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The Government of the Hong Kong Special Administrative Region  
The People's Republic of China

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Miss Mary SO  
Clerk to Panel on Health Services  
Legislative Council  
Legislative Council Building  
8 Jackson Road, Central  
Hong Kong

Dear Miss So,

**Development of a Territory-Wide Electronic Health Record Sharing System  
Participation of the Private Sector**

At the special meeting of the Legislative Council Panel on Health Services on 19 June 2009, 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 electronic health record (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 service providers will use the sharing system. Our reply is given below.

The Administration has explained the strategy for the development of the eHR sharing system when we briefed the Panel on Health Services on the eHR development programme on 9 March. Supplementary information was also provided to the Panel subsequently on 12 May and 19 June to further explain the Administration's strategy. The participation of the private healthcare sector is an important part of our development strategy. We also attach great importance to the role of IT sector to provide the relevant system services. The importance of the participation of the private sector and the part it plays in healthcare reform have been set out in detail in the aforementioned papers. We consider that developing eHR sharing in the public sector alone will fail to achieve the objective of providing an essential infrastructure for the implementation of healthcare reform.

In sum, the Administration's strategy to promote the participation of the private sector includes the following -

- (1) A Steering Committee on eHR Sharing (Steering Committee) was established from the outset to invite the participation of representatives from both the public and private healthcare sectors and other professions for formulation of a development plan for eHR sharing to ensure that the development of the system has their support, and to invite them to put forward specific suggestions on how the private sector can be incentivised to participate in eHR sharing.
- (2) The 10-year overall eHR development programme that the Administration now puts forward is devised based on the preliminary consensus reached by the Steering Committee in July 2008. We have taken into account the actual situation of the private healthcare sector in Hong Kong in devising the development programme so that it can best meet its needs.
- (3) The Steering Committee will continue to perform the function of gauging the views of both the public and private healthcare sectors. With the implementation of the development programme, the various Working Groups under the Steering Committee will also be expanded to include various relevant professions and stakeholders, and will conduct public consultation so as to further forge a consensus on the development of eHR sharing.
- (4) The Administration has launched the "Electronic Patient Record Sharing" (ePR) pilot project since 2006. The pilot project is well received and has thus far enrolled over 64 000 patients, 1 350 private healthcare professionals, 12 private hospitals and 10 other private and non-government organisations (NGOs) providing healthcare-related services.
- (5) In implementing the development programme, the Administration will, by way of pilot projects, continue to test the feasibility and acceptability of eHR sharing as well as different technical and operational options to ensure that each component of the sharing system suits the needs of the healthcare sector and members of the public as far as possible upon its implementation.
- (6) The development of eHR sharing involves the optimal use of the existing Clinical Management System (CMS) and the technical know-how of the Hospital Authority (HA) as well as its successful experience and expertise accumulated in developing the CMS. This will facilitate the development of individual systems by the private sector and familiarisation of the system by the large number of doctors who have received training in HA.
- (7) At the same time, we will also take account of the electronic information systems being used or planned by private hospitals, private practitioners, private laboratories and other private healthcare service providers. Some of these

systems are provided by individual IT service providers. The Administration will provide them with technical support to facilitate eHR sharing.

- (8) Private healthcare service providers will be allowed to choose individual systems that suit their needs. To ensure the capability of eHR sharing, the different systems that they use must comply with certain common standards and have the capability of interfacing with the eHR sharing infrastructure. The Administration will develop these standards jointly with the public and private healthcare sectors and other relevant professions.
- (9) The Administration also plans to launch an eHR Engagement Initiative (EEI) to invite private healthcare and IT service sectors to submit proposals on their engagement in the development of the system. The Administration will provide capital investment and fund individual eHR sharing partnership projects as part of its IT infrastructural development for healthcare. The principle of Government investment is that no subsidy will be provided to cover the day-to-day operation of private sector partners. They are required to bear their own hardware and recurrent costs, as well as other costs incurred by the development of any additional or special components of their systems.
- (10) Since the Administration will bear the costs for research, development and infrastructure, we have reasons to believe that the cost to be borne by private sectors participating in eHR sharing will not be too much. This is also one of the important incentives in the comprehensive development plan to attract the private sector to participate.
- (11) The Administration will also promote gradual implementation of eHR sharing system in the private healthcare sector through the introduction of Public-Private Partnership projects. For instance, private doctors participating in the Cataract Surgeries Programme (providing subsidy for patients to have cataract surgeries performed by private ophthalmologists) and the Tin Shui Wai Primary Care Partnership Project have already been using the ePR system provided by the Administration.
- (12) In addition, the Elderly Health Care Voucher Pilot Scheme (providing partial subsidy for the elderly to enable them to choose primary care services in their local communities that best suit their needs) and the Influenza Vaccination Subsidy Scheme (providing subsidy to children for influenza vaccination) also help promote the use of computers and network by private healthcare service providers and the establishment of an electronic healthcare service platform.

The development of the eHR sharing system as an infrastructure to support the healthcare reform received broad support from members of the public, healthcare professionals and other stakeholders in the first stage public consultation on healthcare reform in 2008. The current development programme of eHR sharing is based on the

consensus reached among public and private healthcare professionals after deliberation and is supported by the healthcare sector. Besides, the response of the private healthcare sector, including private hospitals, private doctors and other private healthcare providers, has so far been positive towards the various eHR-related pilot projects. They also strongly support the sharing of patient records and consider that it can help improve the quality of healthcare and enable private doctors to provide more suitable services for patients. Most doctors are enthusiastic about the development of two-way record sharing in future, and many doctors even request further expansion of the scope of medical records to be shared.

The development programme received unanimous support from organisations of various sectors in their submissions to the Legislative Council Panel on Health Services on 9 March 2009, and from the deputations attending the special meeting of the Panel on 19 June, including Hong Kong Academy of Medicine, College of Nursing of Hong Kong, Hong Kong Medical Association, Hong Kong Doctors Union, Hong Kong Dental Association, Hong Kong Society of Medical Informatics, Association of Licentiate of Medical Council of Hong Kong, Hong Kong Public Nurses Association, Hong Kong Public Doctors' Association, Hong Kong Private Hospitals Association, individual private hospitals and medical institutions, eHealth Consortium, Hong Kong Council of Social Service, Professional Commons, Tung Wah Group of Hospitals, United Christian Nethersole Community Health Service, Consumer Council, various IT professional associations and patient groups, etc. The concerns raised by different organisations on the development of eHR sharing system have been taken account of by the Administration in the proposed development programme.

In view of the above, together with the Administration's strategy to promote the participation of the private sector, we are optimistic about the support and participation of private healthcare service providers. Because of this, instead of engaging only IT professionals to develop the system, it is necessary to set up an Electronic Health Record Office under the Food and Health Bureau to implement the above strategy and specific measures to promote the participation of the private sector and to handle any policy and legal issues involved.

Yours sincerely,



(Bruno LUK)

for Secretary for Food and Health