



醫院管理局

HOSPITAL
AUTHORITY



門診協作
General Outpatient Clinic
Public-Private
Partnership Programme

醫院管理局 普通科門診公私營協作計劃 (門診協作)

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

西貢區議會 Sai Kung District Council

社會服務及健康安全城市委員會

Social Services & Healthy and Safe City Committee

27.9.2016

簡報內容

Purpose

- 介紹普通科門診公私營協作計劃及其實施進展
To brief Members on the General Outpatient Clinic Public-Private Partnership Programme (GOPC PPP) and the implementation progress
- 收集區議會對計劃的意見
To seek Members' advice on the Programme

普通科門診公私營協作計劃

General Outpatient Clinic **Public-Private** Partnership Programme

背景

Background

- 門診協作於2014年年中在觀塘、黃大仙及屯門三個地區試行

GOPC PPP piloted in mid-2014 in 3 districts viz Kwun Tong, Wong Tai Sin and Tuen Mun

- 門診協作之目的

The GOPC PPP aims to:

- 為病人提供更多選擇

Provide more choices to patients

- 提高基層醫療服務的便捷度

Enhance patients' access to primary healthcare services

- 幫助紓緩醫管局普通科門診服務的需求

Assist in managing demand for HA's general outpatient services

- 推廣家庭醫生概念

Promote the family doctor concept

- 推動發展全港電子健康紀錄互通系統

Promote the development of the territory-wide electronic Health Record Sharing System (eHRSS)

病人及服務提供者

Patients and Service Providers



合資格的病人 Eligible Patients

- 醫管局普通科門診病人
HA GOPC patients
 - 高血壓及／或糖尿病（或附帶高血壓症）
Hypertension and/or Diabetes Mellitus (with or without Hyperlipidemia)
 - 病情穩定
Clinically stable
 - 至少12個月前開始在相關地區內的普通科門診診所就診
Having stayed in HA GOPCs in Relevant Districts for 12 months by the time they start service under GOPC PPP



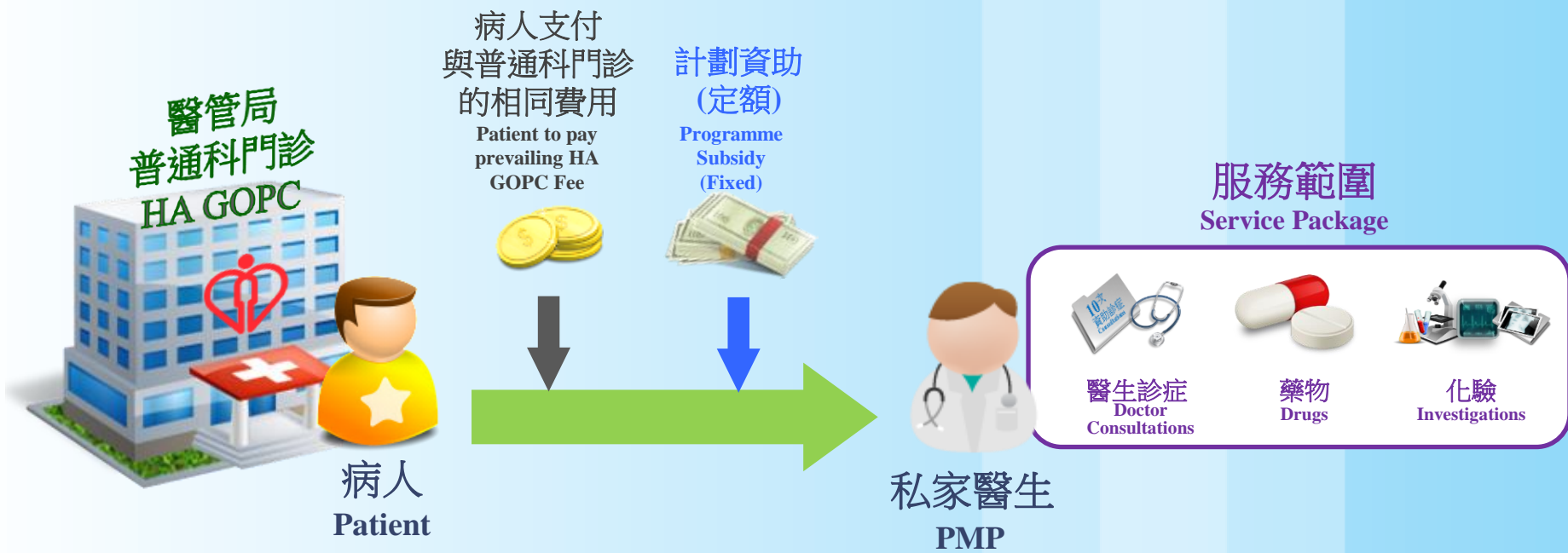
服務提供者 Service Providers

- 參與計劃的私家醫生
Private Medical Practitioners (PMP)
 - 《醫生註冊條例》第14/14A條註冊執業
Registered Doctors under the Medical Council of Hong Kong (MCHK)
 - 於實行計劃的區域內執業
Practising in districts implemented with GOPC PPP
 - 診症服務時間
Service hours requirement
 - 提供最少每週5天、每天最少3小時的診症服務*
At least 5 days per week and 3 hours per day*

* 包括由他們的代理醫生於其私家診所提供服務的時數
Including sessions by their relieving doctor attending their clinics and providing services in their place

計劃內容

Programme Highlights



醫健通
ehealth
SHARED WITH HA GOVT

透過電子平台互通臨床資料

2-way sharing of clinical information

服務範圍

Service Package

1) 醫生診症 Doctor Consultation



- 每年多達10次的資助診症
Up to 10 consultations per year
- 包括慢性疾病和偶發性疾病的診治
Cover both chronic and acute care consultation

2) 藥物 Drugs



- 治理慢性疾病：包括抗高血壓藥、調節血脂藥物、口服降血糖藥等計劃表列藥物
For treating chronic conditions: Drugs on the “List of Specified Drugs”, such as anti-hypertensive drugs, lipid-regulating drugs and oral anti-diabetic drugs, etc.
- 治理偶發性疾病：計劃表列的抗生素及三天的一般藥物
For treating episodic illnesses: Antibiotics on the “List of Specified Drugs” and up to 3-day episodic drugs prescribed by PMPs
- 病人在每次就診後即時在私家醫生診所獲配相關藥物
Patients will receive drugs immediately from the PMPs at their clinics

3) 化驗 Investigations



- 病人可經私家醫生轉介，到醫管局接受特定的相關化驗及X光檢查服務
Laboratory and x-ray services provided by the HA as specified upon participating PMPs' referral
- 私家醫生可經電子平台或傳真得知化驗結果，以作跟進
Reports of Investigation results are sent to requesting PMPs by electronic means for their necessary follow up actions

互聯病人臨床資料

Clinical Information Sharing



- 是為病人提供持續護理的關鍵
Crucial for continuity of care of patients between the public & private sectors
- 透過特定的電子平台互通醫療紀錄
Sharing of records through designated IT platform built under eHRSS
- 參加計劃的病人和私家醫生均須同時參加「電子健康紀錄互通系統」
Both participating patients & PMPs are required to join eHRSS
- 醫護提供者在獲得病人給予互通同意後方可查閱病人的電子健康紀錄
After receiving patient's sharing consent, health care providers may access patients' records

病人費用

Patient Fees



- 病人只需向私家醫生繳付與醫管局普通科門診收取的相同費用（現時為45元*）

Patients are only required to pay the GOPC service fee of \$45* per consultation

- 綜援，醫療費用減免，公務員/醫管局員工及其合資格家屬，可享有與醫管局普通科門診服務相同的費用減免安排

Recipients of CSSA or a holder of valid full or partial medical fee waiver certificates, civil servants, pensioners, HA staff or their eligible dependants will enjoy the same fee waiver arrangements as for the HA's services

- 病人可自費選用私家醫生提供本計劃範圍以外的服務及藥物

Under mutual agreement, patients may receive further services and treatment provided by private doctors at their own expenses outside the Programme

- 長者醫療券#可以用作繳付非本計劃所涵蓋的服務及藥物費用

Patients aged ≥ 70 can pay for services and treatment outside the scope of the Programme by Health Care Vouchers#



* 按照列於政府憲報之收費表
as per Gazette

適用於年滿70歲並已參加長者醫療券計劃的人士。每名合資格長者的醫療券金額已在2014年增加至每年2,000元。尚未使用的醫療券可保留使用，而累積金額上限亦已調整至4,000元。從2014年7月1日起，每張醫療券的面值已由50元調低至1元。

Applicable to those who are aged 70 or above and have participated in the Elderly Health Care Voucher Scheme. Annual voucher amount in 2014 = \$2,000. The financial ceiling on unspent vouchers has been adjusted to \$4,000. With effect from 1 July 2014, the face value of each voucher has been lowered from \$50 to \$1.

醫生收費

Doctor Fees

- 參加計劃的私家醫生每年為診治每名病人最高可獲合共3,012元的服務費*，作為提供最多10次診症的費用

Participating PMPs can receive up to \$3,012 service fee per patient per year for providing up to 10 subsidised consultations

- 當中已包括醫管局普通科門診收費45元 (由病人在就診後直接繳付給私家醫生)

Including the HA GOPC service fee of \$45 to be paid by patients to PMPs direct after each consultation

- 醫管局會為領取綜援／獲減免費用的人士負擔普通科門診費用

For CSSA and waiver patients, the HA will bear the GOPC service fee



* 醫管局將於今年十月一日開始增加八種藥物至計劃藥物名單內，以照顧病人的相關健康問題。屆時，私家醫生的服務費將會上調至每名病人每年最高3,034元。

HA will add eight additional drugs to the Programme Drug List, with effect from 1 October 2016, for taking care of patients' recurrent associated health problems. With such expansion in place, the maximum Service Fee will then be increased to \$3,034 per patient per year.

持續支援

Key Support

- 計劃辦事處指定的護士及職員
Cluster Help Desk with designated Registered Nurses and staff
 - 協助病人登記參加計劃
Help enroll patients to PMPs
 - 為病人提供臨床 / 後勤支援
Provide clinical/ logistic support
 - 如有需要，協助轉介病人回醫管局跟進
Revert patients to HA, if necessary
- 查詢熱線 **2300 7300**
Hotline
 - 計劃熱線於星期一至六上午九時至晚上九時運作
Operating Hours: Monday to Saturday, 9am to 9pm
- 計劃網頁 **www.ha.org.hk/ppp/gopcphp**
Website
 - 計劃最新資訊
Programme latest information
 - 定期更新「參與計劃私家醫生名單」供病人查閱
Regular update of List of Participating PMPs



最新進度

Progress Update

- 截至2016年8月底
As at end-August 2016
 - 90名私家醫生參與
90 participating PMPs
 - 7,491名病人參加
7,491 participating patients
 - 提供了50,300次診症服務
A total of 50,300 consultations has been provided to patients

中期檢討

Interim Review

- 2015年4月展開中期檢討

Interim Review was commenced in April 2015

1. 根據試行經驗，找出未臻完善的地方和可改善之處，並提出改善建議

To identify issues and rooms for improvement and to advise on the necessary enhancements based on experience from the pilot launch

2. 協助制訂日後的推展計劃

To advise and guide the future roll-out plan

- 檢討集中於影響計劃運作及服務提供的範疇

Key recommendations are grouped into 4 major areas:

- 計劃藥物的供應安排
Arrangement for provision of Programme Drugs

- 資訊科技平台
Information technology platform

- 運作事宜
Operation matters

- 與持份者的溝通平台
Stakeholders' communication platform

改善建議

Possible Enhancements



藥物 Drugs

- 擴大計劃的藥物名單，加入更多處理「相關健康問題」的藥物
To expand Programme Drug List by adding selected drugs for “associated health problems”
- 優化私家醫生訂購藥物的制度
To refine the drug ordering procedures and system
- 將計劃藥物納入醫管局的集中處理的採購合約，確保計劃藥物的持續供應
To include the supply of Programme Drugs into the HA’s bulk contract to ensure continuity of drug supply



資訊科技平台 Information Technology Platform

- 改善資訊科技平台，減輕私家醫生在計劃下的行政工作
To enhance information technology platform to ease administrative workload of PMPs



運作 Operation matters

- 風險顧問研究
Risk Consultancy Study
 - 建立風險管理框架，以應付規模及複雜性將與日俱增的公私營協作計劃
To develop a risk management framework to support the anticipated increase in scale and complexity of PPP programmes
 - 制訂所需的架構、系統及內部監控措施，以識別及管理公私營協作計劃的風險
To develop necessary structure, systems and internal controls to identify and manage risks for PPP programmes



與持份者溝通平台 Stakeholders Communication Platform

- 與有關外部持份者建立諮詢／意見小組等專門的互動平台，以便進行諮詢及溝通
To set up dedicated engagement platforms such as Advisory Group / Focus Group with the relevant external stakeholders to facilitate more focused consultation and communication
- 繼續通過工作小組平台向員工諮詢
To continue to use the Working Group platform for consultation with staff

推展計劃

Roll-out Plan

- 醫管局經綜合考慮財務承擔、專業醫療組織、病人、私家醫生和員工的正面反應，以及社區建議推展門診協作至其他地區的意見後，擬定了門診協作的推展計劃

A roll-out plan for the GOPC PPP has been prepared having considered the financial commitment, the positive feedback from the medical professional bodies, patients, PMPs, and staff as well as the community call for extension of the GOPC PPP to other districts.

推展計劃

(三年內推展至全港18區)

Roll-out Plan

(Roll-out to 18 districts in 3 years)

地區 District	2016-17	2017-18	2018-19	相關聯網 Cluster Applicable*
中西區 Central and Western		✓		港島西 HKWC
東區 Eastern	✓			港島東 HKEC
南區 Southern	✓			港島東 / 港島西 HKEC / HKWC
灣仔 Wan Chai	✓			港島東 HKEC
九龍城 Kowloon City	✓			九龍中 KCC
觀塘 Kwun Tong				九龍東 KEC
深水埗 Sham Shui Po	✓			九龍西 KWC
油尖旺 Yau Tsim Mong			✓	九龍中 / 九龍西 KCC / KWC
黃大仙 Wong Tai Sin				九龍中 / 九龍西 KCC / KWC
離島 Islands		✓		港島東 / 九龍西 HKEC / KWC
葵青 Kwai Tsing	✓			九龍西 KWC
北區 North			✓	新界東 NTEC
西貢 Sai Kung	✓			九龍東 KEC
沙田 Sha Tin	✓			新界東 NTEC
大埔 Tai Po		✓		新界東 NTEC
荃灣 Tsuen Wan		✓		九龍西 KWC
屯門 Tuen Mun				新界西 NTWC
元朗 Yuen Long	✓			新界西 NTWC

* Legend:

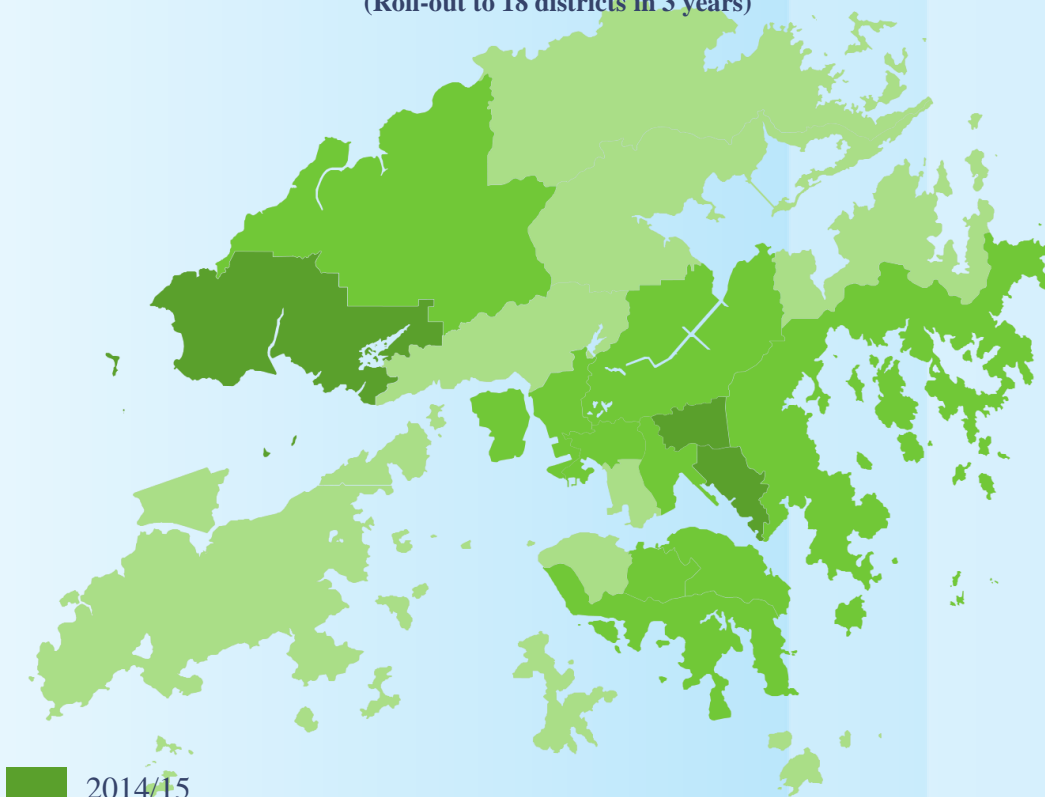
HKEC=Hong Kong East Cluster HKWC=Hong Kong West Cluster KCC=Kowloon Central Cluster KEC=Kowloon East Cluster KWC=Kowloon West Cluster
NTEC=New Territories East Cluster NTWC=New Territories West Cluster

推展計劃

(三年內推展至全港18區)

Roll-out Plan

(Roll-out to 18 districts in 3 years)



2014/15

觀塘, 黃大仙, 屯門

Kwun Tong, Wong Tai Sin, Tuen Mun

2016/17

東區, 南區, 灣仔, 九龍城, 深水埗, 葵青, 西貢, 沙田, 元朗

Eastern, Southern, Wan Chai, Kowloon City, Sham Shui Po, Kwai Tsing, Sai Kung, Shatin, Yuen Long

2017/18 - 2018/19

中西區, 油尖旺, 離島, 北區, 大埔, 荃灣

Central & Western, Yau Tsim Mong, Islands, North, Tai Po, Tsuen Wan

推展計劃 – 西貢區

Roll-out Plan – Sai Kung District

- 將於2016年第三季開始分階段推展計劃，涵蓋額外9個地區，包括西貢區。

The Programme will be rolled out by phases, covering additional 9 districts including Sai Kung district from the third quarter of 2016.

- 醫管局會適時舉辦簡介會向私家醫生及病人介紹計劃詳情

HA will organise briefing sessions to facilitate PMPs' and patients' understanding towards the Programme

未來展望

Way Forward

- 計劃將於2017/18及2018/19年度陸續推展至其餘地區

The Programme will be rolled out to cover the remaining districts in 2017/18 and 2018/19

- 計劃推展至全港十八區後，預計共可惠及約35,000名病人

It is estimated that around 35,000 patients can participate in the Programme upon the roll-out to 18 districts

- 醫管局會繼續密切監察計劃的推行情況，並留意社區、私家醫生、病人及其他有關方面的意見

The HA will continue to monitor closely the implementation of the Programme, and will keep in view closely feedback from the community, PMPs, patients and other concerned parties

計劃願景

Programme Vision



病人

Patient

計劃具吸引力，病人有能力使用私營醫療服務

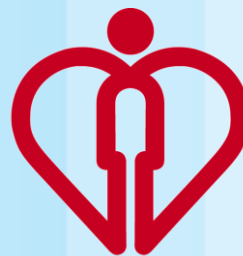
Patients will find the Programme attractive and affordable to access to private medical services

私家醫生

PMP

計劃獲得認受，能進一步為廣大市民促進健康

PMPs will find the Programme acceptable, and able to further contribute to the public at large



醫療系統

Healthcare System

透過將相當數目的病人從公營醫療系統轉移至私營醫療系統，有助紓緩公私營醫療失衡

HA will be able to help address the public-private imbalance with the sizable number of patients being diverted from public to the private sector

謝謝

Thank you