

Health Informatics in Hong Kong

CMS & eHR - An Update

Dr NT Cheung
HA Convention 2010





CMS / ePR is essential in the HA

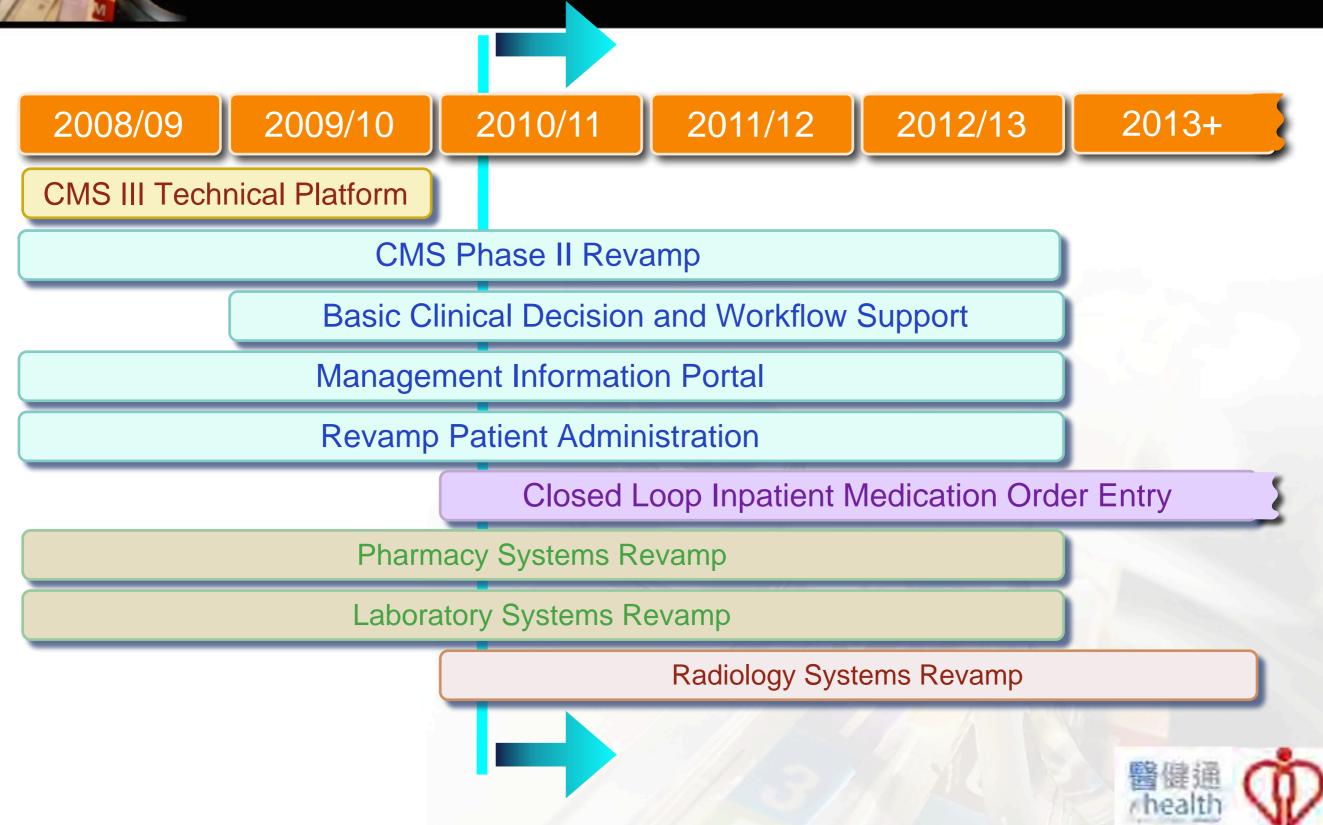
- Each Day...
 - 12,000 users
 - 90,000 patients
 - 8M CMS transactions
 - 700,000 ePR views

- In the ePR to date...
 - 9 M patient records
 - 223M episodes of care
 - 70M radiological studies
 - 890M ePR Lab records



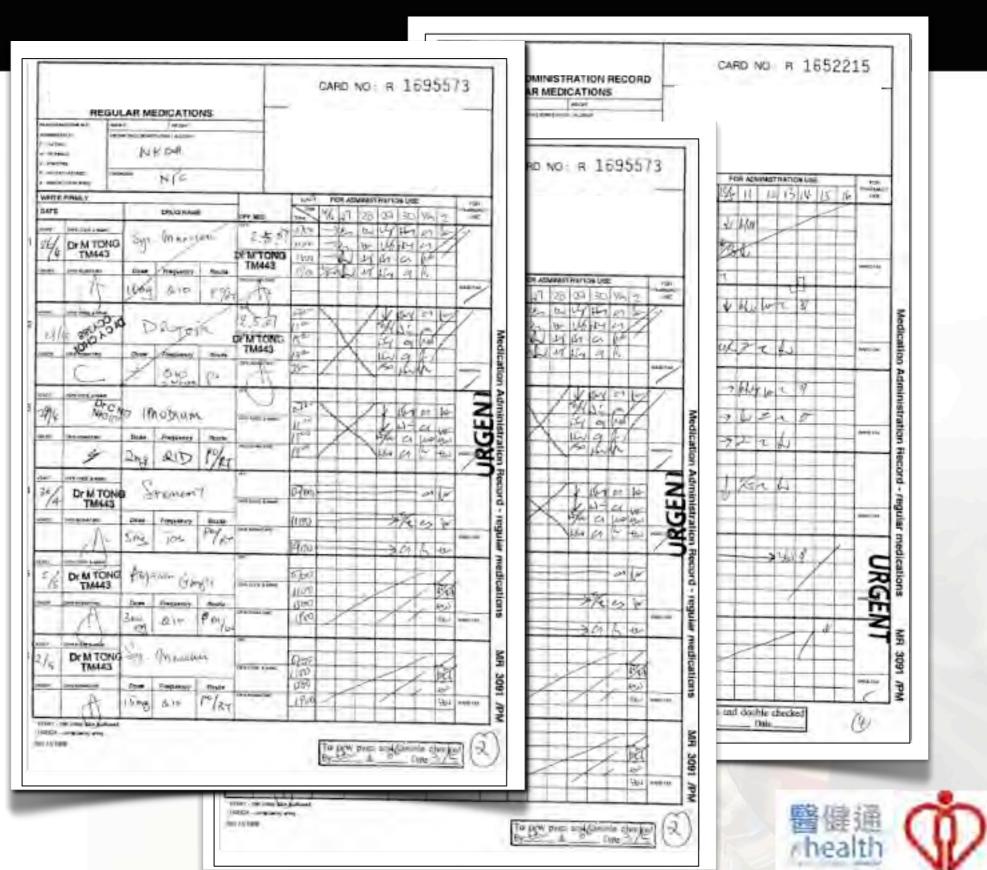


CMS Phase III



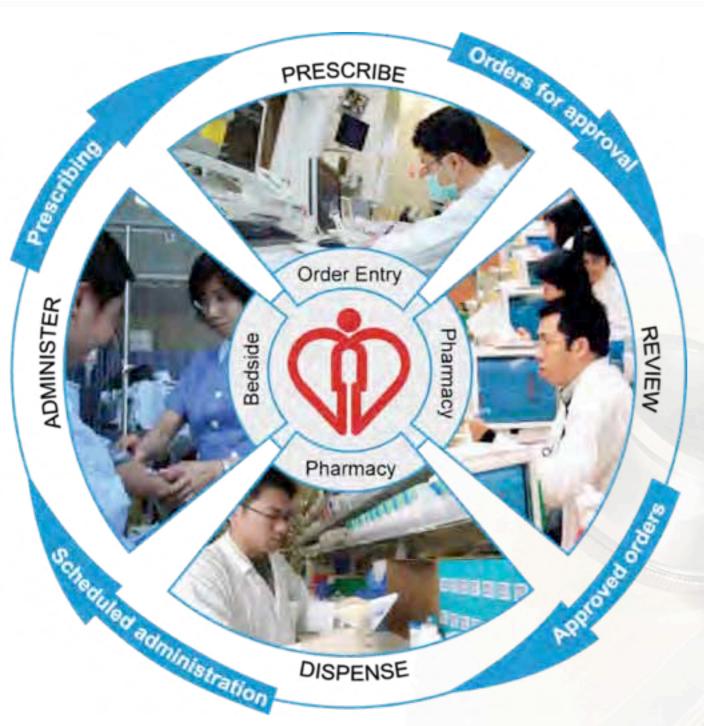


Inpatient Medication Management





Closed Loop Inpatient Medication Order Entry (IPMOE)



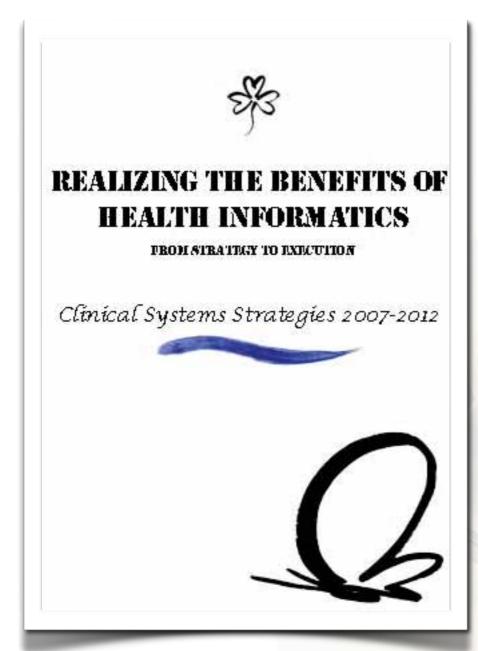
- Electronic Prescribing
- Prescription vetting & dispensing
- Barcoded administration

Right Patient
Right Drug
Right Time
Right Dose
Right Route





Clinical Systems Strategy



Clinical Systems Strategy 2012-17

Your Advice Required

2007-12 : CMS III

2012-17:?



eHR - An essential health infrastructure

Patient-oriented healthcare records



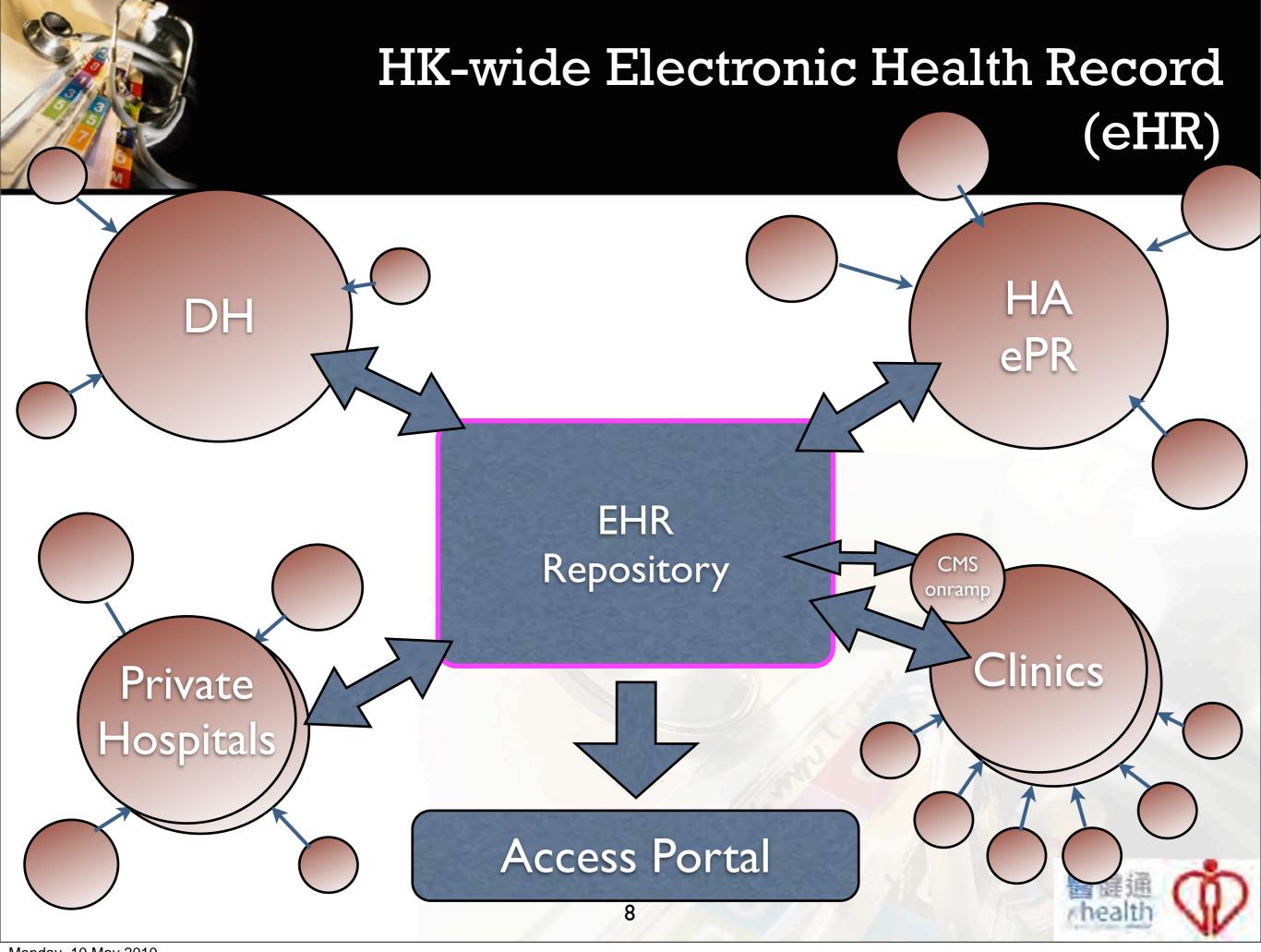
Family doctor concept; integrated primary and hospital care



Public-private interface and partnership



Electronic Health Records Sharing Infrastructure





eHR Time Line

09/10		10/11		11/12	12/13		13/14		
	Core infra- structure blueprint			Trusted Partner Sc	cheme Dr por		tal		
		Core I	Repository and Data services						
		Application Framework							
	PPI-ePR	and pilots							
	CMS extension	HA CMS adaptation							
	blueprint	CMS on ramp							
	Interfac	ce pilo	ots						
	Standardization								
							health		



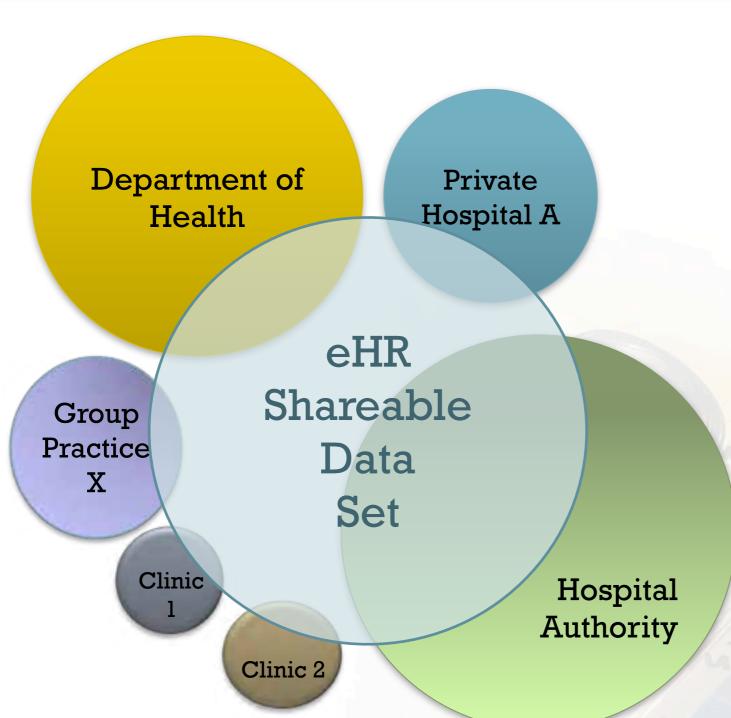
eHR Core Sharing Infrastructure

 To provide a coherent platform to enable sharing of patient's electronic Health Record among healthcare providers on a timely and accurate manner and independent of the electronic Medical Record systems implemented by providers.





eHR Shareable Data Set



- Each institution maintains own complete electronic record
- Contributes shareable data to eHR
- eHR Shareable Data Store keeps & shares for all





eHR Sharable Data

Person master index

Encounters & appointments

Referral

Episode/discharge summaries

Adverse reactions / allergies

Problems / Diagnoses

Procedures

Medication



Immunization

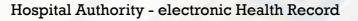


Laboratory results



Radiology results

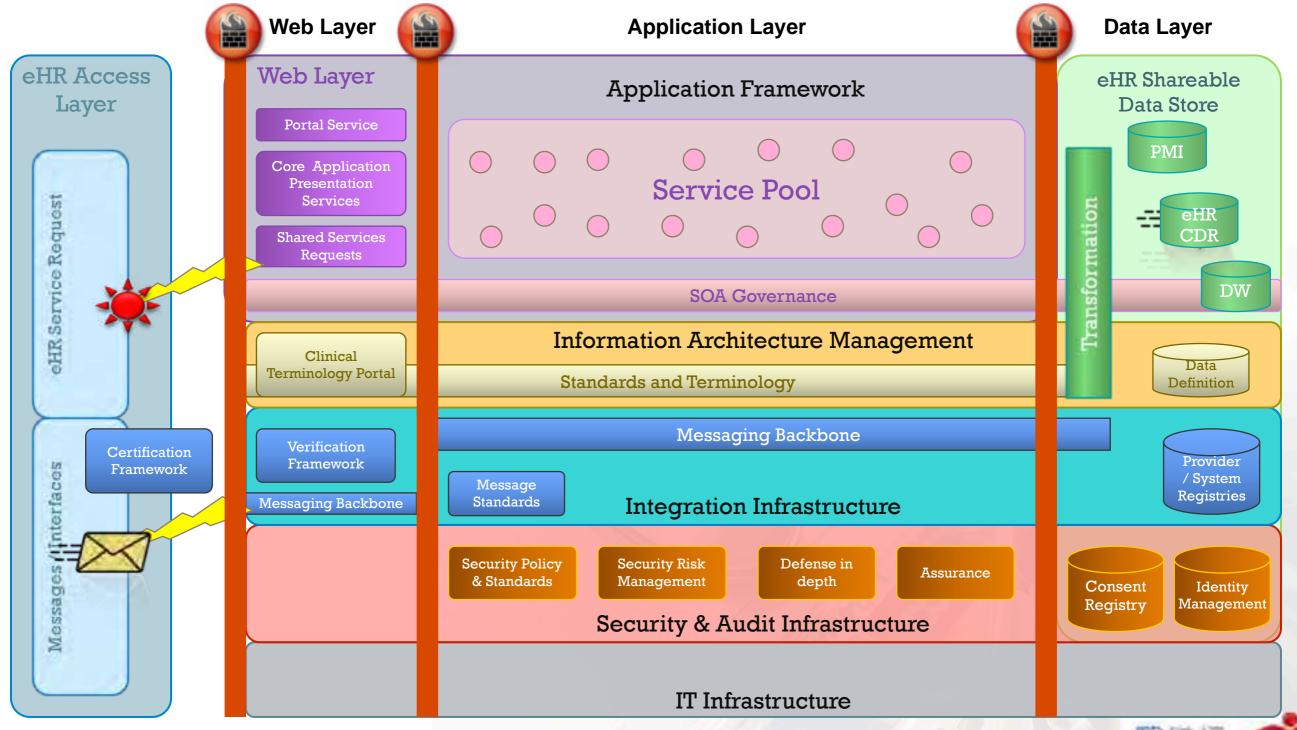








Architectural Components

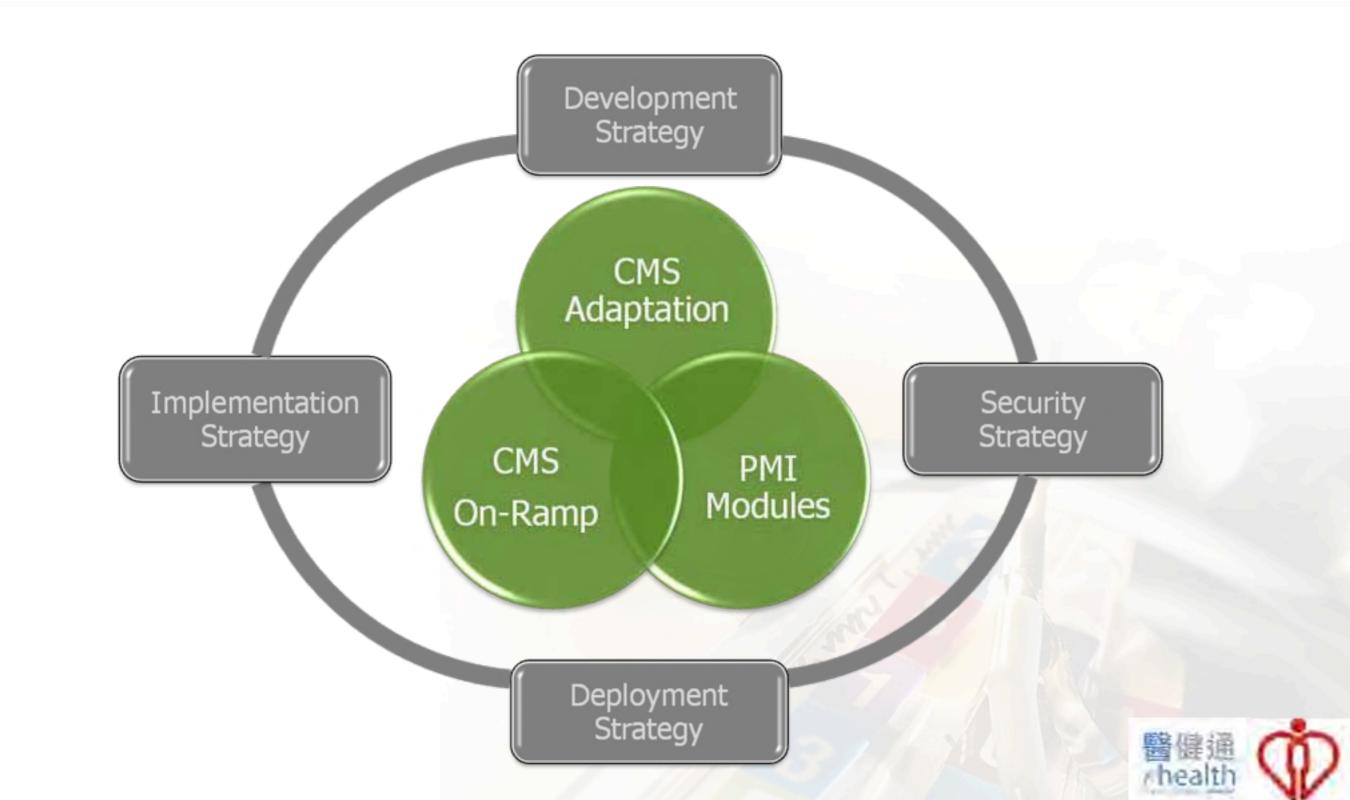


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CMS Extension



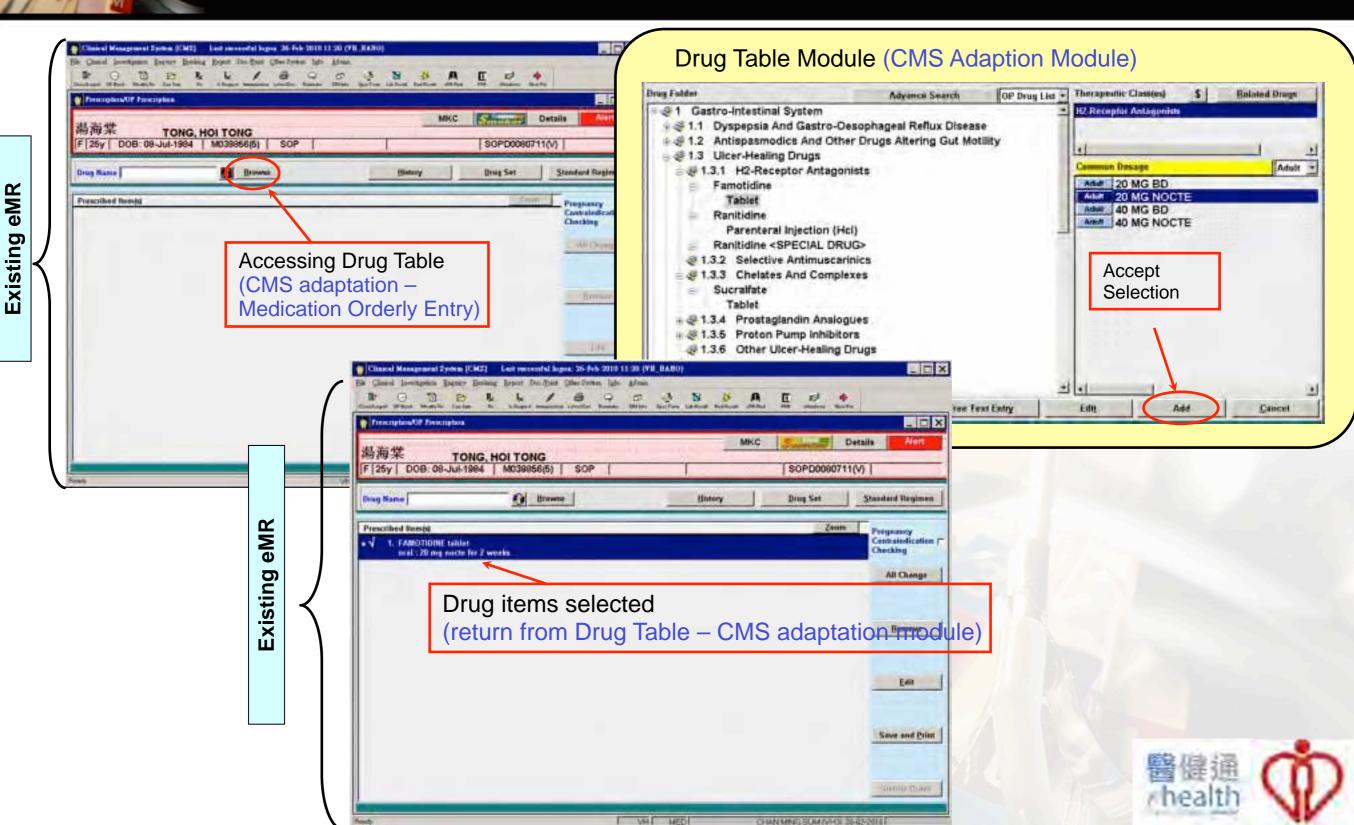


CMS Adaptation Modules

2010	3Q10	4Q10	1011	2Q11	3Q11	4Q11	1Q12	2012	3Q12
	2Q10	2Q10 3Q10	2010 3010 4010	2Q10 3Q10 4Q10 1Q11	2010 3010 4010 1011 2011	2010 3010 4010 1011 2011 3011	2Q10 3Q10 4Q10 1Q11 2Q11 3Q11 4Q11	2010 3010 4010 1011 2011 3011 4011 1012	2Q10 3Q10 4Q10 1Q11 2Q11 3Q11 4Q11 1Q12 2Q12



Integrating with existing systems





CMS On-Ramp

Helping private clinics join the eHR highway





CMS On-Ramp Possible Modules

Featu	res
Registration	
Appointment and Patient Calling	Queue
Structured allergy/alert	
Immunization	Aim to support basic
Consultation and Prescription	clinic operation
Medical Certificates	
Dispensing	
Drug Inventory Management	
Basic Billing and Payment	
Laboratory / Radiology results	
Statistic Reports	
	醫健通



Options for Developing CMS On-Ramp



Use a scaled down CMS III



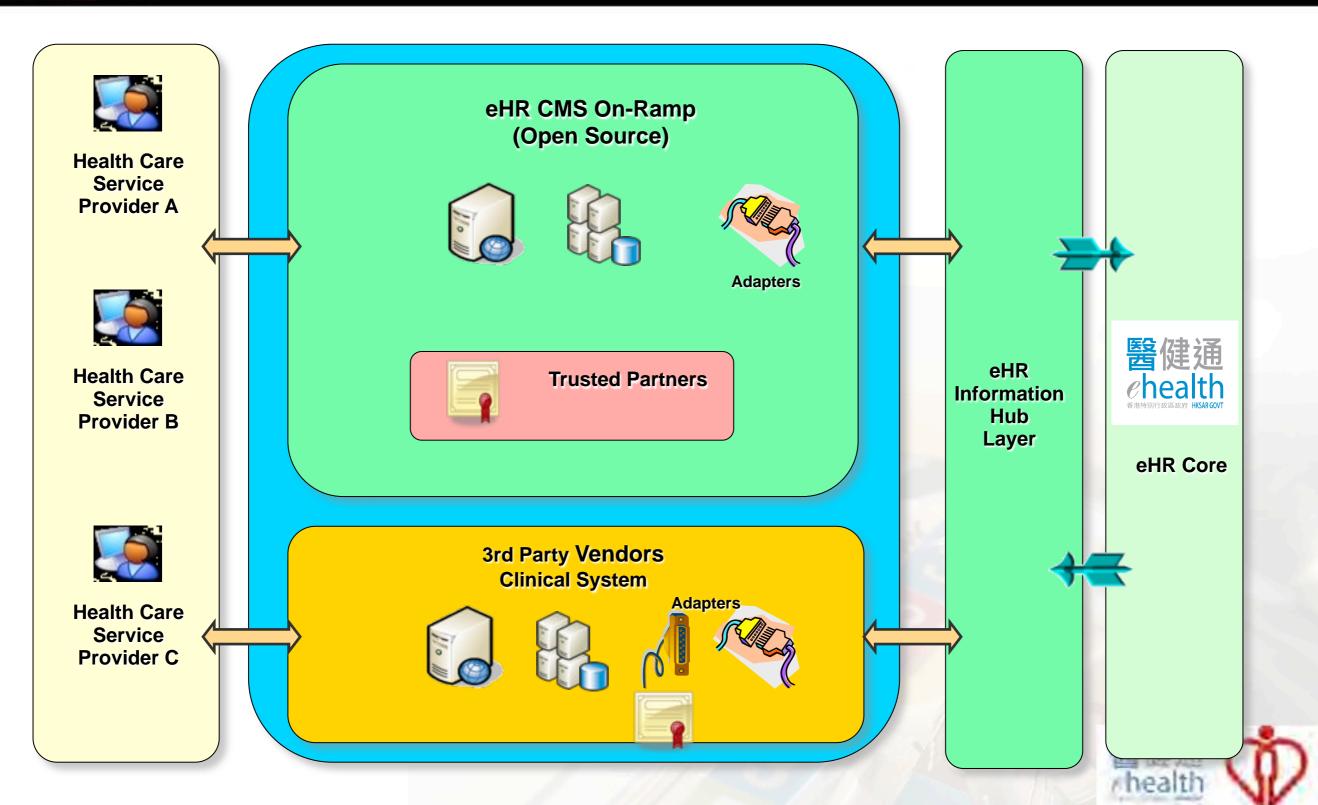
Build a CMS On-Ramp application from scratch

3. Build a CMS On-Ramp system based on available open source in the market





CMS On-Ramp Deployment Strategy







- CMS III development is in progress
 - New technical platform to enable future capabilities
 - IPMOE will bring in a new degree of workflow support
 - The next Clinical Systems Strategy needs your input
- eHR development has started
 - Core sharing infrastructure will allow records to follow the patient
 - CMS III modules will be adapted for private hospital use
 - CMS On-Ramp will be built as an open source system for private clinics to use

