

**FCR(2009-10)37: Development of a Territory-Wide
Electronic Health Record Sharing System**

Supplementary Information for FC Meeting on 10 July 2009

Purpose

This note provides supplementary information in response to the queries of the Chairman of the Finance Committee (FC) on the submission by the Food and Health Bureau (FHB) proposing to create a new commitment of \$702,000,000 for implementing the first stage of the territory-wide Electronic Health Record (eHR) Development Programme (Paper No. FCR(2009-10)37).

(1) Para. 4 - the eHR system will enable the entry, transfer and retrieval of individual patients' personal health data by different healthcare providers in both the public and private sectors. Does the private sector need to bear part of the development cost? If so, what would be the cost-sharing plan?

2. The eHR sharing system comprises standalone electronic medical/patient record (eMR/ePR) systems deployed by individual healthcare providers, and a central eHR sharing infrastructure for such eMR/ePR systems to interconnect for sharing of eHR amongst them (see footnote 2 and 3 of FCai). As explained in paragraphs 19-20 of FCai, the Government will provide capital funding for the development of the eHR sharing infrastructure and fund its recurrent operation and maintenance, while the private sector (whether non-profit-making or otherwise) will remain responsible for their own hardware and software, and recurrent operating costs for their own eMR/ePR systems without Government direct subsidy.

3. Where eHR systems, applications and platform are offered by the Government for direct use, deployment, adaptation or customization by the private and non-government sectors, we will as stated in paragraph 45 of FCai make such available to them at minimal or no cost. In such cases, they will be responsible for the additional development cost for customization and add-on to the functionalities of their own individual eMR/ePR systems over and above the systems offered by the Government. The Government may also provide assistance to the private sector to facilitate their development as stated in paragraph 21 of FCai.

(2) Para. 9 - it is mentioned that the Clinical Management System (CMS) developed by the Hospital Authority (HA) has already accumulated medical records of over eight million patients. How long would these records be maintained in the system? How did the HA obtain the consent of the

patients concerned at the outset?

4. According to HA, electronic records kept in HA to support the healthcare providers for providing continue clinical care for the benefits of patients will be kept only when there is a clinical implication for retrieving the data. Relevant parts of the electronic records including diagnosis, investigation results, medications, etc., will be retained throughout the lifespan of the patients. To meet the requirement of the Personal Data (Privacy) Ordinance, HA has in collaboration with the Office of the Privacy Commissioner for Personal Data designed a patient notice, explaining the purpose of data collection and usage of data. Implicit consent is obtained from patients who seek treatment in HA. In the course of providing care for the patients, HA staff will give the notice to each patient attending the HA institutes and advise the patient the purpose of collecting such data and how such data will be used.

5. It should be noted that the CMS developed and currently in use by the HA is an individual eMR/ePR system that will connect to the eHR sharing infrastructure and share eHR with other healthcare providers. The CMS which will remain under the management of HA is thus distinct from the eHR sharing infrastructure which will be under the management of the Government. The sharing of records from the CMS of HA will be subject to the patients' consent in the same manner as with any other healthcare providers. As a matter of principle, patients may voluntarily choose whether to participate in eHR sharing, and will need to give consent for individual healthcare providers before the latter can access their shared records over the eHR sharing system.

(3) Para. 14 - it is stated that in the future tendering exercises, the HA will comply with established requirements and procurement procedures to ensure openness and avoid conflict of interest. What is in fact the conflict of interest envisaged?

6. HA applies internal rules and procedures for procurement, similar to those adopted by the Government, to ensure open competitive bidding and transparent and equitable process in procuring goods and services from the private sector and to avoid conflict of interests. For instance, as part of the procurement process, avoidance of conflict of interest rules will be applied to firms involved in providing client-side advisory consultancy from bidding for system implementation product and service contracts. Standard rules on declaration of interests and other checks and balances will also be in place for personnels involved in making procurement decisions. These established mechanisms will apply to all procurement under the eHR Programme either through eHR Office or HA.

(4) Para. 21 - in point (iv), it is mentioned that the Government "may provide financial support to e-HR projects by non-profit-making

professional bodies which would make solutions available through open source or in other not-for-profit manner to the local sectors". Please give more details on the arrangements. For instance, examples of these professional bodies, the criteria to be adopted for awarding the financial support, the amount of subsidy, the monitoring mechanism, etc.

7. The purpose of considering providing financial support, full or partial, to eHR projects by non-profit-making professional bodies which would make solutions available through open source or in other not-for-profit manner to the local sector is to foster the development of eHR technology and solutions compatible with the eHR sharing infrastructure and to facilitate their adoption by the private sector. For example, the Hong Kong Medical Association has been in the process of developing an open-source clinical management software for use by private doctors. By providing technical advice and funding for the project, the Government aims to make eHR-ready software more readily available to and usable by private doctors that could facilitate their adoption of IT in clinical practice and in deploying eMR/ePR solutions that have eHR sharing capabilities.

8. The invitation for proposals from professional bodies in the healthcare and IT sectors will be done through the open exercise under the eHR Engagement initiative as set out in paragraphs 16-18 of FCai. When putting forward proposals to seek financial support, the professional bodies will have to clearly demonstrate that they can arrive at a solution which is usable by members of the profession through open-source or other not-for-profit manner, thereby facilitating the adoption of the solutions in developing and deploying eMR/ePR system and contributing to eHR sharing. The amount of funding required of each submission will be assessed on a project-by-project basis based on the scope of work. The professional bodies will be required to provide regular progress and financial report to the eHR Office, and will be subject to the same scrutiny mechanism as with other individual eHR projects.

(5) Para. 24 - since the full development of the eHR sharing system is estimated to require a total non-recurrent expenditure of \$1,124 million, does it mean that there will be further funding request(s) for the balance of \$422 million? What would be the time frame?

9. We are currently seeking the non-recurrent expenditure of the first stage of the eHR Development Programme in order to build the infrastructure required for eHR sharing. Our target for the first stage is to have the eHR sharing platform ready by 2013-14 for connection with all public and private hospitals, and to have eMR/ePR systems and other health information systems available in the market for private doctors, clinics and other health service providers to connect to the eHR sharing platform.

10. The second stage of the eHR Development Programme aims to expand the coverage of the eHR sharing system among healthcare providers and the public and to further extend its functionalities in supporting healthcare purposes. As stated in paragraph 24, the pace, scope and funding to be required for the second stage will depend on a host of factors. As a ballpark reference, we envisage that the second stage from 2014-15 to 2018-19 may require non-recurrent expenditure of \$422 million. We will ascertain the further capital funding to be required and seek funding approval after the first stage has progressed up to a more mature stage.

Food and Health Bureau
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