

Dr Steve Hambleton - NEHTA Chair

# eHealth update

Improving Healthcare International Convention  
18 November 2015



*“We’re committed to delivering a strong primary care system for all Australians and all of the feedback I’ve received from doctors and patients throughout my recent Medicare consultations is that a functioning national eHealth system is critical to achieving this.”*

The Hon Sussan Ley MP  
Minister for Health  
Media release 10 May 2015

- Primary Health Care Advisory Group
- Medicare Benefits Schedule Review Task force
- Reform of the Federation
- Private Health Insurance Review
- Mental Health review
- Quality and Safety Commission

**Where have we come from?  
Where are we now?  
A snapshot of the Northern Territory  
Where are we going??**



The National E-Health Transition Authority (NEHTA) is a corporate entity owned by the Australian Federal, State and Territory governments. NEHTA was established to identify and jointly develop the necessary foundations and services for a national eHealth capability.

- Identifiers
- Authentication
- Terminology
- Secure Messaging
- Clinical Documents
- Supply Chain

- A comprehensive commitment to eHealth could help Australia avoid an estimated 5,000 deaths, two million primary care and outpatient visits, 500,000 emergency department visits and 310,000 hospital admissions each year.
- 2 Million medication misadventures per year

- eHealth programs could cut healthcare spending by 3% annually, saving at least \$7.6 billion by 2020.

Optimising E-Health Value Report May 2010 Booze & Company



## Provider

- The biggest benefit of having an eHealth record is having access to accurate and up-to-date patient information.

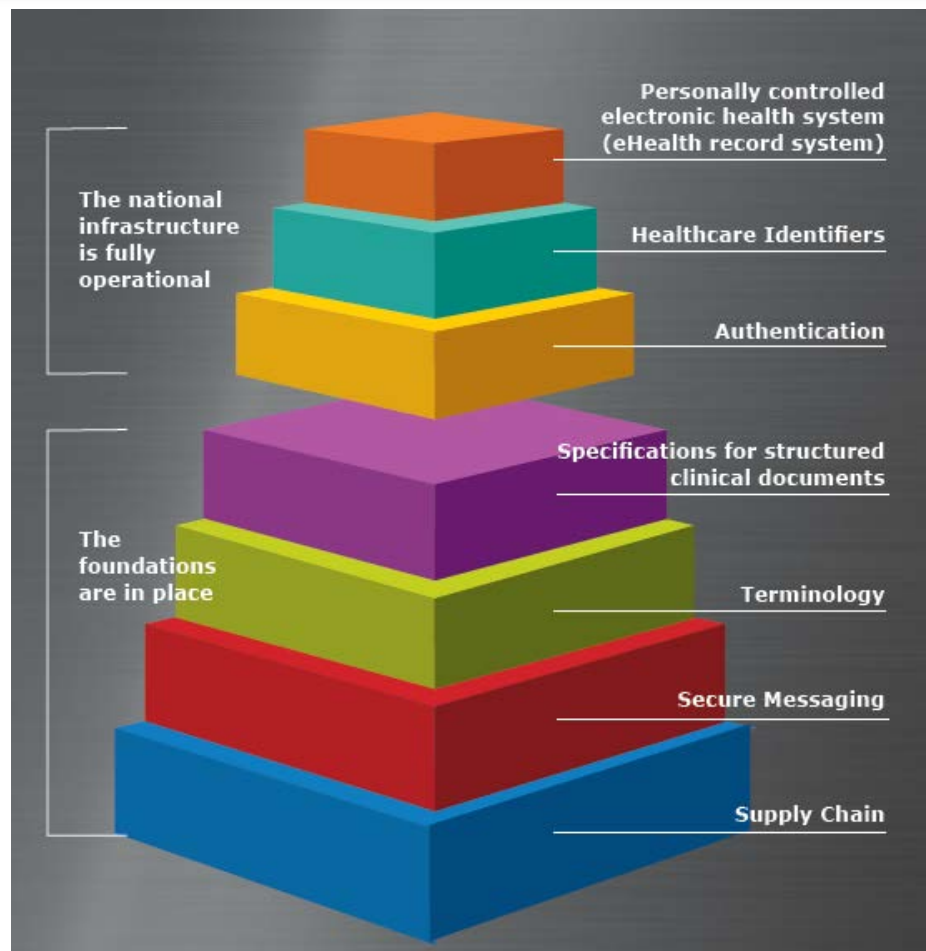
## Patient/consumer

- This allows patients to be more involved in their health, and healthcare providers to deliver safer, better quality healthcare – patient activation.





# What has been achieved?



## Overview

- The Personally Controlled Electronic Record has been in place for almost three years
- The PCEHR is currently an opt-in system
- The eHealth record allows doctors, hospitals and other healthcare providers to view and share the individual's health information
- The individual controls what information goes into the record and who is permitted to access that information

The system stores and provides access to an individuals healthcare information including:

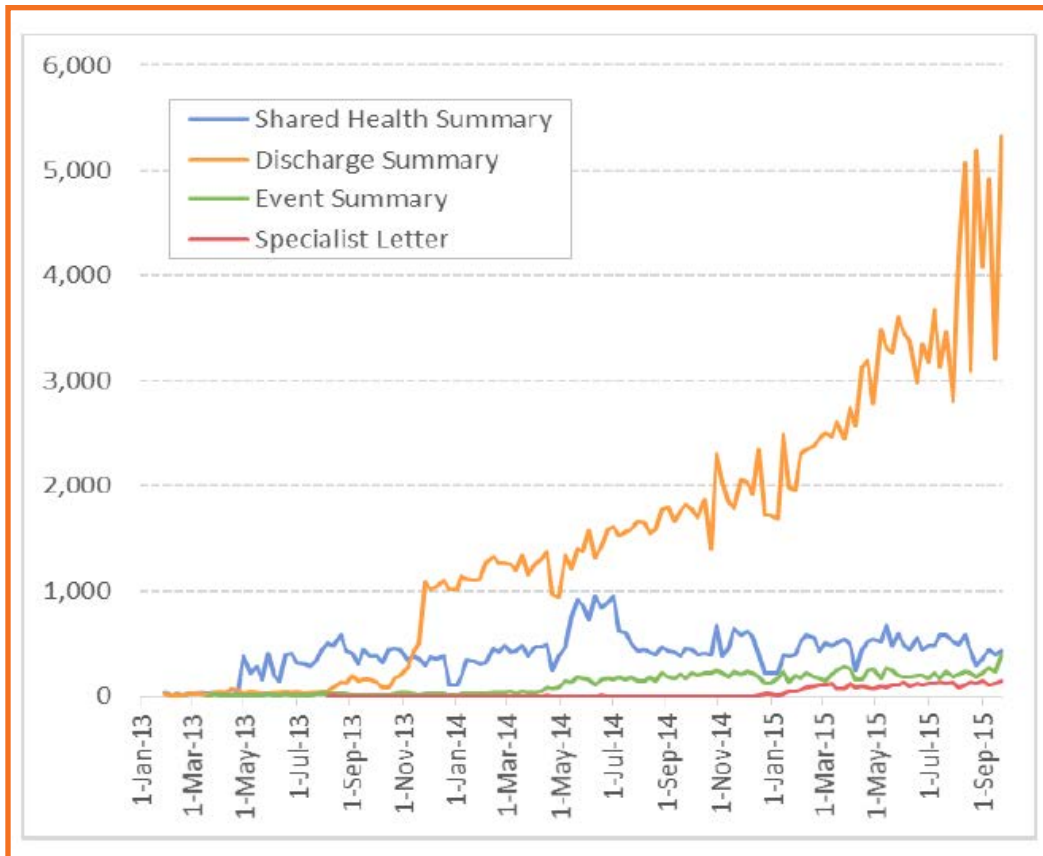
- Shared health summaries
- Specialist Letters
- Referrals
- Health event summaries
- Allergy, adverse reaction, emergency contact and advanced care custodian information (consumer entered)
- Hospital discharge reports
- Pathology and diagnostic imaging reports capability is available but not yet the ability to upload these documents
- Australian Childhood Immunisation and Australian Organ status
- Medicare and Pharmaceutical Benefits Scheme claim data
- Child development information (CeHR)
- Prescription and dispense information
- Identification information i.e. ADF identifier, Aboriginal and/or Torres Strait Islander background.

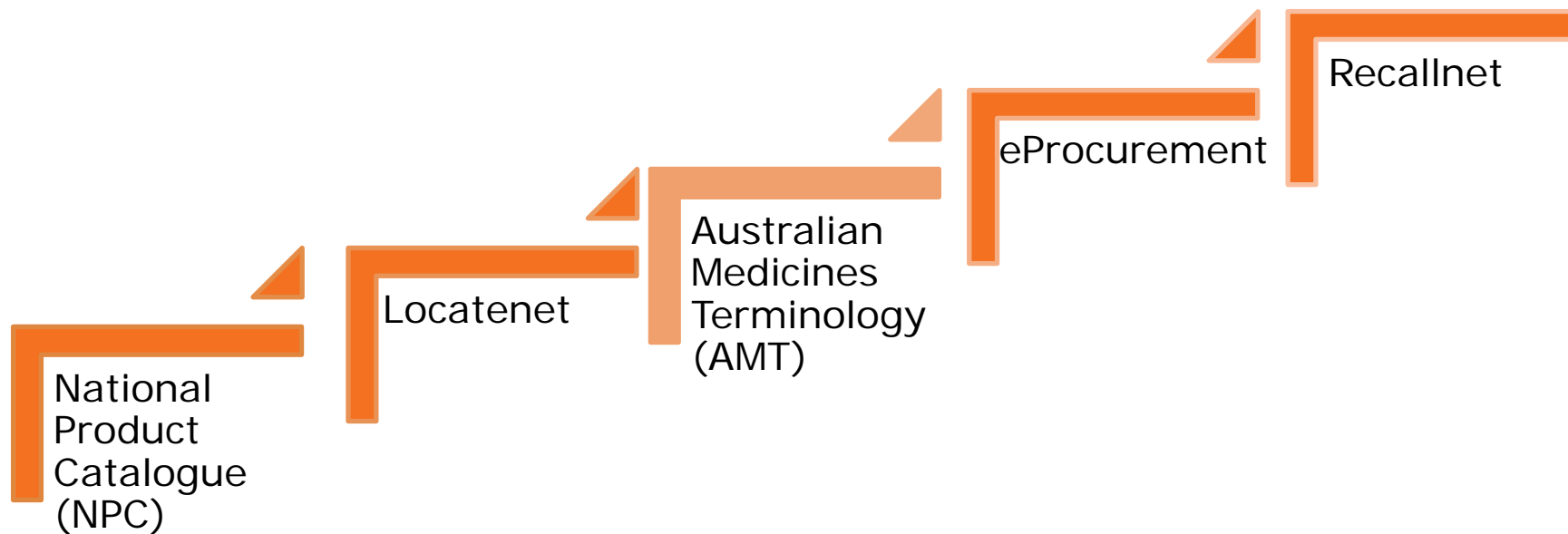
- **7,700+** Healthcare organisations are registered to access the PCEHR System and this is increasing at a rate of 20-30 per month
- Included in this number there are:
  - **5,182** General Practices
  - **452** Private Hospitals / **22** Private Hospital
  - **144** Aged Care Residential Services
  - **1,162** Retail Pharmacies
  - **1,286** registrations from other provider types including Dental Services, Optometry, Allied Health and Chiropractic Services.
- **10,796** individual clinicians have been linked to the PCEHR Provider Portal by their registered organisation.

**42 Software Products** have access to the PCEHR Production System enabling them to support healthcare providers by connecting their Clinical Information Systems to the PCEHR system.



## Documents uploaded per week, by document type





## *National Product Catalogue*

**374,047** Global Trade Item Number (GTINs)

*An increase of 45% in the past three years. Represents 1/3 of the Healthcare GTIN's within GDSN globally.*

**478** organisations connected

*450 Data Publishers (representing over 90% of the top 100 suppliers), 29 Data Recipients*

## *Locatenet*

**6,725** GLNs (Global Location Numbers)

*An increase of 89% in the past twelve months*

**219** Subscribers Publishing

Note: Figures above correct as at 6 October 2015

## *Recallnet*

**144** entities subscribed

**97** recalls/alerts this FY

*taking notification time from weeks to minutes*



## NPC + Locatenet + Terminology = Better Tracking and Recall

1. Enterprise Resource Systems + Electronic Medical Records provide the capability
2. Use SNOMED CT and AMT for the clinical recording or medicine, medication history, adverse events, procedures etc
3. Use the GTIN to identify the actual Product (serialised/batch expiry)
4. Scan the GTIN to verify and record dispense/administration/implant in the EMR
5. Use the GLN to identify its location in the healthcare facility
6. eProcurement used to put product on shelf
7. Recallnet used to pull product off shelf





# National Spleen Registry



# Whole of Life Immunisation Registry

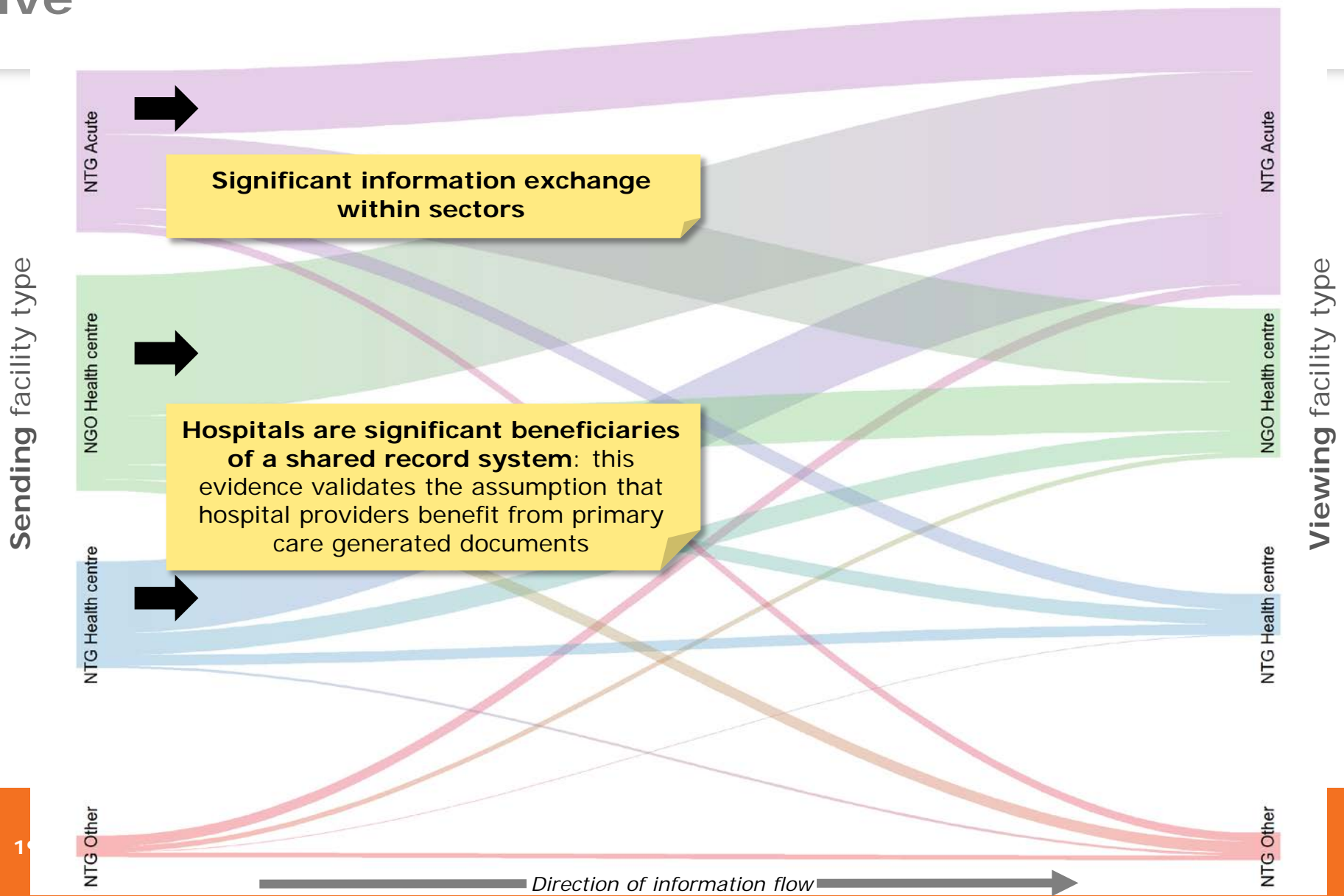


The eHealth record system is supported by a legislative framework:

- *Healthcare Identifiers Act 2010.*
- *Healthcare Identifiers Regulations 2010.*
- *Personally Controlled Electronic Health Records Act 2012.*
- *Personally Controlled Electronic Health Records Regulation 2012.*
- *Personally Controlled Electronic Health Records Rules 2012.*

The penalty under the legislation for deliberate unauthorised collection, use and disclosure of information in an eHealth record is currently up to \$21,600 for an individual or up to \$108,000 for a body corporate.

# Flow of information across and within sectors for MyEHR data – over a million transactions since 'go live'





# Evaluation provides strong evidence of benefits attributable to the MyEHR



*"I've been obsessive with MyeHR since it first came in because of everything I can see. It saves you so much trouble, so much time." GP*

*"Without the MyeHR you couldn't have made the same decision"  
Registered Nurse & Midwife*



The PCEHR Review Panel made 38 recommendations of which 3 were key:

1

Rename the PCEHR

2

Transition to an opt-out model for consumers

3

Co-locate all eHealth operational activities and refocuss starting at the governance level.



\$485.1 million funding over four years for eHealth

My Health Record System from 1 July 2016 to continue and be improved

Trials of opt-out model for consumers

NEHTA to be replaced with the Australian Digital Health Agency from July 2016 with new governance.

# My Health Record

## Continued and improved operations

### - Key Activities

- Redevelop and operate the PCEHR
- Operate and maintain eHealth foundations
- Rename the PCEHR to My Health Record
- Improve usability
- Increase clinical content
- Targeted GP education and training
- Revised GP Incentives for use of the system
- Legislation to support the new system
- Mobility

# My Health Record

## New eHealth Governance arrangements

- Australian Digital Health Agency
  - one accountable organisation
  - one governance process for all eHealth activities
  - Reflect the key stakeholders/beneficiaries
- Implementation Taskforce to manage the transition to new governance arrangements



## Trials of Participation Arrangements

- Opt-out trials
- Opt-in trials of other approaches
- Trials supported by:
  - localised information campaigns
  - training for general practices, pharmacies and aged care services
  - revised GP incentives
- Outcomes will inform decisions about future strategies for increasing participation in the My Health Record system
- Independent evaluator



*“The great digital health revolution lies literally in the palms of consumers...”*

*What if you, as a consumer, were able to take your personal Medicare and Pharmaceutical Benefit Scheme data to a health care service; to an app developer; to a dietician; to a retailer and say how can you deliver the best health services for my individual needs?”*

The Hon Sussan Ley MP  
Minister for Health  
National Press Club address 21 October 2015

- Improved quality of the information
- Enables quality improvement
- Decision support
- Information equalisation
- Tailored education
- Tailored health coaching/prompting
- Tailored lifestyle education

# My Health Record



Australian Government  
Department of Health

