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Panel on Health Services

**Background brief prepared by the Legislative Council Secretariat
for the meeting on 15 December 2014**

Electronic Health Record Office

Purpose

This paper summarizes the concerns of the members of the Panel on Health Services ("the Panel") on the establishment of the Electronic Health Record Office ("eHR Office") under the Health Branch of the Food and Health Bureau ("FHB").

Background

2. Further to the public consultation on the future service delivery model of the healthcare system¹ in 2005 and the launch of the Public Private Interface - Electronic Patient Record Sharing ("PPI-ePR") Pilot Project² in 2006 to test the feasibility and acceptability of electronic health record ("eHR") sharing, the Steering Committee on eHR Sharing ("the Steering Committee") was set up in July 2007 to provide advice to FHB on the strategies and work programmes of the development of an Electronic Health Record Sharing System ("eHRSS"). The proposal to develop an eHRSS connecting the public and private healthcare providers as an infrastructure to support the healthcare reform was put forth in the Healthcare Reform Consultation Document entitled "Your Health Your Life"

¹ The Health and Medical Development Advisory Committee released a Discussion Paper entitled "Building a Health Tomorrow" on 19 July 2005 proposing the future service delivery model of the healthcare system, in which the development of a territory-wide patient record system was proposed for the first time for public consultation.

² The Hospital Authority ("HA") has been implementing the PPI-ePR Pilot Project since April 2006. It was a one-way sharing pilot that allows participating private healthcare providers to view their patients' records in HA subject to patients' consent. The PPI-ePR platform will be phased out upon the launch of the Electronic Health Record Sharing System.

published by the Government in March 2008. Based on the outcome of the public consultation, the recommendations of the Steering Committee and the management options proposed by the commissioned consultant³, the Administration briefed the Panel in March 2009 on the proposed ten-year eHR Programme (from 2009-2010 to 2018-2019), the capital costs required for the Programme and its staffing proposal for a dedicated eHR Office to be set up with the following major roles and functions -

- (a) to spearhead and coordinate the overall eHR programme, including the building blocks for eHRSS in both the public and private sectors;
- (b) to conduct consultation with stakeholders and the public, oversee policy matters and legal issues related to eHR, including measures to address data privacy and system security, as well as development of the long-term legal framework;
- (c) to invite proposals from the private healthcare and information technology ("IT") sectors for development of electronic medical/patient record ("eMR/ePR") and interfacing with eHRSS in order to drive and sustain the development of eMR/ePR systems to administer potential partnerships that contribute towards eHR sharing;
- (d) to develop common technical standards and operational protocols related to eHR sharing through collaboration between the public and private sectors, and to promote their adoption by healthcare and IT service providers;
- (e) to operate and manage the eHR sharing platform as a healthcare infrastructure for sharing individuals' health data and to foster interconnection with individual eMR/ePR systems; and
- (f) to administer the participation and registration of patients and healthcare providers in eHRSS, and to ensure proper authentication and access control accordingly.

³ The Government commissioned an independent consultant in October 2008 to formulate a Programme Management Plan for implementing the eHR Programme and ascertain the estimated costs required for the implementation of the Programme.

Deliberations of the Panel

3. Issues relating to the establishment of and the staffing proposal for the eHR Office were discussed in the context of the development of eHRSS at the Panel meetings in March and June 2009 and March 2013. The Panel received views of deputations at one of these meetings. The deliberations and concerns of members are summarized below.

4. Members considered the establishment of a dedicated eHR Office at the meetings of the Panel on 9 March and 19 June 2009. Members noted that the proposed eHR Office would comprise three units, namely, the Policy and Planning Unit, the Infrastructure and Development Unit and the Finance and Project Management Unit, with a small civil service set-up of 16 non-directorate staff, whereas HA's Information Technology Services would set up dedicated support teams of about 200 staff to provide technical support for the eHR Programme in order to assist the eHR Office. Question was raised about the justifications for the proposed creation of four directorate posts for the eHR Office, which included two supernumerary posts, namely, one Administrative Officer Staff Grade B ("AOSGB") (D3) as Head of the eHR Office and one Administrative Officer Staff Grade C ("AOSGC") (D2) as Deputy Head of the eHR Office to head the Policy and Planning Unit, for four years; and two permanent posts, namely, one Chief Systems Manager ("CSM") (D1) as Head of the Infrastructure and Development Unit and one Principal Executive Officer ("PEO") (D1) as Head of the Finance and Project Management Unit.

5. According to the Administration, apart from its heavy involvement in the policy formulation of the implementation of eHR sharing, the eHR Office would also be engaged in executive and operational functions relating to development and funding of public-private eHR initiatives, performance audit of the subsidized eMR/ePR projects, compliance of IT privacy and security policies and procedures by users of eHR and promotion of adoption of eHR sharing in the community, etc. Having regard to the vast amount of resources to be invested in eHR and the extensive and complex nature of the duties involved, the proposed staffing establishment of four directorate officers for the eHR Office at the initial stage was the minimum required in order that the Office could effectively start to develop and implement the eHR sharing infrastructure. The Administration further advised that it was operationally not feasible to redeploy the existing directorate officers in the Health Branch of FHB to take on the work of the proposed directorate posts as all the directorate officers were fully engaged in their respective duties.

6. Subsequent to the meeting, the Administration had further considered its staffing requirements vis-à-vis the different development stages of eHRSS and had concluded that the PEO post needed not be created immediately during the

initial set-up of the eHR Office. The Finance and Project Management Unit of the Office would be temporarily headed by a Chief Executive Officer ("CEO"). The Administration would propose the creation of a permanent directorate post of PEO in place of the CEO post at a later stage subject to the progress of the eHR development. At its meeting on 10 July 2009, the Finance Committee ("FC") approved the creation of the two supernumerary posts of one AOSGB and one AOSGB for four years and one permanent post of CMS to provide dedicated directorate support for the eHR Office in the third quarter of 2009⁴.

7. The eHR Office was subsequently set up in July 2009 to steer and oversee the eHR Programme. At the meeting of the Panel on 18 March 2013, members considered the Administration's proposal to retain the above two supernumerary directorate posts up to 31 March 2015. While members were generally in support of the proposal, question was raised as to whether the Administration had considered extending the duration of the two posts to over two years in view of the large number of tasks the Head and Deputy Head of the eHR Office were required to take up.

8. The Administration advised that it planned to introduce the Electronic Health Record Sharing System Bill ("the Bill") into the Legislative Council ("LegCo") in 2014 and commence operation of eHRSS by end 2014. The retention of the two supernumerary directorate posts up to 31 March 2015 till eHRSS commenced operation was necessary to ensure the successful launch and smooth operation of the Stage 1 eHR Programme. It would take into account of the long-term institutional arrangement for the governance, operation and maintenance of eHRSS, as well as the scope and work plan for the Stage 2 eHR Programme, when reviewing the continued need of these two posts.

9. FC approved at its meeting on 7 June 2013 the retention of the two supernumerary directorate posts of one AOSGB and one ASOGC up to 31 March 2015 to provide continued directorate support in the planning, development and implementation of eHRSS.

Recent developments

10. At the House Committee meeting on 2 May 2014, members agreed to form a Bills Committee to study the Bill which was introduced into LegCo on 30 April 2014. The Bill provides for, among others, the Secretary for Food and Health to appoint a public officer as the Commissioner for the Electronic Health Record ("eHRC"), who will be responsible for the management, operation and

⁴ FC approved at the same meeting a capital funding commitment of \$702 million for the Stage 1 eHR Programme from 2009-2010 to 2013-2014.

further development of eHRSS. According to the Administration, it intends to largely retain the existing set-up of the eHR Office, which includes three directorate posts and 20 non-directorate posts from the Administrative Officer, Executive Officer, Analyst/Programmer, Management Services Officer, Secretarial and Clerical grades, to provide support to the future eHRC upon commencement of operation of eHRSS. It will seek the approval of FC for creation of any additional directorate posts should such need arise.

11. Subject to the passage of the Bill by LegCo, the latest target of the Administration is to launch eHRSS in the latter half of 2015. According to the Administration, continued directorate support in the coming three years is essential for steering the enactment of the enabling legislation, overseeing the implementation of the Stage 1 eHRSS and developing the Stage 2 eHRSS. In the light of this, it proposes to retain the two supernumerary directorate posts for the eHR Office for a period of three years. Subject to members' views, the Administration plans to submit the staffing proposal to the Establishment Subcommittee in early 2015, for recommendation to FC for approval.

Relevant papers

12. A list of the relevant papers on LegCo website is in the **Appendix**.

Relevant papers on the Electronic Health Record Office

Committee	Date of meeting	Paper
Panel on Health Services	9.3.2009 (Item IV)	Agenda Minutes CB(2)1724/08-09(01)
Panel on Health Services	19.6.2009 (Item II)	Agenda Minutes CB(2)2101/08-09(01)
Panel on Health Services	18.3.2013 (Item VI)	Agenda Minutes

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