

SHPA submission to: Australian Digital Health Agency – Public consultation

What aspects of healthcare currently work well from your perspective?

“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.

For nearly 80 years SHPA has represented and advocated for pharmacists working in hospitals and other healthcare settings in relation to ensuring the best possible care for patients. Whilst not as numerous as pharmacists in community pharmacy, hospital pharmacists operate at the highest levels of pharmacy and healthcare, and represent the greatest expertise in the design and development of professional pharmacy services to support positive patient health outcomes.

SHPA members in hospital and healthcare settings play an important role in linking pharmacy services between primary and tertiary healthcare and access to medicines specialists is a crucial element of effective community healthcare. Collaboration that enables community pharmacists’ efficient access to the expertise and innovations of hospital pharmacists will improve patient care. That said, the level of access to pharmacies and pharmacists is inversely related to distance from urban centres.

Hospital pharmacists continue to lead innovation in the provision of professional pharmacy services, and do so with continuing investment in digital health solutions to improve the quality of care provided, the quality use of medicines, and clinical safety. The advent of electronic pharmacy inventory solutions such as Automated Dispensing Cabinets not only improve stock management, but also instil safer dispensing practices.

Medicines are vital for treating both acute and chronic conditions and diseases, and are generally accessible by a wide network of hospital pharmacies and community pharmacies with highly trained and skilled pharmacists across Australia. A strong network of hospital and community pharmacies working in collaboration to provide patient-centred pharmacy care is key to the achievement of the objectives of the National Medicines Policy and optimal community health.

What aspects of healthcare need improvement?

The provision and remuneration of cognitive pharmacy services (including professional advice, counselling and medication review) should be separated from the supply of a medicine. These could be appropriately funded separately by the MBS and the PBS respectively. This would also enable pharmacists to provide evidence-based and cost-effective cognitive services much like other allied health professionals that have MBS items such as physiotherapists and psychologists.

Harnessing the potential of telehealth to deliver professional services and consultations can also bridge the divide in access to healthcare professionals between urban and rural settings, as well

as improve access to healthcare services for populations with mobility issues such as the elderly and the disabled.

The transfer of clinical information after an episode of care is poorly facilitated at transitions of care, whether it be between health service facilities (HSF), but particularly from HSFs into the community. This has led to medication non-adherence, confusion amongst community based prescribers and pharmacists, poor continuity of treatment and achievement of treatment plans/targets. A common complaint amongst GPs is that discharge summaries that are posted through snail mail, do not arrive in time by the patient's appointment – an issue that is exacerbated in rural and regional areas. These discharge summaries are also not often posted to the patient's community pharmacies.

It also impinges on medication reconciliation activities undertaken by pharmacists, which is an important but potentially laborious process that can detract from higher level care.

Well implemented digital health platforms will ameliorate the issues described above through real-time provision of discharge summaries and clinical information pertaining to episodes of care, such as pathology results which are often wastefully repeated in the community. This would also include updated medication lists and which can be updated, so that the next HSF or GP and community-based health practitioners can access such information. More broadly, these platforms should also have the capacity to monitor health outcomes and progress of treatment plans, for all members of the multidisciplinary healthcare team to see.

Web-based clinical decision support tools such as Guidance MS which are used in antimicrobial stewardship activities, may have been cutting edge over a decade ago, today represent an element in the fragmented infrastructure that pervades many hospitals. Instead, clinical decision support tools should be able to be accessed at the bedside through electronic medical record (EMR) solutions (such as Cerner and Epic) that are being implemented in hospitals today.

Recommendations from recent inquiries into incidents where off-protocol chemotherapy led to severe patient harm noted the importance of clinical decision support tools that could have the potential to avoid significant harm and even death, would greatly improve medication safety, and would be much more practicable to implement over paper-based systems due to criticality of time.

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

Interoperability of software and systems amongst health service providers must be an underpinning principle for any investment into digital health infrastructure. However, hospital networks often purchase different EMR solutions from vendors, and then seek their own modifications to tailor to their own practices. While it is understood that some degree of modification is needed, especially for specialist hospitals, it should not come at the expense of interoperability with other hospital networks and other health service facilities, as this significantly undermines the value of investment and entrenches the problem which the digital health revolution is trying to solve.

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:

Digital technology will transform and improve healthcare outcomes for Australia

Strongly Agree / Agree / Indifferent / Disagree / Strongly Disagree

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

Digital technologies have the potential to improve the ways people interact with the healthcare system, manage their own health, and access healthcare services.

As described above, harnessing the potential of telehealth to deliver professional services and consultations can also bridge the divide in access to healthcare professionals between urban and rural settings, as well as improve access to healthcare services for populations with mobility issues such as the elderly and the disabled. For example, Atherton District Memorial Hospital currently provides telehealth medication review services to discharged patients, akin to the Home Medicines Review program, and is a service that is funded by the Queensland Government.

Having access to discharge summaries, clinical episode summaries from doctors and allied health practitioners, pathology results, referral letters, medicines lists, treatment plans and goals all in one repository has the potential to empower consumers to participate in shared decision making with their healthcare providers along the acute and primary care continuum.

It will also enable multidisciplinary care and foster collaboration between healthcare professionals and break down the silos that currently act as barriers to effective and informed patient care.

When a patient is discharged from hospital, they require a follow-up review from their GP and a visit to their community pharmacy to access their medicines, which often change after a hospital stay. However as described above, the provision of discharge summaries to GPs is still done via snail mail, and the community pharmacy often does not receive any correspondence. It is too common an occurrence that the discharged patient attends their GP and community pharmacy without either knowing that the patient has been admitted to hospital in the first place.

An effective implementation of eHealth tools such as the My Health Record that enables real-time provision of information would ameliorate many of the issues described above.

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

On top of the issues around provision of information at the transitions of care which significantly impinges on health professionals to effectively coordinate care, a poor understanding of the true potential that well implemented digital technologies can deliver also gets in the way of enabling them to better communicate, connect and coordinate with the right people.

The fragmentation of software and electronic systems used by hospitals, aged care facilities, day care centres, GP clinics, community pharmacies and other health service facilities means that clinical information pertaining to a patient's episode of care cannot be transferred to the next care provider in a timely and appropriate manner, and does not foster multidisciplinary communication or shared decision making.

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

Further to the response above, health professionals need to be adequately educated and supported by their health service facilities to confidently use digital technologies to connect, communicate and coordinate healthcare services. Given the risks of poorly designed eHealth

strategies and risks of uneducated users i.e. patient harm/death, this means that uptake and confidence by the health professionals in using eHealth solutions will labour if not adequately supported.

Health professionals are also trusted and respected members of the community, and can be effective champions and educators of eHealth technologies and can lead by example to help increase uptake by consumers.

What are your organisation's priorities in respect to digital health or eHealth?

In addition to improving transitions of care as described in previous questions, SHPA's priorities with respect to eHealth are to improve the quality and safety of healthcare that is provided to consumers.

Many hospitals operate on systems comprising of a loose collection of devices and infrastructure that require manual intervention to connect data. This leads to inefficiencies and potential harm to patient due to lack of interoperability. The process of transcription is known to be a source of error.

1. HSF-wide closed loop systems, of which electronic medication management systems are a component of, have the potential to reduce medication errors and other clinical errors and improve medication safety by eradicating the need for transcription. Closed loop systems allows clinicians to review all the information pertaining to the patient's episode of care in one source, as opposed to looking at paper-based medication charts, clinical notes in the patient folder, and pathology results at the ward station computers, before they make clinical decisions.
2. Recommendations and outcomes from recent inquiries into chemotherapy for patients treated at Western NSW Local Health District and St Vincent's Hospital, as well as the Royal Adelaide Hospital, have highlighted the role of electronic systems in improving medication safety and reducing medication error and patient harm.
3. Electronic systems have the potential to be clinical decision support tools, which enables and empowers clinicians to make more informed, evidence-based clinical decisions, fosters multidisciplinary care and shared decision making, and overall improves the quality of care.

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

The implementation of electronic medical records system-wide, not only have the benefits of improving the safety and quality of healthcare, but also provides a platform for rigorous patient data to be collected. This can not only inform better decisions with respect to resource allocation, but also can provide a better snapshot of the health outcomes achieved and the type of healthcare that is delivered.

With respect to outreach medication review services, hospital pharmacists routinely monitor the rate of presentation to emergency departments, readmission to hospital rates and length of stay, pre and post outreach services. This data provides justification for expansion of the outreach services which reduce readmission rates and improve health outcomes.

Jurisdictional governments may require reporting of such data and metrics to their databases to inform the allocation of resources as well as to identify key population areas at risk of poorer health outcomes. For example in Victoria, the data obtained from outreach services is reported

to the Department of Health and Human Services for the Victorian Integrated Non-Admitted Health (VINAH) dataset.

More rigorous healthcare system wide collection of data can also have benefits in improving the judicious use of antimicrobials and other related antimicrobial stewardship activities and objectives described by the Australian Commission on Safety and Quality on Health Care. ACSQHC work in partnership with the National Centre for Antimicrobial Stewardship who conduct the National Antimicrobial Prescribing Survey each year.

In hospitals, pharmacists routinely document the care provided to patients and interactions with members of the multidisciplinary care team in progress notes and reports. In community pharmacies, the collection of data and documentation of patient care is not adequate, due to both a lack of infrastructure with respect to pharmacy software, and remuneration of community pharmacy services being linked to the supply of the medicine, and not the service provided.

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

SHPA believes that pharmacies and pharmacists focused solely on dispensing and providing professional pharmacy services should be viable in Australia as they are internationally. This kind of innovation has not been prioritised in Australian pharmacies due to the remuneration structure community pharmacy services through successive Community Pharmacy Agreements (CPA).

SHPA members report a lack of innovation in the delivery of clinical services in community settings over recent years which can be attributed to the absence of incentives for clinical pharmacy services in successive CPAs over the last 26 years.

The inclusion of funding for the Home Medicines Review in the 6CPA looked promising but has been severely limited by arbitrary caps on supplier measures, indicating that as a tool the 6CPA is not appropriate for facilitating much-needed community interventions. There is presently no incentives within the 6CPA to implement new models of care in a general practice setting for example, nor to engage through the new Health Care Homes in team-based care for patients with chronic disease. The current CPA focuses on the supply component of medication and does not provide innovation and quality associated with health profession practice and delivery of healthcare by the practitioner (in this case a pharmacist).

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 initiative for the My Health Record is to take actions to increase the number of active users. Anecdotal evidence suggests that the poor usability of the My Health Record is a contributing factor to the low uptake, as well as low uptake by clinicians, which disincentives investment from everyday Australians as active users of the My Health Record.

It is only when there is a critical mass of users of the My Health Record, that health service facilities, whether public or private, will then make large financial investments into embedding the My Health Record into their daily practice, and requesting that EMR solution providers architect software to include interoperability with My Health Record.

If you would like to discuss the matters raised in our submission, please contact Johanna de Wever, General Manager, Advocacy & Leadership on 03 9486 0177 or jdewever@shpa.org.au.