

Recent Development of Health Informatics in Hong Kong

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Abstract

Hong Kong started late in the development of health informatics but has achieved a great deal in the last 15 years under the auspice of the Hospital Authority. At present, all 40 hospitals and 120 clinics within the public sectors are using the same information system CMS which contained 7.2 million citizen records sharable online. Using innovative approaches, careful implementation policies and enduser-oriented design, the health information system in Hong Kong is gaining very good acceptance by frontline doctors and achieving a very high utilization rate. Future development lies in revamping the system to a new platform, more public health information system and the new initiatives of eHealth by the newly formed eHealth Consortium.

1. Introduction

Although Hong Kong started quite late in the initial development of health informatics, we do accomplish a lot since 1991 after the establishment of the Hospital Authority. By now, all 40 public hospitals and 120 clinics are connected to the same system (the Clinical Management System CMS) with a data ware-house consisting of 7.2 million records, which are freely interchangeable within all institutions in the public sector.

The Hong Kong Society of Medical Informatics was founded in 1986 by a group of medical practitioners and has now evolved into a 300-membered Society with different grades of healthcare workers, IT professionals and academics. It has been very active both in the local and international scene. We are one of the founder members of the Asia Pacific Association for Medical Informatics APAMI, and the national member of the International Medical Informatics Association IMIA.

2. Electronic Health Records

Since 2004, the Electronic Health Records System ePR in Hong Kong incorporated also image distribution of all digitally-captured radiological images and made them available online within the public sector of healthcare institutions, which serves 90% of the hospital market in Hong Kong. In this manner, a citizen

electronic longitudinal health record system is in shape, whereby the recent 10 to 15 years of health records of individual citizens has been built and made sharable.

A recent pilot program was started in April 2006 to allow access by the private medical practitioners into this ePR system to facilitate the public-private interfacing of healthcare. An evaluation report will be published after a year.

3. eSARS

During 2003, Hong Kong was hit hard by the SARS epidemic. Within a very short time, a special module called eSARS was put online within the CMS system to capture realtime situations, reporting and surveillance data and shared with the Department of Health and the Police Department Geographic Information Systems. This is probably the largest scale IT project for public health and was rewarded as the winner of the health section of the Stockholm Challenge 2004.

We continue to utilize IT for more public health surveillance by incorporating the Notifiable Disease and Outbreak Reporting System NDORS and setting up the future Communicable Disease Information System CDIS.

4. Joint venture with vendors

As the old CMS of the Hospital Authority IT system became matured, a new strategy is adopted to revamp the whole system when many of the tools and components will become obsolete. A proposed model will lead to a probable joint venture with software and system vendors for the future redevelopment of the CMS system.

A successful conference on the theme of "The Next Generation CMS" was held in December 2004 when 400 participants and more than 20 vendors attended. Useful experiences were shared and new insights were captured.

5. eHealth Consortium

The Hong Kong Society of Medical Informatics joined hands with the Internet Professional Association iProA, the Hospital Authority, the Department of Health

and the Office of the Government Chief Information Officer in September 2005 to establish the eHealth Consortium of Hong Kong. This is in line with the appeal from the World Health Organization to initiate more activities in eHealth for all countries.

The eHealth Consortium now has more than 30 supporting organizations and academic institutions. The three main priorities this year will be to set up a task force on data sharing and health information data standards, another task force for education and capacity building in health informatics and to host the inaugural

conference on 15-16 September 2006 (the eHealth Conference).

6. Conclusion

We look forward to more collaborations with APAMI members for a better development of Health Informatics within the Asia Pacific region.