Panel on Health Services Meeting on 11 June 2012

Report on Public Consultation on the Legal, Privacy and Security Framework for Electronic Health Record Sharing



eHealth Record Office Food and Health Bureau



Views Gathered

 111 responses received, generally support development of eHR Sharing System

Key issues

- Patient Access
- Sharable Scope and Exclusion of Data
- eHR of Withdrawn / Deceased Patients
- eHR Sharing System Operating Body



Patient Access

Views gathered: 19

- Patients have the right to access and download data
- Sensitive data may cause distress or misunderstanding
- Charges may have deterring effects
- More convenient access

- Charges not high
- Balance between convenient access, risk of misinterpretations and security risk
- May provide more access channels in second stage



Sharable Scope and Exclusion of Data

Views gathered: 23

- Prefer "safe deposit box"
 - Patients' right to choose sharable data
 - Sensitive information may lead to discrimination
 - Move data in and out anytime
 - More types of data stored, smaller labeling effect
- Support no safe deposit box nor exclusion
 - Need to protect healthcare professionals / public
 - Access on a "need-to-know" basis
 - Undermine the merit of eHR sharing and healthcare quality

Sharable Scope and Exclusion of Data

- Hiding of information:
 - undermine patient / healthcare professional trust
 - increase healthcare providers' professional and legal risk
- Difficult to determine sensitivity
- Not aware of successful examples overseas
- Further study is required



eHR of Withdrawn / Deceased Patients

Views gathered: 13

- General support for "freezing"
- Different length of frozen period
 - support three and 10 years respectively
 - uniform: seven years
 - six years (deceased patients)
 - 15 years (deceased patients)

- Respondents' suggestions not substantiated
- The original proposal has taken into consideration the Limitation Ordinance (Cap. 347)
- Maintain the proposed three and 10 years



eHR Sharing System Operating Body

Views gathered: 11

- Higher transparency and accountability
- Engage key stakeholders (e.g. medical and ICT sectors)
- Independent governing body to oversee implementation
- Independent bodies to investigate complaints and monitor / audit operation

- Empower operating body to conduct security audits on healthcare providers' systems
- Regular security audits on eHR Sharing System
- Minimize conflict of interest:
 - Suitably engage stakeholders in governance structure
 - Appropriate authorities for handling complaints



Next Steps

Mid 2012 onwards Drafting of eHR Bill

2013 - 14

1st / 2nd / 3rd Reading of eHR Bill

End 2014

Commencement of eHR Sharing System





