For Discussion on
18 April 2016

Legislative Council Panel on Health Services

Operation of the Public-Private Interface – Electronic Patient Record sharing Pilot Project (PPI-ePR) and the Electronic Health Record Sharing System (eHRSS)

PURPOSE

This paper briefs Members on the operation of PPI-ePR and eHRSS and addresses the concern raised by Dr Hon Leung Ka-lau in his letter dated 10 March 2016 (vide LC paper no. CB(2)1094/15-16(01)).

OVERVIEW OF PPI-ePR AND eHRSS

One-way PPI-ePR

2. PPI-ePR was launched in April 2006 as a ***pilot project*** to test the concept, operational workflow and relevant technologies of electronic patient record sharing. It has provided the Government with valuable practical experience for designing and developing our eventual territory-wide eHRSS. Under this ***one-way sharing pilot***, participating private healthcare professionals could view relevant patient records of the Hospital Authority (HA) subject to patients' consent. The participating private healthcare professionals do not need to contribute their records for sharing.

Two-way eHRSS

3. The development of a territory-wide eHRSS is one of the healthcare reform proposals put forward by the Government for public

consultation in 2008. We proposed to develop a new system for ***two-way sharing*** of participating patients' health data by authorised healthcare providers (HCPs) in the public and private sectors. The implementation of eHRSS will enhance continuity of care for patients, promote public/private sector collaboration and improve quality of healthcare delivery.

4. In July 2009, the Finance Committee (FC) of the Legislative Council (LegCo) approved a capital funding commitment of $702 million for the Stage One eHR Programme. The eHRSS was subsequently successfully developed and recently launched on 13 March 2016. Participation in eHRSS is voluntary in nature. Robust legal framework, prudent system design and operational workflows have been put in place to safeguard patient privacy and system security.

Transitional arrangement from PPI-ePR to eHRSS

5. We have previously explained to this panel and the Bills Committee on the Electronic Health Record Sharing System Bill that upon the launch of eHRSS, PPI-ePR would ***eventually be decommissioned*** after having fulfilled its mission as a pilot. Existing PPI-ePR participants could voluntarily decide whether to migrate to the new eHRSS. To facilitate smooth migration to eHRSS with minimal impact, we have also started an exercise in December 2015 to invite existing PPI-ePR participants to pre-register for eHRSS.

6. We have envisaged that some PPI-ePR participants may need some time to consider whether to migrate to the new eHRSS. We have therefore decided early that we would not immediately completely cease the operation of PPI-ePR upon the launch of the new eHRSS. There would be a ***reasonable transitional period*** during which the **existing** PPI-ePR participants could ***continue to use the PPI-ePR platform*** until it is eventually decommissioned.

7. In other words, one-way viewing of an existing PPI-ePR patient's HA records by an existing PPI-ePR healthcare professional

would not be affected during the transitional period, in the event that both/either of them have not migrated to eHRSS. Meanwhile, to prepare for the eventual complete decommissioning of PPI-ePR, we would ***cease to accept new applications to join PPI-ePR*** starting from 12 March 2016 i.e. the day before eHRSS launch. Upon eHRSS launch, HCPs and members of the public who would like to participate in the more useful two-way sharing of eHR can register for the eHRSS instead.

8. We note that Dr Hon Leung mentioned in his letter dated 10 March 2016 that he is concerned about the transitional arrangement may undermine patient interest/treatment. We would like to clearly reiterate that there is no question of patient interest/treatment being adversely affected.

9. First of all, the two-way eHRSS would certainly bring ***greater benefits*** to patients than one-way PPI-ePR. As its title reflects, the PPI-ePR is a ***pilot*** project. It is a one-way sharing arrangement that would enable private doctors to view HA records but not the other way round. In contrast, the eHRSS enables ***two-way sharing*** of participating patients' useful health data between public and private HCPs. The more comprehensive patient records shared under eHRSS would be contributed not just by HA but also by participating private HCPs. They would be the building blocks of patients' life-long health records, conducive to the continuity of care of the patients. In treating patients, HA doctors will be able to also look at the data from private HCPs for reference. The eHRSS would therefore to a greater extent help reduce the risk of medication error, provide alert on possible drug allergy and save the time and effort of unnecessary duplicating tests.

10. The aforementioned transitional arrangement for gradual phasing out of a pilot scheme is fair and reasonable. ***There is no question of a negative impact on patient interest*** – patients who have hitherto participated in PPI-ePR may choose to stay in it for a reasonable period of time, or to migrate to eHRSS. On the other hand, those who have never participated in PPI-ePR before would only need to consider whether to join eHRSS or not. ***There is also no question of a negative impact on***

patient treatment as the two-way sharing of patient records under eHRSS will indeed bring more benefits to patients than the one-way sharing under PPI-ePR.

The Next Step

11. Some private clinics/HCPs may for various reasons wish their one-way viewing of patient records of HA under PPI-ePR to persist instead of switching to two-way sharing under eHRSS. In this regard, we have already made arrangements to let PPI-ePR participants continue with one-way viewing of HA's patient records unaffected during the transitional period. There will be a reasonable length of time for these private HCPs to consider whether/when to migrate to the new eHRSS. Our plan is to meanwhile let the transitional arrangement continue for no less than two years and we will review the position in the third year of eHRSS operation.

12. The ***policy objective of eHR programme all along*** has been to encourage ***two-way sharing of patient records between public and private sectors*** in order to maximize the benefits of eHR sharing to ***patients***. We are confident that with more understanding about the new system and the consensus of putting patient interest as the top priority, more and more private clinics and other HCPs would be prepared to go a step further from one-way viewing to taking part in two-way sharing.

Food and Health Bureau
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