



Inquiry Into The Role and Potential
of the
National Broadband Network

Submission By The Consumers e-Health Alliance
(CeHA)

to the

House of Representatives

Standing Committee On Infrastructure and
Communications

In Respect To e-Health, Education and the N.B.N

11 March 2011

The Consumers e-Health Alliance (CeHA) is a national network of representatives of Australian consumer health organisations with a special interest in promoting the wide adoption of e-health to improve service delivery and patient outcomes in Australia using a national broadband network to deliver a wide range of health and telehealth services.

CeHA will be pleased to provide a full written submission to complement its presentation at that time, meanwhile this letter is a short summary of some of the key points we intend to make.

1. We believe that the reference should be expanded to combine "e-health and telehealth" as this will reflect the significant new opportunities that are becoming available.
2. Lack of ownership continues to be the real impediment delaying progress in the implementation of e-health and telehealth.

A national e-health network is akin to establishing a business. The report of the House of Representatives Committee entitled "Health Online", which reported in October 1997, recommended that such a course be followed. An expert committee endorsed this recommendation and produced "A Health information Plan for Australia" report as the 2nd Edition of "Health Online" in September, 2001.

The first and second edition of this report laid out a governance concept for an e-health network as a piece of infrastructure to enable a vastly improved delivery of health data electronically, rather than manually which required "national collaboration" through "empowering consumers and communities for better health".

It continued to make clear however, that this would not be a health product as such, nor would it be just an application of information technology. It is in fact infrastructure to electronically transmit data securely to enable the provision of improved health and telehealth services.

This part of the report headed "Achieving National Collaboration" was preceded by a dictum, "Collaboration is essential to success" by Michael Reid then DG Health NSW. It went on to advise –

"National Collaboration is predicated on the desirability of pursuing a coherent and consistent approach to the development of information activities, customer services and the use of information technologies in the health sector. Collaboration also involves entering into effective partnerships with stakeholders. In particular the level of participation and ownership will be threatened without the specific involvement of:

- *Health consumers and consumer organisations*
- *Health care providers and professional health organisations*
- *Organisations with an interest in privacy matters (both government and non-government)*
- *The different tiers of government (the Commonwealth, States and Territories, and local government), and*
- *The private sector.*

Australian governments are committed to mechanisms that will facilitate collaboration between the Commonwealth, States and Territories and other key stakeholders in the development, uptake and implementation of new information and communications technologies in the health sector."

It also recommended that this vital national project be overseen by a "National Health Information Management Advisory Council" (NHIMAC), having community inclusion as previously stipulated.

This challenging proposal has been followed by endorsing recommendations by eminent global consultants, Boston Consulting, Deloitte and Booz & Company. However, whilst the National e-Health Strategy produced by Deloitte (via the National e-Health and Information Principal Committee), has been adopted by the Australian Health Ministers' Advisory Council (AHMAC), the critical recommendations about governance and ownership have not yet been implemented. Deloitte qualified their many detailed recommendations with the following admonition

"It is unlikely that any of the above recommendations will be achieved unless under-pinned by a governance regime that enables strong coordination and management of the national e-health program activities and outcomes"

In the course of the more recent national e-Health conference in Melbourne, Jane Halton, Secretary Dept. of Health and Ageing, upgraded the usual reference to "stakeholders" when referring to the plans for community wide collaboration in stating :- "the challenge we have got is getting all the partners engaged." This intention was in the context of the oft repeated conference reference to managing PCEHR governance through the "four pillars", ie. Government agencies, clinicians, software vendors and consumers.

The principal issue arising is:- How to effectively do this.

3. A major issue associated with this extraordinary adoption of "recommendation blockage" seems to arise from a common misunderstanding of the nature of the actual e-health networking business and the organisational component of the delivery of health services it is intended to deliver.

This misunderstanding was featured in the recent National Health & Hospitals Reform Commission report which stated: "Health is the same but lagging behind all other industries e.g. banks, in the introduction of its eHealth IT functions." Wrong! This assessment is now common, with this same repetitive exclamation about one's banking experience along with the unheeded warnings about the "break of rail gauge" and the priority of standards.

Disagreement with this generally held view can be explained in the following terms:

- It arises because the health industry varies from most other industries in at least one significant and pertinent aspect. Whilst most other industries operate their daily business on a “one-to-many” basis, health is one of the few that operate in a “many-to-many”. This is because there is no one player or small coterie, which dominates a significant part of this very complex industry.
- This means that as a consequence, the oversight management of the network needs to provide coverage on an inclusive industry-wide basis.
- This would conglomerate all of the component sectors and operate with each of them jointly having a seat at the decision-making tables.
- This would enable their needs to be identified and incorporated progressively, with any (inevitable) mistakes made, able to be corrected quickly, with a full understanding of the requirements of the players.
- It also assembles a range of all relevant competencies within a practical advisory body. This would also create a situation of community wide participatory teamwork, collaboration and ownership.

These suggestions would give due recognition to the sound advice given in 2001 by NHIMAC, and not since disputed.

4. The most vital allied need is to establish appropriate standards at all levels prior to implementation of each product if true interoperability is to be achieved. This vital factor applies not only to computer software etc but also to medical and clinical protocols and to the use of language that is comprehensible to patients and their carers within their PCEHR.
5. Education and Training of all service providers

We will expand comment on these factors and others during our presentation.

Conclusion

The health industry, whilst not unique, varies in respect of its cross community communications in that it operates on a many to many basis requiring the constant cooperation and collaboration of all parties.

It is relevant to note that the implementation of e-Health development globally has not generally progressed to plan in spite of considerable investment of public funds. In this respect we note the significant pull back in the UK, and closer to home by Health Smart in Victoria and Health-e-Link in NSW.

The real issue is to know why? We suggest it is important to unearth and understand the causes to prevent further repetition of such experiences.

There is now quite strong government support for “community wide partnering” as a policy but little contribution or consultation has occurred as yet as to how this could be done in a practical and effective way.

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