Operation Manual of Chronic Disease Co-Care Pilot Scheme for Family Doctor

Version 1.8

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I. INTRODUCTION

1. Programme Brief

1.1 As stated in the 2022 Policy Address and the Primary Healthcare Blueprint launched in December 2022, the Government acting through the Primary Healthcare Commission ("**PHCC**") (the then Primary Healthcare Office) and Strategic Purchasing Office ("**SPO**") of the Health Bureau ("**HHB**") has implemented the Chronic Disease Co-Care Pilot Scheme ("**CDCC Pilot Scheme**") from 2023 for the public to conduct screening of target chronic diseases, including hypertension ("**HT**") and diabetes mellitus ("**DM**"), and receive management services for these diseases.

1.2 Launched in November 2023, the CDCC Pilot Scheme is a comprehensive programme formulated to promote early detection and timely intervention of target chronic diseases, as well as the long-term self-management of the health problems by the participants ("**Scheme Participants**"), so as to help them better manage their health condition and prevent complications. It also aims to reduce demand for public specialised and hospital services. As announced in "The Chief Executive's 2024 Policy Address", the CDCC Pilot Scheme will be expanded to cover blood lipid testing, allowing a comprehensive approach to the assessment and proper management of cardiovascular disease risk factors including the "three highs" (high blood pressure (**"BP"**), high blood sugar and high cholesterol).

2. Service Scope

2.1 Overview

2.1.1 Under the CDCC Pilot Scheme, a range of screening and personalised intervention and treatment services, provided by the private healthcare sector and subsidised by the Government, are offered to Scheme Participants via "Family Doctor for All" and a multidisciplinary public-private partnership model. The healthcare services under CDCC Pilot Scheme are provided in collaboration with Family Doctors ("**FDs**"), District Health Centres ("**DHC**") and District Health Centre Expresses ("**DHCE**"), nurses, Allied Health ("**AH**") professionals and designated Medicine and Geriatrics ("**M&G**") specialists from the Hospital Authority ("**HA**").

2.2 Paired FD

2.2.1 Each Scheme Participant will select and be paired with a FD registered in the Primary Care Directory ("**PCD**") (or Primary Care Register ("**PCR**") after its establishment) to ensure the provision of continuous and holistic primary care.

2.3 Prevention and Early Detection

2.3.1 The CDCC Pilot Scheme provides the following services to promote prevention and early detection of chronic diseases:

a) **Screening services**, including BP measurement and laboratory tests;
b) **Health Risk Factors Assessment** ("**HRFA**") to identify potential health risks, such as lifestyle risk factors and family history;
c) **Advice on life course preventive care** based on Scheme Participants' individual health condition and needs; and
d) **Health education** to raise awareness about chronic diseases and their risk factors, as well as to promote healthy lifestyle.

2.4 Personal Treatment and Intervention

2.4.1 Based on the screening results, the CDCC Pilot Scheme offers individualised intervention and treatment plans in accordance with the protocol-driven care pathway and the Hong Kong Reference Frameworks issued by PHCC, including:

a) Medical consultation, investigation, medication, Dedicated Nurse Clinics ("**NC**") and AH services under District Health Network for eligible Scheme Participants in accordance with management protocol;
b) **Care coordination** supported by a care team (consisting of FDs, DHC/DHCE, nurses and AH professionals) to ensure continuity of comprehensive care; and
c) **Support from HA M&G specialists under the bi-directional referral mechanism** for eligible Scheme Participants in accordance with management protocol, with a care plan formulated to empower FDs in subsequent follow-up.

2.5 Long-term Disease Management

2.5.1 The CDCC Pilot Scheme provides long-term disease management services to ensure optimal health outcomes for Scheme Participants:

a) **Patient empowerment:** Scheme Participants are educated and empowered to take an active role in managing their health condition through self-monitoring, lifestyle modification, and adherence to treatment plans; and
b) **Continuous regular follow-up** will be scheduled to monitor Scheme Participants' progress and to allow adjustment of treatment plans accordingly.

2.6 Supporting Systems

2.6.1 To facilitate the effective delivery of services under the CDCC Pilot Scheme, supporting systems are implemented, including:

a) **CDCC IT Platform** which is developed to support the operation of the CDCC Pilot Scheme, such as enrolment, FD pairing, clinical documentation, medication prescription, interfacing with secondary care, Co-Payment and reimbursement claim, and generation of statistical and management reports; and
b) **A quality assurance system (including key performance indicators ("KPI"))** which is developed for monitoring and evaluation to ensure the quality of the healthcare services.

3. Co-Payment

3.1 Each Scheme Participant shall be required to pay ("**Co-Payment**") for services received under the CDCC Pilot Scheme which include Subsidised Visits to FD, AH services and Investigations Services. The Scheme Participant is required to pay this Co-Payment fee directly to the FD, AH Service Provider or Investigation Service Sites/Centres in accordance to the amounts set out in the Co-Payment schedule issued by the Government from time to time at the CDCC Pilot Scheme Website ("**CDCC Website**") [http://www.primaryhealthcare.gov.hk/cdcc].

3.2 Scheme Participants are entitled to use Health Care Vouchers under the Elderly Health Care Voucher Scheme ("**EHVS**") to settle any Co-Payment charged by FDs and other health care professionals for service(s) of the CDCC Pilot Scheme if the relevant healthcare service providers ("**HSPs**") have participated in the EHVS and accept such form of payment.

4. Roles and Responsibilities of Related Parties

4.1 Participating Private Doctor

4.1.1 Subject to and governed by the Terms and Conditions ("**T&Cs**") of Agreement for Private Doctors, the Private Doctor is responsible for the following according to the protocol:

a) Recruitment and enrolment of Scheme Participants;
b) Screening, diagnosis and management plan for Scheme Participants;
c) Investigation orders to designated investigation service providers as assigned by the Government;
d) Consultation and treatment for Scheme Participants under the Treatment Phase;
e) Communicate with DHC/DHCE on patient care plan & progress; and
f) Drug ordering and prescription.

4.1.2 Please refer to the CDCC Website for updated T&Cs.

4.1.3 Participating Private Doctors should practise as the FD of the concerned Scheme Participant to provide holistic, person-centred, comprehensive, coordinated and continuing care, as well as life course preventive care plan set in the Hong Kong Reference Frameworks. [https://www.healthbureau.gov.hk/phcc/rfs/english/reference_framework/lcpc.html]

4.1.4 FDs, as the first point of contact for individuals and families in the healthcare process, are the main providers of primary care, which is the first level of care in the whole healthcare system. Being the major primary care service provider, FDs serve various central roles in healthcare delivery in the community across all stages of life of the individuals and their family members, which include providing preventive care, empowering individuals to manage their own health and diseases, as well as offering chronic disease management and end-of-life care, to ensure their physical, psychological and social well-being. FDs will not only deliver chronic disease management, but also other primary healthcare programmes (outside the scope of CDCC Pilot Scheme), including vaccination and cancer screening programme.

4.2 District Health Centre/District Health Centre Express

4.2.1 While DHC/DHCE provides preventive care to the public, it also serves as the hub for coordinating primary healthcare services at district level. Under the CDCC Pilot Scheme, DHC/DHCE is responsible for:

a) Invitation, briefing and recruitment of Scheme Participants;
b) HRFA;
c) Administration of the FD pairing;
d) NC;
e) Other AH healthcare services;
f) Patient Empowerment Programme ("**PEP**") and Intensive Diabetes Prevention Programme ("**IDPP**");
g) Care coordination; and
h) Communication with FD.

4.3 Hotline

4.3.1 The CDCC Pilot Scheme hotline **2157 0500** operates during Mondays to Saturdays 9am to 9pm except public holidays. For enquiries after office hours, the caller may leave his/her contact information and hotline staff will get back to the caller as soon as possible.

4.4 Programme Office

4.4.1 The Programme Office ("**PO**"), a Government designated office of the CDCC Pilot Scheme, is responsible for the programme coordination and management for FD and purchased service providers of Dedicated NC and AH Services under District Health Network.

II. OPERATION AND WORKFLOW

1. Enrolment of FD

1.1 Eligibility

1.1.1 Private Doctors may apply by their own volition to participate in the CDCC Pilot Scheme subject to fulfilling the following criteria for the duration of that participation:

a) Practising in a private healthcare facility that has obtained business registration under the Business Registration Ordinance (Cap. 310 of the laws of Hong Kong) and is registered under the Private Healthcare Facilities Ordinance (PHFO); or in an exempted small practice clinic under Cap. 633; or in a clinic registered under the Medical Clinics Ordinance (Cap. 343 of the laws of Hong Kong). However, the implementation date of this paragraph on premises that fall within the definition of clinic under the PHFO, is subject to the implementation date of clinic registration under the PHFO, to be announced by the Department of Health;

b) Being included in the general register to practise medicine, surgery and midwifery in accordance with Section 14 or Section 14A of the Medical Registration Ordinance (MRO) and holding a valid practising certificate;

c) Enrolled in Electronic Health Record Sharing System (eHRSS); and

d) Being listed in the PCD (or PCR after its establishment).

1.1.2 Private Doctors operating clinics in multiple districts or operating multiple clinics in Relevant Districts can participate with any designated clinic address in each district.

1.2 Enrolment Procedure

1.2.1 Eligible Private Doctors may participate in the CDCC Pilot Scheme voluntarily through his/her own volition.

1.2.2 Online Enrolment through eHRSS

a) Private Doctors can submit electronic enrolment form through eHRSS (in Strategic Health Service Operation Platform ("**SHSOP**") at eHRSS Portal)

b) Private Doctors are required to acknowledge and agree with the T&Cs and provide the following information for participating in the CDCC Pilot Scheme:

i. Personal Particulars;
ii. Clinics (registered under eHRSS) joining the CDCC Pilot Scheme with urgent contact number;
iii. Bank Account Information; and
iv. Scheme Participant Co-payment fee for screening and treatment consultation at each service location.

c) Upon submission of online enrolment form, the following appendix items will be made available for Private Doctors to save/print (as applicable):

i. Online Enrolment form;
ii. Part I: Covering Notes for Private Doctor's Application to enrol in the CDCC Pilot Scheme;
iii. Part II: CDCC Pilot Scheme Enrolment Guide;
iv. Part III: CDCC Pilot Scheme Terms and Conditions of Agreement for Private Doctors;
v. Part IV: Undertaking and Declaration;
vi. Part V: Personal Information Collection Statement;
vii. Authority for Payment to a Bank;
viii. Relieving Doctor Enrolment (the relieving doctor(s) should also be registered under the CDCC Pilot Scheme);
ix. Clinic Administrator of FD ("**Clinic Administrator**") Enrolment; and
x. Request form for Reference Pricing Information of specified drugs.

d) Private Doctors are required to submit the following supporting documents to PO via email or fax for verification and vendor account setup:
   i. Authority for Payment to a Bank (to be downloaded from enrolment page);
   ii. Copy of Bank Statement; and
   iii. Copy of Business Registration Certificate (for business bank account).

1.2.3 Enrolment Form Processing

a) PO will review online enrolment form on CDCC IT Platform and supporting documents provided by Private Doctor. In case of any clarifications required, PO will inform Private Doctor via email or phone for editing the online enrolment form as required and re-submission.
b) The FD will also receive a confirmation email from PO with the Information kit for FD with the following information provided, including but not limited to, frequently asked questions ("**FAQ**"), IT training guide, posters and programme pamphlets of the programme, etc.

1.2.4 Clinic Administrator

a) FD may choose to return the clinic administrator enrolment form (refer to ***Part II Section 1 Paragraph 1.2.2c)ix.***) to PO by email or fax for assigning a clinic administrator to undertake the following tasks, including but not limited to:
   i. Verify the eligibility of Scheme Participant at point of service provision;
   ii. Assist with attendance registration for Scheme Participant; and
   iii. Ordering drug on behalf of the FD.

1.2.5 Relieving Doctors

FDs are advised to avoid scheduling follow-ups for their enrolled Scheme Participants during any planned absence to best ensure the continued proper treatment and care of patients. FDs are advised to designate relieving doctor(s) to provide services for subsidised medical consultation to Scheme Participants by submitting the Relieving Doctor Enrolment Form (refer to ***Part II Section 1 Paragraph 1.2.2c)viii.)*** to PO by email or fax.

1.2.6 Request Form for Reference Pricing Information of Specified Drugs

a) FD can request for reference pricing information of CDCC Specified Drugs by filling in the Request Form for Reference Pricing Information of Specified Drugs (refer to ***Part II Section 1 Paragraph 1.2.2c)x.)***.

b) PO would provide such information to FDs upon receiving the Request Form.

1.2.7 Private Doctor enrolment through Clinic Administrator(s) on eHRSS (Provider-based Enrolment)

a) To streamline the enrolment process for Medical Group Clinics, eligible Private Doctors under their group practice can enrol as FDs through their authorised Clinic Administrator(s) for provider-based enrolment via eHRSS.

b) The Medical Group is required to submit the completed and signed Authorisation Form for facilitating Private Doctor Enrolment by Clinic Administrator and the summary Private Doctor list to PO via fax or email (the blank Authorisation Form and summary template could be provided by the PO on request).

c) PO will proceed for the relevant settings on the CDCC IT Platform according to the received documents. Upon completion of the settings, PO will send an email to inform the Medical Group that the relevant function has been enabled. The authorised Clinic Administrator could login to eHRSS for completing the enrolment procedures of the relevant Private Doctors by means of provider-based enrolment in the CDCC IT Platform and submit the required supporting documents to PO accordingly.

1.2.8 Facilitation on the submission of supporting documents

If a Private Doctor enrolling to the CDCC Pilot Scheme is also participating in General Out-patient Clinics Public-Private Partnership ("**GOPC PPP**") Programme and uses the same Bank Account for reimbursement, Private Doctor only needs to submit a copy of MCHK Annual Practising Certificate as supporting document to PO and could spare the submission for "Authority for Payment to a Bank" Form or any copy of Bank Statement and Business Registration Certificate.

1.3 List of FD

1.3.1 The list of FD will be published on the CDCC Website and eHealth App.

a) The list of FD on the CDCC Website will usually be updated once a week; and

b) The list of FD will be offered to Scheme Participants for selection. The information of FD is listed in alphabetical order of his/her English last name.

1.4 Display of CDCC and FD logo

1.4.1 A set of stickers of the official logos of FD and the CDCC Pilot Scheme is to be provided to FDs who have successfully joined the CDCC Pilot Scheme.

a) The stickers need to be displayed prominently in visible areas within the FD's practising location where they can be easily noticed by patients and visitors, at all times during the period of participation in the CDCC Pilot Scheme. The stickers should be provided by the Government. Do not make copies of the stickers.
b) If there are more than one FD practising within a single address, the number of logo stickers (at least one set) to be displayed is subject to the FDs' own arrangement.
c) The CDCC logo sticker is valid as long as the FD is participating in the CDCC Pilot Scheme. The CDCC logo stickers should be removed and properly disposed (cut into pieces and disposed properly) once the FD terminates participation in the CDCC Pilot Scheme or stops being a FD. Return of the logo is not required.
d) The FD logo sticker is valid as long as the doctor retains his/her FD status. The FD logo sticker shall be removed and properly disposed (cut into pieces and disposed properly) once the FD is delisted from the PCD (or PCR after its establishment) or when he/she relinquishes his/her FD status. Return of the logo is not required.

2. Enrolment of Scheme Participant

2.1 Eligibility

2.1.1 To enrol in the CDCC Pilot Scheme as a Scheme Participant, an individual must meet the following criteria:

a) is a holder of a valid Hong Kong Identity Card ("**HKIC**") within the meaning of the Registration of Persons Ordinance (Cap. 177), unless he/she is a holder of the except for those who obtained a Hong Kong Identity Card by virtue of a previous permission to land or remain in Hong Kong granted to him/her and such permission has expired or ceased to be valid; or is a holder of a valid Certificate of Exemption within the meaning of the Immigration Ordinance (Cap.115);
b) is aged 45 years or above;
c) has neither known medical history of HT/DM, nor related symptom(s)[1]; and
d) has enrolled in the eHRSS and registered as a DHC/DHCE member.

2.1.2 An individual needs to provide his/her consent to enrol in the CDCC Pilot Scheme via completion of the electronic application in the eHRSS at DHC/DHCE or at the clinic of FD.

2.1.3 If at any time after being enrolled in the CDCC Pilot Scheme, a Scheme Participant ceases to fulfil the eligibility criteria set out in ***Part II Section 2 Paragraph 2.1.1 a) or d)*** above, he/she shall notify his/her corresponding DHC/DHCE immediately and shall no longer be entitled to receive any subsidy from the Government under the CDCC Pilot Scheme after he/she does not fulfil any of the aforementioned eligibility criteria.

[1] Screening is targeted at asymptomatic individuals. Those with symptom(s) are advised to have early medical consultation.

2.2 Recruitment

2.2.1 The CDCC Pilot Scheme will be promulgated to the public through various means (e.g. media engagement, promotion campaign) to facilitate recruitment of eligible Scheme Participants. DHC/DHCE will reach out to the public, collaborate with service partners, or organise activities to recruit eligible individuals to be Scheme Participants.

2.2.2 FDs may recruit any patients under their care and patients attending their clinics, who fulfil the eligibility criteria, to join the CDCC Pilot Scheme.

2.3 Enrolment Procedure

2.3.1 Individuals who are interested in joining the CDCC Pilot Scheme may pre-register through the CDCC Website. Staff of the corresponding DHC/DHCE will contact these individuals for CDCC Pilot Scheme service introduction and enrolment.

2.3.2 Individuals who meet the eligibility criteria can enrol in the CDCC Pilot Scheme via either:

a) DHC/DHCE; or
b) Clinics of FDs

2.3.3 For enrolment of Scheme Participant in clinics of FDs, Clinic Administrator/ FDs may refer to the Guidebook and CDCC Participant Enrolment in Family Doctors' Clinic (Step-by-step Guide) located at "Participant Enrolment in Family Doctor's Clinic" in "Resources" section of the CDCC Website. [https://www.primaryhealthcare.gov.hk/cdcc/en/hp/resources.html]

2.3.4 Individuals who are holders of a valid Certificate of Exemption within the meaning of the Immigration Ordinance (Cap.115) should be directed to conduct the CDCC Pilot Scheme enrolment at DHC/DHCE.

2.3.5 CDCC Pilot Scheme Enrolment

a) DHC/DHCE staff or clinics of FDs will check with the individual for the CDCC Pilot Scheme eligibility criteria as stipulated in ***Part II Section 2 Paragraph 2.1.1.***

b) The concerned health care service providers should verify the eligibility criteria of no known medical history of HT/DM of an individual based on his/ her understanding of the individual's condition through consultation and review of the relevant information obtained, to determine according to the best of their knowledge, whether the individual has been diagnosed with HT/DM before.

c) DHC/DHCE staff or clinics of FDs shall obtain consent from individuals for collection of their personal information to check the basic eligibility criteria (e.g. age and fulfilment of prerequisites including enrolment in eHRSS and registration as DHC/DHCE member) and whether the individual has a paired FD via CDCC IT Platform (on SHSOP of the eHRSS Portal). If an individual's HKIC symbol is "***X", please select "A" as the HKIC symbol in the CDCC IT Platform. In case the FD or Clinic Administrator has doubt on an individual's eligibility, he/she can refer the individual to DHC/DHCE.

d) The Scheme Participants should be informed explicitly that FD pairing is completely voluntary. FD should be chosen solely according to the Scheme Participants' own personal choice. FD pairing should not be performed under coercion or undue influence from any party in any form.

e) If an individual has already had a paired FD, the individual should be reminded about the importance of maintaining a long-term relationship with the FD for continuity of care and enrolment to the CDCC Pilot Scheme will default to pair with such existing FD. If an individual wants to change the paired FD before enrolment to the CDCC Pilot Scheme, he/she needs to visit his/her corresponding DHC/DHCE for assistance. Reason(s) for switching will be recorded.

f) Before proceeding to enrolment to the CDCC Pilot Scheme, an individual must have read and understood the information of the application form, including Participant Information Notice and Personal Information Collection Statement, as well as related information pamphlet before providing consent to join the CDCC Pilot Scheme.

g) If an individual has not yet registered with eHRSS and/or DHC/DHCE membership, DHC/DHCE staff or clinics of FDs shall also go through relevant enrolment documents, including the Participant Information Notice and the Personal Information Collection Statement for eHRSS and DHC membership, with the individual and obtain his/her informed consent to complete the registration for eHRSS and/or DHC/DHCE membership and give eHRSS sharing consent to DHC/DHCE and/ or the FD.

h) An individual needs to provide his/her consent to enrol in the CDCC Pilot Scheme with or without registration for eHRSS and DHC/DHCE membership by inserting the HKIC into the eHRSS card reader or providing his/her HKIC to the FD/Clinic Administrator or DHC/DHCE staff for enrolment through the CDCC IT Platform.

i) DHC/DHCE staff or clinics of FDs shall use the CDCC IT Platform for the CDCC Pilot Scheme enrolment with or without registration for eHRSS and DHC/DHCE membership, and provide corresponding declarations to verify the enrolment process is being completed according to the prevailing requirements. Scheme Participant will receive a SMS after successful registration for the CDCC Pilot Scheme, eHRSS and DHC/DHCE membership, whichever is applicable. For details, please refer to the CDCC Participant Enrolment in Family Doctors' Clinic (Step-by-step Guide) on the CDCC Website.

j) For enrolment at DHC/DHCE, if the individual does not have a paired FD, DHC/DHCE staff will provide the FD list for selection according to the individual's own choice. FD information is available on:
   i. eHealth App - Doctor Search function
   ii. CDCC Website
   iii. Printout of FD list in DHC/DHCE

k) For enrolment conducted in clinics of FDs, provided that the individual has expressed consent to join the CDCC Pilot Scheme and pair with a particular FD in that clinic based on his/her own choice, the CDCC IT Platform will facilitate the pairing with that particular FD accordingly. If the individual does not have a paired FD, the default paired FD will be the FD logged into eHRSS performing the enrolment. If Clinic Administrators are performing the enrolment, the paired FD may be selected from a list affiliated with the Healthcare Provider ("**HCP**").

3. Screening Services and Interpretation of Results

3.1 Appointment Scheduling

3.1.1 After successful enrolment of Scheme Participant at the DHC/DHCE, the paired FD will be contacted for appointment scheduling through the following procedure:

a) DHC/DHCE staff will phone call the FD to make an appointment for the Scheme Participant. The appointment should be preferably within 1 month and no later than 3 months.
b) DHC/DHCE staff will print out a "Family Doctor Appointment Slip" for the Scheme Participant to attend the FD's clinic for screening.
c) Scheme Participant can change the appointment date or time by contacting FD directly or through DHC/DHCE staff.

3.1.2 If the pairing was performed at the clinic of the FD, the Scheme Participant may choose to undertake the first medical appointment for screening immediately after the pairing or book the first appointment within three (3) months (preferably within one (1) month).

3.2 Attendance Registration

3.2.1 FD/Clinic Administrator can access to the CDCC IT Platform (on SHSOP of the eHRSS Portal) to proceed with attendance registration.

3.2.2 For new Scheme Participant, FD/Clinic Administrator should obtain eHRSS sharing consent from the Scheme Participant if not yet done so.

3.2.3 FD/Clinic Administrator should register the attendance of Scheme Participant within seven calendar days from the date of service provision via one of the following methods:

a) Insert the HKIC into eHRSS card reader; or
b) Input one-time-password ("**OTP**") received by Scheme Participant via SMS or email; or
c) In unexpected situation where attendance registration by HKIC or OTP is not feasible, e.g. card reader breakdown, FD/Clinic Administrator can generate a pre-filled attendance sheet from the CDCC IT Platform. FD/Clinic Administrator must state the reason for choosing this method of attendance taking and upload the pre-filled attendance sheet with the signatures from both the FD and the relevant Scheme Participant to the CDCC IT Platform.

3.2.4 At the point of attendance registration, Scheme Participant's eligibility status will be checked via CDCC IT Platform. If the Scheme Participant is identified as Non-Eligible Person, CDCC IT Platform will prompt and prevent FD/Clinic Administrator from proceeding with the attendance registration. Any services provided by the FD to such Scheme Participant shall be considered a private arrangement between the FD and the Scheme Participant and at the Scheme Participant's own cost.

3.3 Collection of Co-Payment from Scheme Participant

3.3.1 FD/Clinic Administrator shall be solely responsible for collecting the Co-Payment and any fees charged for service(s) outside the scope of the CDCC Pilot Scheme from Scheme Participants.

3.3.2 The Co-Payment of a Scheme Participant under the Screening Phase is a one-off amount determined by the Government and FDs to be charged on the first Subsidised Visit undertaken during the Screening Phase. No Co-Payment should be charged for any other subsequent consultations within the Screening Phase.

3.3.3 Scheme Participants are entitled to use Health Care Vouchers under the EHVS to settle any Co-Payment charged by FDs if the FDs have participated in the EHVS and accept such form of payment.

3.4 Screening for HT

3.4.1 At the start of the Screening Phase, Scheme Participants will measure their BP at DHC/DHCE or private clinic, or by way of self-measurement.

3.4.2 If a Scheme Participant's BP measured at DHC/DHCE is high, DHC/DHCE staff should suggest the Scheme Participant to take a few more BP measurements, either at home or by going back to the DHC/DHCE, before attending the first medical consultation with FD, so as to facilitate the making of diagnosis for HT by the FD.

3.4.3 FDs shall make a diagnosis for HT based on the Scheme Participant's BP measurement in accordance with the Hong Kong Reference Framework for Hypertension Care for Adults in Primary Care Settings.
[https://www.healthbureau.gov.hk/phcc/rfs/english/reference_framework/hypertension_care.html]. The interpretation of BP measurement is set out in **Table 1** for reference.

Table 1 - Interpretation of BP measurement

HT Screening Diagnosis	**BP measurement**
Normal	SBP **< 130 mmHg** and DBP **< 85 mmHg**
High Normal	SBP **130 – 139 mmHg** and DBP **85 – 89 mmHg**
HT	*Any one of the following:* (a) Office SBP **≥ 140 mmHg** or DBP ≥ **90 mmHg** for two or more visits, e.g. at a DHC/DHCE/FD clinic, within 1 - 2 months; or (b) Office SBP **≥ 180 mmHg** or DBP **≥ 110mmHg** for one single visit, e.g. at a DHC/DHCE/FD clinic, and clear evidence of HT-mediated organ damage; or (c) Mean SBP **≥ 135mmHg** or mean DBP **≥ 85 mmHg** for self-BP monitoring by the Scheme Participant, calculated as the average of the BP measurements taken over a period of seven (7) days

SBP: systolic blood pressure; DBP: diastolic blood pressure

3.5 Screening for DM and dyslipidaemia after HT screening

3.5.1 After HT screening, FD should arrange for laboratory test(s) to be done for the Scheme Participant at an assigned Investigation Service Provider by making such request on the CDCC IT Platform. The laboratory test(s) to be done for each Scheme Participant will depend on his/her diagnosis for HT.

3.5.2 For Scheme Participants with normal or high normal BP, FDs should order glycated haemoglobin ("**HbA1c**") or fasting plasma glucose ("**FPG**") test and fasting full lipid profile. For Scheme Participants diagnosed with HT, apart from HbA1c,FPG and fasting full lipid profile, FDs should order additional laboratory tests including, renal function test ("**RFT**"), estimated glomerular filtration rate ("**eGFR**") and urine analysis. The laboratory tests to be ordered are illustrated in **Table 2**. For detailed workflow of investigation services, please refer to ***Part II, Section 6***.

Table 2 - Laboratory Test(s) for Screening Phase

Condition	Initial Screening Test(s)	Follow-up
Not HT upon BP measurement	• HbA1c or FPG, full lipid profile	• If HbA1c ≤ 6.4% or FPG ≤ 6.9 mmol/L *(normal or prediabetic range)* ➢ no need to recheck blood and management can be provided accordingly • If HbA1c ≥ 6.5% or FPG ≥ 7 mmol/L *(suspected DM*)* ➢ check FPG, HbA1c, RFT, eGFR and full lipid profile after around one month to confirm diagnosis of DM ➢ check urine albumin to creatinine ratio (urine ACR) if confirmed DM
Confirmed new diagnosis of HT upon BP measurement	• HbA1c, FPG, full lipid profile, RFT, eGFR, and urine analysis (including urine protein, blood and microscopy)	• If HbA1c ≤ 6.4% and FPG ≤ 6.9 mmol/L *(normal or prediabetic range)* ➢ no need to recheck blood and management can be provided accordingly • If HbA1c ≥ 6.5% and FPG ≥ 7 mmol/L *(confirmed DM)* ➢ check urine ACR • If HbA1c ≥ 6.5% and FPG < 7 mmol/L *(discordant blood results[♯])* ➢ repeat HbA1c after around one month to confirm diagnosis of DM ➢ check urine ACR if confirmed DM • If HbA1c < 6.5% and FPG ≥ 7 mmol/L *(discordant blood results[♯])* ➢ repeat FPG to confirm diagnosis of DM ➢ check urine ACR if confirmed DM

Lifestyle intervention is offered before confirmation of DM. If DM is not confirmed after repeated tests, Scheme Participants will be managed as having Prediabetes (2) without HT and will be subject to Management Package B as stipulated under **Part II Section 4 Paragraph 4.1.2b) below.*

*♯Lifestyle intervention is offered before confirmation of DM. If DM is not confirmed after repeated tests, Scheme Participants will be managed as having HT with Prediabetes and will be subject to Management Package C as stipulated under **Part II Section 4 Paragraph 4.1.2c)** below*

3.5.3 FDs can check the results of the ordered laboratory tests on the CDCC IT Platform once they become available. Besides, FDs can also take reference from the results of tests performed by medical laboratories in Hong Kong on other occasions within 6 months from the first Subsidised Visit in the Screening Phase.

3.5.4 FDs should make a diagnosis of Prediabetes/DM based on the investigation results, in accordance with the Hong Kong Reference Framework for Diabetes Care for Adults in Primary Care Settings [https://www.healthbureau.gov.hk/phcc/rfs/english/reference_framework/diabetes_care.html]. Interpretation of the blood glucose test results are set out in **Table 3** for reference.

Table 3 - Interpretation of Blood Glucose Test Results

DM Screening Diagnosis	Blood Glucose Test Results	
	HbA1c	**FPG**
Normal	< 5.7%	< 5.6 mmol/L
Prediabetes (1)	5.7 – 5.9%	5.6 – 6.0 mmol/L
Prediabetes (2)	6.0 – 6.4%	6.1 – 6.9 mmol/L
DM	≥ 6.5%	≥ 7 mmol/L

For asymptomatic Scheme Participants, diagnosis of DM requires two abnormal test results in the diabetic range from the same sample or in two separate test samples.

3.5.5 FDs should make a diagnosis of non-specified condition of dyslipidaemia/specified condition of dyslipidaemia based on the investigation results and the estimated cardiovascular disease risk based on the JBS 2 guidelines[1]. Interpretation of the lipid profile test results and cardiovascular disease risk are set out in **Table 4** for reference.

Table 4 - Interpretation of Lipid Profile Test Results and cardiovascular disease risk

Dyslipidaemia Screening Diagnosis	Condition		
	LDL-C	**And**	**Cardiovascular disease risk**
Normal	<2.6 mmol/L		Any
Non-specified condition of dyslipidaemia	2.6 – <5 mmol/L		<20%
Specified condition of dyslipidaemia	2.6 – <5 mmol/L		≥20%
	≥5 mmol/L		Any

3.6 Screening Results and Diagnosis

3.6.1 FD should arrange for a phone consultation or a face-to-face consultation with the Scheme Participant to explain the screening results, the diagnosis and the management plan.

[1] British Cardiac Society; British Hypertension Society; Diabetes UK; HEART UK; Primary Care Cardiovascular Society; Stroke Association. JBS 2: Joint British Societies' guidelines on prevention of cardiovascular disease in clinical practice. Heart. 2005 Dec;91 Suppl 5(Suppl 5):v1-52. doi: 10.1136/hrt.2005.079988

3.6.2 Depending on the diagnosis made by FD, the CDCC IT Platform will display the corresponding management package for FD to select. For details of the three different management packages, please refer to ***Part II Section 4.***

3.6.3 For any Scheme Participant diagnosed with Prediabetes but without HT, FD is suggested to follow the recommended management package in accordance with the HbA1c/FPG range. If the clinical condition and/or risk factors of the Scheme Participant warrant a different Prediabetes management package as recommended, FD shall document the justification in the CDCC IT Platform properly.

3.6.4 For any Scheme Participant diagnosed with dyslipidaemia but without Prediabetes (2) or DM or HT, FD is suggested to follow the recommended management package in accordance with the LDL-C range and cardiovascular disease risk. If the clinical condition and/or risk factors of the Scheme Participant warrant an alternative management plan, FD shall document the justification in the CDCC IT Platform properly.

3.6.5 FD should also input any other relevant information (such as clinical notes and investigation results) into the CDCC IT Platform and explain the management plan to the Scheme Participant accordingly.

3.6.6 FD should issue proper referral letter to DHC/DHCE and other HSPs as indicated based on Scheme Participants' clinical needs for the services. FD can inform Scheme Participant to contact DHC/DHCE for coordination and arrangement of healthcare services as referred by FD.

3.6.7 While FD will follow specific guidelines for the CDCC Pilot Scheme, the exact management of each Scheme Participant should be determined by the FD according to his/her professional judgment of the Scheme Participant's clinical condition.

3.6.8 Upon completing all screening consultation, FD should click the checkbox "Screening completed" to mark the completion of the Screening Phase and admit the entitled Scheme Participants (i.e. those diagnosed with Prediabetes (2)/DM/HT/specified condition of dyslipidaemia) to the Treatment Phase as appropriate. FD can also submit claim(s) for reimbursement after completing the Screening Phase.

3.6.9 The prerequisites and workflow for claiming reimbursement for consultation in the Screening Phase are set out in ***Part III Section 4.***

4. Management Plans and Bi-directional Referral Mechanism

4.1 Post-Screening Management Packages

4.1.1 After completion of the Screening Phase, Scheme Participants will receive corresponding management services based on their diagnosis (please refer to ***Part II Section 3***) made by FDs. The management packages are summarised in **Table 5**:

Table 5 – Summary of Management Packages for Scheme Participants

Screening Result / Intervention	**Package A: HbA1c ≤ 5.9% or FPG ≤ 6.0 mmol/L without HT or specified condition of dyslipidaemia#**	**Package B: Prediabetes [HbA1c 6.0 – 6.4% or FPG 6.1 – 6.9mmol/L] without HT**	**Package C: DM/HT**	**Package D: Specified condition of dyslipidaemia# without Prediabetes [HbA1c 6.0 – 6.4% or FPG 6.1 – 6.9mmol/L] or DM or HT**
HRFA	Annually	Annually	Annually	Annually
Life Course Preventive Care	√	√	√	√
Medical Consultation	NA	Maximum 4 Subsidised Visits every year*	Maximum 6 Subsidised Visits every year	Maximum 4 Subsidised Visits in 1st year and maximum 2 Subsidised Visits in subsequent years
Drug Treatment	NA	On an as-needed basis	On an as-needed basis	On an as-needed basis
Laboratory Tests	Repeat blood taking every 3 years or more frequently as clinically indicated	Annually and on an as-needed basis	Annually and on an as-needed basis	Annually and on an as-needed basis
HA Designated M&G Specialist Consultation	NA	NA	√	NA
Health Coaching/ Dedicated NC	Health coaching (annually)	2 subsidised NC visits (annually)	2 subsidised NC visits (annually)	2 subsidised NC visits (annually)
Lifestyle Intervention/ Structured Programme	Lifestyle modification activities as needed	IDPP	PEP	Lifestyle modification activities as needed
Optometry Assessment	NA	NA	Annually for DM patients; Once in the first year for patients with newly diagnosed HT without DM	NA
Other Dedicated AH services	NA	Maximum 3 subsidised visits every year (Dietitian/ Physiotherapist)	Maximum 3 subsidised visits every year (Dietitian/ Physiotherapist / Podiatrist)	Maximum 3 subsidised visits every year (Dietitian/ Physiotherapist)

NA: Not applicable

Maximum 4 subsidised visits every year is recommended for individuals on drug treatment for prediabetes; maximum 2 subsidised visits every year is recommended for those not on drug treatment for prediabetes.

#(i) LDL-C ≥ 5 mmol/L; or (ii) LDL 2.6 - < 5.0 mmol/L and cardiovascular disease risk ≥20%

4.1.2 The details of the post-screening management services are illustrated as follows:

a) **Management Package A** (for Scheme Participants who (i) have normal DM screening without HT or specified condition of dyslipidaemia; OR (ii) have Prediabetes (1) without HT or specified condition of dyslipidaemia)

Scheme Participants fall under this category if they (i) are NOT diagnosed with HT, (ii) have HbA1c ≤ 5.9% or FPG ≤ 6.0 mmol/L and (iii) are NOT diagnosed with specified condition of dyslipidaemia.

Scheme Participants falling under this category can re-enter the Screening Phase every 3 years or more frequently if clinically indicated, and receive management services as follows:

Components of Management Package		**Service Provider**
1.	Repeat blood taking every **three years** (or more frequently, based on the initial screening results and risk status as assessed by FD)^: (i) *For Scheme Participants with normal DM screening without HT:* **HbA1c or FPG**; (ii) *For Scheme Participants with Prediabetes (1) without HT:* **HbA1c + FPG + full lipid profile**	FD + Investigation Service Provider
2.	BP monitoring: (i) *For Scheme Participants with normal BP:* **Annually**; (ii) *For Scheme Participants with high normal BP:* **At least every six months** via telephone review by nurse, with follow-up if necessary	DHC/DHCE
3.	Life course preventive care	
4.	**One** health coaching session with HRFA annually	
5.	Lifestyle modification activities as appropriate, e.g. weight management, healthy diet, smoking cessation, alcohol control, etc.	

^To follow the arrangement for the Screening Phase

b) **Management Package B** (Prediabetes (2) without HT Management Programme)

Scheme Participants fall under this category if they are:

i. NOT diagnosed with HT, and have HbA1c 6.0 – 6.4% or FPG 6.1 – 6.9 mmol/L; or

ii. NOT diagnosed with HT, have HbA1c ≥ 6.5% or FPG ≥ 7 mmol/L but are confirmed as NOT having DM upon a repeated test *(for details, please see **Table 2** under **Part II Section 3 Paragraph 3.5.2**)*; or

iii. The above (i) or (ii) and diagnosed with or without specified condition of dyslipidaemia.

Scheme Participants falling under this category can be admitted to the Treatment Phase and receive management services as follows:

Components of Management Package		**Service Provider**
1.	Maximum **four** subsidised medical consultations annually *(Maximum **four** subsidised medical consultations annually is recommended for Scheme Participants requiring drug treatment for Prediabetes; maximum **two** subsidised medical consultations annually is recommended for Scheme Participants not requiring drug treatment for Prediabetes)*	FD
2.	Medical treatment as clinically indicated	
3.	Repeat checking of **HbA1c + FPG + full lipid profile annually** (or more frequently if clinically indicated), and any additional laboratory tests as necessary	FD + Investigation Service Provider
4.	BP monitoring: (i) *For Scheme Participants with normal BP:* **Annually**; (ii) *For Scheme Participants with high normal BP:* **At least every six months** via telephone review by nurse, with follow-up if necessary	FD + DHC/DHCE
5.	Life course preventive care	
6.	**Two** NC visits with HRFA annually	DHC/DHCE /nurse
7.	Maximum **three** subsidised AH visits with dietitian or physiotherapist annually as clinically indicated	DHC/DHCE/AH professionals
8.	IDPP consisting of **four to eight** group sessions *(suggested content of the programme is set out in **Annex I**)*[+] [+]*Programme content will be subject to individual needs of Scheme Participants.*	

c) **Management Package C** (HT/DM Management Programme)

Scheme Participants fall under this category if they are newly confirmed to have:

i. DM only;
ii. HT only;
iii. HT + Prediabetes (1) or (2); or

iv. HT + DM;

v. The above (i), (ii), (iii) or (iv), and diagnosed with or without specified condition of dyslipidaemia.

Scheme Participants falling under this category can be admitted to the Treatment Phase and receive management services as follows:

Components of Management Package		**Service Provider**
1.	Maximum **six** subsidised medical consultations annually	FD
2.	Medical treatment as clinically indicated	
3.	Annual checking of **HbA1c + FPG + full lipid profile + RFT + eGFR + urine ACR*** and any additional laboratory test(s) as clinically indicated • *HbA1c test may or may not be included if Scheme Participants are diagnosed with HT only; and* • *urine ACR test may be replaced by urine protein to creatinine ratio (urine PCR) test instead if Scheme Participants are not diagnosed with DM.*	FD + Investigation Service Provider
4.	BP monitoring: (i) Office BP monitoring; and (ii) Self-measured BP monitoring	FD + DHC/DHCE
5.	Life course preventive care	
6.	HA designated M&G specialist consultation under bi-directional referral mechanism ***(please refer to Part II Section 4 Paragraph 4.2 below for details)***	FD + HA
7.	**Two** NC visits with HRFA and **one** foot assessment annually	DHC/DHCE /nurse
8.	Maximum **three** subsidised AH visits with dietitian, physiotherapist or podiatrist annually as clinically indicated	DHC/DHCE/AH professionals
9.	**One** Optometry assessment including retinal photography **annually** for DM Scheme Participants; **One** Optometry assessment including retinal photography in the first year for newly diagnosed HT without DM	
10.	PEP consisting of four to eight group sessions *(suggested content of the programme is set out in **Annex II**)*+ +*Programme content will be subject to individual needs of Scheme Participants.*	

d) **Management Package D** (Specified condition of dyslipidaemia without Prediabetes (2) or DM or HT Management Programme)

Scheme Participants fall under this category if they are (i) diagnosed with specified condition of dyslipidaemia, (ii) NOT diagnosed with HT and (iii) have HbA1c ≤ 5.9% or FPG ≤ 6.0 mmol/L.

Scheme Participants falling under this category can be admitted to the Treatment Phase and receive management services as follows:

Components of Management Package		**Service Provider**
1.	Maximum **four** subsidised medical consultations in 1st year and maximum **two** subsidised medical consultations in subsequent years	FD
2.	Medical treatment as clinically indicated	
3.	Repeat checking of **HbA1c + FPG + full lipid profile annually** (or more frequently if clinically indicated), and any additional laboratory tests as necessary	FD + Investigation Service Provider
4.	BP monitoring: (i) *For Scheme Participants with normal BP:* **Annually**; (ii) *For Scheme Participants with high normal BP:* **At least every six months** via telephone review by nurse, with follow-up if necessary	FD + DHC/DHCE
5.	Life course preventive care	
6.	**Two** NC visits with HRFA annually	DHC/DHCE/nurse
7.	Maximum **three** subsidised AH visits with dietitian or physiotherapist annually as clinically indicated	DHC/DHCE/AH professionals
8.	Lifestyle modification activities as appropriate, e.g. weight management, healthy diet, smoking cessation, alcohol control, etc.	

4.1.3 If FD finds a Scheme Participant to be suffering from any life-threatening condition, FD should refer the Scheme Participant to an Accident and Emergency ("**A&E**") Department immediately.

4.1.4 The overview of the clinical pathway of Scheme Participant under the CDCC Pilot Scheme is set out in **Annex III**. While FD will follow specific guidelines for the CDCC Pilot Scheme, the exact management of each Scheme Participant should be determined by the FD according to his/her professional judgment of the Scheme Participant's clinical condition.

4.2 Bi-directional Referral Mechanism for HA Designated M&G Specialist Consultation

4.2.1 If any one of the following conditions is present in a Scheme Participant diagnosed with HT and/or DM during the Treatment Phase, FD may consider arranging for a one-off consultation with a HA designated M&G specialist for the Scheme Participant (i.e. item 6 under Management Package C):

a) Criteria for Scheme Participants diagnosed with HT

i. Suspected secondary HT; or
ii. Suspected cardiovascular disease(s), with stable clinical condition; or
iii. eGFR < 45 ml/min/1.73m^2 OR a decrease in eGFR of ≥ 20% within 12 months; or
iv. Proteinuria ≥ 1g per day (e.g. urine PCR ≥ 100 mg/mmol OR urine ACR ≥ 70 mg/mmol); or
v. Suboptimal HT control[#] on at least 3 anti-HT medications at maximum tolerated doses for an adequate treatment period (e.g. ≥ 3 months).

[#]With reference to the Hong Kong Reference Framework for Hypertension Care for Adults in Primary Care Settings (< 140/90 mmHg as initial goal; ≤ 130/80 mmHg as target for Scheme Participants who can tolerate, young Scheme Participants, obese/overweight Scheme Participants, smokers, and Scheme Participants with other cardiovascular risk factors).

b) Criteria for Scheme Participants diagnosed with DM

i. Sight-threatening DM retinopathy (i.e. severe non-proliferative retinopathy, proliferative retinopathy or diabetic maculopathy) [+]; or
ii. Suspected cardiovascular disease(s), with stable clinical condition; or
iii. eGFR < 45 ml/min/1.73m^2 OR a decrease in eGFR of ≥ 20% within 12 months; or
iv. Albuminuria with urine ACR > 25 mg/mmol (for male) or > 35 mg/mmol (for female); or
v. Chronic/non-healing foot ulcer[++]; or
vi. Neuropathy; or
vii. Suboptimal DM control[+++] on at least 2 oral hypoglycemic agents at maximum tolerated doses for an adequate treatment period (e.g. ≥ 3 months).

[+]For Scheme Participants with sight-threatening DM retinopathy, FD to refer Scheme Participant for Ophthalmology specialist consultation as well.

[++]Foot ulcers are considered to be chronic/non-healing if persistent for more than 6 weeks and show no tendency to heal after 3 months.

[+++]With reference to the Hong Kong Reference Framework for Diabetes Care for Adults in Primary Care Settings (HbA1c < 7% for adults without significant hypoglycemia; 7 – 8.5% for patients with limited life expectancy, functional impairment or significant comorbidities, and older or frail Scheme Participants)

4.2.2 If FD decides to arrange such specialist consultation under this bi-directional mechanism, FD shall initiate the process by

a) completing the structural consultation letter on the CDCC IT Platform; and
b) informing the Scheme Participant that DHC/DHCE will assist in making appointment with HA. Additionally, to facilitate communication between the Scheme Participant and HA M&G Specialist, FD could print the consultation letter for the Scheme Participant upon request.

4.2.3 Seven HA Specialist Out-Patient Clinics ("**SOPC**") are arranged to provide one-off M&G Specialist Consultations with details as follows. In general, FDs are recommended to initiate the request of M&G specialist consultation to the HA designated M&G SOPC corresponding to the district of the Scheme Participant's DHC/DHCE membership, to facilitate better communication and coordination.

Scheme Participant's DHC/DHCE Membership	**Cluster**	**Designated SOPCs for M&G Specialist Consultation**
Eastern DHCE	HKEC	Pamela Youde Nethersole Eastern Hospital (PYNEH) Medical Gen SOPD
Wan Chai DHCE		
Central and Western DHCE	HKWC	Queen Mary Hospital (QMH) Medical SOPC
Southern DHC		
Kowloon City DHCE	KCC	Queen Elizabeth Hospital (QEH) M&G SOPC
Wong Tai Sin DHC		
Yau Tsim Mong DHCE		
Kwun Tong DHCE	KEC	United Christian Hospital (UCH) M&G SOPC
Sai Kung DHCE		
Islands DHCE	KWC	Princess Margaret Hospital (PMH) M&G SOPC
Kwai Tsing DHC		
Sham Shui Po DHC		
Tsuen Wan DHC		
North DHCE	NTEC	Prince of Wales Hospital (PWH) M&G SOPC
Sha Tin DHCE		
Tai Po DHCE		
Tuen Mun DHC	NTWC	Tuen Mun Hospital (TMH) M&G Clinic
Yuen Long DHC		

4.2.4 The one-off M&G Specialist Consultation Service aims to facilitate the formulation of a care plan to support FDs in their ongoing follow-up care in the community. In this connection, the arrangement is not considered as a specialist out-patient referral nor follow-up consultation, and HA generally would not arrange follow-up appointments for Scheme Participants.

4.2.5 In general, the charging arrangement for one-off M&G Specialist Consultation is aligned with the prevailing charging arrangement of HA. Scheme Participants will be charged $135 for each one-off specialist medical consultation. In the event that drug prescription is required for Scheme Participants, a charge of $15 will be applied per prescribed drug item. Same fees apply to Scheme Participants who are HA staff or civil service eligible persons.

4.2.6 Once the structural consultation letter is successfully submitted, the CDCC IT Platform will notify the responsible DHC/DHCE. DHC/DHCE will then contact the responsible contact person of HA to schedule a consultation appointment with an HA M&G specialist. DHC/DHCE will also communicate with the Scheme Participant and the FD on the scheduled appointment and document the information on the CDCC IT Platform as required.

4.2.7 Upon the Scheme Participant's attendance of the specialist consultation, the HA M&G specialist will write up a care plan based on the Scheme Participant's clinical condition, and upload the care plan together with consultation notes onto HA's Clinical Management System. In general, the care plan will include the following:

a) the Scheme Participant's healthcare needs, health problems and relevant conditions;
b) management goals and actions;
c) referral(s) made and follow-up arrangements, i.e.
    i. Scheme Participant to be managed at FD/DHC or to be taken up by HA M&G SOPC (with scheduled appointment date, if applicable).
    ii. advice for immediate attention by the FD and the recommended monitoring interval;
    iii. other referral(s) made, if any;
d) intervention needed, such as investigations or medications; and
e) arrangements to review; the plan, etc.

4.2.8 DHC/DHCE will be notified on the availability of the care plan on the [HA-DHC referral interface]. DHC/DHCE will then communicate with the Scheme Participant and FD on the care plan and document the information on the CDCC IT Platform as required. FD will monitor the clinical condition of the Scheme Participant as appropriate and take timely follow-up actions in accordance with the care plan.

4.2.9 If advice is given in the care plan to prescribe medication/investigation for DM/HT that is not included in the Specified Drugs schedule/ Investigation List for the CDCC Pilot Scheme, FD may discuss with the Scheme Participant that they may choose to receive drugs/ investigations outside Specified Drug schedule/ Investigation List at their own expenses.

4.2.10 If at any time after the care plan is returned to FD, there is a deterioration of the Scheme Participant's clinical condition and any of the conditions required for HA M&G specialist consultation is present again, FD may initiate another one-off referral for M&G specialist consultation, following the steps set out above.

4.2.11 If none of the conditions required for HA M&G specialist consultation is present, but specialist consultation/investigation/treatment is nonetheless clinically indicated, FD may make the necessary referral(s) to SOPCs of HA for the Scheme Participant as per usual practice.

5. Consultation by FD for Scheme Participants Admitted to the Treatment Phase

5.1 Attendance Registration

5.1.1 FD/Clinical Administrator should register the attendance of the Scheme Participant within seven (7) calendar days from the date of service provision via one of the following methods:

a) Insert Scheme Participant's HKIC into eHRSS card reader; or
b) Input OTP received by Scheme Participant via SMS or email; or
c) In unexpected situation where attendance registration by HKIC or OTP is not feasible, e.g. card reader breakdown, FD/Clinic Administrator can generate a pre-filled attendance sheet, which requires the signatures from both the FD and the relevant Scheme Participant, from the CDCC IT Platform. FD/Clinical Administrator must state the reason for choosing this method of attendance taking and upload the pre-filled attendance sheet with signatures from both the FD and the relevant Scheme Participant to the CDCC IT Platform.

5.1.2 The system will show the remaining quota of Subsidised Visits of medical consultation under the CDCC Pilot Scheme.

5.1.3 At the point of attendance registration, Scheme Participant's eligibility status will be checked via the CDCC IT Platform. If the Scheme Participant is identified as Non-Eligible Person, CDCC IT Platform should prompt and prevent FD/Clinic Administrator from proceeding with the attendance registration. Any services provided by the FD to such Scheme Participant shall be considered as a private arrangement between the FD and the Scheme Participant and at the Scheme Participant's own cost.

5.2 Collection of Co-Payment from Scheme Participant

5.2.1 FD/Clinic Administrator shall be solely responsible for collecting the Co-Payment and any fees charged for service(s) outside the scope of the CDCC Pilot Scheme from Scheme Participants.

5.2.2 Scheme Participants are entitled to use Health Care Vouchers under the EHVS to settle any Co-Payment charged by FDs if the FDs have participated in the EHVS and accept such form of payment.

5.3 Consultation and Drug Prescription

5.3.1 For Scheme Participant with DM and/or HT, FD should provide a print out of the letter of Incentive Targets to the Scheme Participant at the first subsidised medical consultation under Treatment Phase.

5.3.2 FDs should properly document the consultation, including clinical history, assessments, management, as well as those provided services and the related charges outside the scope of the CDCC Pilot Scheme, in the CDCC IT Platform.

5.3.3 FDs should issue proper referral letter to DHC/DHCE and other HSPs as indicated based on Scheme Participants' clinical needs for the services. FDs can inform Scheme Participants to contact DHC/DHCE for coordination and arrangement of healthcare services, including Dedicated NC and AH services under District Health Network, PEP, IDPP, and HA Designated M&G Specialist Consultation, as referred by FDs. Scheme Participants are required to visit DHC/DHCE with the referral letter issued by FDs for the arrangement of Dedicated NC and AH services under District Health Network. Dedicated NC and AH services under District Health Network will be provided either by DHC/DHCE in-house staff, engaged or purchased service providers based on Scheme Participants' choice.

5.3.4 The provision of Specified Drugs under the basic tier of the Specified Drugs schedule, and other medications (up to three (3) days) for episodic illnesses by FDs are covered under the scope of the CDCC Pilot Scheme and shall incur no extra cost to the Scheme Participant.

5.3.5 FDs are required to enter drug record for consultation under the CDCC Pilot Scheme. If no drug is needed for that consultation, FDs can select 'NO' under 'Medication to be prescribed'.

5.3.6 FDs can input prescribed Specified Drugs under "Standard" and prescribe drugs outside Specified Drug schedule under "Other".

5.3.7 FDs are required to input Dosage, Dosage Unit, Frequency, Route, Duration and Total Quantity. System would automatically calculate quantity dispensed. If the quantity cannot be captured by the system (e.g. free text Frequency), FDs are required to enter the quantity dispensed.

5.3.8 FDs may prescribe their own purchased drugs or order Specified Drugs from specified Drug Suppliers at specified prices.

5.3.9 Scheme Participants may also choose to receive drugs from outside the Specified Drug schedule at their own expenses.

5.4 Change of Management Package

5.4.1 With the change of condition and diagnosis of Scheme Participant, FD needs to update the CDCC IT Platform with respect to the change of diagnosis and respective management package:

a) FD goes to "Participant Management" in the CDCC IT Platform;
b) Under "Participant Management", FD can select new management plan respective to the new diagnosis, and fill in the reason of change;
c) CDCC IT Platform will automatically reset the Scheme Participant's Participant Programme Year ("**PPY**") calculation and quota for Subsidised Visits immediately; and
d) CDCC IT Platform will reset the starting day of the current PPY.

5.4.2 Once the management plan is changed, the attendance and payment checkout of consultation records under the previous management plan could **NOT** be amended.

5.5 Incentive Target

5.5.1 In addition to the Service Fees for Treatment Phase, each FD may be eligible to receive an Incentive Payment for meeting Incentive Targets, set out in respect of each Scheme Participant under his/her care. The Incentive Payment receivable by a FD is calculated on an annual basis at the end of each calendar year and subject to the achievement of specified targets parameters.

5.5.2 If a Scheme Participant meets the Incentive Targets in the second and each subsequent PPY, then Scheme Participant will have a one-off reduction in Co-Payment fee of $150 maximum (i.e. the Co-Payment amount recommended by the Government) for the first Subsidised Visit in the next PPY.

5.5.3 Details of the Incentive Target including the target parameters, pre-requisites and calculation basis for determining the amount of Incentive Payment is outlined in ***Part III Section 4 Paragraph 4.6***, CDCC Website and T&Cs of Agreement for Private Doctors to be reviewed and updated by the Government from time to time**.**

5.5.4 Scheme Participant's prerequisite to have Incentive Targets

Scheme Participants that are admitted to the Treatment Phase with the following management plan (Management Package C of the CDCC Pilot Scheme) will have Incentive Targets:

a) HT management; or
b) HT+Prediabetes management; or
c) HT+DM Management; or
d) DM Management

5.5.5 Information on the Incentive Targets

a) If Scheme Participant is admitted to the Treatment Phase with management plan that has Incentive Targets, FD should provide Scheme Participant with a print out of the related Incentive Targets letter.

b) Scheme Participant will be notified by SMS that he/ she will enter the incentive mechanism when their second PPY begin and that they can view his/ her management plan and parameters of Incentive Targets via "My Programme" on eHealth App.

5.5.6 Timeline for Incentive Targets' data collection and payment

a) No data collection and payment for Incentive Targets are applicable in the first PPY.

b) The calculation of the Incentive Payment to Scheme Participants and FDs will begin from the second and each subsequent PPY onwards.

c) If the Scheme Participant's diagnosis and respective management package is changed during a PPY, then the current PPY starting day, respective Incentive Targets and the quota for Subsidised Visits will be reset.

6. Investigation Services

6.1 Investigation Request by FD

6.1.1 Clinical Assessment for Investigation Request

a) FD assesses Scheme Participant's clinical need and determines whether an investigation request is necessary, as well as which investigation package(s) and/or items is required.

b) Next, FD creates an investigation request via CDCC IT Platform.

6.1.2 CDCC IT Platform will display the pre-assigned Investigation Service Provider and only allows one investigation request per type (i.e. maximum one investigation request for laboratory investigation and one investigation request for Electrocardiogram (ECG)) per Scheme Participant on the same day

a) FD must input the reason for investigation request before selecting the investigation package(s) and/or item(s). He/she must provide an emergency contact number, which will be saved on a referral basis and viewable by the Investigation Service Provider for follow-up in case of critical results.

6.1.3 Issuance of an Investigation Request Note

FD issues and prints out the investigation request note for Scheme Participant's reference. The contents of the request notes include, but not limited to:

a) A unique request number with a QR code;
b) FD's information;
c) Scheme Participant's particulars;
d) Request Details with Investigation package(s) or item(s);
e) Investigation Co-payment amount (if any);
f) Contact information of the Investigation Service Provider; and
g) Points to Note.

6.2 Appointment Scheduling

6.2.1 Scheme Participant Booking Appointment

a) The details of the Investigation Service Provider e.g. address and telephone number will be displayed on each request note.
b) Scheme Participant should contact the pre-assigned Investigation Service Provider to schedule an appointment for investigation services. The investigation request note will be valid for 180 days counting from investigation request creation date in the CDCC IT Platform initially.

6.2.2 Efficient Booking System and Walk-in Support

a) Investigation Service Provider should implement an efficient booking system to manage the investigation appointments.
b) Investigation Service Provider should also support walk-in investigation services, if the Scheme Participant meets the necessary clinical conditions, such as fasting.

6.3 Delivery of Investigation Services

6.3.1 Investigation Service Provider can access the relevant request details via the:

a) CDCC IT Platform once it has built eHRSS sharing consent with Scheme Participants.
b) Scheme Participant can give his/her eHRSS sharing consent to Investigation Service Provider via the eHealth app or Interactive Voice Response System ("**IVRS**").

6.3.2 Preparation for Scheme Participant

a) Scheme Participants should bring along their HKIC and investigation request note to attend the investigation appointment.
b) If a Scheme Participant has forgotten to bring the investigation request note, Investigation Service Provider can use the Scheme Participant's HKIC to retrieve the electronic request from the CDCC IT Platform.

6.3.3 Provision of Laboratory Investigation and ECG Services

Investigation Service Provider shall provide a full range of Investigation Services under the service scope to Scheme Participant~~s~~ as per the investigation request:

a) For Blood Tests: Provide on-site blood taking for specimen from Scheme Participant
b) For Urine/Sputum Tests: Provide specimen bottle(s) to Scheme Participant for his/her own collection and subsequent submission of the collected specimen
c) For ECG: Use ECG equipment to conduct the test for Scheme Participant

6.3.4 Uploading of Investigation Results

Investigation Service Provider should promptly upload the laboratory results and/or ECG results to the CDCC IT Platform once the results are ready

a) **For laboratory investigation results:** Since there are existing eHRSS sharable data scope domains for laboratory data, Investigation Service Provider can upload multiple PDF reports for one investigation request in each batch upload via the electronic interface.
b) **For ECG results:** Investigation Service Provider can upload multiple PDFs for one ECG request via the CDCC IT Platform of eHRSS manually.

6.3.5 Notifications to FDs to receive results

Upon upload of results by Investigation Service Provider, FDs will immediately receive a CDCC IT Platform inbox notification.

6.3.6 Handling of Critical Results

a) Investigation Service Provider shall be responsible for alerting the FDs via the emergency contact numbers to ensure due acknowledgement by the FDs of any critical results in a timely manner.

b) Investigation Service Provider can search the emergency contacts of the FD and Scheme Participant by using Scheme Participant's HKIC via the Enquiry Page.

c) To ensure quality and safety, the emergency contacts of both the FD and Scheme Participant would be collected for each investigation request.

d) Investigation Service Provider must also report critical results through the CDCC IT Platform, ensuring proper documentation and notifications in the system inbox to the FDs
    i. The CDCC IT Platform features an **Early Alert Indicator** function that allows the Investigation Service Provider to efficiently report critical results related to specific concern items. After completing the necessary input under the Early Alert Indicator, a system notification will be sent to the inbox of the associated FDs as a supplementary means of alert.

e) Upon being notified by Investigation Service Provider of the critical results, the FD has the sole responsibility to contact the Scheme Participant immediately and provide appropriate medical advice.

f) If necessary, FD could contact DHC/DHCE for additional contact means of the Participant.
   i. If FD is unable to contact the Participant within 24 hours, FD should report the incident according to the prevailing Incident Management mechanism.

6.4 Handling of Investigation Results

6.4.1 FDs can view and acknowledge the receipt of uploaded investigation results using the "To-do-list" function in the SHSOP

6.4.2 The status of each item in the investigation request will be displayed in the CDCC IT Platform as either "Complete" or "Incomplete", with any necessary remarks. These statuses are indicated by the Investigation Service Provider.

6.4.3 Handling Complete Investigations

a) Completion and Acknowledgement
   i. Investigation Service Provider should mark the item as "Complete" once it confirm that the investigation is finished and the results are reliable.
   ii. If FD agrees that the investigation item is completed and the results fulfil the requirements of the investigation request, he/she should mark all the completed item as "Read and Accept".

b) Completion and Request Lab Reprocessing
   i. In cases where an item is marked as "Complete" by the Investigation Service Provider, but FD considers that it has not fulfilled the investigation request's requirements, FD can mark it as "Require Lab Reprocessing".
   ii. The Investigation Service Provider is then required to re-investigate the item, repeat the test or perform additional investigation as indicated, and re-upload the updated result.
   iii. If the "Require Lab Reprocessing" issue cannot be resolved, the Investigation Service Provider should classify the item as incomplete and provide a reason.

6.4.4 Handling Incomplete Investigation

a) Incompleteness and Acknowledgement
   i. If Investigation Service Provider considers the result unreliable or the investigation cannot proceed further after calling the Scheme Participant for a repeat test etc., they should mark the investigation item as "Incomplete" and provide an explanation.
   ii. FD should then select the "Read and Accept" function to confirm the status of the incomplete item.

b) Incompleteness and Re-Issuing Investigation Request
   i. FD assesses the importance of the incomplete item.
   ii. If the investigation is crucial, FD should issue a new investigation request and instruct the Scheme Participant to repeat the investigation.
   iii. If the incomplete item is considered not crucial for the investigation, FD can proceed with clinical management.

7. Care Coordination by DHC/DHCE

7.1 DHC/DHCE will be the case manager and care coordinator for coordinating multidisciplinary services under the CDCC Pilot Scheme and other primary healthcare services for Scheme Participants.

7.2 DHC/DHCE will provide health education and service information to the public to enhance their health literacy and accessibility for services.

7.3 DHC/DHCE will conduct HRFA, facilitate FD pairing, support participating service providers, provide Dedicated NC and AH services under District Health Network by in-house staff or help liaise with engaged or purchased service providers, offer nursing consultation, communicate with FD for the clinical service and organise lifestyle modification activities as well as IDPP and PEP.

7.4 For FD pairing, DHC/DHCE staff will ask whether the Scheme Participant has a regular attending doctor (named doctor). If the Scheme Participant has a named doctor and the doctor has joined the CDCC Pilot Scheme as FD, he/she can pair with the named doctor. If the named doctor has not yet joined the CDCC Pilot Scheme, DHC/DHCE staff will send out an invitation to the doctor to join as FD. If the Scheme Participant does not have a named doctor or does not want to pair with his/her named doctor or the named doctor does not want to join as FD, DHC/DHCE staff will provide a list of FD for Scheme Participant to select as his/her FD, according to his/her own choice. DHC/DHCE staff would only provide assistance during the process and would not recommend or assign any FD for the Scheme Participants nor influence the choice of the Scheme Participants. After successful pairing, Scheme Participants will be arranged to receive screening and treatment by the selected FD. Once the FD is paired, switching can only be done either before the first subsidised medical consultation with the paired FD, or after the Screening Phase is completed, or when 180 days have lapsed after the first attendance date of subsidised medical consultation in the Screening Phase. For FD switching, it can be only done at DHC/DHCE. The Scheme Participant should submit the application for switching with thirty (30) days' advance notice. Actual effective date is subject to successful pairing with succeeding FD. Staff of DHC/DHCE will understand from the Scheme Participants the reason(s) for switching FD, make relevant records and provide necessary assistance to the Scheme Participants. DHC/DHCE staff will contact the succeeding FD whether he/she accepts pairing with the Scheme Participant if the Scheme Participant has already entered the Treatment Phase.

7.5 DHC/DHCE will be the contact point between HA and FDs under the bi-directional referral

mechanism for the specialist consultation support.

8. Intensive Diabetes Prevention Programme, Patient Empowerment Programme, Dedicated NC and AH Services under District Health Network

8.1 Overview

8.1.1 Scheme Participants who are diagnosed with Prediabetes (2)/DM/HT/specified condition of dyslipidaemia without Prediabetes (2) or DM or HT, will be arranged to have IDPP/PEP, Dedicated NC and AH services under District Health Network as required, in accordance with the management package they are subject to. Subject to Scheme Participant's choice, Dedicated NC and AH services under District Health Network will be delivered by either in-house staff, engaged or purchased service providers (if available). A summary of these services under Management **Packages B, C and D** is set out in **Table 6** below.

Table 6

Screening result / **Intervention**	**Package B: Prediabetes (2) without HT**	**Package C: DM and/or HT**	**Package D: Specified condition of dyslipidaemia without Prediabetes (2) or DM or HT**
Dedicated NC	2 subsidised visits annually	2 subsidised visits annually	2 subsidised visits annually
Lifestyle Intervention/Structured Programme	IDPP	PEP	Lifestyle modification activities as needed
Optometry Assessment	NA	Annually for DM patients; Once in the first year for patients with newly diagnosed HT without DM	NA
Other Dedicated AH services	Maximum 3 subsidised visits annually (dietitian/physiotherapist)	Maximum 3 subsidised visits for other AH services annually (dietitian/physiotherapist/podiatrist)	Maximum 3 subsidised visits annually (dietitian/physiotherapist)

8.1.2 The service contents of IDPP, PEP, and Dedicated NC and AH services under District Health Network under the CDCC Pilot Scheme are set out in **Annexes I, II, IV and V** respectively.

8.1.3 FD should collaborate with nursing staff of NC in setting, reviewing and adjusting health goals for Scheme Participants.

8.1.4 While most of the lifestyle modification services and health education will be provided under IDPP, PEP and/or NC, FD may consider referring a Scheme Participant diagnosed with Prediabetes (2)/DM/HT specified condition of dyslipidaemia without Prediabetes (2) or DM or HT to AH professionals (pursuant to Management Package B, C or D), if FD determines that the Scheme Participant's case is complex and cannot be handled only by attending IDPP, PEP and/or NC, or if nursing staff communicates with FD about the Scheme Participant's poor progress despite intervention under IDPP, PEP and/or NC.

8.2 Quota Assignment and Appointment Scheduling

8.2.1 After completion of the Screening Phase, DHC/DHCE will assign and schedule IDPP, PEP, and Dedicated NC and AH services under District Health Network for the Scheme Participants diagnosed with Prediabetes (2)/HT/DM/specified condition of dyslipidaemia without Prediabetes (2) or DM or HT based on FD's instructions and in accordance with the management protocol for the CDCC Pilot Scheme.

8.2.2 The assignment of Dedicated NC and AH services under District Health Network by DHC/DHCE is based on FD's prescription and the clinical needs of Scheme Participant which should not exceeding the maximum number of subsidised NC and AH visits outlined in respective management plans.

8.2.3 DHC/DHCE staff will provide Scheme Participants with a list of available service locations provided by different service providers. Scheme Participants will be informed to choose the service provider based on their preference. DHC/DHCE will not influence Scheme Participants' choices or suggest specific service provider to Scheme Participants.

8.3 Attendance Registration

8.3.1 Scheme Participants are required to present the referral letter for the corresponding Dedicated NC/AH service.

8.4 Collection of Co-Payment

8.4.1 Scheme Participants are required to pay Co-Payment for receiving Dedicated NC and AH services under District Health Network at the amount set by the Government. Each Co-Payment shall be paid directly to the relevant HSP.

8.4.2 Scheme Participants may use Health Care Vouchers under the EHVS to settle the Co-Payment if the relevant HSPs have participated in the EHVS and accept such form of payment.

8.4.3 Dedicated NC and AH service providers shall be solely responsible for collecting the Co-Payment from Scheme Participants.

8.5 Clinical Documentation

Based on the assessment of Scheme Participant's clinical conditions, and reference to DHC Service Manual and Guidelines, HSPs shall document the condition and progress of the Scheme

Participant after each consultation (including phone follow-up by NC as indicated) in the CDCC IT Platform.

III. ADMINISTRATIVE GUIDELINES

1. Information Technology Management

1.1 The CDCC IT Platform has been developed to support the operation of the CDCC Pilot Scheme. The CDCC IT Platform has incorporated the key features of the CDCC Pilot Scheme including Family Doctor for All, patient empowerment and connection among participating service providers. Major functions include scheme enrolment, verification of eligibility, FDs pairing, investigation ordering, clinical documentation, medication prescription, interfacing with secondary care, Co-Payment and reimbursement claim management, and generation of statistical and management reports for service monitoring.

1.2 For the use of functions, please refer to the User Manuals for CDCC IT Platform [https://www.primaryhealthcare.gov.hk/cdcc/tc/hp/resources.html].

2. Sharing of Clinical Data

2.1 To facilitate continuity of patient care and enable clinical data sharing between the private and the public sectors, all Scheme Participants are required to participate in the eHRSS and give sharing consent to the HCP of their paired FD and other healthcare professionals. FDs and the involved healthcare professional must also register with eHRSS to access the eHRSS and the CDCC IT Platform. FDs and the involved healthcare professions shall have access to, or record from the CDCC IT Platform in respect of the relevant Scheme Participants for a reasonable period as may be required solely for the CDCC Pilot Scheme, in accordance with his legal and professional responsibilities. The screening results and clinical records captured in the CDCC IT Platform will be shared to other healthcare professionals via eHRSS.

2.2 Scheme Participant will receive notification through his/her selected means (i.e. SMS, email or postal mail) when his/her electronic health record is being accessed.

3. Drug Management

3.1 Overview

3.1.1 Specified Drugs such as anti-hypertensive, lipid-regulating, oral anti-diabetic drugs and antibiotics are set out in the Specified Drug schedule issued by the Government from time to time.

3.1.2 There are different tiers of drugs in the Specified Drug schedule. Apart from the Co-Payment for each subsidised consultation under the Treatment Phase, FD shall not charge the Scheme Participant any additional fee for the Specified Drugs under the Basic Tier and other medications (up to three days for episodic illness). The Specified Drugs under the Additional Tier and its Co-Payment for medication arrangements are subject to further development by the Government.

3.1.3 The Government shall use its best endeavours to make a platform available for FDs to purchase Specified Drugs for treatment of the Relevant Illnesses, Prediabetes (2) and episodic illnesses. The Specified Drugs shall constitute a list of medications under the Specified Drug schedule issued by the Government from time to time and notified to FDs.

3.1.4 To allow FDs to prescribe such medications to Scheme Participants, FDs may purchase the Specified Drugs from the Drug Suppliers of the Government on the terms of purchase and supply agreed between the Drug Suppliers and the Government and in each case purchase up to the maximum quantity limit as specified by the Government from time to time.

3.2 Guidelines for FDs

3.2.1 Reference Pricing

a) FDs can request to have reference pricing information of Specified Drugs by filling Request Form for Reference Pricing Information of Specified Drugs.
b) FDs could email or fax the signed form to PO for processing. PO would provide such information to FDs upon receiving the Request Form.

3.2.2 Drug Ordering and Delivery

a) All legal and contractual relations relating to purchase of the Specified Drugs by FDs shall be between the Drug Suppliers and the FDs, and the Government shall hold no liability. The Government only provides a platform to facilitate the ordering mechanism, and shall have no liability on its actual execution in the private market. The actual operation is up to the Drug Suppliers.

b) FDs will only be able to access the drug ordering function when he/she has enrolled his/her first patient at Screening Phase under CDCC Pilot Scheme.

c) To order Specified Drugs, CDCC Pilot Scheme FDs must place the drug orders via the designated ordering platform (CDCC IT Platform) to the Drug Suppliers. For FDs who enrolled in both GOPC PPP and CDCC Pilot Scheme, drug order could be placed via CDCC IT Platform for both programmes/ schemes.

d) After a drug order is submitted, FDs need to communicate with the Drug Supplier if there is any amendment of the drug order. The drug fee is settled between FDs and Drug Suppliers.

e) Regardless of the number of programmes/ schemes participated by FDs (i.e. CDCC Pilot Scheme and/or GOPC PPP), FDs are only entitled to one free delivery per Drug Supplier per calendar month. The one free delivery is counted based on the ordering month. FDs are encouraged to group the drugs under the same Drug Supplier into one order.

f) Drug Suppliers can charge FDs for any additional delivery within the same month. The additional fee is settled between FDs and Drug Suppliers.

g) All purchased drugs belong to the FDs.

h) FDs can appoint a Clinic Administrator to place drug orders. The Clinic Administrator would need to use their own eHR account to place drug orders for the FDs.

i) FD is required to select delivery address when they place a drug order. Delivery address for CDCC Pilot Scheme will be the same address registered in eHR. For FDs who enrolled in both GOPC PPP & CDCC Pilot Scheme, the system will also display the address maintained under GOPC PPP IT Module for selection.

j) FDs under a Medical Group may alternatively use an Organisation Address for drug delivery. The Medical Group is responsible to allocate drugs to individual doctors after the drugs are delivered to the Organisation Address.

3.2.3 Drug Orderable Quota

a) For all Specified Drugs, a tiering and capping mechanism has been developed for FDs to drug ordering quota. Such quota will be reset on 1 January of every year by system.

b) For FDs enrolled in GOPC PPP and CDCC Pilot Scheme, drug orderable quota shown is a combined quota from both GOPC PPP and CDCC Pilot Scheme.

c) When FDs run out of orderable quota for a drug, FDs should notify the Programme Office. If quota adjustment is deemed necessary, orderable quota will be added in the system.

4. Financial Management

4.1 Overview

Payment process includes the Government Subsidy claim checking and approval of the relevant payment for the CDCC Pilot Scheme services by the PO. The overall payment workflow is standardised to enhance payment control, such as Scheme Participant attendance at the service location registered by HKIC, OTP or pre-filled attendance sheet, sample audit process of attendance sheet following the risk-based assessment of each programme. The reimbursement submission and approval process are assisted by CDCC IT Platform, and subsequent reporting and interfacing with Enterprise Resource Planning system ("**ERP**") of the HA for payment processing of claim submission by FD.

4.2 Administration Fee for Enrolment of Scheme Participants in FD Clinics

4.2.1 As an incentive for Family Doctors to perform administrative work of enrolling participants directly to the CDCC Screening Phase at their clinics, a one-off administration fee of $76 is to be paid to Family Doctors for each successful enrolment of eligible participant to the Screening Phase of the CDCC Pilot Scheme. This arrangement was effective on 22 March 2024 onwards till the completion of the pilot scheme and to be reviewed at appropriate time.

4.2.2 FD can submit claims of administration fee from 1 August 2024 onwards, including the retrospective records of administration fee dated from 22 March 2024, through the CDCC IT Platform.

4.3 Service Fee for Medical Consultation

4.3.1 The Service Fee under the Screening Phase covers assessment, consultation, explanation, diagnosis and request for investigation services, irrespective of the number of consultation visits provided to the Scheme Participant. The Service Fee for the Screening Phase is comprised of the Scheme Participant's one-off Co-Payment amount paid on the spot at the first Subsidised Visit, and a one-off fixed Government Subsidy for consultation upon fulfilling the prerequisite set out in ***Part III Section 4 Paragraph 4.4*** for completion of Screening.

4.3.2 The Service Fee receivable by the FD for a Subsidised Visit under the Treatment Phase is comprised of the Scheme Participant's variable Co-Payment portion as determined by the FD, i.e. the Co-Payment by Scheme Participant in ***Paragraph 4.3.3*** below, and a fixed Government Subsidy for consultation upon fulfilling the prerequisite set out in ***Part III Section 4 Paragraph 4.4*** for completion of each consultation for Treatment.

4.3.3 Co-Payment by Scheme Participant

a) The FD shall charge the Co-Payment as determined by the FD which will be displayed in CDCC IT Platform for each Subsidised Visit.
b) The FD shall be solely responsible for collecting the Co-Payment paid to the FD and any fees charged for service(s) outside the scope of the CDCC Pilot Scheme from the Scheme Participants.
c) The FD can make a one-off downward adjustment of the Co-Payment fee at time of payment checkout, and Scheme Participant will be notified with such information via SMS.

4.3.4 Service Fee Review

a) Taking into account multiple factors such as change in the medical fee level in the market and costs of Programme Drug, the amounts of Government Subsidy and Scheme Participants' Co-Payment would be reviewed for necessary adjustment as appropriate.

b) For Co-Payment fee adjustment in the Screening Phase, the revised amount will be updated in the CDCC IT Platform and such adjustment shall not take effect before the effective date as announced by the Government. No retrospective adjustment should be made for Screening Phase completed after the effective date of Service Fee adjustment if the Co-Payment on the first Subsidised Visit was collected at a date before the effective date.

c) For Co-Payment fee adjustment in Treatment Phase, the FD will be able to adjust the Co-Payment amount on an annual basis when called for return by the Government and such adjustments shall not take effect before the effective date as announced by the Government.

d) For FDs providing services in multiple registered service locations, FD can determine different Co-Payment fee for each registered service location.

e) For Government Subsidy, the amount receivable by the FD under the Screening Phase and Treatment Phase respectively are listed in the Service Fee schedule which is issued and updated by the Government from time to time and notified to FDs. The revised amount will be updated in the CDCC IT Platform from the effective date.

f) FDs will be able to submit claims through the CDCC IT Platform with the revised Service Fee applicable to services delivered from the effective date, and the prevailing Service Fee shall continue to apply for services provided before the effective date of the Service Fee adjustment.

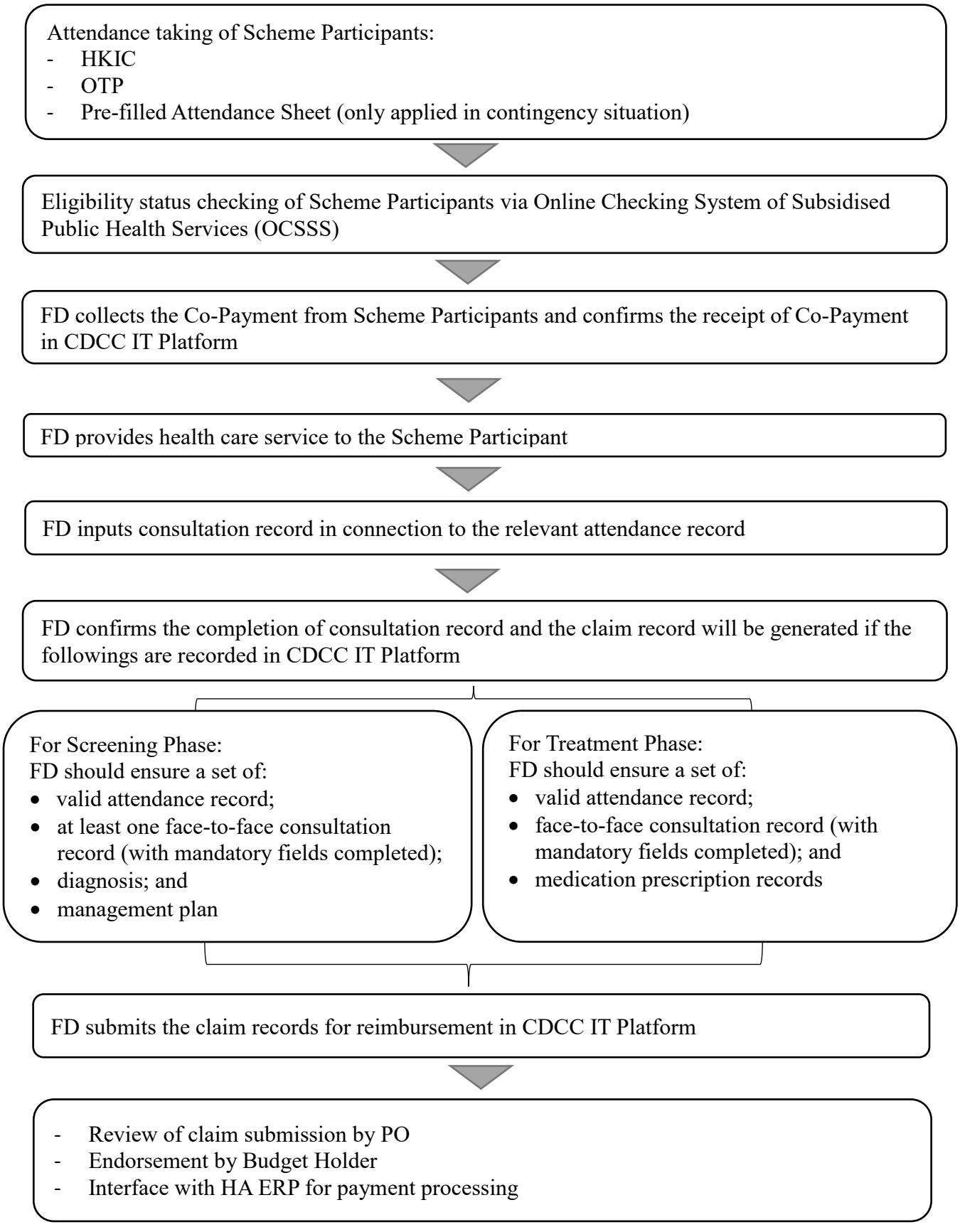
4.3.5 The prerequisite and workflow for reimbursement claim of Government Subsidy for consultation by FDs are set out in ***Part III Section 4 Paragraph 4.4.***

4.4 Reimbursement Claim of Government Subsidy for Medical Consultation

4.4.1 FD can submit claims of Government Subsidy for medical consultation, and if any, Medication Fee and Incentive Payment on any day of next month online through the "Submit Reimbursement" function in the Administration Page under the CDCC IT Platform when all the prerequisite are met as set out under ***Part III Section 4 Paragraph 4.4.***

4.4.2 FD shall endeavour to submit claims for Government Subsidy within 9 months of the provision of a completed Subsidised Visit. Submitted claims shall be verified by the Government. Subject to acceptance of the claim, payment will be settled within thirty (30) clear working days from the date of which the submitted claims are to the satisfaction of and not disputed by the Government. For any disputed claims, the Government reserves the right to withhold payment until the issue is resolved.

4.4.3 The prerequisite and workflow for reimbursement claim of Government Subsidy for medical consultation by FDs are set out in the following flowchart with details under ***Part III Section 4 Paragraphs 4.4.4 to 4.4.8.***



4.4.4 Scheme Participant Attendance Registration

a) Attendance registration is one of the checkpoints for checking the identity of Scheme Participant and recording the arrival of Scheme Participant at the service location as an attendance record.

b) HKIC and OTP are regarded as first priority to serve as a good proxy for evidence of service delivery. FDs can take attendance of Scheme Participants by inserting Scheme Participant's HKIC into eHRSS card reader or inputting OTP received by Scheme Participant via SMS or email.

c) In unexpected situation where attendance registration by HKIC or OTP is not feasible, e.g. card reader breakdown, the FD can generate a pre-filled attendance sheet, which requires the signatures from both the FD and the relevant Scheme Participant, from the CDCC IT Platform to confirm attendance. The FD must state the reason for choosing this method of attendance taking and upload the signed pre-filled attendance sheet to the CDCC IT Platform.

d) System-generated notification under eHRSS is sent to the Scheme Participant's selected communication mean as confirmation of service delivery when attendance is registered by HKIC, OTP or pre-filled attendance sheet is uploaded. The notification message will state the actual date of service provision received by the Scheme Participant.

e) At the point of attendance registration, Scheme Participant's eligibility status should be checked via OCSSS. If the Scheme Participant is identified as Non-Eligible Person, CDCC IT Platform should prompt and prevent FD from proceeding with the attendance registration, clinical note creation and investigation service referral.

f) The FD could register the attendance record within seven (7) calendar days with reason(s) stated in the CDCC IT Platform, in case the attendance record could not be registered on the day of service provision.

g) An attendance record can only be associated with one face-to-face consultation record and vice versa in the CDCC IT Platform.

h) Regular audit on prefilled sheets will be conducted by the PO, with sample size to be determined using a risk-based approach (e.g. ISO). The FD should also retain the original copy for 9 months for audit purpose.

4.4.5 Reimbursement Workflow by FDs

a) FDs are eligible to claim the Government Subsidy for each Subsidised Visit with valid attendance records bundle with the corresponding consultation record and payment checkout confirmed. For each consultation record, all mandatory fields as outlined in ***Part III Section 4 Paragraphs 4.4.5b) and 4.4.5c)*** must be inputted in the CDCC IT Platform.

b) Under the Screening Phase, FDs should ensure a set of:
   i. valid attendance record;
   ii. consultation record (with mandatory fields completed);
   iii. diagnosis; and
   iv. management plan

c) Under the Treatment Phase, FDs should ensure a set of:
   i. valid attendance record;
   ii. consultation record (with mandatory fields completed); and
   iii. medication prescription records

d) For Screening Phase, only one Co-Payment fee can be charged by FD for each Scheme Participant regardless of the number of consultations provided.

e) For Treatment Phase, only one Co-Payment fee can be charged by FD for each Scheme Participant per day. Should a Scheme Participant receive more than one treatment consultations on the same day, only one subsidised quota will be deducted from the Scheme Participant.

f) To ensure integrity and record completeness for submitting reimbursement claims for Government Subsidy in the CDCC IT Platform, a valid attendance record should be a physical attendance of the Scheme Participant and a face-to-face consultation with the FD. FDs are recommended to register attendance and input the consultation record in the CDCC IT Platform on the date of service provision.

g) The CDCC IT Platform will categorise the claim eligible for submission by the month of claim generation. FDs could submit claims of consultation subsidy, quarterly medication fee and adjustment payment online through the "Submit Reimbursement" function in the Administration Page under the CDCC IT Platform.

4.4.6 Payment to the FD will be based on the information provided in the electronic claim form and subject to approval by the PO.

4.4.7 Claims that are eligible for submission by FD will be displayed in the CDCC IT Platform.

4.4.8 Each electronic claim form generated in the CDCC IT Platform includes the attestation by the FD that the claim(s) submitted is/are precise, appropriate and in compliance with the T&Cs of the Programme. After submission, these claims will be made available on the CDCC IT Platform for the PO to prepare for payment arrangement as appropriate. Under normal circumstances, adjustment of submitted claim is not allowed after submission.

4.5 Medication Fee

4.5.1 Each FD shall receive a Service Fee for medications, designated as a Medication Fee, in respect of the provision of Specified Drugs to Scheme Participants for the treatment of the Relevant Illnesses and Prediabetes (2). The Medication Fee receivable by the FD comprises of a Government Subsidy and a Co-Payment for Medication from Scheme Participants, where applicable. The Medication Fee is determined according to the tier of the prescribed medication under the List of Specified Drugs which is issued and updated by the Government from time to time and notified to FDs.

4.5.2 Fee of drugs will be payable to FD per quarter in respect of the provision of at least one basic tier chronic disease medication in a Subsidised Visit in the quarter. Quarter by calendar month:

a) 1st Quarter: Jan 01 – Mar 31 (90 days/leap year 91 days)
b) 2nd Quarter: Apr 01 – Jun 30 (91 days)
c) 3rd Quarter: Jul 01 – Sep 30 (92 days)
d) 4th Quarter: Oct 01 – Dec 31 (92 days)

When there is Subsidised Visit with supply of chronic disease drugs in basic tier of the List of Specified Drug within the quarter, regardless of supply duration, a fixed amount of Medication Fee would be paid to FD.

4.5.3 Regular follow up every quarter (with chronic disease drug supply) is highly encouraged and FDs should avoid long duration of chronic disease drug supply.

4.5.4 In occasions where a Subsidised Visit is not attended in any quarter with the Scheme Participant whilst sufficient basic tier chronic disease medications (more than 92 days) have been prescribed for Scheme Participant's clinical condition/need in previous quarter's single Subsidised Visit, there will be one extra medication fee reimbursed to FD. The CDCC IT Platform will capture the dispensed items and duration in order to calculate the amount to be claimed or reimbursed.

4.5.5 Maximum 1 Medication Fee/quarter (3 months) and 4 Medication Fees/4 quarters (12 months) for each Scheme Participant's Subsidised Visit with chronic disease drug prescribed can be claimed by the FD.

4.6 Incentive Payment

4.6.1 In addition to the Service Fees for Treatment Phase, each FD may be eligible to receive an Incentive Payment for meeting Incentive Targets, set out in respect to each Scheme Participant under his/her care. The Incentive Payment receivable by a FD is calculated automatically by the CDCC IT Platform on an annual basis and subject to the achievement of specified targets parameters. Details of the Incentive Target including the target parameters, pre-requisites and calculation basis for determining the amount of Incentive Payment is outlined in the Service Fee schedule and the Incentive Target schedule which are issued and updated by the Government from time to time and notified to FDs.

4.6.2 Incentive to Scheme Participant

a) If Scheme Participant meets the Incentive Targets in the second and each subsequent PPY then Scheme Participant will enjoy a reduction of Medical Consultation Co-Payment fee (Co-Payment fee) up to the Government recommended Medical Consultation Co-Payment amount (Government recommended Co-Payment amount) in Scheme Participant's first Subsidised Visit of the next PPY. It will be directly deducted from the Co-Payment fee charged for that Subsidised Visit.

b) For details, please refer to CDCC Website and T&Cs of Agreement for Private Doctors to be reviewed and updated by the Government from time to time.

4.7 Amendment of consultation records

4.7.1 Once a consultation record is modified, CDCC IT Platform would automatically re-calculate the Service Fee for the corresponding consultation records. Upon re-entry of consultation record by FD, the amount of Government Subsidy will be re-calculated for re-submission by FD.

4.7.2 Any difference in the Co-Payment for Scheme Participant, arising from such record modification shall be settled between the FD and Scheme Participant. PO shall not be liable to the FD for any non-payment or part thereof, for any reason whatsoever.

5. Quality Assurance and Risk Management

5.1 Complaint Management

5.1.1 Complaints and feedback are taken as opportunities to improve the CDCC Pilot Scheme, and complaint management is one of the internal control measures to monitor the performance of the CDCC Pilot Scheme. A complaint management mechanism is established to receive and handle complaints properly and coordinate appropriate follow-up or remedial actions in a timely manner.

5.1.2 Definition of Complaint and Feedback:

a) A complaint is defined as an expression of dissatisfaction by individuals with policy or services, or the way in which the policy is implemented or service is delivered.

b) Feedback includes communication initiated by individuals that cannot be classified as a complaint, request for assistance, or an enquiry.

5.1.3 Complainants and Channels for Making Complaints:

a) Complaints may be lodged by Scheme Participants or their families, FDs or non-participating private doctors, other HSPs or service units under the CDCC Pilot Scheme, other stakeholders of the CDCC Pilot Scheme or members of the public.

b) Complaints may be lodged through various channels, including but not limited to 1823, HHB, SPO, PHCC, DHC/DHCE, FDs, or any other HSPs or service units by means of letter, telephone calls to the call centre of the CDCC Pilot Scheme, fax and email.

5.1.4 FDs shall develop a robust system for handling of complaints falling under its purview. FDs shall immediately report to the PO any complaints of clinical incidents or professional misconduct and to submit written reports and take other follow-up actions in respect of the reported incident or complaint as may be, and by the deadlines, directed by the PO, to the satisfaction of the Programme Office.

a) All written complaints shall be acknowledged within **ten (10) calendar days** after receipt; and

b) A substantive reply shall be issued within **thirty (30) calendar days** after receipt of the complaint as far as possible. For complicated cases requiring longer processing time, the complainant should be kept informed of the progress of the case and the reasons why a longer time is needed to provide a substantive reply and, if possible, the estimated time frame.

5.1.5 FDs shall refer complaints outside of their purview to the PO for handling, such as those concerning the design of the CDCC Pilot Scheme and policy set by the Government.

5.1.6 Handling of Personal Data

All complaints should be handled in strictest confidentiality, including the personal data of the complainants. Any disclosure of content of the complaint should be confined to related parties and on a need-to-know basis to facilitate the investigation. All staff members and HSPs or service units should comply with the requirements of the Personal Data (Privacy) Ordinance (Cap. 486) and the Code on Access to Information when handling requests from members of the public.

5.2 Incident Management

5.2.1 An incident reporting and management mechanism is established to identify risks and deficiencies of the CDCC Pilot Scheme and facilitate timely management of incidents, so as to reduce risk for Scheme Participants and improve service quality. The mechanism covers the reporting of incidents, investigation and recommendations on preventive measures as well as the consolidation of incidents for reporting to the CDCC Pilot Scheme Taskforce.

5.2.2 Scope and Definition

HSPs or service units shall report an incident, defined as an irregular or exceptional event that may adversely affect the patient care or the quality or safety of the services provided to Scheme Participants. Incidents can be categorised into clinical incidents and non-clinical incidents with details specified in **Table 6** below.

Table 6

<table>
<tr><th>Categories</th><th colspan="2">Types of Incident</th><th>Reporting Timeline for FD</th></tr>
<tr><td>Clinical Incident</td><td colspan="2">• Medication error
• Misidentification of patient, including that caused by incorrect / wrong clinical record
• Patient admitted to hospital / A&E during treatment / while receiving service
• Others[1]</td><td>Within 24 hours</td></tr>
<tr><td rowspan="3">Non-clinical Incident</td><td colspan="2">• Major[2]: Breach of personal data privacy
• Major[2]: Suspected criminal case
• Major[2]: Media interest[3]
• Major[2]: CDCC IT Platform breakdown
• Major[2]: Significant financial incidents e.g. suspected fraud, foul play or misconduct</td><td>Immediate</td></tr>
<tr><td>• Service interruption or suspension caused by facilities, environment, equipment, manpower, drugs and medical consumables</td><td>• Major: Resulting in suspension of CDCC service / might or might not have any impact on CDCC service but has generated intense media interest / public sentiment and / or reported to external authorities</td><td>Immediate</td></tr>
<tr><td>• Others</td><td>• Moderate: Resulting in delay and interruption in CDCC service
• Minor: Without interruption in CDCC service</td><td>Include in monthly report</td></tr>
</table>

5.2.3 Incident Reporting and Management Mechanism

a) Identification of an Incident

An incident may be identified by FDs, other HSPs or service units. Incidents may be identified at the time they occur or at any time after the event.

[1] Any other scheme specific clinical incident that is resulting from healthcare which lead to unintended and/ or unnecessary harm to Scheme Participant.

[2] These five types of non-clinical incidents have major impact and shall be reported within 24 hours

[3] An incident with severe consequences or with a large number of Scheme Participants being affected or potentially affected elicits a greater response from Scheme Participant and the public, which may trigger media interest

b) Immediate Management of an Incident

Upon the identification of an incident, HSPs or service units shall take the following immediate actions:

i. ensure that the affected Scheme Participant is safe and all necessary steps are taken to support, treat and prevent further injury in case it involves harm or potential harm to the Scheme Participant;
ii. in any other event, take necessary steps to prevent immediate recurrence of the incident;
iii. consider to inform the affected party(ies) immediately if appropriate; and
iv. retain records, materials and equipment, including disposable equipment used in conjunction with any device that may be relevant to the incident.

c) Reporting an Incident

FD shall report clinical incident to PO (as the Filtering Party) within 24 hours after incident identification. For non-clinical incident with major impact, which resulting in suspension of CDCC service, might or might not have any impact to CDCC service but has generated intense media interest or public sentiment, or has been reported to external authorities, FD is recommended to report to PO immediately after incident identification. For non-clinical incident with moderate (resulting in delay and interruption in CDCC service) or minor impact (without interruption in CDCC service), FD is recommended to submit monthly report to PO. The reporting timeline of different types of incident is summarised in **Table 6** above. All incidents shall be reported by using the Incident Reporting Form in **Annex VI.**

d) Open Disclosure

Open disclosure with Scheme Participant is the responsibility of and shall be initiated by the HSPs or service units that directly provide care to the Scheme Participant.

e) Investigation

Responsible party of the Government shall be entitled to carry out investigation into any incidents or circumstances of which it becomes aware. FDs and other related service providers shall facilitate and assist in such investigation.

5.2.4 Handling of Personal Data

All incidents should be handled in strictest confidentiality. Any disclosure of content should be confined to related parties and on a need-to-know basis to facilitate the investigation. All staff members and HSPs or service units should make reference to and comply with the requirements of the Personal Data (Privacy) Ordinance (Cap. 486) and the Code on Access to Information when handling requests from members of the public.

6. Issues Management/Special Situations

6.1 Scheme Participants

6.1.1 Selection of DHC/DHCE

To maintain a long term and stable carer-client relationship for better continuation and coordination of care, Scheme Participant will be encouraged to enrol to the DHC/DHCE of the district that he usually and actively involves, e.g. residential site, work place.

6.1.2 Change of DHC/DHCE membership

a) Each Scheme Participant with DHC/DHCE should maintain his/her membership to only one designated district at any time. If the member would like to transfer from District A to District B, the membership transfer will be initiated by District B and should be performed on the DHC/DHCE IT Module.

b) After the membership transfer, the membership number would remain unchanged; the existing records of DHC/DHCE CMS On-ramp would still be kept in old district and would not be carried forwards to new district.

6.1.3 DHC/DHCE should follow the workflow as stipulated in the "User Manual For DHC IT Module" for change of membership.

6.1.4 Change of medical conditions

a) If a Scheme Participant in the Treatment Phase reports on persistently elevated blood pressure (SBP ≥140 mmHg or DBP ≥90mmHg) during a NC session, the nurse should communicate with the FD and consider arranging for medical consultation for further management of the Scheme Participant as clinically indicated.

b) If a Scheme Participant has a change of diagnosis during the Treatment Phase, e.g. from Prediabetes (2) to DM, from DM only to DM with HT, etc., the FD needs to change the management package via the "Participant Management" function in the CDCC IT Platform.

6.1.5 Exit from the CDCC Pilot Scheme

a) Any Scheme Participant may terminate his/her participation in the CDCC Pilot Scheme at any time by giving not less than thirty (30) days' prior notice to the Government.

b) DHC/DHCE staff will withdraw the Scheme Participant from the CDCC Pilot Scheme through the CDCC IT Platform if he/she chooses to withdraw from the CDCC Pilot Scheme.

c) In the event that the Scheme Participant wishes to terminate the doctor-patient relationship with his/her FD during the Treatment Phase, but not his/her participation in the CDCC Pilot Scheme, he/she may select a new FD through the assistance of the responsible DHC/DHCE.

d) If any Scheme Participant ceases to be an individual who meets the eligibility criteria at any time after his/her enrolment in the CDCC Pilot Scheme, such Scheme Participant shall notify the Government and he/she shall not be entitled to any Subsidised Visits or receive any services under the CDCC Pilot Scheme during the period when he/she is not an Eligible Person.

e) DHC/DHCE staff will terminate the Scheme Participant from the CDCC Pilot Scheme through the CDCC IT Platform if he/she no longer meets the eligibility criteria.

6.1.6 Rejoin the CDCC Pilot Scheme

a) Scheme Participant diagnosed with HT and/or DM in the Screening Phase cannot re-enrol in the CDCC Pilot Scheme after termination of enrolment.

b) Except for those mentioned in ***6.1.6a)*** above, if any other Scheme Participant wishes to rejoin the CDCC Pilot Scheme:

i. he/she must notify the responsible DHC/DHCE and clarify his/her application.

ii. If approved, the DHC/DHCE staff will activate the rejoin function, and the Scheme Participant will start from the Screening Phase again. The CDCC IT Platform will not carry forward any consultation quotas from their previous participation in the CDCC Pilot Scheme.

6.2 FDs

6.2.1 Change of Details

a) Should the FDs have any updates/changes made, in the future or thereafter, to the information previously provided in the Enrolment Application or that is pertinent to his/her participation in CDCC Pilot Scheme, they must inform the PO immediately via email or fax.

b) In occasions where change/update of information is required, FDs should use their registered email address under the CDCC Pilot Scheme, or include the clinic chop or the FD's signature in communicating such with the PO.

c) Upon receiving such request, PO will proceed updating the information on the CDCC IT Platform.

d) FD should also update such information on PCD (or PCR after its establishment) if he/she see fits.

e) The workflow on updating service clinics details and bank account information are detailed as follow:

i. Update Service Clinics Details

- FDs may submit Service Clinics Update Form to the PO by email or fax.
- FD need to indicate if he/she would like to 1) add service clinic(s), 2) temporary unable to accept new Scheme Participants; or 3) remove service clinic(s) for joining CDCC programme.
- For adding new service clinic(s), FDs need to ensure that the clinics have been registered under eHRSS in reference to ***Part II Section 1 Paragraph 1.1***; and provide Business Registration for processing.
- For service clinic(s) temporary unable to accept new Scheme Participants, FDs need to inform the PO with reason(s) of service interruption.
- For the removal of service clinics, FD is required to provide the reason(s) for clinic removal. The service clinic removal effective date would be ninety (90) days after application submission.
- The above updates on service clinics would be updated on a weekly basis, with reference to ***Part II Section 1 Paragraph 1.3.***

ii. Update on Bank information

- FDs may update their bank account information for reimbursement by submitting the Application Form for Changing/Adding Bank Account to the PO.
- CDCC IT Platform currently allows FDs to maintain up to two sets of bank information for reimbursement.
- FDs have the flexibility in choosing the bank account for reimbursement during claim submission.

6.2.2 Handling of FD on-leave/Service Disruption

a) FDs shall be solely responsible for the care of their Scheme Participants and shall notify the PO of any leave or service disruption 14 days in advance or whenever possible.

b) FDs should avoid scheduling Scheme Participant for chronic disease follow-up appointment during their leave/service disruption period. FD shall inform all Scheme Participants currently under their care about his/her absence, and make necessary arrangement as appropriate such as relieving doctor(s) or appointment rescheduling to ensure sufficient chronic disease drugs coverage during the leave period for patient safety concerns.

6.2.3 Withdrawal from the CDCC Pilot Scheme

a) FD may terminate participation in the CDCC Pilot Scheme at any time by giving not less than ninety (90) days' written notice to the Government and to the affected Scheme Participants under his/her care. The termination form can be submitted via email, fax, post or by hand to the PO.

b) Upon receipt of the Application for Termination of Participation, the PO may contact the FD for further information and/or clarification regarding the Application.

c) Upon receiving all relevant information from the FD, the PO will communicate and agree with the FD when to remove the FD's details from the List of Participating Private Medical Practitioners. PO will also inform the relevant DHC/DHCE to begin assisting Scheme Participants to change FD.

d) PO would remind the FD to input the medical consultations for the Subsidised Visits for any Scheme Participants completed before the termination effect date and to submit for reimbursement. When the FD has informed that all medical consultations had been inputted and submitted for reimbursement, the PO would then liaise with IT to confirm that all inputted medical consultation had been submitted for reimbursement and check whether all payment to the FD had been settled after submission of claims to Finance.

e) PO would then remove the FD's role under the CDCC IT Platform nine months after the termination form was received.

f) In such event of termination of participation, the FD shall:

   i. Assist the Government to notify the affected Scheme Participants;

   ii. Upon request of the Government, continue to provide medical consultations for the Subsidised Visits for any Scheme Participant until he/she has been selected another FD; and

   iii. Upon request of the Government, make available to the Government all medical records of the affected Scheme Participants in his/her possession or control.

g) A FD may, without terminating his/her participation in the CDCC Pilot Scheme, terminate the doctor-patient relationship with any specific Scheme Participant who will proceed to Treatment Phase after completing the Screening Phase with immediate effect provided that proper notice is given to the Scheme Participant of the intention to do so. A FD may also terminate the doctor-patient relationship with any Scheme Participant who is at Treatment Phase, provided that the Government is informed in advance of the intention to do so. The FD must give not less than thirty(30) days' written notice to both the PO and that specific Scheme Participant for proper arrangement in which case, ***Part III Section 6 Paragraph 6.2.3 f)*** above shall apply.

h) In special occasion where immediate termination is required (e.g. FD passed away), PO may terminate the FD participation in the CDCC Pilot Scheme without having the FD submit the Application for Termination of Participation and liaise with the clinic on the termination procedures as appropriate.

6.2.4 Termination by PO

Any non-eligible FDs in reference to ***Part II Section 1 Paragraph 1.1*** will receive termination notice from the PO for termination process effective in not less than ninety(90) days. FD should ensure his/her eligibility status during participation to avoid termination. In such event of termination of participation, the FD shall follow the practice in ***Part III Section 6 Paragraph 6.2.3 f)***

6.2.5 Payment Adjustment

a) Before claim for Government Subsidy is submitted, the relevant consultation detail of each subsidised consultation could be inputted/edited/deleted. Further adjustment should be avoided as far as possible. Should further update be required once payment is processed, FDs have to submit written notice to the PO via email or fax, with the following particulars to release consultation record for modification:
   i. Scheme Participant's full name in English
   ii. Scheme Participant's CDCC case no./partial HKIC no. (e.g. A123XXX(X))
   iii. Date of consultation recorded to be modified

b) Once a consultation record is modified, CDCC IT Platform would automatically calculate the Service Fee for the corresponding consultation record. Upon re-entry of consultation record by FD, the amount of Government Subsidy will be re-calculated for re-submission by FD. The FD shall be solely responsible for collecting the difference in the Co-Payment, if any, payable by the Scheme Participant. Any difference in the Co-Payment for Scheme Participant arising from such record modification, shall be settled between the FD and Scheme Participant. PO shall not be liable to the FD for any non-payment or part thereof, for any reason whatsoever.

6.2.6 Contingency Arrangement during System Downtime

a) There may be situation where technical functions under the CDCC IT Platform being temporarily affected during eHRSS system upgrade and maintenance or due to unexpected system error.

b) In order to avoid disturbance to daily clinical activities and the associated clinical documentation under the CDCC Pilot Scheme, scheduled system maintenance will be announced in the eHRSS landing page for FDs' reference. DHC and hotline support service provider will also be informed of ad-hoc technical arrangement affecting the CDCC IT Platform.

c) FDs should document all the necessary clinical information and avoid scheduling patient appointment during system downtime period. For consultation provided during system downtime, FDs have to input the consultation record into the CDCC IT Platform once the technical functions resumed, and preferably within seven (7) days of the consultation. It is important to ensure that all consultation details are well documented in the system, which is essential for subsidy reimbursement afterward.

IV. GLOSSARY

Abbreviation & Term	Explanation
Agreement	Means the agreement made by the Government with a Private Doctor for the Chronic Disease Co-Care Pilot Scheme on the T&Cs set out in the following: (i) Chronic Disease Co-Care Pilot Scheme Terms and Conditions of Agreement for Private Doctors; (ii) the Application Form submitted by a Registered Medical Practitioner and accepted by the Government.
AH	Allied Health
BP	Blood Pressure
DHC	Means the District Health Centres as managed under the Primary Healthcare Commission of the Government.
DHCE	Means the District Health Centre Express as managed under the Primary Healthcare Commission of the Government.
DM	Means the medical term diabetes mellitus as defined by the diagnostic criteria in the Hong Kong Reference Frameworks.
Dedicated AH	Means the Dedicated Allied Health service of Dedicated Nurse Clinic and Allied Health services under District Health Network
Dedicated NC	Means the Dedicated Nurse Clinic of Dedicated Nurse Clinic and Allied Health services under District Health Network
Drug Suppliers	Means each approved supplier of the list of medications to treat the Relevant Illnesses, Prediabetes (2) and episodic illnesses as set out in the Specified Drug schedule which is issued and updated by the Government from time to time.
ECG	Electrocardiogram
eHR	Electronic Health Record
eHRSS	Electronic Health Record Sharing System
EHVS	Means the Elderly Health Care Voucher Scheme provided by the Government.
Eligible Person	Means a person who is a Hong Kong resident who holds: (i) a valid Hong Kong Identity Card within the meaning of the Registration of Persons Ordinance (Cap. 177), unless he/she is a holder of the Hong Kong Identity Card by virtue of a previous permission to land or remain in Hong Kong granted to him/her and such permission has expired

Abbreviation & Term	Explanation
	or ceased to be valid, or (ii) a valid Certificate of Exemption within the meaning of the Immigration Ordinance (Cap.115)
FD	Means a registered medical practitioner who has enrolled in the CDCC Pilot Scheme successfully.
GOPC PPP	General Out-patient Clinics Public-Private Partnership
Government	Means the Government of the Hong Kong Special Administrative Region of the People's Republic of China.
Government Subsidy	Means a subsidy amount payable by the Government to the relevant FD for the due performance of the obligations of the Private Doctor in accordance with the Agreement.
HA	Hospital Authority
HCP	Means a registered healthcare provider for the eHRSS
Health Risk Factors Assessment	Means an evaluation of an individual for his/her health risk factor(s) as defined by the Government.
HHB	Health Bureau
HKIC	Hong Kong Identity Card
Hong Kong Reference Frameworks	Means the guidelines published by the Primary Healthcare Commission under the Health Bureau on preventive care and disease management for reference by primary healthcare professionals.
HT	Means the medical term hypertension as defined by the diagnostic criteria in the Hong Kong Reference Frameworks.
IDPP	Intensive Diabetes Prevention Programme
Incentive Targets	Means health targets set out with respect to the Scheme Participants under the CDCC Pilot Scheme to drive better health outcomes.
Investigation Co-Payment	Means the fees payable by a Scheme Participant to an Investigation Service Provider for the Investigation Services provided by such Investigation Service Provider.
Investigation Services	Means the subsidised investigation and tests under the CDCC Pilot Scheme as set out in **Annex VII** (which may be updated by the Government from time to time).
Investigation Service Provider	Means a provider of Investigation Services(s) under the CDCC Pilot Scheme as appointed by the Government.

Abbreviation & Term	Explanation
M&G	Medicine and Geriatrics
MRO	Medical Registration Ordinance (Cap. 161 of the laws of Hong Kong).
NC	Nurse Clinic
Operation Manual	Means the "Operation Manual for the CDCC Pilot Scheme" issued by the Government (as amended and modified from time to time).
OTP	One-Time Password
PCD/PCR	Means the Primary Care Directory, or Primary Care Register after its establishment, as maintained by the Primary Healthcare Commission of the Government.
PEP	Patient Empowerment Programme
PHCC	Primary Healthcare Commission
PO	Programme Office
PPY	Means the Participant Programme Year which is each 12-month period that a Scheme Participant is enrolled into the CDCC Pilot Scheme and is counted from the date on which a Scheme Participant is admitted into the Treatment Phase and assigned a specific diagnosis. Where a new diagnosis is assigned to a Scheme Participant already accepted into the Treatment Phase, the start date for that Participant Programme Year will be recounted from the date on which the new diagnosis is assigned.
Prediabetes	Means prediabetes as defined by the diagnostic criteria in the Hong Kong Reference Frameworks.
Private Doctor	Means a registered medical practitioner in the private sector.
Relevant Illnesses	Means the target chronic illnesses prescribed by the Government to be covered under the CDCC Pilot Scheme, which as at the commencement date shall be HT and DM.
Scheme Participant	Means a person who (1) fulfills the eligibility criteria of the CDCC Pilot Scheme and (2) is enrolled in the CDCC Pilot Scheme as a participant.
Screening Phase	Means the phase under the CDCC Pilot Scheme in which a Scheme Participant attends Subsidised Visit(s) and undergoes screening for Relevant Illnesses.
Service Fees	Means the total fees receivable by the relevant a FD and payable by the Government and/or Scheme Participants for the subsidised services provided by such FD under the CDCC Pilot

Abbreviation & Term	Explanation
	Scheme, including the following: (i) 'Service Fee for Screening Phase' which is comprised of a one-off fixed Government Subsidy for completion of Screening Phase, and the Scheme Participant's one-off fixed Co-Payment amount charged on the first Subsidised Visit undertaken during the Screening Phase; (ii) 'Service Fee for Treatment Phase' which is comprised of a fixed Government Subsidy for a Subsidised Visit undertaken during the Treatment Phase and the Scheme Participant's respective Co-Payment amount as charged by the FD for that visit; (iii) 'Medication Service Fee' which is comprised of a Government Subsidy for the provision of Specified Drugs and the Scheme Participant's Co-Payment amount, where applicable; and (iv) 'Incentive Payment' which is the Government Subsidy receivable by the FD for achieving the Incentive Targets set with respect to the Scheme Participants managed under the FD's care.
SOPC	Specialist Out-Patient Clinic
Specified Drugs	Means the subsidised medications under the CDCC Pilot Scheme as set out in **Annex VIII** (which may be updated by the Government from time to time).
SPO	Strategic Purchasing Office
Subsidised Visit	Means any face-to-face medical consultation provided by a FD for a Scheme Participant under the CDCC Pilot Scheme whereby the Government will make a subsidy payment towards the FD for the services rendered pursuant to the Agreement.
Treatment Phase	Means the phase after the completion of the Screening Phase under the CDCC Pilot Scheme in which a Scheme Participant attends Subsidised Visit(s) and receives diseases management services for Relevant Illnesses and Prediabetes (2) with or without episodic illnesses.

V. ANNEX

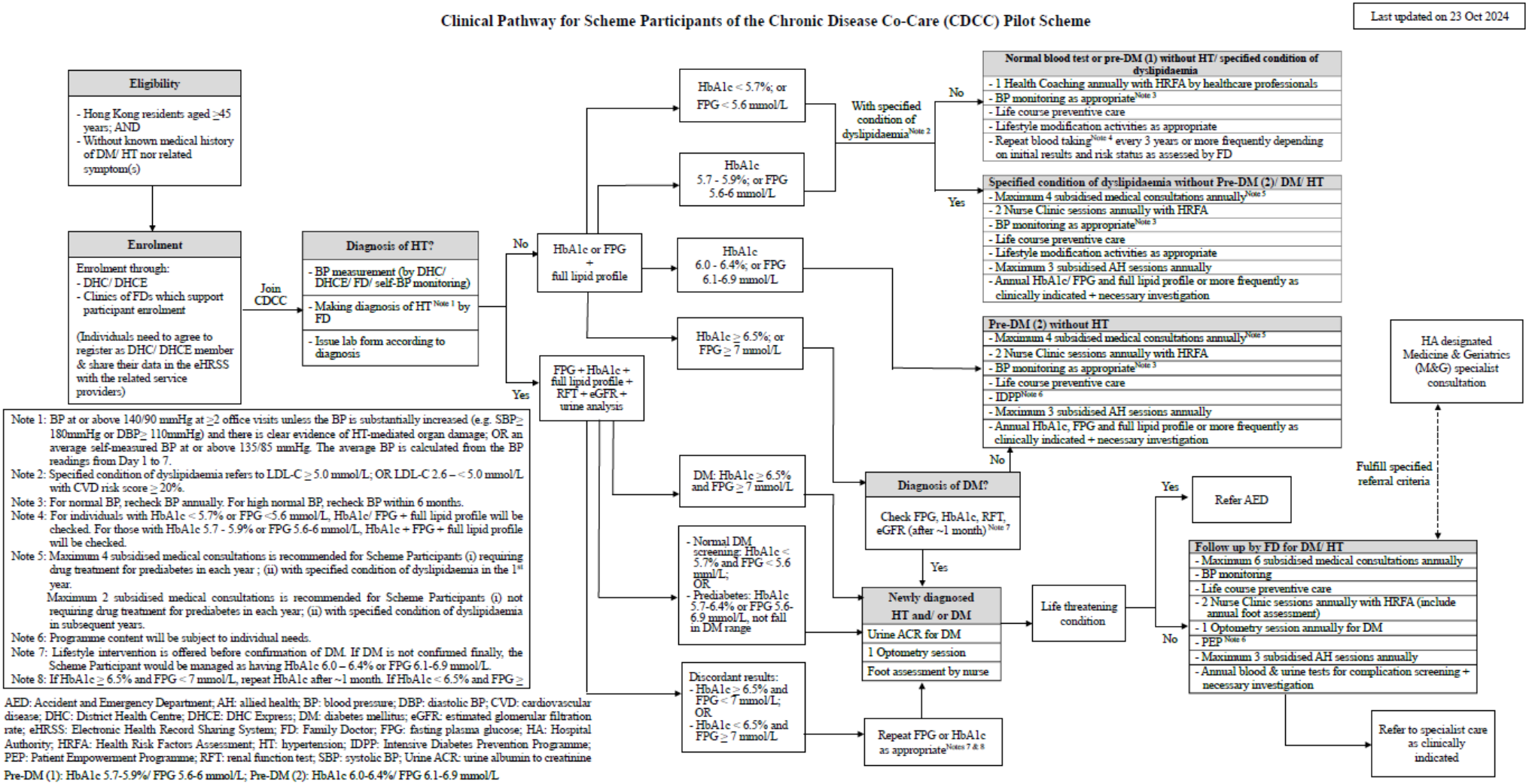
Annex I - Intensive Diabetes Prevention Programme

Target group	• Age ≥ 45 years; and • HbA1c 6.0 – 6.4% or FPG 6.1 – 6.9 mmol/L
Duration	Completed within 12 months
Modality	4 – 8 group sessions
Class size	5 – 15 people
Class length	At least 45 minutes/session
Class host	Nurse, dietitian, pharmacist, physiotherapist, social worker
Course content	• Prediabetes knowledge and self-management skills • Healthy diet • Physical activity • Weight management • Pharmacological intervention for Prediabetes • Psychological support • Sleep hygiene • Problem-solving skills and coping strategies with stress • Stay active to prevent DM for life
Assessment requirement	• Pre- and post-assessment • Health parameters include body weight, waist circumference, BMI, BP, +/- SMBG

Annex II - Patient Empowerment Programme

Target group	Patient with newly diagnosed DM/HT
Duration	Completed within 12 months
Modality	4 – 8 group sessions
Class size	5 – 15 people
Class length	At least 45 minutes/session
Class host	Nurse, dietitian, pharmacist, physiotherapist, social worker
Course content	• Knowledge on disease and self-management • Healthy diet • Exercise • Psychosocial support Suggested topics including but not limited to: • Risk factors of DM/HT and their complications, and need of regular assessment • Carbohydrate counting/carbohydrate exchange/DASH diet • Weight management • DM/HT medications • Acute DM complications: hypoglycaemic and hyperglycaemic management • Sick day management • Foot care • Experience sharing from DM/HT patients • Community resources for DM/HT
Assessment required	• Pre- and post- assessment • Health parameters include body weight, waist circumference, BMI, BP, +/- SMBG • Disease knowledge questionnaire

Annex III - Overview of the Clinical Pathway of Scheme Participant under the CDCC Pilot Scheme



Annex IV - The Key Roles and Responsibilities of the AH Professionals for Provision of Individualised Clinical Session under CDCC Pilot Scheme

Service	Key roles and responsibilities
Physiotherapy – Education and Counselling	- Health education and counselling - Design and evaluation of individualised home exercise programme for weight management of overweight Scheme Participants
Optometry	- Optometry assessment including fundi photo for Scheme Participants with diabetes mellitus and/or hypertension with report for further clinical management
Podiatry	- Foot assessment and treatment to Scheme Participants with diabetes mellitus and/or hypertension for foot ulcers, peripheral vascular diseases, peripheral neuropathy, nail dystrophy or foot deformity
Dietetics	- Dietary advice and counselling service to Scheme Participants with special dietary needs, on insulin, poor diabetic control, poor diet control and weight management

Annex V - Service Protocol of Nurse Clinic

1. Service Scope

1.1 The nursing staff shall provide a full range of individualised Nurse Clinic services for Scheme Participants at the offered service sites for Government-led initiatives/programmes in accordance with the respective service protocol(s) and operation manual(s) to be reviewed and updated by the Government from time to time, including but not limited to the following components:

(i) Health coaching and assessments;

(ii) Collaboration with the FD, DHC/DHCE and other healthcare service providers for the clinical service as indicated; and

(iii) Facilitating continuity of care along Scheme Participant journey.

1.2 Most of the lifestyle modification services and health education will be provided under the IDPP, PEP and/or Nurse Clinic. FD may consider referring a Scheme Participant diagnosed with Prediabetes (2)/DM/HT/specified dyslipidaemia without Prediabetes (2) or DM or HT to AH professionals (pursuant to Management Package B, C or D), if FD determines that the Scheme Participant's case is complex and cannot be handled only by attending IDPP, PEP and/or Nurse Clinic, or if nursing staff communicates with FD about the Scheme Participant's poor progress despite intervention under IDPP, PEP and/or Nurse Clinic.

2. Content of Nurse Clinic per Participant Programme Year

Session	Mode of delivery	Prediabetes [HbA1c 6.0 – 6.4% or FPG 6.1 – 6.9mmol/L] without HT	DM and/or HT	Specified dyslipidaemia without Prediabetes [HbA1c 6.0 – 6.4% or FPG 6.1 – 6.9mmol/L] or DM or HT
First Nurse Clinic	Face-to-face	• Introduce lifecourse preventive care and advise on the appropriate preventive care to Scheme Participant • Explain the investigation result(s) to Scheme Participant and the implicated health risk to him/her • Perform Health Risk Factors Assessment (HRFA) by using the assessment form (subject to review and revision by the Government from time to time) if the Scheme Participant has not received such HRFA during the past 10 months and input the result into the IT Platform. • Review and document the updated information of the HRFA as necessary • Check drug compliance and any drug side effect if applicable • Assess readiness of lifestyle changes • Set health goals with patient using SMART approach (Specific, Measurable, Attainable, Realistic, Trackable) • Communicate with FD for Scheme Participant management as appropriate • Remind for regular follow-up with FD as appropriate • Remind to have investigation as ordered by FD • Arrange for second Nurse Clinic Appointment		

<table>
<tr><td></td><td></td><td colspan="3">• Encourage Scheme Participant to approach the nursing staff of Nurse Clinic if any doubt
• Document the consultation and assessment findings appropriately in specified CDCC IT Platform</td></tr>
<tr><td></td><td></td><td>• Brief about Prediabetes management and invite joining IDPP as appropriate
• Assist in arranging IDPP with intervention as necessary such as obesity/weight management, exercise prescription with target of at least 150 minutes of moderate intensity physical activity per week and weight loss of at least 5% of initial body weight if overweight/obesity
• Educate on self-monitoring of blood glucose (SMBG) if Scheme Participant is interested
• Assist in arranging AH services as necessary based on FD’s referral and the related protocol [dietitian/physiotherapist]</td><td>• Brief about DM and/or HT management and invite joining PEP as appropriate
• Assist in arranging PEP as necessary
• Educate on self-measured blood pressure monitoring (SBPM) and SMBG as appropriate
• Assist in arranging AH services as necessary based on FD’s referral and the related protocol [optometry assessment (for DM annually and once in the first Participant Programme Year for newly diagnosed HT without DM)/ dietitian/ physiotherapist/ podiatrist]
• Perform foot assessment:
- DM: including 10-gram monofilament test, vibration perception threshold (biothesiometry) or vibration test (128Hz tuning fork test), examination of dorsalis pedis pulse or tibialis posterior pulse (by palpation or doppler), and checking for any skin abnormality or joint deformity
- HT: including examination (by palpation or doppler) of dorsalis pedis pulse or tibialis posterior pulse, and checking for any skin abnormality</td><td>• Brief about dyslipidaemia management
• Assist in arranging lifestyle modification programme(s) with intervention as necessary such as obesity/weight management, exercise prescription with target of at least 150 minutes of moderate intensity physical activity per week and weight loss of at least 5% of initial body weight if overweight/obesity
• Educate on self-measured blood pressure monitoring (SBPM) and SMBG as appropriate
• Assist in arranging AH services as necessary based on FD’s referral and the related protocol [dietitian/ physiotherapist]</td></tr>
<tr><td>Subsequent Nurse Clinic</td><td>Face-to-face (Suggested time interval:</td><td colspan="3">• Review progress and evaluate the effectiveness of the intervention
• Explain the investigation result(s) as applicable
• Monitor drug compliance and any drug side effect if applicable
• Review and identify any difficulties to achieve the goals
• Educate on the skills in tackling the difficulties</td></tr>
</table>

	~3-6 months after 1st Nurse Clinic)	• Adjust health goals if necessary • Remind to have investigation: (a) ***Prediabetes without HT:*** HbA1c, FPG and full lipid profile annually, and necessary laboratory tests as ordered by FD; (b) ***HT and/or DM:*** complication screening annually, and necessary laboratory tests as ordered by FD (c) ***Dyslipidaemia without Prediabetes (2) or HT or DM****:* HbA1c, FPG and full lipid profile annually, and necessary laboratory tests as ordered by FD • Assist in arranging AH services based on FD's referral and the related protocol • Encourage to approach the nursing staff of Nurse Clinic if any doubt • Remind regular FD follow-up as appropriate • Arrange for Nurse Clinic services next year at an appropriate time
Phone follow-up	By phone	• Arrange phone follow-up as required, such as: (a) Review compliance to management plan, e.g. - FD/AH services/specialist consultation follow-up - investigation/complication screening - lifestyle modification/health goals - lifestyle modification programme(s)/IDPP/PEP (b) Monitor drug compliance and any drug side effect (c) Monitor progress of target achievement (d) Assess problems/difficulties encountered and advise on coping strategies and review the progress (e) Follow up SBPM/SMBG/self-empowerment skills (f) Contact defaulters to assess condition (g) Contact Scheme Participant as advised by FD for specified needs • Other clinical condition as indicated

Annex VI - Incident Reporting Form

Health Bureau
Chronic Disease Co-Care Pilot Scheme (CDCC)
Incident Reporting Form

Note for healthcare service providers or service units:

- ***Please submit this form to the Filtering Party according to the mechanism and reporting timeframe as specified in the respective contractual Terms & Conditions***

A. Date and time of incident **Date:** _____ **Time:** _____

B. Involved healthcare service provider(s) or service unit(s)
(multiple selections allowed; please specify the name(s) of healthcare service provider or service unit)

☐ Family Doctor: _____
☐ Drug supplier: _____
☐ DHC/DHCE/Network Service Provider: _____
☐ Purchased service provider: _____
☐ Others: _____

C. Particulars of Scheme Participant ***(if applicable, please attach separate Excel file if involve more than one Scheme Participant)***

eHRSS No.: _____ Sex: ☐ M ☐ F Date of birth: _____

D. Type of incident

i) Clinical incident *(multiple selections allowed)*

☐ Medication error
☐ Misidentification of patient, including that caused by incorrect / wrong clinical record
☐ Patient admitted to hospital / A&E during treatment / while receiving service
☐ Others[#]: *(please specify)*

_____
_____
_____
_____

[*]*Any other scheme specific clinical incident that is resulting from healthcare which leads to unintended and / or unnecessary harm to Scheme Participant*

ii) Non-clinical incident *(multiple selections allowed)*

☐ Breach of personal data privacy
☐ Suspected criminal case
☐ Media interest
☐ CDCC IT Platform breakdown
☐ Significant financial incidents e.g. suspected fraud, foul play or misconduct
☐ Service interruption or suspension caused by:
  ☐ Facilities issues
  ☐ Environmental issues
  ☐ Equipment issues
  ☐ Drug issues
  ☐ Medical consumables issues
  ☐ Manpower issues
☐ Others: *(please specify)*

_____

E. Factual account of the incident

F. Immediate actions taken

G. Impact on the Scheme Participant(s) / service provision

H. Potential cause of the incident and initial investigation results

I. Contingency arrangement / remedial actions taken

J. Report to external authority

☐ No ☐ Yes Name of authority: _____ Report date: _____

K. Open disclosure with Scheme Participant(s)

☐ No ☐ Yes Date: _____

L. Report completed by

Organisation: _____ Date: _____

For internal use only

Notes for Filtering Party:

1. ***Please assign Serial No. for the case***
2. ***For clinical incident with SI 4 – 6, and "Major" non-clinical incident: Email this completed form to "CDCC Incident Notification" email group within 24 hours after receiving the incident reporting***
3. ***For clinical incident with SI 0 – 3, and "Moderate" or "Minor" non-clinical incident: Monthly report to SPO (Central Coordinator)***

Serial No. of the case: _____

Received by: ☐ HA ST ☐ PHCC ☐ SPO ☐ Others *(please specify):* _____

Remark: ☐ *please tick as appropriate*

Annex VII - CDCC Investigation Packages and Items List

(I) Laboratory Investigation Items

Programme Package	
Package (A) - Basic Care Package (1) • Glucose, Fasting/FPG • Full Lipid Profile, Fasting • Renal Function Test (RFT) with estimated Glomerular Filtration Rate (eGFR)	**Package (B) - Hypertension (HT)** • Glucose, Fasting/FPG • Full Lipid Profile, Fasting • RFT with eGFR • Urine Protein/Creatinine Ratio (PCR)
Package (C) - Diabetes Mellitus (DM) • Haemoglobin A1c (HbA1c) • Glucose, Fasting/FPG • Full Lipid Profile, Fasting • RFT with eGFR • Spot Urine Albumin: Creatinine Ratio (ACR)	
Package (E) - Basic Care Package (2) • HbA1c • Glucose, Fasting/FPG	**Package (F) - Annual Tests for Pre-DM** • HbA1c • Glucose, Fasting/FPG • Full Lipid Profile, Fasting
Package (G) - Confirmatory Tests for Suspected DM [If initial screening test: HbA1c ≥ 6.5% or FPG ≥ 7 mmol/L] • HbA1c • Glucose, Fasting/FPG • Full Lipid Profile, Fasting • RFT with eGFR	**Package (H) - For Newly Diagnosed HT** • HbA1c • Glucose, Fasting/FPG • Full Lipid Profile, Fasting • RFT with eGFR • Mid-stream urine (MSU), Routine/Microscopy

Individual Investigation Item	
Blood Test	
HbA1c Glucose, Fasting/FPG Oral Glucose Tolerance Test (OGTT) – 75g Full Lipid Profile, Fasting RFT RFT with eGFR Liver Function Test (LFT)	Urate Complete Blood Picture (CBC) CBC (with Differential Count) Erythrocyte Sedimentation Rate (ESR) Thyroid Stimulating Hormone (TSH) Free Thyroxine (fT4)
Urine Test	**Sputum Test**
Urine PCR Urine ACR MSU, Routine/Microscopy MSU, (Microscopy & Bacterial Culture)	Sputum, (Microscopy & Bacterial Culture) Sputum, Acid Fast Bacilli (AFB) (Smear/Culture)

(II) Electrocardiogram (ECG)

Annex VIII - List of Specified Drugs for the CDCC Pilot Scheme

(Last update on 1 August 2024)

Basic Tier

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

Clinical Indication	Drugs	
Anti-hypertensive^	Lisinopril Tablet 5mg	(ACEI & ARB)
	Lisinopril Tablet 10mg	
	Lisinopril Tablet 20mg	
	Losartan Potassium Tablet 50mg	
	Losartan Potassium Tablet 100mg	
	Perindopril Tertbutylamine Tablet 4mg	
	Atenolol Tablet 50mg	(Beta Blockers)
	Atenolol Tablet 100mg	
	Metoprolol Tartrate Tablet 50mg	
	Metoprolol Tartrate Tablet 100mg	
	Propranolol HCl Tablet 10mg	
	Amlodipine (Besylate) Tablet 5mg	(CCB)
	Amlodipine (Besylate) Tablet 10mg	
	Felodipine Extended Release Tablet 2.5mg	
	Felodipine Extended Release Tablet 5mg	
	Felodipine Extended Release Tablet 10mg	
	Dyazide (or Equiv) Tablet	(Diuretics)
	Hydrochlorothiazide Tablet 25mg	
	Indapamide Tablet 2.5mg	
	Moduretic (or Equiv) Tablet	
Supplementary to Anti-hypertensive^	Aspirin Tablet 80mg	
	Potassium Chloride SR Tablet 600mg	
	Prazosin (HCl) Tablet 1mg	
	Prazosin (HCl) Tablet 2mg	
	Terazosin HCl Tablet 2mg	
Lipid-regulating^	Atorvastatin (Calcium) Tablet 10mg	
	Atorvastatin (Calcium) Tablet 20mg	
	Gemfibrozil Capsule 300mg	
	Gemfibrozil Tablet 600mg	
	Rosuvastatin (Calcium) Tablet 10mg	
	Rosuvastatin (Calcium) Tablet 20mg	
	Simvastatin Tablet 10mg	
	Simvastatin Tablet 20mg	
Anti-diabetic^	Gliclazide Tablet 80mg	
	Metformin HCl Tablet 500mg	
	Metformin XR Tablet 500mg	

Clinical Indication	Drugs
Antibiotics	Ampicillin Capsule 500mg
	Augmentin (or Equiv) Tablet 375mg
	Ciprofloxacin (HCl) Tablet 250mg
	Clarithromycin Tablet 250mg
	Clarithromycin Tablet 500mg
	Cloxacillin (Sodium) Capsule 250mg
	Cloxacillin (Sodium) Capsule 500mg
Drugs for associated health problems	Aluminium/Magnesium Hydroxide and Simethicone Tablet
	Ammonia and Ipecacuanha Mixture*
	Chlorpheniramine Maleate Tablet 4mg
	Diclofenac Sodium Slow Release Tab 100mg
	Diclofenac Sodium Tablet 25mg
	Famotidine Tablet 20mg
	Famotidine Tablet 40mg
	Ibuprofen Tablet 200mg
	Loperamide HCl Capsule 2mg
	Loratadine Tablet 10mg
	Naproxen Tablet 250mg
	Pantoprazole (Sodium Sesquihydrate) Tablet 20mg
	Paracetamol Tablet 500mg
	Promethazine Compound Linctus*
	Senna Tablet 7.5mg
	Tramadol HCl Capsule 50mg

* 120ml/Bottle

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

Additional Tier

The provision of Specified Drugs under this tier and Co-Payment arrangements is subject to further development by the Government.