Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

National e-Health Transition Authority (NeHTA)

Budget Estimates 2011-12, Supplementary Estimates

Question: 17

OUTCOME 10.2: e-Health

Topic: Clinician Change and Adoption

Senator Boyce asked:
What has been put in place to ensure that clinical practitioners will actually use the proposed PCEHR and ensure what is presently planned is successful?

Answer:

The success of the PCEHR system will be dependent on the extent of participation by healthcare providers and consumers. These key stakeholder groups must undergo a journey - from initial awareness, to engagement and finally to adoption of specific PCEHR capabilities and uses that are aimed at delivering efficiencies in, and improved safety and quality of, health care.

The Change and Adoption Strategy targets actions to promote adoption of PCEHR use in particular groups of providers, chosen as they are the provider groups most directly involved in realisation of early PCEHR system benefits: GPs, nurses (particularly practice nurses), public hospitals, community pharmacists, Aboriginal Health Workers and medical specialists in private practice. However, there are many other providers (e.g., nurses, private allied health professionals, private pathologists and midwives) who play important roles in providing care who will also need access to a level of support for adoption and change. All providers will have access to nationally developed resources and tools to support their adoption and use of the PCEHR.

General Practice is recognised as a key driver for the success of the PCEHR system. As a trusted primary care provider for most Australians, GPs and practice nurses have significant contact with a large share of the Australian population and are, for most individuals likely to be, in a position to establish a Shared Health Summary for individual consumers. General practice provides a unique opportunity to drive PCEHR adoption by Consumers, as GP's influence on the healthcare decisions of consumers is known to be very significant.

A range of clinical practitioners have been engaged throughout the program to provide design advice for the PCEHR system providing input through reference groups.

Clinicians from a broad range of specialties, including general practitioners, pharmacists, nurses, medical specialists, allied health professionals and others have been involved.

We are now at a stage of the PCEHR systems development that a focus has been placed on increasing initial awareness and enhancing understanding of the sytem. This activity will continue over the coming months ahead of launch on July 1. Specifically, the change and adoption program includes:

- Presenting at over 40 events (approximately 50% of these are for clinical practitioner groups)
- Developing 30+ online training modules for use by clinical practitioners, including tailoring these and promoting through existing distribution channels wherever possible
- Developing high quality material to be used to communicate key messages
- Developing an essential guide – the Australian Medical Association (AMA) essential guide to using a shared health record for medical practitioners
- Working through peak bodies to assist their members e.g., the Royal Australian College of General Practitioners

Support is also being provided to organisations and staff that work directly with practices, including eHealth Support Officers (who provide resources for and enhance knowledge and understanding of the eHealth environment in primary care), Medicare Business Development Officers (supporting practices in developing tailored claiming approaches), and National Prescribing Service Facilitators (who visit General Practices and Community Pharmacy working to improving medications management).

The eHealth sites have been at the forefront of eHealth implementation to date. These are local systems designed to generate learnings for the national PCEHR system and they will contribute to the national change and adoption approach. Beyond lessons learned (e.g. HPI-O registration processes) and access to required technology assets, the eHealth sites carry a critical understanding of workflow impacts for clinical practitioners and practices, and have developed a substantial expertise in eHealth change and adoption. Accordingly, the change and adoption strategy aims to spread the lessons learned from the eHealth sites as broadly as possible.

The change and adoption strategy also provides for healthcare community delivery plans targeted at 'healthcare communities'. These are groups of consumers, and the providers and vendors linked to these groups of consumers, that are distinct and "targetable". We have defined three types of these healthcare communities, and nine health communities within them:
- Those focused on a priority consumer group (e.g. mothers and their newborns, older Australians, mental health patients)
- Those focused on a national healthcare priorities (e.g. cancer, diabetes)
- Integrated payer/provider networks (e.g. Department of Veterans' Affairs, Defence Health, Private Health Insurers, Aboriginal Community Controlled Health Services (ACCHS)).

The goal in selecting these health communities is to ensure coverage of the target consumer groups, leverage of existing healthcare networks, and leverage of existing Department-funded programs.

Change and adoption actions will be delivered ahead of the PCEHR launch on July 1 2012, to ensure priority stakeholders such as clinical practitioners are ready to participate, but change and adoption support clearly needs to be placed on a sustainable basis while fitting within policy and funding guidelines. Such sustained adoption support can be achieved by use of three complementary approaches:

- Designing and delivering change and adoption content assets (communications, learning, and event blueprints) in a way that allows easy and tailored revision and reuse
- Leveraging already-funded frontline delivery programs
- Funding further frontline delivery and coordination resources

Adoption will be a journey which will take time. Experience internationally has shown that it can take many years to achieve meaningful adoption of eHealth Records.

To ensure that clinical practitioners use the PCEHR system can be measured and monitored a joint NEHTA and DoHA PCEHR Reporting Requirements Working Group was established in January 2012. This working group was established to drive the identification of the range of PCEHR System reporting requirements required from 1 July 2012. These requirements include a strong emphasis on the adoption and benefits analysis that will be prepared using both PCEHR system generated data and other data sources.

The Minister for Health has also recently announced that MBS consultation items will be available to General Practitioners as part of providing continuity of care to a patient, and if they are creating or adding to a shared health summary on an eHealth record which involves taking a patient's medical history as part of a consultation.