



醫院管理局

HOSPITAL  
AUTHORITY



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

9 March 2016

明報  
A06 2015-01-21

# 3區7500門診病人分流私營

多40人，但他

今已向1.8萬名高血壓病人發邀  
診，整體參與率約一成半至兩  
診的一成，下一步會  
預計整個

星島日報  
A16 2015-01-21

**門診協作計畫參加**

醫管局自半年前推出「普通科門診公私營協作計畫」，曾去信邀請萬八名慢性病人，僅二千五百多名病人回覆參加，參加率僅一成五。有參與病人認為求診更方便省時。

大公報  
A05 2015-01-21

## 公私門診協作擬

【本報訊】記者姚鍾軒報道：施政報告提出「透過「普通科」診公私營合作計劃」，由現時三區擴展至全港18區，醫院管理局服務總監張偉雄透露，管理局將在未來數年陸續完成擴展計劃，首批將選擇長及基層人士較多的地區，言之下近深水埗等區及會率先實施。計劃迄今已吸引2500多名病人參加，可超越原定6000名病人的目標，醫管局將於第三季進行中期檢討，有參與計劃的私家醫生認為，政府資助頗有上調空間，希望放寬藥物種類，並擴大社區互通系統。

醫院局去年七月推行「普通科門診公營協作計劃」，糖糖、黃大仙、屯門三區合資格病人可到私人診所覆診及斷症，並享受政府資助，每次覆診支付45元，今年限額10次，政府將給私家醫生2708元資助。今年施政報告建議，將計劃分階段擴展至餘下十五區。醫院管理局聯繫科總監張偉倫昨日透露，擴展計劃將於未來數年內陸續完成，預計省民將在基層居民及長者較多的地區推行，暗示深水埗等區將率先納入計劃。

張偉麟續指，為期兩年的試驗計劃原目標吸引6000名病人參加，運作半年已接獲2531宗申請，醫管局在三區共發出三萬封邀請信，因此估計病人參加率約15%至20%。他又稱，三區共將發出4.5萬至5萬封邀請信，預計至少可惠及約7500名病人，形勢良好，並處理理、勝於預期」。

▲李信昌希



▲李信昌希望政府放寬業務  
本報記者張婕舒攝

今已有88人，參加率達23%的醫生就有一人參與」。

**盼延伸至糖**

在去年第四季加入計  
流至此，主要是高血  
政府給私家醫生的資  
私家醫生的診症成本  
他並  
讓私  
簡化  
更為

水均舞經時就輪若輕畫百

公私醫療協作 明年擴至糖尿

【本報訊】施政報告擬將普通科公  
私營協作推至18區，醫管局於3區試行  
計劃至今半年，高血壓及高血脂患者  
參與率達1成半至2成，共88名醫生參  
與，料明年推及至糖尿病患者。

下月預算案 將撥款數億

據了解，港府將於下月財政預算撥款數億元擴展有關計劃。

醫管局去年8月於黃大仙、觀塘屯門展開先導計劃，截至本月中已2,531名高血壓、高血脂患者參與，有88名參與計劃的醫生可供選擇。

參與醫生可就每名病人獲資助多2,708元。慢性及偶發性疾病診症次，病人連藥費每次僅需付45元，人可隨時退出計劃，回流至醫管局診。

醫管局聯網服務總監張偉麟表示，計劃最初發出1.8萬封邀請信中，參與率達15至20%，較預期理想；又預明年4月前，陸續向2萬名合資格的尿病患者發信邀請，保守估計整個計劃可惠及7,500名患者。

他指，將於今年第2季作中期討，屆時會研究如何分階段推及至下15區。同時亦會就調整資助額作慮，但強調資助額按市場為準：「如至18區，到時（參加者）就可無界地（跨區）揀醫生，方便性提高。」

## 醫生稱資助不足 冀上調

普通科醫生李信昌去年底參與計劃，至今已獲醫管局轉介逾40名患者，惟認為資助額不足，冀資助額可有上調空間。

去年參與計劃的李伯伯表示，因高血壓於聖母醫院覆診10年，現每3個月到竹園南郊私家醫生覆診1次，覆診時間由以前要等1.5至2小時，縮短至現時35分鐘已看完醫生及取藥。

醫學會會長史泰祖直言，參與醫生及患者數目偏低，有醫生認為行政成本高，或因參與計劃後病人愈來愈多，因而考慮中途退出。

私家醫生睇病傾多兩句

大公報  
A05 2015-01-21

5-01-21

【大公報訊】記者張婕舒報道

：「普通科門診公院試行半年，有數名病人不慣臨私家醫生，返回公院覆診。亦有長期在聖母醫院覆診的長者轉往鄰近私家醫生後，覆診時間從近兩小時大大縮減至40分鐘，有時錯過覆診時間，診所護士會主動致電提醒並改期，令他覺得方便且安心。」

醫院管理局聯新服務中心昨日總結計劃時指，有幾個病轉往私家醫生後，仍選擇回到公醫院覆診。他認為可以理解，因部分病人可能「睇慣公院」，或「睇私家醫生唔啱心水」。

不過亦有長者歡迎計劃，竹園北邨的72歲伯伯李執勝，血壓不穩，在區內的聖母醫院十餘年，每次需用近兩小時。年九月參加計劃，改去竹園南私家診所覆診，至今已覆診三，僅需40分鐘便完成整個過程，搭車往返，而且私家醫生看病，「多嘢講啲」，相比較下，醫生就忙碌好多。

家珍，例如診所護士執藥後，醫生確認後再派給病人，感「分安全」。有時他忘記覆診，姑娘會打電話提醒，並重新問，比公院「方便好多」。



“Hospital Authority: ‘Go to GP instead’”

“資助高血壓病人”

“45元睇私家醫生”

“觀塘、黃大仙、屯門”

“私家醫生睇病傾多兩句”

“明年擴至糖尿”

“三區7500門診病人分流私營”

# Background



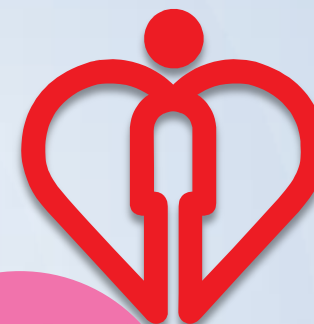
Hong Kong Population\*

**7**Mn



3 Districts Population\*

**1.5**Mn



**43%**

Patients have  
Diabetes Mellitus /  
Hypertension#

HA GOPC Attendance in 14/15^

**5.9**Mn

\* 2011 Population Census, Census & Statistics Department.

^ Hospital Authority Annual Report 2014-2015, Hospital Authority

# Hospital Authority Strategic Plan 2012-2017, Hospital Authority

# Programme Components



Subsidy



Enhanced  
IT Support



Improved  
Drug logistics and  
management



Strong  
Cluster Support

# Patients & Service Providers



## Target Patients

### General Outpatient Clinic (GOPC) Patients

- Hypertension  $\pm$  Hyperlipidemia
- Incl. Diabetes Mellitus later
- Clinically stable
- Having started to receive care at HA GOPCs for at least 12 months by the time they start service under GOPC PPP



## Service Providers

### Private Medical Practitioners (PMP)

- Registered Doctors under the Medical Council of Hong Kong (MCHK)
- Practising in pilot districts
- Service hours requirement  
(At least 5 days per week for 3 hours per day)#

# Service Package



- Doctor Consultation
  - Up to 10 consultations per year
  - Covering chronic and acute care
  - At least one chronic consultation every 12 weeks\*

# Service Package



- Drugs
  - List of Specified Drugs incl. anti-hypertensive drugs, lipid-regulating drugs, anti-diabetic drugs and antibiotics
  - PMP may use own drugs or purchase Specified Drugs from the HA's drug suppliers at specified prices, with quantity tiering and capping as appropriate



# Service Package

- Specified investigation

- PMPs can request via IT platform
- Patients can have tests at HA clinics
- Results/ reports auto-sent to requesting PMPs for necessary follow-ups



# IT Support



- Crucial for continuity of care
- Patients + PMPs need to join eHRSS upon its launch
- Convenient IT platform
  - Clinical documentation
  - Payment arrangements

# Programme Fee



- Patients to pay same fee as for HA GOPC
- CSSA and/or waiver patients enjoy the same fee waiving arrangements as in HA
- HA to pay PMPs the balance or any amount being waived
- Electronic reimbursement to PMPs

# Programme Fee

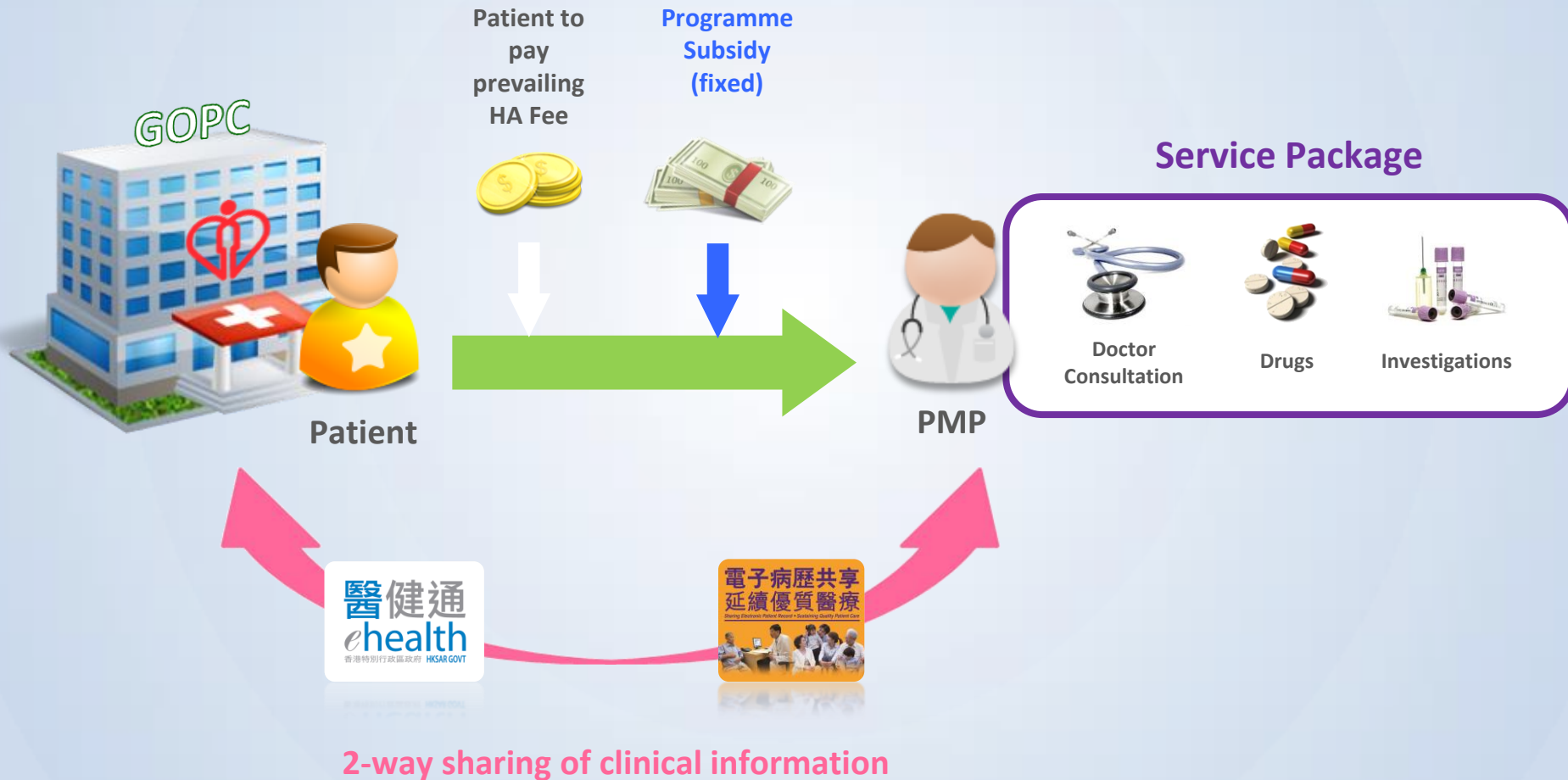


- Remarks
  - Per mutual agreement, patients may receive further services and treatment provided by PMPs at their own expenses outside the Programme
  - Those aged  $\geq 70$  can pay for non-Programme services by Health Care Vouchers\*, as appropriate

\* Elders aged 70 or above are eligible to receive Health Care Voucher. Annual voucher amount has been increased to \$2,000 since 2014 and the accumulation limit of unspent Health Care Voucher is \$4,000. The face value of each voucher has been changed from \$50 to \$1 with effect from 1 July 2014.



# Patient Journey



# Sharing of Clinical Data



- Under the GOPC PPP, a designated IT Platform is currently built under the PPI-ePR to facilitate the clinical info transferring and sharing between public and private sectors
- The PPI-ePR will cease operation some time after the launch of the eHRSS on 13 Mar 2016

# Registration to eHRSS



- After the launch of the eHRSS on 13 Mar 2016, all new private doctors and patients are required to join the eHRSS if they would like to join GOPC PPP
- After enrolment in eHRSS, GOPC PPP private doctors will be able to take care of future project patients who have joined eHRSS and have given the relevant sharing consent

▶ Enroll in eHRSS as soon as possible

# Registration to eHRSS

Call **3467-6230**



OR

Email [ehr@ehealth.gov.hk](mailto:ehr@ehealth.gov.hk)



*for further info' / assistance*



# Implementation Progress

- PMPs
- Patients
- Other Salient Updates

# PMPs



Invitation started in March 2014

Application is welcome at any time

**92** Participating PMPs (as at end-Feb 2016)

- Kwun Tong: 39\*
- Wong Tai Sin: 19\*
- Tuen Mun: 35

# PMPs

Tuen Mun

**35** PMPs

Wong Tai Sin

**19** PMPs

Kwun Tong

**39** PMPs

# PMPs





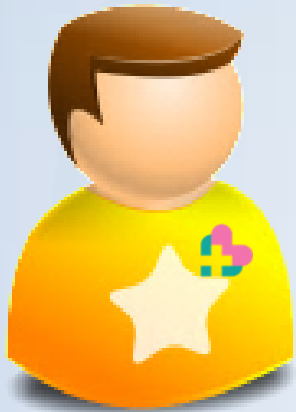
# PMPs



- Private Medical Practitioners may provide non-Programme services to patients upon mutual agreement. The charges incurred by such services can be settled by Health Care Voucher.
- Starting from 2014, the annual voucher amount is \$2,000, with a maximum accumulation limit of \$4,000

**Maximum subsidy = \$2,872 + \$2,000 = \$4,872**  
(Adjusted Service Fee) (Health Care Voucher Payment)

# Patients



Invitation started in July 2014

**6,914** Participating Patients (as at end-Feb 2016)

- Kwun Tong: 2,730
- Wong Tai Sin: 1,777
- Tuen Mun: 2,407

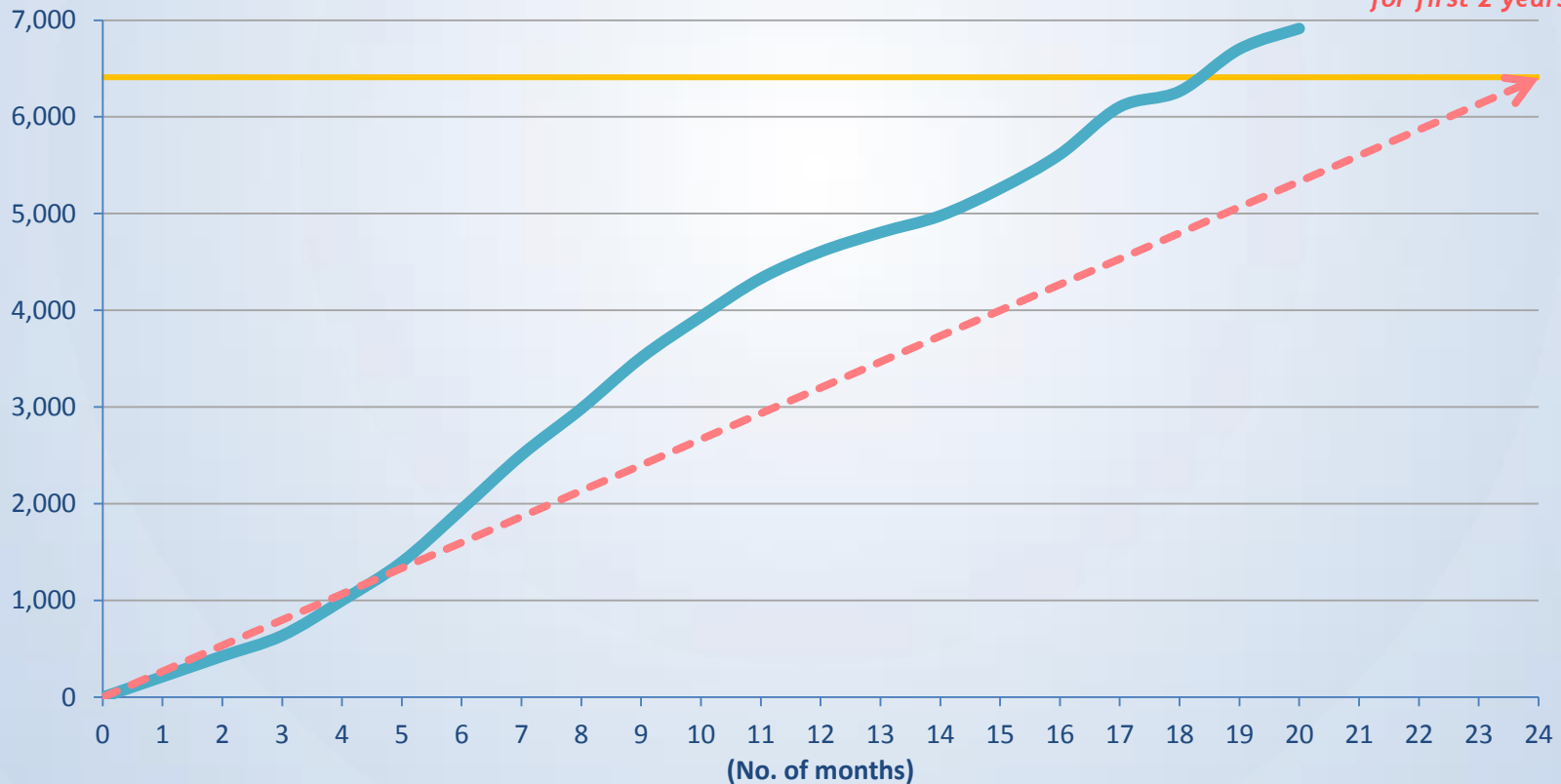
# Patients

## Encouraging response



(No. of participating patients)

Planned Provisions  
= 6,400 patients  
for first 2 years



# Other Salient Updates

- Adjustment of Service Fee to PMPs
  - To review Fee for necessary adjustment upon completion of each “Operation Cycle<sup>^</sup>”
  - Participating patients remain to pay the HA GOPC Fee<sup>\*</sup>
  - Adjustment per  $\Delta$ CCPI(Medical Services)<sup>+</sup>
  - Service Fee for PMPs from \$2,708 to \$2,872 (+6.1%)<sup>#</sup> with effect from 1 July 2015
  - \$235 → **\$250**/consultation ; \$89.5 → **\$93** for drugs/Quarter
- Involving DM patients shortly (~1H2016)

<sup>^</sup> Annual “Operation Cycle” being 1 July – 30 June

<sup>\*</sup> As per Gazette (currently \$45)

<sup>+</sup> Composite Consumer Price Index (CCPI), Census and Statistics Department, HKSAR Government

<sup>#</sup> Changes counted from August 2013 when HA-commissioned independent agency completed the fee survey on service providers, till June 2015



# Interim Review

- The HA is undertaking an interim review on the Programme
  1. To advise on **necessary enhancements** per experience from the Initial Pilot
    - Arrangement for provision of Programme Drugs
    - Information Technology (IT) platform
    - Operation matters
    - Stakeholders' communication platform
  2. To advise on and guide future **roll-out plan**

# Roll-out Plan

(extend to remaining 15 districts in 3 years)

District	2014*	2015*	2016*	2017*	2018*
Central and Western				✓	
Eastern			✓		
Southern			✓		
Wan Chai			✓		
Kowloon City			✓		
Kwun Tong	✓				
Sham Shui Po			✓		
Yau Tsim Mong					✓
Wong Tai Sin	✓				
Islands				✓	
Kwai Tsing			✓		
North					✓
Sai Kung			✓		
Sha Tin			✓		
Tai Po				✓	
Tsuen Wan				✓	
Tuen Mun	✓				
Yuen Long			✓		

# Roll-out Plan (2016/17)



# Roll-out Plan (2017/18)



# Roll-out Plan (2018/19)





**Thank you**