

**For Discussion
on 14 May 2007**

Legislative Council Panel on Health Services

Development of Chinese Medicine Clinics in the Public Sector

PURPOSE

This paper seeks Members' support on the Administration's proposal to part-upgrading of 49MM for establishing five additional Chinese medicine clinics (CMCs) in the public sector and for the setting up of the Chinese Medicine Information System in these clinics.

BACKGROUND

2. Chinese medicine service is amply provided at reasonable and affordable prices in the private sector. However, the knowledge base of Chinese medicine has not been systematically built up in Hong Kong and there was little research to further the development of Chinese medicine practice. At the same time, graduates in Chinese medicine from local universities need training opportunities to prepare them for eventual independent practice. In 2003-04, the Hospital Authority (HA) established three public CMCs and started to provide general out-patient Chinese medicine services with a view to achieving the following objectives:

- (a) to promote the development of "evidence-based" Chinese medicine practice through clinical research;
- (b) to systematise the knowledge base of Chinese medicine;
- (c) to develop a model for Chinese medicine training;
- (d) to develop standards in Chinese medicine practice; and
- (e) to develop models of interface between western and Chinese medicine.

3. The CMCs have adopted a tripartite model in which the HA collaborates with a non-governmental organisation (NGO) and a local university in each of the clinics. This model of collaboration tapped on the expertise of each collaborating party: HA to provide a modernised infrastructure for the management and service delivery by the clinics; the NGOs to operate the clinics based on their good local service network and experience in providing medical/community services; the universities to manage the training and research programmes of the clinics. With the successful experience in operating the first three CMCs, the Finance Committee in December 2005 approved funding for setting up six new CMCs in 2006/07. A list of the CMCs is at **Annex A**.

4. Each NGO is required to engage and provide training for at least five graduates of local Chinese medicine degree programmes. A total of 63 graduates have been trained so far. Patients are charged a fee of \$120 per attendance which includes consultation and two doses of medicine. The NGO may also provide Chinese medicine services other than herbal medicine services at the clinic at market fee but these other services would not form part of the tripartite partnership. The number of patient attendances in 2006 was around 132 000. The establishment of the nine CMCs so far have facilitated the development of knowledge management of Chinese medicine, establishment of a research framework in Chinese medicine based on internationally accepted research standards and ethics, and promotion of service interface between Chinese medicine and western medicine. With the consolidation of HA's experience in the collaboration arrangements with its various NGO and university partners, we are now ready to further increase the number of CMCs.

NEW SITES FOR CMCs

5. We have identified the following five new clinic sites for setting up the CMCs under 49MM-

District	Location of CMCs
North	Fanling Health Centre
Eastern	Pamela Youde Nethersole Eastern Hospital
Wong Tai Sin	Buddhist Hospital

District	Location of CMCs
Sham Shui Po	Cheung Sha Wan Government Offices (CSWGO)
Shatin	Shatin Clinic

6. The criteria for selecting CMC sites include accessibility, proximity to residential areas and timing of availability of the sites for conversion works. Suitable sites for CMCs are limited particularly in densely populated areas. For the five CMCs, three will be established in situ at the existing vacant space in the premises. For the remaining two CMCs at CSWGO and Shatin Clinic, the former will require relocating the existing Pharmacy on first floor to the existing smaller vacant offices on ground floor so that a sufficiently large space could be made available on first floor for setting up a CMC. The latter will involve a reshuffling of the facilities of the existing General Out-patient Clinic so that the limited vacant space in the premises could be better utilised to enable the co-location of a CMC.

7. The average construction floor area of the five CMCs proposed is about 552.2 square meters (m²) and general facilities in the clinics include consultation rooms, treatment rooms, pharmacy, multi-activity room and other supporting facilities. The project will be carried out by phases according to the timing of availability of the sites. We plan to start works in July 2007 for completion by phases before March 2009. By completion of the proposed works, the total number of CMCs in the public sector will increase to 14.

CHINESE MEDICINE INFORMATION SYSTEM

8. When the first batch of CMCs were set up in December 2003, HA has developed on a trial basis a Chinese Medicine Information System (CMIS) to enable the clinics to keep patients' information and medical history systematically and efficiently. A capital non-works commitment of \$2.66 million was then created under delegated authority of the Secretary for Financial Services and the Treasury (SFST) for developing and setting up the CMIS in the CMCs at Yan Chai Hospital and Alice Ho Miu Ling Nethersole Hospital (the CMC at Tung Wah Hospital is using another information technology system which is explained in paragraph 11 below). The initial

feedback was that the CMIS had worked well to enable clinic operation to achieve the standard of other public western medicine clinics in terms of efficiency. However, as the number of clinics involved was still small, the capacity of the system had yet to be further tested. In late 2005, the SFST approved under delegated authority the increase of the capital commitment from \$2.66 million to \$8.66 million to further enhance and set up the CMIS in the six new CMCs mentioned in paragraph 3 above.

9. By early 2007, the CMIS was in operation in eight CMCs and had proved to be useful in enabling the efficient operation and management of the clinics as well as in the collection and retrieval of clinical information for purposes of research and development of “evidence-based” Chinese medicine. We propose that for future CMCs, including the five proposed new CMCs, the CMIS should be a standard installation.

10. The CMIS currently comprises the following features:

(a) Out-patient Service System

This system caters for patient registration, appointment booking, patient master indexing and fee charging.

(b) Chinese Medicine Clinical Management System

This system facilitates electronic record keeping, shared access of clinical information across the CMCs, and development of interface between Chinese medicine and western medicine in future (the practices of Chinese medicine and western medicine are completely different, e.g. disease coding system; language used in medical records; rationale underlying the clinical pathways; systems of storage and retrieval of information in/from the database).

(c) Pharmacy System

This system includes the medication order entry, prescription vetting and dispensing, procurement and inventory control, pharmacy database and clinical intelligent supports. Treatment of illnesses by drugs in the western medicine principle is usually disease-specific, whereas treatment of illnesses by herbal

medicines in the Chinese medicine principle is usually patient-specific and is normally prescribed in the form of a formula comprising of an array of herbal medicines.

(d) Infrastructure

With a web-based platform and the provision of central server, the system provides a network to link up all clinics so that a continuity of care can be provided for patients attending the CMCs. The system also allows centralised storage of patient data to enhance patient care as well as facilitating research to develop evidence-based Chinese medicine.

11. Regarding the CMC at Tung Wah Hospital, it is currently using the “Chinese Medicine Clinical Information System” (CMCIS) developed by the Tung Wah Group of Hospitals (TWGH). The CMC at Tung Wah Hospital was the first public CMC that was established and the capital cost of this clinic was funded by TWGH. At the time of the clinic’s establishment, the TWGH had already had in place its CMCIS, and the system was used in other TWGH’s CMCs (outside the HA system) as well. HA’s CMIS was then newly developed and had not been put into use. To provide greater certainty, HA and TWGH agreed that the CMC at Tung Wah Hospital should use a system with which the latter was familiar and had found to work well. Nevertheless, HA and TWGH do recognise the importance of being able to collect data from the CMC at Tung Wah Hospital for the purposes of research and development of “evidenced-based” Chinese medicine in the public sector. Thus HA is maintaining close liaison with TWGH to co-ordinate the operation of the CMIS and CMCIS to allow sharing of clinical data.

FINANCIAL IMPLICATIONS

Non-recurrent Expenditure

12. The estimated total capital cost for establishing the five CMCs and the two reprovisioning sites for the relocated facilities is \$36 million. A breakdown is at **Annex B**. The estimated total expenditure for setting up the CMIS at the five new CMCs is \$5.5 million. A breakdown is at **Annex C**.

Recurrent Expenditure

13. The annual recurrent expenditure for each clinic including the maintenance of the CMIS is estimated to be around \$5 million.

ADVICE SOUGHT

14. Members are requested to support the proposal of establishing five CMCs and the CMIS at the sites stated in paragraph 5 above. We intend to seek funding support from the Public Works Subcommittee and the Finance Committee on 23 May 2007 and 8 June 2007 respectively for part-upgrading of 49MM. In parallel, the proposal of setting up CMIS in the five CMCs will be submitted to the Finance Committee on 8 June 2007.

Health, Welfare and Food Bureau
Hospital Authority
May 2007

Chinese Medicine Clinics Established Since 2003/04

	District	Location of CMCs
(i)	Tsuen Wan	Yan Chai Hospital
(ii)	Tai Po	Alice Ho Miu Ling Nethersole Hospital
(iii)	Central & Western	Tung Wah Hospital
(iv)	Wan Chai	Tang Shiu Kin Hospital Community Ambulatory Care Centre
(v)	Sai Kung	Tseung Kwan O Hospital
(vi)	Yuen Long	Yuen Long Madam Yung Fung Shee Health Centre
(vii)	Kwai Tsing	Ha Kwai Chung Polyclinic and Special Education Services Centre
(viii)	Tuen Mun	Yan Oi Polyclinic
(ix)	Kwun Tong	Ngau Tau Kok Jockey Club Clinic

**Breakdown of Estimated Capital Cost
for Setting up Five Chinese Medicine Clinics under 49MM**

The breakdown of the estimated cost for the proposed works for setting up five Chinese medicine clinics mentioned in paragraph 5 of the paper is as follows-

Items	\$ million
a) Building	11.5
b) Building services	12.4
c) Furniture and equipment	5.7
d) Consultants' fees	3.7
e) Contingencies	2.4
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Sub-total	35.7 (in September 2006 prices)
f) Provision for price adjustment	0.3
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Total	36.0 (in MOD prices)

**Estimated Non-recurrent Expenditure
for Setting up Chinese Medicine Information System (CMIS)**

The breakdown and details of the estimated non-recurrent expenditure for setting up the CMIS at five new Chinese medicine clinics mentioned in paragraph 5 of the paper is as follows-

(A) Breakdown of Estimates

Expenditure Items	\$'000
a) Computer hardware	2,100
b) Computer software	200
c) Network infrastructure	700
d) Project management	400
e) System enhancement	400
f) Pharmacy system	1,000
g) System implementation	600
h) Miscellaneous start-up cost and contingency	100
Total	5,500

(B) Details of Expenditure Items

Item	Details
a) Computer hardware :	For acquisition of computer hardware. The equipment includes database servers, workstations, printers, barcode scanners and other peripherals.
b) Computer software :	For the acquisition of system licensed software.

- c) Network infrastructure : For acquisition and installation of network infrastructure equipment and other site preparation activities.
- d) Project management : For acquisition of professional services to oversee the overall project coordination and planning of the CMIS and its implementation.
- e) System enhancement : For the acquisition of professional services to perform system enhancements and development of new system functions for the application programs within the CMIS.
- f) Pharmacy system : For acquisition of pharmacy professional services in order to:-
- (i) commission the clinic specific Chinese medicine drug database by consolidating the requirements of users of the specific clinic and establishing linkage to the central pharmacy system in accordance with corporate standard and requirement;
 - (ii) implement and monitor the pharmacy system;
 - (iii) provide training to the Chinese medicine pharmacy staff; and
 - (iv) follow up and resolve problems arising from the implementation and use of the pharmacy module of the CMIS in the clinics.
- g) System implementation : For acquisition of professional services to perform system implementation services including system set-up, workstation installation, database set-up, user training, system tuning and other implementation related services in the clinics.
- h) Miscellaneous start-up cost and contingency : For other miscellaneous start-up costs and contingency.