

ITEM FOR ESTABLISHMENT SUBCOMMITTEE OF FINANCE COMMITTEE

**HEAD 140 – GOVERNMENT SECRETARIAT :
FOOD AND HEALTH BUREAU
(HEALTH BRANCH)
Subhead 000 Operational expenses**

Members are invited to recommend to Finance Committee the following proposals to provide dedicated directorate support for the Electronic Health Record Office in the Health Branch of the Food and Health Bureau in the third quarter of 2009 –

(a) the creation of the following supernumerary posts for four years –

1 Administrative Officer Staff Grade B
(D3) (\$142,700 - \$151,200)

1 Administrative Officer Staff Grade C
(D2) (\$122,700 - \$130,300)

(b) the creation of the following permanent post –

1 Chief Systems Manager
(D1) (\$103,400 - \$109,700)

PROBLEM

The Health Branch of the Food and Health Bureau (FHB) needs dedicated support at the directorate level in planning, developing, implementing

/and

and managing the territory-wide population-wide electronic health record (eHR) sharing system, handling the various policy and legal issues including data privacy and security arising from the system, and engaging the various stakeholders in the private sector as well as the general public in its development.

PROPOSAL

2. We propose to create two supernumerary directorate posts, namely one Administrative Officer Staff Grade B (AOSGB) (D3) and one Administrative Officer Staff Grade C (AOSGC) (D2) for four years, and one permanent directorate post of Chief Systems Manager (CSM) (D1) in the Health Branch of FHB in the third quarter of 2009, to staff a new eHealth Record Office (eHR Office) to be established to plan and implement the eHR sharing system which provides an essential infrastructure to support the Healthcare Reform. Moreover, subject to the development and implementation progress of the overall eHR programme, we plan to create one permanent directorate post of Principal Executive Officer (PEO) (D1) at a later stage to oversee the administration and financial arrangement of the eHR office. We shall make a separate submission to the Establishment Subcommittee for consideration when there is a need to create this post.

JUSTIFICATION

eHR Sharing System as Essential Healthcare Infrastructure

3. The proposal to develop a territory-wide patient-oriented eHR¹ sharing system has been put forward as part of the proposals in the Healthcare Reform Consultation Document “Your Health, Your Life” published in March 2008, and received broad support from the community among other service reform proposals. The eHR sharing system provides an essential infrastructure for implementing the Healthcare Reform in the following ways –

- (a) **Enable patient-centred healthcare** – eHR sharing system allows timely sharing of essential and comprehensive medical information of patients. It provides a vital infrastructure for facilitating a seamless healthcare process under which different healthcare providers provide collaborative care centred around the individuals and their health and well-being, which is a key objective of healthcare reform;
- (b) **Enhance primary care** – eHR sharing system builds up lifelong records for individuals contributed to and accessible by different

/healthcare

¹ An electronic health record is a record in electronic format containing health-related data of an individual stored and retrieved for health-related purposes. It encompasses general personal particulars, personal health-related information as well as medical records from different sources and locations.

healthcare providers. It provides an essential tool for comprehensive, lifelong and holistic primary care for individuals, helps promote the family doctor concept and continuity of care, and enables patients to take greater ownership and control of their health record, and in turn their health; and

- (c) **Facilitate hospital primary care interface and public-private partnership** – eHR sharing system connects hospitals and primary care practitioners, and the public and private healthcare sectors. It facilitates better collaboration and interface between different healthcare providers and between different levels of care, and enables patients to receive public and private services at different times without worrying about the transfer of their medical records.

The eHR Programme

eHR as a New Concept and Infrastructure

4. The eHR is a ground-breaking concept introducing a whole new infrastructure operated by the Government for holding and transferring individual patients' personal health data. It enables the entry, transfer and retrieval of such data by different healthcare providers in both the public and private sectors, with procedures for obtaining the necessary consent and authorisation by individual patients, and with mechanisms for authenticating and controlling access to such data. It will also bring in new ways of providing healthcare through collaboration between different healthcare providers, as well as new technical platforms and standards for information technology (IT) in healthcare. It also raises new challenges on data privacy and security protection.

5. The eHR sharing system is a new infrastructure for healthcare services. It is much more than an IT project and requires us addressing not only technical issues concerning the implementation of IT systems, but more importantly legal, privacy and security issues including ownership, access and copyrights of patient records and the safeguarding of data privacy and security, and institutional issues including governance of the future eHR sharing infrastructure holding and transferring a vast amount of health data of the majority of the population. Above all, the programme must engage the public and private healthcare sectors as well as stakeholders in the community throughout the development process to ensure their ownership and support for the system and that they embrace the changes that the system will bring about to the way that healthcare services are being delivered. Close collaboration with the private healthcare sector is required from the outset.

Support of the Healthcare Professions

6. It is in recognition of these challenges that the Secretary for Food and Health established in July 2007 the Steering Committee on eHR Sharing (the Steering Committee) comprising healthcare professionals from both the public and private sectors. Through close collaboration between the public and private sectors and after a year of intensive work, the Steering Committee put forward in July 2008 its initial recommendations for an eHR programme. Based on these initial recommendations, FHB has formulated the eHR Programme, a roadmap for eHR development over a 10-year planning horizon, reflecting consensus on key issues reached among healthcare professional, inter alia, as follows –

- (a) **Government-led eHR development:** to handle the complex development of eHR involving multitude of healthcare providers and sensitivity of personal health data, the Government should take a leading role at the formative stage, and deploy dedicated staffing and funding resources to spearhead and co-ordinate the eHR programme on a continuous basis, with a view to ensuring coherent eHR development in both the public and private sectors. At the same time, the Government should leverage the successful experience and invaluable expertise accumulated within the public sector, in particular the Hospital Authority (HA) in developing its Clinical Management System (CMS), and make available HA's systems and know-how to the private sector for developing sharing-capable eHR systems. In this regard, we need to establish a dedicated eHR Office under FHB with dedicated directorate support to steer and oversee the whole programme;
- (b) **Data privacy, system security and legal framework:** data privacy and system integrity and security are of paramount importance in development of the eHR sharing system. To this end, FHB will conduct, in collaboration with the Office of the Privacy Commissioner for Personal Data and the Office of the Government Chief Information Officer amongst others, Privacy Impact Assessment, Privacy Compliance Audit, Security Risk Assessment and Security Audit, covering a wide range of issues. The long-term legal protection for data privacy and system security will also require exploration and formulation of a legal framework, having regard to current legislative provisions applicable to personal health data and overseas experience. These tasks will be taken up by the dedicated eHR Office and require dedicated directorate support for high-level input to address the complex policy and legal issues involved; and

/(c)

- (c) **Engagement of private sector and general public:** the participation by healthcare providers, IT service providers and other stakeholders in the private sector, as well as the general public, in the eHR development process is essential to ensure its successful deployment in the private sector and acceptance by the community. To this end, the Government will launch an eHR Engagement Initiative with all relevant stakeholders, and invite them to submit proposals on possible partnership projects that could facilitate the development and deployment of electronic medical/patient record (eMR/ePR) systems² and contribute to eHR sharing in the private sector. At the same time, the Government will also need to initiate public consultation on specific eHR issues especially those affecting data privacy and legal protection, e.g. consent model and access control based on the principle of voluntary participation. These tasks will also need to be undertaken by the eHR Office and we envisage the need for a high-level steer to ensure comprehensive and meaningful engagement process and proper use of capital public resources in support of eHR development in the private sector.

The Programme Management Plan

7. In this connection, we have commissioned an independent consultant with extensive programme management expertise to assist us in formulating a Programme Management Plan (PMP) for implementing the eHR programme. The PMP covers a wide range of issues, including the detailed plan with high-level development roadmap for the implementation of the eHR programme with programme execution strategy, programme organisation, mechanisms on project governance, and the necessary and appropriate functional roles and organisational set-up to carry out the various tasks under the eHR programme. A summary of the key recommendations of the consultant for the PMP, especially those relating to the functional roles and organisational set-up, is set out at Enclosure 1. A key recommendation regarding staffing and organisation made by the consultant is that the programme organisation should comprise a range of Leadership, Policy and Legal, Design, Communications and Change, Programme Support and Project Delivery and System Operation Functions.

Encl. 1

/Dedicated

² In technical terms, an eHR sharing system comprises standalone eMR/ePR systems, which are information systems deployed by individual healthcare providers for storing their patients' medical records for their own healthcare purposes, and a central electronic platform as the sharing infrastructure for such eMR/ePR systems to interconnect for sharing of eMR amongst them.

Dedicated eHR Office

Roles and Functions

8. To spearhead and co-ordinate the aforementioned complex and multi-faceted development programme of the eHR sharing infrastructure and to facilitate the on-going development of eHR systems in the private sector, the Steering Committee recommended that a dedicated eHR office in the Health Branch of FHB should be set up to lead and implement the initiative in both the public and private sectors. The eHR Office will perform the following major roles and functions –

- (a) to spearhead and co-ordinate the overall eHR programme, including the building blocks for the eHR sharing system 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 IT sectors for development of eMR/ePR and interfacing with the eHR sharing system in order to drive and sustain the development of eMR/ePR systems and 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 sector, 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 the eHR sharing system, and to ensure proper authentication and access control accordingly.

9. The proposed eHR Office will comprise three units, namely (a) Policy and Planning Unit, (b) Infrastructure and Development Unit, and (c) Finance and Project Management Unit under the steer of an AOSGB (D3), supported by one AOSGC (D2), one CSM (D1) and 16 non-directorate civil servants at the initial stage. The distribution of duties among the three teams to be set up under the eHR Office is listed below –

/(a)

- (a) ***Policy and Planning Unit***: headed by an AOSGC (D2) to –
- assist in formulating the overall eHR policy and development strategy;
 - examine the relevant legal issues and devise both short-term interim solutions as well as long-term legal framework;
 - develop and oversee the long-term institutional arrangements for the governance and maintenance of the eHR sharing infrastructure;
 - devise action plans for the eHR development programme; and
 - promote the development of eHR in private sector and the community.
- (b) ***Infrastructure and Development Unit***: headed by a CSM (D1) to –
- develop, operate and maintain the eHR sharing infrastructure, architecture and standards with the support of dedicated eHR teams from the HA's IT Services Unit (HAITS) and Department of Health (DH);
 - oversee and monitor the development of the major system components and target projects for eHR development to ensure smooth completion of target initiatives in accordance with the eHR development roadmap;
 - formulate security policies to safeguard the security and integrity of sensitive personal data stored in the eHR system; and
 - monitor the implementation of the relevant standards, specifications and protocols in eHR sharing by private healthcare providers.
- (c) ***Finance and Project Management Unit***: temporarily headed by a Chief Executive officer (CEO). As it is envisaged that the duties of the unit head will increase in complexity and volume in time, subject to the progress of the eHR development, the Unit is planned to be headed by a PEO (D1) in place of the CEO in the long run to –
- manage the resources for development of eHR systems including allocation of resources to projects in line with the overall work plan;
 - implement and oversee procurement and contracting services of the eHR Office;
 - administer, oversee and monitor partnership projects with private healthcare providers and IT service providers;
 - devise and implement risk control management processes to ensure that the programmes are developed and implemented according to their objectives; and
 - provide administration support for the eHR Office.

/Organisational

Organisational Set-up

10. The PMP recommends that the proposed eHR Office should perform functions including Leadership, Policy and Legal, Design, Communications and Change, Programme Support and Project Delivery and System Operation. In addition, the proposed eHR Office will co-ordinate and manage projects to be implemented by HA³ as the technical agency. The aim is for the eHR office to exercise sufficient supervision and control to ensure the timely delivery of the projects within the allocated budget in compliance with specific performance targets and deliverables.

11. The proposed eHR Office comprising a small civil service set-up with mainly management-level staff will be responsible for providing policy steer, management and co-ordination of the overall programme. It will be technically supported by dedicated teams in HAITS which, with its expertise and experience in developing the CMS, will enable leveraging to the maximum extent the existing systems and know-how available in the public sector, including making them available for development of eMR or ePR systems in the private sector. DH will also set up its eHR team for developing eHR systems within DH under the co-ordination of the eHR Office. The Steering Committee and its Working Groups will remain the advisory body to FHB including the eHR Office on eHR development.

Directorate Support for the eHR Office*Immediate Directorate Support for the eHR Office**Need for the Supernumerary AOSGB (D3) Post*

12. In view of the immense scale of the development, sensitivity and importance of the project towards healthcare reform and the heavy involvement of the private sector and the community, it is necessary to have a senior directorate officer to head the eHR Office to assume leadership, provide policy steer, and fully discharge the co-ordination role of the eHR Office. The independent consultant for the PMP on eHR development also affirms and emphasises the need to provide for the function of a dedicated Programme Manager to co-ordinate the overall eHR programme which is complex in nature and requires careful co-ordination and constant adjustments against the programme objectives. Based on experience of similar scale projects internationally, the existence of such a role is considered critical to the successful implementation of the eHR programme.

/13.

3 Recognising the successful experience accumulated within HA in developing its CMS, the Steering Committee on eHR Sharing decided that the eHR development should leverage HA's systems and know-how. These projects include those contributing to the development of eHR sharing infrastructure core component, CMS adaptation and extension, and standardisation and interfacing of the eHR sharing system.

13. Regarding the role of the dedicated Programme Manager, the incumbent should plan, manage and execute the programme on a day-to-day basis. The Programme Manager is responsible for ensuring that the programme's objectives, plans and structures deliver the programme's needs. Specifically, the Programme Manager should –

- plan and design the programme;
- define the programme's governance arrangements;
- co-ordinate different parts and components of the programme and activities by various agencies and parties involved to ensure coherence and alignment with programme objectives;
- establish and run a quality assurance approach to ensure that the programme delivers its business needs;
- oversee and provide steer on the programme's annual budget and work plan;
- oversee the overall engagement of the general public as well as sectorial stakeholders;
- monitor progress, identify variances from plan and initiate any necessary adjustments to the programme;
- instigate corrective actions, and ensure that escalated actions and decisions are resolved in a timely and consistent manner; and
- report on the programme to the Steering Committee and other stakeholders on a regular basis.

14. In this connection, we consider that it would be appropriate for the eHR Office to be headed by a dedicated directorate officer to be pitched at Deputy Secretary (DS) (D3) level and ranked at AOSGB. Designated as Head/eHealth Record Office (H/eHRO), the proposed post will take up the Leadership Functions as recommended under the PMP. Specifically, the incumbent will oversee all aspects of the work of the eHR Office, provide strategic direction to members of the eHR Office, HAITS and DH's eHR Team, act as the focal point for pursuing and co-ordinating all public-private partnership projects, gauge the concerns and interests of various stakeholders and formulate development strategies to promote buy-in and adoption of eHR by the community.

15. The development of the eHR sharing infrastructure is a large scale on-going initiative demanding continuous strong leadership and we envisage that there is a permanent need for a directorate officer to lead the eHR Office. Nevertheless, as the development of the eHR is still at the embryonic stage, the level of staffing support may need to be adjusted having regard to the pace of development, problems which may emerge and overall community acceptance. We therefore propose the AOSGB post be created on a supernumerary basis for four years and be reviewed in a few years' time in the light of the actual position then. The job description of the proposed H/eHRO post is at Enclosure 2.

Encl. 2

/Need

Need for the Supernumerary AOSGC (D2) Post

16. We propose to create, on a supernumerary basis for four years, a post of AOSGC designated as Deputy Head/eHealth Record Office (DH/eHRO) to provide directorate support to the H/eHRO in heading the Policy and Planning Unit. In terms of the functional organisation recommended under the PMP, the proposed post will be in charge of the Policy and Legal Functions and Communications and Change Functions. In particular, the proposed post will perform the roles of ensuring that the programme objectives, plan and structure deliver the programme's needs, planning and monitoring the progress of the programme, arranging and administering communications with stakeholders including specific engagement initiatives and set-ups (e.g. working groups and advisory bodies), developing the legal, privacy and security framework, and managing risks, dependencies and interfaces between projects.

17. Specifically, the DH/eHRO will be responsible for: assisting in the formulation of the overall eHR policy and development strategy; examining the relevant legal issues relating to eHR sharing and devising both short-term interim solutions as well as the long-term legal framework necessary for safeguarding privacy and security under the eHR infrastructure; developing and overseeing the long-term institutional arrangements for the governance and maintenance of the eHR sharing infrastructure; promoting the development of eHR in the private sector through engaging healthcare providers (including dentists, Chinese medicine practitioners and other allied health professionals) to examine possible ways by which they could contribute to the eHR system; cultivating community support for adoption of eHR sharing systems by private healthcare providers; and providing secretariat support to the Steering Committee. All the duties and responsibilities require the dedicated input of a directorate post at AOSGC level. Similar to the AOSGB post, we propose to create this post for four years. We shall review this post in the light of the overall development of the eHR in a few years' time. The job description of the proposed DH/eHRO post is at Enclosure 3.

Encl. 3

Need for the Permanent CSM (D1) Post

18. We propose to create a permanent post of CSM (D1) designated as Chief Systems Manager/eHealth Record Office (CSM/eHRO) to assist H/eHRO in leading the Infrastructure and Development Unit. In terms of the functional organisation recommended under the PMP, the proposed post will perform the roles of the Design Functions (i.e. technical design and medical design for the programme, e.g. the appropriate technical architecture, design and technical standards, and structure and coding of the eHR) and Project Delivery and System Operation Functions.

19. The CSM/eHRO will be responsible for: providing professional advice and steer to the overall development of the eHR infrastructure, architecture and standards; working closely with HAITTS and DH's eHR Team on the design, operation and maintenance of the eHR sharing infrastructure; overseeing and monitoring the development of the major system components and target projects for eHR development to ensure smooth completion of target initiatives according to the roadmap; formulating IT security policies to safeguard the security and integrity of sensitive personal data stored in the eHR system; monitoring the implementation and observance of the relevant standards, specifications and protocols in eHR sharing by private healthcare providers; and promoting public awareness of the importance of eHR security. The broad range of duties and responsibilities demands the dedicated input of a senior IT professional with a sufficient breadth of experience and professional knowledge. We consider that an officer at the CSM level is appropriate to oversee the overall technical development of the eHR. The post will be needed on a permanent basis as we would need to sustain the development of the eHR with continued expansion of coverage, enrichment of functionalities, and upgrading of technology. The job description of the proposed CSM/eHRO post is at Enclosure 4.

Encl. 4

Directorate Support by a Permanent PEO(D1) Post for the eHR Office in the Long Run

Need for the Permanent PEO (D1) Post

20. We envisage that the creation of a permanent post of PEO (D1) to assist H/eHRO will also be needed at a later stage subject to the development and the implementation progress of the overall eHR programme development. In terms of the functional organisation recommended under the PMP, the proposed post will perform the roles of the Programme Support Functions to take on the following duties crucial to the operation of the eHR sharing system and providing assistance to H/eHRO in-

- (a) preparing and maintaining planning and budgetary information;
- (b) administering the programme financial controls and procurement process; and
- (c) ensuring adequate processes are in place to control implementation of programmes in a disciplined manner to meet target objectives.

21. Accordingly, the directorate staffing proposal for the eHR system as set out in the paper (LC Paper No. CB(2)1006/08-09(03)) earlier considered by the Legislative Council Panel on Health Services at its meeting on 9 March 2009 included a permanent PEO post. We have since further considered our staffing

/requirements

requirements critically vis-à-vis the different development stages of the system and have concluded that the PEO post need not be created immediately. As the first phase of the eHR development programme will be focused on the strategic planning and laying the foundations of the programme, the Programme Support Functions such as monitoring of resources allocated to public-private partnership projects and auditing of development programmes will be relatively less significant initially. It will therefore be possible for the responsibilities at paragraph 20 above to be taken up by H/eHRO and DH/eHRO to obviate the immediate need for creating the PEO post during the initial set-up of the eHR Office.

22. However, with the expansion of the eHR programme in terms of both its scale and budget on a long-term basis, it would no longer be viable for H/eHRO to oversee in detail all aspects of budgeting and work plan especially in exercising budget and accounting control. In particular, the Government plans to invest a total of \$1,124 million in the next ten years to develop and implement the eHR sharing infrastructure. There would be tremendous demand for a dedicated officer at the directorate level to oversee and monitor the budgetary and accounting control of the programme. We thus envisage that there will be a functional need for dedicated directorate support to H/eHRO to administer these programme support functions later. Having regard to the vast amount of resources to be managed and the importance of the success of partnerships for the implementation of eHR sharing, we consider that it will be appropriate to create in the long run subject to the progress of the overall eHR development a permanent PEO post which possesses sufficient breadth of experience and knowledge on resource and project management. We will further assess the situation and submit a staffing proposal to the Establishment Subcommittee for consideration once we have ascertained the long-term need for this PEO post.

Organisational set-up

Encls. 5
& 6

23. The organisation chart of the proposed eHR Office and the organisation chart of the Health Branch of FHB incorporating the proposed eHR Office are respectively at Enclosures 5 and 6.

Comparison of Staffing Complement

24. Apart from its heavy involvement in the policy formulation of the implementation of eHR sharing, the eHR Office will also be engaged in executive and operational functions relating to development and funding of public-private eHR initiatives, performance audit of the government subsidised eMR/ePR projects,

/compliance

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 three directorate officers for the eHR Office at the initial stage is the minimum required in order that the Office could effectively start to develop and implement the eHR sharing infrastructure.

25. We have drawn comparisons with the staffing proposals for other similar projects with a major IT component and consider the proposed level and scale of staffing for the eHR Office reasonable having regard to the magnitude and complexity of the whole eHR programme. For example, the development of the initial phase of the Smart Identity Card project straddled slightly over two years (March 2001 to June 2003) involving design and development of the computer system and conversion of some 40 000 rolls of microfilmed records to digital images (95 million images). This project involved a capital commitment of some \$750 million and a team of 42 staff led by one Deputy Director of Immigration (GDS(C)3) and one CSM (D1) created in the Immigration Department specifically for the exercise.

26. Another example is the implementation of the Information Systems Strategy in the 1990's in the then Education Department (ED). The exercise involved nine inter-related IT projects straddled over five years (1993-94 to 1997-98) to develop and set up IT facilities in ED and schools, including establishing core database on students, teachers, schools to facilitate school administration and management, student attendance and assessment, staff deployment, school place allocation, teachers registration and administration, financial monitoring and planning, etc. Over 1.5 million students were then covered and upon completion in 1998, a basic IT network linking up ED, the then Hong Kong Examinations Authority and some 1 200 primary and secondary schools was established. The exercise involved a capital commitment of over \$570 million and a team of 39 staff led by one Assistant Director of Education (D2), two Principal Education Officers (D1) and one CSM (D1).

27. For the eHR programme, there are over 10 000 private medical practitioners, nurses and allied health providers, 13 private hospitals and more than 4 000 private clinics/practices which may require access to the eHR sharing system in future, on top of the CMS within HA's 41 public hospitals and 48 specialist outpatient clinics and 74 general outpatient clinics which currently holds more than eight million patient records and processes an average of three million transactions

daily for access to patient records. The eHR programme also involves more complex issues and the handling of sensitive personal health data, as well as the development of a record system on a much larger scale with much wider private sector involvement. We therefore believe that the proposed staffing scale for the eHR Office including the directorate level support is appropriate.

Non-directorate Support

28. The eHR Office will be supported by a total of 16 permanent non-directorate posts. The composition of the Office cuts across different disciplines in order to provide the necessary support for implementing and sustaining the development of the eHR. The posts comprise one CEO, one Senior Executive Officer (SEO), one Senior Management Services Officer, two Administrative Officers, two Systems Managers, three Executive Officers II, two Personal Secretaries I, one Clerical Officer and three Assistant Clerical Officers. The FHB will create the non-directorate posts in accordance with the established mechanism.

Alternatives Considered

29. The Health Branch of FHB 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 the Permanent Secretary for Food and Health (Health) (PSFH(H)), who is supported by one DS ranked at AOSGB1 (D4) level; one DS ranked at AOSGB (D3) level; four Principal Assistant Secretaries (PASs) ranked at AOSGC (D2) level, viz. PAS(Health)1, PAS(Health)2, PAS(Health)3 and PAS(Health) Special Duties 1; one PEO designated as PEO(Health), and three supernumerary posts created under delegated authority for six months, viz. PAS(Health) Special Duties 2 ranked at AOSGC (D2) level, Chief Pharmacist (Health) Special Duties (D1) and Principal Medical Officer (Health) (Primary Care) (D1). We have critically examined the possible redeployment of the other existing directorate officers under PSFH(H) to take on the work of the proposed directorate posts. The conclusion is that it is not operationally feasible without affecting the quality of their work as all of them are fully engaged in their respective duties. Details of the existing duty schedules and work priorities of these posts are set out at Enclosure 7.

Encl. 7

Job Creation

30. Development and implementation of eHR will lead to the creation of jobs in both the public and private sectors. As aforementioned, HAITs will provide

/technical

technical support for the eHR Office. DH will also set up an eHR Team (with an initial civil service set-up of one Senior Medical and Health Officer and one SEO and 18 contract IT professional and supporting staff) to develop and implement eHR in the department. We envisage that the two teams will need to engage about a maximum of 300 staff comprising mainly IT professionals and supporting staff.

31. As for the private sector, the eHR will create demand for skills, expertise and resources such as software development tools and hardware to establish and operate the eHR and its related services, which in turn will create a lot of job opportunities in the local market. Successful implementation of the eHR will help further develop local IT expertise and equip IT service providers with the necessary systems and valuable experiences which will help them tap into other health systems in the region. All the expertise developed may be conducive to the future development of Hong Kong into a service and training centre for e-Health in the Asia-Pacific region, including security, technical infrastructure and development, standards development, health informatics, data mining, clinical research, legal and privacy.

FINANCIAL IMPLICATIONS

32. The proposed creation of three directorate posts will bring about an additional notional annual salary cost at mid-point of \$4,558,200 as follows –

	Notional annual salary cost at mid-point \$	No. of posts
Supernumerary posts		
AOSGB (D3)	1,763,400	1
AOSGC (D2)	1,518,000	1
Permanent post		
CSM (D1)	1,276,800	1
Total	4,558,200	3

The additional full annual average staff cost, including salaries and staff on-cost, is \$6,453,000.

33. Based on the proposed set-up of the dedicated team in paragraph 28 above, the additional notional annual salary cost at mid-point for the proposed 16 non-directorate posts is \$7,998,060 and the full annual average staff cost, including salaries and staff on-cost, is \$10,470,000. We have included the necessary provision in the 2009-10 Estimates to meet the cost of this proposal.

34. The three directorate and 16 non-directorate officers in paragraph 28 will be accommodated in existing government premises. The estimated annual accommodation cost is \$1,325,000.

PUBLIC CONSULTATION

35. We consulted the Legislative Council Panel on Health Services on 9 March 2009. Members supported in principle the eHR development programme and had no objection to the related directorate staffing proposal. Nevertheless, the meeting requested further information on the estimated costs for the first stage of the development programme, the legal framework for safeguarding the data privacy and security of the eHR sharing system, and the participation of private healthcare providers in the eHR sharing system. We provided the requested information to the Legislative Council Panel on Health Services on 12 May 2009.

ESTABLISHMENT CHANGES

36. The establishment changes under Head 140 – Government Secretariat: Food and Health Bureau (Health Branch) for the last two years are as follows –

Establishment (Note)	Number of Posts#			
	Existing (as at 1 June 2009)	As at 1 April 2009	As at 1 April 2008	As at 1 April 2007§
A	7#*	7#	7#	7#
B	18	18	15	14
C	35	35	35	35
Total	60	60	57	56

Note:

A – ranks in the directorate pay scale or equivalent

B – non-directorate ranks, the maximum pay point of which is above MPS point 33 or equivalent

C – non-directorate ranks, the maximum pay point of which is at or below MPS point 33 or equivalent

§ – For comparison purpose, the establishment figures shown correspond to those under the health portfolio of the then Head 140 Government Secretariat: Health, Welfare and Food Bureau (Health and Welfare Branch) which was renamed Health Branch after the re-organisation of the Government Secretariat on 1 July 2007.

– excluding two supernumerary posts, viz. DS (H)2 and PEO (Health), currently held against two frozen directorate posts (one AOSGB post and one PEO post).

* – excluding two six-month supernumerary posts created under delegated authority to support the Review Committee on Regulation of Pharmaceutical Products in Hong Kong. As at 1 June 2009, there was no unfilled directorate post in the Health Branch of FHB.

/CIVIL

CIVIL SERVICE BUREAU COMMENTS

37. The Civil Service Bureau supports the proposed creation of two supernumerary posts of one AOSGB and one AOSGC for four years and one permanent post of CSM to provide dedicated directorate support for the eHR Office to plan, develop and implement the eHR sharing system. The grading and ranking of the proposed posts are considered appropriate having regard to the level and scope of responsibilities required.

ADVICE OF THE STANDING COMMITTEE ON DIRECTORATE SALARIES AND CONDITIONS OF SERVICE

38. The Standing Committee on Directorate Salaries and Conditions of Service has advised that the grading proposed for the permanent directorate post would be appropriate if the proposal were to be implemented.

Food and Health Bureau
June 2009

**Key recommendations on the functional roles of the eHR Office in the
“Territory Wide Electronic Health Record System
Programme Management Plan”**

The Food and Health Bureau (FHB) has commissioned an independent consultant to help devise a Programme Management Plan (PMP) for implementing the eHR Programme. The PMP covers a wide range of issues, including a detailed plan with a high-level development roadmap for the implementation of the eHR programme with programme execution strategy, programme organisation, mechanisms on project governance, and the necessary and appropriate functional roles and organisational setup to carry out the various tasks under the eHR Programme. In summary, the PMP recommends that the organisation should comprise the following functions –

- I. ***Leadership Functions***: to be supported by a Programme Sponsor, a Programme Manager, a Medical Director, a Programme Steering Committee and Working Groups;
- II. ***Policy and Legal Functions***: to be supported by the Programme Manager, Policy Maker and Legal Director;
- III. ***Design Functions***: to be supported by a Medical Design Authority and a Technical Design Authority;
- IV. ***Communications and Change Functions***: to be supported by a Stakeholder and Communications Manager, a Business Change Manager and a User Training Manager;
- V. ***Programme Support Functions***: to be supported by a Programme Financial Controller, a Quality Assurance Manager and a Programme Auditor; and
- VI. ***Project Delivery and System Operation Functions***: to be supported by Individual Project Managers and Operation Managers.

In order to take forward the functional roles of the proposed roles of the proposed eHR Office, the proposed Head/eHR Office will be in charge of the Leadership Functions, and oversee the discharge of the other five Functions II to VI above. The proposed Deputy Head/eHR Office will be responsible for the Policy and Legal Functions and Communications and Change Functions. The proposed Chief Systems Manager/eHR Office will perform Design Functions, Project Delivery and System Operation Functions. Subject to the development and implementation progress of the overall eHR programme, the proposed Principal Executive Officer/eHR Office responsible for Programme Support Functions will be established at a later stage.

I. Leadership Functions

(i) Programme Sponsor

The Programme Sponsor ensures that the community's needs - the policies and reforms that are to be delivered through the eHR programme - are appropriate, relevant, clearly articulated and understood; and that the programme delivers these needs. The Programme Sponsor does this by –

- ensuring that the programme meets its needs and delivers the projected benefits;
- ensuring that the project is subject to review at appropriate stages;
- owning the programme benefit case;
- monitoring and controlling progress;
- formally closing the programme;
- issuing resolution and solving problem; and
- ensuring alignment across all parties involved in programme execution.

(ii) Programme Manager

The Programme Manager is responsible on behalf of the Programme's Sponsor for ensuring that the programme's objectives, plans and structures deliver the programme's needs, as agreed with the Programme Sponsor and the Sponsoring Group within Government, and for successful delivery of the new capability. The Programme Manager plans and manages the work in the programme to this end. They are responsible for the overall integrity and coherence of the programme and maintain the programme environment to support each individual project within it. Specifically the Programme Manager –

- agrees programme and projects targets with the Programme Sponsor;
- plans and designs the programme;
- monitors progress, identifies variances from plan and instigates corrective action;
- defines the programme's governance arrangements;
- establishes and runs a quality assurance approach to ensure that the programme delivers its business needs;
- manages the programme's budget and annual funding;
- coordinates with the HA Delivery Manager and facilitates the appointment of people to project delivery teams and ensures that there is an appropriate allocation of common resources and skills across the project portfolio;
- manages third-party contributions to the programme;
- manages communications with stakeholders;
- manages dependencies and interfaces between projects;

/manages

- manages risks and issues that affect the programme outcome;
- instigates corrective actions, and ensures that escalated actions and decisions are resolved in a timely and consistent manner; and
- reports on the programme to the Programme Sponsor and other stakeholders on a regular basis.

(iii) Medical Director

The role of the Medical Director is to ensure that the programme delivers solutions that are both useful to, and used by, the medical community in Hong Kong and that they deliver the required benefits to the healthcare system. Specifically the Medical Director –

- has Design Authority on all aspects relating to medical information, clinical processes and clinic administration;
- acts as the head spokesman for the programme on matters relating to eHR and the medical domain;
- plans and manages communications with medical professionals; and
- plans and manages the involvement of medical professionals in the programme, including focus groups, specification capture, prototype evaluation, testing and pilots.

(iv) Programme Steering Committee

The Programme Steering Committee ensures that the programme is established such that it supports the healthcare reform agenda and delivers benefits to the healthcare system, by advising the Programme Sponsor. The Steering Group comprises –

- Head/eHR Office;
- Department of Health Assistant Director of Health (Special Health Services);
- The Government Chief Information Officer;
- Hospital Authority Chief Information Officer;
- Chairs of each Working Group;
- Programme Management Office Manager (Secretary); and/or
- Other staff and advisors to attend Steering Group meetings as necessary.

The Steering Group will –

- advise the Programme Sponsor and Programme Manager on how to deliver the programme's objectives;
- ensure that resources are made available as needed;
- receive the regular progress reports from the Programme Sponsor, and decide upon corrective action as needed;

/decide

- decide on changes to programme scope, or delegate this authority to the Programme Sponsor;
- keep in view the healthcare environment, the Government reform agenda, and how the programme delivers against this strategy; instigate changes as necessitated by changes in strategy or the social/healthcare environment; and
- work to resolve issues escalated from the Working Groups.

(v) Working Groups

Working Groups (under the Steering Committee on eHR Sharing) will be convened comprising members drawn from stakeholder organisations across the health-care system. Each Working Group has a specific term of reference focusing the Working Group on a particular focus area in the health-care domain. The Working Groups advise the Steering Committee, Programme Sponsor, Programme Manager and Medical Director on matters within each Working Group's term of reference. The terms of reference of a Working Group, together with the composition of the membership of the Working Group, is subject to the approval of the Programme Sponsor. Changes to the terms of reference and to the membership of the Working Group must also be approved by the Programme Sponsor. Working Groups are advisory bodies. They have no decision-making authority in the programme. The following Working Groups exist –

- The Working Group on Institutional Arrangements: formulating feasible recommendations on the future institutional framework and structure for the governance, management, operation and maintenance of the eHR sharing infrastructure, having regard to the guiding principles;
- The Working Group on eHR and Information Standards: addressing technical issues relating to the development of eHR sharing infrastructure, as well as other technical issues, having regard to the guiding principles and user requirements, relevant international experiences in eHR sharing, and the circumstances of health care service provision in Hong Kong;
- The Working Group on Legal, Privacy and Security Issues: examining legal and related issues related to the eHR sharing infrastructure including ownership, copyright, privacy, confidentiality, security, liability, etc., and formulating recommendations for the long-term legal framework as well as interim solutions to address these issues, having regard to the guiding principles; and
- The Working Group on eHR Partnership: facilitating the development of eHR systems in the private sector and promoting the participation of the private and non-government sectors in the eHR programme.

II. Policy and Legal Functions

(i) Programme Manager

The Programme Manager is responsible on behalf of the Programme's Sponsor for ensuring that the programme's objectives, plans and structures deliver the programme's needs, as agreed with the Programme Sponsor and the Sponsoring Group within Government, and for successful delivery of the new capability. The Programme Manager plans and manages the work in the programme to this end. They are responsible for the overall integrity and coherence of the programme and maintain the programme environment to support each individual project within it. Specifically the Programme Manager –

- agrees programme and projects targets with the Programme Sponsor;
- plans and designs the programme;
- monitors progress, identifies variances from plan and instigates corrective action;
- defines the programme's governance arrangements;
- establishes and runs a quality assurance approach to ensure that the programme delivers its business needs;
- manages the programme's budget and annual funding;
- coordinates with the HA Delivery Manager and facilitates the appointment of people to project delivery teams and ensures that there is an appropriate allocation of common resources and skills across the project portfolio;
- manages third-party contributions to the programme;
- manages communications with stakeholders;
- manages dependencies and interfaces between projects;
- manages risks and issues that affect the programme outcome;
- instigates corrective actions, and ensures that escalated actions and decisions are resolved in a timely and consistent manner; and
- reports on the programme to the Programme Sponsor and other stakeholders on a regular basis.

(ii) Policy Maker

Data privacy and system integrity and security of the eHR sharing system would be crucial to protect the interests of both patients and healthcare providers and to inspire confidence in the system within the community. The Policy Maker should ensure that the eHR development have taken into account of a wide range of issues including affecting data privacy including data sources, collection, storage, deletion, access control, disclosure and use, authentication, consent issues, records sharing, security safeguards and privacy risk management, etc. Specifically, the Policy Maker –

/conducts

- conducts privacy impact and security risk assessment and devises data privacy and security service models; and
- consults stakeholders and public to develop both short-term solutions and long-term legal framework.

(iii) Legal Director

Having revisited the current legislative provisions applicable to personal health data, it is recognised the need to address a number of legal issues including record ownership and copyright and to explore the long-term legal framework for safeguarding the privacy and security of such personal health data, having regard to the context of the eHR sharing system. Specifically, the Legal Director –

- devises a long-term legal framework for eHR sharing including legislation, any possible legal sanctions for unauthorised access and disclosure of personal health data, etc; and
- addresses any arising legal issues in tandem with the development of the eHR sharing infrastructure, taking into account experience of similar legislative developments in overseas economies, to meet the needs of the future eHR sharing infrastructure and the aspirations of the community.

III. Design Functions

(i) Design Authority

Two Design Authorities will be established, one for Technical Design and one for Medical Design. Each Design Authority has authority to accept or reject specifications, architectures and designs related to their particular domains. The decision of each Design Authority is final within a domain and it cannot be over-ruled by the Programme Manager, Programme Sponsor or Steering Committee. In the event that the domains overlap then consensus must be reached between the two Design Authorities.

(ii) Technical Design Authority

The Technical Design Authority is responsible for maintaining the design integrity of the IT aspects of the eHR system. The Technical Design Authority assures that the technical architecture, design and technical standards used are appropriate for the eHR system. Key responsibilities include –

- assuring the appropriateness of the architecture and design of the complete end-to-end eHR IT solution which includes applications, utilities, operating system(s), infrastructure, data, interfaces and legacy systems;

/ensuring

- ensuring that the architecture and design complies with Government policies such as the interoperability framework and the authentication framework; or for obtaining approval to deviate from these policies;
- establishing and maintaining architecture and design review and endorsement processes across the programme as a whole;
- managing architecture and design issues and providing technical risk assurance;
- ensuring that Design Authority are appropriately involved and considered in supplier proposal evaluations;
- reviewing design changes, bringing the repercussions of these to the attention of the Programme Manager;
- resolving technical architecture and design issues as they arise; and
- conducting Privacy Impact Assessment, Privacy Compliance Audit, Security Risk Assessment and Audit in tandem with the development of the eHR sharing system.

(iii) Medical Design Authority

The Medical Director exercises Design Authority in the medical domain, which covers all matters related to patient treatment, medical processes/procedures, and the administration of medical facilities. The Medical Director is supported in this by a Medical Design Team.

(iv) Medical Design Team

The Medical Design Team recommends Design Authority decisions to the Medical Director and carries out the evaluation and assessment of –

- the structure and coding of the eHR;
- the application of eHR to patient care;
- process designs for how eHR will be used in patient care; and
- business and administrative processes for hospital and clinic management and administration.

IV. Communications and Change Functions

(i) Stakeholder and Communications Manager

The Stakeholder and Communications Manager plans, manages and executes the overall engagement between the programme and external stakeholders. External stakeholders are those parties not directly involved in the execution of the project (i.e. external stakeholders are outside FHB, HA and DH). The Stakeholder and Communications Manager –

- establishes an overall stakeholder communications strategy and stakeholder engagement plan;

/plans

- plans and manages day-to-day activities to executive the communication strategy and plan;
- prepares and approves broadcast communications and related collateral;
- appoints and supervises third parties to support the development of communication material and its dissemination to stakeholders;
- consults with stakeholders and engages with other programme team members to ensure that the programme recognises and accommodates appropriate feedback from stakeholders as it arises;
- establishes and manages consultation and a feedback tracking mechanism to capture all points raised in stakeholder communication and to ensure that each point has been covered in response;
- reviews periodically the overall feedback and opinions of stakeholders with the Programme Manager, Programme Sponsor and Steering Committee to ensure the effectiveness of the plans and the outcomes achieved;
- tracks stakeholder sentiment and levels of support, and to factor that into the stakeholder communication plans over the duration of the programme;
- plans and manages a press and broadcast media relations campaign to gain the support of the media and to get favourable press, radio and TV coverage; and
- establishes and manages the budget for stakeholder communications.

(ii) Business Change Manager

The Business Change Manager is responsible for ensuring that the eHR programme delivers lasting change to the ways of working in the healthcare system. Specifically, the Business Change Manager is responsible for making sure that the systems are used by, and useful to, the people involved in healthcare delivery and that necessary clinical and non-clinical process changes are implemented. The Business Change Manager achieves this by –

- establishing ways of involving stakeholders and system users in the specification, design and development of new functionality and processes;
- planning and managing user training, ensuring that user training material, related documentation and that training delivery are effective;
- working with users and project teams to design effective clinical and non-clinical process;
- working with users and project team to coordinate pilot implementation and to capture and act upon feedback received; and
- working with the Stakeholder Communications Team to raise the awareness of eHR, promoting system usage and ensuring that users are familiar with how to access support mechanisms.

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(iii) User Training Manager

User Training will be planned and managed by a User Training Manager, reporting to the Business Change Manager. The role is responsible for ensuring that timely and effective training is provided to users. This is done by –

- planning and managing a programme of user training, coordinated across all projects and workstreams;
- reviewing and approving (or rejecting) all training objectives, curriculum and training material prepared;
- ensuring that appropriate training channels are used (classroom, self-taught and internet enabled); and
- gathering and acting on feedback from trainees on the effectiveness of the training.

V. Programme Support Functions

(i) Programme Financial Controller

The Programme Financial Controller is responsible for assuring that the development programme should be operated and maintained within the allocated budget. The Programme Financial Manager –

- prepares and maintains planning and budgetary information, and helps to prepare progress reports; and
- administers the programme financial controls, and procurement processes including contracting, contract management, and variation instructions.

(ii) Quality Assurance

The Quality Assurance (QA) role on the project is carried out by the QA Manager and their direct reports. The QA Manager is responsible for assuring that all physical deliverables of the project – IT systems, clinical- and non-clinical processes, are fit for purpose. The QA Manager –

- oversees the Software QA, Documentation, Testing and Environment Management functions;
- instigates and oversees quality assurance reviews and audits, as approved by the Programme Manager;
- ensures all areas of risk highlighted in QA reviews and audits are resolved appropriately; and
- establishes QA standards to be used by third-party suppliers.

/(iii)

(iii) Programme Auditor

The Programme Auditor is responsible for ensuring that the programme progresses in a controlled and disciplined manner, that it meets its objectives, and that adequate processes are in place over the life of the programme. The Programme Auditor –

- administers the programme's control processes including risk management, issue management, and change controls;
- measures progress and highlighting variances;
- implements and maintains a benefit measurement and delivery management process;
- establishes a sound commercial approach to all contracts and supplies, including preparing a procurement plan and managing procurement processes; and
- implements and maintains appropriate commercial and contractual management processes.

VI. Project Delivery and System Operation Functions

(i) Individual Project Managers

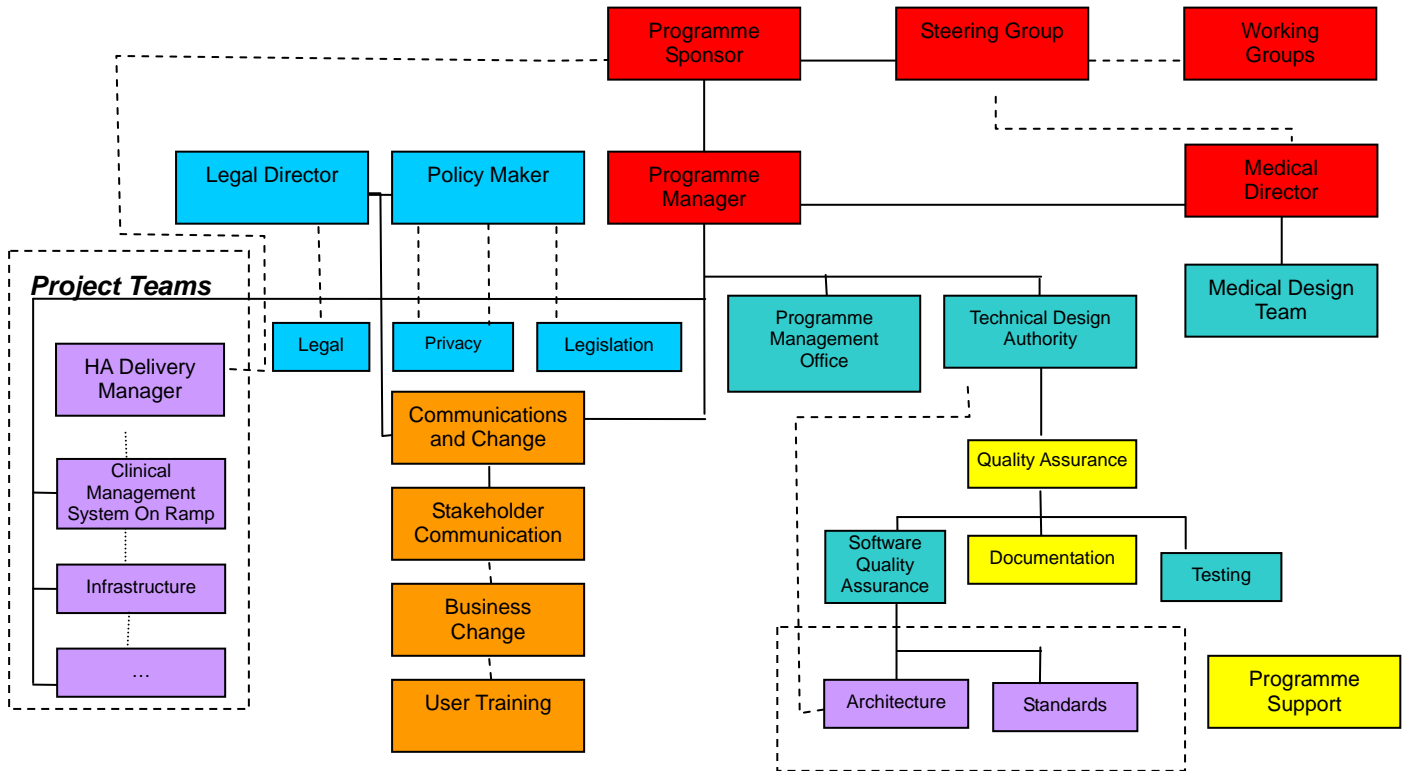
Individual Project Managers are responsible for delivering specific scope items and for the timely and fit for purpose delivery of the items within their defined scope of delivery, by –

- planning and managing the work within their scope, updating plans weekly and issuing these to the Programme Manager;
- securing, appointing and managing project team leaders and subordinate staff;
- adhering to the programme controls and procedures;
- identifying and resolving issues, and instigating corrective action which is within their own authority;
- escalating issues that cannot be resolved within a short period of time to the Programme Office for agreement of the approach to resolution;
- managing the work within an allocated budget; and
- convening and chairing weekly progress meetings with their individual project teams, issuing meeting notes and issuing a weekly progress report to the Delivery Manager.

(ii) Operation Managers

Operation Managers are responsible for carrying out the on-going work across domains including architecture and standards. The Operation Managers ensure that the projects and the programme as a whole conform to an integrated design accommodating good practices in each workstream domain.

Figure 1: Programme Organisation



Remarks:

- Leadership Functions
- Policy and Legal Functions
- Design Functions
- Communications and Change Functions
- Programme Support Functions
- Project Delivery and System Operation Functions

**Proposed Job Description for the Post of
Head/eHealth Record Office**

Rank : Administrative Officer Staff Grade B (D3)

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

Main Duties and Responsibilities –

1. To lead a dedicated team in the Health Branch of the Food and Health Bureau to oversee and co-ordinate efforts to develop and implement the eHR sharing infrastructure.
 2. To formulate policies, development plans and work targets for the eHR development having regard to expertise advice from healthcare and IT professionals in the public and private sectors.
 3. To provide strategic steer and advice to the overall implementation of the eHR and to oversee the services provided by the Hospital Authority's IT Service which serves as an agent to the eHR Office to implement the eHR infrastructure.
 4. To review the legal framework for eHR sharing to ensure sufficient protection for data privacy and security.
 5. To promote and engage private sector participation in the development and adoption of eHR in the community.
 6. To oversee and provide steer on 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 Office**

Rank : Administrative Officer Staff Grade C (D2)

Responsible to : Head/eHealth Record Office

Main Duties and Responsibilities –

1. To assist in formulating the policy and strategy in developing eHR sharing infrastructure.
 2. To commission a Privacy Impact Assessment and Privacy Compliance Audit to examine the legal framework required for eHR sharing and to devise solutions to address privacy and security issues in the interim where necessary.
 3. To assist in developing the institutional arrangements and governance structure for the effective development and implementation of eHR sharing.
 4. To assist in managing the financial resources provided for the development of eHR, including preparation of budgeting and work plan especially in exercising budget and accounting control during the initial years of the programme.
 5. To liaise closely with the Hospital Authority's IT Service, the agent for Government to develop the eHR, on policy aspects of the eHR and to devise detailed implementation programme.
 6. To liaise with healthcare providers in the private sector to identify public-private partnership to facilitate the implementation of eHR in the private sector and to devise publicity strategy to promote adoption by the community.
 7. To provide secretariat service to the Steering Committee on Electronic Health Record Sharing and its Working Groups.
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**Proposed Job Description for the Post of
Chief Systems Manager/eHealth Record Office**

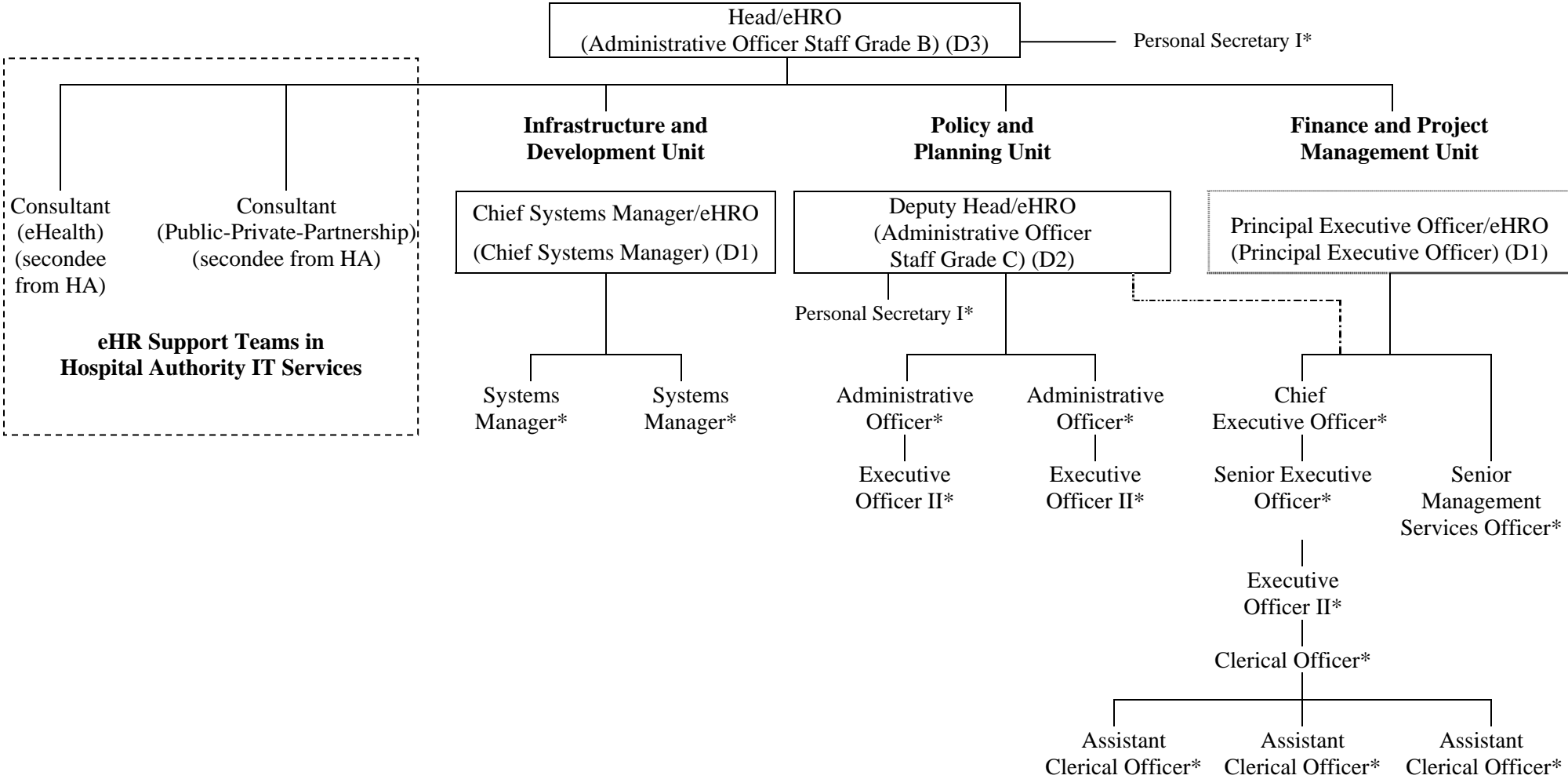
Rank : Chief Systems Manager (D1)

Responsible to : Head/eHealth Record Office

Main Duties and Responsibilities –

1. To formulate and review IT policies and strategies in relation to the development and implementation of the eHR sharing infrastructure, with particular reference to relevant legal, privacy and security concerns.
2. To work closely with the Hospital Authority's IT Service, the agent for Government, to develop the design of the infrastructure, architecture and standards of the eHR and to devise the detailed implementation programme for the eHR.
3. To oversee and advise on the technical aspects of eHR projects and monitor the development of the major system components and target projects of the eHR.
4. To devise policies and procedures to ensure users' compliance and observance of relevant standards, specifications and protocols in eHR sharing.
5. To provide support for the Working Group on eHealth Record and Information Standards.
6. To formulate plans to promote the importance and public awareness of eHR security.

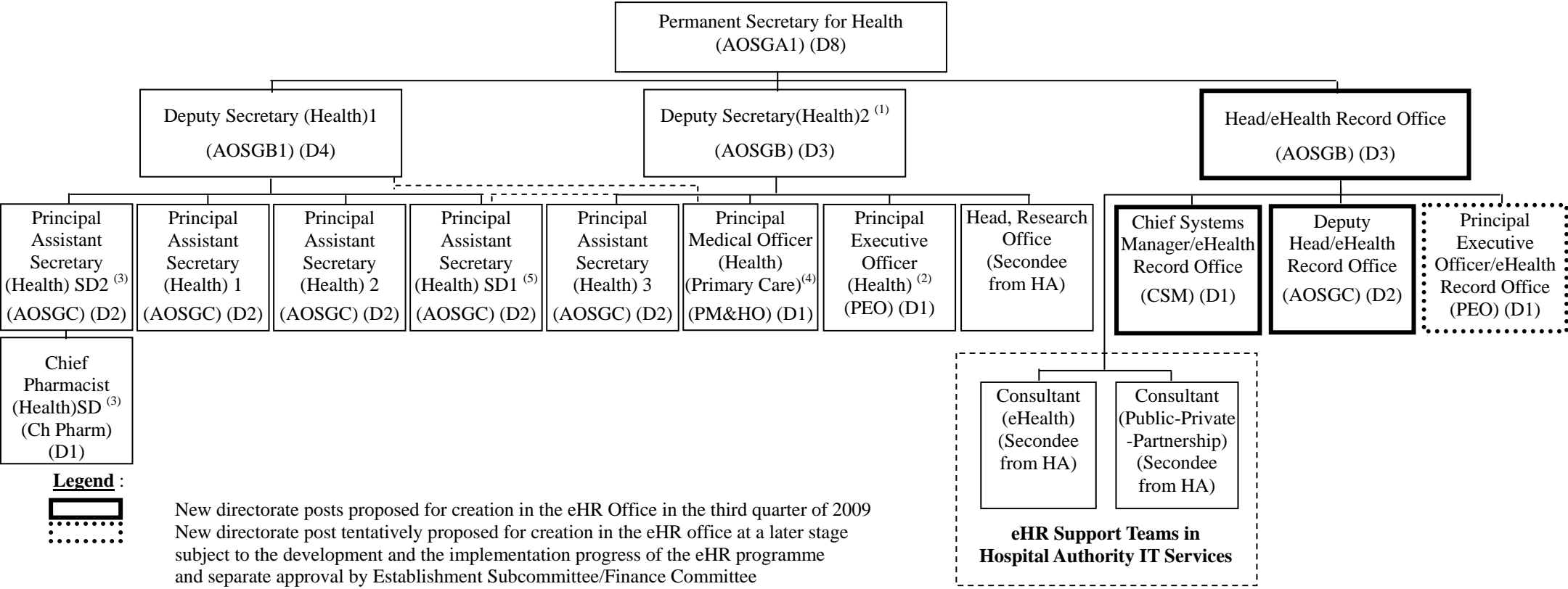
Proposed Organisation Chart of Electronic Health Record Office



Legend:

- New directorate posts proposed for creation in the third quarter of 2009
- New directorate post proposed tentatively for creation at a later stage subject to the development and implementation progress of the eHR programme and separate approval by Establishment Subcommittee/Finance Committee
- * Non-directorate posts proposed for creation in the third quarter of 2009
- - - - - Chain of command prior to the creation of the Principal Executive Officer post in the future
- eHRO eHealth Record Office

**Proposed Organisation Chart of Electronic Health Record Office
under the Health Branch of Food and Health Bureau**



Legend :



New directorate posts proposed for creation in the eHR Office in the third quarter of 2009
 New directorate post tentatively proposed for creation in the eHR office at a later stage subject to the development and the implementation progress of the eHR programme and separate approval by Establishment Subcommittee/Finance Committee

- AOSGA1 Administrative Officer Staff Grade A1
- AOSGB1 Administrative Officer Staff Grade B1
- AOSGB Administrative Officer Staff Grade B
- AOSGC Administrative Officer Staff Grade C
- PEO Principal Executive Officer
- PM&HO Principal Medical and Health Officer
- CSM Chief Systems Manager
- Ch Pharm Chief Pharmacist
- HA Hospital Authority
- SD Special Duties

Notes :

- (1) Supernumerary post holding against one AOSGB post
- (2) Supernumerary post holding against one PEO post
- (3) Supernumerary posts created for six months to support the Review Committee on Regulation of Pharmaceutical Products in Hong Kong. Both posts will lapse after completion of the review.
- (4) Supernumerary post created for six months to support implementation of primary care reform initiatives. It will lapse thereafter.
- (5) On loan from Department of Health

**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 hospital services, fees and charges of public medical and health services, development of public Chinese medicine clinics, health promotion and prevention of communicable and non-communicable diseases, regulation, self-regulation and development of medical, nursing, dentistry and allied health professional and regulation of drugs. With the wide range of responsibilities and the frequent need to tackle many medical-related incidents that are of concern to the public, he 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 currently responsible for policy matters relating to the development of primary health care services, service delivery models, healthcare financing, anti-smoking, tobacco control, human organ donation and transplant, human reproductive technology, advance directives, euthanasia, development of health information systems, and health policy research. He also provides strategic support for the Health and Medical Development Advisory Committee and the Healthcare Reform. The DS(H)2 post is a temporarily redeployment of a permanent AOSGB post previously engaged in women policy so as to relieve the work pressure of DS(H)1. Its main responsibility is to spearhead different new health initiatives, particularly in connection with the healthcare reform. DS(H)2 is currently taking charge of the initial preparatory work for the formation of the eHR Office and the drawing up of preliminary development roadmap for the eHR. As DS(H)2 has to focus on the overall healthcare reform including healthcare financing and as the eHR Office requires a full time head to steer and co-ordinate the many eHR initiatives, it would not be possible for DS(H)2 to continue to be involved in the detailed planning and implementation of the eHR sharing infrastructure. The responsibilities of DS(H)2 have been evolving in the last few years to cope with different health initiatives, rendering it unsuitable to rationalise the permanent redeployment of the post. We will regularly review the portfolio of the post and will make recommendation to redeploy the post on a permanent basis when the outcome of and work relating to the healthcare reform is more certain.

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 and health professions; regulation of healthcare institutions, including private hospitals;

/regulation

regulation of pharmaceutical products, Chinese medicines, Chinese proprietary medicines, medical devices and radiation matters; pilot scheme on hospital accreditation; public health, clinical and other services provided by Department of Health (DH); and oral health. The officer is also responsible for medical and health manpower planning as well as liaison with the Ministry of Health. The portfolio covers a wide spectrum of subjects and the workload is heavy. In times of major communicable disease outbreaks, the officer will be heavily engaged in crisis management on top of the abovementioned policy work. There is hardly any extra capacity for absorbing new duties arising from the development of eHR.

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

PAS(H)2 is responsible for policy matters relating to the provision of public hospital services (specifically on mental health services, public-private-partnership programme, drug formulary and the safety net through medical waiver and the Samaritan Fund for patients with financial hardship) and the development of public and private hospitals. The post-holder also assists in overseeing and monitoring the services and governance of the Hospital Authority (HA). This area of work widely covers resource allocation and budgetary control for HA and monitoring HA's financial performance; services development and programme planning; matters relating to fees and charges; and human resource management and manpower planning. The post-holder also handles the complaints against HA and takes necessary follow-up actions on medical incidents. Furthermore, the incumbent is heavily engaged in the planning of hospital capital projects (including construction of new hospitals, redevelopment of existing hospital and other improvement works) and in monitoring the implementation of these projects. She also has to examine the proposals for development/redevelopment of private hospitals which involve application for planning permission under the law or land lease modification. She is fully occupied by the present work schedule and there is absolutely no scope for the officer to take up extra duties relating to the development of eHR.

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

PAS(H)3 is responsible for the long-term health care service delivery models and financing arrangements; primary health care including the management and development of general out-patient clinics and community-based services; policies on new medical technologies and research, including human reproductive technology and human organ transplant and donation; policies on euthanasia and advance directives and providing secretariat support for the Health and Medical Development Advisory Committee. The officer currently assists DS(H)2 in the preparatory work for the development of the eHR infrastructure and the second stage Healthcare Reform Consultation. He is also heavily involved in the implementation of service reform initiatives (e.g. enhancing primary care, Elderly Healthcare Voucher Scheme and various pilot public-private partnership projects, etc). Given the need for dedicated input of a full time AOSGC for all these duties, PAS(H)3 would not be able to take up additional work in the eHR Office without affecting the efficient discharge of his other duties.

/Principal

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

PAS(H)SD1 is responsible for the development of medical centres of excellence in paediatrics and neuroscience; anti-smoking and tobacco control policies and legislation; policy matters on prevention and control of HIV/AIDS; health related matters of Closer Economic Partnership Arrangement and health-related proposals arising from the Economic Summit on “China’s 11th Five Year Plan and the Development of Hong Kong”; promotion of breastfeeding; and medical services for the East Asia Games 2009. 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 FHB. The temporary arrangement was made with the understanding that the post would be returned to DH in due course. There is hardly any scope for the officer to take up the additional duties of developing the eHR initiative and in fact, the workload of the officer will have to be shared among other AOSGCs in the Health Branch upon return of the post to the DH. It is therefore neither practicable nor desirable to add the new and demanding duties of overseeing the eHR initiative to the already very full duty lists of existing AOSGCs in the Branch.

Principal Assistant Secretary for Food and Health (Health) Special Duties 2 (PAS(H)SD2) (D2)

PAS(H)SD2 is responsible for the review on the regulation of pharmaceutical products, serving as the secretary to the Review Committee on Regulation of Pharmaceutical Product, including providing overall support to and coordination of the work of the Review Committee and its Subcommittees, and coordinating overall follow up actions arising from the discussion of the Review Committee. She is also responsible for the policy and new legislation in respect of regulation of medical devices, and the development and supply of pandemic vaccines for flu, including scientific research and the possible setting up of a vaccine manufacturing facility. She is fully occupied with all of the above duties, especially on the review on the regulation of pharmaceutical products. Moreover, PAS(H)SD2 is a supernumerary post created under delegated authority for six months which will lapse after the completion of the review.

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

PEO(H) is responsible for the development of Chinese medicine clinics and Chinese medicine hospital and training for graduates of Chinese medicine degree programmes; development of the Communicable Disease Information System; fees and charges in the DH; overseeing the financial and human resource management matters of the Prince Philip Dental Hospital and the DH; logistical support to the Health and Medical Development Advisory Committee and the healthcare reform public consultation activities; and appointment matters to health-related Councils and Boards. The PEO(H) post is a temporary redeployment of a permanent PEO post previously handling administration matters in the Bureau. The redeployment has been arranged to strengthen the support of the Health Teams so that the concerned PASs could focus their attention on major policies issues and have spare

/capacity

capacity for tackling urgent medical matters and crisis. The Health Teams are already very hard pressed to cope with the many pressing and complex health issues and it would not be feasible to redeploy the PEO post to the eHR Office without adversely affecting the work and performance of the other teams. We will seek approval for the permanent redeployment of the post when we have a more clear view of the work demands arising from the healthcare reform.

Chief Pharmacist (Health) (Special Duties) (D1)

Ch Pharmacist(H)(SD) is responsible for the review of the existing regulatory regime for pharmaceutical products and the industry by providing support and advice to the Review Committee on Regulation of Pharmaceutical Products in Hong Kong and its Subcommittees; serving as Secretary to the Task Force on Enhancement of Regulation of Pharmaceutical Products in Hong Kong (TF) and to provide support, coordinate and give advice to the TF and the Expert Group on Microbiological Hazards on Drug Manufacturing established under the TF. This is a supernumerary post created under delegated authority for six months which will lapse after the completion of the review.

Principal Medical Officer (Health) (Primary Care) (D1)

PMO(H)(PC) is responsible for working with the stakeholders to implement the proposals for enhancing primary care services endorsed by the Working Group on Primary Care and providing professional input to the development of details for a series of integrated pilot projects that aim to enhance primary healthcare services and support for chronic disease patients. The incumbent is also tasked to explore the evaluation framework for the primary care reform initiatives. This is a supernumerary post created under delegated authority for six months which will lapse thereafter.
