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Dear Sir,

Re: Submission to the Review of NEHTA

Thank you for the opportunity to provide input into the review of NEHTA.

The attached submission by ACHI reflects the views of its membership and its discussion about NEHTA and NEHTA's activities in the past 2 years.

We believe that a NEHTA is essential to the successful development and management of a national implementation plan for a EHR system and eHealth in Australia. With some constructive changes to the current NEHTA, and appropriate support from the Commonwealth and jurisdictions, we should get back on track.

Sincerely,

Professor Siaw-Teng Liaw
President, Australian College of Health Informatics

Review of the National Electronic Health Transition Authority (NEHTA)

Submission by

The Australian College of Health Informatics (ACHI)

Prepared by

Professor Siaw-Teng Liaw
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The Australian College of Health Informatics (ACHI)

Formed in 2001, ACHI aims to enhance the national professional standards and capacity in health informatics as applied to research, education and training, policy and system implementation. ACHI has adopted the International Medical Informatics Association (IMIA) guidelines on health informatics education standards. It has developed position papers on various aspects of eHealth.

ACHI Fellows and Members are drawn from industry, health services, universities, professions and governments. They play a vital role in shaping Australia's health informatics policies by providing high-level expert advice to government and employer groups. They are change agents in the health system, encouraging the appropriate use of health informatics concepts and technologies.

ACHI is dedicated to building a community of practice in health informatics, providing national leadership in professional standards and program accreditation, fostering and developing members' skills and knowledge.

The ACHI discussion list and website are tools to support this community of practice. The ACHI Annual General Meetings are usually held with the Health Informatics Conferences organised by the Health Informatics Society of Australia (HISA). Membership of ACHI includes membership of the Health Informatics Society of Australia (HISA).

Further details about ACHI, its vision, membership and activities can be found at: www.achi.org.au.

Background of Submission

Terms of reference of the review

The <u>independent</u> review of NEHTA is a requirement of the constitution of NEHTA (S41 Review), which states that "The Meeting of Directors will facilitate an independent review of the Company in the first Month of the third year from the time of this Constitution being adopted to assess whether it has met its objectives and should continue in operation."

The findings of the review will be provided to the Directors of NEHTA in the first instance. A General Meeting of Members will be called within two months of the review being completed, to consider and vote on the future of NEHTA."

<u>The objectives</u> of the Company (NEHTA) are <u>any or all</u> of the following:

3.1 To provide the critical standards and provide and manage the development of infrastructure, software and systems required to support connectivity and interoperability of electronic health information systems across Australia;

3.2 To research, develop and implement national health information projects including (but not limited to):

3.3 Any additional object which 100% of Members determine should be included in this Constitution at a General Meeting."

The review questions

<u>The review questions</u> as proposed by the independent reviewer, Boston Consulting Group (BCG) are:

1. What is NEHTA's effectiveness in meeting its objectives during the two years since its inception?
2. What are possible roles for NEHTA or a similar entity in the context of future eHealth reforms?

It is important to emphasise that NEHTA has been set up to do a complex task in a complex area. This midterm (3 year) review must recognise that it is only mid-term and that there are apparent successes as well as apparent failures.

The ACHI Submission

This submission by ACHI is not directed at any individuals. It takes a systems approach to represent the views of a dispassionate professional body with a focus on professional standards in build a high quality health informatics workforce to promote the quality and safety of health care through the use of the information and communication technologies.

ACHI sought the input from its membership for this submission. It also participated in the survey conducted by the Health Informatics Society of Australia (HISA). According to the HISA survey, health informaticians believe that what NEHTA is doing is very important but that it is not doing it well in most areas.

The ACHI submission, presented as answers to the specific questions raised by the reviewers, the Boston Consulting Group, follows:

1. NEHTA's effectiveness in meeting its objectives

Has NEHTA achieved what was intended for it?

There is not yet available a comprehensive set of critical standards which will assist the systematic "development of infrastructure, software and systems required to support connectivity and interoperability of electronic health information systems across Australia."

When we consider each of the objectives in S3.2 of the NEHTA constitution, the report card is not very impressive. Some progress is seen in the work on clinical data standards and terminologies. However, it is the continuation of work already started on SNOMED CT, which only became official in May 2007. The implementation program is neither explicit nor transparent, which precludes any informed comment on actual progress on the ground.

There are reports about software development on patient and provider identifiers (and directories?) as well as product / service standards and directories. However, lack of information sharing prevents informed comment as to whether the R&D is sound and consistent with parallel developments in national and international standards programs.

There are summary documents about current work on consent models governing collection and handling of electronic health information, including user authentication and access controls, but these are not new work or enhancements of existing work.

If it exists, the "knowledge centre, providing knowledge-sharing and expert advice to the public and private sectors on business case development and implementation requirements for health information systems so as to meet national standards and architectures" is not on the public consciousness.

Judging by recent press reports, the conversation "to encourage health information industry reform and to facilitate opportunities in driving technological reform in health information technology, so enabling consistent interoperability and implementation of national health information technology priorities" does not appear to be heading in a forward direction.

Was NEHTA tasked with the right objectives in the first instance?

The objectives were perhaps too broad and loose in the first place. When a NEHTA was recommended following the BCG report in 2004, our expectations was that all the R&D done to date by a range of agencies would be harnessed into a national implementation strategy and plan, along with a compelling business case. A role of a NEHTA would be to coordinate the development of this plan as a matter of urgency and get down to the business of implementing and monitoring the success of the implementation plan. An example is the reference terminology developments, which has been going on for years even before the GPCG Coding Jury tried to move things along! A NEHTA should be the body to implement the recommendations and monitor its uptake by the industry in the short/medium term and whether it made a difference to health outcomes in the longer term. In retrospect, the mistake seems to have been the lack of a common and consistent national vision of what a national connected and

interoperable EHR system is to look like in practice. There was no specific blueprint with very specific instructions as to what should be achieved as a connected and interoperable Australian (not just jurisdictional) EHR system. This lack of specificity meant an inability to budget properly and a lack of dedicated resources for a sustainable eHealth program.

The loose terminology adopted to describe the objective to "provide and manage the development of infrastructure, software and systems…" as well as to "research, develop and implement national health information projects…" has led to a confused relationship with existing standards and software developers. For instance, are the NEHTA and MSIA competitors or partners in a "**virtuous cycle**"[1]? The working relationship with Standards Australia is similarly unclear[2]. As a Heath Informatics professional standards body the ACHI, and its partner organisation HISA, are concerned with this lack of clarity. We see this as a huge risk factor that must be addressed if the national eHealth program is to have any legs.

NEHTA's goals, strategies and work plan, including any gaps or overlaps with the work of other bodies

The question commonly asked is: "Is NEHTA a creator of standards, selector of standards, software developer, manager of the interoperability infrastructure, software or systems?" In addition to the ambiguous and broad objectives in the absence of an explicit work plan, part of the confusion is the suboptimal and superficial consultation with relevant stakeholders in its projects and programs. ACHI is particularly concerned about the apparent lack of emphasis in robust and transparent discussions about the various projects being undertaken by NEHTA. Achieving optimal quality and utility of standards requires an open discursive process, call it academic if you like, such as that being used by standards organisations nationally and internationally. This open process also enables the stakeholders to know exactly what their roles and responsibilities are.

If we are serious about capacity building for eHealth, there are other gaps to address to harmonise eHealth with eResearch and eLearning. The National Collaborative Research Infrastructure Strategy[3] is one such example where interoperability is a buzzword. The same is true for the eLearning space[4].

Progress achieved in deliverables and outcomes, especially with regard to the development of standards and the establishment of core information infrastructure for eHealth.

It would be fair to say that there has been little substantial progress during NEHTA's tenure as a player in this standards and infrastructure domain. NEHTA has delivered a number of summary documents of existing work and re-badged plans for the future. These are general and basic documents not just to the Health Informatician but also to computer science students who have been asked to examine them for academic purposes.

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[1] Describes a partnership of government, industry and academia to optimise research and development (NHMRC Strategic Plan 2007)

[2] www.nehta.gov.au/index.php?option=com_content&task=view&id=178&Itemid=144

[3] http://www.ncris.dest.gov.au/

[4] http://www.mmv.vic.gov.au/eLearning

Some substantive work is being done with SNOMED CT and health identifiers. However, if development work is being done e.g. with health identifiers, then there should be open and robust discussion as to the rate and quality of the progress to meet the objectives. It might be that the development work has already been done or is being done elsewhere.

The Benefits Realisation work is important and, once robust and relevant to the Australian situation, should be used to justify specific pieces of work in the national implementation plan (assuming it exists) and the vision of a connected and interoperable EHR system.

NEHTA's structure and governance arrangements

In retrospect, appropriate governance is key to ensuring that a NEHTA has the focus, mandate and resources to implement, manage and monitor a national eHealth program into the future. This governance must reach into the highest levels of government (COAG/Cabinet), industry and stakeholder organisations to ensure that there is a mandate to ensure compliance to interoperability standards as well as adequate resources to implement and monitor the safety and quality of the implementation and evaluate the logic and objectives of the eHealth program in terms of process, impact and health outcomes.

The current governance structure in jurisdictional to the extent that the state-commonwealth divide in terms of primary and secondary care is not being addressed, which is paradoxical as the interoperable EHR must bridge the levels of care as well as the spatial and temporal continuum of care. This is particularly important for rural Australia. While there is a case for some representation from commonwealth and jurisdictions, there should also be independent representation on the Board reflecting health informatics, clinical practice and ethical, legal and social dimensions.

As the Benefits Realisation studies have indicated, clinical decision support applications sitting on the EHR is critical to the ongoing utility of the EHR. Therefore informed clinicians – health informaticians - should be central to the management, planning and governance of a NEHTA. This must be reflected in the composition of the Board, management and work force. It must also include formal connections to the eResearch and eLearning sectors to ensure that capacity building and evaluation/quality monitoring are integral to the national eHealth implementation program.

The role of the Australian Health Information Council (AHIC) also needs to be clarified and embedded as part of the governance and planning structure for a NEHTA and a national eHealth program. The composition of the AHIC should reflect the need to do this as well as ground the eHealth program on the end-users – the clinicians and their patients.

The consultation and communication process NEHTA has undertaken

A meeting between the CEO of NEHTA and the President of ACHI in 2005/6 established an understanding to share information between the two organisations. Some ACHI members also worked with NEHTA, but the formal sharing of information was limited. The CEO of NEHTA addressed the ACHI 2006 AGM. The President of ACHI participated in a NEHTA stakeholder summit. Apart from that,

there were no formal projects, e.g. on capacity building, or formal consultations e.g. on R&D and evaluation issues.

The vendors and standards organisation have expressed their views on the (lack of) engagement with NEHTA. The survey conducted by HISA as part of its submission on the review of NEHTA, also found strong views on the NEHTA communication strategy and leadership style. We agree that NEHTA has not translated its resources into an engaged user community.

Information on the level and mix of sources of funding is not available to ACHI for it to make an informed comment. The belief is that the resources are committed to mainly technical activities. No matter what the commitment is, ACHI has the capacity and capability to contribute to the robustness and relevance of the R&D.

2. Possible roles for NEHTA or a similar entity in the context of future eHealth reforms

It is clear that the role of a NEHTA is active implementation with monitoring to ensure that the implementation of the various standards is being done consistently and that any issues are addressed promptly. It should also ensure that the infrastructure and infostructure is stable and reliable, with increasing utility across all levels of care in Australia.

This implementation plan will draw on the best aspects of international eHealth programs from countries with similar health systems and cultures to Australia. It will require the sign-off of Commonwealth and jurisdictions as well as relevant stakeholders.

A more clinically relevant and appropriately governed NEHTA will work closely with the AHIC, which will be its conduit to the COAG and Cabinet, to develop, coordinate and manage the national implementation plan and refine it in an iterative fashion with a Steering Group of experts in the field, including the ACHI.

Professional standards, quality assurance and training and support are essential aspects of the national eHealth program. Research and development and an evaluation program are essential fundamentals. This is the remit of the ACHI and it stands ready to play an active role in this at all levels: governance, management, training and support, research and development.

The priority next steps in delivering eHealth objectives

The governance structure of NEHTA should be revamped to give it a clinical focus and a closer working relationship should be developed with AHIC as discussed.

The national implementation plan and budget should be developed with meaningful input from a range of stakeholders and signed off by commonwealth and jurisdictions. COAG and Cabinet should then approve the plan, KPIs and budget over the next 5 years, with a mid term review. *Funding has to come from government in the first*

instance as this is a public good health program, which primarily benefits government[5] not clinicians or other end-users.

The operational activities and communication strategy should also be developed with consumer and clinician input. This should aim to regularly report progress against the KPIs to all stakeholders. Meaningful and close working relationships should be developed with all stakeholders in the eHealth program.

A Task Group of relevant experts, including ACHI, to develop a capacity building and support program and curriculum for the workers and leaders of the Australian eHealth program. The TG should be of a fixed duration and have very specific terms of reference and deliverables.

A Task Group of relevant experts, including ACHI, to develop an embedded evaluation and monitoring program for the Australian EHR, standards and eHealth programs, measuring the impacts on processes and outcomes of health care. The TG should be of a fixed duration and have very specific terms of reference and deliverables.

The ongoing operation and maintenance of standards and infrastructure established to date should be a key responsibility of a NEHTA. It should engage experts and relevant organisations to achieve these KPIs.

Summary

ACHI believes that NEHTA has not achieved what it was tasked to do and is unlikely to do so if it continues as is. The reasons include the vagueness of what was prescribed in the constitution of NEHTA in the first place, the lack of a clinical or health focus, a poor communication and engagement strategy, a governance structure which emphasised the jurisdictions and hospital-based systems, a lack of emphasis on capacity building, a lack of quality monitoring and evaluation, and a lack of clear deliverables and key performance indicators (KPIs). The key factor is a lack of national direction, leading to a lack of a national vision for the EHR system, and therefore a lack of a national implementation plan, budget and support.

We believe that what NEHTA is supposed to be doing is very important but that NEHTA is not doing it well. Along with the HISA survey, we believe that this is a widespread and consistent view from informed stakeholders, whose support is essential to achieve the objectives tasked to NEHTA.

There needs to be a concerted shift to a program of systematic implementation and management of the change to the health system as the implementation gets underway. Capacity building and a safety and quality improvement culture is essential, with built-in data collection and monitoring processes and systems to provide the evidence of improvement to cost-efficiencies and health outcomes.

ACHI stands ready to contribute to the development, implementation and monitoring of this nationally agreed implementation plan for a national EHR system and eHealth program.

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[5] Walker, Pan, Johnston, Adler-Milstein et al. "The Value of Health Information Exchange and Interoperability", Health Affairs, January 2005, Bethesda, USA
http://content.healthaffairs.org/cgi/reprint/hlthaff.w5.10v1