eHealth for all: Territory wide electronic health records in Hong Kong

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Abstract

Electronic health records (eHR) definition varies across different countries. With the global push for eHR adoptions, only a few has achieved a longitudinal records at the point of care and there is no territory-wide eHR in the world yet. Since 2008, Hong Kong has embarked on an eHR journey to allow "records follow patients". This paper will detail the methods for building partnerships across the health sectors (both private and public) to achieve a common objective of HIE to support improved patient care, building on incremental extensions of core functionality and new pilot platforms and demonstrating adoption strategies and key principles (clinical, technical, policy) to support a territory wide next-gen EHR.

Keywords:

Electronic health records (eHR), Hong Kong, Medical records systems, Implementation.

Introduction

Hong Kong has a population of 7 million people. There are 40 public hospitals managed by the Hospital Authority (HKHA) and 13 private hospitals in Hong Kong. HKHA adopted a centralized approach in developing its IT systems for clinical care, with a very high user acceptance and is in use in everyday care delivery.

The Government has recognized the need for an eHR sharing system and is taking a leading role in its development. Recognizing the successful experience and invaluable expertise accumulated within HKHA, the community would benefit from leveraging HKHA's systems and know-how when developing the eHR sharing on a territory-wide basis. Moreover, Hong Kong will adopt the following guiding principles in achieving the vision of territory-wide eHR adoption.

Methods

Compelling but not compulsory record sharing

Sharing of eHR would be voluntary for both healthcare providers and patients. The sharing will be based on patient's explicit consent. This will help to build up confidence and acceptance to eHR.

Open technical standards

The eHR sharing would be developed on open technical standards, especially on health record and information standards and communication protocols, so as to enable development by different service providers, while ensuring interoperability.

Building block approach

Previous experience in HKHA has shown the effectiveness of this approach. Standards and specifications could start from a basic set, to be extended by phase to broader sets with richer functionalities; projects could be implemented by stages to cater for the varying degree of readiness and pilot projects will be conducted. This would avoid the big-bang approach that has challenged eHR development in many overseas countries

Results

PPI-ePR sharing pilot

- 83,000 patients and 1,500 private healthcare providers share accurate clinical information across public and private sectors.
- Standard CCR sharing would enable the readiness of the healthcare community and the citizen to take up eHR in the future
- Test the feasibility of sharing in different healthcare settings

Special Health Management Modules Pilot

- Primary care module with rich functionality for private practitioners
- Cataract surgery module with over 75% of private ophthalmologists documenting operative records online; and
- Radiological image sharing module with private in sharing radiological images and reports of Xrays, CT scans and MRI.

Conclusion

Broad participation and building of community and stakeholder trust in eHR. It also helps both the doctors and patient see the benefits of eHR in actual use.