



中華人民共和國香港特別行政區政府總部食物及衛生局
Food and Health Bureau, Government Secretariat
The Government of the Hong Kong Special Administrative Region
The People's Republic of China

18 April 2016

Ms Maisie LAM
Clerk to the Panel on Health Services,
Legislative Council Panel on Health Services,
Legislative Council Complex,
1 Legislative Council Road,
Hong Kong

Dear Ms LAM,

**Operation of Public-Private Interface – Electronic Patient Record Sharing
Pilot Project and the Electronic Health Record Sharing System**

We have just received from you a letter from the Hong Kong Medical Association (HKMA) to the panel (vide LC Paper No. CB(2)1320/15-16(01)). Coincidentally, the points made in the letter have been addressed in our letter to the HKMA on 15 April 2016. We hereby attach our letter for members' reference.

Yours sincerely,

(Ms Ida LEE)

for Secretary for Food and Health



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15 April 2016

Dr Shih Tai Cho, J.P.
President
Hong Kong Medical Association
5th Floor, Duke of Windsor Social Service Building
15 Hennessy Road, Wanchai
Hong Kong

Dear Dr Shih,

Electronic Health Record Sharing System (“eHRSS”)

The Government's territory-wide eHRSS was officially launched on 13 March 2016. The system provides a platform for health record sharing among public and private healthcare providers (HCPs) with participating patients' consent. We envisage that the two-way sharing arrangement under eHRSS will enhance continuity of care for patients, promote public/private sector collaboration and improve quality of healthcare delivery in Hong Kong. Since participation in eHRSS is voluntary, recruitment of participants will be an ongoing process. In this connection, we have recently heard feedback from some medical doctors concerning the processing time, application procedures and technical requirements of joining eHRSS. We would therefore like to set out below some background information and clarification, as well as related facilitating measures, for your members' reference.

Processing Time

2. First of all, we would like to thank all the patients and HCPs that have submitted applications to join eHRSS and are grateful for their support. Within just one month after launch, more than 55,000 members of the public

have registered to join eHRSS. As for private HCPs, all 11 private hospitals have joined. In addition, we have completed the registration process for over 100 other private HCPs. These HCPs have opened user accounts for about 1000 private healthcare professionals including doctors and nurses.

3. The positive response from patients and HCPs is indeed encouraging. On the other hand, the processing of many applications received within a short period of time, especially during the initial period of the launch, is a resource demanding task. Many of the cases now still under processing involve missing information or necessary documents for vetting. For some cases, the crux of the problem is that upon completion of the document processing, there are difficulties to identify a time convenient to the HCPs for setting up technical connection with the eHRSS. The patience of the applicants pending processing of their registration is much appreciated. We are redeploying more manpower to follow up on the outstanding applications as soon as practicable.

Application Forms

4. In parallel, we have recently reviewed and streamlined the application procedures with a view to making it more convenient to the HCPs. Under the streamlined procedures put in place, interested HCPs would just need to complete a two-page registration form and provide relevant supporting documents (e.g. the Business Registration Certificate and the Practicing Certificate of the healthcare professional in the case of a private clinic). Our registration office will then proactively follow up with the HCPs to complete the vetting and processing and minimize the administrative work of the HCPs. Upon receipt of all relevant registration documents from HCPs, the registration approval process could normally be completed within two weeks, followed by the technical set-up and user account creation.

Technical Requirement

5. As for the technical requirement of joining eHRSS, the basic equipment needed is only a computer with internet access. Given that the eHRSS would potentially contain a vast amount of health data of the patients, it is of paramount importance to ensure that the system is secured. Though access to the eHRSS is web-based, to ensure secured connection between HCP's own computer and the eHRSS when accessing the patient's data, the HCPs' computers need to install a free licensed software module known as the Encapsulated Linkage Security Application (ELSA). ELSA is a simple application which encrypts the communication between HCP's computer and eHRSS. It also serves the important function of identification of the HCP,

ensuring that the particular HCP has appropriate sharing consent obtained before accessing patient's data. It also helps to protect the HCPs' computers so that they would access the authentic eHRSS site. It is a necessary security feature to safeguard patient privacy and the security of both the system and HCPs' computers.

6. ELSA will not affect the operation of HCP's own local clinical management system (if there is one), nor will it automatically retrieve/upload any information from HCPs' clinical management system to the eHRSS. Installation of ELSA is not a complicated task and HCPs may choose to do it on their own. Nevertheless, we understand that some HCPs may not prefer to install it by themselves. We are hence offering service of installation by our technical team at a time convenient to the HCPs. Further user support and assistance (such as technical advice and training materials) will be provided as necessary.

7. Some HCPs may have doubts about convenience of access to patients' data under eHRSS as access must be done through computers with ELSA installed. Some HCPs may have operational needs to access eHRSS through different or multiple machines/locations. To facilitate these HCPs, we have not imposed any limit on the number of machines to be installed with ELSA under a particular HCP. Individual HCPs may decide, according to their specific operational needs, to install ELSA in a number of computers including laptop. The healthcare professionals of these HCPs may then access eHRSS using their computers in different locations.

Transitional Arrangement for PPI-ePR

8. The new two-way sharing arrangement under eHRSS will no doubt bring more benefits to both patients and HCPs than the Public-Private Interface – Electronic Patient Record Sharing Pilot Project (“PPI-ePR”). The more comprehensive patient records shared under eHRSS would be conducive to the continuity of care of patients. The eHRSS would also 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.

9. The PPI-ePR was launched in 2006 as a pilot project to test the concept, operational workflow and relevant technologies of electronic patient record sharing. Upon the launch of eHRSS, PPI-ePR would eventually be decommissioned after having fulfilled its mission as a pilot. We understand that some PPI-ePR's existing participants may need more time to consider whether and when to join the eHRSS. To minimise the impact on *existing* PPI-ePR users, we started an exercise in December 2015 to invite them to

pre-register for the eHRSS. We have also arranged for a reasonable transitional period during which the *existing* PPI-ePR participants could continue to use the PPI-ePR platform until it is eventually decommissioned. Our plan is to maintain the transitional arrangement for no less than two years and will review it in the third year of operation of eHRSS. We are confident that with more understanding about the benefits of 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 under PPI-ePR to taking part in two-way sharing under eHRSS.

10. Last but not least, we are grateful for the feedback and suggestions from stakeholders and will continue to refine the implementation of eHRSS in the light of operational experience. We look forward to further collaboration with HKMA in taking forward the eHRSS in the years ahead.

Yours sincerely,

A handwritten signature in blue ink, appearing to be 'S. Chan', with a horizontal line drawn through the middle of the signature.

(Sidney CHAN)
Head(eHealth Record)