

LCQ22: Chronic Disease Co-Care Pilot Scheme

Following is a question by the Hon Stanley Ng and a written reply by the Secretary for Health, Professor Lo Chung-mau, in the Legislative Council today (June 11):

Question:

The Chronic Disease Co-Care Pilot Scheme (CDCC Pilot Scheme) was launched in November 2023, under which eligible persons are subsidised by the Government to undergo screening in the private healthcare sector and, upon diagnosis of prediabetes, diabetes mellitus (DM) or hypertension (HT), will be taken care of by their family doctors with long-term management. In this connection, will the Government inform this Council:

(1) given that both the General Outpatient Clinic Public-Private Partnership Programme and CDCC Pilot Scheme target chronic diseases and adopt a public-private partnership model, of the following information on each programme/scheme in the past two years: (i) the number of persons covered by the services, the number of participants, the participation rate and the service attendance; (ii) the number of participating private doctors and their participation rate; (iii) the amount of subsidies received by private doctors/clinics; and (iv) the proportion of the amount of subsidies to the costs of standard treatment;

(2) of the following information on private general practitioners and specialists currently participating in CDCC Pilot Scheme: (i) the number and percentage of participants; (ii) the number of services provided; and (iii) the highest, lowest and median amounts of co-payment fees charged for treatment;

(3) whether the Government has set targets for the number of private doctors participating in CDCC Pilot Scheme and their participation rate;

(4) as there are views pointing out that the Government's recommended co-payment fee of only \$150 per consultation for doctors to charge participants under CDCC Pilot Scheme does not take into full account of the professional service costs of specialists, leading to accusations of "overcharging" when specialists charge a co-payment fee more than this amount, whether the Government, in determining the co-payment level, has assessed the differences in service costs between specialists and general practitioners; if not, of the reasons for that; if so, the differences and whether it will consider explaining to members of the public the cost differences between specialists and general practitioners, so as to prevent them from simplifying the fee issue as doctors making profits and bringing pressure from public opinions to bear on doctors;

(5) as some members of the public have relayed that after undergoing tests

under CDCC Pilot Scheme, such as thyroid function tests (i.e. thyroid stimulating hormone and free thyroxine), they were found to have diseases other than DM and HT, but the scheme does not subsidise treatment for such diseases, whether the Government will consider expanding the scope of subsidised treatment under CDCC Pilot Scheme or limiting subsidies to only those tests which are directly related to DM and HT, so as to prevent the emergence of unmet medical needs; and

(6) given that an incentive mechanism has been set up under CDCC Pilot Scheme whereby, starting from the second programme year, participants who achieve health incentive targets will enjoy a reduction of co-payment fee with a maximum amount of \$150 for their first subsidised consultation in the following programme year, of the number of participants who achieved health incentive targets in the most recent programme year and their percentage in the total number of scheme participants; whether the Government has assessed the effectiveness of implementing the incentive mechanism?

Reply:

President,

In consultation with the Primary Healthcare Commission and the Hospital Authority (HA), the replies to the respective parts of the question raised by the Hon Stanley Ng are as follows:

(1), (2) and (3)

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

The HA has implemented the GOPC PPP by phases since mid-2014 to subsidise clinically stable patients with hypertension (HT) and/or diabetes mellitus (DM) (with or without hyperlipidaemia) to choose to receive follow-up consultations at General Out-patient Clinics (GOPCs), or to receive primary healthcare services from private services providers in the community, with a view to relieving the service pressure off of the public GOPCs. Patients fulfilling specified clinical criteria and programme requirements and have been attending the HA's GOPCs for at least 12 months will be invited to join voluntarily. The table below lists the number of Participating Service Providers (PSPs) and participating patients in the GOPC PPP in the past two years:

GOPC PPP	2023-24	2024-25	2025-26 (as at end-May 2025)
Number of PSPs	656	622	623
Number of patients	54 716	51 228	50 945

Patients participating in the GOPC PPP are currently required to pay the HA's GOPC fee for each consultation (i.e. \$50). Each participating patient will receive up to 10 subsidised consultations per year, including treatments for both chronic and episodic illnesses. Upon private doctor's referral, they

can also receive X-ray examinations provided by the HA, or specified laboratory tests and electrocardiography at the HA's designated private laboratories. When the HA's new fees (including the GOPC and Family Medicine Specialist Clinic (FMSC) services, will be unify under the name of Family Medicine Outpatient (FMOP) Services, at \$150 per consultation and \$5 per drug item per four-week period) come into effect on January 1, 2026, the new fees will also be applicable to GOPC PPP patients. The table below lists the consultation subsidy and quarterly drug subsidy received by each patient participating in the GOPC PPP in the past two years:

	2023-24	2024-25	Present
Consultation subsidy (Per subsidised consultation)	\$262	\$266	\$266
Drug subsidy (Per quarter)	\$123	\$125	\$125

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

The Government launched the CDCC Pilot Scheme in November 2023, providing subsidised DM and HT screening services in the private healthcare sector to Hong Kong residents aged 45 or above with no known medical history of DM or HT, so as to achieve the chronic disease management objectives of "early prevention, early identification and early treatment".

The CDCC Pilot Scheme has been well received since its launch. As at May 31, 2025, around 131 200 individuals in total have enrolled in the Scheme, and it is expected that the target of having 200 000 participants during the three-year pilot period can be achieved earlier than expected. More than 74 900 participants (i.e. about 60 per cent) have completed the screenings (Note 1), and around 31 100 of those who had completed screenings (i.e. about 40 per cent) have been diagnosed with prediabetes (Note 2), DM, HT or hyperlipidaemia. The latter patients can proceed to the treatment phase and will be subsidised by the Government to continue their treatment with self-selected Family Doctors (FDs), and subject to their health conditions, be offered prescribed medication and follow-up care at nurse clinics and allied health services.

At the same time, the Government is expanding the CDCC Pilot Scheme in phases to designated GOPCs to provide the underprivileged group (recipients of the Comprehensive Social Security Assistance Scheme, recipients of the Old Age Living Allowance aged 75 or above, or persons holding a valid medical fee waiver certificate) with preventive screening and care services for chronic diseases under the Scheme, with full or partial waiver of fees according to their eligibility. The first phase of the service was launched in seven GOPCs in March 2025 (see Annex), with plans to extend the services to have GOPCs in all 18 districts to provide relevant services by the end of this year. As at May 30, 2025, there were more than 1 000 attendances at the relevant GOPCs for screening and care services for the "three highs" (i.e. high blood pressure, high blood sugar and high cholesterol).

As at May 29, 2025, over 640 FDs (including specialists) in the private sector have participated in the CDCC Pilot Scheme, covering 859 service points. The table below lists the amount of subsidy and the participants' co-payment fee that an FD can receive per patient during the screening and treatment phases of the CDCC Pilot Scheme:

	Consultation Subsidy	Participant Co-payment Fee	Drug Subsidy (Note 3)
Screening phase	\$196 (One-off subsidy)	As determined by FD \$120 or less (One-off)	Not applicable
Treatment phase	\$166 (Per subsidised consultation)	As determined by FD Government recommendation: \$150 (Per subsidised consultation)	\$105 (Per quarter)

Note 3: Drugs prescribed must be chronic disease drugs included in the CDCC Pilot Scheme Drug List.

The range of co-payment fee in the treatment phase set by FDs is set out in the table below:

Co-payment level (Note 4)	Number of FDs	Percentage (Note 5)
\$0 – \$50	79 (Note 6)	12.3%
\$51 – \$150	377 (Note 7)	58.7%
\$151 – \$250	103	16.0%
\$251 – \$350	66	10.3%
\$351 – \$450	8	1.2%
\$451 – \$550	4	0.6%
\$551 – \$999	5 (Note 8)	0.8%

Note 4: The Government recommended consultation co-payment fee in the treatment phase is \$150 per consultation.

Note 5: Percentages may not add up to 100 per cent due to rounding.

Note 6: Three FDs set co-payment fee at \$0.

Note 7: 370 FDs set co-payment fee at \$150.

Note 8: The highest co-payment fee is \$800.

The Government will strengthen the dual-track, complementary and collaborative model of public and private primary healthcare by providing chronic disease screening and management through private sector FDs and the district health network to the public on a co-payment basis. At the same time, the Government will reposition the HA's GOPCs to provide comprehensive primary healthcare services specifically for the underprivileged group. To underscore the direction of primary healthcare development, the HA will unify

its GOPC and FMSC services under the new name of FMOP Services within this year. The Government will also adopt a primary healthcare service model to gradually integrate suitable patients under the GOPC PPP into the CDCC Pilot Scheme for continued care.

(4) The Government considered a wide range of factors when determining the subsidy amount for the CDCC Pilot Scheme, including market prices, affordability of the public, service demand and options, as well as the attractiveness of the Scheme.

The core service of the CDCC Pilot Scheme is chronic disease management, and the content of the service should not vary depending on whether the FD has specialist qualifications or not. Under the existing system, participating FDs may set their own co-payment fee based on the content of their services. The Government completed the preliminary review of the CDCC Pilot Scheme in March 2024 and has introduced a number of improvement measures based on the results of the review, including allowing participating FDs (regardless of specialists or general practitioners) to set a co-payment fee of \$120 or less in the screening phase, and to determine the consultation co-payment fee during the treatment phase on their own. The relevant fees can be adjusted once annually according to the established mechanism. The Government will reconsider the subsidy arrangement if there is a difference in the designated services provided by specialists and general practitioners under the CDCC Pilot Scheme in future.

The Government has uploaded a list of all participating FDs, along with their basic information (including practice locations and participation in other Government-subsidised primary healthcare programmes (such as the Elderly Health Care Voucher Scheme)) and their designated consultation co-payment fees during the screening phase and treatment phase onto the dedicated website for the CDCC Pilot Scheme, to allow the public to compare clearly and make informed choices. The Government encourages participants to make good use of the information on the dedicated website. Staff at District Health Centres/Expresses can also provide assistance. The Government will continue to monitor the implementation of the Scheme to ensure that the fee mechanism protects the interests of the public while reasonably reflecting the value of medical professional services, and will consider enhancing and refining the relevant mechanism as necessary.

(5) The CDCC Pilot Scheme currently focuses on the screening and management of the "three highs" (i.e. high blood pressure, high blood sugar and high cholesterol). Participants who are found to have "three highs" problems, as well as other health problems (e.g. thyroid dysfunction) or other medical conditions through the tests of the Scheme, can receive treatment for both the target chronic diseases and episodic illnesses concurrently at any of the subsidised consultations during the treatment phase. The CDCC Pilot Scheme has a basic-tier drug list covering the drugs for treating the "three highs" and for episodic illnesses (e.g. antibiotics and drugs for treating associated health problems). Under Government subsidy, participants prescribed with the drugs on the list will not be required to pay for such medication. The Government encourages participants to maintain a long-term relationship with their paired FD, who will follow up with them on their

health status, including treatment of diseases other than DM, HT and hyperlipidaemia.

The Government will regularly review the scope of primary healthcare services and the CDCC Pilot Scheme service scope based on considerations such as scientific evidence and resource utilisation, with a view to promoting multidisciplinary care and providing wider coverage and better continuity of healthcare services for Scheme participants. In the long run, the CDCC Pilot Scheme will gradually expand to cover more target diseases and health conditions. Related support services include a comprehensive network of nursing, allied health, pharmacy, laboratory, pharmaceutical and radiological diagnostics services.

(6) The CDCC Pilot Scheme has built in a doctor-patient partnership incentive mechanism with a view to encouraging FDs and participants to actively engage in the treatment process. All participants who have achieved certain health incentive targets (such as having their health indexes monitored and subsequently uploaded to the eHealth mobile application, attended follow-up consultations regularly, completed health education programmes or undergone laboratory investigations as advised) will enjoy a reduction of co-payment fee with a maximum amount of \$150 (Note 9) for their first subsidised consultation in the following participant programme year. FDs who fulfil the pre-requisite requirements (i.e. meeting a pre-defined percentage of patients who achieved targets in regulating their levels of blood sugar and blood pressure) can also receive corresponding incentive payments (Note 10).

The assessment of the incentive mechanism will start from the second participant programme year of Scheme participants upon entering the treatment phase. Since the CDCC Pilot Scheme has only been implemented for a year and a half, no Scheme participant has completed the full assessment cycle, hence the number and proportion of participants who have reached the targets are not available at this stage. The Government will analyse the effectiveness of the incentive mechanism after the first batch of participants have completed their second participant programme year.

Note 1: The CDCC Pilot Scheme screened for DM and HT in the initial phase (before March 28, 2025), and was later expanded to include blood lipid screening. Therefore, some of the participants who completed the screening were screened for DM and HT only, while the rest were screened for the "three highs".

Note 2: Prediabetes with glycated haemoglobin level of 6.0 to 6.4 per cent or fasting plasma glucose level of 6.1 to 6.9 mmol/L.

Note 9: The Government recommended consultation co-payment fee in the treatment phase.

Note 10: The calculation of incentive payment is 15 per cent of the total amount derived from the number of actual attendance of the subsidised consultations by the patients who have achieved their targets, the Government consultation subsidy and the recommended co-payment fee.