

Question 1	<p><u>How well the current healthcare system works</u></p> <p>What aspects of healthcare currently work well from your perspective?</p> <p><i>“Healthcare” means services provided to individuals or communities to promote, maintain, monitor, or restore health. Healthcare is not limited to medical care and includes self-care, your ability to access care and quality of care.</i></p>
<p>Overall, the Australian healthcare system is world-class, and in many aspects, world leading:</p> <ul style="list-style-type: none">- Health consumers are well served by an established network of general practice service provision as well as a world class hospital system- There is an easily accessible and responsive network of community pharmacies across the country supporting effective self-management for patients and their carers- Australian health professionals are highly educated and supported to maintain ongoing professional competency through undergraduate training, professional registration and continuing professional development requirements, as well as government subsidised practice improvement incentives.- Government subsidy for high quality, cost-effective products and services through the Pharmaceutical Benefits Scheme and the Medical Benefits Scheme ensures access to necessary care at a price that is affordable to individual consumers and to the broader community- Australia has an internationally recognised National Medicines Policy that explicitly supports quality use of medicines. Implementation of quality use of medicines and medical tests has been enabled by a government funded national program of activity through NPS MedicineWise, that continually and demonstrably improves quality use of medicines and medical tests in health care settings and the community.- A national approach to development of safety and quality standards in healthcare is enabled through the Australian Commission on Safety and Quality in Healthcare- Health care provision in primary care is supported by the widespread use of electronic clinical information systems in general practice and dispensing systems in community pharmacy, providing an infrastructure for effective recording and communication of information about health care for the benefit of patients and their carers.- Commitment to development and implementation of a national eHealth record system for health consumers is welcomed, as is the move towards implementation of integrated hospital systems to enable information exchange across the whole health care system for the benefit of all Australians.	

<p>Question 2</p>	<p><u>How well the current healthcare system works</u></p> <p>What aspects of healthcare need improvement?</p> <p><i>“Healthcare” means services provided to individuals or communities to promote, maintain, monitor, or restore health. Healthcare is not limited to medical care and includes self-care, your ability to access care and quality of care.</i></p>
<ul style="list-style-type: none"> - Care remains fragmented across different healthcare settings (e.g. acute, primary, and aged care sectors) and this creates ineffective communication, inefficiencies and increased risk of adverse events, inappropriate care and suboptimal health outcomes. - MyHealth Record must be able to incorporate information from primary, secondary and tertiary care health services, including medical, nursing, pharmacy and allied health services, as well as pathology and imaging results. - MyHealth Record needs to provide an up-to-date list of medicines for a consumer and include historical information about medicines including prescribed and dispensed medicines, as well as over the counter and complementary medicines, and verified information about allergies and adverse events which would preclude future use. - Patients should be able to nominate who has access to different types of information within their own MyHealth record. - Health Care Plans are an important component of health care and need to be supported by technology with automation around progress and when to update them (particularly team care and MHCPs) - Health literacy: consumers often do not have sufficient knowledge or access to information about how to manage their own care. It is therefore difficult for them to navigate the health system and access appropriate health care. Health literacy as a whole is low and needs improvement to ensure people are participating in their care and able to make informed decisions. - The health system needs to acknowledge and address barriers in accessing services due to lack of mobility, transport, language, financial barriers, remoteness and cultural sensitivity. These issues are particularly pressing for Aboriginal and Torres Strait Islander peoples and those from other socioeconomically deprived groups. - There is a lack of personalised healthcare and of consistent management of healthcare transactions, e.g. billing, claiming and booking. 	

<p>Question 3</p>	<p><u><i>How well the current healthcare system works</i></u></p> <p>For the aspects of healthcare that you consider need improvement, what do you think are the barriers to improving performance in this area?</p> <p><i>“Healthcare” means services provided to individuals or communities to promote, maintain, monitor, or restore health. Healthcare is not limited to medical care and includes self-care, your ability to access care and quality of care.</i></p>
<ul style="list-style-type: none"> - Increasing complexity surrounding chronic disease management due to an ageing population, more chronic conditions and multiple comorbidities, which require multiple and complex medication and other management options. - It is challenging for health professionals to stay up to date with changes in scientific evidence and clinical guideline recommendations, particularly in the context of multiple co-morbidity. Programs such as NPS MedicineWise’s ongoing education programs on a variety of therapeutic topics and MedicineInsight (which provides real world data) help support health professionals by providing evidence-based information and demonstrating impact. - Time pressures- the time it takes to access medical records, the time pressures for health professionals in general practices and the time it takes consumers to access services and provide complete information about their health history and be involved in the decision making regarding their healthcare. Solutions include quick access to health records and to tools that enable shared decision making for the consumer. - There are examples where technology is a barrier to providing good healthcare (missing information, lack of standardisation resulting in difficulty in communication or errors, variable interfaces resulting in confusion or errors, inconsistent integration of decision support, etc.) - Poor communication between the many health practitioners providing services to people with complex needs including in general practice, pharmacy, allied health, specialist services and public and private hospitals. - Consumers are often not recognised as full partners in their own care, nor in the process of communication about their own health management. - The lack of standardisation for general practice clinical information systems (CIS) to support quality and safety. - The risk of CIS systems continuing to develop independently and to block access to information sharing for both individual and public good. Legacy technologies are not interoperable, nor using standard coding systems. 	

Question 4	<p><u><i>Being in control of your healthcare</i></u></p> <p>One of the Australian Government's key aims is to empower people to be in control of their own care.</p> <p>What does 'being in control of your healthcare' mean to you?</p>
<p>NPS MedicineWise supports the Australian Commission on Safety and Quality in Health Care's patient Charter of Healthcare Rights and the ongoing development of tools co-designed with and for consumers to help support them in making better decisions regarding their own health management.</p> <p>Consumers often feel it is unnecessary for them to 'be in control', especially when they have a trusted highly functional care team, however they do want to take ownership when the health care system starts to fail them. This might be due to complex care with multiple care settings and healthcare professionals who are not communicating well together.</p> <p>Being in control involves having all relevant information accessible and providing it at each transition of care. However the information needs to be easily consumed/understood, consumers often refer to their health care information all being "<i>in latin</i>" which reduces their confidence in being able to understand it and share it as necessary</p>	

Question 5	<p><u><i>Digital technologies used in health and wellbeing activities</i></u></p> <p>In recent times, digital technologies have changed the way we shop, travel, bank, and socialise. To what extent do you agree with the following statement:</p> <p>Digital technology will transform and improve healthcare outcomes for Australia</p> <ul style="list-style-type: none"> - Strongly Agree - <u>Agree</u> - Indifferent - Disagree - Strongly Disagree
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Question 6	<p><u>Digital technologies used in health and wellbeing activities</u></p> <p>How would you like to see digital technologies change peoples' experiences of managing their health, and the way they interact with the healthcare system?</p>
<p>Digital technologies can contribute to patient self-management by increasing availability of relevant information to help consumers make informed choices about their healthcare.</p> <p>Digital health communities can assist patients and carers in better understanding their condition, knowing when to seek medical attention and benefiting from the empathy of a peer support network.</p> <p>Existing resources that are trusted and respected should be utilised in the development of digital systems that can be used on a national level to increase efficiencies, reduce duplication of communication and enable access to a seamless healthcare with easy transactional components (eg. appointments, payments, claiming, etc.).</p> <p>It is necessary to provide the mechanisms and tools for health professionals to advocate for change in traditional approaches. Key to this is for the health professional to have access to a comprehensive 'picture' of the patient and their care.</p> <p>General practice staff require readily available and easily accessible tools to guide and educate patients on how they can enact self-care management.</p> <p>Digital technologies can lead to opportunities for people to choose how they access health care – in person or electronically – and to what level they need or want to be involved.</p> <p>Another opportunity is to link electronic chronic disease monitoring to my HR – reducing the duplication of tests, over-testing and under-testing.</p>	

Question 7	<p><u>Health Professionals</u></p> <p>What gets in the way of health professionals being able to connect, communicate and coordinate with the right people?</p>
<p>Fragmented healthcare and the lack of joined up health records/systems – in particular with regards to quality use of medicines: ability to easily access a current medicines list for a patient, knowing what has been prescribed and dispensed, by whom, where and when.</p> <ul style="list-style-type: none"> - Lack of consumer control over their information - Paper-based systems in some settings and inability to link electronic records across different care settings and different providers - Time pressures and workload of health professionals. Clinical decision making overrides effective communication when time is limited. 	

Question 8	<p><u>Health Professionals</u></p> <p>What do health professionals need to be able to effectively connect, communicate and coordinate with the right people?</p>
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Health professionals need to understand the core benefit that is created by effective and accurate communication and review of that communication across the care setting to the patient.

They need technology systems that easily integrate to their time poor clinical decision making workflow and support them as required.

Advances in medical technologies, including smart phone applications, can improve convenience and efficiency. The NPS MedicineWise smart phone application Medicines List+ is an example of this as it increases patient engagement in managing their (multiple) medicines helping to increase health literacy and 'ownership' around medicines.

Technology should aid rather than hinder. Systems need to have utility, be user friendly, have high functionality, and not duplicate other systems.

Question 9	<p><u>Organisational priorities and digital health</u></p> <p>What are your organisation's priorities in respect to digital health or eHealth?</p>
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NPS MedicineWise's organisational priorities with respect to digital health include:

- Creating coded consumer health data set, which can be used to deliver relevant health messages directly to the consumers who need to hear them.
- Using this consumer data set to identify health insights for the industry as a whole, for example adherence outcomes or adverse events.
- Delivering value to consumers and NPS MedicineWise through a My Health Record integration.
- Creating linkages between our MedicineInsight GP dataset and our consumer dataset to support more powerful conversations between GPs and patients.
- Identifying ways of recording and communicating allergies correctly between the patient and healthcare professionals/settings.
- Mapping the most commonly used general practice clinical software systems to a common 'model' would assist accuracy of interpretation of GP data and reduce duplication of effort that is currently occurring nationally.

Question 10	<p><u>Data, technology and improved health and wellbeing</u></p> <p>How could data and technology be better used to improve health and wellbeing?</p>
<p>High quality health data is the first step:</p> <ul style="list-style-type: none"> • Complete, accurate, coded data is important for risk stratification (e.g. supporting HealthCare Homes), quality improvement programs, and research. At present data in primary care clinical software systems is often missing, or not coded. • Natural language processing can assist in improving the quality of coding for diagnosis, observations and pathology. This is necessary to improve the quality of data that is extracted from clinical software systems (which is then used for quality improvement, risk stratification, and decision support) • Consistency and national agreement for definitions would assist accuracy of interpretation of health data e.g. Gender, Sex, ATSI. <p>The MedicineInsight program managed by NPS MedicineWise holds data for 4 million patients (and is expanding). It has the potential to provide sophisticated insights into medicine use and to add significant value to existing data sets. It is a valuable tool not only to gain more insight into medicines prescribing and clinical practice in the primary health care sector, but also to inform practice improvement and to help assess outcomes for patients.</p> <p>MedicineInsight has the potential to be extended into specialist practice and to link to secondary and tertiary care sectors. Access to MedicineInsight data, appropriately analysed and interpreted, will assist clinicians to monitor and improve their own practice, assist PHNs to inform population health priority decisions and inform health policy decisions at a state and national level.</p>	

Question 11	<p><u>Innovation in healthcare</u></p> <p>What are the barriers or obstacles to innovation in health and care?</p>
<ul style="list-style-type: none"> - There is no clear revenue opportunities for the innovation investment - People solve problems individually and don't share or collaborate - Legislative barriers and perceived red tape - Concern regarding trialling changes, technology etc., which have not been proven or may not be 100% - Challenges with being able to break the problem down into manageable chunks - Cultural issues, risk aversion - Data Security concerns - Data Governance concerns 	

Question 12	<p><u><i>Innovation in healthcare</i></u></p> <p>What opportunities would you prioritise in respect to innovation in health and care?</p>
<p>From conversations NPS MedicineWise has had with consumers, we have learned that consumers want support with the day to day management of their health.</p> <p>This includes:</p> <ul style="list-style-type: none"> • Script management • Managing appointments • Billing, claiming, reimbursement and threshold management <p>From this research we are prioritising the development of mobile apps accessible through smartphones, which is the best, and often the only, way to reach consumers with high risk factors for chronic disease. The popularity of mobile devices and their use by all socioeconomic groups make mobile solutions, rather than web-based ones, a smart investment for the future.</p> <p>Mobile apps should be developed with lower socio-economic groups in mind to facilitate use by groups with low functional and health literacy, but they must also meet the needs of sophisticated users. Mobile solutions should also be developed with a focus to specific target audiences in order to maximise their successful uptake.</p>	

Question 13	<p><u>Priority initiative for My Health Record</u></p> <p>What should be the immediate priority initiative for the My Health Record to ensure it delivers real value for clinicians and the public?</p>
<ol style="list-style-type: none"> 1. Simplified registration and access to My Health Record is a critical component for uptake by consumers 2. There is potential to derive additional value from the IHI, e.g. would be useful as an identifier for linking patients across sites/ services within longitudinal collections of data 3. AMT could be more useful for consumers if it included commonly used OTC and complementary medicines, e.g. for consumer to record the over-the-counter medicines they are taking 4. The value of AMT could be increased if is also mapped to a medicines classification system, such as ATC (Anatomical Therapeutic Chemical Classification System (WHO)) 5. Development of consumer component of My Health record in line with consumer needs could drive consumer uptake of My Health Record, including APIs which are easily integrated. It is important not only for health providers, but also for consumers, to have access to clear and complete information about all current medicines and relevant information about allergies in order to make appropriate decisions regarding prescribing and other health management options. 6. Standardised and centralised coding for pathology and screening would increase the value and accuracy of linked patient data. 7. Patient recorded data and outcomes is valuable information for health professionals to help effectively manage the health of their patients, if we can demonstrate this value to GPs this could improve uptake and usefulness of My Health Record. 8. Effective strategies to increase consumer understanding and dispel misinformation of My Health Record will assist with uptake 	