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eHRSS – Engaging Private Hospitals

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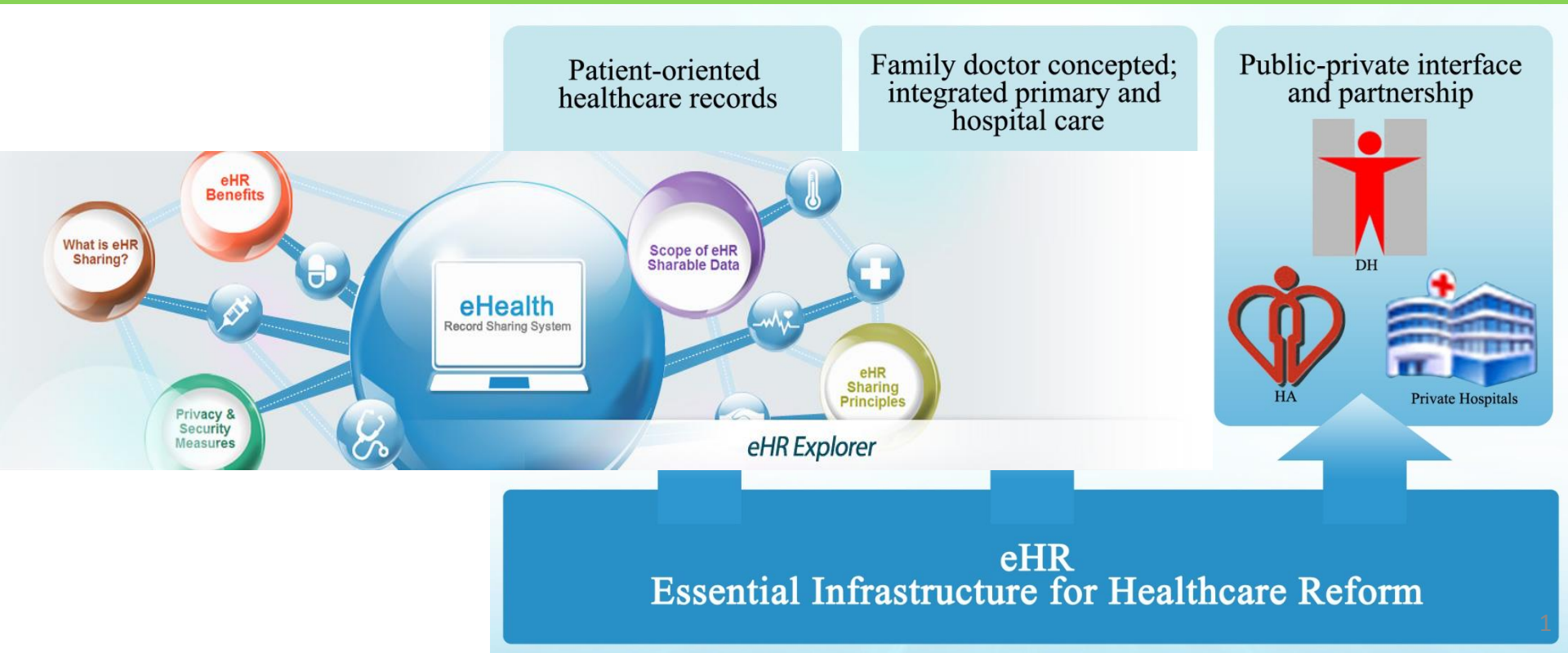

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Grand Vision of eHRSS

- Information infrastructure for healthcare providers in both the public and private sectors to share and retrieve eHR of patient, with informed consent and proper authorization

- Comprehensive healthcare record always available online
- Timely and accurate information for care
- Providing efficient and quality-assured clinical practice
- Reducing errors associated with paper records

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Questions to Answer

- What are the system strengths and opportunities that may bring about success of the eHRSS?
- What may be the weaknesses, threats and challenges that need to be overcome?

- What are the incentives for private hospitals to join?
- What are the difficulties faced by private hospitals even if they want to cooperate?
- How is the outlook?

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System Strength

- Mature, sophisticated and clinician-led CMS of Hospital Authority connecting all public hospitals and clinics
- Strong policy and resource support for the eHRSS project from the Government
- Legal basis – eHRSS Ordinance
- Strong implementation team in both technical and change management aspects
- Supportive bodies in the private sector
- Highly sophisticated society with advanced IT environment

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Leadership

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System Challenges

- Variable degrees of computerization among private providers, IT knowhow, experience in change management
- Legacy systems of private hospitals / groups / clinics
- CMS not as strong in billing and ERP-related modules
- Incentives to change
- Resource implications on private providers
- Fear for change and loss of autonomy / flexibility
- Management of expectations & capacity limits

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Engagement Opportunities

- Building on PPI-ePR: relationship, familiarity, usage, trust
- Riding on PPP programs: GOPC, radiology services, cataract surgery, TSW primary care partnership, haemodialysis, colo-rectal cancer screening
- CMS On-ramp as a freebie to private clinics
- Free CMS modules for private hospitals

門診協作
General Outpatient Clinic
Public-Private
Partnership Programme

協作造影
Radi Collaboration

共析計劃
Haemodialysis Public-Private
Partnership Programme

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Incentives

- Better access to patient information: already access to HA via PPI-ePR, marginal gain
- Free IT modules and support/training: question is appropriateness, readiness and associated implications
- PPP business opportunities: scale not very significant for the moment
- Hospital reputation
- Public expectation and pressure

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Disincentives

- Compatibility issues with existing legacy system and workflow especially if integrated with ERP systems
- For freebies, hospitals still need resources for hardware, technical and managerial capabilities of managing the system, and change management abilities/effort
- Reluctance of some hospitals and private doctors to release patient information
- Extra burden of ensuring data accuracy, and liabilities

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Current Status

- >130,000 patients joined cf. 400,000 patients registered on PPI-ePR
- All 11 private hospitals signed up to join eHRSS

But

- Signed up only for PMI and SAAM modules only
- Even there, a lot of work to do on the technical and human sides

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Areas of Difficulty

Difficulty with Visiting Doctors:

- Visiting doctors not registering as Healthcare Providers yet demanding information access as PPI-ePR in hospital
- Burden of registering for visiting doctors
- Visiting doctors reluctance to disclose information
- Degree of IT usage
- Clinical information accuracy and comprehensiveness

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Areas of Difficulty

Difficulty with Laboratory Information System:

- ❖ Lack of common Standards for structured data rather than pdf form level 3 data
- ❖ Different analyzers have different Reference Ranges, complicating cumulative reports across hospitals
- ❖ Lack of PPP opportunities to incentivize hospitals/labs
- ❖ Lack of LIS vendors with willingness to work on territory-wide interface to eHRSS
- ❖ ? Possibility of government taking the lead with market

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Areas of Difficulty

Difficulty with Drug Allergy Checking:

- HKMTT in eHRSS: registered drugs only
- Use of unregistered drugs: non-structured data
- Drug Allergy Checking module: lifelong maintenance work at hospital for each new drug added
- Formidable work in self-setting of alert level to overcome over-alert (and doctors' complaints)
- FDB in use has additional checking on dosage, pregnancy c/i etc.: do we abandon FDB or use 2 systems checking?

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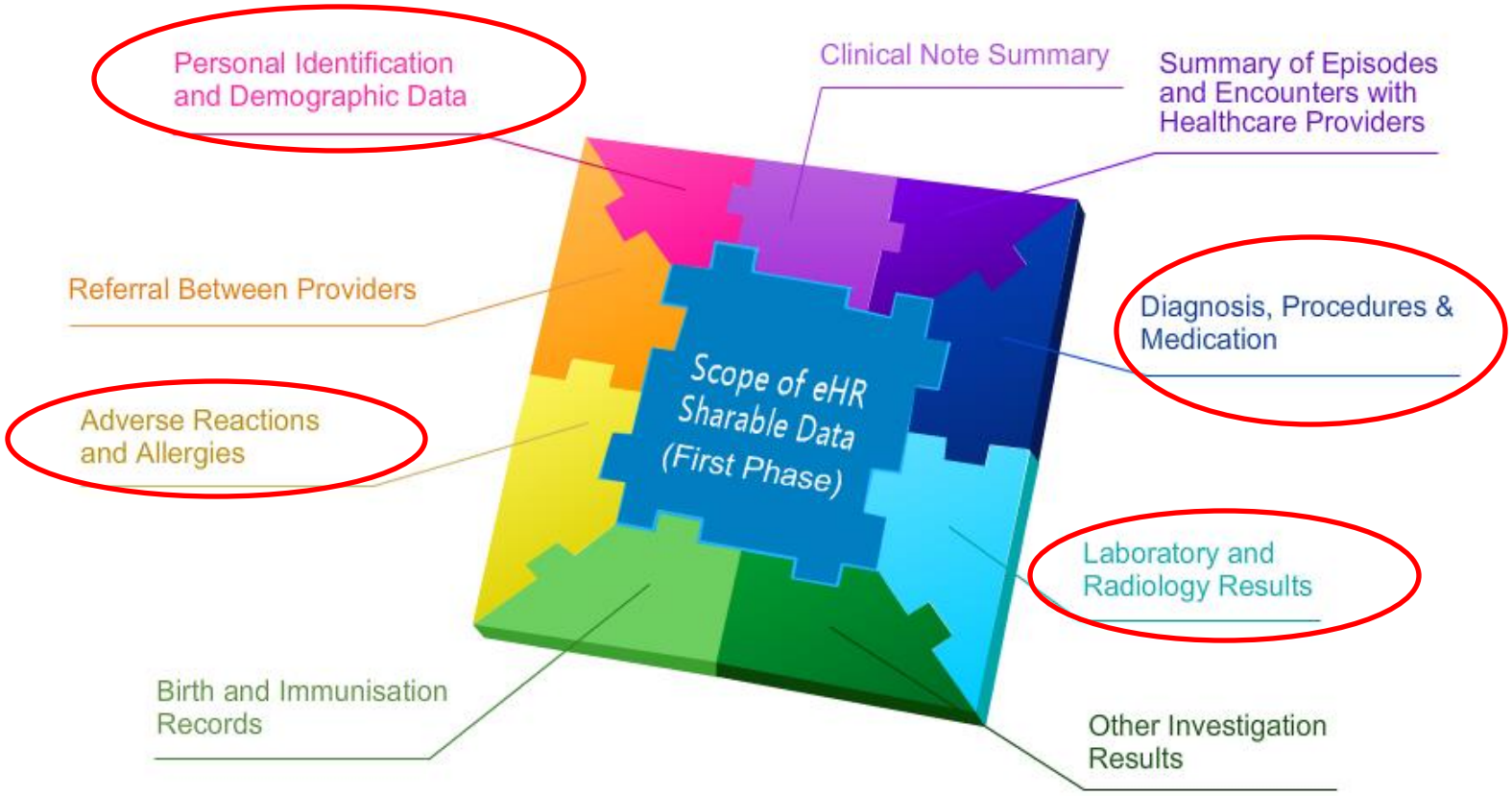
Should we Prioritize?



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Ingredients for Success

- Good leadership at hospital level
- Strong ongoing support from project team
- Sustained effort in ensuring data accuracy and resources for training
- Continued development of new PPP programs as incentives
- Exploration on effective LIS interface in collaboration with market players
- Patience

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Let's Work for our Dream