For Discussion on
15 December 2014

Legislative Council Panel on Health Services

Proposed Retention of Two Supernumerary Directorate Posts of the Electronic Health Record Office of the Food and Health Bureau

PURPOSE

This paper briefs Members on the proposal to retain two supernumerary directorate posts of the Electronic Health Record (eHR) Office in the Health Branch of the Food and Health Bureau (FHB) for another three years.

BACKGROUND

2. The development of a territory-wide eHR Sharing System (eHRSS) is one of the healthcare reform proposals put forward by the Government in 2008. The new system will provide an essential infrastructure for access and sharing of participating patients' health data by authorised healthcare providers (HCPs) in the public and private sectors. The objective is to enhance continuity of care, promote public/private sector collaboration and improve quality of healthcare delivery.

3. The full development of the eHRSS is a 10-year, two-stage programme which straddles from 2009-10 to 2018-19. For the Stage 1 eHR Programme, the main targets are –

(a) to set up the eHR sharing platform for connection with all public and private hospitals;

(b) to have electronic Medical Record / electronic Patient Record (eMR/ePR) systems and other health information systems available in the market for private doctors, clinics and other HCPs to connect to the eHR sharing platform; and

(c) to have the eHR legislation in place to protect data privacy and system security prior to the commissioning of the eHRSS.

4. In July 2009, the Finance Committee (FC) of the Legislative Council (LegCo) approved a capital funding commitment of $702 million for the Stage 1 eHR Programme from 2009-10 to 2013-14. The FC also approved the creation of one supernumerary Administrative Officer Staff Grade B (AOSGB) (D3) post (subsequently designated as Head/eHealth Record (H(eHR)) and one supernumerary Administrative Officer Staff Grade C (AOSGC) (D2) post (designated as Deputy Head/eHealth Record (DH(eHR)) for the eHR Office of the FHB for four years. The FC further approved in June 2013 the retention of these two directorate posts up to 31 March 2015 to provide continued directorate support in planning, development and implementation of eHRSS.

5. The major responsibilities of H(eHR) are to lead the eHR Office to implement the eHR development programme; provide strategic steer and direction to colleagues of the eHR Office as well as the dedicated eHR teams of the Hospital Authority (HA) which serves as the technical agency for FHB; set development plans and work targets; ensure proper resource management and coordination of support; gauge the concerns of stakeholders and formulates strategies to promote adoption of eHR by the community. As regards DH(eHR), the major duties are to assist H(eHR) in the formulation of detailed action plan; examine the relevant legal issues relating to eHR sharing; devise the legal framework necessary for operating the eHRSS; develop the long-term institutional arrangements for the governance, operation and maintenance of the eHR sharing infrastructure; promote eHR to stakeholders; and provide secretariat support to the Steering Committee on eHR Sharing (EHRSC).

PROGRESS OF eHR PROGRAMME

6. Implementation of the Stage 1 programme comprises both technical and non-technical preparatory work. We completed the necessary technical work to ensure that the eHR sharing platform core infrastructure, the Clinic Management System (CMS) adaptation [1] modules and CMS On-ramp[2] application, as well as the standardisation and interfacing component, were ready for commissioning in April 2014. Development of some non-core functions is in progress but will not affect the launch of the Stage 1 eHRSS.

7. Non-technical preparatory work for the launching of the eHRSS, including drafting of relevant Codes of Practice (COP) and other administrative documents; privacy impact assessment (PIA); formulation of migration plan for the Public Private Interface-electronic Patient Record Pilot Project (PPI-ePR) to the eHRSS; formulation of the security and audit framework; and drawing up of the publicity and promotion plan, is taking shape and will be finalised before the launch of the eHRSS. Meanwhile, the eHRSS Bill was introduced to LegCo on 30 April 2014. Scrutiny of the Bill by the Bills Committee is in progress. Subject to the passage of the Bill in early 2015, we target to commission Stage 1 eHRSS in the latter half of 2015.

8. In parallel, we are finalising the scope of the Stage 2 eHRSS development. We will seek the approval of the FC on the funding commitment in due course.

JUSTIFICATIONS

9. The coming three years will be the critical period for the smooth initial operation of Stage 1 eHRSS and successful continued development

[1] CMS Adaptation modules are modules developed with a view to facilitating private hospitals to connect to and interface with the eHRSS.

[2] CMS On-ramp is a clinic management software with sharing capability developed under the eHR Programme. It is a turn-key system readily usable by private clinics.

of Stage 2 eHRSS. The existing organisation chart of the eHR Office is at **Annex A**. Between now and 31 March 2015, H(eHR) will need to oversee the aforementioned preparatory work for the launching of the eHRSS, while DH(eHR) will continue to provide directorate support to H(eHR) on these job duties.

10. To ensure that the eHR Office will continue to be led by a senior directorate officer who possesses the necessary leadership skills, administrative experience, strategic vision and political acumen to steer through the complicated tasks, we propose to retain the supernumerary post of H(eHR) for three years up to 31 March 2018. H(eHR) will oversee all aspects of work of the eHR Office, and will be heavily involved in engaging stakeholders and liaising with senior staff of relevant government departments and statutory bodies. Performing these duties would require an officer with sufficient seniority and consensus-building capability. Moreover, H(eHR) will assume the role of the Commissioner for the eHR (eHRC) to perform the statutory functions and powers in accordance with the to-be-enacted eHRSS Ordinance (see **Annex B**). In view of the complexity and sensitivity of the wide range of issues involved, we consider it necessary to retain the supernumerary post of H(eHR) pitched at AOSGB (D3) rank.

11. We also propose to retain the supernumerary post of DH(eHR) to assist H(eHR) in carrying out his duties. Given that the effective discharge of DH(eHR)'s duties will require dedicated planning and coordination at the directorate level with strong management experience, we consider it necessary to retain this post pitched at AOSGC (D2) rank. The proposed job descriptions of the two posts are at **Annex C**. Meanwhile, other staff of eHR Office will provide dedicated support to the two posts, leveraging on the existing resources and the experience gained during the development of Stage 1 eHRSS. We will review the continued need for the two posts by early 2018 having regard to the operational experience of Stage 1 eHRSS and the development progress of Stage 2 eHRSS. The major tasks to be performed by the two posts in the coming three years are set out in paragraphs 12 to 31 below.

(a) Operations of the eHRSS

12. Participation in the eHRSS is voluntary in nature. Only healthcare recipients (HCRs) who choose to participate on express and informed consent will have their health data shared through the system. As for HCPs, only those who choose to participate and comply with the requirements for eHR sharing can upload and view data through the system. H(eHR) will lead this team to actively publicize the new system in its first three years of operation. While HA will be responsible for the administration of daily enrolment work, H(eHR) will provide overall steer, formulate the recruitment strategies and give instructions on necessary adjustment.

13. The planned large-scale promotional activities during the launch of the Stage 1 eHRSS include: on-site eHR enrolment campaign at HA and Department of Health (DH)'s clinics and other selected premises; production and dissemination of promotional materials; production and broadcast of Announcement in Public Interest (API); organisation of briefings on eHRSS operation and the new legislation etc. There will be on-going activities to raise public's awareness and acceptance towards eHR sharing, and to recruit new registrants for the eHRSS. We anticipate that participation of HCPs and HCRs will grow over time.

(b) Compliance with the eHRSS Legislation

14. One of the functions of the eHRC will be to supervise the compliance with the eHRSS legislation. The eHRC would keep a register of participating HCPs and make it available for public inspection. The eHRC may require HCPs to produce records or documents under specified circumstances (e.g. contravention of the eHRSS legislation or the COP) for investigation purpose.

(c) System Maintenance of eHRSS

15. While the day-to-day maintenance of the eHRSS will be undertaken by the HA as the technical agency, the eHR Office will closely

monitor HA's work to ensure optimisation of system performance and functionality to match the expectation and business needs. Same as other large information technology (IT) systems, refinements and enhancement to the eHRSS will be made where appropriate. We will be mindful of the ever changing security landscape and to provide security enhancement to safeguard against threats and breaches. DH(eHR) will assist H(eHR) to oversee HA to ensure that the enhancement will be done in alignment with our policy objectives and public expectation.

(d) Engagement and Training for HCPs

16. Taking part in eHRSS would require HCPs to make changes to their organisations' technical environment as well as business workflow. HCPs would need to initiate business change management. We will need to play an active role to get HCPs' management buy-in as well as to provide appropriate assistance to the HCPs. The follow-up with these stakeholders will involve liaison at both directorate and non-directorate levels.

17. We will also continue to partner with the healthcare professional organisations, such as the Hong Kong Medical Association, Hong Kong Dental Association, etc. to promote eHR sharing and the adoption of electronic medical information systems among the healthcare professions. Engagement activities will be organised on an on-going basis, and technology know-how service will be provided to engaged IT vendors and HCPs.

18. The implementation of the eHR Programme will lead to increase in the private sector's use of eMR/ePR system. We will continue to launch the eHR Internship Programme to train and provide practical experience for graduates from healthcare related or IT disciplines to take part in eHR-related activities, and enhance health informatics capacity in Hong Kong.

(e) System Security and Data Privacy

19. Public confidence in the eHRSS has to be underpinned by stringent protection of eHR data. This requires not only appropriate technologies to safeguard data security and minimise the risk of leakage of personal health data, but also rigorous security procedures and policies.

20. We will keep security policies, plans and procedures under constant review having regard to the technological advancement and rising security requirements and expectation from the public. We will organise annual disaster recovery rehearsal drill and major incident response rehearsal drill among relevant stakeholders including the HA and participating HCPs to ensure their familiarity with the incident response procedures, and to review the validity of the plans. We will carry out regular and ad hoc security risk assessment and audits on the eHRSS and related systems. We have also set up an eHRSS IT Security Working Group and an Information Security Incident Response Team, both led by DH(eHR).

21. We accord paramount importance to data privacy. In addition to conducting PIA and Privacy Compliance Audit before and after the launch of Stage 1 eHRSS respectively, we will set up a privacy team to assist the eHRC to formulate privacy protection policy and oversee the compliance of protection principles.

(f) Handling of Applications for Secondary Use of eHR Data

22. The eHRSS Bill has provided for the use of eHR data for research and statistics. For this purpose, a research board will be set up to advise the Secretary for Food and Health (SFH) on the applications concerning the use of patient-identifiable data. Requests for non-patient-identifiable eHR data for research and statistical use will be considered by the eHRC.

23. We will work out the detailed workflow, procedures, application criteria, terms and agreements for using the eHR data, etc., and produce guidelines for the secondary use of eHR data before the commissioning of

the eHRSS. We will provide secretariat support to the research board and handle the applications received. Given the sensitive nature of health data, we will need a senior directorate officer to ensure careful assessment of the applications to strike a balance between public interest and privacy of patients.

(g) Stage 2 eHRSS Development

24. We plan to commence the development of Stage 2 eHRSS after the Stage 1 eHRSS comes into operation. We are working with the HA on the scope and resources requirement for Stage 2 development. We estimated in 2008 that the Stage 2 eHRSS would require a ballpark figure of around $422 million capital expenditure. We will later seek the approval of the FC on the funding commitment for Stage 2 development.

25. The tentative project scope of Stage 2 will cover radiological image sharing, expansion of the scope of sharable data, new features to enhance patient control/choice, patient portal, Chinese medicine and relevant pilots. We will need to conduct comprehensive research, devise options, analyse the pros and cons, engage relevant stakeholders, and formulate appropriate operational arrangements, etc.

26. In particular, we have undertaken at the meeting of the Panel on Health Services on 11 June 2012 to conduct for the Stage 2 of the eHR Programme a study on additional access control for sensitive data. We will conduct the study along a positive direction, with a view to developing and implementing some form of new device/arrangement enabling additional control/choice for patients.

(h) Overseeing eHR Development in DH

27. In support of the policy initiative of eHR sharing, DH plans to implement its eHR projects by two phases. Phase 1 would lead to the development and use of patient-oriented and fully integrated Clinical

Information Management System (CIMS) for selected services[3] in DH. Phase 1 CIMS is being launched by phases from September 2013 to 2015. DH will afterward embark on the development of Phase 2 CIMS from 2015 onwards, so as to fulfil the mandate from the eHR Programme that DH should eventually arrange for sharing of patient records from all its clinical services.

28. The streamlined operation between the CIMS and the eHRSS is a pre-requisite for the eHR Programme to achieve its objectives. H(eHR) and his team have been closely monitoring DH's progress in completing its various Phase 1 projects.

(i) Steering Committee on eHR Sharing

29. The EHRSC[4] chaired by the Permanent Secretary for Food and Health (Health) will continue to provide advice and steer on development of the territory-wide eHR sharing infrastructure upon commencement of operation of Stage 1 eHRSS. Key stakeholders in the public and private sectors will continue to be engaged in the EHRSC and its four Working Groups. Secretariat support to the EHRSC and Working Groups will continue to be provided by the eHR Office.

(j) Migration of the PPI-ePR and Public-Private Partnership (PPP) Programmes

30. PPI-ePR was launched in April 2006 as a pilot programme to test the concept of electronic patient record sharing. It is a one-way sharing pilot that enables participating private HCPs to view patients' records in HA subject to patients' consent. The platform also supports the operation of healthcare PPP programmes such as the cataract surgeries programme

---

[3] They include the Families Clinics, Social Hygiene Clinics, Dental Clinics, Clinical Genetics Services, Antenatal Service in the Maternal and Child Health Centres, Special Preventive Programme, the Childhood Immunisation Programme, as well as the setting up of the network infrastructure for around 100 clinics in these services.

[4] EHRSC comprises representatives of key stakeholders in the public and private sector, including HA, patient groups, healthcare related professional bodies and the Office of the Government Chief Information Officer.

etc.

31. Upon the launch of eHRSS, the PPI-ePR scheme will eventually be decommissioned after having fulfilled its mission as a pilot. By mid-2015, the number of PPI-ePR participants is expected to reach 400,000, with around 3,500 participating healthcare professionals. Before the eventual step down, we will coordinate the smooth migration of the PPI-ePR participants to eHRSS with minimal impact. H(eHR) will provide overall steer for handling the migration and those not-yet-migrated participants.

ALTERNATIVES CONSIDERED

32. FHB (Health Branch) oversees the health portfolio and is responsible for the formulation of medical and health policies and related monitoring and legislative work. It is headed by an Administrative Officer Staff Grade A1 (D8) officer, designated as Permanent Secretary for Food and Health (Health). The existing organisation chart of FHB (Health Branch) is at **Annex D**.

33. We have carefully considered whether there is scope for internal redeployment of other existing directorate officers in the Health Branch of FHB for discharging the tasks of H(eHR) and DH(eHR). Having regard to the portfolio and workload of the concerned officers (details of the work schedule of these posts are set out at **Annex E**), we consider this not operationally feasible without affecting the quality of their work as all of these officers are fully engaged in their respective duties.

FINANCIAL IMPLICATIONS

34. The proposal of the retention of the two directorate posts will bring about an additional notional annual salary cost at mid-point of $3,758,400. The additional full annual average staff cost, including salaries and staff on-cost, is $5,428,000.

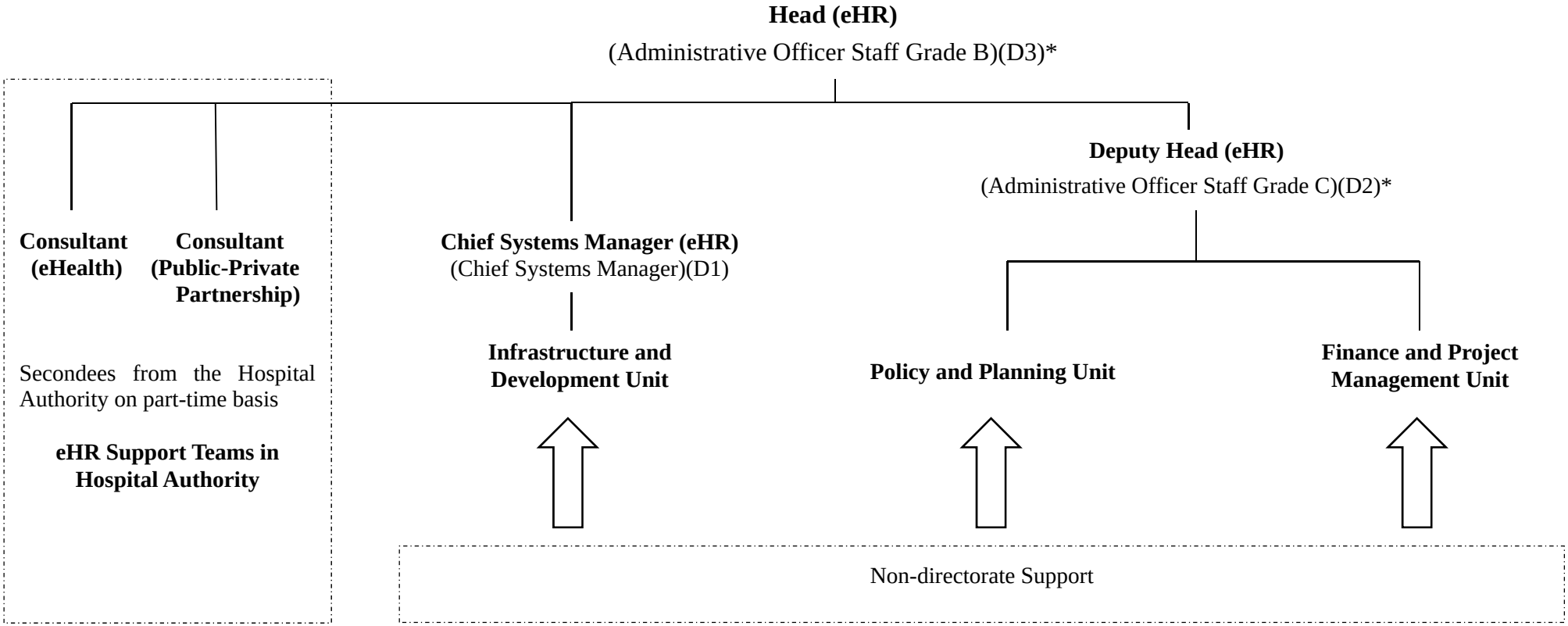
WAY FORWARD

35. Subject to Members' views, we will seek the Establishment Subcommittee's support of the proposal in early 2015, for recommendation to the FC for approval.

Food and Health Bureau
December 2014

Annex A

Organisation Chart of the Electronic Health Record Office (eHR Office)



Remarks

* Supernumerary directorate posts to be retained for three years up to 31 March 2018

Annex B

Proposed Functions and Powers of the eHRC

1. To establish, operate, maintain and develop the eHRSS;
2. To regulate and supervise the sharing and using of data and information contained in the eHRSS;
3. To supervise the compliance with the eHRSS Ordinance (to-be-enacted);
4. To promote the eHRSS to HCRs, HCPs and the public;
5. To devise and promote, and encourage among HCPs, proper standards of conduct, and sound and prudent practices, in data sharing;
6. To advise the SFH on matters relating to the eHRSS;
7. To deal with applications for use of eHR data and information;
8. To devise a mechanism for handling complaints relating to the operation of the eHRSS; and
9. To do anything necessary for, or incidental or conducive to, the performance of a function of the eHRC.

Annex C

Proposed Job Description for the Post of Head (eHealth Record)

Rank: **Administrative Officer Staff Grade B (D3)**

Responsible to: **Permanent Secretary for Food and Health (Health)**

Main Duties and Responsibilities:

1. To perform the statutory functions of the eHRC in accordance with the eHRSS Ordinance (to-be-enacted), including, among others, to establish, operate, maintain and develop the eHRSS, to regulate and supervise the sharing and using of data and information contained in the eHRSS, and to supervise compliance with the eHRSS Ordinance;

2. To lead a dedicated team in the Health Branch of the FHB to oversee and co-ordinate efforts to develop and implement the Stage 2 eHR sharing infrastructure;

3. To formulate policies, development plans and work targets for the eHR development having regard to expert advice from healthcare and IT professionals in the public and private sectors;

4. To oversee the services provided by the HA Information Technology and Health Informatics Division which serves as a technical agency to the eHR Office to develop and implement the eHR infrastructure;

5. To refine the regulatory framework for eHR sharing to ensure sufficient protection for data privacy and security having regard to the operational experience of Stage 1 eHRSS and the development of Stage 2 eHRSS;

6. To promote and engage private sector participation in the development and adoption of eHR in the community; and

7. To oversee the financial management for the eHR and formulate policy on the funding of public-private eHR partnership projects.

Proposed Job Description for the Post of
Deputy Head (eHealth Record)

Rank: **Administrative Officer Staff Grade C (D2)**
Responsible to: **Head (eHealth Record)**

Main Duties and Responsibilities:

1. To assist in the performance of the eHRC's statutory functions in accordance with the eHRSS Ordinance (to-be-enacted), including, among others, to establish, operate, maintain and develop the eHRSS, to regulate and supervise the sharing and using of data and information contained in the eHRSS, and to supervise compliance with the eHRSS Ordinance;

2. To commission a Privacy Compliance Audit to review whether the technical system and operational workflow of Stage 1 eHRSS are compliant with the privacy requirements under the Personal Data (Privacy) Ordinance and the eHRSS Ordinance as well as the recommendations of the completed Privacy Impact Assessment;

3. To assist in refining the regulatory framework for eHR sharing to ensure sufficient protection for data privacy and security having regard to the operational experience of Stage 1 eHRSS and the development of Stage 2 eHRSS;

4. To assist in reviewing the institutional arrangements and governance structure for the effective development and implementation of eHR sharing having regard to the operational experience of Stage 1 eHRSS and the development of Stage 2 eHRSS;

5. To assist in managing the financial resources provided for the

operation of Stage 1 eHRSS and development of Stage 2 eHRSS, including preparation of budgeting and work plan especially in exercising budget and accounting control;

6. To liaise closely with the HA, the agency for Government in respect of the eHR, on policy aspects of the eHR and to devise detailed implementation programme, and to supervise the office in performing its functions such as system operations and maintenance, stakeholder engagement / communications and business support services;

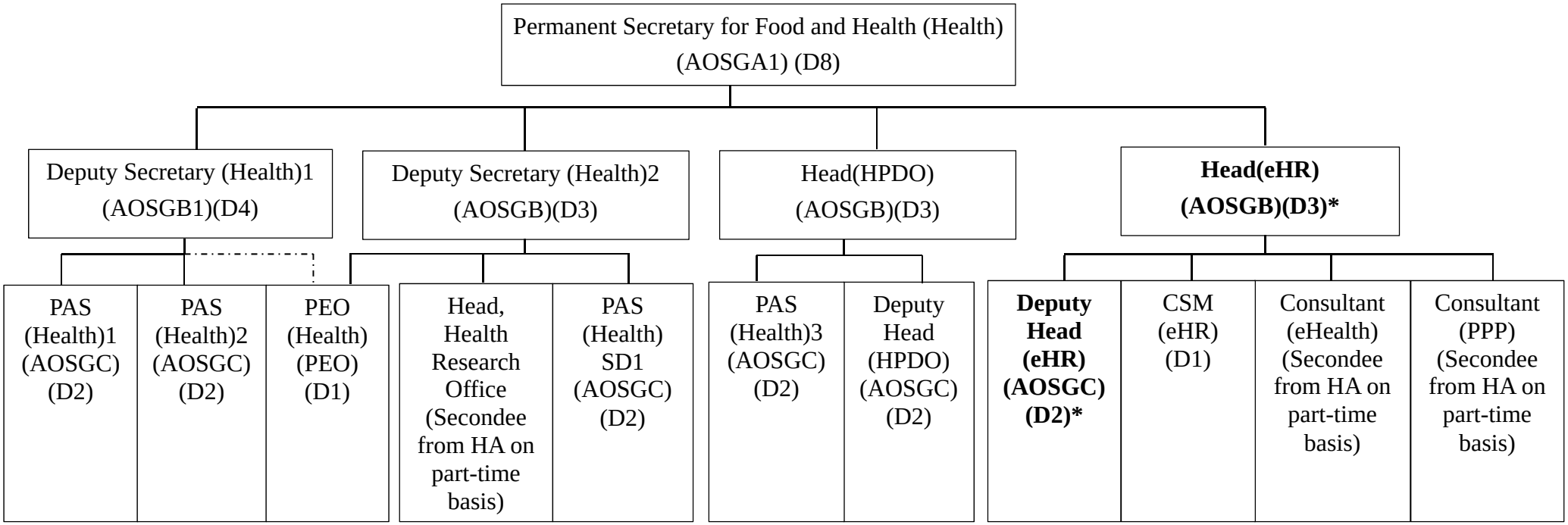
7. To liaise with HCPs in the private sector to identify PPP to facilitate the implementation of eHR in the private sector and resolve interface problems between these PPP projects and eHRSS;

8. To devise publicity strategy to promote adoption by the community; and

9. To provide secretariat service to the EHRSC and its Working Groups.

Annex D

Organisation Chart of Health Branch of Food and Health Bureau



Legend

AOSGA1	Administrative Officer Staff Grade A1	CSM	Chief Systems Manager	PAS	Principal Assistant Secretary
AOSGB1	Administrative Officer Staff Grade B1	eHR	eHealth Record	PEO	Principal Executive Officer
AOSGB	Administrative Officer Staff Grade B	HA	Hospital Authority	PPP	Public-Private-Partnership
AOSGC	Administrative Officer Staff Grade C	HPDO	Healthcare Planning and Development Office	SD	Special Duties

* Supernumerary directorate posts proposed to be retained for three years up to 31 March 2018

Annex E

Duty Schedules and Work Priorities of Directorate Officers under the Permanent Secretary for Food and Health (Health)

Deputy Secretary for Food and Health (Health) 1 (DS(H)1) (D4)

DS(H)1 is responsible for policy matters relating to medical and health services, including hospital development and provision of public hospital services; fees and charges of public medical and health services; housekeeping and monitoring the performances of the Hospital Authority (HA) and Department of Health (DH); overseeing the capital works projects in HA; development of Chinese Medicine; health promotion and prevention of communicable and non-communicable diseases; and contingency planning relating to communicable disease outbreak. She is also responsible for overseeing the housekeeping and resource management matters of the Prince Philip Dental Hospital (PPDH); coordinating the reconstruction work in the areas of medical and rehabilitation services for the Sichuan earthquake stricken areas; and enhancing cooperation with the Mainland authorities in health and medical areas. With the wide range of responsibilities and the frequent need to tackle many medical-related incidents that are of concern to the public, she does not have any spare capacity to take up any substantial new policy work areas.

Deputy Secretary for Food and Health (Health) 2 (DS(H)2) (D3)

DS(H)2 is responsible for policy matters relating to the development of primary healthcare services, including public general out-patient services, public Chinese medicine clinics and primary care initiatives, development of primary care projects and public-private partnership initiatives, planning and development of community health centres; overseeing the development, implementation and evaluation of various initiatives in healthcare delivery involving non-government organisations and private sector; dental care for the elderly; overseeing tobacco control policies, human organ donation and transplant, human reproductive technology,

healthcare for transgender persons, advance directives/advance care planning and euthanasia. He also provides strategic support for the Health and Medical Development Advisory Committee and oversees the operation of the Research Office under the Bureau. Given the wide range of responsibilities of DS(H)2 and in particular the need to take forward various initiatives related to enhancing primary care, DS(H)2 does not have any spare capacity to steer and coordinate the wide array of tasks of the eHRO.

Head (Healthcare Planning and Development Office) (H(HPDO)) (D3)

H(HPDO) is responsible for providing an overall strategic direction to members of the office and oversee all aspects of work of the HPDO in the coming five years, including steering the formulation and passage of legislative proposals, as well as putting in place institutional and regulatory arrangements for implementing the Voluntary Health Insurance Scheme (VHIS) (which is previously known as Health Protection Scheme (HPS)) and introduction of a revamped regulatory regime for private healthcare facilities (HPFs); overseeing the conduct of the strategic review on healthcare manpower and professional development and the implementation of relevant recommendations; and providing strategic steer for policy matters relating to the mental health. He will be heavily involved in engaging and consulting stakeholders concerned, which requires sufficient stature, strategic perspective and consensus-building capability. He would not have any extra capacity to undertake any additional duties of the eHRO.

Principal Assistant Secretary for Food and Health (Health) 1 (PAS(H)1) (D2)

PAS(H)1 is responsible for policy matters in respect of the prevention and control of communicable and non-communicable diseases; contingency planning regarding communicable disease outbreaks; regulation of medical devices, pharmaceutical products (including Chinese medicines) and related health claims, undesirable medical advertisements and radiation matters; Chinese medicine development;

clinical services provided by DH and its preventive care programme; policies on oral health; provision of health-related support for the medical and rehabilitation projects undertaken in Sichuan; policy matters on prevention and control of HIV/AIDS; promotion of breast feeding; cross-boundary patient transfer service; co-ordination of health advice on environmental issues; issues related to Mainland women giving birth in Hong Kong as well as health-related matters under the Mainland and Hong Kong Closer Economic Partnership Arrangement. The officer has already been heavily engaged on the abovementioned policy work which involves a wide spectrum of subjects, not to mention that the officer has to, on top of her policy work, assist in crisis management in times of major communicable disease outbreaks. There is hardly any extra capacity for absorbing the additional duties of the eHRO.

Principal Assistant Secretary for Food and Health (Health) 2 (PAS(H)2) (D2)

PAS(H)2 is responsible for policy matters relating to the development of hospitals (both public and private) and other public medical services; regulating the statutory, administrative and contractual relationship with the HA; resources allocation and budgetary control for HA and monitoring HA's financial performance; capital works of HA including resource bidding, allocation and monitoring of public hospital development programme; HA's human resource management and manpower development plans; matters relating to HA's fees and charges and management of the Samaritan Fund. The post holder also handles complaints against HA and necessary follow-up on medical incidents. PAS(H)2 is fully occupied by the present work schedule and there is no scope for the officer to take up extra duties of the eHRO.

Principal Assistant Secretary for Food and Health (Health) 3 (PAS(H)3) (D2)

PAS(H)3 is redeployed to the HPDO for handling policy matters relating to the regulation, manpower planning and professional development of healthcare professions, including the conduct of a strategic review on

healthcare manpower planning and professional development. PAS(H)3 also oversees the mental health policy, including the conduct of a major review to map out the future development of mental health services in Hong Kong. In carrying out the two reviews, the officer also provides policy and secretariat support to the Steering Committee on Strategic Review on Healthcare Manpower Planning and Professional Development, the Review Committee on Mental Health and their underpinning expert groups as well as the engagement processes for stakeholders.

Principal Assistant Secretary for Food and Health (Health) Special Duties 1 (PAS(H)SD1) (D2)

PAS(H)SD1 is responsible for coordinating primary care initiatives of the DH and the HA, including community health centre projects; handling anti-smoking and tobacco control policies and legislation; overseeing the implementation of the Elderly Health Care Voucher Scheme and health assessment programme for the elderly; overseeing policies on new medical technologies including human reproductive technology, and human organ transplant and donation; as well as overseeing policies on euthanasia and advance directives. It is noteworthy that this directorate post is on loan from DH due to a significant surge in the workload of the Health Branch of the Food and Health Bureau over the past few years. There is hardly any scope for the officer to take up the additional duties of the eHRO. In fact, the workload of the officer will have to be shared among other Principal Assistant Secretaries in the Health Branch upon return of the post to the DH.

Deputy Head (Healthcare Planning and Development Office) (DH(HPDO)) (D2)

DH(HPDO) is responsible for carrying out duties relating to the implementation of the VHIS and introduction of a revamped regulatory regime for PHFs in the coming five years. He will oversee the consultation exercises on the proposed way forward for the VHIS and regulation of PHFs, and, subject to community support of the proposals,

the subsequent drafting work for the two major pieces of legislation; devise the legislative frameworks; examine the legal issues relating to the two initiatives; as well as set up and provide support to consultative platforms for engaging stakeholders. Upon the passage of the relevant legislation, DH(HPDO) will be responsible for implementing the VHIS and introducing the revamped regulatory regime for PHFs through putting in place relevant institutional and regulatory arrangements. Given the heavy schedule of DH(HPDO), he would not have any extra capacity to undertake any additional duties of the eHRO.

Principal Executive Officer (Health) (PEO(H)) (D1)

PEO(H) is responsible for the development of public Chinese medicine clinics; overseeing the financial and human resource management and other housekeeping matters of the PPDH and the DH; fees and charges in the DH; appointment matters in respect of health-related Councils and Boards; overseeing the implementation of the Outreach Dental Care Programme for the Elderly at bureau level; providing secretariat services and logistical support to the Health and Medical Development Advisory Committee and the Task Force on Primary Dental Care and Oral Health; and logistical support for health-related matters arising from the Community Care Fund and overseeing the implementation of assistance programmes. PEO(H) is fully occupied in his present duties and there is no scope for the officer to take on the responsibilities of the eHRO.

Chief Systems Manager (eHealth Record) (CSM(eHR)) (D1)

CSM(eHR) is responsible for providing professional advice and steer to the overall development and maintenance of the eHR sharing infrastructure, architecture and standards; overseeing and monitoring the development of the major system components and target projects for eHR development to ensure progress in accordance with schedule; formulating and reviewing IT security policies to safeguard the security and integrity of sensitive personal data stored in the eHR Sharing System; monitoring the implementation and observance of the relevant standards, specifications and protocols in eHR sharing by private healthcare

providers; monitoring the system operation of the eHR sharing infrastructure; promoting public awareness of the importance of eHR security; and overseeing the IT policies relating to DH's development of Communicable Disease Information System. CSM(eHR) is fully occupied in providing the professional and technical support to the eHR Office. It is neither suitable nor practical to redeploy the officer to take up extra duties of H(eHR) and DH(eHR).