

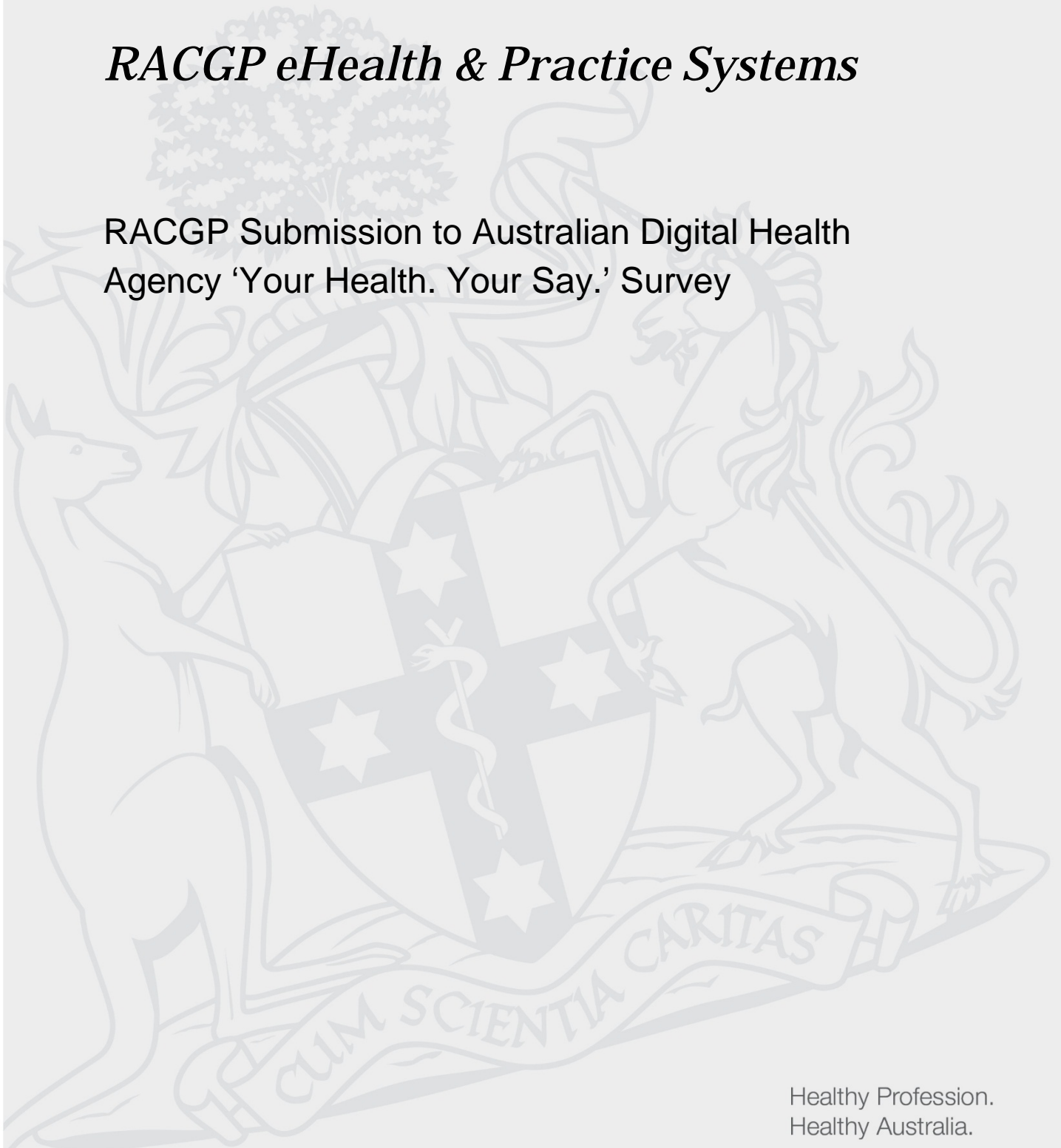


RACGP

Royal Australian College of General Practitioners

RACGP eHealth & Practice Systems

RACGP Submission to Australian Digital Health Agency 'Your Health. Your Say.' Survey



Healthy Profession.
Healthy Australia.

Introduction

The Royal Australian College of General Practitioners (RACGP) welcomes the opportunity to provide written comment on the Australian Digital Health Agency's 'Your Health. Your Say.' Survey, to inform the development of a National Digital Health Strategy (the Strategy).

The RACGP believes improvements for general practice and the broader healthcare sector will be delivered through clinician involvement in the design, development and testing of the solutions and technology that integrates with real life clinical workflows.

It is our view that the Strategy needs to focus on point-to-point communication (secure messaging), legal Electronic Prescriptions (ETP) and the continuity of core clinical documents (Shared Health Summary and Event Summary for the My Health Record). These are the core functions of clinical value for general practitioners (GPs) and other healthcare providers and creates the platform for engagement across the healthcare sector.

RACGP responses to 'Your Health. Your Say.' survey questions most relevant to general practice.

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

Despite the many barriers, general practice is a leader in the use of technology to deliver healthcare. Approximately 96% of general practices, collect, record and store comprehensive patient data electronically and this has enabled general practice to improve the quality and efficiency of the care delivered. ¹

2. What aspects of healthcare need improvement?

- Remuneration models need to be revised to support GPs, where appropriate, to take advantage of new technologies and deliver patient care without having to participate in physical consultations.
- Fast and secure electronic communication between all sectors involved in healthcare is required to support efficient and high quality care. Although there have been some vendor-based improvements in recent years, the lack of vendor interconnectivity and interoperability remains a major issue.
- Electronic perceptions – Whilst the technical capability exists this is not supported by a Commonwealth and jurisdictional legal framework. Until this is addressed paper prescriptions will inevitably persist and consequently act as a major barrier to the adoption of universal electronic prescribing. The RACGP now regards this as an urgent national priority.
- Better and smarter digital medicines reconciliation mechanisms are required as clinicians, healthcare facilities and consumers currently lack access to accurate and reliable information regarding a complete record of prescribed, dispensed and current medicines. This will inevitably reduce prescribing, dispensing and consumption errors.
- Improved data collection and management at all levels of the healthcare system is required to ensure data can be exchanged and utilised via multiple systems for improving quality, safety and efficiency.
- Currently general practice clinical software cannot seamlessly migrate patient records from one system to another (data portability) as in other countries such as the UK and NZ (GP2GP). The ability to transfer key patient data from one clinical software system to another creates efficiencies for both GPs and healthcare consumers

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

- Communication - there is a lack of an interoperable electronic secure communication infrastructure and a lack of focus on the importance of communication within and across the healthcare sector. If the technical challenges are overcome, there will also need to be significant effort to create cultural change in the health system.
- Remuneration models - reimbursement is only provided upon the physical attendance of a patient. GPs should be able to consult with patients in other ways, such as through video and securely asynchronously, with a specialist or other colleague for advice, with both the GP and the person "consulted" being paid. Legal liabilities for this type of consultation also need to be clarified.
- Electronic transfer of prescriptions (eTP) - this is an important step towards an eHealth enabled healthcare system and improving medication management. eTP creates safety gains as a result of prescription information, including patient and medication data, being shared safely and securely between GPs and pharmacists.
- Improved data quality and management - individual GPs as well as their practices, need appropriate incentives to improve data entry and quality. There needs to be greater standardisation across the GP clinical information systems to assist with this.

4. What does 'being in control of your healthcare' mean to you?

The RACGP agrees that people should be encouraged and have the ability to take greater control of their health information. Our member feedback suggests that the proportion of the population who are motivated to take greater control of their health information is relatively small. In addition, a significant proportion of the population has complex or chronic medical conditions that may be challenging to manage.

Evidence from initiatives such as the 'OpenNotes' study, suggests that providing patients with access to clinician notes via electronic portals may make care more efficient, improve communication, and most importantly may help patients become more actively involved with their health and health care. There may be opportunities in Australia to implement a similar system. How this system will work and the risks need to be carefully considered.

5. To what extent do you agree with the following statement:

'Digital technology will transform and improve healthcare outcomes for Australia'

Disagree.

Digital technologies have already had significant impact on the way healthcare is organised, delivered and documented, however the evidence in terms of improving health outcomes is less clear. Research in this area needs to be a priority.

6. 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 potential for technology to support and improve the relationship and interaction between patients and their GP. Having an ongoing relationship with a GP is proven to be beneficial to the patient. However, the current funding model in general practice does not support this. The RACGP's *Vision for general practice and a sustainable healthcare system* outlines a mechanism as to how this could be implemented.
- Seamless transfer of information from the clinician to the patient will reduce the need for patients to repeat information regarding their condition and minimise unnecessary duplication. This is with the caveat that health information that is sensitive or requires clinical interpretation should only be available after consultation with the treating doctor.

7. What gets in the way of health professionals being able to connect, communicate and coordinate with the right people?

- Inadequate secure electronic communication systems create interoperability problems when trying to communicate and connect across different healthcare sectors. Interfaces between GP systems and other health information systems need to align with usual business processes and not adversely impact on current workflow. In the absence of ease of usability and a clear value and benefits business case, universal clinical adoption with meaningful use of digital technologies will be challenging.
- The lack of remuneration for undertaking clinical tasks outside of physical consultations with patients is a key issue. GPs require flexibility to determine the most appropriate technologies that are meaningful to their practice and patients. It is essential that the use of new technologies to deliver healthcare is supported by appropriate Medicare Benefits Schedule (MBS) rebates or Service Incentive Payments (SIP).
- Healthcare provider directories need to be current and seamlessly accessible, ideally from within clinical software. Poor, non-current and inaccessible provider directories of the "right people" hinder GPs ability to connect, communicate and coordinate care. Directory structures should be federated from local address book through to national directories.

8. What do health professionals need to be able to effectively connect, communicate and coordinate with the right people?

- Secure, easy to use electronic messaging systems that allow attachment of items, for example test results and/or images.
- Good high availability directories of searchable (by interest/procedure) healthcare provider databases which need to be maintained and kept up-to-date.
- Timely electronic responses back from the organisation or individual about the next step in a referral process.
- Support for the provision of high quality data in referrals and other clinical documents.
- Third party systems that seamlessly integrate with the GP CIS/EMR.

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

- The possibilities are huge and we have alluded to many already above. Crucially, and perhaps most achievable, is that improved access to valuable information and technology has the potential to support the GPs role in providing comprehensive, whole person, and coordinated care. Furthermore, technology must align with the real world of the patient and their healthcare providers i.e. it should be person centred and specific, not disease specific.

10. What are the barriers or obstacles to innovation in health and care?

- Multiple layers of government often play a role in restricting innovation.
- The rigid funding model in general practice prevents innovative models of care being developed and tested.

11. What opportunities would you prioritise in respect to innovation in health and care?

- Include education, ongoing support and have clinical champions to advocate the use of eHealth technologies.
-
- Support the establishment of nationwide beacon or champion electronic practices.
- Demonstrate the clinical benefits of digital technology through clinical consultation and clinical testing of new technologies.

- Ongoing engagement with the clinical community throughout the product development lifecycle from initial planning through to implementation of digital technologies.
- Ensure any interactions with digital technologies are seamless, intuitive and do not negatively impact clinical workload.
- Research is a key platform for innovation. Investment in general practice research is necessary to help develop and evaluate new technologies and models of care.

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

- There are significant ongoing problems with the design and purpose of the current My Health Record. Meaningful engagement between the Federal Government and general practice is required for the My Health Record to succeed and drive adoption amongst GPs, the main clinical users of the system. It is essential to improve the existing usability issues.
- There is a need to ensure the My Health Record works reliably across all clinical software including primary care (GPs, allied health and pharmacy), specialist care (this needs to be easy to use so specialists are able to engage), and hospitals.
- Radiology and pathology reports uploaded to the My Health Record should only be accessible to patients after the results have been reviewed by the requesting clinician. A blanket uploading of uncurated results is not supported by the RACGP
- GPs should be provided incentives based on meaningful use of the My Health Record. GPs require flexibility to determine the most appropriate technologies that are meaningful to their practice and patients. To encourage the use of new technologies to deliver healthcare it is essential this is supported by MBS rebates or Service Incentive Payments (SIP)
- The significant fines for individual healthcare providers and healthcare provider organisations for inappropriate use of the My Health Record may represent a significant barrier to adoption:
 - Health practitioners who breach the My Health Record privacy provisions may be fined up to \$108,000 for each offence
 - Health practitioners could incur civil fines of up to \$540,000 for a single breach
 - Criminal penalties of up to two years' jail may apply for privacy abuse of the My Health Record
 - Provisions in the Privacy Act 1988 may also have an impact on the use of the My Health Record and include penalties of up to \$360,000 for individuals or up to \$1.8 million for corporations for serious or repeated breaches.

Concluding comments:

The use of digital technologies to deliver healthcare can be an enabler to support the delivery of better patient outcomes. Digital technology does hold great promise but the literature clearly indicates technology is not a solution on its own. Digital innovations must provide benefit and in most cases, complement existing proven models of care.

General practice is well advanced in the use of technologies to deliver healthcare. General practice led, well-resourced primary healthcare results in better health outcomes for patients. Technology will increasingly play an important role in supporting sustainable healthcare delivery and long-term savings.

The RACGP has a solid history of being at the forefront of innovation in the health sector and has guided government and key stakeholders in initiatives that support quality general practice in Australia. We are hopeful that we can look forward to working collaboratively with the Australian Digital Health Agency and other stakeholders on the National Digital Health Strategy.

References

1. Henderson J, Britt, H, Miller G. Extent and utilisation of computerisation in Australian general practice. *Med J Aust* 2006;185;84–87