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Legislative Council

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LC Paper No. CB(2)2556/08-09
(These minutes have been seen by the Administration)

Panel on Health Services

Minutes of special meeting
held on Friday, 19 June 2009, at 8:30 am
in the Chamber of the Legislative Council Building

Members present	:	Dr Hon Joseph LEE Kok-long, JP (Chairman) Dr Hon LEUNG Ka-lau (Deputy Chairman) Hon Albert HO Chun-yan Hon Fred LI Wah-ming, JP Hon Andrew CHENG Kar-foo Hon Albert CHAN Wai-yip Hon Audrey EU Yuet-mee, SC, JP Hon Vincent FANG Kang, SBS, JP Hon Alan LEONG Kah-kit, SC Hon Cyd HO Sau-lan Hon CHAN Hak-kan Dr Hon PAN Pey-chyou
Member absent	:	Hon IP Kwok-him, GBS, JP
Public Officers attending	:	Items I-II Professor Gabriel M LEUNG, JP Under Secretary for Food and Health Item I Miss Gloria LO Principal Assistant Secretary for Food and Health (Health) Mr Shane SOLOMON Chief Executive Hospital Authority

Dr W L CHEUNG
Director (Cluster Services)
Hospital Authority

Dr C T HUNG
Cluster Chief Executive, Kowloon Central Cluster /
Hospital Chief Executive, Queen Elizabeth Hospital
Hospital Authority

Ms Anna LEE
Chief Pharmacist
Hospital Authority

Item II

Mr Thomas CHAN
Deputy Secretary for Food and Health (Health) 2

Dr CHEUNG Ngai-tsueng
Consultant (eHealth)

Attendance by invitation : Item II

Hong Kong Academy of Medicine

Dr Gene TSOI
President (Hong Kong College of Family Physicians)

Hong Kong Medical Association

Dr TSE Hung-hing
President

Hong Kong Doctors Union

Dr Henry YEUNG Chiu-fat
President

Dr Eric TANG Wai-choi
Council member

Hong Kong Dental Association

Dr Sigmund LEUNG
President

Hong Kong Society of Medical Informatics

Dr C P WONG
Chairman

The Association of Licentiate of Medical Council of Hong Kong

Dr LAM Wing-kai
Hon Secretary

Hong Kong Public Doctors' Association

Mr HO Pak-leung
Deputy President

Hong Kong Private Hospitals Association

Ms Manbo MAN
Representative

Union Hospital

Dr Ares LEUNG
Deputy Medical Director

Town Health International Holdings Co. Ltd.

Dr CHENG Chor-ho
Medical Consultant

Dr Bennet FUNG Yiu-tong
Chairman, Hong Kong Health Check

eHealth Consortium

Dr Winnie TANG
Chairman, Steering Committee

The Hong Kong Council of Social Service

Ms Shirley KIANG
Chief Operating Officer
Information Technology Resource Centre

Tung Wah Group of Hospitals

Mr Joseph YUEN Hon-lam
Assistant Superintendent, Tung Wah Group of Hospitals Jockey Club Rehabilitation Complex

United Christian Nethersole Community Health Service

Dr Joyce TONG
Medical Director

Consumer Council

Ms Connie LAU
Chief Executive

Mr Simon CHUI
Senior Legal Counsel

Hong Kong Computer Society

Dr Louis C K MA
Director of Education, Training & Certification

Ms Ingrid AU
Committee Member
Health IT Special Interest Division

Internet Professional Association

Mr Kenny CHIEN
Vice Chairman & Secretary (China Committee)

Internet Society Hong Kong

Prof Joseph NG Kee-yin
Executive Committee Member

Information and Software Industry Association

Mr KONG Chi-wing
Treasurer

Mr Carl YAU
Director (Public Relations)

Alliance for Patients' Mutual Help Organizations

Mr CHEUNG Tak-hei
Chairman

Mr YIP Wing-tong
Vice Chairman (External Affair)

Alliance for Renal Patients Mutual Help Association

Mr Andy LAU Kwok-fai
Chairman

Ms Joey CHAN Pui-nam
Community Relations Manager

Hong Kong College of Radiologists

Dr Lilian LEONG, BBS, JP
Immediate Past President

Clerk in attendance : Miss Mary SO
Chief Council Secretary (2) 5

Staff in attendance : Ms Maisie LAM
Senior Council Secretary (2)7

Ms Sandy HAU
Legislative Assistant (2)5

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I. Policy on use of drugs in life threatening emergency situations
(LC Paper No. CB(2)1934/08-09(01))

Under Secretary for Food and Health (USFH) and Chief Executive, Hospital Authority briefed members on the policy on the use of drugs in public

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hospitals under the Hospital Authority (HA) in immediate life threatening emergency situations, and the Queen Elizabeth Hospital (QEH) incident concerning the charges for the use of a special drug called Novo Seven beyond its registered indications for the treatment of a trauma patient injured at a traffic incident, details of which were set out in the Administration's paper (LC Paper No. CB(2)1934/08-09(01)).

Communication with frontline staff on the policy

2. Dr LEUNG Ka-lau said that as an employee of HA, he was not being informed of the principle that patients should not be charged for needed drugs in immediate life threatening emergency situations and the relevant consideration of the Drug Utilisation Review Committee (DURC) in March 2006 on the use of a self-financed item (SFI) or special drug outside its indications specified in the Hospital Authority Drug Formulary (the Formulary) in emergency situations outlined in paragraphs 2 and 5 of the Administration's paper respectively. There was also no mention of the abovementioned principle in the Review Report on the Formulary published by HA in 2006 and in the paper entitled "Updates on the Drug Formulary of the Hospital Authority" provided by the Administration for the meeting of the Panel on 8 June 2009. Dr LEUNG pointed out that the fact that in the QEH incident, Novo Seven was administered only after payment was made demonstrated that frontline doctors at QEH were also not aware of this policy. He asked whether HA could provide for members' reference the minutes of the DURC's meeting held in March 2006 and the relevant circular memorandum issued by HA.

3. Dr PAN Pey-chyou shared the concern of Dr LEUNG Ka-lau about the communication of the policy on use of drugs in life threatening emergency situations with frontline HA doctors, as neither he himself nor some other senior colleagues of HA, such as the Chiefs of Service of the clinical departments, were aware of this policy.

4. Director (Cluster Services), HA (Director (CS), HA) advised that special considerations had been given during the development of the Formulary to ensure that drugs used in immediate life threatening emergency situations were included in the Formulary as general drugs or special drugs and were covered by standard fees and charges. This fundamental principle had been upheld since the Formulary was put in place. As regards the decision of DURC made in March 2006, Director (CS), HA said that the issue had been discussed in the meeting and the minutes of the meeting had been circulated to the drug committees of all hospitals where further actions and communication would be done. He agreed to provide for members' reference the relevant extract from the minutes of the DURC's meeting held in March 2006.

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5. Director (CS), HA further said that in the QEH incident, the use of Novo Seven by the attending doctor to improve the patient's blood coagulation status was under an extraordinary condition and beyond the drug's registered indications, i.e. for use on control of bleeding in haemophilia patients or on patients with Factor VII deficiency only. The safety and efficacy of the drug for

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this use was uncertain. The incident had revealed a grey area on whether drugs used in such circumstances should be charged. In the light of this, HA would promulgate a more explicit guideline (the guideline) to all hospitals to reiterate the policy on the use of drug in immediate life threatening emergency situations. To avoid uncertainties, it would be explicitly stated that the policy would apply to all drugs regardless of whether the use was within or beyond the drugs' registered indications, or whether the drugs were within or beyond the Formulary.

6. Dr PAN Pey-chyou criticised the response made by HA to the media on the QEH incident which sought to clarify that a policy on the use of drugs in life threatening situations was in place. He said that HA doctors had an impression that the attending doctor concerned was being blamed for not adhering to the established policy and charging the use of Novo Seven as SFIs in an immediate life threatening situation. However, communication failure should be the reason the attending doctor was not aware that special drugs could be used beyond their registered indications at no charge in life threatening emergency situations. Mr Fred LI expressed similar views, and considered that the policy should make it clear that no person should be charged beyond the standard fees and charges for needed drugs in immediate life threatening situations.

7. USFH clarified that the Administration did not consider that there was any human negligence on the part of the attending doctor in handling the case. Director (CS), HA supplemented that HA appreciated the efforts made by the doctors in saving the life of the patient concerned. The incident was caused by system failure as the existing policy might lead to uncertainties and different interpretation when a drug was used outside its registered indications. To ensure that frontline doctors would be made well aware of the policy, the guideline to be promulgated by HA would be issued to all frontline staff directly. He assured members that HA would further enhance its communication with frontline staff.

8. The Chairman said that consideration should be given to organising more forums at hospital cluster level to brief the frontline staff on the implementation of various policies. He further asked whether HA would consult the frontline staff before finalising the guideline.

9. Director (CS), HA responded in the positive. He said that HA sought to implement the guideline as soon as practicable and was presently consulting the views of members of DURC, Cluster/Hospital Chief Executives and the Pharmacists on the first draft of the guideline to ensure that the mechanism stated therein was feasible for implementation. Further consultation with frontline staff would follow.

Circumstances where the policy applied

10. Referring to the decision made by DURC in March 2006 as set out in paragraph 5 of the Administration's paper, Mr Andrew CHENG was of the view that in case of emergency situations, the attending doctors should not be

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required to consider whether other alternatives were available when deciding whether to administer a SFI or a special drug outside its indications specified in the Formulary. He considered such requirement unreasonable as patients would still be charged for the use of these drugs if other alternatives, though clinically less effective, were available.

11. Director (CS), HA advised that there would be no such requirement in the guideline to be promulgated by HA. He assured members that the guideline would seek to clarify all uncertainties and potential grey areas of the policy on the use of drug in immediate life threatening emergency situations, and devise a mechanism to facilitate clinicians' professional judgements about the best treatment based on clinical evidence or experience.

12. Dr PAN Pey-chyou said that he noted that in the Formulary, there was a note which read as follows: "for exceptional situation, a special drug may also be prescribed outside the listed indication as a HA standard drug (non-self-financed item) under other indication". However, there was no mention of the definition of "exceptional situation" in the Formulary. He urged HA to set out in clear terms the circumstances where such policy applied.

13. Ms Audrey EU sought clarification on whether there were two circumstances under which the use of a SFI or a special drug outside its indications specified in the Formulary would be covered by HA's standard fees and charges, i.e. immediate life threatening emergency situations as stated in paragraph 2 of the Administration's paper and other emergency situations other than the abovementioned situations where a prerequisite was that no other alternatives were available as considered by DURC in March 2006.

14. Director (CS), HA responded that it would be up to the attending doctors to decide if a patient was in immediate life threatening situations. He reiterated that the policy on the use of drugs in immediate life threatening emergency situations would be made clear in the guideline to be promulgated by HA.

15. Ms Audrey EU queried whether the decision on the use of drugs in immediate life threatening emergency situations rested with the attending doctors and, if so, whether their clinical judgements about the best treatment would be treated as conclusive. Ms EU said that she did not wish to see the decisions of the attending doctors being challenged by the management afterward.

16. Director (CS), HA said that the attending doctors had the final say on the administration of drugs and whether the use would be covered by the policy on use of drugs in immediate life threatening emergency situations. Director (CS), HA further said that the guideline would state clearly that when considering the administration of a drug, frontline doctors should be guided by the principles of clinical efficacy and safety. The departments concerned would also be requested to put in place mechanisms to ensure proper use of drugs in the foreseeable immediate life threatening emergency situations and that the decision on the use of drugs would, wherever possible, be made by a reasonably senior doctor.

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17. Dr LEUNG Ka-lau remarked that HA should clarify with frontline staff whether those patients who were suffering from acute myocardial infarction and had to undergo Percutaneous Transluminal Coronary Angioplasty or use pacemaker and/or Automatic Implantable Cardioverter Defibrillator should be considered as being in an immediate life threatening emergency situation. At present, these three medical items were chargeable.

Use of Novo Seven in immediate life threatening emergency situations

18. Mr Fred LI asked whether there was any precedent case whereby Novo Seven was used beyond its registered indications for treatment of patients in immediate life threatening emergency situations, and if so, whether the drug was charged as SFI. Ms Audrey EU raised similar question.

19. Cluster Chief Executive, Kowloon Central Cluster, HA (CCE/KCC, HA) advised that there had been cases where Novo Seven was used during surgical operations at QEH and its use was covered by HA's standard fees and charges in some cases.

20. In response to Ms Audrey EU's enquiry about the condition of the patient concerned in the QEH incident after the use of Novo Seven, CCE/KCC, HA said that before the administration of Novo Seven, the patient had undergone surgical operations and had been provided with platelets and fresh frozen plasma at the Intensive Care Unit to correct massive blood loss. As the patient's bleeding was still not controlled subsequent to the provision of all the above treatment, the attending doctor had made special consideration on using Novo Seven beyond the drug's registered indications. The patient's blood coagulation status had improved after the administration of the drug.

Other issues

21. Mr Andrew CHENG was of the view that the development of the Formulary had resulted in patients with insufficient means to afford the costs of the more expensive drugs not able to gain access to drugs of better efficacy. He pointed out that since the introduction of the Formulary in 2005, many drugs which were proven to be of significant benefits but with significant cost burden for HA to provide as part of its standard service were categorised as SFIs in the Formulary. Mr Fred LI expressed similar concern. Mr CHENG urged HA to scrap the Formulary to enable equitable access to drugs of proven efficacy.

22. USFH said that there was no cause for concern about patients lacking financial means would be deprived of proper care, as it was the Government's long established policy that no one should be denied adequate healthcare through lack of means. In designing the Formulary, HA was guided by the principle that public healthcare resources should be utilised with maximum effect of healthcare and provide equitable access by all patients. Special consideration had been given to ensure that no person should be charged beyond standard fees and charges for needed drugs in immediate life threatening emergency situations.

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23. Mr Albert CHAN considered it unfair that patients not in immediate life threatening emergency situations had to purchase SFIs at their own expenses. He said that some chronic patients without financial means could no longer access to certain drugs at the standard medical fees of HA after the introduction of the Formulary. USFH responded that the objective of the Formulary was to ensure equitable access to cost effective drugs of proven efficacy and safety and all drugs included in the Formulary were proven to be effective and safe.

24. Mr Albert CHAN suggested that the Panel should receive views from deputations when the subject of the Formulary was next discussed by the Panel. Mr Andrew CHENG considered that the Panel should hold a special meeting in July 2009 to receive views from deputations on the implementation of the Formulary and the guideline on the use of drugs in immediate life threatening emergency situations.

25. The Chairman advised that as the subject of "Updates on the Drug Formulary of the Hospital Authority" had recently been discussed by the Panel on 8 June 2009, he would keep in view the situation to see if there was a need to further discuss the issue before the end of this legislative session. In the meantime, the matter would be put on the Panel's list of outstanding items for discussion.

Conclusion

26. In closing, the Chairman said that members were of the view that HA should uphold and set out a clear guideline for frontline staff to implement the principle that no person should be charged beyond the standard fees and charges for needed drugs in immediate life threatening emergency situations. He requested the Administration to provide the Panel with the guideline after the internal consultation within HA. USFH agreed.

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II. Development of a territory-wide electronic healthcare record sharing system

(LC Paper Nos. CB(2)1934/08-09(02)(Revised) to (09) and CB(2) 1975/08-09(01) to (04))

Views of deputations

27. At the invitation of the Chairman, the deputations presented their views on the Government's proposal to develop a territory-wide electronic healthcare record (eHR) sharing system. A summary of the views is in **Appendix**.

The Administration's responses

28. USFH thanked the deputations for attending the meeting and giving views on the issue. USFH then made the following response -

(a) the proposal to develop a territory-wide patient-oriented eHR sharing system had been put forward as one of the service reform

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proposals in the Healthcare Reform Consultation Document entitled "Your Health, Your Life" published in March 2008. The proposal received broad support from the public during the first stage public consultation conducted from March to June 2008. It was noted that all deputations attending the meeting were also in support of the development of the eHR sharing system;

(b) the Administration would plan to fund the development of and the recurrent cost of operating and maintaining the eHR sharing infrastructure and provide the private sector assistance on eHR development in the form of (i) making available the public sector systems through licensing for local use; (ii) providing development assistance and other technical advice for interfacing; (iii) undertaking standardisation and any associated work necessary to make the standards available for use by private stakeholders for their own electronic medical/patient record (eMR/ePR) systems; and (iv) providing financial support 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 sectors where necessary. The Administration would also leverage the successful experience and expertise of HA in developing its Clinical Management System (CMS), and make available HA's systems and know-how at minimal or no cost to the private sector for developing sharing-capable eHR systems;

(c) the Administration would consider creating incentives for private healthcare providers to participate in eHR sharing, such as using eHR for various subsidised healthcare schemes and public-private-partnership projects;

(d) the Administration accorded paramount importance to data privacy and system integrity and security of the eHR sharing system. To this end, the Administration would conduct, in collaboration with the Office of the Privacy Commissioner for Personal Data (PCO) and the Office of the Government Chief Information Officer (OCGIO), Privacy Impact Assessment, Privacy Compliance Audit, Security Risk Assessment and Security Audit in respect of the whole eHR Programme and individual development designs and projects. PCO and OCGIO had also been invited to participate in the Working Group on Legal, Privacy and Security Issues under the Steering Committee on eHR Sharing (the Steering Committee); and

(e) the Administration would consult the relevant professions and stakeholders as well as the general public on issues concerning data privacy and security. The Administration would explore, based on the outcomes of the consultation, the necessary long-term legal framework for safeguarding the privacy and security of

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personal health data with particular attention to the context of the eHR sharing system.

Discussion

29. Ms Audrey EU invited deputations' views as to whether the financial and manpower resources required for the implementation of the eHR sharing system set out in paragraphs 22-35 of the Administration's paper was reasonable, given that CMS, which would be one of the main pillars to the eHR sharing infrastructure, was well-developed. It was estimated that the Government would need to invest a non-recurrent expenditure of $1,124 million in the next decade (2009-2010 to 2018-2019) for developing and implementing the eHR sharing system, and a dedicated support team of about 200 to 300 staff would need to be set up in the HA Information Technology Services (HAITS) section to provide technical support to all eHR related matters. Ms EU was also concerned about the cost to be borne by the private healthcare providers, in particular the non-government organisations (NGOs), to participate in eHR sharing.

30. Dr Henry YEUNG of Hong Kong Doctors Union said that the cost to be incurred by all the private healthcare providers for the hardware was estimated to be $20 million, assuming that the cost for a computer was about $5,000. The estimated cost for the private sector to connect with the eHR sharing platform in the public sector was about $10 million. It was estimated that the recurrent maintenance cost to be incurred by all the private healthcare providers would be $20 million each year. As the eHR development would take some 10 years to complete, the total maintenance cost to be borne by the private healthcare sector in the next decade would be about $200 million.

31. Dr Ares LEUNG of Union Hospital shared the experience of the Hospital in developing its own eMR/ePR systems for storing the medical records of the outpatient attendances through the efforts of 10 programmers. Dr LEUNG further said that while it was difficult to ascertain whether the estimated financial and manpower resources put forward by the Administration for the implementation of a territory-wide eHR sharing system was reasonable, efficiency could surely be enhanced by putting in place a mechanism that could facilitate open market competition.

32. Ms Shirley KIANG of The Hong Kong Council of Social Service said that she was pleased to note from paragraph 17 of the Administration's paper that the Administration planned to launch an eHR Engagement Initiative to invite private healthcare and IT service sectors to submit proposals on their engagement in the development of the eHR sharing system; and fund individual eHR sharing partnership projects as part of its IT infrastructural development for healthcare. Ms KIANG however expressed concern about the recurrent costs to be shouldered by NGOs for operating and maintaining their eMR/ePR systems. She suggested that the Social Welfare Department should consider budgeting a separate recurrent funding for NGOs in the social welfare sector to meet their expenditure in this regard.

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33. Dr Bennet FUNG of Town Health International Holdings Co Ltd said that the majority of private healthcare providers should already have computers. He believed that the cost to be borne by these providers for an upgraded clinical management system with sharing capabilities up to eHR standards would be more or less the same as that for the existing independent systems available in the market. The rental cost of the latter was some $5,000 each year.

34. Dr C P WONG of Hong Kong Society of Medical Informatics was of the view that given the scale and the complexity of the eHR sharing infrastructure, it was reasonable for HAITS to establish a dedicated team of 200 to 300 staff.

35. Deputy Secretary for Food and Health (Health) 2 (DSFH(H)2) said that the Administration had commissioned an independent consultant with extensive programme management expertise in the development of large-scale system and infrastructure to assist in formulating a Programme Management Plan for implementing the eHR programme and ascertaining the estimated costs required for the implementation of the programme. The estimated total non-recurrent expenditure of $1,124 million for the full development of the eHR sharing system for the 10-year planning horizon had been validated by the consultant as reasonable.

36. DSFH(H)2 pointed out that there would be altogether three major components in the development of the eHR sharing system: (a) the eHR sharing infrastructure core component which aimed to develop an infrastructure that was based on common standards, robust and secured with consent for access to allow healthcare providers in both the public and private sectors to enter, store and retrieve patients' medical records; (b) the CMS adaptation and extension component which aimed to facilitate the adoption and deployment of HA's CMS components by private healthcare providers for their own use with minimal investment and maintenance by leveraging on HA's development experience; and (c) the standardisation and interfacing component which aimed to develop technical standards for different healthcare IT systems to enable data sharing and interoperability through the eHR sharing infrastructure. Details of the breakdown of the estimated non-recurrent expenditure for the First Stage of the eHR development programme by these three components were outlined in paragraph 24 of the Administration's paper.

37. Ms Audrey EU was concerned about the data privacy and system integrity and security of the eHR sharing system, as there were a number of cases involving leakage of personal data in Government bureaux/departments in recent years.

38. Whilst appreciating the efforts to be undertaken by the Administration to protect the personal data privacy and system security of the eHR sharing system as mentioned by the Administration earlier at the meeting, Dr Winnie TANG of eHealth Consortium called on the Administration to make its efforts in this regard more transparent to the public.

39. In response to Ms Audrey EU's concern about the accuracy of the clinical data shared on the platform, Dr Bennet FUNG of Town Health International

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Holdings Co Ltd said that it remained healthcare professionals' duties to maintain accurate patients' records, regardless of whether they were recorded in a paper or electronic format. Dr C P WONG of Hong Kong Society of Medical Informatics said that the electronic sharing system could minimise duplicate investigations and errors associated with paper records.

40. Mr Andrew CHENG said that given the many uncertainties related to the participation of the patients and private healthcare providers in eHR sharing, the eHR Development Programme might turn out to be a white elephant wasting public money rather than bringing benefits for patients. Taking into account the fact that most solo private practitioners still used paper-based patient records and the tendency that patients seldom switched between private doctors/hospitals, Mr CHENG invited deputations' views as to whether it would be more cost-effective to merely enable participating private healthcare providers to assess their patients' medical records kept at HA instead of developing a territory-wide sharing system that enabled sharing of eHR between all healthcare providers in both the public and private sectors. He noted that according to the information paper provided by the Administration to the Panel on 9 March 2009 (LC Paper No. CB(2)1006/08-09(03)), the estimated non-recurrent expenditure for the CMS adaptation and extension component for the 10-year planning horizon was just $284 million.

41. Dr Gene TSOI of Hong Kong Academy of Medicine said that it was important for family doctors providing primary care to be able to assess the health records of HA in order to follow up cases whereby patients were referred to HA's hospital services. Whilst raising no opposing views on the development of a two-way eHR sharing system, Dr TSOI said that the common practice of private hospitals to provide patients with a CD-ROM containing information of laboratory test results, radiological images and hospital discharge summary at the time of discharge from hospitals could also facilitate eHR sharing between healthcare providers. He added that the interface of the proposed eHR sharing system should be user-friendly so as to enhance the willingness of family doctors to participate in two-way sharing.

42. Dr Henry YEUNG of Hong Kong Doctors Union said that private practitioners and clinics presently provided over 70% of the outpatient consultations for the whole population in the territory. Hence, enabling the share of health records of patients amongst the private healthcare providers, such as information on the drug(s) a patient was allergic to in order to avoid medication errors, was of equal importance. A territory-wide eHR sharing system would also bring the benefit of enabling disease surveillance for public health and policy making. However, the Administration should provide greater incentives for the private healthcare providers, particularly those experienced solo practitioners who maintained a large volume of paper-based medical records of patients and had to bear a high cost to convert them into records in electronic format, to participate in eHR sharing. Dr Ares LEUNG of Union Hospital expressed similar views, and pointed out that the role of private healthcare providers would be further strengthened with the Administration's efforts to address the imbalance between public and private healthcare services.

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43. Dr C P WONG of Hong Kong Society of Medical Informatics concurred that it was necessary to enable the private healthcare providers to share amongst themselves the medical records of their patients, as private healthcare providers currently accounted for around 50% of the annual total health expenditure at some $65 billion and outpatient curative care was at present predominantly provided by the private sector.

44. Ms Manbo MAN of Hong Kong Private Hospitals Association said that feedback from private hospitals participated in HA's "Public-Private-Interface Electronic Patient Record Sharing" pilot project was very positive. The project allowed participating hospitals to view their patients' medical records kept at HA, subject to the patients' consent, thus minimising the record transportation costs, eliminating repeated tests and reducing medication/prescription errors. She was of the view that as a step forward, a territory-wide two-way eHR sharing system could enable patients to receive public and private services at different times without worrying about the transfer of their medical records.

45. USFH noted deputations' views and said that it was not uncommon for patients to receive services from multiple private healthcare providers. Territory-wide eHR sharing could benefit both the patients and clinicians and bring efficiency gain to health expenditure by allowing multiple service providers in both the public and private sectors to have a faster and more comprehensive access to the patients' medical as well as other health-related data.

46. Dr LEUNG Ka-lau said that healthcare providers could only retrieve the eHR of the patient shared by other healthcare providers if all providers were willing to share the eHR they kept on the patient with others, and this was crucial to the success of the project. In the light of this, he requested the Administration to respond to the recommendations of the deputations that there should be open competition in the development of the eHR system to ensure that it was value for money; and that private healthcare providers should be incentivised to convert their existing paper-based patients' medical records into electronic form.

47. USFH advised that the major component in the eHR development programme was to develop a readily accessible central electronic platform to facilitate the sharing of eHR among different healthcare providers in both the public and private sectors. Private healthcare providers would be allowed to choose individual eMR/ePR systems that suited their needs. As such, an important part of the development of the eHR sharing system was to gauge the views of private healthcare providers on what ways eHR could potentially assist their care of patients. The Administration also intended to engage the IT service sector to encourage their participation in the development of technical solutions to meet the challenges of inter-operability. This could in turn bring in market competition for the development of an eHR sharing infrastructure and individual information systems that suited the needs of different healthcare providers.

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48. Dr LEUNG Ka-lau urged the Administration to enlist representatives from frontline HA doctors as members of the Steering Committee, having regard to their hands-on experience in using CMS, as suggested by the Hong Kong Public Doctors' Association. This could help to ensure that the design of the eHR sharing system would be user-friendly. Dr PAN Pey-chyou and Mr Andrew CHENG echoed Dr LEUNG's view.

49. USFH said that the Steering Committee would continue to gauge the views of both the public and private healthcare sectors, relevant professions and stakeholders in formulating strategies to facilitate the development of eHR infrastructure and sharing of patients' records. USFH agreed to take into account the suggestions raised by members and deputations when reviewing the representation of the Steering Committee and its Working Groups.

Conclusion

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50. Based on the views expressed by members at the meeting, the Chairman requested the Administration to explain in writing, before seeking approval from the Finance Committee for funding and manpower resources required for the implementation of the eHR programme, the strategy to promote the participation of the private healthcare sector in eHR sharing, in particular how to ensure that sufficient private healthcare providers would use the sharing system.

51. There being no other business, the meeting ended at 11:44 am.

Council Business Division 2
Legislative Council Secretariat
29 September 2009

Appendix

Panel on Health Services

Summary of views/suggestions given by deputations on the development of a territory-wide electronic health record sharing system at the special meeting on 19 June 2009

Name of deputation [LC Paper No. of submission]	Views/suggestions
Hong Kong Academy of Medicine	• supports the development of a territory-wide electronic health record (eHR) sharing system because it will benefit the chronic patients by facilitating hospital-primary care interface on the one hand, and on the other hand enhancing integrate of care amongst community healthcare service providers; and redress public-private imbalance • considers that the Administration should step up public education on the advantages of sharing of health records, and the benefits of an eHR system with sharing capabilities
Hong Kong Medical Association	• supports the development of a territory-wide eHR sharing system • urges the Administration to provide greater incentives and assistance to encourage private healthcare providers, particularly those experienced solo practitioners, to participate in eHR sharing, having regard to the fact that not more than 0.5% of the private healthcare providers are presently using electronic-based patient records and not more than 20% of the private healthcare providers have computers
Hong Kong Doctors Union	• supports the development of a territory-wide eHR sharing system • considers that the Administration should step up its effort in encouraging doctors providing primary care to participate in eHR sharing, given that many practitioners at present do not have the hardware and the knowledge to implement electronic-based patient records and there is a general perception that entering clinical data into the electronic system during consultation will hinder the interaction between doctors and patients

Name of deputation [LC Paper No. of submission]	Views/suggestions
The Hong Kong Dental Association [LC Paper No. CB(2)1934/08-09(04)]	• welcomes the proposed development of a territory-wide eHR sharing system as it can help maintain a more comprehensive and lifelong medical record of patients; promote the family doctor concept and continuity of care; facilitate referral and follow-up cases; and serve as a platform to facilitate public-private partnership schemes • suggests the Administration to take proper measure to raise the civil service's awareness of online security and keep them abreast with the advanced trends of technology development in order to ensure that risks of eHR security can be detected in advance • suggests the Administration to include user feedback in the design and development of the eHR programme so as to ensure that the programme design is user-friendly and the data input procedure is time-saving; and provide greater incentives to the dental sector, such as provision of technical support and training, to encourage their participation in eHR sharing as presently less than 20% of dentists are using electronic-based patients records
Hong Kong Society of Medical Informatics [LC Paper No. CB(2)1934/08-09(05)]	• supports and urges the early implementation of the initiative to develop a territory-wide eHR sharing system as it allows timely sharing of essential and comprehensive medical information of patients amongst different healthcare providers and can further enhance public-private partnership (PPP) • considers that the Clinical Management System (CMS) of the Hospital Authority (HA), which contains approximately 55% of all health transaction data of the territory, is a crucial asset to be leveraged upon • suggests the Administration to step up its efforts to promote and provide support to those experienced medical practitioners who had left the HA before the development of CMS the use of electronic-based patients records
The Association of Licentiate of Medical Council of Hong Kong	• supports the development of a territory-wide eHR sharing system • urges the Administration to provide greater incentives and assistance to encourage private

Name of deputation [LC Paper No. of submission]	Views/suggestions
	healthcare providers to participate in eHR sharing as private doctors and clinics currently use mainly paper-based patient records
Hong Kong Public Doctors Association [LC Paper No. CB(2)1975/08-09(04)]	• supports the development of a territory-wide eHR sharing system because this initiative, if properly planned, regulated, maintained, rolled-out and implemented, is beneficial to the members of the public • urges the Administration to revise the membership of the Steering Committee on eHealth Record Sharing (the Steering Committee) to include a representative of public doctors, having regard to their extensive hands-on experience in using the CMS of HA which the eHR development would be leveraged upon
Hong Kong Private Hospitals Association	• supports the development of a territory-wide eHR sharing system and indicates that the 13 private hospitals are all willing to participate in eHR sharing • expresses concern about the hardware and implementation cost for upgrading their existing electronic medical/patient record systems with sharing capabilities up to eHR standards
Union Hospital	• supports the development of a territory-wide eHR sharing system because it will enhance the quality of care provided to patients by enabling better access by different healthcare providers to acquire their health and medical data • considers that there are reasons to believe that the implementation of eHR sharing system will not be too difficult, as experience from the Hospital suggests that new generation of doctors can make full use of their experience in using CMS when they worked in HA and the more experienced doctors are able to adapt gradually to using electronic-based patients records after training
Town Health International Holdings Co. Ltd.	• considers that the facts that most private doctor and clinics are using mainly paper-based patient records and that The Medical Council of Hong Kong presently places a great emphasis on paper records when conducting disciplinary proceedings will be major

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	obstacles for the implementation of the eHR sharing system
eHealth Consortium	• supports the development of a territory-wide eHR sharing system because it can enhance the management of patients' records, the quality of care of healthcare providers and PPP, and provide individuals with greater control and access to their own health and medical records • urges the Administration, in collaboration with the Office of the Privacy Commissioner for Personal Data, to conduct privacy compliance audit and security risk assessment during the development of the eHR programme and the results of which should be made public • considers it important to develop a highly secured system to authenticate the identities of participants, thus enhancing public confidence in the eHR system; and to engage the public and private healthcare sectors as well as the IT sector throughout the entire development process of the eHR programme
The Hong Kong Council of Social Service [LC Paper No. CB(2)1934/08-09(06)]	• considers that the eHR sharing system can further enhance the integrate of care at hospitals with that in the community, such as residential care services for the elderly and the disabled and home-based community care and support services. This in turn helps to alleviate the demand of medical service in hospital with decreasing re-admission rate and possible early discharge • urges the Administration to provide subsidy to the non-government organisations (NGOs) to cover the setup and maintenance costs for the infrastructure • suggests that the Administration should enlist representatives from NGOs as members of the Steering Committee
Tung Wah Group of Hospitals	• supports the development of a territory-wide eHR sharing system because it will allow the residential care homes for the elderly to access the hospital discharge summary, laboratory testing results and drug history of their residents at the right time in order to formulate suitable care plans for the residents

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United Christian Nethersole Community Health Service [LC Paper No. CB(2)1934/08-09(07)]	• supports the development of a territory-wide two-way eHR sharing system as it can enable patients to receive public and private services at different times without worrying about the transfer of their medical records; and further enhance the integrate of care at hospitals with that in the community
Consumer Council [LC Paper No. CB(2)1934/08-09(08)]	• supports the development of a territory-wide eHR sharing system as it can benefit both the patients and clinicians and bring efficiency gain to health expenditure • suggests that the Administration should widely consult the relevant professionals and the stakeholders in the implementation of the eHR development programme • considers that the Administration should implement measures to safeguard the privacy and security of eHR; and explore the long-term legal framework to protect data privacy and define the rights of individuals to retrieve, use and transfer their eHR as well as the responsibilities of the healthcare providers in collecting, storing and accessing the data • expresses concern about whether the healthcare providers will transfer the cost for participating in eHR sharing to consumers
Hong Kong Computer Society	• supports the development of a territory-wide eHR sharing system because this initiative will facilitate collaboration between different healthcare providers for seamless integrated care and enable patients to receive public and private services at different times without worrying about the transfer of their medical records. • welcomes the opportunity for the IT profession to involve in the development of standards and solutions for information security and system inter-operability • considers it essential to conduct privacy impact assessment and privacy compliance audit at various stages of the development and implementation of the eHR programme • suggests that the eHR system should be user-friendly with human-computer interface and

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	include a self-training tool with demonstration features so as to reduce the efforts of the private doctors to learn to use the system
Internet Professional Association	• considers it an opportune time for the Administration to implement eHR sharing in Hong Kong, having regard to the availability of mature technology that supports eHR and the successful experience of overseas eHR initiatives • supports the establishment of a dedicated office to oversee the eHR development and the approach that the Government is to take a leading role at the formative stage and engage the IT service providers at the later stage to develop eMR/ePR systems with sharing capabilities based on commonly adopted standard • agrees that the development of eHR sharing system should be based on a building block instead of a big-bang approach • suggests the Administration to roll out more pilot projects before the full implementation of the eHR sharing system to ensure acceptance by the community
Internet Society Hong Kong	• supports the development of a territory-wide eHR sharing system • suggests that the eHR sharing system should adopt Open Source Software and apply Web 2.0 to improve accessibility, and adopt the latest international protocol standards • considers that the management of the eHR development programme should be highly transparent to enable the public engagement
Information and Software Industry Association	• supports the development of a territory-wide eHR sharing system • suggests the Administration to provide greater incentives and resources to private doctors with a view to encouraging their participation in eHR sharing; and provide nurses of private clinics with appropriate training

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Alliance for Patients' Mutual Help Organizations	• supports the development of a territory-wide eHR sharing system because it will facilitate collaboration between different healthcare providers for seamless integrated care, reduce medication/prescription errors and eliminate repeated laboratory tests for chronic patients
Alliance for Renal Patients Mutual Help Association	• supports the development of a territory-wide eHR sharing system because it would enable the chronic disease patients to receive healthcare services from different providers at different times without worrying about the transfer of their medical records
Hong Kong College of Radiologists	• supports the development of a territory-wide eHR sharing system and considers that such a system was technically feasible in Hong Kong. The successful experience of the radiologist profession in using the Picture Archive and Communications System which enables digital communication, archiving, processing and viewing of images suggests that storing the patients' medical records in electronic format can facilitate patient management on the one hand, and on the other hand improve the efficiency of healthcare interventions
Senior Citizen Home Safety Association [LC Paper No. CB(2)1934/08-09(09)]	• supports the development of a territory-wide eHR sharing system because it will further enhance the integrate of healthcare with social welfare services and empower patients to manage their personal healthcare

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