

Simplicity beneath the complexity

PHOTO: PETER WILSON-JONES

While electronic health records did not receive much attention during the election, overseas experience shows that they can be instituted with a minimum of fuss. Stan Capp urges the new government to take up the policy of a national EHR.



In this column last month, I advocated that any new government should be “moving forward” towards improving the sharing and transfer of health information across the key

stakeholders, including individual members of the Australian community who should be the custodians of access to their own personal health data. In essence, I was supporting a national electronic health record for every Australian.

Precious little was positively stated in the lead up to the election about this policy, which is little wonder given the predilection of the major parties to take a cautious approach to any issue that may be seen as controversial. Certainly there is a strong lobby of privacy advocates who claim any attempt to introduce an electronic health record would be inappropriate as it enables opportunities for abuse and breaching of highly sensitive personal information. It was thus unsurprising that it did not become a matter of significant debate. However, it remains disappointing that a fairly simple concept that aims to improve the quality and safety within our health system was not more fully articulated.

The creation of a national electronic health record is rather more complex than its underlying concept but they are becoming

increasingly utilised around the world by governments wanting to reduce risk to their community. A common issue that needs to be addressed and overcome is ensuring that privacy is rigorously protected. Experience in places like Sweden suggests that these matters can be creatively resolved through sensible consultation and legislative reform.

Nobody that I know, and certainly not me, wants to have their personal health data exposed to scrutiny other than by those to whom we personally grant access. Further, I want to have the right to review my own data and, if necessary, seek amendments of the content in my record. There are already legislative models for ensuring suitable data protection and, if these can be adopted in Australia, then the opportunity will present for an electronic health record to be implemented

NEHTA priorities

The national vision for e-health in Australia is led and directed by NEHTA and, with the Commonwealth Department of Health and Ageing, it is focused on delivering demonstrable success to consumers and healthcare providers.

NEHTA identified the priority for a national patient identifier as the first essential step towards a national electronic health record for Australia – the other cornerstones being secure messaging, authentication and clinical terminology. A personally controlled electronic health record was also high on the Labor Government’s agenda.

Early in 2010, NEHTA gained COAG support and Commonwealth funding for the national patient identifier project with the relevant legislation coming into effect on 1 July 2010.

Clinicians and consumers need to be convinced the strategy is sound and sustainable by the delivery of proven and scalable solutions that can be deployed across Australia. In the absence of transparent and meaningful consultation with key stakeholders, any e-health agenda will be challenging to deliver.

Personally controlled health records that are consumer driven and form part of local or regional health information systems are important pre-requisites to providing the base information to a national electronic health record. Most states are at various stages of rolling out this infrastructure but importantly, every provider in Australia does not have to be at such an advanced state to allow the national electronic health record to commence.

Over the next two years NEHTA will support health services to take up the common approach to NEHTA standards. It is also seeking examples of how regions can be organised to demonstrate the benefits of a single electronic health record.

National roll out

Readers of these columns may remember that InterSystems is currently implementing the national electronic health record in Sweden using its HealthShare product. At an annual cost per person of less than \$2, we view the roll out of a similar project in Australia as an achievable short to medium term target.

We are currently working with a key regional health provider to demonstrate the benefits of the HealthShare technology so that the entire region can have one electronic health record for its catchment population. Interestingly, not all health services within this region are utilising our hospital information systems but this is not essential to creating a single electronic health record.

One of the great advantages of the HealthShare technology, built upon our Ensemble integration platform, is that messages can be received from any system that is enabled to send data through standard messaging protocols so existing system investments can be preserved.

There is an objective to provide the technology and understanding to deliver sustainable, nationally scalable electronic health records and the aim is to demonstrate this potential through a microcosm of Australian health services. As a consequence, we would be providing NEHTA and the Australian Government with the clinical and

administrative justification to progress, in a planned and staged way, with the rollout of electronic health records across the country.

The objectives of an electronic health record implementation that we would be aiming to achieve are best summarised as follows:

Clinical

- Provide clinicians with an entire health profile of their patient in one view.
- Enable every member of a multi-disciplinary care team to access the electronic health record 24/7 via a secure broadband communication network.
- Merge well established chronic disease management projects and rural emergency medicine centres in place across the regions into the electronic health record project.
- Introduce additional secure views of the electronic health record such as the Mental Health Record view that can provide additional security but also links into the patient's entire electronic health record profile and thus prevents duplication.
- Establish KPI benchmarks against which the results of the HealthShare project can be compared, evaluated and reported before June 2012.

- Provide every GP in the region with 24/7 broadband access to their patient's electronic health record and the opportunity to link, exchange and merge the patient's private and public clinical indicators.
- Provide a patient portal tethered to the electronic health record with a flexible controlled view through which the patient can begin to take responsibility and action for their own and their families' wellbeing.

Administrative

- Link episodes of care across acute, primary and community healthcare services.
- Provide a suitable platform with interfacing and integration capabilities by which cost information can be forwarded for administrative, budgeting and planning purposes.
- Link mental health, aged care and acute services to assist with co-ordination, administration and future planning.
- Examine funding models based on annual fees and participating patients that provides a clear view and understanding of electronic health record costs at a regional, state and national level.

Specialist companies like InterSystems are capable and stand ready to apply technologies and services to meet the above objectives within an agreed time-frame and within a relatively modest long term sustainable budget.

Nobody is naïve enough to suggest that this process will not confront some people and be without its challenges. However, those countries and regions around the world where this sort of technology is being applied to create electronic health records and, at a more local level, electronic patient records, will attest to the beneficial effects on quality, timeliness and cost efficiencies that have been generated.

This policy matter will not go away and the sooner it can be addressed then the sooner the resulting benefits will flow to the Australian community. **HA**

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