

## Senate Standing Committee on Community Affairs

### Inquiry into the Personally Controlled Electronic Health Records Bill 2011 and the Personally Controlled Electronic Health Records (Consequential Amendments) Bill 2011

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Representation is from the consortium of eHealth sites in Brisbane (Metro North Brisbane Medicare Local), Newcastle (Hunter Urban Medicare Local) and Melbourne (Inner East Melbourne Medicare Local) referred to as Wave 1 eHealth Sites. These sites are operating under a single collaborative approach as an exemplar for primary care and other *Medicare Locals* to learn from an aligned approach to eHealth adoption.

#### Background

Representatives of the group made submission to Senate enquiry in 2010.

*It is time to take such steps with a view that there will be learnings and experiences along the way that can be fed back into the systems, over time, to enhance health services and health outcomes for all Australians.  
March 2010*

Since that time work has been performed in eHealth Sites locations to engage and deploy eHealth support into the local community through the Divisions/Medicare Local projects.

Under contract to DoHA, eHealth Sites were requested to undertake eHealth engagement activity as a foundation in support of the national PCEHR system.

During the last 12 months the consortium of eHealth sites has undertaken work with Medicare, NEHTA, and participating General Practices in the initial deployment of Healthcare Identifiers and related processes to ready General Practices for the deployment and use of eHealth systems and processes.

At the national level goals include local eHealth sites projects demonstrating:

- Use of national infrastructure in real world healthcare settings
- Build stakeholder support and momentum
- Provide a meaningful foundation for further enhancement and roll-out of the national PCEHR system

At the local community level the outcomes have been to develop partnerships with general practice, local clinicians and hospitals to find workable systems and processes to better exchange health information in meaningful ways that are trusted and supported by patients and other providers.

Our submission outlines our work to date as part of the journey towards a national eHealth system. Our focus is at the *Medicare Local* community level through the alignment of the consortium members in different geographic locations using common sets of practices, systems and technology while focussed on local patients cohorts and priority health areas.

Our activity has been to adopt and adapt the available aspects of national infrastructure and eHealth specifications at the local level to provide health information exchange and record sharing between GP's, clinicians and hospitals. The eHealth site projects are aligned to and ahead of the national PCEHR.

The eHealth Sites provide local support and systems under a collaborative approach in conjunction with local clinical groups with a view to practical adoption and benefits outcomes. Lessons learned are regularly passed to the national change and adoption program for inclusion in planning and deployment.

#### **Some of the work to date**

Healthcare Identifier deployment experience to date:

- Healthcare Identifiers are a **key first step** as a nation to a broad community aligned approach to health information exchange.
- The national Healthcare Identifier is a foundational element of patient identification that will unleash many innovations across the community.
- During the last 12 months over 300 Practices have been supported to undertake initial Healthcare Identifier matching with over 1 million individual patient identifiers processed.
- Important lessons and experiences have been learned and fed back to NEHTA, Medicare and DoHA on the insights and recommendations for wider deployment.
- Practices have been able to undertake initial data quality work to determine their level of eHealth readiness for use of Healthcare Identifiers.
- Practice staff have been introduced into the processes and obligations in use of Healthcare Identifiers.
- Vendors have been provided early insights as to the issues that practice systems will need to handle in the operation of healthcare identifiers.

Patient consent support has been an important foundation in our preparation and we have:

- Undertaken the development of a community based consent and information privacy framework.
- Undergone several privacy reviews, impact assessments and approvals for a local community based consent approved by DoHA.
- Developed models for assisted enrolment at local levels.
- Provided feedback and practical insights to NEHTA and DoHA on consent processes, patient choice and privacy implementations.
- Deployed systems to capture and manage patient consent.
- Developed change management strategies to support general practice with the broad concept of sharing patient health summaries and the necessary patient assistance required to support large scale deployment.

## Focus on General Practice

A pre-requisite to a strong primary care eHealth program is the participation of the local GP. We have a primary focus on support for this group.

- GPs are the primary source of information to be uploaded to the PCEHR. The eHealth sites view GP engagement and inclusion in the program as critical to the PCEHRs success. If GPs are not engaged, or become *disengaged* from the PCEHR implementation, the risk becomes that no information will be available to view.
- *Medicare Locals* have assisted over 300 practices to become eHealth ready using a variety of methods including face to face, workshops, seminars.
- Medicare Local liaison officers have established a level of trust and built a momentum in general practice for eHealth change.
- The trusted relationship greatly assists the introduction of new concepts and improved eHealth processes.
- A local community perspective on eHealth brings a grass roots, local knowledge to national initiatives that can seem very distant and irrelevant to a small GP practice.

To engage GPs, a few basic principles must to be followed:

- Ensure GPs are legally supported - advice from medical insurers and a clear and coordinated message from GP peak bodies can achieve this.
- integrate the system into GPs existing desktop clinical software and workflows; a system that involves GPs logging onto a website or having to re-key information will fail. A seamless system that does not add significantly to the GP workload has a much greater chance of success.
- Make the system easy to 'get on'; registration processes for GPs should be linked to existing systems where possible; where new systems are being introduced, make them online, clear and relevant.

Engagement activity with Practices in last 12 months towards local community eHealth readiness has been a success through many briefings, enrolment and registration for Health Identifiers, and support for data quality matching. As of the start of 2012 strong progress has been made with:

- Over 300 Practices now engaged in the journey of eHealth deployment.
- Local health record repositories installed in each *Medicare Local* with demonstration local PCEHR field trials under way.
- Patient consent, enrolment and registration for eHealth systems in place.
- Large scale patient recruitment campaigns in process of starting.
- Practices enabled for operations for local shared record summary ready to commence.
- Field teams providing training and deployment support.
- Communications programs for local community groups underway.

There is important value in early stage demonstration projects suitably funded to showcase the potential for eHealth and pass on learnings and insights necessary for national rollout. We are keen to support the approach that significant change management is required for the adoption of the eHealth and that this is integral to the national program. There are many projects that can fail at the point of implementation due to lack of support and poor awareness factors. This role of *Medicare Locals* as eHealth sites providing leadership is an important step in the progress to the national PCEHR.



## Privacy

Some discussions in the media over privacy aspects of an eHealth future have called for delays while further consideration takes place. We support the importance of patient confidence in the systems deployed. Patient privacy interests can be provided for, however there is potential for privacy issues obsession to overwhelm and slow progress if not kept in context of limitations of privacy in current work practices and the many safety and quality issues with current paper based systems.

The move to an eHealth based system will allow for the introduction of standards and standardised ways of exchanging patient information which will facilitate **increased privacy** and **better privacy transparency**. Technology currently in use in our projects has appropriate privacy capabilities with choice, to ensure patients' preferences and interests are provided for.

## Recommendations

While there will be some aspects that are not yet fully specified or require further work, we nevertheless believe that adoption of eHealth systems should proceed at a pace with scope for adjustments and improvements on the way. Key insights from our experience to date suggests:

- Learn the local lesson through local projects to inform the national eHealth program.
- Keep the local momentum going forward with the sharing of patient health information and bring the national PCEHR into the local community as the national components become available
- Assisted registration models and targeted recruitment to patient cohorts who would gain the most from a PCEHR.
- Needs to be a workable flexible solution allowing all types of patients and providers to share copies of nominated health information across all jurisdictions.

We have a long journey ahead in adopting eHealth and driving the benefits for both patients and providers. A key objective is to have electronic records for patient encounters able to be exchanged in a free flowing and secure way.

The creation and exchange of electronic health records will fundamentally rely on local solutions for both patients and clinicians for there to be trust in the overall systems. Success at the local level will lead to a relevant and successful national PCEHR system.

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