## United Christian Nethersole Community Health Service LC Paper No. CB(2)1934/08-09(07)



- 家庭醫生 Family Medicing
- 健康檢查
- 社區營養服務
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- 倡健學校計劃(健康校園)
- 愛鄰網絡 Metwork (Rehabilitation Service)
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- 健康教育及推廣

● 病理檢驗

18 June 2009

Dr. Joseph Lee Kok Long Chairman of the Legco's Panel on Health Services Legislative Council Secretariat Legislative Council Building 8 Jackson Rd., Central, Hong Kong.

Dear Dr Lee,

Re: Development of a territory-wide electronic healthcare record sharing system (ePR)

Further to our organisation's submission concerning the above captioned subject on 3<sup>rd</sup> March 2009, our group of community doctors would like to further submit our views through our experience in using the system.

As family doctors (General Practitioners) working in the community, we find the electronic healthcare record sharing system (ePR) useful in managing patients who have had/ are having treatment by Hospital Authority (HA) specialty outpatient clinics or who have just been discharged from hospitals. Through the system, the community doctor can access the discharge summary (if available), investigation results (such as blood tests, radiology tests) or drugs prescribed. With this knowledge, duplication of investigations, and thus, waste of resources can be avoided. A clear picture of drug treatment is helpful in preventing inadvertent drug prescription error (such as duplication of drug or inappropriate drug), thus enhancing patient safety. In addition, the community doctor (General practitioner/Family Doctor), who has a longterm relationship with the patient, can utilise the information on ePR to explain to the patient in more detail about his/her condition and to clarify any misunderstanding. However, the system currently lacks access to the management plan for the patient and information about visits to the General Outpatients' Clinic.

The ePR is helpful as a channel of communication between hospital doctors and community doctors. However, at present, the system is only a one-way information flow. It would be better if hospital doctors could also grasp what is happening in the community. Good communication is two-ways.

The ePR system may be further improved if it would allow the community doctors to view the management plan for the patient and general outpatients' clinic information, which are currently not accessible; and to allow two way information flow.

Furthermore, in a truly comprehensive ePR system, the patient's medical records (both hospital or community) and investigation results that they have done



throughout their life span, should all be accessible. Ideally, the patient should be in control and be able to carry his/her electronic records from one community doctor to another community doctor or hospital doctor, public or private. If this were possible, it would truly be the public/private interface. In addition, the promotion of ePR to patients could be strengthened within the hospital setting. There is greater chance of success and widespread use if patients join at the time of discharge from hospital, or after a visit to the HA Specialist Outpatient clinic or Accident & Emergency Department, where the HA doctor may reinforce the message of continuity of care in the community by a Family Doctor.

Our group of doctors is encouraged by the steps taken so far in the development of ePR, and look forward to the day that Hong Kong's health care providers of any sector may have the platform through which to communicate to one another effectively for the common purpose of providing the best standard of care for the patients.

Yours sincerely

Dr. Joyce Tang Medical Director

cc. Mr Alexander Law, Executive Director Dr. Ruby Lai, Deputy Medical Director