -	
ervice Type:	Contract Reference No.: -			
			Selected Claim	n(s): 456 Total Claim(s): 456
Reference No.: 23830002240000075284	Service: DM & HT Screening	Date	e: 25-Jul-2024	Amount: \$ 196.00
Participant Name: SHSOP, Service Detail: Medical Consultation		Service Provider Name: Healthcare Service Location:	SHSOP, DOCTOR001 Virtual HOSPITAL - VHC4	Expand 🗸
Reference No.: 23830003230000015322	Service: Management	Date	e: 25-Jul-2024	Amount: \$ 166.00
Participant Name: LEE, TWE E Service Detail: Medical Consultation		Service Provider Name: Healthcare Service Location:	SHSOP, DOCTOR001 Virtual HOSPITAL - VHC4	Expand ~
Reference No.: 23830002240000074981	Service: DM & HT Screening	Date	e: 24-Jul-2024	Amount: \$ 196.00
Participant Name: TEST, Service Detail: Medical Consultation		Service Provider Name: Healthcare Service Location:	SHSOP, DOCTOR001 Virtual HOSPITAL - VHC4	Expand ~
Submit Unselect All	K (1 2 3 4 5 > >	I)	Back

d.

Status will be updated from Ready for Submission to Submitted.

\sim Chronic Disease Co-Care Pilot Scheme Status: Ready for Submission Submitted Invoice No.: CDCC202309000000020 Programme: Chronic Disease Co-Care Pilot Scheme Submission Date: 18-Sep-2023 Invoice Date: 18-Sep-2023 Healthcare Service Provider: SHSOP, DOCTOR008 Sep 2023 Reimbursement Status: Reviewed DHC District : Kwai Tsing Healthcare Service Provider: SHSOP, DOCTOR008 ce No.: CDCC202308000000054 Programme: Chronic Disease Co-Care Pilot Scheme Aug 202 Reimbursement Status: Submitted Submission Date: 04-Oct-2023 Invoice Date: -DHC District : Kwai Tsing

SHSOP, DOCTOR001

e.

Click [Submitted] to check the submission history.

፰ Programme: Status:	Chronic Disease Co-Car Ready for Submission	e Pilot Scheme Submitted		∨
Sep 2023 Reimbursement Status: Approved		Programme Disease Co-Care Pilot Scheme Submission Date: 18-Sep-2023 Invoice Date: 21-Sep-2023		Healthcare Service Provider: SHSOP, DOCTOR001
Aug 2023		Programme: Chronic Disease Co-Care Pilot Scheme		Healthcare Service Provider: SHSOP, DOCTOR001
Reimbursement Status: Approved Invoice No.: CDCC202308000000037		Submission Date: 14-Sep-2023 Invoice Date: 21-Sep-2023 Programme: Chronic Disease Co-Care Pilot Scheme		Healthcare Service Provider: SHSOP, DOCTOR001
Aug 2023 Reimburs	ement Status: Submitted	Submission Date: 22-Sep-2023	Invoice Date: -	


The reimbursement records for Medical services are submitted by Family Doctor individually, while Nurse Clinic and Allied Health Services are submitted by finance officer / administrator per HCP level.



For details, please refer to **[G164 User Manual for CDCC Pilot Scheme and DHC Service HCP Management and Provider-based Enrolment (Nurse Clinic & Allied Health Professionals)]** Section F Reimbursement of Nurse Clinic & Allied Health Services in CDCC Pilot Scheme

The submitted reimbursement records for Family Doctors, Nurse Clinic and Allied Health Service Providers will be reviewed by different units and displayed on the report for payroll arrangement.

Hospital Authority will review the reimbursement for Family Doctors.



For details, please refer to Section 13.4 Review reimbursement records & 13.5 Approve the reviewed reimbursement.

Strategic Purchasing Office will review the reimbursement for Nurse Clinic & Allied Health Service Providers.



For details, please refer to **[G164 User Manual for CDCC Pilot Scheme and DHC Service HCP Management and Provider-based Enrolment (Nurse Clinic & Allied Health Professionals)]** Section F Reimbursement of Nurse Clinic & Allied Health Services in CDCC Pilot Scheme

\ast

Supplementary Functions

12.

12. Supplementary Functions

12.1 Goal Setting

а.

Click [Click More] under "Clinical Progress".

Clinical Progress Chronic Disease Co-Care Pilot Scheme Management Management Plan: HT + DM mana	gement	() Click More ~	\mathfrak{V}
Reference No.: 23830003230000014894	Attendance	🖻 Clinical Note & Letter 🕆 Investigation	
Details	Date	Checklist	
Consultation (by Doctor SHSOP DOCTOR001, Doctor)	09-Oct-2023	ta / B / B /	

b.

Click "Care Plan", then [Goal Setting].

Quota Balance		Clinical PI	^
Medical Consultation	6 /6	Chronic Dis Manageme Care Plan Pay for Performance	
Allied Health Consultation	4/4	Details Consultat	

С.

Goal Setting areas include Weight management, Regular exercise, Healthy eating, Self-monitoring of blood glucose (BG) and blood pressure (BP), Smoking, Alcohol drinking, Taking medication, Reduce complication.

Area ✓ *Weight management	
Baseline *Body weight 80.00 kg	
Goal Setting	Evaluation
Reduce 5.00 kg in 1 year	O Yes O Partial O No Remarks
Reduce % of body weight in 1 year	O Yes O Partial O No Remarks
Maintain body weight in 1 year	O Yes O Partial O No Remarks
Others, please specify	O Yes O Partial O No Remarks
Goal Setting	Evaluation
 Muscle-strengthening activities at moderate or vigorous intensity that involve all major muscle groups on at least 2 days per week 	O Yes O Partial O No Remarks
At least 150 mins of moderate-intensity aerobic physical activity per week	O Yes O Partial O No Remarks
Balance exercise	O Yes O Partial O No Remarks
Others, please specify	O Yes O Partial O No Remarks
Healthy eating Baseline Eating habit	
Coal Catting	Fusication

d.

After [Save], last updated details of the record can be seen.

Click [Edit] to edit the goal setting record.



e. Click [Print].

		CEck Mare	
	Goal Setting		
n tation	Ares ✓ *Weight management Baseline *Body weight [80.00] kg Latt undered vi SHSPP BOC/DR9D1 undered on 18-0-7023		Print
	Goal Setting	Evaluation	
amily Do	Reduce kg in 1 year Last updated by SHSOP, DOCTOR001, updated on 06-Nov-2023	O Yes O Partial O No Remarks	

f.



Click the "Printer" icon and proceed to printing.

12.2 Incentive Target

a.

Click [Click More] under "Clinical Progress".

Details Date Checklist Consultation (by Doctor SHSOP DOCTOR00), Doctor) 09-Oct-2023 Image: Section 100 and 10	linical Progress hronic Disease Co-Care Pilot Scheme fanagement Management Plan: HT + DM manager	ment		Click More
Details Date Checklist Consultation (by Doctor SHSOP DOCTOR001, Doctor) 09-Oct-2023 Image: Consultation (by Doctor SHSOP DOCTOR001, by Doctor SHSOP DOCTOR01, by Doc	eference No.: 23830003230000014894	Ta Attendance	🕞 Clinical Note 🔍 L	Letter 🕆 Investigati
Consultation (by Doctor SHSOP DOCTOR001, 09-Oct-2023	Details	Date	Check	klist
	Consultation (by Doctor SHSOP DOCTOR001, Doctor)	09-Oct-2023	5	 B B

b.

Click [Pay for Performance], then [Incentive Targets].



С.

Choose the "Notices to Family Doctor" according to the topics.



d.

Choose the "Notices to Patients", click to preview pdf.





114

13.1 Inbox Notification

а.

Click [Information] then [Inbox] under Menu.



b.

Notification message will be shown after login.



115

C.

- All inbox messages of eHRSS can be seen.
- Categories are indicated at the left panel.

Inbox		₿ 3	Search Inbox		Q
All message(s)	* Inbox				
▼ Inbox (3)	Messages that have been in the Inbox for more than 12 m	nonths will be automatically moved t	o Trash.		
 Urgent Action Required (2) GOPC PPP (1) eHealth Services (1) 	Sender	Title		Date 🛩	Task Status
✓ Action Required (1) GOPC PPP (1)	 Health Services 04 Aug 2023 (2) 	Chronic Disease Co-	Care Pilot Scheme Investigation Request Results Updates	21-Sep-2023 10:40	(No Status)
	🖾 👷 General Outpatient Clinic PPP Profile	Confirmation of Enro	ment - GOPC PPP Programme	04-Aug-2023 18:24	(No Status)
	General Outpatient Clinic PPP Profile	Acknowledgement of	Application for Enrolment - GOPC PPP Programme	04-Aug-2023 18:18	(No Status)

There are **3 inbox notifications** in CDCC Pilot Scheme:

Type 1 (To be received by DHC Operator)

When Screening completed by Family Doctor, Family Doctor may document "Not FU by Family Doctor for pre-DM / DM / HT management under the CDCC Scheme" if the participant opts not to follow up by CDCC Pilot Scheme.

а.

When Family Doctor indicates "Not FU by family doctor for disease management under CDCC Pilot Scheme" in screening completed.

Assessment	Preventive Care	Investigation Result	Screening Result		
Not FU by under the	y family doctor for pre-l e CDCC Pilot Scheme	DM (HbA1c 6.0-6.4% / I	FPG 6.1-6.9 mmol/L) /	DM / HT management	1
DHC Refer Other	r to HA rs, please specify Completed				
Delete				Save Cancel	Ŧ

b.

An eHRSS Inbox message will be received by DHC User Admin of participant's district.

Inbox	
All message(s)	* Inbox
• Inbox (108)	Sender Title
 Urgent Action Required Service Operation Platform (1) 	∃ 🔄 10 Mar 2020 (1)
HD 000	Encounter Notification Module Encounter Notification (10-Mar-2020)
 Action Required (108) 	
CDCC Participant Opted No	t To EU By Family Doctor
Please note the following participa	nt has completed CDCC Screening phase and opted not to be followed
up by family doctor for intensive p	re-DNL/ DNL/ HT management under the CDCC Pliot Scheme:
Participant Name:	CHAN, PETER
DHC Membership No.:	2210001111
District:	Kwai Tsing
Phone (Mobile):	66554422
Family Doctor (eHR UID):	CHAN TAI MAN (1122334455)
Screening Completion Date:	01-Dec-2023
Refer to:	DHC, HA
Please go to participant's CDCC He	
Flease go to participant's coccine	alth Profile in Service Operation Platform for more details.

Type 2 (To be received by DHC Operator)

When Family Doctor refers the participant to HA M&G Specialist for consultation by issuing a corresponding referral Letter, DHC Operator will be notified for necessary HA appointment arrangement.

а.

Letter to HA Designated M&G Specialist Consultation is issued by Family Doctor.

Select Letter	HA Designated M&G Specialist Consult	ation ~
•То	HA Hospital 🗸 🗸	
Reason for Consultation	HA Designated M&G Specialist Consul	(PMH) Princess Margare Hospital (PWH) Prince of Wales Hospital (PYNEH) Pamela Youde Nethersole Eastern Hospital
Diagnosis	*Participant has enrolled in the CD Hypertension (HT) Diabeter	(QEH) Queen Elizabeth Hospital (QMH) Queen Mary Hospital (TMH) Tuen Mun Hospital
Problem List (HA Referral	HT	(UCH) United Christian Hospital

b.

eHRSS inbox message will be received by DHC User Admin of participant's district.

Inbox	
All message(s)	 Inbox
Inbox (108)	Sender Title
 Urgent Action Required Service Operation Platform (1) 	3 🔄 10 Mar 2020 (1)
HD PPP	Encounter Notification Module Encounter Notification (10-Mar-2020)
Participant With Referral Please note the following particip	Issued By FD To HA CDCC Designated Clinic Control Meetings
Participant Name:	CHAN. PETER
DHC Membership No.:	2210001111
District:	Kwai Tsing
Phone (Mobile):	66554422
Family Doctor (eHR UID):	CHAN TAI MAN (1122334455)
Date of Referral:	01-Dec-2023
HA Hospital Referred To:	Princess Margaret Hospital
Please go to participant's CDCC H	lealth Profile in Service Operation Platform for more details.



When laboratory result is uploaded by the laboratory, eHRSS inbox message will be sent to Family Doctor to remind to check with To-do list.

а.

- It is under Urgent Action Required category > eHealth Service
- Message will be sent for any new investigation results per day.

INDOX		Search Inbox	c
All message(s)	Inbox		
 Inbox (2) 	Messages that have been in the Inbox for more than 12 months	will be automatically moved to Trash.	
 Urgent Action Required (1) COPC PRP (1) 	Sender	Title	Date - Task Status
eHealth Services	☑ ☑ Today (1)		
 Action Required (1) 	😰 😳 eHealth Services	Chronic Disease Co-Care Pilot Scheme Investigation Request Results Updates	21-Sep-2023 10:40 (No Status)
GOPC PPP (1)	🗉 🛅 04 Aug 2023 (2)		
	General Outpatient Clinic PPP Profile	Contirmation of Enrolment - GOPC PPP Programme	04-Aug-2023 18:24 (No Status)
	The second	a contraction of the contraction	the second
hronic Disease Co-C	General Outpatient Clinic PPP Profile	Acknowledgement of Application for Enrolment - GOPC PPP Programme	04-Aug-2023 18:18 (No Status)
Chronic Disease Co-C ender: eHealth Services late: 17-Oct-2023 08:10	Care Pilot Scheme Investigation	Acknowledgement of Application for Enrolment - GOPC PPP Programme	04-Aug-2023 18:18 (No Status)

b.

• A reminder will be sent if any unfollowed investigation results in To-do List over **14 days**.

					~
All message(s)	 Inbox 				
 Inbox (12) 	Messages that have been in the Inbox for more t	than 12 months will be automatically moved to Trash.			
Urgent Action Required (12)	Sender	Title		Date -	Task Status
enealth Services (12)	3 17 Today (1)				*
	😰 😡 eHealth Services	eHealth+ Platform To-do List Reminder		19-Oct-2023 08:10	(No Status)
	🖬 📃 Yesterday (1)				
N	🖾 👷 eHealth Services	eHealth+ Platform To-do List Reminder		18-Oct-2023 08:10	(No Status)
45	🖼 🛅 17 Oct 2023 (2)				
				17 Oct 2022 08:10	(No Status)
	eHealth Services	eHealth+ Platform 10-do List Reminder		17-061-2020 00.10	(100 010103)
	eHealth Services	enealth+ Platform 10-00 List Reminder	ites	17-Oct-2023 08:10	(No Status)
Health+ Platform To	o-do List Reminder	erieattn+ Plattorm 10-do List Reminder	ites	17-Oct-2023 08:10	(No Status)
Health+ Platform To	o-do List Reminder	eHeattr+ Platform 10-00 List Kerninder	ites	17-Oct-2023 08:10 16-Oct-2023 08:10	(No Status) (No Status)
Health+ Platform To Sender: eHealth Services	o-do List Reminder	ereattr+ Hattom to do List kethilider	ites	17-Oct-2023 08:10 16-Oct-2023 08:10 Displaying 1	(No Status) (No Status)
eHealth+ Platform To Sender: eHealth Service: Date: 19-Oct-2023 08:	o-do List Reminder s 10	ereatti - Puttom 10-60 Litt Hemineer	ntes	17-Oct-2023 06:10 16-Oct-2023 06:10 Displaying 1	(No Status) (No Status) I - 19 of 19 message(s)
eHealth+ Platform To Sender: eHealth Services Date: 19-Oct-2023 08:	p-do List Reminder s 10	eriestin - Puttom 10-do Lut Keminoer	ntes	17-Oct-2023 08:10 16-Oct-2023 08:10 Displaying 1	(No Status) (No Status) I - 19 of 19 message(s)
eHealth+ Platform To Sender: eHealth Service: Date: 19-Oct-2023 08:	D-do List Reminder 8 10	ereatin - Platom 10-o List Hemineer	ntes	17-Oct-2023 08:10 16-Oct-2023 08:10 Displaying 1	(No Status) (No Status) - 19 of 19 message(s)
eHealth+ Platform To Sender: eHealth Service: Date: 19-Oct-2023 08:	O-do List Reminder s 10		ites.	17-Oct-2023 08:10 16-Oct-2023 08:10 Displaying 1	(No Status) (No Status) - 19 of 19 message(s)
Health+ Platform To Sender: eHealth Service: Date: 19-Oct-2023 08: 3elow item(s) has/have not t	O-do List Reminder S 10 been handled for over two wee	ereater Puttom to o Lift Hermoor	Hes .	17-Oct-2023 08-10 18-Oct-2023 08-10 Displaying 1	(No Status) (No Status)
eHealth+ Platform To Sender: eHealth Services Date: 19-Oct-2023 08: Below item(s) has/have not to Please go to the To-do List o	D-do List Reminder S 10 been handled for over two wee of eHealth+ Platform for details	ereally Platform to a built remineer		17-Oct-2023 08:10 16-Oct-2023 08:10 Displaying 1	(No Status) (No Status) - 19 of 19 message(s)
eHealth+ Platform To Sender: eHealth Service: Date: 19-Oct-2023 08: Below item(s) has/have not to Please go to the To-do List o	O-do List Reminder S 10 been handled for over two wee of eHealth+ Platform for details	ereality Puttom to a built remnoer		17-Oct-2023 08:10 16-Oct-2023 08:10 16-Oct-2023 08:10 Displaying 1	(No Status) (No Status) - 19 of 19 message(s)



13.2 To-do List

To-do list is available for Family Doctor for investigation results.



b.

Filter the records according to the programmes.

3.0	1	Clinical	elfealth+	Administration	Emergency Access	Standards	Information					SIU MING CHAN 🧬 🗚 Logod
	<u>eH</u>	ealth Servi	<u>ces</u> > To-do	List							_	
Г	To-do List Chronic Disease Co-Care Pilot Scheme						^	Investigation Result Uploaded	~	Show Completed Ite	m(s)	
		All Programme					No Records					
		Ch	ronic Disease C	-Care Pilot Scher	ne							
	General Outpatient Clinic Public-Private Partnership Programme											
		_	_									

С.

Filter the records according to the "Service Provider" and "Service Location".

e	Health Serv	ices > To-do List)		ŀ	Filtering for Se Default to sho	ervice Provider and Ser w [All]	vice Location	
0	-do List 🛛	I Programme		V Investigation Result Uploaded		×	Show Completed Item(s)	
ser	vice Provider	All		Service Location All				
C	Chronic Disease	AT VIRTUAL UNIT A (4079438887)					Access To-do List as Relieving Doctor	
ł	Investigation	HOSPITAL AUTHORITY (3098159131)					4 items	
(27-Nov-2023	VHC4 Hospital - HCP (4310898234)		HCP (4310898234)		Service Location 1722516077		
	Patient Name WONG, TAI MA	N	HKIC No.	Reference No. 20231	Details ECG	Lab Service Provider VUA_Lab	🛞 Action 🗸	
Ì	03-May-2024	Service Investigation Service	Provider VHC4 Hospital	- HCP (4310898234)		Service Location VHC4 HOSPITAL (434	10633980)	
l	Patient Name MO, PUMPKIN		HKIC No. ETO	Reference No. 23830	Details Investigation	Lab Service Provider VUA_Lab	🎨 Action 🗸	
ſ	04-Jun-2024	Service Investigation Service	Provider VHC4 Hospital	- HCP (4310898234) Service Location VHC4 HOSPITAL (4340633980)				
	Patient Name MO, PUMPKIN		HKIC No. E10	Reference No. 238300	Details Investigation	Lab Service Provider	🍭 Action 🗸	
	• T	he requesting Service Providers and	d Service Locatio	ons	Betai ECG • Lab	Service Location HOSPITAL AUTHORIT Service Provider provi	v (4740138610) iding lab services	

d.

Acknowledge the lab results, doctors can click [Select All] to select all the request items as "Read and Accept". Or click "Require Lab Reprocessing" if further workup is needed.

× Result										
Participant Informati	ion	Read and Accept Results								
English Name: CHAN, SIU MING HKIC No.:	Chinese Name: - Sex:	Please select Read and Accept if t is/are any item(s) that you would I reasons.	Please select Read and Accept 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 Require Lab Reprocessing and input the reasons.							
F578284(4) DOB:	Unknown	Request Items	Complete (Marked by Service Provider)	Read and Accept	Require Lab Reprocessing	L				
12-Dec-1971(52yr)		Package (C) - Diabetes Mellitus (DM)		Select All						
Record Upload Inform	mation	HbA1c	\odot	0	0					
Report.PDF		Glucose, Fasting / FPG	\odot	0	0					
Date:	16-Apr-2024	Full Lipid Profile, Fasting	\odot	0	0					
	View PDF	RFT with eGFR	\odot	0	0					
		Urine ACR	⊘	0	0					

e.

Click [Show Completed Item(s)] to filter desired search results.



f.

Investigation results with action completed are shown.

(eHealth Services > Completed)					
To-do List All Programme		V Investigation Result Uploaded		×	Show Action Item(s)
Service Provider All		Service Location All			×
Completion Date: 21-12-2024 to 21-0	-2025	Reference No.:			Search Reset
Chronic Disease Co-Care Pilot Scheme					× /^
Investigation Result Uploaded					(10 items)
20-Jan-2025 Service Investigation Service	Provider Virtual HOSPI	TAL - VHC4 (43108)	Service Location Virt	ual HOSPITAL - VHC4 (43406))	⊘ Completed on 20-Jan-2025
Patient Name TEST, D676	HKIC No.	Reference No. 2383000125	Details ECG	Lab Service Provider VIRTUAL UNIT A	Action
20-Jan-2025 Service Investigation Service	Provider Virtual HOSPI	TAL - VHC4 (43108	Service Location Virt	ual HOSPITAL - VHC4 (43406))	⊙ Completed on 20-Jan-2025
Patient Name TEST, D676	HKIC No. D676	Reference No. 2383000125	Details ECG	Lab Service Provider VIRTUAL UNIT A	🛞 Action 🗸
20-Jan-2025 Service Investigation Service	Provider Virtual HOSPI	TAL - VHC4 (43108	Service Location Virt	ual HOSPITAL - VHC4 (43406	
Patient Name TEST, D676	HKIC No. D676	Reference No. 2383000125(Details Investigation	Lab Service Provider VIRTUAL UNIT A	🛞 Action 🗸

Prepared by IT & HI, HA

13.3 Report of CDCC Participant Enrolment List

CDCC Participant Enrolment list is available to DHC Operator User Administrator.

a.

Go to [eHealth+] > [eHealth Services] > [Participant Administrative Report].

b.

thealth 🔂

eHealth+

Administrative Report

Participant Enrolment List

Click on the button [Participant Enrolment List].

Administration

(eHealth Services > Administrative Report)

Information



Participant Enrolment List × Programme Name * Chronic Disease Co-Care Pilot Sc... ✓ Provider Name DHC KWAI TSING TEST Programme Enrolment Date * Next Reset

d.

С.

Then click [Next].

Download and open the zip file.

Input Search Period (Max: 6 months).

← → ↑ ↑ ↓ > This PC > Downloads > Organize ▼ New folder ↓ Quick access Desktop ↓ Downloads ★	Date modified	Search Downloads
Organize New folder Cujck access Destop Destop Downloads Destop Downloads Destop	Date modified	BEE ▼ 💡
Aquick access Desktop Downloads	Date modified	Туре
Desktop *		
Uownloads 🖈 —	22-02-2023 16-02	Compressed User.
Documents 🖈 🗸 🗸 A long time ago (13)		
E Pictures 🖈 🖪	08-94-2021 08-05 17-02-2021 08-49	Compressed (ripp.)
	16/03/2021 17:30	Compressed (sipp-
File name: SHSOP. Enrolment. 20231009190707		
Save as type: Compressed (zipped) Folder		· · · · · · · · · · · · · · · · · · ·
∧ Hide Folders		Save

e.

File password will be sent to user via registered eHRSS communication means.



f	•
	A
1	Participant Name

1	А	B	С	D	E	F	G	Н	I	I	K
1	Participant Name	Enrolment Status	Enrolment Date	eHR Nol	Phone (M	DHC Membership No.	DHC District	Paired Family Doctor (Full Name)	Paired Family Doctor (UID)	Programme	Programme Status
50	CHAN, TAI MAN	A	01-Aug-2023	1E+10	6.8E+07	2310012442	Kwai Tsing	SHSOP, DOCTOR001	2854929964	DM & HT Screening	Active
~1	contrast, terr manas	n	01-110g-2020	10110	0.000101	0010010140	Treat Long	511501, 200101001	2004222204	Dar cerri ocioennig	Compreses
52	CHAN, TAI MAN	A	01-Aug-2023	1E+10	6.8E+07	2310012743	Kwai Tsing	SHSOP, DOCTOR001	2854929964	Management	Active
53	CHAN, TAI MAN	A	02-Aug-2023	1E+10	6.8E+07	2310000657	Kwai Tsing	MA, MINNIE	2839506005	DM & HT Screening	Active
54	CHAN, TAI MAN	A	03-Aug-2023	1E+10	6.8E+07	2310012866	Kwai Tsing	MA, MINNIE	2839506005	DM & HT Screening	Completed
55	CHAN, TAI MAN	A	03-Aug-2023	1E+10	6.8E+07	2310012866	Kwai Tsing	MA, MINNIE	2839506005	Management	Active
56	CHAN, TAI MAN	A	03-Aug-2023	1E+10	6.8E+07	2310012874	Kwai Tsing	MA, MINNIE	2839506005	DM & HT Screening	Active
57	CHAN, TAI MAN	A	04-Aug-2023	1E+10	6.8E+07	2310012858	Kwai Tsing	SHSOP, DOCTOR001	2854929964	DM & HT Screening	Completed
58	CHAN, TAI MAN	A	04-Aug-2023	1E+10	6.8E+07	2310012858	Kwai Tsing	SHSOP, DOCTOR001	2854929964	Management	Active
59	CHAN, TAI MAN	A	04-Aug-2023	1E+10	6.8E+07	2310013008	Kwai Tsing	MA, MINNIE	2839506005	DM & HT Screening	Active
60	CHAN, TAI MAN	A	04-Aug-2023	1E+10	6.8E+07	2310012688	Kwai Tsing	MA, MINNIE	2839506005	DM & HT Screening	Completed

13.4 Report Centres

13.4.1 Reimbursement report

For Family Doctors, Allied Health Professionals are able to now download the Reimbursement Report at Report Centre, which includes the submitted reimbursement records by individual.

For HCP finance officer / administrative with eHRSS role group "HCP Finance Officer+" is able to download the Reimbursement Report at Report Centre, which includes the submitted records for the whole HCP.



С.

Select the programme for the report (for Family Doctors / Allied Health Professionals)



Select the programme for the report (for HCP Finance Officer)

*Programme:		^
*Reimbursement Status:	District Health Centre Scheme	
*Submission Date:	Chronic Disease Co-Care Pilot Scheme	





d.

Select the reimbursement status as a filter for the report.



1	Submitted	Reimbursement is submitted
2	Reviewed	Submitted reimbursement is reviewed by Programme Office
3	Approved	Reviewed reimbursement is approved by Programme Office.
4	Claimed	Approved reimbursement is further processed by Programme Office. It is not applicable to records of Nurse Clinic & Allied Health service providers.







Sample of reimbursement report, including all service types the organisation (HCP) provided (For HCP Finance Officer)

Item	Invoice No.	Submission Date	Reimbursement Status	Provider (HCP ID)	Service Location (HCI ID)	User (eHR UID)	Participant Name	eHR No.	Service	Service Type	Service Received Date	Reference No.	Original Co- payment Amount	Actual Co- payment Amount	Subsidy Amount
	I CDCC20241	22-Oct-2024	Submitted	TSING TEST (38815	TEST (50205))	NURSE001 (36254	CHAN, THREE	525654	Management	Nursing Service	22-Oct-2024	2383000224	151.00	151.00	0.00
	2 CDCC20241	22-Oct-2024	Submitted	DHC KWAI TSING TEST (38815)	DHC KWAI TSING TEST (50205)	SHSOP, NURSE001 (36254)	CHAN, SIX	152246	Management	Nursing Service	22-Oct-2024	2383000224	151.00	151.00	0.00
	3 CDCC20241	22-Oct-2024	Submitted	DHC KWAI TSING TEST (38815)	DHC KWAI TSING TEST (50205))	SHSOP, NURSE001 (36254)	CHEUNG, SEVENTEEN	070610	Management	Nursing Service	22-Oct-2024	2383000224	151.00	151.00	0.00
	4 CDCC20241	22-Oct-2024	Submitted	DHC KWAI TSING TEST (388154	DHC KWAI TSING TEST (50205	CHAN, DIETITIAN001 (93374)	CHAN, THREE	525654	Management	Dietetic Service	22-Oct-2024	2383000224	150.00	150.00	0.00
	5 CDCC20241	22-Oct-2024	Submitted	DHC KWAI TSING TEST (38815)	DHC KWAI TSING TEST (50205)	SHSOP, NURSE001 (36254)	CHEUNG, THIRTEEN	037080	Management	Nursing Service	22-Oct-2024	2383000224	151.00	151.00	0.00
	5 CDCC20241	22-Oct-2024	Submitted	DHC KWAI TSING TEST (38815 ^{III})	DHC KWAI TSING TEST (50205)	SHSOP, NURSE001 (36254)	CHAN, FIVE	333986	Management	Nursing Service	22-Oct-2024	2383000224	151.00	151.00	0.00
	7 CDCC20241	22-Oct-2024	Submitted	DHC KWAI TSING TEST	DHC KWAI TSING TEST	SHSOP, NURSE001	CHEUNG, THREE	359774	Management	Nursing Service	22-Oct-2024	2383000224	151.00	151.00	0.00

Data fields at a glance

Item	Invoice No.	Submission Date	Reimbursement Status
Provider (HCP ID)	Service Location (HCI ID)	User (eHR UID)	Participant Name
eHR No.	Service	Service Type	Service Received Date
Reference No.	Original Co-payment Amount	Actual Co-payment Amount	Subsidy Amount

13.4.2 Progress Tracking Report

DHC/ DHCE users with eHRSS role group "Nurse+" can download the Progress Tracking Report at Report Centre. It includes the programme progress of active CDCC participants. Programme details such as first and latest medical consultation date, first laboratory result upload date, diagnoses recorded when screening completion are included in this report.

a. Go to [Report Centre] under "Administrative".	(eHealth Services > Report Centre)						
Click [Progress Tracking Report] to proceed	My Requested Reports > Participant Administration Reports						
	Participant Enrolment List						
	Progress_Iracking.Report						
b.	Progress Tracking Report X						
Date (The maximum date range is 365 days).	Programme Name * Chronic Disease Co-care Pilot Scheme						
Click [Next].	Programme Enrolment Date *						
	Next Reset						
С.	Progress Tracking Report						
Click [To My Requested Reports] to check the progress.	The report generation request is submitted successfully.						
	Please check the progress under My Requested Reports.						
	To My Requested Reports Close						
d.	eHealth Services > Report Centre > My Requested Reports						
The report is ready for download.	Report Name Requested Date & Time Status → Progress Tracking Report 04-Sep-2024 05:46 PM 🕢 Ready						

Report Name	Requested Date & Time	Status
Progress Tracking Report	04-Sep-2024 05:46 PM	🕢 Ready
Progress Tracking Report	04-Sep-2024 04:20 PM	🛞 Expired
	04-Sep-2024 03:09 PM	🛞 Expired
	04-Sep-2024 02:28 PM	Pending
	04-Sep-2024 02:28 PM	Pending
	04-Sep-2024 02:28 PM	Pending
	03-Sep-2024 04:29 PM	🛞 Expired
<u> </u>	02-Sep-2024 04:25 PM	C Expired

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e.

Click [Progress Tracking Report] to download the zip file for the report.

The downloaded report will be stated as "Expired".

← → ∽ ↑ 🚞 > Dow	vnioads > Report	∽ ⊘ Search Report ,P	neport	× +	- 0 X
Organize - New folder	Name	Date modified Type Size	$\leftarrow \rightarrow \land C$	□ > ··· Downloads > Report >	Search Report
Callery	_	No items match your search.	🕀 New - 🔏 [🛅 🕘 🖻 🗊 ঝ Sort	📑 Details
Desktop Downloads Documents Pictures shared	* * *		☆ Home ▲ Gallery	~ Today	
File name (SHSOP, Progre Seve as type: Compressed (a	res_Tracking_20240904174623	v V Eave Canol	Desktop *	SH50P.Progress, Tracking_2024090 4174623	
Report Name		Requested Da	te & Time	Status	

Report Name	Requested Date & Time	Status
	04-Sep-2024 05:46 PM	Expired
	04-Sep-2024 04:20 PM	🛞 Expired
	04-Sep-2024 03:09 PM	Expired

f

Unzip the zip file with the passcode sent to the user's eHRSS communication means (i.e., SMS or email)



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Progress Tracking Report includes all active CDCC participants of request DHC district.

File Home Ins	ert Page Lay	out Formulas	Data	Review	View Help									
A1 * :	$\times \checkmark f_X$	Participant Na	me											
Participant Name	Enrolment Date	eHR No. Pt	hone (Mobile)	DHC Members	ship No. DHC District	Paired FD Name	Paired FD UI	Programme	Management Plan	Programme Status	Programme Start Date	Programme End Date	1st Medical Consultation Date	Latest Medical Co
2 CHAN, SIU MING	01-Aug-2024	75168904143485	52-8789	24100	Kwai Tsing	SHSOP, DOCTOR001	285492	Management	HT + DM management	Active	01-Aug-2024			
CHAN, SIU MING	01-A0g-2024	/5108904143485	2-8789	24100	Kwai Tsing	SHSOP, DOCTOR001	285492	UM & HT Screening		Completed	01-A0g-2024	01-Aug-2024	01-A0g-2024	01-AUg-2024
LAU, ELEVEN	01-Aug-2024	17344325622485	52-9239	24100	Kwai Tsing	SHSOP, DOCTOR003	791403	Management	FU by family doctor for Pre-DM management	Active	01-Aug-2024			
NG, SIK	01-Aug-2024	71751762774585	52-5999	24100	Kwai Tsing	USHSOP, DOCTOR106	449948	DM & HT Screening		Active	01-Aug-2024			
5 TEST, B3903988	01-Aug-2024	20089450263585	52-7989	24100	Kwai Tsing	SHSOP, DOCTOR001	285492	DM & HT Screening		Active	01-Aug-2024			
TEST, P8869298	02-Aug-2024	44414369551985	52-8869	24100	Kwai Tsing	SHSOP, DOCTOR001	285492	DM & HT Screening		Active	02-Aug-2024			
CHAN, TAI MAN	06-Aug-2024	35676050479985	52-8678	24100	Kwai Tsing	SHSOP, DOCTOR001	285492	DM & HT Screening		Active	06-Aug-2024			
TEST, B9636124	06-Aug-2024	07438479629585	52-6159	24100	Kwai Tsing	USHSOP, DOCTOR202	992835	DM & HT Screening		Active	06-Aug-2024			
TEST, C2024770	06-Aug-2024	19279879582185	52-9383	24100	Kwai Tsing	LO, DOCTOR ONE	477095	Management	HT + DM management	Active	06-Aug-2024		06-Aug-2024	06-Aug-2024
TEST, C2024770	06-Aug-2024	19279879582185	52-9383	24100	Kwai Tsing	LO, DOCTOR ONE	477095	DM & HT Screening		Completed	06-Aug-2024	06-Aug-2024	06-Aug-2024	06-Aug-2024
TEST, C2024886	06-Aug-2024	38375464189685	52-9383	24100	Kwai Tsing	LO, DOCTOR ONE	477095	Management	DM management	Active	06-Aug-2024		06-Aug-2024	07-Aug-2024
TEST, C2024886	06-Aug-2024	38375464189685	52-9383	24100	Kwai Tsing	LO, DOCTOR ONE	477095	DM & HT Screening		Completed	06-Aug-2024	06-Aug-2024	06-Aug-2024	06-Aug-2024
TEST, C2024894	06-Aug-2024	98177934212285	52-9383	24100	Kwai Tsing	LO, DOCTOR ONE	477095	Management	FU by family doctor for Pre-DM management	Active	06-Aug-2024		06-Aug-2024	08-Aug-2024
TEST, C2024894	06-Aug-2024	98177934212285	52-9383	24100	Kwai Tsing	LO, DOCTOR ONE	477095	DM & HT Screening		Completed	06-Aug-2024	06-Aug-2024	06-Aug-2024	06-Aug-2024
CHAN, PATIENT 001	07-Aug-2024	17339657121485	52-9876	24100	Kwai Tsing	LO, DOCTOR NINE	832125	DM & HT Screening		Active	07-Aug-2024			
CHAN, PATIENT 002	07-Aug-2024	35668721838985	52-9876	24100	Kwai Tsing	LO, DOCTOR NINE	832125	DM & HT Screening		Completed	07-Aug-2024	08-Aug-2024	08-Aug-2024	08-Aug-2024
CHAN, PATIENT 002	07-Aug-2024	35668721838985	52-9876	24100	Kwai Tsing	LO, DOCTOR NINE	832125	Management	HT + Pre-DM management	Active	08-Aug-2024			
CHAN, PATIENT 003	07-Aug-2024	53723554930685	52-9876	24100	Kwai Tsing	LO, DOCTOR NINE	832125	DM & HT Screening		Completed	07-Aug-2024	07-Aug-2024	07-Aug-2024	07-Aug-2024
CHAN, PATIENT 004	07-Aug-2024	76182501423885	52-9876	24100	Kwai Tsing	LO, DOCTOR NINE	832125	Management	HT + DM management	Active	07-Aug-2024			
CHAN, PATIENT 004	07-Aug-2024	761825014238 85	52-9876	24100	Kwai Tsing	LO, DOCTOR NINE	832125	DM & HT Screening		Completed	07-Aug-2024	07-Aug-2024	07-Aug-2024	07-Aug-2024
CHAN, PATIENT 006	07-Aug-2024	49601958106485	52-9876	24100	Kwai Tsing	LO, DOCTOR TEN	667927	DM & HT Screening		Completed	07-Aug-2024	08-Aug-2024	08-Aug-2024	08-Aug-2024
CHAN, PATIENT 006	07-Aug-2024	49601958106485	52-9876	24100	Kwai Tsing	LO, DOCTOR TEN	667927	Management	FU by family doctor for Pre-DM management	Active	08-Aug-2024		08-Aug-2024	08-Aug-2024
CHAN, PATIENT 007	07-Aug-2024	694672885285 85	52-9876	24100	Kwai Tsing	LO, DOCTOR TEN	667927	DM & HT Screening		Completed	07-Aug-2024	08-Aug-2024	08-Aug-2024	08-Aug-2024
CHAN, PATIENT 007	07-Aug-2024	694672885285 85	52-9876	24100	Kwai Tsing	LO, DOCTOR TEN	667927	Management	HT management	Active	08-Aug-2024		08-Aug-2024	08-Aug-2024
CHAN, PATIENT 008	07-Aug-2024	32481939178385	52-9876	24100	Kwai Tsing	LO, DOCTOR TEN	667927	Management	HT + DM management	Active	07-Aug-2024			
CHAN, PATIENT 008	07-Aug-2024	32481939178385	52-9876	24100	Kwai Tsing	LO, DOCTOR TEN	667927	DM & HT Screening		Completed	07-Aug-2024	07-Aug-2024	07-Aug-2024	07-Aug-2024
CHAN, PATIENT 009	07-Aug-2024	20588689157985	52-9876	24100	Kwai Tsing	LO, DOCTOR TEN	667927	Management	HT + DM management	Active	07-Aug-2024			
CHAN, PATIENT 009	07-Aug-2024	20588689157985	52-9876	24100	Kwai Tsing	LO, DOCTOR TEN	667927	DM & HT Screening		Completed	07-Aug-2024	07-Aug-2024	07-Aug-2024	07-Aug-2024
CHAN, PATIENT 010	07-Aug-2024	29988302719685	52-9876	24100	Kwai Tsing	LO, DOCTOR NINE	832125	DM & HT Screening		Active	07-Aug-2024			

Data included in Progress Tracking Report:

Participant Name	Programme Status
Enrolment Date	Programme Start Date
eHR No.	Programme End Date
Phone (Mobile)	1st Medical Consultation Date
DHC Membership No.	Latest Medical Consultation Date
DHC District	1st Lab Result Upload Date
Paired FD Name	Diagnosis - HT Screening
Paired FD UID	Diagnosis - DM Screening
Programme	Diagnosis - Hyperlipidaemia
Management Plan	



Points to Note

The report is ready for download when the Status becomes "Ready".

Definitions of report status: Pending - Submitted but not yet processed request Ready - Submitted and processed request Expired - Downloaded request

mort Name	Requested Date & Time	Status
<u>Progress Tracking Report</u>	04-Sep-2024 05:46 PM	Ready
Progress Tracking Report	04-Sep-2024 04:20 PM	🛞 Expired
Progress Tracking Report	04-Sep-2024 03:09 PM	🛞 Expired
Progress Tracking Report	04-Sep-2024 02:28 PM	Pending
Progress Tracking Report	04-Sep-2024 02:28 PM	Pending
Progress Tracking Report	04-Sep-2024 02:28 PM	Pending
Progress Tracking Report	03-Sep-2024 04:29 PM	🛞 Expired
Progress Tracking Report	02-Sep-2024 04:25 PM	🛞 Expired

а.

Input Search Period (Max: 6 months).

Go to [eHealth Services] > [Reimbursement].



b.

- Select Programme as CDCC.
- Select All or specific healthcare service providers.
- Click [Detail].



С.

- Click [Review] after reviewing.
- Or [Create Adjustment] to adjust the amount.
- Or Click [Return to Service Provider] to return the reimbursement record if needed.

1VOICE ND. CDCC202309000000028				
nvoice Period: ep 2023	Programme: Chronic Disease Co-Care Pilot Scheme	Healthcare Servi KIM, DIETITIAN2	ce Provider: 02	
teimbursement Status: submitted	Submission Date: 21-Sep-2023	Invoice Date:		
HC District: wai Tsing				
Reference No.: 23830002230000010653	Service: Management Da	te: 21-Sep-2023	Amount: \$ 150.00	
Participant Name: YUNG, YUET YING Service Detail: Dietetic Service				Create Adjustm
Review Return to Service Provider				Back
\boldsymbol{X}				

d.

Status has been updated from Submitted to Reviewed after [Review] is clicked.

	eHealth Services > Reimburseme	ent				
sement Details)	O Invoice No.:		Review Successfully			Collapse
	Programme: Chror	nic Disease Co-Care Pilot Sc.				×
	Healthcare Service Provider: KIM,	DIETITIAN202	Reimbursement Sta	itus: ALL		~
Do you confirm to review this reimbursement?	Reimbursement Month:	v -	Submission Date:		to 🖿	Ċ
	Involce Date:	to				
Yes No ire					Search	Reset
	Invoice No.: CDCC2023090000	0000028 Programme: Chronic Diseas	se Co-Care Pilot Scheme	Healthcare Service Pro	ovider: KIM, DIETITIAN202	\$ 150.00
Submission Date: Invoice Dat	Sep 2023 Reimbursement Status: Review	ved Submission Date: 21-Sep-20	023 Invoice Date: 21-Sep-2023	DHC District : Kwai Tsi	ng	Detail

Prepared by IT & HI, HA <R



13.6 Approve the reviewed reimbursement of Family Doctor

а.

Go to [eHealth Services] > [Reimbursement].

b.

Select CDCC Pilot Scheme from pulldown menu in Programme.

eHealth Services	-
Payment & Charging	(eHealth Services > Reimbursement)
Reimbursement	Peyment Report Summary of Reimbursement Report O Invoice No.: Programme: Search Reset
	No reimbursement record found.

С.

Select Reviewed from Reimbursement Status to filter Reviewed reimbursement records.

O Invoio	e No.:								Collapse ^
Progra	mme:	Chronic Disease Co-Care	Pilot Scheme			_			
Health	care Service Provider:	ALL		×	Reimbursement Status:		ATT		~
Reimb	ursement Month:			× ·	Submission Date:		ALL	1	
Invoio	e Date:		to		ERP Payment Status:		Ready for Submission		
							Submitted		
							Reviewed		
New 2022	Invoice No.: -		Programme: Chronic Disea	se Co-Care Pilot Scheme	Healthcare Ser	ce	Returned to PO		
NOV 2023	Reimbursement Status:	Ready for Submission	Submission Date: -	Invoice Date: -			Annound		
	Invoice No.: -		Programme: Chronic Disea	se Co-Care Pilot Scheme	Healthcare Ser	cel			
Nov 2023	Reimbursement Status:	Ready for Submission	Submission Date: -	Invoice Date: -			Claimed		
			Programme: Chronic Disea	se Co-Care Pilot Scheme	Healthcare Ser	-			5 3,302,00
08 2023									Detail

d.

Click [Details] for further action.

O Invoice No.:							Collapse 🔨	
Programme:	Chronic Disease Co-Care Pilot Scheme						~	
Healthcare Service Provider:	ALL		~	Reimburgement Status:	Reviewed		~	
Reimbursement Month:		v •		Submission Date:		亡 to		
Involce Date:	00 to		—	ERP Payment Status:			~	
						Search	Reset	
Batch Select All Approve 1	The remaining of COA fund (as at 31-Oct-2023 21:00:	26) is insufficient to settle al	l outstanding reimbu	rsement(s).		Original Annual Budget (2023/2024) : Remaining Annual Budget (2023/2024) :	\$ 100,000.00 \$ 89,837.00	
Invoice No : CDCC202	2310000000055 Programme: Chronic	Disease Co-Care Pilot Scher	ne	Healthcare S	ervice Provider: USH	OP DOCTOR103	\$ 1,162.00	
Reimbursement Statu:	s: Reviewed Submission Date: 05	Oct-2023 Invoice	Date: 05-Oct-2023				Detail	\checkmark
								1

e.

Details of each consultation records will be displayed;

Click [Approve] to approve the reimbursement or [Return to PO] to return for review again.

Participant Name: Service Detail:	TEST, A407 Medical Consultation			
Reference No.: 2383	30002230000007007	Service: DM & HT Screening	Date: 13-Sep-2023	Amount: \$ 196.00
Participant Name: Service Detail:	TEST, A407 Medical Consultation			
Reference No.: 2383	80002230000007086	Service: DM & HT Screening	Date: 13-Sep-2023	Amount: \$ 196.00
Participant Name: Service Detail:	TEST, A407 Medical Consultation			

f. Click [Approve].



g.

Click [Yes] to confirm the approval of reimbursement.



h.

The status of the reimbursement record will be updated from Reviewed to Approved.

O Invoid	ce No.:						Collapse 🔿
Progr	amme:	Chronic Disease Co-	Care Pilot Scheme				~
Healt	hcare Service Provider:	USHSOP, DOCTOR10	03	×	Reimbursement Status:	Approved	×
Reim	bursement Month:		×	·	Submission Date:	to	
Invoid	ce Date:		👛 to		ERP Payment Status:		~
						Search	Reset
	Invoice No : CDCC2023	1000000055	Programme: Chronic Disease Co.Ca	re Pilot Scheme	Health	care Service Provider: USHSOP DOCTOP103	
Oct 2023	Reimbursement Status	Approved	Submission Date: 05-Oct-2023	Invoice Date: 05-Oct-2023	1000		\$ 1,162.00 Detail
0	Invoice No.: CDCC2023	10000000047	Programme: Chronic Disease Co-Ca	re Pilot Scheme	Health	ncare Service Provider: USHSOP, DOCTOR103	\$ 166.00
Oct 2023	Reimbursement Status	Approved	Submission Date: 03-Oct-2023	Invoice Date: 05-Oct-2023			Detail
0 0000	Invoice No.: CDCC2023	09000000049	Programme: Chronic Disease Co-Ca	re Pilot Scheme	Health	ncare Service Provider: USHSOP, DOCTOR103	\$ 784.00
Sep 2023	Reimbursement Status	Approved	Submission Date: 03-Oct-2023	Invoice Date: 05-Oct-2023			Detail
	Invoice No.: CDCC2023	09000000048	Programme: Chronic Disease Co-Ca	re Pilot Scheme	Health	care Service Provider: USHSOP, DOCTOR103	\$ 1,372.00
Sép 2023	Reimbursement Status	Approved	Submission Date: 03-Oct-2023	Invoice Date: 03-Oct-2023			Detail

i.

Click [Payment Report] to generate reports.

eHealth+ Administration	Information					ACCOUNTS PO 🔤 🗚 Log
eHealth Services > Reimbu	sement					
					Payment Report	Summary of Reimbursement Report
O Invoice No.:						
Programme:	Chronic Disease Co-Care I	Pilot Scheme			7	
Healthcare Service Provider:	USHSOP, DOCTOR103		~	Reimbursement Status:	Approved	v
Reimbursement Month:		v -		Submission Date:	to 🖌	1
Invoice Date:		to	(**)	ERP Payment Status:		
						Search Reset
Invoice No - CDCC2022	0000000055	Programme: Chronic Disease Co. Caro F	Not Scheme		Healthcare Service Provider LISUSOD DOCTODIO2	
Oct 2023 Reimbursement Status:	Approved	Submission Date: 05-Oct-2023	Invoice Date: 05-06	ct-2023	Healthcare Service Provider. Ganado, Doc rok roa	\$1,162.00 Detail
Invoice No : CDCC2023	0000000047	Programme: Chronic Disease Co-Care P	Pilot Scheme		Healthcare Service Provider: USHSOP DOCTOR103	\$166.00
Oct 2023 Reimbursement Status:	Approved	Submission Date: 03-Oct-2023	Invoice Date: 05-06	ct-2023		Detail
Invoice No.: CDCC2023	90000000049	Programme: Chronic Disease Co-Care P	Pilot Scheme		Healthcare Service Provider: USHSOP, DOCTOR103	\$ 784.00
Sep 2023 Reimbursement Status:	Approved	Submission Date: 03-Oct-2023	Invoice Date: 05-06	ct-2023		Detail
Invoice No.: CDCC2023	90000000048	Programme: Chronic Disease Co-Care P	Pilot Scheme		Healthcare Service Provider: USHSOP, DOCTOR103	\$ 1,372.00
Reimbursement Status:	Approved	Submission Date: 03-Oct-2023	Invoice Date: 03-00	ct-2023		Detail

14. Programme Management

14.1 Change Management Plan (By Family Doctor)

It is allowed to update the prescribed Management Plan by Family Doctor.



d.

From "Participant Profile Management", there is history of CDCC journey.

1	Participant Profile Manageme	ent	~	Clinical Team	-
-	Participant Information c sh	ow Details			
0	Chronic Disease Co-Care Pilot Scl	heme	Registration Date 02-Nov-2023	Status Active	
ſ	Chronic Disease Co-Care Pilot Schen	ne			Reference No. 23830002230000018742
	Management HT + Pre-DM manage	ment			
I	Programme Start Date 07-Nov-2023	Status Active	End Date -		Change Management Plan
l	Chronic Disease Co-Care Pilot Schen DM & HT Screening	ne			Reference No. 23830002230000018437
l	Programme Start Date 02-Nov-2023	Status Completed	End Date 07-Nov-2023		

e.

Click [Change Management Plan] on the current plan.

Participant Profile Manag	ement		Clinical Team -
Participant Information	Show Details		
Chronic Disease Co-Care Pilo	ot Scheme	Registration Date 02-Nov-2023	Status Active
Chronic Disease Co-Care Pilot S	Scheme		Reference No. 2383000323000018753
Management HT + Pre-DM mai	nagement		
Programme Start Date 07-Nov-2023	Status Active	End Date -	Change Management Plan
Chronic Disease Co-Care Pilot S	Scheme		Clinical Progress
DM & HT Screening Programme Start Date	Status	End Date	Chronic Disease Co-Care Pilot Scheme
02-Nov-2023	Completed	07-Nov-2023	Management Management Plan: HT + Pre-DM management
			Reference No.: 23830003230000018753

f.

Review the profile.

Select the new Management Plan.

Chronic Disease Co-Care Pilot	Scheme
Current Menogement Plan	
Programmo	Chronie Diesese Co. Caro Dilet Scheme
Management Management	Management I HT + Dre-DM management
Plan	management ()) / / / / / / / / / / / / / / / / /
Reference No.	23830002230000018742
Programme Start Date	07-Nov-2023
Status	Active
Change Management Plan	\supset
*Please Select Management F	Plan
O FU by family doctor for Scheme	Pre-DM management (HbA1c 6.0-6.4%/FPG 6.1-6.9 mmol/L) without HT under the CDCC Pilot
O FU by family doctor for	r DM and / or HT management under the CDCC Pilot Scheme
*Reason of Change	
Remarks	
Once the management previous management management plan. Ar	It plan is changed, the attendance and payment checkout of consultation records under the t plan could NOT be amended. The participant will be enrolled into the newly selected e you sure to confirm and proceed?
	Save Cancel

g.

Or select the new plan under the menu.

Chronic Disease Co-Care Pilot Sc	home
Current Management Plan	
Programme	Chronic Disease Co-Care Pilot Scheme
Management Management Plan	Management HT + Pre-DM management
Reference No.	23830002230000018742
Programme Start Date	07-Nov-2023
Status	Active
Change Management Plan)
*Please Select Management Pla	nŪ
 FU by family doctor for P Scheme 	re-DM management (HbA1c 6.0-6.4%/FPG 6.1-6.9 mmol/L) without HT under the CDCC Pliot
 FU by family doctor for D 	M and / or HT management under the CDCC Pilot Scheme
* Please select. *Reasor HT management HT + Pre-DM managem	
Remark: DM management	
Once the management previous management management plan. Are	plan is changed, the attendance and payment checkout of consultation records under the plan could NOT be amended. The participant will be enrolled into the newly selected you sure to confirm and proceed?
	Save Cancel

h.

Reason of change is required. Read the reminder, click [Save].

Current Management Plan) Observice Diseases On Over Dilat Ontoneo
Programme	Chronic Disease Co-Care Pilot Scheme
Management Management Plan	Management HT + Pre-DM management
Reference No.	23830002230000018742
Programme Start Date	07-Nov-2023
Status	Active
Change Management Plan	
*Please Select Management	Plan (i)
 FU by family doctor for Scheme 	or Pre-DM management (HbA1c 6.0-6.4%/FPG 6.1-6.9 mmol/L) without HT under the CDCC Pilot
FU by family doctor for	or DM and / or HT management under the CDCC Pilot Scheme
+ HT management	
*Reason of Change Diagn	osis has been updated, blood result shows no Pre-DM
Remarks	
Once the manageme previous manageme management plan. A	Int plan is changed, the attendance and payment checkout of consultation records under the nt plan could NOT be amended. The participant will be enrolled into the newly selected re you sure to confirm and proceed?
	Seree Corect



<Restricted>



j.

The new management plan is updated.

< Select Participant English Name: CHAN, YUEN		Chinese Name: HI - C	KIC No.: 202	DOB:	Sex: Ars) Male	Expand 🗸	
Participant Profile Manag	ement		•	Opdate sučcess			-
Participant Information	Show Details						
Chronic Disease Co-Care Pilo	t Scheme	R(02	egistration Date 2-Nov-2023	Status Active			
Chronic Disease Co-Care Pilot S Management HT management	icheme						Reference No. 23830003230000018753
Programme Start Date 07-Nov-2023	Status Active	End Date -					Change Management Plan
Chronic Disease Co-Care Pilot S Management HT + Pre-DM mai	cheme nagement						Reference No. 23830002230000018742
Programme Start Date 07-Nov-2023	Status Closed	End Date 07-Nov-2023					
Chronic Disease Co-Care Pilot S DM & HT Screening	cheme						Reference No. 23830002230000018437
Programme Start Date 02-Nov-2023	Status Completed	End Date 07-Nov-2023					
·							

k.

The old management plan will be displayed as closed in Other Service.

Consultation quota balance will be reset.

Clinical Progress					Click More ∨
Chronic Disease Co-Care Pilot Scheme					
Management Management Plan: HT management					
Reference No.: 2383000323		Attendance	Clinical Note	& Letter	☆ Investigation
Details	Date		c	hecklist	
Vother Service(s) Amount: 2					(2) Re-screening
Chronic Disease Co-Care Pilot Scheme					Closed
Management Management Plan: HT + Pre-DM management					
Reference No.: 2383000223					
Details	Date		Check	list	
Chronic Disease Co-Care Pilot Scheme					Completed
DM & HT Screening					
Reference No.: 2383000223					
Details	Date		Check	list	
Consultation (by Doctor SHSOP DOCTOR001, Doctor)	07-Nov-2023		13	× 🖹 🖌	-

14.2 Change Family Doctor (By DHC / DHCE)



Family Doctor of the Participant is allowed to be changed by relevant DHC / DHCE. DHC / DHCE should comply with the criteria of changing Family Doctor set by Programme Office.

a.

Go to [Participant Management].

b.

Select type of participant information.

Participant Select Participant 2 Select Enrolled Programme Enter HKIC No./ eHR No. Select Participant Information Please select.. Please select... Participan Management HKIC eHR No. С. 1 Select Participant 2 Select Enrolled Programme Enter the identity number. Enter HKIC No./ eHR No. Select Participant Information HKIC \sim Back $\langle \langle \rangle$

d.

Go to [Show Details].

Participant Profile Ma	nagement		\sim	Clinical Team	-
Participant Informatio Chronic Disease Co-Care	n 🗘 <u>Show Details</u> Pilot Scheme	Registration Date		Status Active	
Chronic Disease Co-Care P Management DM manage	ilot Scheme	00369-2023		Active	Reference No. 23830003230000015467
Programme Start Date 16-0ct-2023	Status Active	End Date -			Change Management Plan

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e.

The current paired Family Doctor is listed under [Change Doctor]. Click [Update] for changing Family Doctor.

t Pr	rofile Management		Clin	ical Team		
	Show Details					
ea	Participant Information		Change Doctor	~	egistration Information	-
eas				2		C Update
nt eas nt ie { 3	Family Doctor	SHSOP, I	DOCTOR001 (eHRUID: 285492	9964)		230
eas ree			Save C	ancel		230
e St	tart Date Status	End Date				

f.

Select a new Family Doctor from the list.

The doctor's name in grey indicates the doctor has been suspended for new pairing.

Participant Information	 Change Doctor 	✓ Registration Information	n -
			C Update
Family Doctor	SHSOP, DOCTOR001 (eHRUID: 2854929964)		
New Family Doctor	Please select	^	
	Please select		
	AU YEUNG, MINNIE (eHRUID: 4747821904)		
	AU, HEALTHY (eHRUID: 2059776691)	\sim	
	CHAN, DOCTOR101 (eHRUID: 5431657571)		
	CHAN, KIN HONG (eHRUID: 4615939021)		
	CHAN, YI SENG (eHRUID: 6553904093)		
	CHAU, DOCTOR105 (eHRUID: 7206805262)		
	CHENG, MINNIE (eHRUID: 8164949074)		
	CHEUNG (eHRUID: 7752417988)	լիդ	

g.

Check the service location(s) of the Family Doctor. Click [Save].



h.

Confirm the change of Family Doctor.



Family Doctor is updated.



j.

The new paired Family Doctor is reflected in both "Clinical Team" of "Participant Management" & "Health Profile". The previous paired Family Doctor will be shown as "Inactive".

Participant	Participant Profile Management	— Clinical Team	~
	Paired Family Doctor Doctor FOK, YI SENG Chronic Disease Co-Care Pilot Scheme	District Health Centre (Kwai Tsing) Chronic Disease Co-Care Pilot Scheme	Dietetic Service Doctor SHS0P, DOCTOR006 nic Disease Co-Care Pilot Scheme
Participant Management	Optometry Service Doctor SHSOP, DOCTOR008	(Inactive) Paired Family Doctor Doctor SHSOP, DOCTOR001	
	Chronic Disease Co-Care Pilot Scheme	Chronic Disease Co-Care Pilot Scheme	
Clinical	Clinical Team Paired Family Doctor Doctor FOK, YI SENG		
Linelith Drafile		Uther Service(s)	Amount: 3
	Allied Health Dietetic Service Doctor SHSOP, DOCTOR006	Chronic Disease Co-Care Pilot Scheme Management Management Plan: HT + DM management	Accepted
	Optometry Service Doctor SHSOP, DOCTOR008	Details Date Consultation (by Doctor SHSOP DOCTOR008, Optometrist) 13-Oct-2023	Checklist
	(Inactive) Paired Family Doct or	Letter (by Mr SHSOP NURSE001, Nurse) 13-Oct-2023 Letter (by Doctor SHSOP 12 Oct-2022	
	Doctor SHSOP, DOCTOR001	DOCTOR001, Doctor) 13-Oct-2023 Consultation 13-Oct-2023	



Points to Note

Once the paired Family Doctor is changed, the previous paired Family Doctor is no longer able to apply the CDCC IT module to create new records for the participant.

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14.3 Re-generating of CDCC Family Doctor Appointment Slip for Screening Phase

Changing paired CDCC Family Doctor at Screening Phase, an updated Family Doctor Appointment Slip is able to re-generate and re-print at "Participant Profile Management". The new Family Doctor Appointment Slip will be reuploaded to eHRSS as well.

а.

Go to [Participant Management] and select participant.

b.

Under "DM & HT Screening", click [Print Appointment Slip].

Select Participant		Chinese Name: -	HKIC No.: C240		DOB: 01-Jan-196() (64 years)	Expand ~ Sex: Male	
Participant Profile Man	agement		~ (Clinical Team				-
Participant Information	🗘 <u>Show De</u>	tails						
Chronic Disease Co-Care F	Pilot Scheme	Re 11	gistration Dat -Sep-2024	e	Status Active			
Chronic Disease Co-Care Pile	ot Scheme					Reference No	0. 23830002	
DM & HT Screening						융 <u>Prin</u>	<u>t FD Appointment S</u>	<u>lip</u>
Programme Start Date	Status	End Date						2

С.

Latest information of participant particulars and paired CDCC Family Doctors will be retrieved and displayed on the Family Doctor Appointment Slip. Click "Printer" button to print the slip. (Appendix J).



14.4 Update Participant's HKIC Symbol (by DHC / DHCE)

When the Participant has a new HKIC, DHC / DHCE could update the CDCC IT module with the new HKIC symbol if necessary.

a.

Go to [Participant Management].

b.

Select type of participant information.

Participant Participant Participant Management	1 Select Participant 2 Select Enrolled Programme Enter HKIC No./ eHR No.
Participant Management	Select Participant Information Please select Please select HKIC eHR No.
C. Enter the identity number.	1 Select Participant 2 Select Enrolled Programme Enter HKIC No./ eHR No.
	Select Participant Information
	< Back Next >

d.

Go to "Show Details".

Participant Profile Management	,	 Clinical Team 	-
Participant Information $\[\ \ \ \ \ \ \ \ \ \ \ \ \$	e Registration Date 06-Sep-2023	Status Active	
Chronic Disease Co-Care Pilot Scheme Management DM management			Reference No. 23830003230000015467
Programme Start Date Status 16-Oct-2023 Active	End Date -		Change Management Plan

e.

The current HKIC Symbol is listed under [Participant Information]. Click [Update] for updating HKIC symbol.

Participant Information	∼ Ch	ange Doctor		-	Registration Information	_
						0 Update
English Name	CHAN, TO TO					
Chinese Name	陳滔滔					2
HKIC Symbol	Α					
		Save	Cancel			

f.

Select a new HKIC symbol from the list.

nt Pr	ofile Management		Clinical Team			
nt ir	Show Details					-
sea:	Participant Information	\sim	Change Doctor —	Registration Information	-	
seas					♦ Update	2300
ent	English Name	CHAN, TO	то			
ne (Chinese Name	陳滔滔				
:3	HKIC Symbol	Α				igen
seas		С				2300
ent		R				
ne (U				
13						
seas			Save Cancel			2300
cree						
ne St	art Date Status	End Date				

g.

Confirm the update.



h.

HKIC symbol is updated.

nfile Management Show Details	O Update success			
Participant Information	✓ Change Doctor	-	Registration Information	-
			Q Up	<u>date</u>
English Name	CHAN, TO TO			
Chinese Name	陳滔滔			
HKIC Symbol	R			
	Save Cancel)		

14.5 Termination of CDCC Pilot Scheme (by DHC / DHCE)



DHC / DHCE will terminate the Scheme Participants from the CDCC Pilot Scheme through the system if they no longer meet the eligibility criteria or if they choose to quit the CDCC scheme.

b.

Select type of participant information.

Participant 1 Select Participant 2 Select Enrolled Programme Enter HKIC No./ eHR No. Select Participant Information Please select... Please select.. Participant Management HKIC eHR No. С. 1 Select Participant 2 Select Enrolled Programme Enter the identity number. Enter HKIC No./ eHR No. Select Participant Information HKIC ~ 💊 (< Back

d.

а.

Go to [Participant Management].

Participant Profile Mar	nagement		\sim	Clinical Team	-
Participant Informatior	い の <u>Show Deta</u>				
Chronic Disease Co-Care	Pilot Scheme	Registration Da	ite	Status	
		06-Sep-2023		Active	
Chronic Disease Co-Care Pi	lot Scheme				Reference No. 23830003230000015467
Management DM manager	ment				
Programme Start Date	Status	End Date			Okon ze Mano zemant Dian
16-Oct-2023	Active	-			Change Management Plan

—

e.

The current status is listed under [Registration Information]. Click [Terminate] for scheme termination.

Participant Information	-	Change Doctor	- Registration Information	×
rogramme	Chronic Dis	ease Co-Care Pilot Scheme	· · · ·	→ <u>Terminate</u>
egistration Date	19-Sep-202	3		
tatus	Active			
istrict	Kwai Tsing			
ermination Reason	-			
emarks	-			
		Save		

f.

Select a Termination Reason.



g. Confirm the termination.



h.

CDCC Pilot Scheme is terminated.





Points to Note

Clinical Profile of a terminated case is unable to access. DHC / DHCE should check the CDCC journey and health events before scheme termination.

When the DHC membership of the participant is transferred to another district, colleagues of the new DHC are able to continue providing CDCC clinical care to the participant.

а.

Participant can be transferred to other districts in DHC On-ramp.





For details of CDCC participant enrolment, please refer to **G105 User Manual For District Health** Centre IT Module Volume 1 - DHC (Full-fledged) Operator (Section 5.3).

b.

The new centre will be displayed under Clinical Team



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15. Integration with other systems

15.1 CDCC indicator in Hospital Authority CMS

Scheme participant enrolment status can be found on "Patient Program Summary" of Hospital Authority Clinical Management System (CMS).

Abin CDCC PAT CDCC PAT M 53y DOB: 01-Jan-1970 Patient Program Summary × Patient Program Summary	COVID TENT, 1 T386	Reminder	r	Program 2	PMI +Alert		
Program	Clinical Highligh	t	Join Date	Last Update _ Date	Statu*		
Chronic Disease Co-Care Pilot Scher and HT) (CDCC)	me (DM Enrolled CDCC Pilo	ot Scheme on 24-Oct-2023	24-Oct-2023	24-Oct-2023	Active		
Chronic Disease Co Target patient: Program description:	Chronic Disease Co-Care Pilot Scheme (CDCC) ^ Target patient: HK residents aged >= 45 years without known diabetes mellitus (DM)/ hypertension (HT), nor related symptom(s)						
r rogram description.	diagnosis and managen private healthcare sector	nent of chronic diseases, par r	rticularly HT an	d DM in the	•		

15.2 DHC CMS On-ramp system

Consultations and health classes conducted in DHC are one of key health events in the CDCC participant journey, where they are recorded in DHC CMS On-ramp system.

In order to collaborate all the health events under CDCC, a programme tagging function is implemented in DHC CMS On-ramp.

Attended DHC health activities (including consultation and class) and corresponding clinical notes with CDCC programme tag will be displayed in CDCC Service Summary.

а.

Tag CDCC programme when making appointments and class booking in DHC On-ramp.



b.

CDCC programme tagging (if any) will be seen on Appointment List in On-ramp.

Appointment History							×
Date/Time *	Service Category	Class Code and Name	Programme	Centre	Venue	Status	
07-Nov-2023 11:20		CDCC001-DM Diet	CDCC Management: HT + DM management	DHC KTSI TEST SC 1	Room101	Not attended	
06-Nov-2023 12:00		CDCC003-DM Retinopathy (糖尿病視 網膜病變)	CDCC Management: HT + DM management	DHC KTSI TEST SC 1	Room101	Not attended	
06-Nov-2023 11:20		CDCC002-Exercise		DHC KTSI TEST SC 1	Room 102	Attended	

Icon representing CDCC programme tagging will be seen on Class Enrolment List in On-ramp.

	Class Detail	S		Class Enroli	ment List						
			Block Period	Attenda	DHC Membership No.	Client Name	Sex/Age	Contact No.			
	Class Code and Name*	CDCC002-Exercise	v	V	23100	WONG, ZERO	M/63y	852- 9614	B	ero 🕫	(S) Gramme
	Class Host	Alex								CD	CC DM
	Centre*	DHC KTSI TEST SC 1								& H	T
	Venue*	Room101	~							SCI	eening
	Class Size*	15									
	Date/Time*	07-Nov-2023	09:00								
ļ	Duration*	60 Minute -									

•

С.

The DHC health activities with CDCC tagged are displayed in Service Summary.

Treatment Activity	Investigation / Letter	
DHC Activity	@ Print	Consultation Date Tricinguizz
Activity Name	CDCC IDPP Pre- Assessment	annahladon Type @Pico to Faire Consultation (Denos Consultation (Sain auto-attivity) American Karak Menaganani
Healthcare Prof	CHU BELLE	me BP / / mmitg Histor Pulse /min
DHC Activity Date DHC Activity Activity Name	KTSIDHC TEST 07-Nov-2023	Name Objective velocities Math menuics ger
DHC Activity Date	KTSIDHC TEST 07-Nov-2023	
CDCC IT Module display		DHC CMS On-ramp System display
Activity Name		Service category of the appointment / Class name
Healthcare Pro	f	Colleague who conducted the consultation / Class

d.

Click [Print] for the details of the clinical note of the consultation.


Helpdesk Support

Helpdesk Support List	Phone No.
CDCC Call Centre Hotline	2157 0500
eHRSS Healthcare Staff Hotline	3467 6230 (Line is open 24 hours.)
eHRSS Technical Support Hotline	3467 6250 (Line is open 24 hours.)



Appendix





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Appendix B – CDCC Consultation Summary (Page 1 of 2)

		HKIC No.: Name:	C232308(5) CHAN, TO TO
CDCC consult	ation summary	DOB:	陳治治 01-Jan-1960
		Age:	63 years
		Sex:	Male
Consultation Summary	200-	. 20	2
Consultation Date:	16-Oct-2023		
Consultation Type:	Face-to-Face Consul	tation	
Prof. Service:	Medical Consultation		
Programme:	Chronic Disease Co-	Care Pilot Scheme	
Service:	Management Manag	gement Plan:HT +	Pre-DM management
Created Centre:	Virtual HOSPITAL - V	лнса 📀	
Created by:	Doctor SHSOP, DOC	TOR003	
Assessment		5	
Office RP	125 / 65 mmHa		
Office Pulse:	80 /min		
Temp:	36.5 °C (Degree Cels	eiue) Con	
Hetix	7 70 mmol/l	, see a s	
RW-	72.00 kg		
BH: 75	155 m		
BMI:	29.97 ko/m		
Smoking Status:	Non-smoker		
Drinking Habit:	Non-drinker		
Drug Compliance:	Good		
Side Effect Of Medications:	No		
Dietary Compliance:	Fair		
Exercise:	Infrequent		
Investigation Result	9		
Date of Investigation:	07-Aug-2023		
HbA1c/FPG result available	Yes		
HbA1c:	5.0 %		
Management			
65			
文件只供有臨床覆游戏参考用注,部 同治理先導計劃」的私營醫療服務契(8內容可能有待覆診後才可確定 現者,已獲要要參閱(及列印)此;	。运些內容並沒有資料為 文件,遂承諾會總使用、例	孝,如南都改则不作另行通知。参與「靈性或s 《降及保密此服務之領人/臨床資料上負責。
his document is intended for clinical fo flow-up. It is provided on an "as-is" ba e Chronic Disease Co-Care Pilot Sch et confidentiality of the personal / clini	low-up or reference purpose o sis, and may be changed witho one is granted the right to acco cel data from Chronic Disease	only. Some of the informat out further notification. The ess (and print) this copy, a Co-Care Pilot Scheme in	ion may need to be finalized at subsequent s private healthcare professional participating and he / she is responsible for use, protection, his / her possession.

Appendix B – CDCC Consultation Summary (Page 2 of 2)

		HKIC No.: Name:	C232308(5) CHAN, TO TO	
CDCC co	nsultation summary	DOB:	网络白白 01-Jan-1960	
		Age: Sex:	63 years Male	
Problem:	нт 📎		2 ⁵ 0	
Management: 🔗				
	Life Style Modificatio	n Advice Low sodiu	um diet	
	Refer to Nurse Clinic	· ?		
- S.				
Medication	writed No.			
Reason:	Patient union own et	~73		
Prepared by:	Doctor SHSOP, DOC	CTOR003	S. 50.	
Last updated on:	18-Oct-2023 15:06			
	£			
此文件只供作臨床覆跡或参4 夜病共同治理先導計劃。約4 責。	6用述,部份內容可能有待關節後才可能 以整體機能點提供者,已獲證權參與(及)	#定。這些內容依限有資料 列印]此文件,並承諾會就會	為準,如出線改則不作另行通知。參與 2月、保障及保密此服務之個人/臨床直 1	「慢性 料上負
		and endown interest	ution may need to be finalized at subs	

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Appendix C – CDCC Optometry Note

	ROM	Name:	C232308(5) CHAN, TO TO	
CDCC op	tometry note	DOB:	01-Jan-1960	
	The second	Age:	63 years	
	67.	Sex	Male	
Consultation Summary	- Co	600	50°	
Consultation Date:	18-Oct-2023			
Consultation Type:	Face-to-Face Consultation			
Prof. Service:	Optometry Service			
Programme:	Chronic Disease Co-Care P	liot Scheme		
Service:	Management Managemen	t Plan:HT + Pre	-DM management	
Created Centre:	VIRTUAL UNIT B			
Created by:	Doctor SHSOP, DOCTOR0	08		
°C _{ZA}	8		C _Z	Cz.
Optometry Assessment				
	Right Eye	Left E	Eye	
/isual Acuity:	6 / 6 (without pinhole)	6/6	(without pinhole)	
	6 / 6 (with pinhole)	6/6	(with pinhole)	
Retinal photography done	Yes	No		
Diabetic Retinopathy	No retinopathy	N/A		
hypertensive Retinopathy	No retinopathy	N/A		
Maculopathy	No maculopathy	So N/A		
Clinical Note	20/20 (6/6) (normal) vision. Ability to identify different co Full visual field. Proper eye muscle coordina Normal eye pressure. Normal eye structures (corr	olors. ation. wea, iris, lens)		
Note & Management				
Management Plan	No FU needed			
Prepared by:	Doctor SHSOP, DOCTOR0	08	N 69	7.0
ast updated on:	18-Oct-2023 15:33			
此文件只似布臨床覆游谈参考用途, 疾病共同治理先導計劃。的私營醫療 費。	部份內容可能有待 圈 診後才可確定。這引 腦器器斜名,已屬器種參問(及列印)此文	E內容並現有資料為導 件,並希諾會就使用	, 加加修改到不在另行通知。 参说 , 保障及保密线服務之個人/臨床實	「慢性 料上角
This document is intended for clinics follow-up. It is provided on an "ae-is" participating in the Chronic Disease	al follow-up or reference purpose only. S basis, and may be changed without fur Co-Care Pilot Scheme is granted the rig	iome of the informatio ther notification. The pht to access (and pri-	in may need to be finalized at subs private healthcare professional nt) this copy, and he / she is respo	equent nsible

Appendix D – CDCC Dietetic Note



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Appendix E – Investigation Request Note (Page 1 of 2)

Page 1 (of:	3
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檢驗轉 介		
参加者資料 Participant Particulars		
∮加者姓名: Iama of Participant:		
ame of Fancipant. 引份證明文件號碼 HKIC No.:	L316***(*)	Request No.:
別 Sex:	男 Male	238300012500
齡 Age:	65 years	
3.险康健中心: Nistriat Health Contra:	癸青地區康健中心 TEST	
也區康健中心會員號碼 DHC Members	ship Number: 25100	
至 約	須知 Important Note for Appointment Book	na
」 現象 山桧騎輔介価條右な日期至 / Daga		שייש In1_2025
參加者須直接聯絡指定私家化驗所	· 酒約檢查服務,聯絡資料請見後百。	J 41 - 202J
Participants need to contact the de	esignated private laboratory directly to book app	ointment for Investigation
Service. Please refer to the contact	ct details overleaf.	-
equest Details		
equest Date:	21-Jan-2025	
equest bute.	21-0411-2020	
eason for Request:	test	
eason for Request:	test	
eason for Request: 請於化驗所進行以下化驗,並繳付相關	test 發費用 Please have the following tests done in	the laboratory and pay the
eason for Request: 請於化驗所進行以下化驗,並繳付相關 corresponding fees:	test 閉費用 Please have the following tests done in	the laboratory and pay the
eason for Request: 請於化驗所進行以下化驗,並繳付相關 corresponding fees: Investigation Grouping	test 發費用 Please have the following tests done in	the laboratory and pay the
eason for Request: 請於化驗所進行以下化驗,並繳付相關 corresponding fees: Investigation Grouping Package (G) - Confirmatory Tests for HbA1c > 6.5% or EPG > 7 mmol/1	test 閉費用 Please have the following tests done in Suspected DM [If initial screening test:	the laboratory and pay the \$ 0
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Appendix E – Investigation Request Note (Page 2 of 2)

Page 2 of 3

注意事項 Note to participant

- (1) 請攜同此檢查轉介便條及香港身份證正本於預約時間及地點接受檢查服務。 Please bring along this Investigation Request Note and original copy of HK Identity Card to attend the private laboratories sites/centres for Investigation Service as scheduled.
- (2) 極端天氣如當八號或以上熱帶氣旋警告信號或黑色暴雨警告信號生效期間,檢查服務可能將會暫停。有關預約安排,參加者請致電聯絡指定私家化驗所查詢。

If extreme weather occurs such as Tropical Cyclone Warning Signal No. 8 or higher or Black Rainstorm Warning Signal is hoisted, service may be suspended. For the appointment arrangement, please contact the designated private laboratory for inquiries.

- (3) 如對檢查項目有任何查詢,請致電聯絡所屬私家醫生跟進。For inquiries on investigation item(s), please contact your family doctor for follow-up as necessary.
- (4) 參加者可於檢查後聯絡所屬私家醫生,以查詢或跟進相關檢查結果。 Participant can contact his/her family doctor to enquire and/or follow up on the investigation results.
- (5) 空腹驗血的人士,抽血前最少8小時禁止飲食(可飲清水)。

For fasting blood tests, do not eat and drink (plain water is allowed) for at least 8 hours prior to blood taking.

檢驗服務地點 Investigation Service Location

VIRTUAL UNIT A VIRTUAL UNIT A

服務熱線 Service Hotline: 請致電個別服務地點預約 For booking, please call individual service locations

預約網址 Booking Website: https://booking.abc.com.hk/

參加者亦可選擇**地區康健中心/站**接受檢驗服務。地區康健中心的地點及電話列印在後頁,方便閱覽。

Participants can also choose to receive investigation services at <u>District Health Centre / Express (DHC/E)</u>. The information of DHC/E is also printed overleaf for your reference.

掃描二維碼可檢視所有服務地點及電話。

Please scan the QR code for accessing the information on all service locations and telephone numbers.

服務地點詳情 Service Location Details

Updated by: Doctor SHSOP, DOCTOR001 on 21-Jan-2025 16:03 Printed by: Doctor SHSOP, DOCTOR001 on 21-Jan-2025 16:03

Appendix F – CDCC DM & HT Screening Summary on eHRSS Viewer



Appendix G – Referral Letter to DHC/DHCE for Management



Prepared by IT & HI, HA

<Restricted>

Appendix H – Consultation Letter to HA Designated M&G Specialist Consultation (Page 1 of 2)

		Chronic Disease Co-Care Pilot Scheme	
		Consultation Letter	
服数庙田	本學約		A SECTION AND A CAMPACITY
Participa	nt Particulare		Reference No.:
draticipa 姓名:		祝健康	2383000323
Name :		CHUK. HEALTHY	
香港身份	證 HKIC No.:	C230***(*)	
性別 Sex	:	男 Male	
地區:		葵青地區康健中心 TEST	
District :		KTSIDHC TEST	
To:	HA Hospital		
	Cc: DHC / DHCE		
Reason fo	or Consultation: HA De	signated M&G Specialist Consultation	
Participar	u for seeing the participnt has enrolled in CDC	pant: <u>CHUK, HEALTHY</u> C Pilot Scheme and was diagnosed with Hypertens	sion (HT), Diabetes mellitus (DM)
Participar Problem I	u for seeing the particip nt has enrolled in CDC List (HA Referral Criter	pant: <u>CHUK, HEALTHY</u> C Pilot Scheme and was diagnosed with Hypertens ia):	sion (HT), Diabetes mellitus (DM)
Participar Problem I HT	u for seeing the particip nt has enrolled in CDCd List (HA Referral Criter Suspected carc Suspected carc eGFR <45 ml/n Proteinuria ≥ 10 Suboptimal HT treatment period (6	c Pilot Scheme and was diagnosed with Hypertens c Pilot Scheme and was diagnosed with Hypertens ia): ondary hypertension liovascular disease with stable clinical condition nin/1.73m² or an absolute drop in eGFR of 15ml/min g/day (~ Urine PCR ≥ 100mg/mmol or Urine ACR ≥ control* on at least 3 anti-HT medications at maxim e.g. ≥3 months)	sion (HT), Diabetes mellitus (DM) n/1.73m² within 12 months 70mg/mmol) num tolerated doses with adequate
Participar Problem I HT	u tor seeing the particip thas enrolled in CDC4 List (HA Referral Criter Suspected sect Suspected carc eGFR <45 ml/n Proteinuria ≥ 1 Suboptimal HT treatment period (e Suspected carc eGFR <45 ml/n Albuminuria vit Non healing/ cf Sight threatenir diabetic maculopa Suboptimal DM period (e.g. ≥3 mo	bant: <u>CHUK, HEALTHY</u> C Pilot Scheme and was diagnosed with Hypertens ia): Dondary hypertension liovascular disease with stable clinical condition hin/1.73m ² or an absolute drop in eGFR of 15ml/mir g/day (~ Urine PCR ≥ 100mg/mmol or Urine ACR ≥ control* on at least 3 anti-HT medications at maxim e.g. ≥3 months) liovascular disease with stable clinical condition hin/1.73m ² or an absolute drop in eGFR of 15ml/mir h Urine ACR >25mg/mmol (Male) or >35mg/mmol f ronic foot ulcer# or neuropathy ng DM retinopathy (severe non-proliferative retinopathy (by) control^ on at least 2 OHAs at maximum tolerated nths)	sion (HT), Diabetes mellitus (DM) n/1.73m² within 12 months 70mg/mmol) num tolerated doses with adequate n/1.73m² within 12 months (Female) athy, proliferative retinopathy and doses with adequate treatment
Participar Problem I HT DM	u for seeing the particip thas enrolled in CDC4 List (HA Referral Criter Suspected secc Suspected carc eGFR <45 ml/n Proteinuria ≥ 1(Suboptimal HT treatment period (e Suspected carc eGFR <45 ml/n Albuminuria wit Non healing/ cf Sight threatenin diabetic maculopa Suboptimal DM period (e.g. ≥3 mo	bant: <u>CHUK, HEALTHY</u> C Pilot Scheme and was diagnosed with Hypertens ia): condary hypertension liovascular disease with stable clinical condition nin/1.73m ² or an absolute drop in eGFR of 15ml/min g/day (~ Urine PCR ≥ 100mg/mmol or Urine ACR ≥ control* on at least 3 anti-HT medications at maxim e.g. ≥3 months) liovascular disease with stable clinical condition nin/1.73m ² or an absolute drop in eGFR of 15ml/min h Urine ACR >25mg/mmol (Male) or >35mg/mmol of ronic foot ulcer# or neuropathy g DM retinopathy (severe non-proliferative retinopathy hy) control^ on at least 2 OHAs at maximum tolerated nths)	sion (HT), Diabetes mellitus (DM) n/1.73m² within 12 months 70mg/mmol) num tolerated doses with adequate n/1.73m² within 12 months (Female) athy, proliferative retinopathy and doses with adequate treatment
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Prepared by IT & HI, HA

Appendix H – Consultation Letter to HA Designated M&G Specialist Consultation (Page 2 of 2)

Page 2 of 2

The client is currently on Diamicron 80mg BD.

Please kindly offer your expert advice.

Thank you very much

Signature: Name: Tel No.:

Date:

Doctor SHSOP, DOCTOR001 Centre Name: Virtual HOSPITAL - VHC4 3256 23-Nov-2023

Printed by: Doctor SHSOP, DOCTOR001 Printed on: 23-Nov-2023 16:35

Prepared by IT & HI, HA

Appendix I – General Letter to Allied Health issued by DHC



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Appendix J - Family Doctor Appointment Slip

Esr clinical use sety and not for distribution		For cirical use only and not for distitution			
	慢性疾病共同治理先導計劃 Chronic Disease Co-Care Pilot Scheme	RES I	股務地點 Service Location(s)		
	家庭醫生預約便條			Virtual HOSPITAL - VHC4	
	Family Doctor Appointment Slip	Referral No.:	地址: 九龍觀坡區宏遠街1號一號九龍一號九龍6楼 電話: 32448888	Address: 6/F, ONE KOWLOON, ONE KOWLOON, 1, WANG YUEN ST, KWUN TONG DISTRICT, KLN Tel No.: 32448888	
服務使用者資料 Participant Particulars		23830002240000194826	如有查询,請何所屬地區源健中心聯絡。 Please contact district DHC for any enquiries.		
姓名: Name:	TEST, C2409117				
香港府份證 HKIC No.:	C240***(*)	II			
生明 Sex:	男 Male				
地區: District:	获青地區麼體中心 TBST KTSIDHC TEST				
預約便條資料 Appointment Slip Details					
金加計劃: Enrolled Programme:	慢性疾病共同治理先導計劃 Chronic Disease Co-Care Pilot Scheme				
計劃服務:	種尿病及高血壓篩查				
Programme Service:	DM & HT Screening				
家庭醫生: Family Doctor:	COPAYMENT, DOCTOR TWO				
简约使陈寨登日期: Appointment Slip Issue Date:	2024年9月11日 11-Sep-2024				
間約便條有效日期: Appointment Slip Expiry Date:	2025年3月10日 10-Mar-2025				
(本預約便條自簽發之日起180天	內有效 This appointment slip letter is valid for 180 days from	m the date of issue.)			
前约日期/時間: Appointment Date / Time:					
請攜司此預約便錄及有效身份證明 Please bring along this appoint	牧件正本以權受服務 ∙ Iment slip and valid original copy of identity document f	for healthcare service.			
Created by: COPAYMENT, DOO	CTOR TWO		Created by: COPAYMENT, DOCTOR TWO		
Created on: 11-Sep-2024 14:37			Created on: 11-Sep-2024 14:37		
ep-2024 23:18:28 shsepdoctor001			12-Sep-2024 23:18:29 shsapdoctor001		



User Manual for CDCC IT Module [G139]

January 2025 The Government of the Hong Kong Special Administrative Region