PUBLIC-PRIVATE PARTNERSHIP THE PAST, PRESENT & FUTURE

公私營合作計劃 - 回顧與前瞻

DR. YIP YUK PANG, KENNETH

VICE CHAIRMAN, HK EAST COMMUNITY NETWORK

HONG KONG MEDICAL ASSOCIATION

香港醫學會 東區社區網絡副主席

葉玉鵬醫生

PUBLIC-PRIVATE PARTNERSHIP THE PAST, PRESENT & FUTURE

- 1. HISTORY OF P.P.P.
- 2. VACCINATION PPP WITH DH
- 3. HEALTH CARE VOUCHERS WITH DH
- 4. GOPC PPP WITH HA
- 5. CA COLON SCREENING WITH DH
- 6. THE FUTURE

- HA WAS ESTABLISHED ON 1 DECEMBER 1990.

- IN THE YEAR 2011, HA PROVIDES

  SOME 7 MILLION PATIENT-DAYS FOR IN-PATIENTS,

  SOME 12 MILLION ATTENDANCES FOR OUT-PATIENTS.

  THE RESULT: LONG WAITING TIME IN HA HOSPITALS, INSTITUTIONS AND CLINICS.

- IN HIS 2008-09 POLICY ADDRESS, THE CHIEF EXECUTIVE OF THE HONG KONG SAR ANNOUNCED THAT A SERIES OF PILOT MEASURES WOULD BE IMPLEMENTED TO PROMOTE PPP IN HEALTHCARE.

1. IN 2006, THE HA LAUNCHED **PPI-EPR** (THE PUBLIC-PRIVATE INTERFACE — ELECTRONIC PATIENT RECORD SHARING PILOT PROJECT).

THE PPI-EPR ALLOWS AUTHORISED USERS IN THE PRIVATE SECTOR (E.G. PRIVATE HOSPITALS, MEDICAL PRACTITIONERS AND RESIDENTIAL CARE HOMES FOR THE ELDERLY) TO VIEW PATIENTS' MEDICAL RECORDS KEPT AT THE HA UPON THE PATIENTS' CONSENT;

2. PPP PROGRAMMES STARTED FROM 2008

THE HA INVITED HEALTHCARE PROVIDERS IN THE PRIVATE SECTOR (INCLUDING NON-GOVERNMENTAL ORGANISATIONS — NGOS) AND TARGET PATIENTS TO JOIN THE PROGRAMMES ON A VOLUNTARY BASIS. AS AT DECEMBER 2011, FIVE PILOT PROGRAMMES HAD BEEN LAUNCHED.

- **PPP WITH HA**
- **IN 2008:**

1 CATARACT SURGERIES PROGRAMME:

2 GENERAL OUT-PATIENT CLINIC PPP PROGRAMME IN TIN SHUI WAI.

BUT FURTHER EXTENSION OF THE PROGRAMME OUTSIDE TIN SHUI WAI HAD BEEN PUT ON HOLD.

- **IN 2010:**

1 SHARED CARE PROGRAMME.

IT ENHANCES SUPPORT FOR CHRONIC DISEASE PATIENTS WITH A VIEW TO REDUCING COMPLICATIONS AND THE NEED FOR HOSPITALISATION; IT WAS NOTED THAT THE SHARED CARE PROGRAMME, WHICH HAD THE PATIENT FEES SET AT THE MARKET LEVEL WITHOUT A CEILING, HAD A VERY LOW (6%) PATIENT TAKE-UP RATE.

2 HAEMODIALYSIS PPP PROGRAMME

3 PATIENT EMPOWERMENT PROGRAMME.

IT HELPS IMPROVE CHRONIC DISEASE PATIENTS' KNOWLEDGE ON THE DISEASE AND THEIR SELF-MANAGEMENT SKILLS. OF THE 35 NGOS INVITED, ONLY 4 (11%) SUBMITTED TENDERS

Posters for PPP programmes

Source: HA records

VACCINATION PPP WITH DH

- PROGRAMS INCLUDE INFLUENZA AND PNEUMOCOCCAL VACCINES
- EIVSS: ELDERLY INFLUENZA VACCINATION SUBSIDY SCHEME FOR 65 Y.O. OR ABOVE
- CIVSS: CHILDREN INFLUENZA VACCINATION SUBSIDY SCHEME FOR 6MTHS TO 6 Y.O.
- AS OF 2015-16, GOVERNMENT SUBSIDISE $160 PER PATIENT AND CO-PAYMENT ALLOWED WITH NO LIMIT

RESULTS OF SURVEYS ON *ELDERLY HEALTH CARE VOUCHER SCHEME* WITH DH

*長者醫療券計劃*意見調查結果

DR. CHAN YEE SHING, ALVIN

THE HKMA VICE-PRESIDENT
CHAIRMAN, THE HKMA TASK FORCE ON VACCINATION PPI

陳以誠醫生

香港醫學會副會長
促進防疫注射服務公私營融合專責委員會主席

THE HONG KONG MEDICAL ASSOCIATION, 22JUNE 2015

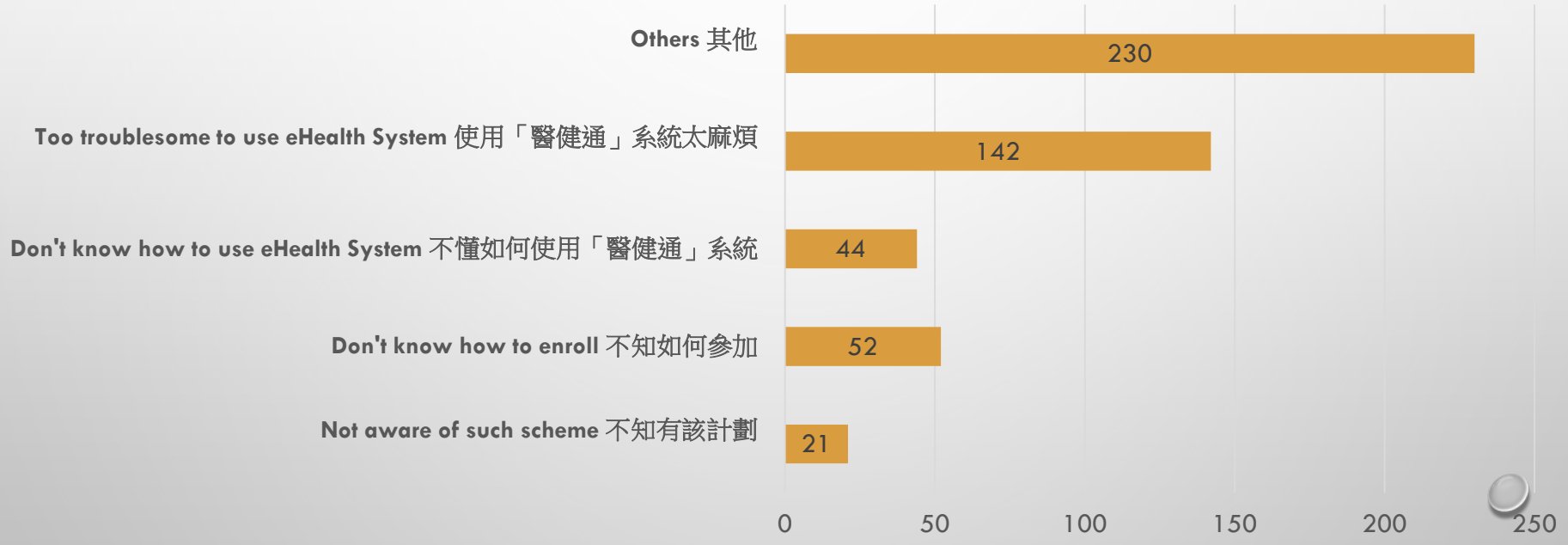
香港醫學會，**2015年6月22日**

DOCTORS' SURVEY

- SO FAR, ONLY SOME 1,700 DOCTORS ENROLLED IN THE EHCVS. HOPE TO SOLICIT MEMBERS' VIEWS ON THE SCHEME

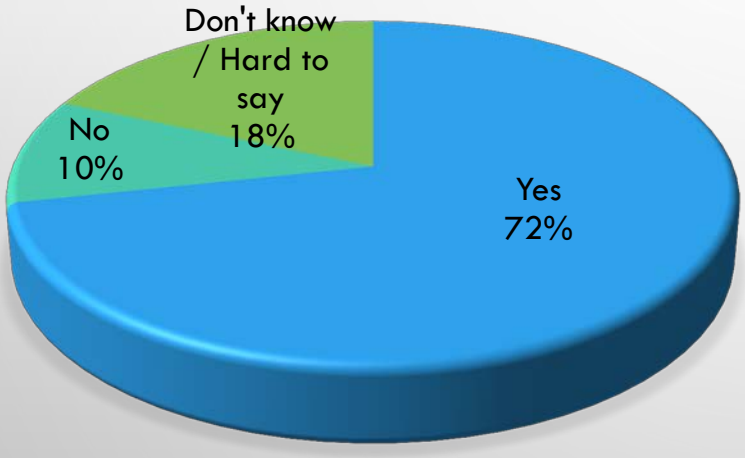
Doctors' Survey 醫生問卷

474 respondents answered "No" were allowed to provide multiple reasons, giving a total frequency of 489.
回答 "沒有參與"的474人共提供了489個以下原因 (可選多項)。

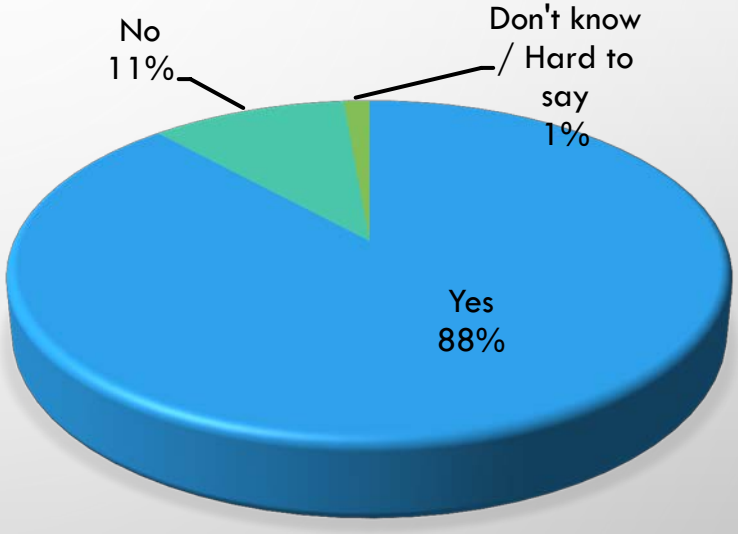


Public's Survey 市民電話訪問

- Do you think the Government should lower the minimum age requirement of the scheme from 70 to 65? [One answer only]
- 你認為政府應否將合資格使用醫療券的年齡由70歲下調至65歲？[只選一項]



Senior Citizens 長者



Caregivers 照顧者

For Senior Citizens only
只供長者回答

Public's Survey 市民電話訪問

188 answered "Not sufficient" and 133 of which thought the annual voucher amount should be increased to:
188人回答 "不足夠"，當中133人認為醫療券每年金額應增加至以下數額:

Amount	Frequency	Percentage
$2,200	1	0.7%
$2,500	11	8.0%
$3,000	75	56.2%
$3,500	5	3.9%
$3,800	1	0.8%
$4,000	26	19.5%
$4,500	1	1.1%
$5,000	8	6.1%
$6,000	3	1.9%
$7,000	1	0.8%
$8,000	1	0.7%
$40,000	1	0.4%

Mean* = $3,400

** Excluded outlier "$40,000"*

- **PPP WITH HA**
- **IN 2008:**

1 CATARACT SURGERIES PROGRAMME:

2 GENERAL OUT-PATIENT CLINIC PPP PROGRAMME IN TIN SHUI WAI.

BUT FURTHER EXTENSION OF THE PROGRAMME OUTSIDE TIN SHUI WAI HAD BEEN PUT ON HOLD.

- **IN 2010:**

1 SHARED CARE PROGRAMME.

IT ENHANCES SUPPORT FOR CHRONIC DISEASE PATIENTS WITH A VIEW TO REDUCING COMPLICATIONS AND THE NEED FOR HOSPITALISATION; IT WAS NOTED THAT THE SHARED CARE PROGRAMME, WHICH HAD THE PATIENT FEES SET AT THE MARKET LEVEL WITHOUT A CEILING, HAD A VERY LOW (6%) PATIENT TAKE-UP RATE.

2 HAEMODIALYSIS PPP PROGRAMME

3 PATIENT EMPOWERMENT PROGRAMME.

IT HELPS IMPROVE CHRONIC DISEASE PATIENTS' KNOWLEDGE ON THE DISEASE AND THEIR SELF-MANAGEMENT SKILLS. OF THE 35 NGOS INVITED, ONLY 4 (11%) SUBMITTED TENDERS

GENERAL OUTPATIENT CLINIC PPP WITH HA

General Outpatient Clinic Public Private Partnership Programme (GOPC PPP)

In the 2014 Policy Agenda, the Chief Executive of the HKSAR Governmentannounced the plan to enhance the provision of health services by launching the General Outpatient Clinic Public-Private Partnership Programme (GOPC PPP).

The Programme aims to help the HA manage demand for general Outpatient service, enhance patient access to primary care services, provide choice to patients for receiving primary care services from the private sector,

Initially, clinically stable patients having hypertension with or without hyperlipidemia, and later diabetes patients, currently taken care of by HA general outpatient clinics (GOPC) will be invited for voluntary participation. The Programme will initially be piloted in Kwun Tong, Wong Tai Sin and Tuen Mun. All private doctors practising in these three districts will be welcomed to participate in this Programme.

Each participating patient will receive up to 10 subsidised visits per year, including medical consultations covering both chronic and acute care; drugs for treating their chronic conditions and episodic illnesses to be received directly from private doctors at their clinics; and investigation services provided by HA.

Under the Programme, participating patients only need to pay the HA GOPC fee of $45 (as per Gazette) for each consultation. Those who are recipients of Comprehensive Social Security Assistance (CSSA) will enjoy the same fee waiver arrangements as for the HA's services.

For service provision, participating private doctors may receive a **maximum** total payment of $2,872 per year (on a reimbursement basis), covering a maximum of 10 consultations, including the HA GOPC fee of $45 to be paid by the patients to the private doctors direct after each consultation. For CSSA and waiver patients, the HA will bear the GOPC fee.

PATIENTS

Invitation started in July 2014

6,702 Participating Patients (as at 31 Jan 2016)

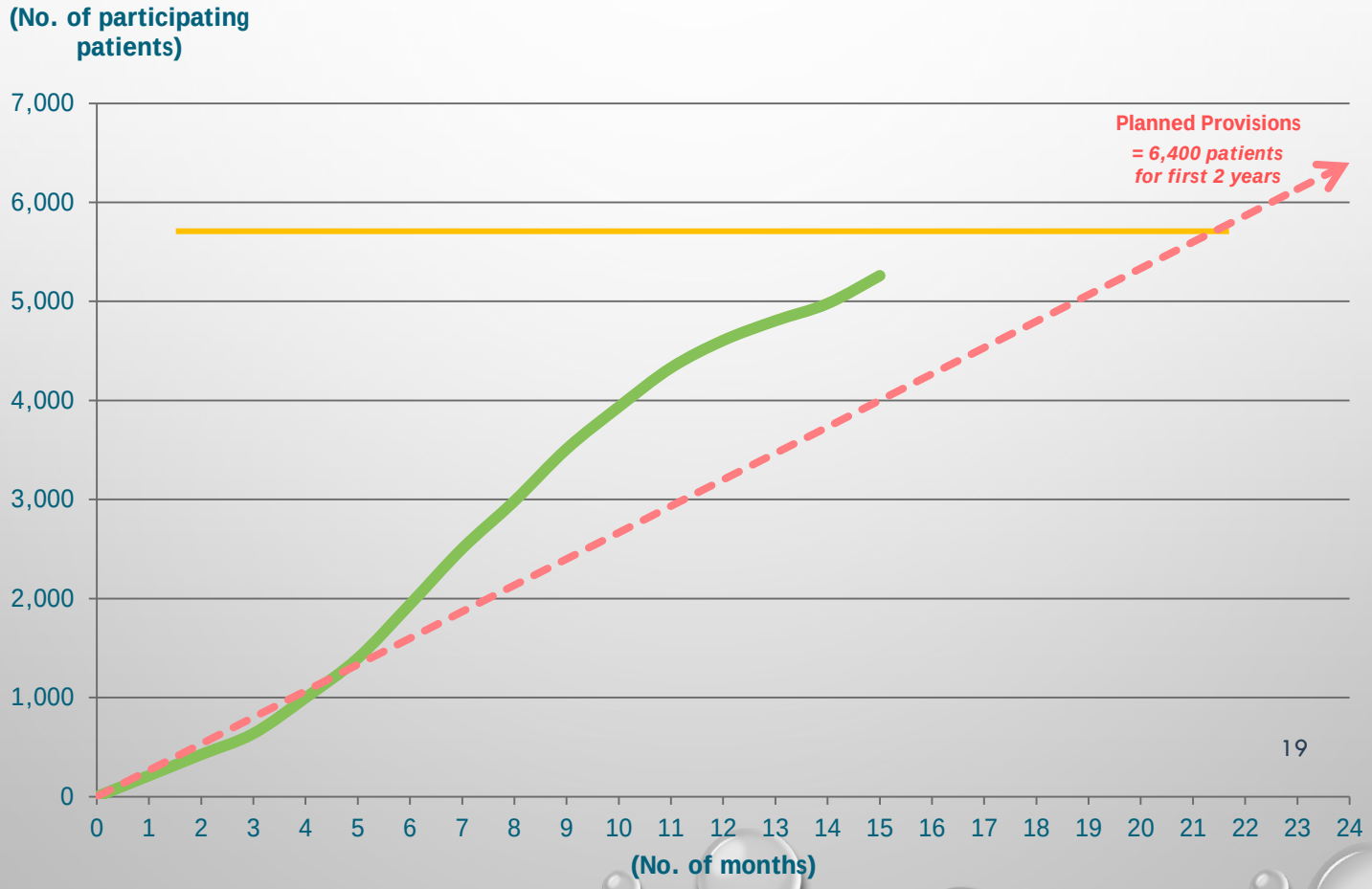
- Kwun Tong: 2,641
- Wong Tai Sin: 1,734
- Tuen Mun: 2,327

27,986 consultations received

(from launch to 31 Jan 2016)

PATIENT INVITATION & ENROLMENT

- Encouraging response



PRIVATE MEDICAL PRACTITIONERS (PMP)

- PMP Invitation started in March 2014
- Enrolment remains open. Interested PMPs are welcome to apply for joining at any time
- Enrolment status (as at 31-1-2016)

Districts	Principal Doctor
Kwun Tong	35 (490)
Wong Tai Sin	19 (270)
Tuen Mun	39 (470)
Total	**91 (1160)**

ROLL-OUT PLAN

(EXTEND TO REMAINING 15 DISTRICTS BY 2018/19)

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			✓		

* Financial year

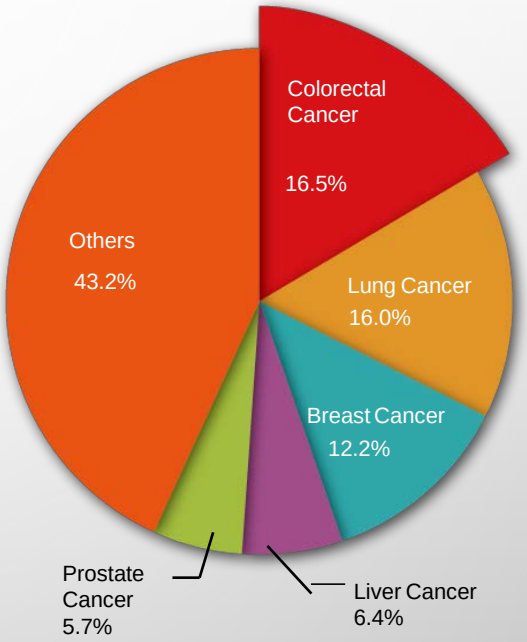
Colorectal Cancer Screening Pilot Programme with DH

A 3-year pilot programme starting from 9/2016

Situation in Hong Kong (1)

- Colorectal Cancer (CRC) is Hong Kong's most common cancer
- About one in seven cancer deaths was due to CRC
- It caused the second largest number of cancer deaths, coming only after lung cancer

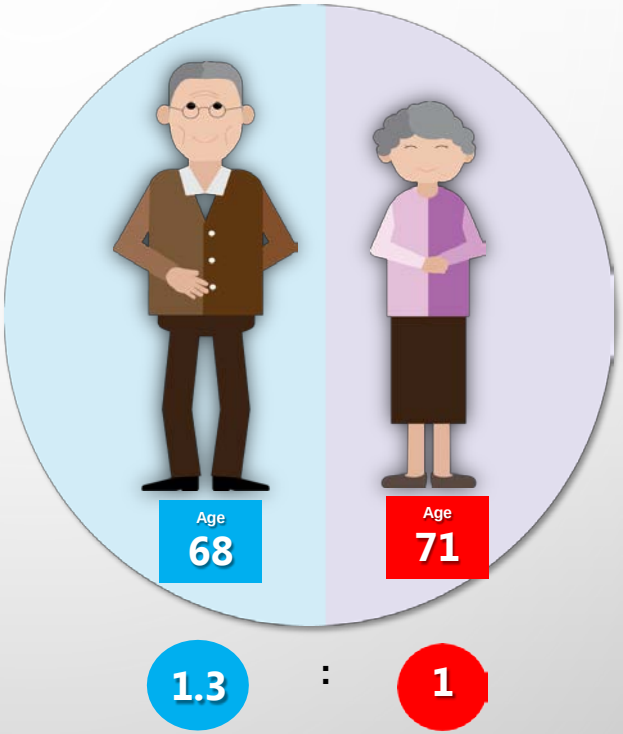
Common Cancers in Hong Kong in 2013



Source:	Hong Kong Cancer Registry, Hospital Authority

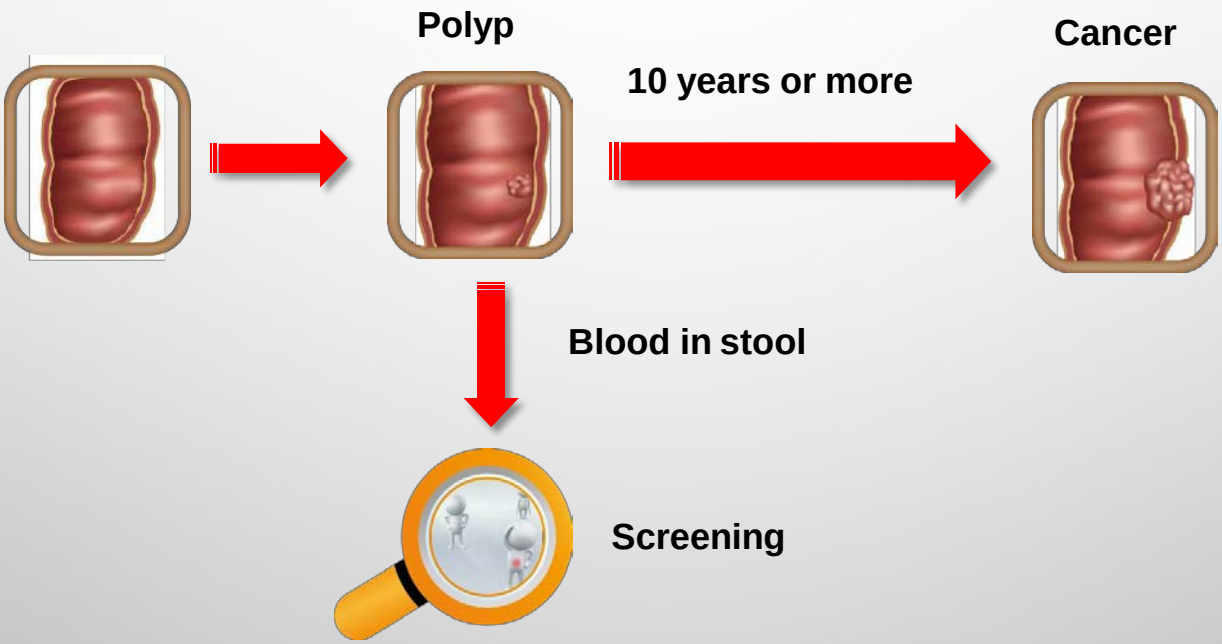
Situation in Hong Kong (3)

- Occurrence of CRC is common in individuals aged 50 or above
- The older one gets, the higher the chance of having CRC
- As population ages, increasing numbers of CRC and its burden are expected



Colorectal Cancer

- Early detection leads to better treatment outcome



Participants Invited for the **Pilot Programme**

- To offer colorectal cancer screening to individuals aged 61-70 at the time of programme launch by 3 phases

- Phase 1:
  - Individuals aged 68-70
- Phase 2
  - Individuals aged 65-70
- Phase 3
  - Individuals aged 61-70
  - Repeat testing for previous FIT negative individuals

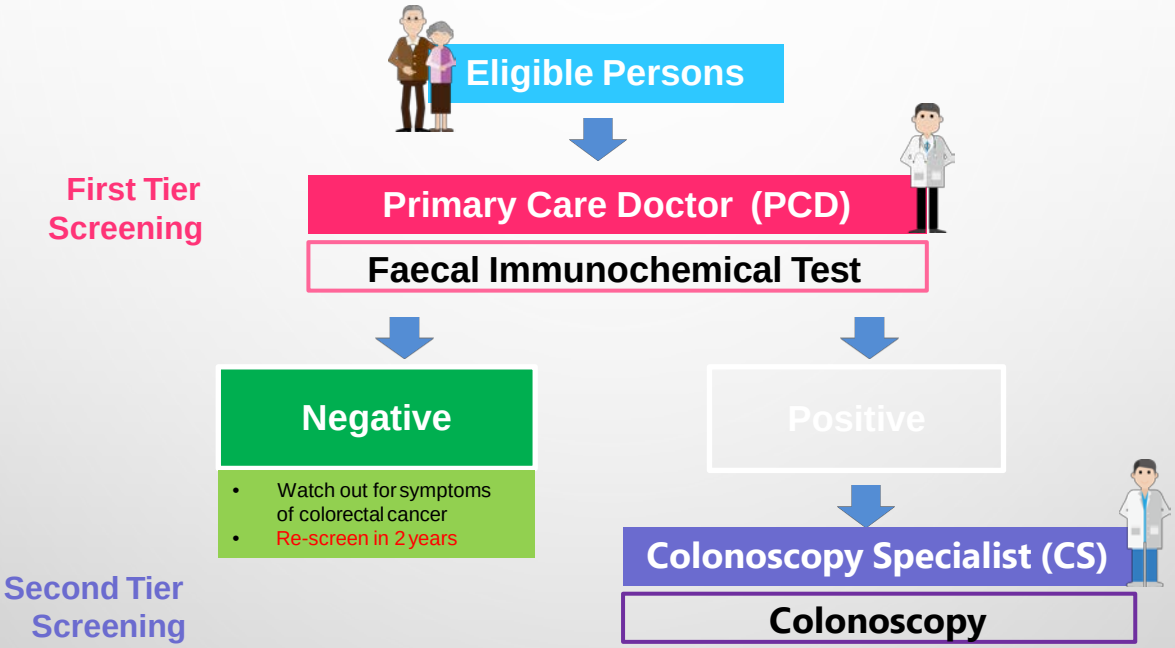
Age at the time of programme launch	Phase 1	Phase 2	Phase 3
61 (1955)			
62(1954)			
63(1953)			
64(1952)			
65(1951)			
66(1950)			
67(1949)			
68(1948)			
69(1947)			
70(1946)			

Eligible age group

Eligible participants who have not enrolled in previous year can also enrol in subsequent years

Repeat testing for previous FIT negative individuals

Two-tier Screening Approach



Government Fixed Amount Subsidy (FIT Screening Service)

Participant's screening round	Participant's FIT result	Subsidy for		
		Processing enrolment ($76)	First Consultation ($280)	Second Consultation ($280)
First round	Negative	✓	✓	
	Positive	✓	✓	✓
Subsequent round	Negative		✓	
	Positive		✓	✓

- Participant's Pack (with 2 FIT tubes), FIT specimen collection and transport, laboratory service and delivery of lab report will be covered by DH through a commissioned laboratory

Co-payment

- Fees charged to the participant by the PCD for the subsidised scope of services on top of the Government subsidy

- PCD can charge the participant:
  - A co-payment fee for the First Consultation
  - The same co-payment fee for the Second Consultation if the FIT result of the participant is positive

- Encourages ZERO co-payment to promote participation by the less well-off members of society

PUBLIC-PRIVATE PARTNERSHIP THE PAST, PRESENT & FUTURE

- 1. HISTORY OF P.P.P.
- 2. VACCINATION PPI WITH DH
- 3. HEALTH CARE VOUCHERS WITH DH
- 4. GOPC PPP WITH HA
- 5. CA COLON SCREENING WITH DH
- 6. THE FUTURE

THE FUTURE

- POTENTIAL MEDICAL PROBLEMS FOR PPP:

1. DEMENTIA, MOOD DISORDERS;
2. OSTEOPOROSIS, FALL PREVENTION;
3. BPH
4. HEPATITIS B CARRIER
5. MANY OTHERS

THE FUTURE

- MODE OF COOPERATION FOR PPP:

1. THE PRESENT MODE IS DESIGNED FROM TOP TO BOTTOM: DICTATED BY HEAD-QUARTERS OF DH OR HA
2. TO GAIN WIDER ACCEPTANCE AND BE SUSTAINABLE, WE NEED TO TAKE INTO CONSIDERATIONS OF THE OTHER STAKE-HOLDERS: PATIENTS & PRIVATE MEDICAL PRACTITIONERS
3. PATIENTS' WISHES: WIDER CHOICES OF DOCTORS, MINIMUM CO-PAYMENT, LOWER ENTRANCE REQUIREMENT FOR PPP
4. PMPS' WISHES: REMUNERATIONS CLOSE TO MARKET VALUE, SIMPLER LOGISTICS, AND MORE STRAIGHT FORWARD AND LESS TIME CONSUMING I.T. REQUIREMENTS

1 Vaccination PPP with DH

The uptake rate for the influenza vaccine is less than 10% of the total population in HK. This is insufficient to prevent out-breaks in the community and is also much lower than other neighbouring countries. 1700 PMP joined the programme (around 10% of potential PMP)

Wider coverage, higher subsidy (less co-payment)

Changes in 2016-17: covers up to 12 y.o. and includes pregnant women and handicapped; subsidise $190/pt.

2. Health Care Vouchers with DH

Only 1700 doctors participated Wider coverage, difficulties with IT Platform (PPI-EPR and eHR SS)

3. CA Colon Screening with DH

Co-payment allowed; To be implemented in 9/2016

4. General Out-patient Clinic PPP Programme in Tin Shui Wai with HA (2008)

10 PMP and 1500 patients participated; aborted

5. DM Shared Care Programme with HA (2010)

Flexible co-payment allowed, 63 PMP joined; aborted after 3 years

6. GOPC PPP with HA

Fixed amount of reimbursement.

Already implemented in 3 districts and will be rolled out to all 18 districts in coming 3 years.

28 000 consultations in first 18 months (20 000 in a year); 6700 patients and 91 PMP participated

HKMA has 1160 members in these 3 districts (10%)

HA has 12 million out-patient attendances in 2011 (1%)

ACKNOWLEDGEMENT

1. DEPARTMENT OF HEALTH
2. CENTRE FOR HEALTH PROTECTION
3. HKMA
4. DR DOUGLAS CHAN

Thank You

BACK-UP SLIDES

Hospital Authority's PPP programmes (December 2011)

Programme (Commencement date)	Service objective	Salient feature
Cataract Surgeries (February 2008)	To provide additional cataract surgeries to meet growing service demand	(a) target group is cataract patients; (b) each participating patient is entitled to a subsidy of $5,000 per person for receiving cataract surgery (for one eye) from a participating ophthalmologist in the private sector; and (c) the fee charged by the ophthalmologist should not exceed $13,000 per patient, i.e. the patient's co-payment should not exceed $8,000 ($13,000 minus $5,000 subsidy).
General Out-patient Clinic PPP in Tin Shui Wai (June 2008)	To expand general out-patient clinic services in districts with increasing demand, and promote the family-doctor concept in the community	(a) target group is chronic disease patients receiving treatments at HA general out-patient clinics; (b) the HA purchases primary care services from participating medical practitioners in the private sector; and (c) instead of attending HA clinics, each participating patient receives a maximum of 10 consultations per year from the participating medical practitioners, at the same fees charged by the clinics.
Shared Care (March 2010)	To enhance support for chronic disease patients with a view to reducing complications and the need for hospitalisation	(a) target group is chronic disease patients who received/are receiving treatments at HA specialist out-patient clinics; (b) the HA pays each participating patient a maximum subsidy of $1,400 a year; and (c) instead of attending HA clinics, the patient selects a participating medical practitioner in the private sector to follow up his health conditions at market fees.

Programme (Commencement date)	Service objective	Salient feature
Haemodialysis PPP (March 2010)	To enhance haemodialysis service and meet growing service demand	(a) target group is end-stage renal failure patients receiving haemodialysis in HA hospitals; (b) participating patients receive haemodialysis treatment in community medical organisations, instead of in HA hospitals, at the same fees charged by the HA; and (c) the HA continues to provide follow-up consultations, medication and regular examination services.
Patient Empowerment (March 2010)	To improve chronic disease patients' knowledge on the disease and their self-management skills	(a) target group is chronic disease patients who are under regular follow-up at HA clinics; (b) the HA develops teaching materials for common chronic diseases, and procures the services of NGOs to deliver training (empowerment sessions); and (c) participating patients pay a nominal fee (e.g. $10) to the NGOs for attending the sessions.

Healthcare providers of PPP programmes (December 2011)

Programme	Healthcare provider	Number of participating healthcare providers
Cataract Surgeries	Private medical practitioners	101
Shared Care		63
General Out-patient Clinic PPP		10
Haemodialysis PPP	Community medical organizations	5
Patient Empowerment	NGOs	4
	Total	**183**

The review found that the proportions of healthcare providers taking up the HA's invitations were 11%, 15% and 29% in the three exercises (Patient Empowerment Programme, the Shared Care Programme and the Haemodialysis PPP Programme respectively.)

Low take-up rates of healthcare providers were not conducive to enriching patients' choices of services. To some healthcare providers, the PPP programme appeared to be unattractive.

香港醫學會建議

- 香港醫學會呼籲所有市民趁今年冬季流感高峰期來臨前，儘早接種流感疫苗，以保障個人健康
- 香港醫學會認為政府應該提供接種流感疫苗的資助予所有高危群組，不應只空談建議而缺乏資助
- 由於四價疫苗成本上漲，因此香港醫學會建議現有資助金額應增加至250元
- 而一些在日常工作上經常接觸大量群眾的行業，例如：香港警隊、消防員、教師、銷售人員等，在流感高峰期時會增加患上流感的風險，醫學會建議這些行業的人士接種流感疫苗，有效地預防流感病毒襲擊

CONCLUSION 總結

◆香港醫學會向政府作出以下建議：

1. 降低「長者醫療券計劃」合資格人士年齡至65歲，與申請長者咭年齡相符。
2. 增加「長者醫療券計劃」每年金額至4,000元。
3. 增加「長者醫療券計劃」累積金額至6,000元。
4. 增加公眾教育有關使用長者醫療券在預防醫療方面，例如疫苗注射和身體檢查等。
5. 隨著人口老化，增加公眾教育認知障礙症和鼓勵長者接受早期認知障礙症檢測。
6. 增加資源在社區推行預防醫療。
7. 醫學會和衞生署在各區合辦有關「長者在基層醫療的預防護理」持續醫學進修課程，可透過課程向醫生宣傳「長者醫療券計劃」，以提高醫生參與率。

CRC IT System (1)

- Rides on territory-wide Electronic Health Record Sharing System (eHRSS)
- Captures the participant's screening results and history
- Supports participants through the screening pathway
- Sends alerts to doctors for follow-up action in case of abnormal results
- Facilitates programme monitoring and evaluation

The Interim Review

- Possible Enhancements
  - Drug Arrangements
  - IT Platform (PPP-Web)
  - Operations

To establish a platform (Advisory Committee) with participating PMPs, reps. from HKMA/ HKDU/ ALMCHK for enhancing communication

SCHEDULE 3

Service Fee for Private Doctors for each Project Patient

Components	Details	Remarks / Payment Conditions
1. Doctor consultation per Subsidised Visit	HK$250/ Subsidised Visit regardless of Relevant Illnesses or episodic illnesses (acute/chronic)	▪ The portion payable by HA (excluding the Co-Payment) under the T&Cs after attendance of the Subsidised Visit by the Project Patient at the Private Doctor shall be settled by HA with the Private Doctor on a monthly basis
2. Drugs	HK$372/ Year	▪ For Specified Drugs to manage Relevant Illnesses ▪ The Drugs fee payable by HA shall be settled by HA with the Private Doctor on a quarterly basis (HK$93/ Quarter) in respect of the Project Patient who has attended the Private Doctor for the Subsidised Visit for the Relevant Illnesses in the previous quarter.
3. Preparation fee	A one off fee for HK$196	▪ HA shall pay to the Private Doctor a preparation fee when HA has referred a Project Patient to a designated Private Doctor but the Project Patient does not undertake the first Subsidised Visit on his/her Relevant Illnesses within 6 months of such referral.

HONG KONG EAST CLUSTER
港 島 東 醫 院 聯 網

HKEC SYMPOSIUM ON COMMUNITY ENGAGEMENT XI
PERSON-CENTRED CARE – FROM DREAM TO REALITY

港島東醫院聯網 醫社合作研討會(十一)
人本醫療 夢想成真

SEMINAR 1: PRIMARY HEALTH CARE – TOGETHER WE PROVIDE

講座一：基層醫療 – 攜手服務