

立法會
Legislative Council

LC Paper No. CB (2)1964/14-15
(These minutes have been
seen by the Administration)

Ref : CB2/BC/6/13

Bills Committee on Electronic Health Record Sharing System Bill

Minutes of the seventh meeting
held on Tuesday, 14 October 2014, at 4:30 pm
in Conference Room 2B of the Legislative Council Complex

Members present : Hon Charles Peter MOK, JP (Chairman)
Hon Emily LAU Wai-hing, JP
Prof Hon Joseph LEE Kok-long, SBS, JP, PhD, RN
Hon Cyd HO Sau-lan, JP
Dr Hon LEUNG Ka-lau
Hon CHEUNG Kwok-che
Hon Alan LEONG Kah-kit, SC
Hon WU Chi-wai, MH
Hon CHAN Han-pan, JP
Hon Alice MAK Mei-kuen, JP
Dr Hon KWOK Ka-ki
Dr Hon Elizabeth QUAT, JP
Ir Dr Hon LO Wai-kwok, BBS, MH, JP

Members absent : Dr Hon Fernando CHEUNG Chiu-hung
Dr Hon Helena WONG Pik-wan

Public Officers attending : Item I
Mr Sidney CHAN, JP
Head (eHealth Record)
eHealth Record Office
Food and Health Bureau

Ms Ida LEE
Deputy Head (eHealth Record)
eHealth Record Office
Food and Health Bureau

Dr N T CHEUNG
Consultant (eHealth)
eHealth Record Office
Food and Health Bureau

Mrs Juliet CHENG
Chief Systems Manager (eHealth Record)
eHealth Record Office
Food and Health Bureau

Dr W N WONG
Senior Health Informatician (eHealth Record) Special Duties
eHealth Record Office
Food and Health Bureau

Ms Rayne CHAI
Acting Senior Assistant Law Draftsman
Department of Justice

Mr Patrick YEUNG
Senior Government Counsel
Department of Justice

Ms Carmen CHAN
Acting Senior Government Counsel
Department of Justice

Clerk in attendance : Ms Maisie LAM
Chief Council Secretary (2) 5

Staff in attendance : Miss Carrie WONG
Assistant Legal Adviser 4

Ms Janet SHUM
Senior Council Secretary (2) 5

Ms Michelle LEE
Legislative Assistant (2) 5

Action

I. Meeting with the Administration

[File Ref.: FH CR 1/1/3781/10, LC Paper Nos. CB(2)1515/13-14(01), CB(2)1538/13-14(01), CB(2)1551/13-14(01), CB(2)1580/13-14(07), CB(2)1775/13-14(03), CB(2)2308/13-14(01) to (02) and CB(3)575/13-14]

The Bills Committee deliberated (index of proceedings attached at **Annex**).

Admin

2. The Bills Committee requested the Administration to -

- (a) provide the Terms of Reference and membership list of the Steering Committee on Electronic Health Record Sharing and advise whether it intended to retain or change the same advisory structure upon the commencement of operation of the Electronic Health Record Sharing System ("eHRSS");
- (b) advise how the scope of data for electronic health record sharing ("the sharable scope") in the eHRSS developed under Stage One of the Electronic Health Record Programme ("eHR") was determined and the extent of information to be included for sharing under each type of data, and advise whether and how the sharable scope and/or the extent of information which had been included for sharing in the eHRSS developed under the Stage One eHR Programme would be expanded in future;
- (c) advise how it would further collaborate with the private information technology vendors on the future development of the eHRSS under the Stage Two eHR Programme, in particular whether it would contract out some of the information technology development work such as the development of clinical software or systems for eHRSS connection;
- (d) advise whether the service location(s) for which a healthcare provider had registered for eHRSS was(were) the location(s) where the provider could access eHRSS; and
- (e) provide a written response to the letter dated 28 July 2014 from Dr Hon Elizabeth QUAT (LC Paper No. CB(2)2149/13-14(01))

Action

concerning the Administration's response to her letter dated 11 July 2014 as set out in LC Paper No. CB(2)2130/13-14(01).

II. Any other business

3. Members noted that the next meeting would be held on Friday, 7 November 2014 from 9:30 am to 12:30 pm to meet with the Office of the Privacy Commissioner for Personal Data and the Administration.

(Post-meeting note: With the concurrence of the Chairman, the next meeting has been re-scheduled for Tuesday, 11 November 2014 from 4:30 pm to 7:30 pm.)

4. There being no other business, the meeting ended at 6:16 pm.

Council Business Division 2
Legislative Council Secretariat
24 July 2015

**Proceedings of the seventh meeting of
the Bills Committee on Electronic Health Record Sharing System Bill
held on Tuesday, 14 October 2014, at 4:30 pm
in Conference Room 2B of the Legislative Council Complex**

Time marker	Speaker	Subject(s)/Discussion	Action required
<i>Agenda item I: Meeting with the Administration</i>			
000158 - 000436	Chairman	Opening remarks	
000437 - 000629	Admin	Briefing by the Administration on its response to issues raised at the meeting on 13 May 2014 (LC Paper No. CB(2)1538/13-14(01))	
000630 - 001352	Chairman Dr Elizabeth QUAT Admin	<p>Dr Elizabeth QUAT's concern about the representation of patient groups in the Steering Committee on Electronic Health Record Sharing ("eHRSC") and the role of eHRSC upon commencement of operation of the Electronic Health Record Sharing System ("eHRSS"), in particular whether eHRSC would be involved in the formulation of the code of practice to be issued by the Commissioner for the Electronic Health Record under clause 51.</p> <p>The Administration's response that eHRSC was tasked to provide advice and steer on the development of eHRSS. eHRSC and its four working groups comprised representatives of, among others, patient groups, healthcare professionals and healthcare providers ("HCPs"). The intention of the Administration was to retain essentially the same advisory structure upon commencement of operation of eHRSS. Views and comments from eHRSC would be sought on the formulation of the code of practice.</p> <p>At the request of Dr Elizabeth QUAT, the Administration undertook to provide in writing the Terms of Reference and membership list of eHRSC and advise whether the Administration intended to retain or change the same advisory structure upon the commencement of operation of eHRSS.</p>	Admin
001353 - 001704	Chairman Dr KWOK Ka-ki Admin	In response to Dr KWOK Ka-ki's enquiry about whether the Office of the Privacy Commissioner for Personal Data ("PCPD") would remain represented in the future advisory structure, the Administration's advice that the view of PCPD was that, to avoid any conflict of the role of the Office as the enforcement authority of personal data privacy matters, the Office would cease to act as a member of any future standing committee that might be set up upon commencement of operation of eHRSS.	
001705 - 002255	Chairman Admin	Briefing by the Administration on its response to issues raised at the meeting on 19 May 2014 (LC Paper No. CB(2)1580/13-14(07))	

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002256 - 010048	Chairman Dr LEUNG Ka-lau Ms Emily LAU Prof Joseph LEE Admin	<p>Dr LEUNG Ka-lau's view that for the interest of patients, full reports of diagnostic tests (e.g. endoscopy and colonoscopy) for, and procedures performed on, public hospital patients, which were available in the clinical management system ("CMS") of the Hospital Authority ("HA") and readily sharable electronically, should be included in the scope of data for electronic health record ("eHR") sharing ("the sharable scope") in the eHRSS developed for Stage One of the Electronic Health Record Programme ("eHR Programme").</p> <p>Ms Emily LAU's view that health data that was conducive to the provision of quality healthcare to patients should be included in eHRSS as far as practicable, and her enquiry about the technical feasibility to expanding the sharable scope in the eHRSS developed under the Stage One eHR Programme. Prof Joseph LEE raised a similar question.</p> <p>Dr Elizabeth QUAT considered Dr LEUNG Ka-lau's request reasonable and cast doubt as to whether the non-inclusion of the health data referred to by Dr LEUNG in Stage One of the eHR Programme was due to the under-representation of healthcare professionals and patient groups in eHRSC and its working groups.</p> <p>The Administration's elaboration of the sharable scope of health data in Stage One of the eHR Programme as set out in paragraphs 5 to 7 of LC Paper No. CB(2)1775/13-14(02), and its advice that -</p> <ul style="list-style-type: none"> (a) in determining the proposal on the sharable scope of data in the eHRSS developed under the Stage One eHR Programme, reference had been made to, among others, the existing sharable scope of data used in the Public Private Interface-Electronic Patient Record ("PPI-ePR") pilot project, which was considered satisfactory to both patients and healthcare professionals as revealed in the findings of two surveys. No adverse comment on the proposal had been received during the public consultation in 2011 to 2012; (b) while the design of the eHRSS developed under the Stage One eHR Programme had catered for the potential expansion of the sharable scope of data, it was necessary to develop the technical standards for the uploading of a particular type of health data from the CMS of HA and the local electronic medical/patient record ("eMR/ePR") systems of individual HCPs to the eHRSS before the inclusion of the health data concerned within the sharable scope; and (c) further development of the eHRSS under Stage Two of the eHR Programme would be commenced after eHRSS came into operation and upon approval of funding application. Any proposed changes to the sharable scope of data would need to go through the same due process 	

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		<p>of discussion and consultation with the advisory committees and relevant stakeholders as in Stage One of the eHR Programme. Depending on the complexity of the work involved, expansion or modification of the sharable scope could be pursued at different times during the Stage Two eHR Programme, which would be a five-year programme.</p> <p>Dr LEUNG Ka-lau's remark that he remained unconvinced of the Administration's response; and the Chairman's view that from the perspective of information technology ("IT"), it might be difficult for the Administration to modify or expand the sharable scope in the eHRSS developed under the Stage One eHR Programme at this stage.</p> <p>At the request of the Chairman and Dr LEUNG Ka-lau, the Administration undertook to advise in writing how the sharable scope in Stage One of the eHR Programme was determined and the extent of information to be included for sharing under each type of data, and advise whether and how the sharable scope and/or the extent of information which had been included for sharing in the eHRSS developed under the Stage One eHR Programme would be expanded in future.</p>	<p>Admin</p>
010049 - 010233	Dr Elizabeth QUAT Chairman Admin	Dr Elizabeth QUAT's request for a written response from the Administration to her letter dated 28 July 2014 (LC Paper CB(2)2149/13-14(01)) concerning the Administration's response to her letter dated 11 July 2014 as set out in LC Paper No. CB(2)2130/13-14(01). The Administration agreed.	<p>Admin</p>
010234 - 011048	Chairman Admin	Briefing by the Administration on its written response to other follow-up issues raised at the meeting on 26 May 2014 (LC Paper No. CB(2)1775/13-14(03))	
011049 - 013312	Chairman Dr Elizabeth QUAT Admin Ms Emily LAU	<p>Referring to the significant role of MedCom (i.e. a publicly funded non-profit-making eHealth venture in Denmark) in the provision of IT solutions for connecting the Danish healthcare systems, Dr Elizabeth QUAT's enquiry as to whether, and if so, how the Administration would make reference to the experience of Denmark in engaging the local IT sector, in particular the small and medium sized enterprises, in the development of CMS for HCPs (including that for the Chinese medicine clinics) to connect to the eHRSS.</p> <p>Ms Emily LAU's view that the development of CMS for use by HCPs for connection to the eHRSS should be left to the private IT sector if relevant expertise was readily available in the market. The role of the Administration should be confined to maintaining a level playing field in this regard. She urged the Administration to adopt a prudent approach in considering whether the practices of certain overseas countries should be adopted locally.</p> <p>The Administration's response that open information on data sharing operational standards, interface specifications and interoperability requirements was made available to facilitate</p>	

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		<p>interested parties to develop CMS for connection to the eHRSS. For certain systems available in the market such as CMS 3.0 of the Hong Kong Medical Association ("HKMA") and the Dental Clinic Management System of the Hong Kong Dental Association, the Administration had been working closely with the vendors or providers concerned to discuss their connectivity to the eHRSS. It would look into whether the systems available in the market would be suitable for adoption by Chinese medicine clinics during the Stage Two eHR Programme.</p> <p>On Dr Elizabeth QUAT and the Chairman's suggestion that a separate entity, instead of HA which was the technical agency in the development of the eHRSS under the Stage One eHR Programme, should be entrusted with the responsibility to provide technical training on the application programming interface specifications which were made available openly and certification services on the interoperability of the non-government developed CMS for connection to the eHRSS, the Administration's response that -</p> <p>(a) eHRSS was a very special IT system. Its development required heavy input of clinical expertise not readily possessed by the IT vendors in the private sector. Fine technical details might well had material implication on the clinical usability of eHRSS and adverse impact on patient safety. Hence, it was necessary to provide advice and/or training to IT vendors on the connectivity of their CMSes to the eHRSS; and</p> <p>(b) while HA served as the technical agency in the development of the eHRSS under the Stage One eHR Programme, certain work assignments had been outsourced to the private IT sector. The Administration would advise in writing how it would further collaborate with private IT vendors on the future development of the eHRSS under the Stage Two eHR Programme, in particular whether it would contract out some of the IT development works such as the development of clinical software or systems for connection to the eHRSS.</p> <p>On Dr Elizabeth QUAT's view that a committee comprising representatives from the private IT and healthcare sectors should be set up to ensure the development of suitable CMS for HCPs' adoption, the Administration's advice that both sectors were currently represented in the relevant working groups of the eHRSS. It would, where necessary, fine-tune the composition of these committees to meet the development needs of the Stage Two eHR Programme.</p>	Admin
013313 - 013940	Chairman Ms Emily LAU Admin	In response to Ms Emily LAU's enquiries about the reason why a patient portal was not provided in the eHRSS developed under the Stage One eHR Programme to allow registered healthcare recipients ("HCRs") to access their eHR in the eHRSS and whether it was common for overseas	

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		<p>countries to provide this feature at a later stage, the Administration's advice that -</p> <p>(a) the focus of the Stage One eHR Programme was on the development of a eHR sharing platform for HCPs to access health records for the purpose of delivering more efficient and better quality healthcare. The study on the provision of a patient portal would be commenced in the first year of the Stage Two eHR Programme; and</p> <p>(b) it was not uncommon that patients' access to their eHR was provided at a later stage of development in overseas countries. It should also be noted that there was no standard design of patient portal, and there were very few cases that the whole set of health data was made available for access by patients. There was a need for the Administration to carefully examine the different design options (including the functionalities and information to be provided) and assess their technical and security implications in order to strike a proper balance between the convenience of HCRs' access to their own eHR and the privacy and security safeguards.</p>	
013941 - 014455	Chairman Dr LEUNG Ka-lau Admin	<p>Holding the view that the CMS of HA was not user-friendly and it was undesirable that the existing version of HKMA's CMS could not connect to the sharing platform for the PPI-ePR pilot project, Dr LEUNG Ka-lau shared the views of other members that the Administration should best leave it to the private sector to develop CMS for use by HCPs for connection to the eHRSS. While the Government could develop systems for HCPs to adopt, its major role should be providing the data sharing standard, interface specifications and interoperability requirements for eHRSS connection openly and maintaining a level playing field.</p> <p>The Administration's response that IT vendors were welcome to approach it to discuss the connectivity of their systems to the eHRSS. At present, it had been working closely with certain IT vendors to discuss their systems' connectivity to eHRSS.</p>	
014456 - 014659	Chairman Dr LEUNG Ka-lau Admin	<p>In response to Dr LEUNG Ka-lau's enquiry about whether the registered service location(s) of an HCP was(were) the location(s) where the provider could access the eHRSS, the Administration's clarification that the service location under clause 17 was concerned with the information required for registration of HCPs. The Bill had not stipulated that HCPs could only access eHRSS at those particular locations. Dr LEUNG Ka-lau requested the Administration to advise in writing about the locations where HCPs could access eHRSS.</p>	Admin

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<i>Agenda item II: Any other business</i>			
014700 - 014720	Chairman	Closing remark	

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