Question: E12-203

OUTCOME 10: Health System Capacity and Quality

Topic: EHEALTH

Written Question on Notice

Senator Boyce asked:

The 2008 Deloitte National E-Health Strategy advocated an approach where the first thing 'connected' was Australia's healthcare system (Connect and Communicate: 1-3 years) through standards-based health information transaction exchanges (such as E-Referrals, E-Discharge Summaries, diagnostic test orders and results), and once the healthcare sector was connected in an interoperable fashion, then further investment and pursuit of a Shared Electronic Healthcare Record should ensue leveraging this connected healthcare sector base (Deloitte, 2008, p.51).

Why then have DOHA and NEHTA deviated from this nationally agreed plan by COAG in pursuing with a substantial investment of $467M over 2-years into a PCEHR, when the stated prerequisites as laid out by Deloitte have not been accomplished nor invested in to achieve the staged plan as outlined?

Answer:

Delivery of the PCEHR system in 2012 is compatible with the growing use of point to point electronic communications between healthcare providers.

Following Health Ministers' endorsement of the National E-Health Strategy (2008) significant investment through the National E-Health Transition Authority has resulted in key milestones being met in health information exchange, including the finalisation of secure messaging specifications and national cooperation on E-Discharge Summaries.

A shared approach across the Commonwealth and jurisdictions has meant that adoption of the basic systems needed to implement electronic exchange and information sharing are becoming more widespread. For example, over the past year 24 million pathology services and 19.6 million diagnostic images services were transmitted electronically.

For many healthcare providers the availability of the personally controlled electronic health records system (PCEHR) will add to the business case for them to participate more fully in eHealth.