

## **Report:**

### **NEHTA and ACSQH e-Health conference 20 March 2007**

*By*

*Professor Teng Liaw*

*President, Australian College of Health Informatics*

From the participant list, this was a clinician and consumer focused conference with representatives from a whole range of disciplines and professions. It was facilitated by Julie McCrossin who was quite consumer-centric and focused on achieving some results. She managed to get some discussion on how best to describe interoperability.

Ian Reinecke described NEHTA's workplan (see NEHTA website). He pointed out that eHealth was moving too slowly and emphasized a need for a national approach. He saw NEHTA (Australia) as a "fast follower" as opposed to an "early adopter". He suggested that there is a rising tide in eHealth, driven by the clinical process and the clinical and consumer communities, which will lift all boats in the process.

Christine Jorm described the ACSQH workplan (projects, education, open disclosure, accreditation) and the need to achieve KPIs within 4 years. She likened QI to the process of testing change; we all have 2 jobs – one to do our work and the other to improve it. She stressed the belief barriers to eHealth.

Julie McCrossin posed the question: Is the Privacy Law the problem?

Peter Sprivulis presented the benefits realization study into the (potential) benefits of national eHealth reform, using a systems dynamics approach and quality dimensions. The model appears to be well developed and potentially useful. However, the data underpinning the predictions appear to be US-centric and not based on Australian information systems or the Australian healthcare system. The other assumption that appears to be controversial is the web-based SEHR, which is still relatively untried and untested. My feeling is that this model will need the data from a few controlled implementations over the next few years to really test its validity.

Richard Eccles reported on the various Commonwealth activities with the PIP, BFH subsidies, NEHTA, supporting clinical practice and new ways of doing business e.g, the electronic signature. The Commonwealth's next steps are to support and promote the NEHTA work, ePrescribing, standards development and the shared EHR. He stressed that the Commonwealth's role is to build the national infrastructure and a supportive environment for eHealth. The role of the consumer is key and the health professional is encouraged to offer the patient access to the eHealth system. The industry is also encouraged to build standards-based eHealth systems. This presentation highlighted the theory-specification-implementation gap e.g. should the government build a standards-based reference implementation or should it prepare specifications and leave it to the industry a la the many versions of HL7.

Julie McCrossin facilitated a discussion on the relative merits of Google as a source of evidence and information. The optimum information source is a balance of breadth and depth of information. The other point to consider is what the pros and cons of a NEHTA-built SEHR or a Google-managed SEHR?

The Change Management Panel emphasized that Commonwealth funded incentives are important to the change management process, to encourage participation in eHealth initiatives. An example is the incentive to enter data into information systems. A health service reported that they have combined the library and health record department as a strategy to eliminate “silos”. A universal reporting system was mooted. The NSW HealthELink reported on its opt-out system (with a 30-days cooling off period) and that they are about to link 100 GPs. The NT HealthConnect project is still implementing the eDischarge summary. A long term view is important – for example, the current apparent success of the UK NHS has been the result of sustained efforts, some effective and some not, over the last 20 years.

The Consumers Health Forum did a skit to highlight that any health program, eHealth included, is all about communication. Not sure if it is aimed at the lack of open communication by NEHTA with their consumer and clinician stakeholders.

In the Next Steps Panel, I stressed (1) the implementation gap and the need for a well funded national implementation plan with support from the highest political levels; (2) the health component of the eHealth agenda – the need for well-trained and supported clinicians to implement the eHealth program; and (3) the need for built in evaluation to ensure that the eHealth programs actually improve health and health care.

In the “Reflection on the day”, the following points were highlighted:

- It is important to put technology in its place in health care
- The advantage of being a “fast follower”
- The need to apply best practice consistently
- CDSS is an important component of the eHealth agenda
- Change management is important
- The consumer is a key driver of eHealth adoption
- eHealth must enhance the consumers’ trust in their doctor
- Better information is essential
- We must discourage “work arounds”, even with regulation if indicated
- The health sector is very tribal

In summary, while the conference did not discuss anything new, it was an important effort to engage the consumer and clinical stakeholder groups. The most important outcome will be how some of the relevant issues raised will be followed up by the NEHTA and ACSQH specifically and the participants’ organisations generally.

Teng Liaw