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
Health reform momentum

• 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??
About NEHTA

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
Patient Benefits

• 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
Benefits

- 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
The benefits of an eHealth record today

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?

- The national infrastructure is fully operational
- Healthcare Identifiers
- Authentication
- Specifications for structured clinical documents
- Terminology
- Secure Messaging
- Supply Chain
- Personally controlled electronic health system (eHealth record system)
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
Clinical Documentation

The system stores and provides access to an individual's 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.
Clinical documents in PCEHR

Documents uploaded per week, by document type

- Shared Health Summary
- Discharge Summary
- Event Summary
- Specialist Letter
A national supply chain framework

- National Product Catalogue (NPC)
- Locatenet
- Australian Medicines Terminology (AMT)
- eProcurement
- Recallnet
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

Recallnet

144 entities subscribed
97 recalls/alerts this FY
taking notification time from weeks to minutes

Note: Figures above correct as at 6 October 2015
Whole of lifecycle Traceability

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:

- 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’

Significant information exchange within sectors

Hospitals are significant beneficiaries of a shared record system: this evidence validates the assumption that hospital providers benefit from primary care generated documents
Evaluation provides strong evidence of benefits attributable to the MyEHR

- Increases access to health information
- Reduces time spent sourcing information
- Supports clinical decision making
- Increases provider & consumer confidence
- Improves continuity of care
- Increases capacity to deliver population-based primary health care

"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 refocus starting at the governance level.
Commonwealth Budget Announcement

$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
My Health Record
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
Benefits of information sharing

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