

Health Bureau responses to chronic disease care services provided for socially disadvantaged groups and Chronic Disease Co-Care Pilot Scheme

Regarding a media report on the Chronic Disease Co-Care Pilot Scheme (CDCC Scheme) published today (July 17), the Health Bureau (HHB) reiterated that the CDCC Scheme targets citizens aged 45 or above who are not aware of having hypertension, diabetes mellitus or related symptoms. By providing subsidy to cover part of the costs as an incentive, the Government aims to encourage citizens to receive early screening in order to get better understanding of their own health status, so as to achieve the objectives of preventing diseases before occurrence, and managing diseases at an early stage.

The HHB is concerned about the media report that an elderly person who was hospitalised twice for high blood pressure but had not continued her medical treatment and follow-up consultation at a General Out-patient Clinic (GOPC). As the patient already had a medical history of hypertension and had received appropriate treatment during her two stays in hospitals, she would not be a target participant of the screening service provided under the CDCC Scheme. The media concerned did not consult the HHB about this case beforehand. By the sketchy information provided in the report, the HHB is unable to verify the information and extend assistance to this particular elderly person so that she can receive proper medical follow-up as early as possible. The media report may be misleading and may give rise to public misunderstanding about chronic disease treatment and the CDCC Scheme.

The CDCC Scheme is the first significant project launched under the Primary Healthcare Blueprint, with a view to preventing worsening of chronic disease and occurrence of complication through early identification and early treatment. It concerns the wellbeing of the general public and the sustainability of the healthcare system. The HHB strives to explain the CDCC Scheme to stakeholders and members of the public, and listen to the views of all parties. At the same time, the Government expects that the media would actively disseminate correct messages and reflect views accurately by adhering to the principles of meticulousness, accuracy and impartiality when reporting on subjects of close relevance to the health of the members of the public.

All Hong Kong residents aged 45 or above can join the CDCC Scheme. To encourage citizens to take up primary responsibility for managing their own health, the CDCC Scheme adopts a Government-participant co-payment model. Apart from the Government's subsidies, participating citizens are also required to bear partial costs as a way to shoulder the responsibility for their own health. The tentative levels of the Government's subsidies and participants' co-payments are stated at Annex.

The HHB reiterated that the public healthcare system would continue to be the basic safety net for grassroots, in particular the socially disadvantaged groups. Persons with financial difficulties (including recipients of Comprehensive Social Security Assistance and Old Age Living Allowance) will continue to enjoy the protection of the safety net under the public healthcare system comprising services provided by parties such as the Hospital Authority (HA) and the Department of Health. The introduction of the CDCC Scheme will not affect the appropriate healthcare services provided for the grassroots citizens under the public healthcare system.

Enhancing primary healthcare services will help alleviate the pressure on the secondary and tertiary healthcare services in the long run. In fact, a crucial factor leading to the growing pressure on public healthcare services is the imbalance between primary healthcare services and the secondary and tertiary healthcare services. Cross-specialties collaboration and public-private partnership have yet to attain their desired level of efficiency while quite a number of non-urgent cases of relative stable condition have not been effectively triaged back to primary healthcare or family doctors for more efficient, suitable and effective follow-up.

While introducing the CDCC Scheme, the Government will gradually reposition the service of HA's GOPCs with a view to optimising the use of public resources. According to the recommendations set out in the Primary Healthcare Blueprint, the HA's GOPCs should prioritise to serve the socially disadvantaged groups, in particular low-income families and poor elderly. Through the CDCC Scheme, citizens with better financial capability can be triaged to family doctors in the private healthcare sector for health management, thereby alleviating the pressure on the public healthcare system and sparing its capacity to better serve citizens with financial needs. This will include exploring the inclusion of appropriate chronic disease screening and management services to the priority groups of socially disadvantaged groups in accordance with the clinical protocol and pathway of the CDCC Scheme after the repositioning of GOPC service.