



ABORIGINAL HEALTH SERVICE

(Tasmanian Aboriginal Centre Inc)

ABN 48 212 321 102

HEAD OFFICE:

56 PATRICK STREET,
G.P.O. BOX 569,
HOBART TAS. 7001
Phone: (03) 6234 0777
Fax: (03) 6234 0770
Email: ahs@tacinc.com.au

182 CHARLES STREET,
P.O. BOX 531,
LAUNCESTON TAS. 7250
Phone: (03) 6332 3888
Fax: (03) 6332 3880
Email: ahsln@tacinc.com.au

53 ALEXANDER STREET,
PO. BOX 536,
BURNIE TAS. 7320
Phone (03) 6431 3289
Fax: (03) 6431 8363
Email: burnie@tacinc.com.au

Australian Digital Health Agency
yoursay@digitalhealth.gov.au

Thank you for the opportunity to provide input into National Digital Health Strategy. The Tasmanian Aboriginal Centre Inc. (TAC) values the importance of digital health in helping to improve health outcomes for Tasmanian Aborigines.

In this short submission we have summarised the issues that currently affect the uptake and use of digital health technology at the Aboriginal Health Service in Tasmania.

Issues with electronic discharge summaries

The TAC is unable to receive electronic documentation, including discharge summaries and notifications of hospital events, from any of the hospitals in Tasmania. These are sent by the hospitals electronically in multiple formats. Our clinical information system can receive and display some of the formats and not others. For example, our system is unable to display documents formatted in html. The sending of these electronic documents is 'all or none,' regardless of format, so we continue to receive all correspondence via facsimile.

Future rollout of electronic messaging in both public and private hospitals must meet the specifications for Secure Message Delivery (SMD) and documents must meet Clinical Document Architecture (CDA) standards. Otherwise there is the danger of past practices occurring, with messages being formatted to display in those clinical information systems with the greatest market share, while ignoring the others.

Issues with pathology data

It has been a Commonwealth funding requirement for the TAC to report on specific pathology results for 10 years, and over the years the list of these results has increased. However, there appears to be no requirement for pathology labs to use the necessary coding, Logical Observation Identifiers Names and Codes (LOINC), to facilitate this process. We must perform manual data entry for all the relevant pathology results we receive results without LOINCs attached to be able to report on them. This is also the case to allow results to populate other areas of the patient clinical record such as summaries, charts and care plans. There needs to be Commonwealth support for public hospital laboratories to implement LOINC.

Issues with use of the My Health Record

The My Health Record system is not currently in use at the TAC but we recognise the potential benefits particularly for our more complex clients. We will start to use it once it is more useful, with more information available such as discharge summaries, pathology results and radiology results.

Some of the barriers to use include:

- Practitioner concerns about medicolegal issues, particularly keeping health summaries up-to-date and the ability for patients to block access to clinical documents
- Workload issues, both on the policy side and clinically

Future priorities for digital health

- The ability to communicate with other general practice surgeries, especially the ability to receive transfer of entire medical records electronically into our clinical information system. Records from a previous GP should seamlessly integrate with current records so that previous investigations and specialist letters can be accessed. This would result in a more comprehensive understanding of the patient's history and less duplication of referrals and investigations.
- The ability to send electronic communications to hospitals and private health providers, for example electronic referral and electronic investigation requests
- Increased access to telehealth services through the availability of MBS items for GP consultations and appropriate incentives for bulk billed consultations with specialists.
- Assuring confidentiality of medical records and referral information
- Making sure that clients who are not "digitally literate" are not disadvantaged

The Department may publically release the submitter's details.

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Thank you for considering these issues.

Yours sincerely,



Dr Diane Hopper
Medical Director
Aboriginal Health Service
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