eHEALTH

AHHA PRIMARY HEALTH NETWORK DISCUSSION PAPER SERIES: PAPER SIX

INTRODUCTION

In April 2015 the Commonwealth Health Minister, the Honourable Sussan Ley, announced the establishment of 31 new Primary Health Networks that will "*reshape the delivery of primary health care across the nation*"[1]. Primary Health Networks (PHNs) are to be 'outcome focussed' on improving frontline services and ensuring better integrated care between primary and acute care services. Specifically the Minister stated that the Government seeks to "*ensure Australians are able to access the right care, in the right place, at the right time and Primary Health Care Networks form a core part of our plan*"[2].

In improving the delivery of local primary health care services, Minister Ley noted that the Government has set Primary Health Networks six priority areas for targeted work in:

- mental health;
- Aboriginal & Torres Strait Islander health;
- population health;
- health workforce;
- eHealth; and,
- aged care.

To facilitate discussion of the key challenges and opportunities arising from the establishment and operations of PHNs, this series of discussion papers published by the Australian Healthcare and Hospitals Association (AHHA) considers a combination of the critical success factors for PHNs and explores each of the priority areas in the context of organised primary health care in Australia.

The PHN program has the potential to make a significant positive difference in health outcomes for all Australians. This paper, **PHN Discussion Paper #6 ‑ eHealth**, considers this topic in the context of organised primary health care in Australia and identifies key issues for exploration and resolution.

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[1] Media Release "New Primary Health Networks to deliver better local care" Minister for Health (11/4/15)
[2] Media Release "New Primary Health Networks to deliver better local care" Minister for Health (11/4/15)

eHEALTH IN AUSTRALIA

The World Health Organisation defines eHealth (or electronic health) as '*the combined use of electronic communication and information technology in the health sector*'[3].

In practice, eHealth refers to "*the health care components delivered, enabled or supported through the use of information and communications technology. It includes: clinical communications between healthcare providers; patient access to specialist services via online consultation and a range of online tools and resources; and, professionals' access to information databases and decision support tools*"[4]. Furthermore, it can also refer to applications that can assist people to better manage their own health and health care, as well as technologies to monitor patients' conditions remotely.

It is generally accepted that there is much to be gained by getting eHealth right at scale across the Australian health care system - "*The ultimate benefit achieved from a national eHealth strategy is a safer and more sustainable health system that is equipped to respond to emerging health sector cost and demand pressures. Improvements in the Australian health care system will also drive stronger workforce productivity that is integral to Australia's long run economic prosperity*".[5]

In recent times, there have been a number of Australian Government eHealth initiatives including: Broadband for Health (2004-2007); HealthConnect (2004-2008); Managed Health Networks Grants Program (2005-2008); National eHealth Strategy (2008); and, the Personally Controlled Electronic Health Record (2012-2015). Notwithstanding these activities and investments, experience has shown that "*there are many obstacles to developing national eHealth policies and programs*"[6].

For example, with regards to the introduction of the Personally Controlled Electronic Health Record (PCEHR)[7] in Australia, a recent review conducted by an independent panel found that "*notwithstanding overwhelming support for continuing with implementing a consistent electronic health record for all Australians, a change in approach is needed to correct early implementation issues*"[8].

This 'change in approach' sees the PCEHR being "*rebooted as a personalised myHealth Record system*"[9]. This was as a result of an investment of over $1 billion dollars in the PCEHR failing to deliver on expected outcomes. As the Australian Healthcare and Hospitals Association noted: "*eHealth records have the potential to be an effective tool supporting high quality healthcare, but a*

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[3] National eHealth Strategy (2008) – Australian Health Ministers' Conference

[4] Fact Sheet: National Rural Health Alliance – eHealth and Telehealth in Rural and Remote Australia (2013)

[5] Australian Health Ministers' Conference - National eHealth Strategy (2008)

[6] Parliamentary Library Research Paper No3 (2011-12) The eHealth Revolution: Easier Said Than Done – Dr Rhonda Jolly

[7] The PCEHR is an online summary allowing healthcare providers and hospitals to view and share an individual's health information, including diagnoses, allergies and medications - Review of the Personally Controlled Electronic Health Record (2013)

[8] Review of the Personally Controlled Electronic Health Record (2013)

[9] Media Release: Hon Sussan Ley Minister for Health – Patients to get new myHealth Record (2015)

comprehensive approach which addresses the needs of both clinicians and consumers is required, and the wasteful approaches of the past must be brought to an end"[10].

So, the concept of eHealth promises much and is well supported. However, the Australian experience has shown that translating intent into results in a complicated and contested environment is challenging.

For the purposes of this paper, the focus of eHealth is limited to discussing the further development and implementation of the personalised electronic health record – myHealth Record.

Notwithstanding this, other areas of eHealth such as telemedicine are critical enablers to achieving better health outcomes and reducing costs by increasing equity of access and system efficiencies – *"telehealth services such as video-conferencing – when used appropriately – are emerging as effective ways to complement local health services. They can: deliver health services into remote communities, reducing the need for travel; provide timely access to services and specialists, improve the ability to identify developing conditions; help educate, train and support remote healthcare workers on location; and, support people with chronic conditions to manage their health"*.[11]

The application of telemedicine solutions will be crucial to PHNs in meeting the needs of their respective communities efficiently and effectively. As such, future eHealth initiatives need to focus on all elements of eHealth and not just electronic health records.

PRIMARY HEALTH CARE AND eHEALTH

The ubiquitous application of information and communication technology in our daily lives has transformed many sectors. However, this cannot be said for the Australian health sector – "*An Australian consumer can use an ATM anywhere around the globe to access their bank accounts. Australian consumers can also seamlessly transfer their telephone and broadband services from one provider to another and can access global telecommunications networks from any point in the developed world. By contrast, the health care sector struggles to share potentially critical information between service providers within the same postcode.*"[12]

Given this, the lack of a fully functioning electronic health record (EHR) system in Australia, where clinicians and patients can readily access, record, store and review individual clinical information, contributes to increased risks, costs and inefficiencies in the health system.

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[10] Australian Healthcare and Hospitals Association: Media Release – New Approach to eHealth But Will it Lead to More Waste? (2015)
[11] Fact Sheet: National Rural Health Alliance – eHealth and Telehealth in Rural and Remote Australia (2013)
[12] National eHealth Strategy (2008) – Australian Health Ministers' Conference

To remedy this, the Australian Governments sees "*a functioning national electronic medical records system as essential to ensure doctors, nurses and pharmacists across the country have instant access to the information needed to treat patients safely and efficiently, without having to 'gamble on unknowns' in their medical history*"[13].

Building on the lessons learnt from the PCEHR experience, the Australian Government is set to implement the myHealth Record. The vision for the myHealth Record, as articulated in the final report of the independent review of the PCEHR, is "*The electronic health record for Australians will be a reliable, secure and trustworthy source of key clinical information. It will facilitate efficient and effective treatment of patients by health practitioners and enable consumers to access and manage their own health records in cooperation with their health providers to improve care….The value of sharing health information electronically between healthcare professionals, will be demonstrated by enhanced efficiency and effectiveness of the delivery of healthcare, reduced hospitalisations and ultimately lives saved.*"[14]

From a clinician's viewpoint this approach will see "*the system made more user friendly and better reflect the needs of health professionals including better alignment with existing clinical workflows within practices, and to ensure additional information such as current medication lists, and known adverse drug interactions are easily identified by practitioners*".[15]

From a patient's perspective, this approach "*can provide an important mechanism to improve the safety of healthcare, as well as providing an avenue for health care consumers to better manage their own health*".[16]

Notwithstanding the intent of this revamp of the EHR system, there are many primary care related issues that need to be addressed. These include issues relating to the:

- *value proposition for users* including: what benefits do primary care clinicians and patients accrue by using the system; when will benefits be realised assuming the need for a 'tipping point' in use by health care providers and patients; what risks arise in use of the record if information is unreliable or incomplete; and, ensuring design solutions equitably balance the needs of practitioners and patients

- *meaningful use* of the electronic health record including: system and process design that meets the needs of end-users and addresses the shortcomings of the PCEHR model; appropriate change management and adoption approaches for primary care clinicians and their practices, to embed the use of myHealth Record in practice/clinic systems and processes; ongoing support for end-users in implementation and use of the myHealth Record system; and, incentives to support system adoption and behavioural change

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[13] Media Release: Hon Sussan Ley Minister for Health – Patients to get new myHealth Record (2015)
[14] Review of the Personally Controlled Electronic Health Record (2013)
[15] Media Release: Hon Sussan Ley Minister for Health – Patients to get new myHealth Record (2015)
[16] Consumers Health Forum of Australia – Submission to the Federal Treasurer on the 2015-16 Federal Budget (2015)

- *security and privacy* of the electronic health record including: what information is contained in the record; who has access to this information; how is this information secured; and, what level of control does the patient have over the content of, and access to, the information.

PRIMARY HEALTH NETWORKS and eHEALTH

Primary Health Networks, as coordinators and change agents of local primary health care systems, can play a vital role in driving the uptake and effective use of the myHealth Record system across the sector through their primary care service provider and consumer engagement roles. Key tasks for PHNs include:

1. Build on and apply the eHealth experience base resident in Medicare Locals, in particular the PCEHR 'hub' sites, given the substantial body of corporate knowledge, skills and past experience Medicare Locals had in supporting general practice and others to implement eHealth systems.

2. Leverage PHNs' local relationships with clinicians and patients to gain stakeholder input and buy-in, given the pathway to a wide-scale adoption of myHealth Record will not be achieved without on-the-ground support from end-users.

3. Apply Medicare Local knowledge and relationships in assisting other health care providers, including pharmacy, allied health, hospitals, specialists, aged care, NGOs and private sector organisations, to utilise the myHealth Record, implement secure messaging and develop applications that clinicians can use to collaborate and provide better care to their patients.

4. Continue to support the uptake and meaningful use of the myHealth Record through:
   - Supporting all primary health care providers to 'navigate the system' in becoming myHealth Record ready
   - Supporting General Practice to adopt best practice clinical records approaches to ensure patient information is easily exchanged between providers using the myHealth Record
   - Educating clinicians in use of the myHealth Record and provide ongoing technical support if required
   - Building on the deployment of the myHealth Record to facilitate other related initiatives, such as care planning, care pathways, and secure messaging, across community health, aged care and acute care, to create connections, foster collaboration and realise integrated care, and
   - Working with others to overcome location specific barriers to myHealth Record uptake, such as poor internet connectivity/bandwidth or lack of available/skilled resources within a practice, as this will affect adoption results in some locations.

5. Work with the Australian Government, and the soon to be formed Australian Commission for eHealth, in supporting the planned transition for electronic health records to an opt-out system. In

this regard, Government would do well to consider PHN boundaries, and within these, locations with a history of past eHealth performance and innovation, as it identifies suitable trial sites.

CONCLUSION

While eHealth has been heralded as 'revolutionary', it has at times proven difficult to realise the foreshadowed benefits as '*not only is eHealth revolutionary, it is complicated*'[17]. There are many obstacles to overcome - "*some of these have been resolved; others persist; still others are only just beginning to emerge*"[18].

Notwithstanding this, the Australian Healthcare and Hospitals Association recognises and supports the role that Primary Health Networks can play in the introduction of the myHealth Record, with specific regard to addressing identified issues such as: creating the value proposition for users; facilitating meaningful use of electronic health records; and resolving security and privacy concerns.

Furthermore, in implementing the myHealth Record, the Australian Healthcare and Hospitals Association makes the following recommendations[19] for consideration within the sector:

- Focus on enhancing information exchange between systems rather than developing additional data repositories
- Identify and address the barriers to clinician and patient participation
- Provide incentives to engage clinicians beyond hospitals and general practice
- Achieve a suitable balance between the clinician's need for information and the patient's right to privacy.

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[17] Parliamentary Library Research Paper No3 (2011-12) The eHealth Revolution: Easier Said Than Done – Dr Rhonda Jolly
[18] Parliamentary Library Research Paper No3 (2011-12) The eHealth Revolution: Easier Said Than Done – Dr Rhonda Jolly
[19] Australian Healthcare and Hospitals Association: Media Release – New Approach to eHealth But Will it Lead to More Waste? (2015)

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