

nehta

National E-Health Transition Authority
www.nehta.gov.au



Presentation to NSW GP Divisions

AUGUST 2011

Agenda



- Update on eHealth Sites
- Update on Vendor Panel & ESVN
- Update on PCEHR

Program Overview

In the 2010-11 Budget, the Commonwealth announced funding of \$466.7million over 2 years to establish the National components of a secure national system for Personally Controlled Electronic Health Records (PCEHR)



eHealth Sites - Objectives



The eHealth Sites are designed to;

- Deploy & Test national eHealth infrastructure and standards in real world health care settings
- Demonstrate tangible outcomes & benefits from funded eHealth projects
- Build Stakeholder support & momentum behind the national PCEHR system work program
- Provide a meaningful foundation for further enhancement & rollout of the national PCEHR system

eHealth Sites – Wave 1



- Hunter Urban Division of General Practice (GP Access)
- GP Partners Limited
- Melbourne East General Practice Network

eHealth Sites – Wave 2



- Brisbane South Division
- Mater Brisbane
- St Vincent's & Mater Health Sydney
- Calvary Healthcare ACT
- Cradle Coast
- Greater Western Sydney
- FRED IT Group
- Medibank Private
- NT Department of Health & Families

Wave 2 Project – St Vincents & Mater (Sydney)



- The project will improve clinical communication across the project's footprint through the delivery of key PCEHR components including GP health summaries, GP referrals and interoperability between two major Australian shared electronic health record solutions, Smart Health Solutions and Precedence Healthcare.
- This provides a strong focus to the engagement of public and private specialist providers and will deliver closed loop referrals.

Wave 2 Project – Greater Western Sydney



- This eHealth Site will:
 - Implement key building blocks for state-wide eHealth infrastructure that will allow NSW Health to connect to the PCEHR system when it becomes available.
 - Focus will be on priority consumer groups in the Greater Western Sydney region. a highly diverse, multicultural population where approximately 30% of residents speak a language other than English at home.
 - Include four GP Divisions (WentWest, Nepean, Blue Mountains and Hawkesbury-Hills) with a population reach of 1,750,000. It will also cover inpatient and outpatient community and emergency services.
 - Provide a solution that is able to quickly expand to encompass a significant geographic area and ultimately the whole of NSW.
 - Deliver an electronic version of the 'My First Health Record' which will provide the basis for a lifetime patient controlled health record and promote the concept of healthcare as a partnership between the individual and their health providers.

eHealth Sites – general principles



- Target a broad no. of key groups
- Broad geographical coverage
- Include multiple Healthcare sectors
- Broad coverage of the vendor community
- Enable the testing and support broad consumer engagement and registration
- Implement a broad set of functions needed for a PCEHR
- Deliver early Benefits

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Vendor Panel update



NEHTA has established a vendor panel comprising 6 makers of GP and specialist desktop software:

- iSOFT
- Best Practice
- Zedmed
- Medtech
- Communicare
- Genie

Vendor Panel update (cont'd)



The products and specifications being incorporated into these software packages are as follows¹:

- Healthcare Identifiers
- Discharge Summary
- Specialist Letter
- Shared Health Summary
- eReferral
- Secure Messaging
- Clinical Terminology (SNOMED and AMT)

¹ Electronic Transfer of Prescriptions functionality is expected to be built in to some but not all software packages. Discussions have commenced with vendors to incorporate additional products and specifications into their software, but no details have yet been finalised.

Vendor Panel update (cont'd)

All six vendors have successfully completed conformance testing for the Healthcare Identifiers, Discharge Summary, and Specialist Letter functionality.

The vendors are in the early stages of rolling out this additional functionality as part of new releases of their software.



Vendor Panel update (cont'd)

Most vendors are expected to complete development and conformance testing for subsequent releases according to the following timetable:

Second release (Shared Health Summary, eReferral, and Secure Messaging) by November 30, 2011

Third release (SNOMED and AMT) by February 29, 2012



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The facts speak for themselves



- Australia's life expectancy is one of the highest in the world, second only to Japan
- In 1996, chronic disease accounted for 80 per cent of the burden of disease, measured in terms of loss of years and quality of life
- Over three million Australians, or nearly one in seven, suffer from chronic disease
- Health expenditure as a proportion of Australian GDP has more than doubled over the last four and a half decades from 3.8% to 9%

Impact on consumers



- It is estimated 5,000 Australians die each year due to adverse medical events.¹
- Up to one in six (18%) medical errors are due to inadequate patient information.²
- Nearly one in three (30%) unplanned hospital admissions in those over 75 years are associated with prescribing errors.³

- ¹ Australian Patient Safety Foundation, www.consultmagazine.net
- ² Australian Institute of Health and Welfare, *Australia's Health 2002*, 2002
- ³ Chan. M, 2001, Internal Medicine Journal, Adverse drug events as a cause of hospital admission in the elderly; 31: 199-205

Impact on clinicians



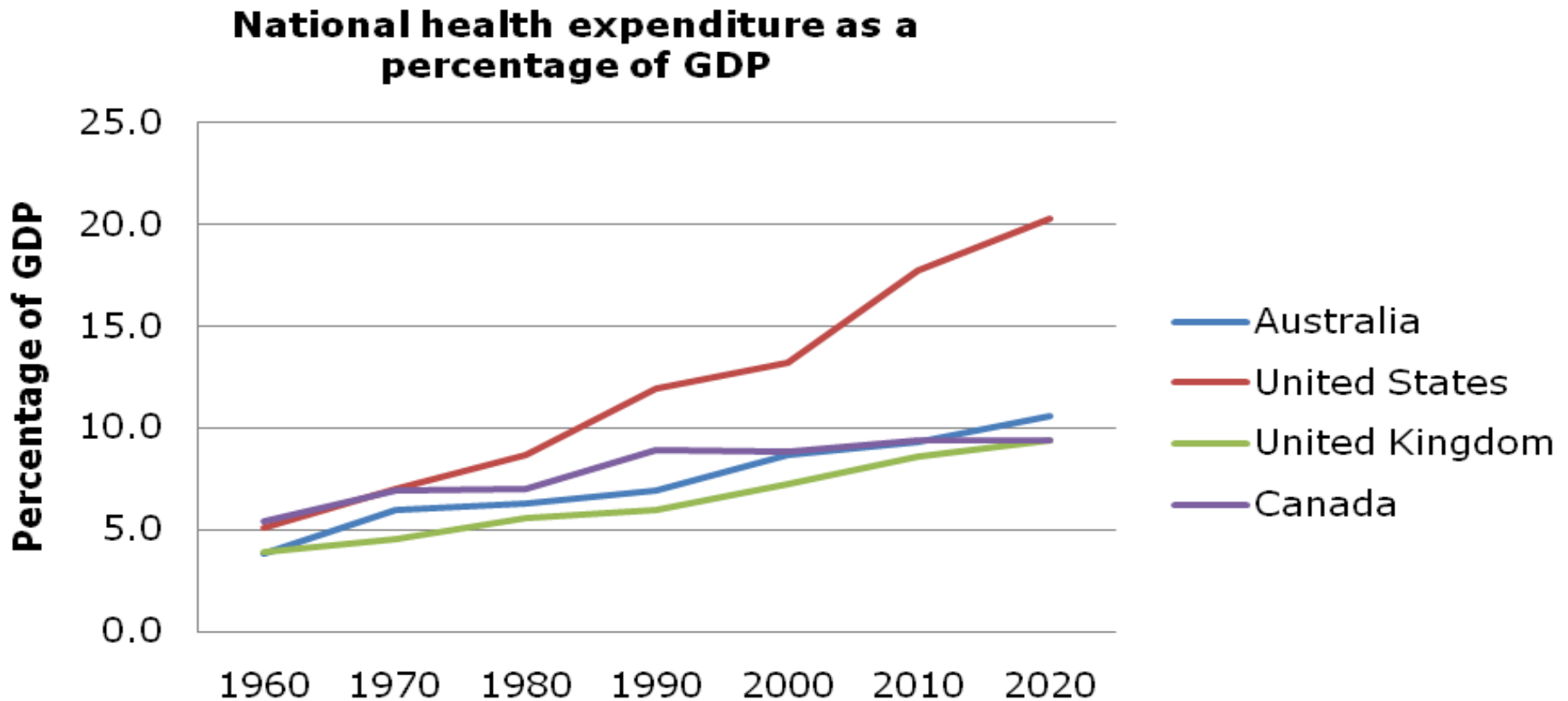
- Clinicians spend around a quarter of their time collecting information rather than treating patients.⁴
- ePrescription systems in Sweden, the US and Denmark increased health provider productivity per prescription by over 50%.⁵
- eReferrals in Europe reduced the average time spent on referrals by 97%.⁶

•4 For Your Information, Australia Audit Commission, Canberra, 1995

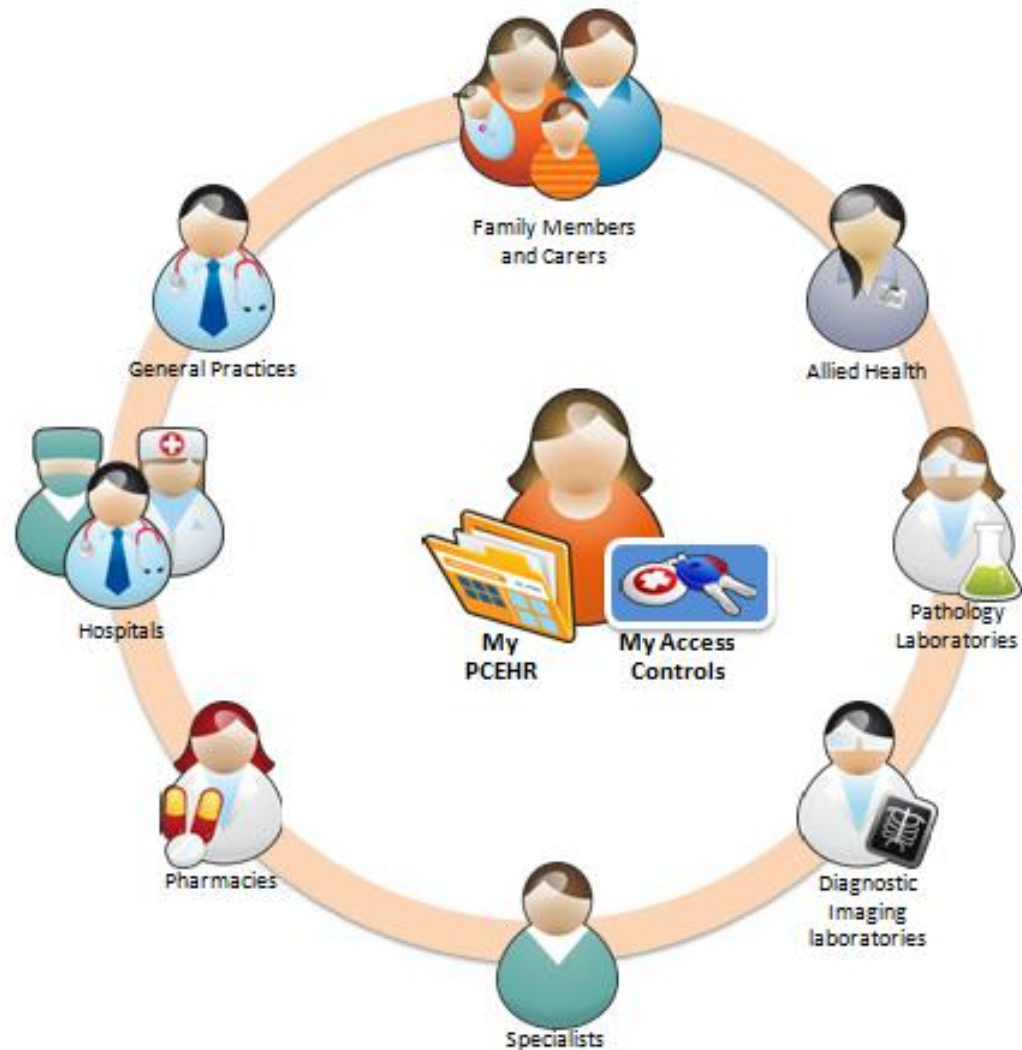
•5 Karl A Stroetmann KA, Jones T, Dobrev A, Stoetmann VN, 'An Evaluation of the Economic Impact of Ten European E-Health Applications', 2007

•6 Ibid

Impact on the economy



What is the PCEHR?



What is the PCEHR System?



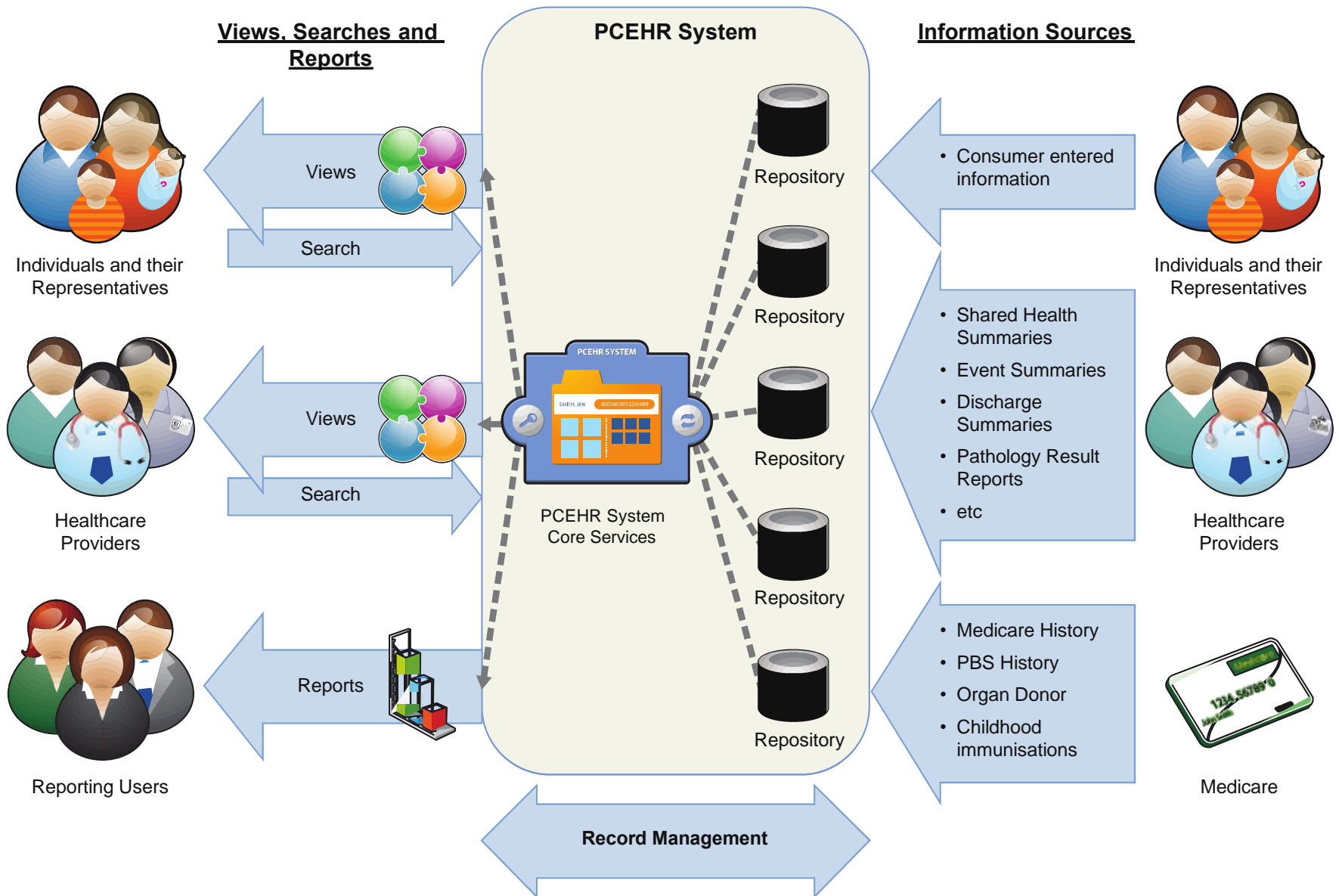
- The PCEHR System is a secure system which enables individuals to store and share clinical documents that are important to their ongoing care
- Participation is voluntary and individuals will have a range of controls over the record
- The PCEHR System will be underpinned by
 - Rigorous governance and oversight to maintain privacy;
 - National standards and core national infrastructure;
- The PCEHR systems complements (not replaces) existing records and clinical communications

What kind of information will the PCEHR System allow access to?



- Shared Health Summary
- Event Summaries
- Discharge Summaries
- Pathology Result Reports
- Diagnostic Imaging Reports
- Referrals
- Prescribing and Dispensing Records
- Medicare Information (Organ Donor, MBS, PBS and ACIR)
- Consumer Entered Information
- Advance Care Directive (Location)

How will it work?



PCEHR program partners

- Change and Adoption Partner
- Benefits Evaluation Partner
- National Infrastructure Partner



Where does the Network fit?



- AGPN is a member of the Change and Adoption partner consortium.
- eHealth Support Officers integrated into NEHTA activities.
- You have an important role to play in the delivery of the PCEHR change and adoption strategy.

Keeping up with the PCEHR program news

National E-Health Strategy

www.health.gov.au

Public domain resources

<http://www.youtube.com/user/DeptHealthAgeing>

Email alerts – send an update your details via:

ehhealthsystems@health.gov.au

General information

www.yourhealth.gov.au

NEHTA specific information

www.nehta.gov.au

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Implementations

Questions?



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