

Electronic Health Record Engagement Initiative (EEI)

Invitation Exercise

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eHR Engagement Initiative (EEI)

EEI Invitation
Document

Private Sector
Stakeholders to
be engaged

Potential Forms
of Partnerships

Proposals for eHR
Partnerships

- Submission
Timeframe
- Evaluation
Mechanism

Next Steps

EEI Invitation for eHR Partnership

- **Invite Preliminary Proposals** for possible eHR partnerships from all private and non-government healthcare stakeholders:
 - Medical and other healthcare professional bodies;
 - Patient groups;
 - Private healthcare providers, including private hospitals, private clinics, private laboratory, radiology and other healthcare providers;
 - Non-governmental organizations (NGOs) related to healthcare.

- **Gain feedback and share ideas** that contribute to the development of territory-wide eHR sharing system and facilitate deployment of individual healthcare IT-related systems in private sector; and

- ❖ **2nd stage EEI Invitation** to engage potential IT professional bodies and private IT vendors.



eHR Development Programme

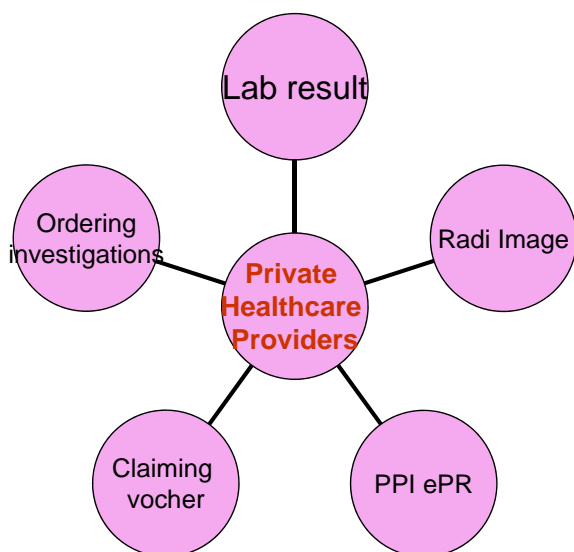


Develop territory –wide eHR to support healthcare Reform & Provide essential infrastructure for the healthcare system

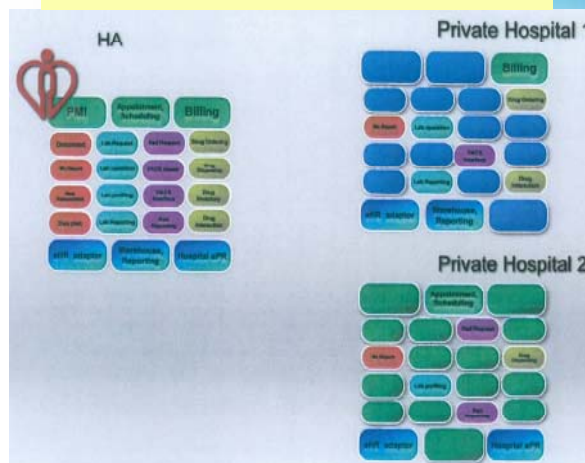
eHR Projects (The First Stage)	Start Date	End Date
a) eHR person master index development	3 rd quarter of 2009	4 th quarter of 2011
b) eHR architecture and design	3 rd quarter of 2009	2 nd quarter of 2011
c) Pilot and partnership projects for eHR	3 rd quarter of 2009	4 th quarter of 2013
d) eHR system implementation and rollout	1 st quarter of 2011	4 th quarter of 2013
(e) Clinical Management System (CMS) on-ramp pilot development	3 rd quarter of 2010	2 nd quarter of 2011
(f) CMS on-ramp development and implementation	3 rd quarter of 2011	4 th quarter of 2013
g) CMS adaptation basic modules	1 st quarter of 2010	4 th quarter of 2013

Major components in the eHR development

eHR Sharing Infrastructure



CMS Adaptation and CMS On-ramp



Standardisation and Interface

Common drug & diagnosis code / same standard terminology / Standards for lab, pharmacy & radiology services

Private Sector Stakeholders

Medical and Other Healthcare Professional Bodies

- HKMA, DU, FDA, Nurse Association etc

Patient Groups

- Alliance for Patient's Mutual Help Association etc

Private Healthcare Providers

Private Hospitals

- Individual private hospitals
- PHA

Private Clinics (Group & Solo Practice)

Private Lab and Rad Service Providers

Other Allied Health Providers

- OT, PT, Clin Psy, Speech Therapists, Chiropractors, Podiatrists, P&O, Optometrists, MLT, Dietitians etc

Other Healthcare Providers

- Dentists, Chinese Medicine Practitioners, Pharmacists / Pharmacies

NGOs

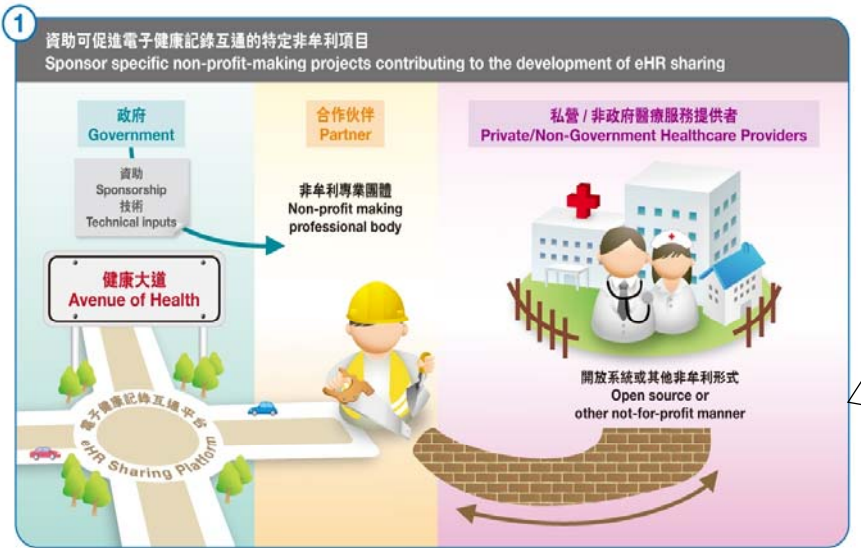
- Elderly Care Homes, Elderly Centres, Other Social Welfare NGOs

Stage B

IT Professional Bodies

Private IT Vendors

Potential Forms of Partnerships



Potential partners
Professional organizations

Examples of Ongoing / Potential Initiatives

- Open-source clinical management system
- Development of a pilot validation platform

Contribution from the Government

- Provide sponsorship for the project (partial or full)
- Provide specific technical inputs as necessary

Contribution from Partners

- Initiate proposals
- Provide expertise in designing and managing the project
- Share contribution if sponsorship not in full

Potential Forms of Partnerships



Potential partners
Private hospitals, clinics and other healthcare providers, already have own eMR/ePR or related system

Examples of Ongoing / Potential Initiatives

- Possible partnership with private hospitals, private practices and private laboratories with their own eMR/ePR system

Contribution from the Government

- Make available existing systems and know-how in the public sector and eHR standards at minimal or no cost.
- Share the capital development cost, e.g. equipping eMR/ePR systems, building interfacing components
- Provide development and other technical support and services as necessary

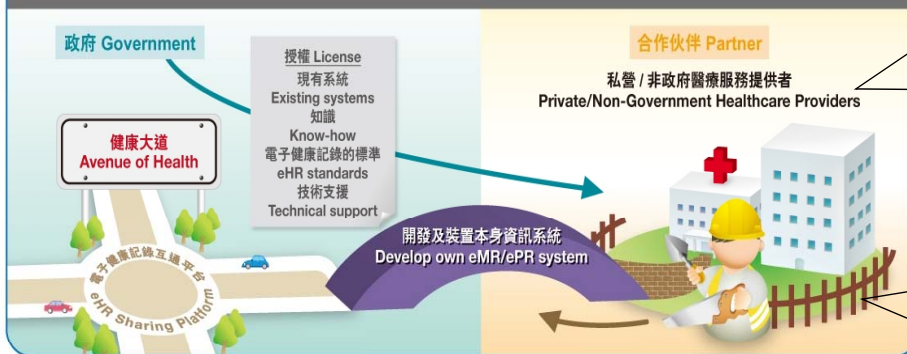
Contribution from Partners

- Pay for the hardware and implementation cost for upgrading their existing eMR/ePR systems.
- Shoulder the capital development cost, e.g. additional functionalities, system beyond scope
- Shoulder the recurrent costs for operating and maintaining their eMR/ePR systems.

Potential Forms of Partnerships

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透過授權向私營醫療服務提供者提供公營界別現有的系統和知識，以助開發及裝置本身的電子醫療 / 電子病歷記錄系統
Make available existing systems and know-how in the public sector through licensing to private healthcare providers for developing their own eMR/ePR systems



Potential partners

Private hospitals, clinics and other healthcare providers, do not have own eMR/ePR or related system but are interested in

Examples of Ongoing / Potential Initiatives

- Possible partnership with private hospitals without existing eMR/ePR system

Contribution from the Government

- Make available existing systems and know-how in the public sector and eHR standards at minimal or no cost.
- Share the capital development cost, e.g. adapting & customizing the system a/v in the public sector, building interfacing components
- Provide development and other technical support and services as necessary

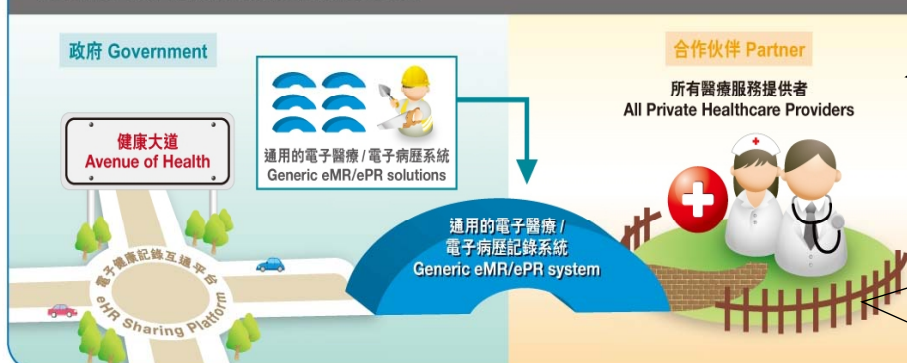
Contribution from Partners

- Pay for the hardware and implementation cost for deploying their existing eMR/ePR systems.
- Shoulder the capital development cost, e.g. additional functionalities, system beyond scope
- Shoulder the recurrent costs for operating and maintaining their eMR/ePR systems.

Potential Forms of Partnerships

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借助公營界別現有的系統和知識，開發通用的電子醫療 / 電子病歷記錄系統及相關服務，供私營醫療服務提供者使用
Develop generic eMR/ePR systems for use by private healthcare providers by leveraging existing systems and know-how available in the public sectors



Potential partners

Solo practitioners or private clinics which do not have their own eMR/ePR system but are interested in

Examples of Ongoing / Potential Initiatives

The Government will adapt / customise the existing systems in the public sector i.e. HA's CMS (including phase III) for use by private healthcare providers.

Contribution from the Government

- Pay for the development of the generic eMR/ePR systems by leveraging existing systems and know-how available in the public sector.
- Make the generic eMR/ePR systems and other services available to private healthcare providers at minimal or no cost and facilitate their use by private healthcare providers through possible partnership with private IT vendors

Contribution from Partners

- Pay for the hardware and installation cost for using the generic eMR/ePR systems.
- Shoulder the recurrent costs for services (e.g. internet connection) necessary for using the eMR/ePR systems including any IT support services provided by the private IT vendor

Potential Forms of Partnerships

5 透過授權提供所需的技術，以便開發具備符合電子健康記錄標準的互通功能的電子醫療 / 電子病歷記錄系統，並實施標準及互通性核證計劃
License necessary technology for developing eMR/ePR systems with sharing capabilities in accordance with eHR standards and operating certification scheme for compliance and inter-operability



Potential partners

IT vendors interested in developing eMR/ePR solutions for selling to private healthcare providers

Examples of Ongoing / Potential Initiatives

Possible partnership with private IT vendors interested in developing eMR/ePR solutions to be further explored

Contribution from the Government

- License eHR standards or other eHR-related intellectual property in the public sector to vendors for the purpose of developing eHR systems for use by local healthcare providers
- Operate a certification scheme for the eHR systems developed by vendors to ensure interoperability between different components of the eHR sharing infrastructure

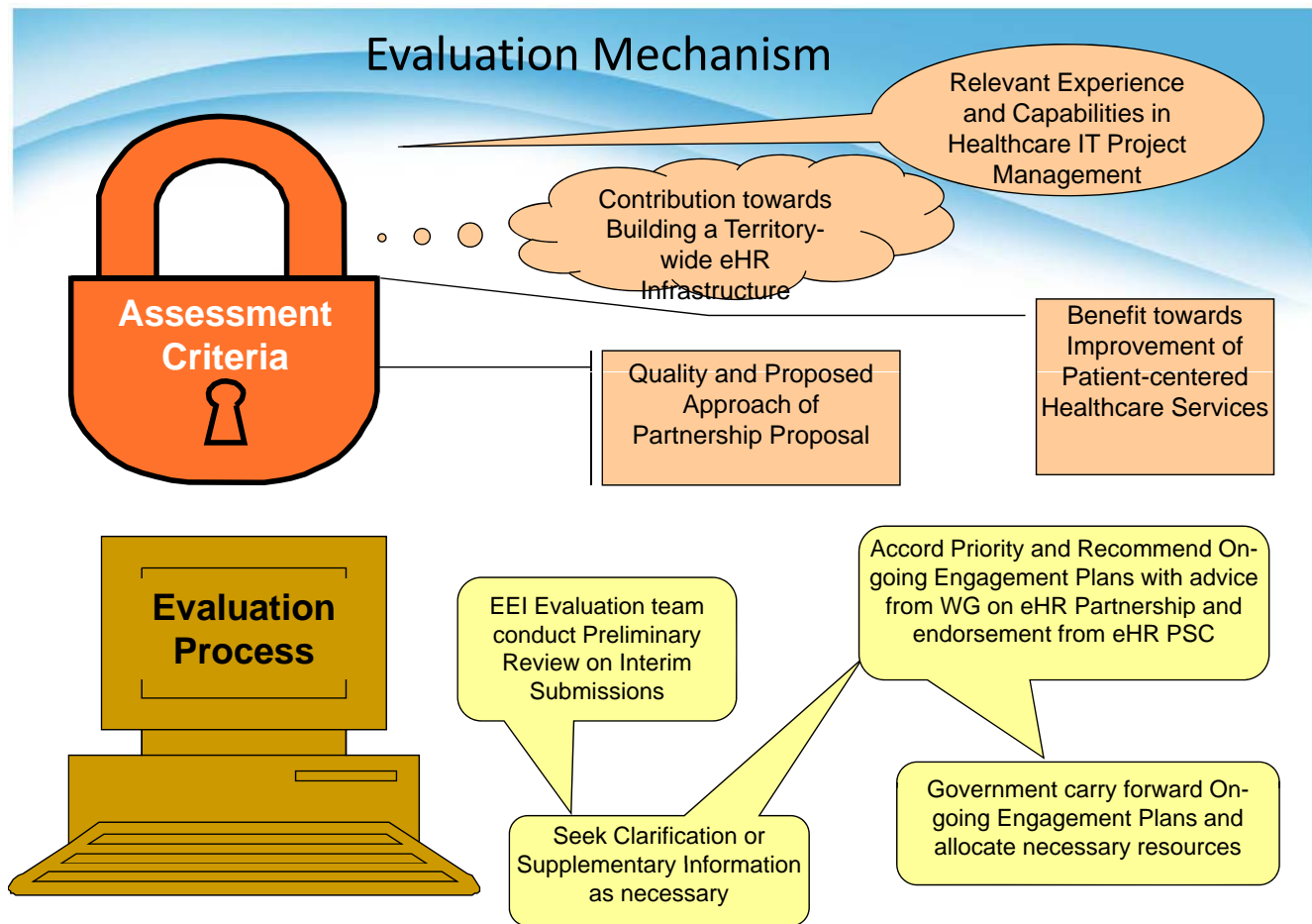
Contribution from Partners

- IT vendors to shoulder the development costs for developing the eMR/ePR solutions, including cost for any licensing for public sector systems and standards, and for certification.
- Private healthcare providers to pay for market price for adopting the eMR/ePR solutions provided by these vendors, including the hardware, implementation, operation and maintenance costs.

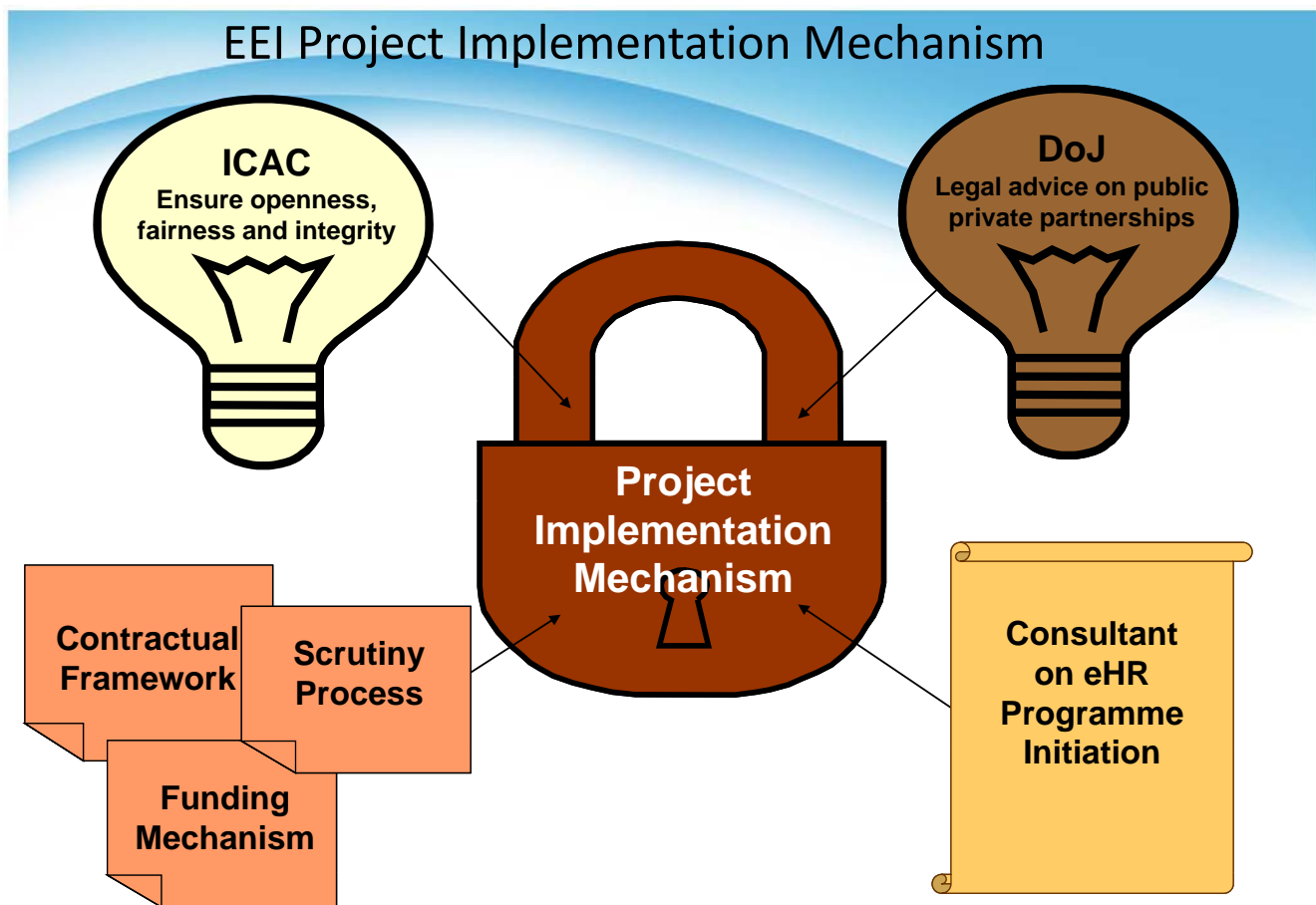
Government Support



Evaluation Mechanism



EEl Project Implementation Mechanism



Assessment and Timeframe of Partnership Proposals

Submission of Interim Proposals

by 29 December 2009 for Interim Review

- ✓ EEI Evaluation team conduct preliminary review
- ✓ Seek supplementary information if necessary
- ✓ Arrange engagement meetings to clarify the content

Submission of Final Proposals

by 9 February 2010 for Final Assessment

- ✓ EEI Evaluation team conduct assessment
- ✓ Accord priority and formulate on-going phased engagement plan
- ✓ Seek advice from WG on eHR Partnership
- ✓ Seek endorsement from eHR PSC

December 2009 – February 2010

February 2010 – April 2010

Further Steps

Current

Engage private sector at an early stage to help ensure compatibility among health-related IT system used in both the public & private sectors

Future

Carry forward on-going engagement plans

Provide gov't resource to tie in project's implementation plans & schedule

Maintain close monitoring and collaboration

EEI will not end here & will continue even after the launch of the invitation exercise

Conduct interim review, formulate appropriate strategy & recommendations

Electronic Health Record (eHR) Sharing System



eHealth Record Office
Food and Health Bureau
The Government of the Hong Kong Special Administrative Region

Thank you