ALLIED HEALTH PROFESSIONS AUSTRALIA

Response to the consultation on a National Digital Health Strategy for Australia
ABOUT AHPA

Allied Health Professions Australia (AHPA) is the recognised national peak body representing the role of allied health professions in Australia. AHPA advocates for the role of allied health professionals in Australia’s health system with the goal of improving health outcomes for Australian consumers through the increased utilisation of allied health services.

AHPA’s membership includes 22 national organisations, which together represent over 95,000 of the 175,000 allied health practitioners working in both the private and public health sectors throughout Australia. AHPA’s membership represents the following professions: Art Therapists; Audiologists, Chiropractors, Dietitians, Exercise Physiologists, Genetic Counsellors, Music Therapists, Nuclear Medicine Technologists, Occupational Therapists, Optometrists, Orthoptists, Orthotist/Prosthetists, Osteopaths, Pharmacists, Physiotherapists, Podiatrists, Perfusionists, Psychologists, Radiation Therapists, Radiographers, Rehabilitation Counsellors, Social Workers, Sonographers and Speech Pathologists. AHPA is also formally allied with a number of national health associations representing: Audiometrists, Diabetes Educators, Diversional Therapists, Hand Therapists, Myotherapists, Pedorthists and Practice Managers.

Contact information

Lin Oke, Executive Officer
Phone: +61 3 8662 6620
Fax: +61 3 9663 6177
Email: office@ahpa.com.au
Postal Address: PO Box 38, Flinders Lane VIC 8009
Website: www.ahpa.com.au
Survey questions

1. What aspects of healthcare currently work well from your perspective? (max. 300 words)
2. What aspects of healthcare need improvement? (max. 300 words)
3. For the aspects of healthcare that you consider need improvement, what do you think are the barriers to improving performance in this area? (max. 300 words)
4. One of the Australian Government’s key aims is to empower people to be in control of their own care. What does ‘being in control of your healthcare’ mean to you? (max. 300 words)
5. How would you like to see digital technologies change peoples’ experiences of managing their health, and the way they interact with the healthcare system? (max. 300 words)
6. What are your organisation’s priorities in respect to digital health or eHealth? (max. 300 words)
7. How could data and technology be better used to improve health and wellbeing? (max. 300 words)
8. With respect to healthcare innovation, how would you describe the existing working relationship between the research and scientific community and the technology sector? (max. 300 words)
9. What are the barriers or obstacles to innovation in health and care? (max. 300 words)
10. What opportunities would you prioritise in respect to innovation in health and care? (max. 300 words)
11. What support do entrepreneurs need to enable greater innovation in healthcare? (max. 300 words).
12. What should be the immediate priority initiative for the My Health Record to ensure it delivers real value for clinicians and the public? (max. 300 words).

*Questions marked red have not been addressed.
 Allied Health Professions Australia (AHPA) welcomes the opportunity to provide feedback on behalf of the broader allied health community in support of the development of a National Digital Health Strategy that meets the needs of all Australian health consumers and addresses the diverse needs and nature of our health system. In responding to this survey we acknowledge the Australian Digital Health Agency (ADHA) and the work it has undertaken to engage more closely with the allied health sector in order to support it in taking up digital health technology.

The AHPA response to the consultation on the National Digital Health Strategy is based around the survey questions developed by the Agency. AHPA has responded in detail to only those questions where we believe we can make a meaningful contribution. These have been noted on the previous page.

1. What aspects of healthcare currently work well from your perspective?

Allied Health Professions Australia (AHPA) recognises the successful work undertaken by a range of Australian governments to build a robust and high performing healthcare system that provides a majority of Australians with access to high quality health care and has resulted in a high standard of health across most communities.

The Australian government’s investments into digital health initiatives have resulted in a strong foundation on which to build a more responsive, agile health system and one which will overcome many existing barriers to effective and efficient health services in the States and Territories of Australia. While there is still a need for further development, current systems such as My Health Record are already enabling health information to be shared more effectively and completely than before as well as providing the means to reduce mistakes and duplication.

2. What aspects of healthcare need improvement?

There is a strong need to improve communication and access to health information among healthcare professionals. AHPA’s work with healthcare professionals and the allied health community has shown that there is a high degree of variability in the patient health information available to treating allied health practitioners reducing the ability of the healthcare professionals involved in supporting consumers to work with maximum efficacy. Almost half of allied health practitioners surveyed as part of work undertaken by AHPA during the My Health Record participation trials and focusing on care for consumers that had been recently discharged from hospitals reported no access to discharge summaries for those consumers. Practitioners also reported highly variable access to important health information in the referrals they received from other practitioners.

3. For the aspects of healthcare that you consider need improvement, what do you think are the barriers to improving performance in this area?

AHPA notes that the health sector remains focused on a traditional, medical-focused approach in which public funding is focused on existing players in both technology and healthcare delivery. This approach carries the risk of distorting the market by increasing the opportunities for legacy providers and increasing the barrier to entry for new providers. A key example of this is the funding that was made available to the developers of general practice software, allowing them to implement My Health Record functionality. Similar funding has not been made available to those software vendors with the largest market share in the allied health sector resulting in a market advantage for those software vendors and
practices using the systems that were funded to build in My Health Record functionality. A similar outcome results from the public funding of medical interventions where alternative, evidence-based allied health interventions are not funded resulting in situations where more expensive and less effective treatments are funded by the public purse while proven interventions can only be accessed if privately funded.1,2

AHPA believes public funding must become more flexible and able to be directed to whichever part of the health sector is best able to deliver cost effective, proven interventions. Decisions about public funding must also be made by committees and advisory groups that more effectively represent the broader health system and those health professions able to provide non-medical interventions rather than just by those with experience rooted in the medical sector.

A further barrier is the availability of public funding to support investment into digital health infrastructure by the broader health sector. Despite the crucial role of general practice in primary care, it is only by ensuring that the entire primary care sector has access to the right digital health technology that the benefits of systems such as My Health Record will be realised. The digital practice incentive program used to support digitisation in general practice has achieved significant outcomes with the majority of general practices now able to fully access and utilise secure messaging, electronic transfer of prescription and the My Health Record systems. The effectiveness of this approach should inform investment into supporting digitisation in the allied health sector.

5. How would you like to see digital technologies change peoples’ experiences of managing their health, and the way they interact with the healthcare system?

There is an increasing recognition in the health community that patient-centred approaches and a greater focus on self-management will be required to deal with the growing burden of chronic and complex conditions. Digital health technologies have significant potential to support these by facilitating more active interaction between consumers and health professionals.

Recent developments in consumer technology have dramatically increased the number of Australian health consumers now using digital technology to engage with their own health and activity levels whether through fitness apps and health tracking devices or by utilising online information to educate themselves about their health condition. The use of health and fitness apps provides significant potential for digital health technology to bridge the gap between consumers and health professionals, providing consumers with up-to-date information about what they can do to maintain and improving their own health and providing health professionals with a more complete understanding of the lifestyle and activity levels of their patients. This approach fits in well with the approach taken by many allied health professionals who focus on long-term strategies to help patients do exercises or make changes to their lifestyles to help address their health issues.

The My Health Record system has significant unrealised potential for informed, engaged consumers to utilise their records as part of a more patient-centred, self-management approach, with specific functionality designed to allow consumers to access and contribute information for themselves or for their children. By providing education to consumers and consumer groups about how the My Health Record system can be an important tool in encouraging consumers to be actively involved in

2 Exercise and strength training for knee osteoarthritis are highly cost-effective interventions of (< $5000/QALY). This compares with interventions that have been shown to be ineffective (for example, arthroscopy). Segal, l. 2004. Can we reduce disease burden from osteoarthritis? An evidence-based priority-setting model. MJA 204; 180: S11-S17.
maintaining their own health. Active use by consumers will also ensure practitioners have a greater incentive to make use of My Health Record.

Access continues to be a key issue for many people, particularly in rural and remote environments. This is an issue that could be addressed by building on the use of digital health technology such as video consulting and remote monitoring. These technologies largely already exist, but the lack of quality connections, as had been planned with NBN throughout Australia remains a major problem for many rural and remote health consumers and practitioners. Another key barrier to greater use typically revolves around funding for allied health practitioners use of telehealth technologies in their service delivery rather than access to the necessary digital infrastructure.

6. What are your organisation’s priorities in respect to digital health or eHealth?

AHPA’s key priority with respect to digital health is supporting the allied health community to be able to participate in digital health initiatives. AHPA recognises the significant impact that digital health technology can have on supporting allied health practitioners and improving health outcomes for consumers. AHPA also recognises the increased pressure on allied health practices to be digital health enabled, whether from general practices and hospitals wishing to communicate electronically or from the need to be digitised to tender for PHN-funded health programs. AHPA’s support focuses on both advocacy work and practical engagement with the allied health community to provide information and guidance.

A crucial factor required to support greater allied health involvement in digital health is increasing the accessibility of digital health infrastructure for allied health practices, in particular the availability of digital tools designed for allied health practitioners that link in with digital systems such as My Health Record and the major secure messaging platforms. Currently there are only limited options available to the allied health sector, largely because until now there has been no public investment into supporting the purchase of the hardware and software required to integrate digital health technology into allied health practices. Funding for software vendors has also typically focused on the general practice and acute sectors rather than on the systems more commonly used by allied health practitioners resulting in a lack of My Health Record conformant and secure messaging connected allied health software.

AHPA’s goal is to work with the Australian Digital Health Agency, the Department of Health, individual software vendors, the Medical Software Industry Association and AHPA’s individual allied health profession members to increase awareness of the barriers that limit allied health practices, to demonstrate the importance and benefits of increasing allied health involvement in digital health, and to encourage investment and development to ensure allied health practices have access to the digital health tools they require.

7. How could data and technology be better used to improve health and wellbeing?

AHPA believes that effective digital health systems can improve the ease of communicating and sharing health information between health professionals and are a crucial way to improve consumer health and wellbeing. Systems such as My Health Record, if fully accessible to all health professionals and for a majority of consumers, have the potential to reduce time spent chasing patient health information, streamline referral processes, reduce duplication of unnecessary tests, reduce complications and adverse effects related to medications, and improve the ability of practitioners to provide care that is based on a full understanding of the consumer’s health needs.

AHPA’s work with practitioners as part of the recent My Health Record participation trials showed that where allied health practitioners were able to access discharge and shared health summary documents for consumers, they were able to practice more effectively and spend more time with patients.
Conversely, those practitioners with no access to consumer health documents in a My Health Record frequently reported extremely limited access to overall health information for that consumer, often depending on the patient’s memory or follow-up calls to other practitioners.

Allied health practitioners in primary care consistently reported operating in an environment that is largely siloed from other health professionals with only limited communication or access to up-to-date information. One common example was seeing consumers that had received a referral some months earlier resulting in a referral that was out-of-date in terms of other care the consumer was receiving or recent health issues. Most communication between allied health practitioners and other health professionals continues to be letter- or fax-based resulting in referrals being lost or not transmitted as well as additional administrative work to manage paperwork. Digital health technology such as My Health Record and secure messaging provide ways for health professionals to have up-to-date, on demand access to important health information for consumers and to ensure that the information they are sending has been received and vice versa.

12. What should be the immediate priority initiative for the My Health Record to ensure it delivers real value for clinicians and the public?

The immediate priority for My Health Record must be to significantly increase the number of consumers with records. AHPA’s experience in engaging with practitioners in- and outside the participation trial regions has shown the frustration that practitioners experience in using a laborious lookup process (via the Provider Portal) only to find that a patient does not have a record. Some of the most applicable options for allied health practitioners identified through work in the participation trials included the opt-out approach or one where a majority of consumers from particular consumer cohorts such as those with chronic illnesses have records. This is necessary in order to ensure that practitioners can rely on a majority of health consumers accessing their services having individual health records which in turn increases the utility of the system and the benefit for the practitioner in attempting to access My Health Record.

Once consumer participation has been addressed, the most important priority should be to investigate and strengthen existing information pathways and to tie these in with My Health Record. AHPA’s work with practitioners showed that the system was most valuable for practitioners when it supported current work practices. Examples include assisting practitioners to access patient health histories or discharge documents. AHPA’s recent work with the Department of Health and practitioners in the My Health Record participation trial regions revealed a range of potential health settings with existing information pathways that were working inefficiently or only partially. As such there was significant scope to build on these with My Health Record. AHPA’s work also showed that the key obstacles to use of My Health Record in these settings were:

- Access to tools that fitted in with the work practices of practitioners and didn’t require significant time to be spent accessing the system.
- Allied health specific training and guidance showing how My Health Record could be used by practitioners to benefit their practice.
- Access to training and hands on support with the registration process.

Addressing these obstacles will be crucial to ensuring My Health Record is a viable proposition for allied health practitioners.