Colorectal Cancer Screening Pilot Programme

Primary Care Doctor Briefing Session

Be The First

- First ever government subsidised territory-wide cancer screening programme
- Public private partnership for cancer prevention
- We make history together for advancement of population health
Situation in Hong Kong (1)

- Colorectal Cancer (CRC) is Hong Kong’s most common cancer
  - In 2013, the no. of new case was 4,769 (16.5%)
  - About one in six new cancer cases was due to CRC
  - In 2014, no. of hospital admissions due to CRC was 30,150

Situation in Hong Kong (2)

- In 2014, the no. of CRC death cases was 2,034 (14.7%)
- About one in seven cancer deaths was due to CRC
- It caused the second largest number of cancer deaths, coming only after lung cancer
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.

Risk Factors

- Lack of physical activity
- High consumption of red and processed meat
- Low intake of fibre
- Alcohol use
- Smoking
- Family history
- Obesity
- Lack of physical activity
Colorectal Cancer

- Early detection leads to better treatment outcome

![Diagram showing the progression from polyp to cancer over 10 years or more](image)

Blood in stool  
Screening

Colorectal Cancer is Preventable

- Adopt healthy lifestyle  
- Well organised screening

![Images showing healthy lifestyle and screening](image)
What is Screening?

- CRC is one of the few cancers that can be detected early by screening
- Carrying out of tests on people without symptoms

The Government’s Cancer Expert Working Group on Cancer Prevention and Screening currently recommends individuals aged 50 to 75 to discuss with their doctor and consider screening by one of the following methods:
- Faecal occult blood test (FOBT) every 1 or 2 years; or
- Flexible sigmoidoscopy every 5 years; or
- Colonoscopy every 10 years

Colorectal Cancer Screening Pilot Programme

- Tentative launch date: September 2016
- 2014 Policy Address item
- Under the three-year Pilot Programme, the Government will provide highly subsidised screening service to selected age groups of participants to encourage them to undergo CRC screening
Target Participant

- A multidisciplinary and multisectoral Task Force was set up since early 2014 to advise on programme scope and content.

- The Task Force recommended that the Pilot Programme should target Hong Kong residents born in 1946 to 1955 (people aged between 61 and 70) who are holders of HKIC.

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

<table>
<thead>
<tr>
<th>Age at the time of programme launch</th>
<th>Phase 1</th>
<th>Phase 2</th>
<th>Phase 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>61 (1955)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>62 (1954)</td>
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<td>63 (1953)</td>
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<td>64 (1952)</td>
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<td>65 (1951)</td>
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<td></td>
<td></td>
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<tr>
<td>66 (1950)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>67 (1949)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>68 (1948)</td>
<td>✔️</td>
<td></td>
<td></td>
</tr>
<tr>
<td>69 (1947)</td>
<td></td>
<td>✔️</td>
<td></td>
</tr>
<tr>
<td>70 (1946)</td>
<td></td>
<td></td>
<td>✔️</td>
</tr>
</tbody>
</table>

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.
### Workload Estimation
(based on 2016 population estimate)

#### 3-year biennial FIT for eligible persons

<table>
<thead>
<tr>
<th>CRC screening pilot programme</th>
<th>Phase 1</th>
<th>Phase 2</th>
<th>Phase 3</th>
<th>Total estimation for 3-year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Projected number of participation* for FIT in person-time (30% participation rate for first time FIT participation and 10% drop off rate for repeated FIT are assumed)</td>
<td>58,440</td>
<td>76,350</td>
<td>165,219</td>
<td>300,009</td>
</tr>
<tr>
<td>Positive FIT results (#4.5% for the first year, and 1.8% for subsequent years are assumed)</td>
<td>2,630</td>
<td>3,436</td>
<td>6,079</td>
<td>12,145</td>
</tr>
<tr>
<td>Projected participation of Colonoscopy with +ve FIT (^88.7% for aged 63-65 and 88.6% for aged 66-70 Colonoscopy participation rate is assumed)</td>
<td>2,330</td>
<td>3,045</td>
<td>5,391</td>
<td>10,766</td>
</tr>
<tr>
<td>Adenoma (#detection rate is 27%)</td>
<td>629</td>
<td>822</td>
<td>1,456</td>
<td>2,907</td>
</tr>
<tr>
<td>Advanced adenoma (#detection rate is 16.3%)</td>
<td>380</td>
<td>496</td>
<td>879</td>
<td>1,755</td>
</tr>
<tr>
<td>CRC (#detection rate is 2.9%)</td>
<td>68</td>
<td>88</td>
<td>157</td>
<td>313</td>
</tr>
</tbody>
</table>

Remarks:
* Each participation will receive 2 FIT. For each participant with negative FIT result, he/she will have next FIT 2 years later. For example, the same participant will normally have FIT on Year 1, Year 3 and Year 5 if his/her FIT results are negative on Year 1 and Year 3.
* The assumption is based on the findings of the 5-year CRC screening project conducted by CUHK from May 2008 to Oct 2012.
^ The assumption is based on the survey findings on 456 community dwelling elderly aged 66-75 conducted by DH in July 2013.

### Faecal Immunochemical Test (FIT)

- FOBT screening effectively reduces CRC mortality by 15-33%
- FIT is an improved version of FOBT
  - Uses antibodies to detect human haemoglobin protein directly and is more specific
  - Does not require diet and medication restriction before testing
  - Has higher sensitivity and better overall performance
  - Has greater user compliance
- Used for population based screening
  - Simple to use
  - Hygienic
  - Absolutely safe
Two-tier Screening Approach

First Tier Screening

Primary Care Doctor (PCD)

Faecal Immunochemical Test

Negative
• Watch out for symptoms of colorectal cancer
• Re-screen in 2 years

Positive

Colonoscopy Specialist (CS)

Colonoscopy

Second Tier Screening

Eligible Persons

To assist you....

PCD guidebook

Video on PCD workflow

Inside waiting room:
Reading materials

Inside consultation room:
Desktop cue card

Training

Help desk

Video on CRC Workflow for Primary Care Doctor
# First Consultation by PCD

<table>
<thead>
<tr>
<th>What PCD does</th>
<th>How DH supports</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Programme enrolment</strong></td>
<td></td>
</tr>
<tr>
<td>Check HKIC</td>
<td>Insert HKIC into card reader</td>
</tr>
<tr>
<td>Open CRC account</td>
<td>CRC IT System print consent form</td>
</tr>
<tr>
<td>Obtain consent for enrolment</td>
<td></td>
</tr>
<tr>
<td><strong>Screening education</strong></td>
<td></td>
</tr>
<tr>
<td>Assess suitability for screening</td>
<td>Cue card and checklist</td>
</tr>
<tr>
<td>Explain the purpose and limitation</td>
<td>Cue card</td>
</tr>
<tr>
<td>Issue lab request form</td>
<td>CRC IT System print out</td>
</tr>
<tr>
<td><strong>Issuance of Participant’s Pack (FIT tubes)</strong></td>
<td></td>
</tr>
<tr>
<td>Label FIT tube with participant name</td>
<td>Participant’s Pack (containing FIT tubes) &amp; materials</td>
</tr>
<tr>
<td>Give instructions of specimen collection, handling and submission</td>
<td></td>
</tr>
</tbody>
</table>

# Additional Encounter

- Any contact other than the First or Second Consultation provided by the PCD to the participant
  
  **Purpose:**
  - Re-issue the second Participant’s Pack containing another pair of FIT tubes in case the first pair of FIT tubes are lost, damaged or rejected by laboratory, or
  - Answer participants’ enquiries to facilitate them to complete the screening pathway
Viewing FIT Results

- FIT results viewed via the “To-do List” of the CRC IT System

- 3 possible result categories:
  - Negative
  - Positive
  - Rejected

Second Consultation by PCD
For participants with positive FIT result only

<table>
<thead>
<tr>
<th>What PCD does</th>
<th>How DH supports</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retrieve FIT result</td>
<td>To-do List from CRC IT System</td>
</tr>
<tr>
<td>Explain FIT result and suggest the need for further assessment</td>
<td>Cue cards</td>
</tr>
<tr>
<td>Refer for colonoscopy</td>
<td>Print referral letter from CRC IT System</td>
</tr>
<tr>
<td>Supply referral letter and resource materials</td>
<td></td>
</tr>
<tr>
<td>Learn about outcome of colonoscopy at a later date</td>
<td>CRC IT System</td>
</tr>
</tbody>
</table>
Colonoscopy Referral Options for FIT Positive Participants

For management of a positive FIT result, participant can choose either one of the following referral options:

- **CS enrolled under the Pilot Programme**
  - Participants will receive the highly subsidised “Standard Package of Colonoscopy Service” provided by enrolled CS

- **Private sector (usual care)**
  - Participant will exit the Pilot Programme and no Government subsidy will be provided
  - Participant will need to pay all the charges out-of-pocket

- **Hospital Authority (usual care)**
  - Participant will exit the Pilot Programme and receive usual care under the usual pathway in the public sector
  - Participant will be required to pay for charges applicable to HA services

Standard Package of Colonoscopy Service

Covers the following items:

- Pre-procedural Consultation
- Colonoscopy with or without polypectomy
- Post-procedural Consultation
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

CRC IT System (2)

Doctors and participants enrolling in the Pilot Programme must register in eHRSS

Website www.ehealth.gov.hk
Government Fixed Amount Subsidy (FIT Screening Service)

<table>
<thead>
<tr>
<th>Participant's screening round</th>
<th>Participant's FIT result</th>
<th>Subsidy for</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Processing enrolment ($76)</td>
<td>First Consultation ($280)</td>
</tr>
<tr>
<td>First round</td>
<td>Negative</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Positive</td>
<td>✓</td>
</tr>
<tr>
<td>Subsequent round</td>
<td>Negative</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Positive</td>
<td>✓</td>
</tr>
</tbody>
</table>

- 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

- Co-payment fee shall be published on the Pilot Programme’s website (www.colonscreen.gov.hk) and the designated poster at the clinic.

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

- Eligibility:
  - Registered Medical Practitioner under the Medical Registration Ordinance (Cap 161)
  - Holding a valid annual practising certificate
  - Working in the private sector (including University and NGOs)
  - Has enrolled in eHRSS

- Details and forms are available at www.ColonScreen.gov.hk

- Enrol NOW!

- Submit applications by 10 June 2016 if you wish to start providing the service upon programme launch

Doctors’ Enrolment: where do I start? (1)

- If you have already registered in the eHRSS:
  - Fill in the forms electronically via eHRSS platform
  - Print the completed application form and send it to the Programme Office of the Pilot Programme (PO) with the requisite supporting documents
Doctors’ Enrolment: where do I start? (2)

- If you have not yet registered in the eHRSS:
  - Download the paper application forms for the Pilot Programme from www.colonscreen.gov.hk
  - Download the paper application forms for eHRSS registration from www.ehealth.gov.hk
  - For expedited processing, mail the paper application forms for the Pilot Programme and eHRSS registration together with the requisite supporting documents to DH’s Programme Office

Where to find the forms? (1)

- Go to www.ColonScreen.gov.hk
  - Click on tab: CRC Screening Pilot Programme
Where to find the forms? (2)

Click:
Enrolment as Primary Care Doctor

Where to find the forms? (3)

Click:
How to enrol
Where to find the forms? (4)

Click and download the Enrolment guide, Covering Notes, Appendix A, B and C; and Registration forms for eHRSS (if applicable).

Where to find the forms? (5)

Nature of documents are similar to other DH’s PPP Programmes.

Colorectal Cancer Screening Pilot Programme
Appendix A & B

Vaccination Subsidy Scheme and Elderly Health Care Voucher Scheme
Appendix A & B
Before Filling in the Form

- Study these:
  - Covering Notes
  - Application Form (Appendix A)
  - Authority for Payment to a Bank (Appendix B)
  - Definitions, Terms and Conditions of Agreement (Appendix C)

- Have these handy:
  - Personal particulars, Medical Council registration number
  - Information such as the business registration number and HCP ID under eHRSS (if available) regarding the medical organisation(s) which the doctor is working with
  - Information such as the bilingual address, telephone number regarding the clinic(s) intended for providing the colorectal cancer screening services
  - Information such as bank account number regarding the nominated bank account(s) for reimbursement.

After Filling in the Form (1)

- Check
  - Duly signed and completed Application Form (Appendix A);
  - Duly signed and completed Authority for Payment to a Bank (Appendix B);
  - Copy of the doctor’s Hong Kong Identity Card;
  - Address proof of the doctor and Health Care Providers (e.g. copy of public utility bill or bank statement);
  - Copy of certificate of Business Registration of the Health Care Provider;
  - Certified true copy of bank correspondence (e.g. doctor’s bank statement: certified by doctor, HCP’s bank statement: certified by the authorised signatory of HCP appearing in part 2 – declaration of the “Authority for Payment to a Bank” form) showing the bank name, bank account number and name of the account holder; and
  - Requisite forms and supporting documents for eHRSS registration (if applicable)
After Filling in the Form (2)

- Send the forms and supporting documents (preferably by registered mail for better personal data protection) to the following address:

**Programme Office**  
CRC Screening Pilot Programme  
Department of Health  
Room 1301, 13/F, Guardian House  
32 Oi Kwan Road  
Wan Chai  
Hong Kong

Points to Note

- “Application Form” (Appendix A) = relevant to the doctor and Health Care Provider (associated medical organisation)

- “Authority for Payment to a Bank” (Appendix B) = relevant to the practice location which receives payment

- Appendix A and B to be completed & signed by BOTH the PCD and Health Care Provider

- If more than one associated medical organisation (Health Care Provider in the Application Form) is engaged:
  - More than one set of Appendix A and B should be completed
  - One set of Appendix A and Appendix B for EACH Health Care Provider of the same doctor applicant

- If more than one bank account is used:
  - More than one Appendix B should be completed
  - One Appendix B for EACH bank account
Doctors’ Enrolment: Concept of HCP and HCI

- The medical organisation which the doctor is associated with = HCP
- The clinics under the medical organisation which the doctor works in = HCI

Doctors’ Enrolment: which forms do I submit? (1)

- Example 1: The doctor is associated with 1 HCP and working in 2 HCIs
- Submit one Appendix A
- If both HCIs use the **same** bank account, submit one Appendix B
- If each HCI uses a **different** bank account, submit two Appendix B
Doctors’ Enrolment: which forms do I submit? (2)

- Example 2: PCD associated with 2 HCPs and working in 2 HCIs
- Submit two applications: two sets of Appendix A and Appendix B

Doctors’ Enrolment: how to complete the forms? (1)

Example Appendix A

(A) Personal Particulars

Name of Applicant (as shown on Hong Kong Identity Card)
(English): Chan, Tai Man (Chinese): 陳大文

Hong Kong Identity Card No.: C214583(1)

Correspondence address: Flat A, 12/F., Three Building, 456 Nathan Road, Mong Kok
(Please provide documentary proof of correspondence address such as public utility bill or bank statements, and a copy of Hong Kong Identity Card).

Contact email address: chantaiman@ctm.com
Daytime contact telephone number: 98765432
Fax: 23456789 (Optional)

PLEASE ENSURE ACCURACY
Doctors’ Enrolment: how to complete the forms? (2) 
Example Appendix A

(B) Particulars of Profession

I am practising as a registered medical practitioner (within the meaning of the Medical Registration Ordinance (Cap. 161)) who holds a valid practising certificate issued under the Ordinance (Professional Registration Number*: M01234)
* Professional Registration Number is the number assigned by the Medical Council of Hong Kong to the Applicant upon registration.

(C) Particulars of Enrolment in the Electronic Health Record Sharing System (eHRSS)

I have enrolled in the eHRSS. My Electronic Health Record (eHR) User ID is 0123456789

You only have to complete this field if you have already registered in eHRSS

Doctors’ Enrolment: how to complete the forms? (3) 
Example Appendix A

(D) Health Care Provider

(The meaning of Health Care Provider can be found in the Definitions section at Appendix C. A separate Appendix A should be completed for each Health Care Provider of the same Applicant.)

Name of Health Care Provider

(English): TM MEDICAL CENTRE

(Chinese): 陳大文醫療中心

Business Registration Number**: 22223333
** Please provide copy of Certificate of Business Registration of the Health Care Provider

eHR “Healthcare Provider Identifier (HCP ID)”: 6500086304

You only have to complete this field if the HCP has already registered in eHRSS
Doctors’ Enrolment: how to complete the forms? (4)
Example Appendix A

(E) Relationship between Parties

The relationship between me and the Health Care Provider is

- Sole proprietor of the Health Care Provider
- Partner of the Health Care Provider
- Shareholder of the Health Care Provider
- Director of the Health Care Provider
- Employee of the Health Care Provider
- Others (please specify): 

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Doctors’ Enrolment: how to complete the forms? (5)
Example Appendix A

(F) Health Care Institution and Co-payment Fee

The name(s) under which I practise the above profession, the address(es) and telephone number(s) of the Health Care Institution(s) (HCI) and the Co-payment fee(s) charged is / are:

(1) HCI’ Name (English): TM MEDICAL CENTRE (Wan Chai)
   HCI’ Name (Chinese): 陳大文醫療中心 (灣仔)
   Address (English): RM B, G/F, 123 QUEEN’S ROAD EAST, HK
   Address (Chinese): 香港皇后大道東123號地下B室
   District: WAN CHAI (according to District Administration delineation)
   Telephone number: 24680123
   Co-payment fee (if any): 
   Bank account number: 096 – 3 – 226688
   eHR “Healthcare Institution Identifier (HCI ID)” : 2220033300

(2) HCI’ Name (English): TM MEDICAL CENTRE (TKO)
   HCI’ Name (Chinese): 陳大文醫療中心 (將軍澳)
Doctors’ Enrolment: how to complete the forms? (6)
Example Appendix A

Part IV – Execution

(A) The Applicant
Applicant’s signature: ________________________________ TM Chan

Name of Applicant (as shown on Hong Kong Identity Card)

(English): ________________________________ (Chinese): ________________________________

Date: __12 APR 2016__

(B) Health Care Provider

Official Stamp

Ling

Authorised signature (for and on behalf of the Health Care Provider)

Name in block letters (Authorised signatory): ________________________________ LEUNG SIU LING

Position of signatory: Secretary Date: __12 APR 2016__

Email address: ling@tmmedical.com

Daytime contact telephone number: __24680123__ Fax: __24680124__

Correspondence address*: RM B, G/F, 123 QUEEN’S ROAD EAST, HK

* Please provide documentary proof of correspondence address of Health Care Provider. Public utility bill or bank statements are accepted as documentary proof.

Note: complete one Appendix A for each HCP
Doctors’ Enrolment: how to complete the forms? (8)
Example Appendix B

Note: Use separate forms if you have different bank accounts for different Health Care Institutions

1. Health Care Institution’s Name and Address:
   Name: TM MEDICAL CENTRE (Wan Chai)
   Address: RM B, G/F, 123 QUEEN’S ROAD EAST, HK

2. Health Care Institution’s Name and Address:
   Name: TM MEDICAL CENTRE (TKO)
   Address: RM 3208, METRO CITY PLAZA 2, TKO, NT

3. Health Care Institution’s Name and Address:
   Name: ______________________________
   Address: ______________________________

Note: complete another Appendix B if you have different bank accounts for different HCIs

Doctors’ Enrolment: how to complete the forms? (9)
Example Appendix B

Part 1: Bank Details (Note A)
Bank: HSBC
Branch: KWUN TONG BRANCH

Bank Account Number (Notes B & C)
Bank Code | Branch Code | Account No.
-----------|-------------|-----------
0 0 4      | 0 9 6       | 3 2 2 6 6 8 8

Bank Account Name in English:
TM MEDICAL CENTRE
Doctors’ Enrolment: how to complete the forms? (10)
Example Appendix B

Part 2: Declaration

By the Applicant

Signature: TM Chan
Name in block letters: CHAN TAI MAN
HKIC no.: C214583(1)
Telephone no.: 98765432
Date: 12 APR 2016

By the Health Care Provider (HCP)

Official Stamp

Authorized signature (for and on behalf of the HCP)

Name in block letters: LEUNG SIU LING
Position of signatory: Secretary
Telephone no.: 24680123
Date: 12 APR 2016

Options for Non-Eligible Persons

- Service requirements, FIT materials and laboratory services are applicable only for subjects enrolled in the CRC Screening Pilot Programme

- Usual care model applies to those born outside 1946 to 1955 or with medical contra-indications