

立法會

Legislative Council

LC Paper No. CB(2)1006/08-09(06)

Ref : CB2/PL/HS

Panel on Health Services

Background brief prepared by the Legislative Council Secretariat for the meeting on 9 March 2009

Development of a territory-wide electronic healthcare record sharing system

Purpose

This paper provides background information on the development of a territory-wide electronic healthcare record (eHR) sharing system by the Administration and an account of the past discussions by the Panel on Health Services (the Panel) relating to the matter.

Background

2. Developing a territory-wide eHR sharing system for healthcare professionals in both the public and private sectors to enter, store and retrieve patients' records, subject to authorisation by the patients, was set out in the Healthcare Reform Consultation Document entitled "Your Health, Your Life" published on 13 March 2008. The territory-wide eHR sharing system can enhance continuity of care as well as better integration of different healthcare services for the benefits of individual patients. It can also facilitate the implementation of various healthcare reforms, including enhancing primary care in both the public and private sectors, as well as promoting public-private partnership in the provision of healthcare services.

3. To take forward the initiative to develop a territory-wide eHR sharing infrastructure, the Secretary for Food and Health (SFH) has appointed a Steering Committee on eHR Sharing (the Steering Committee) chaired by the Permanent Secretary for Food and Health (Health) and comprising members from the healthcare professions in both the public and private sectors. The Steering Committee is tasked to develop a work programme for the development of eHR

and has set up working groups comprising experts in the relevant field to examine issues relating to her development, especially privacy, security, technical standards, legal framework, and institutional arrangements.

4. The proposal to develop a territory-wide eHR sharing system received broad support during the public consultation on healthcare reform from March to June 2008. Other views/concerns received from respondents are as follows -

- (a) Chinese Medicine practitioners should also be allowed to join the territory-wide eHR sharing system to facilitate links and co-operations between Western and Chinese Medicines;
- (b) patients with chronic disease would like to see the electronic records to be available as soon as possible so that they would not need to spend extra money to repeat medical examinations in private hospital;
- (c) some private practitioners were not ready to share their patients' data with the public sector or other private healthcare practitioners. Others were of the view that the existing paper-based practice could sufficiently meet the need in sharing patients' records on an ad hoc basis;
- (d) some organisations and individuals suggested that financial incentives should be provided to encourage private sectors to build up the necessary infrastructure. Some pointed out that private doctors might neither possess the relevant information technology facilities nor knowledge which might hinder the implementation of the initiative, and considered that the Government should take the lead in devoting resources to develop this infrastructure for the community as a whole;
- (e) stringent regulations should be imposed to protect the interests of patients; whereas some would like to have a legislative framework to back up the use of the patients' data; and
- (f) patients should have access to their own records.

Past discussions

5. At the meeting of the Panel on 14 April 2008 to discuss the Elderly Health Care Voucher Pilot Scheme, Hon Audrey EU expressed the view that the Public-Private Interface - Electronic Patient Record (PPi-ePR) pilot project of the Hospital Authority (HA) should be extended to the electronic elderly health care voucher system, as it was important for participating healthcare providers to

know the clinical conditions of the elderly under their care. The PPI-ePR pilot project, launched by HA in April 2006, permits participating private medical institutions and doctors, with patients' consent, to obtain through the internet, their patients' records kept by HA.

6. The Administration advised that the electronic voucher system was designed for the specific purpose of administrating the Elderly Health Care Voucher Pilot Scheme. The major functions of the system included managing information of healthcare providers, managing health care voucher accounts for participating individuals, managing the claims and reimbursement of health care vouchers, and monitoring the operation of the voucher scheme. The electronic voucher system would provide the basic infrastructure for similar initiatives of promoting public-private partnership in healthcare through vouchers, such as the pilot schemes to purchase primary care services in Tin Shui Wai and purchase cataract surgeries from the private sector. The electronic voucher system in itself was thus distinct from the eHR sharing system. The functions of the two systems were complementary and not overlapping. To expedite the development of the electronic voucher system, decision was taken not to incorporate the eHR sharing system as part of the electronic health care voucher system at this stage.

7. The Administration, however, pointed out that its plan was to promote the PPI-ePR pilot project alongside the Elderly Health Care Voucher Pilot Scheme, so that doctors participating in the Scheme might also join the PPI-ePR pilot project and had access, with patients' consent, to the patients' record kept by HA. In the long run, it was the Administration's intention to look into the integration of the electronic voucher system with the eHR sharing system. This would be made possible by the fact that both the electronic voucher system and eHR sharing system would be developed by making use of HA's existing infrastructure and information technology expertise.

Recent developments

8. At the special meeting of the Panel on 17 October 2008 to receive a briefing from SFH on the new initiatives and progress of on-going initiatives relating to health matters set out in the 2008-2009 Policy Agenda, members were advised that an Electronic Health Record Office (the eHR Office) under the Food and Health Bureau would be set up in the coming year for the Government to coordinate the development of the eHR System in the public and private sectors.

9. As the development of electronic health records system was an enormous and complex task which involved multiple healthcare institutions and professions in both the public and private sectors, a consensus was reached among healthcare professions in both sectors that the system development programme should be carried out in a government-led approach with participation and collaboration

from the private sector. At the present stage, the Administration had, in accordance with the initial recommendations of the Steering Committee, proceeded to formulate the overall eHR development blueprint in the next decade. The eHR Office would take forward the system development in a phased and orderly approach, and engage relevant healthcare professionals from both the public and private sectors in the entire process. The preliminary target was to connect public and private hospitals to the eHR sharing system for sharing of patients' records, and to provide a platform for private doctors, clinics and allied health service providers to connect to the electronic health records system by 2013-2014.

Relevant papers

10. Members are invited to access the Legislative Council website (<http://www.legco.gov.hk>) for details of the relevant papers and minutes of the meetings.

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4 March 2009