

**Bills Committee on
Electronic Health Record Sharing System Bill**

**The Administration's Response to the Issues
Raised by Members at the Meeting on 13 May 2014**

This paper sets out the Administration's response to the request for information raised by members at the meeting on 13 May 2014.

Commissioner for Electronic Health Record

(a) Functions and powers

2. We propose in clause 47 of the eHealth Record Sharing System (eHRSS) Bill that the Secretary for Food and Health may appoint a public officer to be the Commissioner for the Electronic Health Record (eHRC). The major functions and powers of the eHRC as set out in clauses 48 to 52 of the bill include:

- establish, operate, maintain and develop the eHRSS;
- regulate and supervise the sharing and using of data and information contained in the eHRSS;
- supervise compliance with the eHRSS Ordinance;
- promote the eHRSS to healthcare recipients, healthcare providers and the public;
- keep a register of prescribed healthcare providers;
- require production of records & documents in certain circumstances; and
- issue code of practice relating to operation of the system.

The eHRC may also do other things necessary for, or incidental or conducive to, the performance of his functions.

(b) Organizational set-up of the Office of the eHRC

3. In 2009, the Government set up a dedicated Electronic Health Record Office (eHRO) under the Food and Health Bureau to spearhead and coordinate the stage 1 eHR development programme. The current organizational structure of the eHRO is at **Annex**. It mainly comprises three teams:

- (i) the Policy and Planning Unit;
- (ii) the Infrastructure and Development Unit; and
- (iii) the Finance and Project Management Unit.

The staffing establishment includes 3 directorate posts and 20 non-directorate posts from the Administrative Officer, Executive Officer, Analyst/Programmer, Management Services Officer, Secretarial and Clerical grades. We intend to largely retain this existing set-up to provide support to the future eHRC upon commencement of operation of eHRSS.

4. The structure and staffing of the new office of the eHRC will therefore be broadly similar to that of the existing eHRO. The Government will appoint a public officer (likely to be pitched at D3 rank) as the eHRC to head the office. In the meantime, we are still fine-tuning our assessment of manpower requirement of the new office. We will follow the established mechanism to seek the approval of the Finance Committee of the Legislative Council for creation of any additional directorate posts should such need arise.

(c) Hospital Authority as technical agency

5. The Hospital Authority (HA) is currently engaged by the Government as the technical services agency to assist the eHRO. It will continue to assist the Office of the eHRC in the future to perform technical and operational functions.

(d) Steering Committee on eHR Sharing

6. The Steering Committee on eHR Sharing (EHRSC), chaired by the Permanent Secretary for Food and Health (Health) (PSH), has been providing advice and steer on the development of the eHRSS since 2007. Representatives of key stakeholders in the public and private sectors (including HA, the Office of the Privacy Commissioner for Personal Data (PCPD), patient groups, healthcare related professional bodies, and the Office of the Government Chief Information Officer) have been engaged in the EHRSC and its Working Groups. We intend to retain the same advisory structure upon commencement of operation of eHRSS.

(e) Interaction with other Government bureaux/departments and public and private bodies

7. As the authority to operate and maintain the eHRSS, the eHRC will supervise the compliance of the participants with the eHR legislation. The participating healthcare providers will include the Department of Health, Hospital Authority, private hospitals, clinics and other entities. The Office of the eHRC will also handle applications for registration, as well as complaints received and breaches relating to the eHRSS. Depending on the nature of individual cases, they may be referred to relevant authorities such as the PCPD, the Police, the Ombudsman and relevant professional regulatory bodies (such as the Medical Council of Hong Kong).

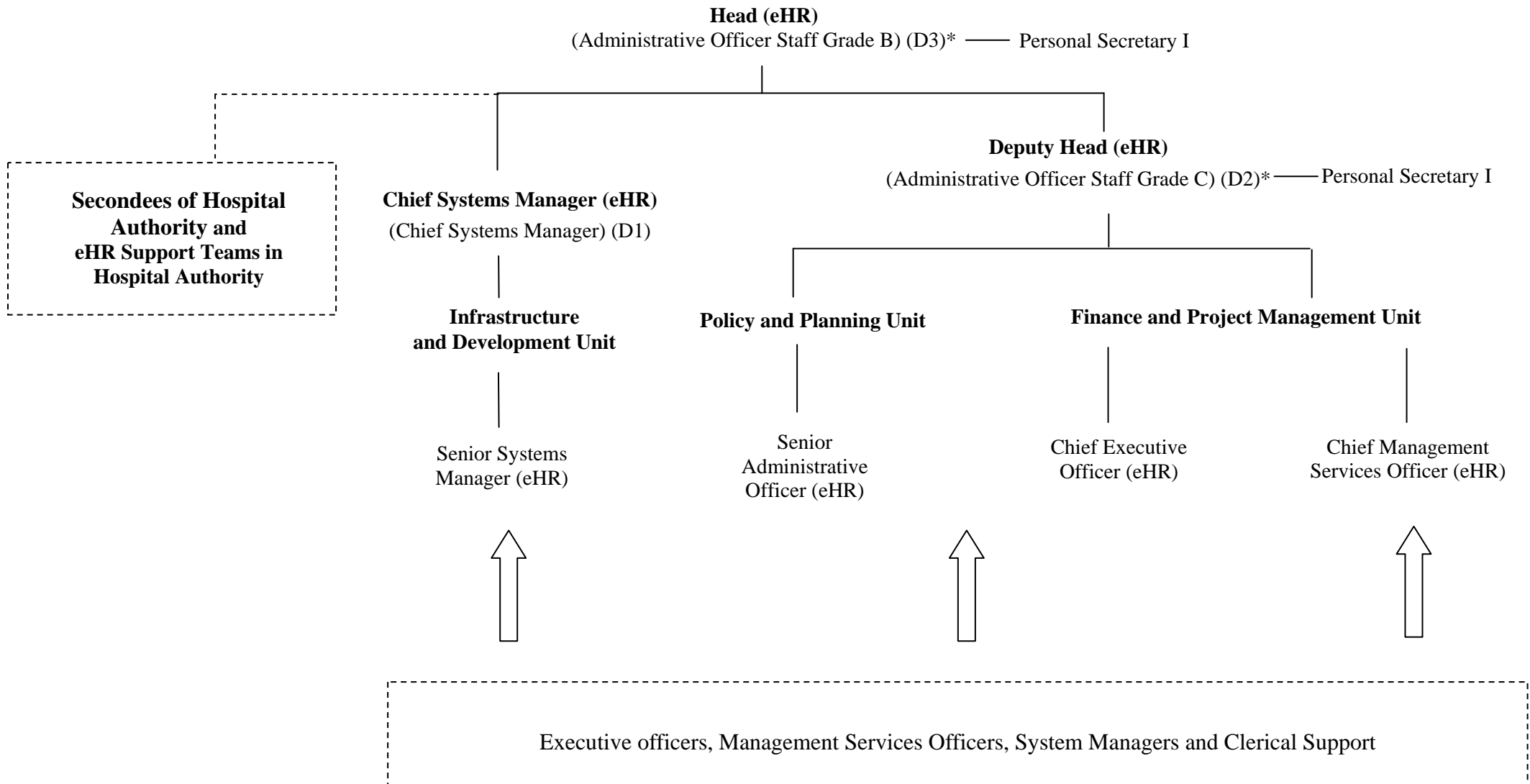
8. To perform the above mentioned roles and functions, the eHRC will have frequent official dealings with various Government bureaux / departments, private organisations and statutory bodies. In particular, PCPD is a currently represented on the Working Group on Legal, Privacy and Security Issues of EHRSC to provide advices on privacy matters of the eHRSS. Part 4 of the eHRSS Bill specifically deals with the application of the Bill to data or information that is personal data under the Personal Data (Privacy) Ordinance (Cap 486). Upon passage of the eHRSS bill, the jurisdiction of PCPD over personal data in general (including eHR data) would not be affected.

Financial Implications of Operating Stage 1 eHRSS

9. In anticipation of the commissioning of the eHRSS in end 2014, the Government has earmarked \$259 million in 2014-15 to meet the recurrent requirements of the eHRO and HA support services.

Food and Health Bureau
16 May 2014

Organisation Chart of the Electronic Health Record Office (eHRO)



Remarks:

* Supernumerary directorate posts