



How and why the 'Penny Dropped': eHealth adoption in the NT

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eHealthNT History

Federally funded 'Healthconnect' trial from 2002 - 2005, held in the Katherine region, predominately to assist the provision of Indigenous Healthcare.

- eHealthNT and the Shared Electronic Health Record was born in July 2005
- Slow uptake due to Clinical Information System's going live across NT Dept of Health remote primary health centres and NGO Aboriginal Medical Services
- Minimal consumers registered and limited information available
- Took approx 5 years to achieve critical mass of registered consumers



Make things happen

- Clinical Advisory Committee meetings held regularly
- Strong input from clinicians, as to what they wanted
- Dedicated and insightful development team
- Transparency
- Communication
- Health Service support





Then the ‘Penny Dropped’

- **Enhancements were implemented:**
- Synchronised logon was implemented via the Clinical Information Systems – easy access, no double log on
- Current Health Profile was developed
- More hospital documents became available
- Private Pathology provider results from primary health care visits and NT Hospital Diagnostic Imaging reports became available
- Ante Natal Summaries from Communicare health centres
- Portal access – NT Rheumatic Heart Disease Register and NT Immunisation Register



Benefits

- Continuity of care for a mobile population
- Not having to rely on one's memory
- Access to data at the click of a mouse – 24/7
- Saves time and saves money
- Consumers not having to undergo repeat testing
- Safety and speed in providing ongoing healthcare
- Not having to repeat your medical history
- Portal access – leading to a one stop shop



Lessons Learned

- Listen and communicate
- Clinical Champions at each facility is a must have
- Clinician/ health facility staff education method options – User guides; online training modules; CIS Educators
- Add My eHealth Record education into staff orientation time allowance
- Demographic data that equals Medicare data – needs to be clean
- Effective consumer and community engagement



Lessons learned cont...

- Recruit Local Engagement Officers to spread the word
- Registration days at key events within the towns and communities
- Sausage sizzles do work!
- Create communication in local languages
- Use local TV and radio to communicate the message



Impact

- Cost saving for health services
- Pressure off health facility staff
- Improved individuals' health outcomes
- Increased patient safety
- Improved decision support
- Streamlined clinical workflow and coordination of care





Thank you for allowing us to present today



I would now like to present to you
“Bridging the digital divide”.