

Chapter 4 DEVELOP ELECTRONIC HEALTH RECORD SHARING

Better Access to Patient Records with Consent

4.1 In *Building a Healthy Tomorrow*, we recommended that, in order to facilitate the best use of resources and provide the framework necessary for the transition of patients between different levels of care and between the public and private sectors, it is essential to develop a system which enables better access to patients' records with the patients' consent. Our long-term vision is to develop a territory-wide information system for healthcare professionals in both public and private sectors to enter, store and retrieve patients' medical records, subject to authorization by the patients.

4.2 While there is no universally applicable definition, an electronic health record (eHR) usually refers to a record in electronic format containing health-related data of an individual stored and retrieved for healthcare-related purposes. An eHR encompasses general personal particulars (e.g. name, identification, date of birth, contacts, insurance enrolment, organ donation preference, etc.), personal health-related information (e.g. weight, height, blood type, diet, exercise habits, smoking habits, etc.), as well as medical records (e.g. diagnosis, prescriptions, test results and discharge summary), from different sources and locations. An eHR system coordinates the storage and retrieval of, as well as access to, individual eHR electronically.

Objectives of eHR Sharing

4.3 The development of a territory-wide eHR system is fundamental to enhancing continuity of care as well as better integration of different healthcare services for the benefits of individual patients. It also facilitates the implementation of various reforms including enhancement of primary care in both the public and private sectors as well as development of public-private partnership in provision of services.

4.4 To achieve our long-term vision, the Government will take the lead in the development of a territory-wide eHR sharing infrastructure, with a view to achieving the following objectives –

- (a) **Improve Efficiency and Quality of Care:** by providing healthcare professionals with timely access to comprehensive medical information of patients, and enhance cost-efficiency by minimizing duplicate investigations and treatments.

- (b) **Improve Continuity and Integration of Care:** by providing family doctors with access to lifelong health records of individual patients for holistic care and facilitating referral and follow-up of cases between different levels of care.
- (c) **Enhance Disease Surveillance:** by allowing prompt provision of anonymous data for disease surveillance and by facilitating the compilation of health statistics to support policy formulation and conducting of researches for medical purposes.
- (d) **Redress Public-Private Imbalance:** by enabling patients to freely choose between public and private services without worrying about the transfer of their medical records, and facilitating other public-private partnership in healthcare.

Progress to Date

4.5 To achieve the above, the Secretary for Food and Health has appointed a Steering Committee on Electronic Health Record Sharing (the Steering Committee), chaired by the Permanent Secretary for Food and Health (Health) and comprising members from the healthcare professions in both the public and private sectors, in order to provide the steer, build consensus and gather expertise for the initiative. The Steering Committee aims at devising a strategy and plan for the overall development of a territory-wide eHR system for the sharing of health records of individuals within the healthcare system subject to conditions such as the record subjects' consent. To take forward the initiative, the Steering Committee has set out a number of guiding principles. It has also identified a number of fundamental issues relating to the development of an eHR sharing infrastructure, such as its institutional set-up, the legal implications and privacy concerns, as well as its technical standards etc. It has therefore set up three working groups to specifically address these issues.

4.6 The development of a territory-wide eHR system is a long-term initiative involving significant changes in both the public and private sectors. Lessons of similar initiatives in other economies have taught us that it is not just an IT project involving substantial investment in software development and hardware deployment, but also, and indeed more importantly, a process of re-engineering requiring significant changes in the mindset of healthcare providers and their way of delivering healthcare. The initiative will thus have to proceed step-by-step with the engagement of the healthcare professions from the outset. It will not be a

single one-off project but rather a series of co-ordinated projects and the eHR system will be under continuous development and evolution.

Way Forward on eHR Sharing

Overall Work Programme

4.7 The current plan of the Steering Committee is to put forward in 2008 its initial recommendations for a work programme including pilot projects that would pave the way for the ultimate goal of developing a territory-wide eHR sharing infrastructure. The recommendations are intended to cover the overall strategy for the further development of the eHR system in both the public and private sectors, and the necessary components to enable eHR sharing between different healthcare providers especially between public and private sectors. The recommendations will also include the way forward on institutional arrangements, legal framework as well as technical standards.

Financing for the eHR System

4.8 The development of the eHR system especially the sharing infrastructure would require substantial capital investment for development as well as recurrent cost for operation. The continued development and upgrading of the eHR system would also require future re-investment. The sustainability of such a system would thus require sorting out the financing for the system, both for the initial start-up cost as well as long-term operation and re-investment.

4.9 To kick-start the initiative, the Government will consider financing the capital cost for the development of the eHR sharing infrastructure, as well as to make available existing systems and know-how in the public sector at minimal or no cost for further development and deployment in the private sector. We will also consider other possible capital financial assistance to facilitate the deployment of eHR system in the private sector, specifically for private healthcare providers who are involved in various public-private partnership initiatives including those who are providers of purchased services (e.g. doctors who provide primary care purchased by the Government from the private sector), other publicly subsidized healthcare (e.g. family doctors who provide preventive care subsidized by the Government), as well as shared care programmes (e.g. shared care of chronic patients between public hospitals and private doctors).

Public Education on Health Record Sharing

4.10 At present, not all patients are aware of their right to access their own health records and the benefits of health record sharing. For the eHR system to be successful and gain community support, the public and private sectors should collaborate in doing more public education on the advantages of sharing of health records, and the benefits of an eHR system with sharing capabilities. We will continue to consider ways to promote the benefits of health record sharing and instil a patient-oriented culture of sharing patients' records for the purpose of better healthcare.