Western NSW Primary Health Network National Digital Health Strategy Consultation Submission

Preamble
The Western NSW Primary Health Network serves a broad spectrum of communities ranging from the **major regional urban centres** of Bathurst, Orange and Dubbo, **larger rural and remote centres** such as Mudgee, Broken Hill, Bourke and Parkes, **smaller rural towns and villages** such as Condobolin, Wentworth, Balranald and Brewarrina and **remote towns and communities** such as Ivanhoe, Tibooburra, Mount Hope and White Cliffs.

Western NSW PHN actively promotes and supports the adoption of digital health technologies amongst its clinical communities and consumers through its Practice Support Team and commissioning activities.

What aspects of healthcare currently work well

In regards to digital health, aspects that are working well include…

- **Telehealth** – telehealth is providing increased access to specialist and allied health services for many consumers in our communities as well as reducing travel time and associated costs for consumers. There are some limiting aspects that will be elaborated on later.
- **Electronic prescribing** – working well with no real issues.
- **Healthcare Identifiers Service** – an essential enabling service that seems to work seamlessly although registration and authentication processes can be an issue which will be elaborated on later.
- **Electronic Pathology Results** – a mature technology that is working well and normal part of everyday business in General Practice.
- **National Health Services Directory** – a valuable national resource that has the potential to evolve into an even more valuable resource for consumers and healthcare providers.
- **My Health Record** – has the potential to be a valuable national health resource. Has some limitations that will be elaborated upon later

What aspects of healthcare need improvement

- **Secure Messaging (SMD)** – Current “real world” lack of interoperability is a real limitation on the widespread adoption and use of this technology. SMD holds much promise in the secure exchange of personal health information protecting the privacy of consumers and holds potential cost savings for healthcare providers, but the lack of any real world interoperability is a real handbrake on usage and as a result the exchange of information between healthcare providers via fax remains a common practice.
- **Telehealth** – although the provision and use of telehealth services is widespread and holds real benefits for both consumers and healthcare providers there are some issues that if addressed would increase these benefits. Primarily there is a need for MBS Item Numbers to allow General Practice (and allied health providers) to provide

telehealth services directly to patients in their homes or Residential Aged Care Facilities. This would not only provide improved access and safety for consumers (long drives on secondary unsealed roads for some) but also a reduction of costs for consumers and the provision of health care. Our PHN's "Better Healthcare Connections" trial in Broken Hill is reporting a 43% reduction in avoidable hospital transfers from Residential Aged Care Facilities resulting from General Practitioners providing telehealth consultations directly to RACFs in Broken Hill.

- **National Health Services Directory** – although already a valuable and useful national resource for consumers, the NHSD could be improved with the addition of referral information for services and with the addition of more detailed workforce information would prove a valuable source of information for workforce intelligence for organisations such as Primary Health Networks and State Health jurisdictions. Another area of improvement needed for the NHSD is the mechanism for organisations to update their own information.
- **Healthcare Identifiers Service** – Although much improved, the process for organisations to register for a HPI-O is complex and time consuming, particularly for complex registrations such as pharmacy chains etc. Also the PKI certificate authentication system is confusing for some and proving difficult to manage for some organisations (particularly around passcodes and expiry dates)
- **My Health Record** – functionality of the My Health Record system has improved with each release and initiatives such as the PIP eHealth incentives and the Opt Out trials have improved usage of the system, however improvements to the system are needed to improve adoption and usage. Primarily some of the more immediate improvements would include a national consumer awareness campaign on the My Health Record and the benefits for consumers.
  A My Health Record "App" for consumers that runs on mobile devices such as smartphones and tablets.
  To increase clinical relevance, a clinical space within the My Health Record system for clinicians to share information regarding shared care or integrated care (GP Management Plans, Team Care Arrangements etc) would be of enormous benefit and increase the clinical usage of the system. Ideally a protected area where the clinical contributors to the shared care /integrated care of the consumer can update online their reports of contributions to care, but even the ability for clinicians to upload a pdf of a GPMP or TCA would be valuable in the short term.
- **Clinical software interoperability** - a glaring (and all too common) issue that has come to light in our support activities is the issue where a progress note created in a GP clinical software product cannot be imported electronically into a Residential Aged Care software product. It is common for General Practitioners to visit an RACF and see patients onsite. They do not like entering progress notes on the RACF software as it has nowhere near the functionality of the general practice software. In many instances, the progress note created in GP software can be exported as an electronic file, but cannot be imported into the RACF software. This necessitates either a double entry of notes by the GP in both software products, or printing the progress note from the GP software and then scanning and importing the progress into the RACF software. Another solution is for the GP to create an Event Summary

from the progress note and upload it to the patient's My Health Record (if they have one) and then downloading the Event Summary from the My Health Record into the patient file in the RACF software. All of these solutions are less than ideal. The My Health Record solution, while appearing to be the most efficient, relies upon the patient having a My Health Record and Event Summaries are not meant to be progress notes for regular patients. In all cases (excepting the double entry of notes) the resulting file in the RACF software is a "flat" document that cannot be searched etc.

- **Online Medication Management** – Although electronic prescribing and dispensing works well and the national Prescription and Dispense Repository is functioning, medication management within Residential Aged Care Facilities is still cumbersome! There is a need for widespread implementation of an online medication management system such as Medscomm between RACFs, pharmacy and doctor which offers comprehensive, streamlined and accurate patient medication information instead of dependability on paper medication charts which leads to inadvertent delays. The time taken communicating and following up would be greatly reduced as all required information appears on one screen, eliminating faxes, phone calls, paperwork and providing more accountability for every request. Nurses simply scan medication charts and send to the pharmacy.

For the aspects of healthcare that need improvement, what are the barriers to improving performance in these areas

- **Telehealth** – aside from the MBS reforms already mentioned, a real barrier for some of our more remote areas is access to adequate broadband infrastructure with a capacity to run reliable and acceptable clinical video conferencing. Paradoxically, these are the areas that would benefit most from the use of telehealth services where appropriate.
  Differing incompatible video conferencing systems are a source of annoyance. The issue is generally overcome in general practices by having multiple video conferencing products on their practice system and they select the appropriate product for the connection to the other party. Whilst not a deal breaker, this situation is annoying and sometimes time consuming.
- **My Health Record** – despite improved clinical usage of the system, there is still a perceived lack of clinical relevance in the My Health Record system amongst healthcare providers. Complexity of registering for My Health Record system for healthcare providers and the NASH PKI management issues are also a barrier. Medicolegal questions are also a barrier for some.
- **The comparative lack of My Health Record compliant clinical** software products for use by allied health professionals and medical specialists is a barrier for these healthcare providers in contributing meaningfully to the system. Perhaps increasing the functionality of the My Health Record Provider Portal from "read only" to allowing for the uploads of Event Summaries might go some way to overcoming this issue?
- **Privacy obligations** – the intricacy and extent of both national and state privacy laws and obligations for healthcare providers is a barrier for some clinicians and

organisations, not just with My Health Record, but for many aspects of sharing health information, both digital and by more traditional means.

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

- **Consumer tools** – consumers predominantly use mobile devices in preference to computers, laptops etc. Consumer "Apps" that allow for communication with their healthcare providers, access to their My Health Record and information to improve their health literacy would be a useful.
- **Online appointment booking** – although currently available it's not necessarily widely adopted. Perhaps this is a service that can be provided through or linked to the NHSD?
- **Consumer secure electronic messaging** - Secure online messaging from consumers to the healthcare providers directly involved in their care and vice versa. Perhaps this could be achieved through a Practice Portal.
- **Consumer medication management** – although "Apps" from the NPS and other organisations that facilitate consumer medicine management and also allow for the online ordering of prescription medicines from community pharmacy already exist, they appear not to be widely used. Perhaps a consumer awareness raising campaign on the availability and use of these would be beneficial.
- **Direct telehealth (video) consultations from consumers to their General Practitioner** – although there are organsations that already provide these services for consumers, there are no MBS Item Numbers for such services and hence the cost of using these services is a barrier for many consumers.
- **Telemonitoring** – the use of wearable devices or home health monitoring devices to collect personal health metrics and transmit them to healthcare providers directly involved in the patients care to aid preventative care.
- **Access to an online care navigator** – for consumers or carers of consumers with complex healthcare needs access to care navigation support services would be beneficial. Websites such as My Aged Care are a start, but online access to care navigation support for those who do not qualify for or do not live in areas where care navigation support is available.

What gets in the way of health professionals being able to connect, communicate and co-ordinate with the right people

- **A lack of an interoperable SMD ecosystem!**
- **Knowing who is providing services** - In many of our PHN's more regional and remote locations there can be a high turnover of healthcare providers providing services, particularly allied health services. Knowing who is available to refer to can sometimes be an issue. The NHSD, and awareness through our PHN's communications with healthcare providers attempts to keep providers up to date with healthcare providers providing services in their local areas.

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

- **An interoperable SMD ecosystem!**
- **Up to date details of service providers in their local areas, with referral information** – The NHSD would be ideal for this.
- **Simple to use software and systems** – It is well understood that digital health is a complex, multifaceted environment, but clinicians really need simple to use, intuitive, integrated products where all of the services such as forms, referrals, SMD, video conferencing, NHSD, My Health Record, clinical pathways and access to clinical decision support are all available from within their clinical software environment instead of having to jump between different products and services. Many products are heading towards this and should be encouraged.
- **Time and remuneration to connect, communicate and co-ordinate** – it takes time to connect and communicate with care providers involved in the team care or integrated care of consumers. The current MBS does not adequately recognise this and the trials to move towards the Healthcare Home model and subsequent reforms should help address this issue allowing General Practice in particular the space to manage co-ordinated care effectively.

Organisational priorities and digital health.
What are our organisation's priorities in respect to digital health or eHealth
Western NSW Primary Health Network's priority is to promote, encourage and support the adoption and meaningful use of digital health technologies within its clinical communities and our wider general community. We primarily support primary healthcare providers, but also liaise with and co-operate with our Local Health Districts, specialist health providers and other representational bodies such as the Pharmacy Guild to promote and adopt the meaningful use of digital health technologies.
Our two main mechanisms for this are through our Primary Care Practice Support Team and through our service development and commissioning activities.
The Practice Support Team provide digital health assistance to healthcare provider originations through

- Providing advice on the benefits of the various digital health technologies. This is done either through site visits or events held in evenings or mornings.
- Supporting general practices to apply for and meet the requirements of the PIP eHealth Incentives
- Providing support to healthcare provider organisations to register for the My Health Record system and well as training in how to effectively contribute to and use the system
- Provide support in the provision of telehealth services (understanding the MBS in regards to telehealth, promoting the benefits of telehealth services in terms of improvements to care, cost effectiveness and providing technical advice).
- Promoting the use of SMD for the exchange of patient information amongst all healthcare providers
- Providing advice to healthcare provider organisations on meeting privacy obligations in terms of digital health

- Promoting the use of the NHSD and the importance of keeping information up to date.
- Promoting the accuracy of digital clinical records in general practice through our Quality Health Information Programme. This program promotes clean, complete, accurate and current clinical records though the provision of a Clinical Audit Tool to general practices, assistance with data cleansing and the regular submission of deidentified primary healthcare data for aggregation and benchmarking.

In conjunction to these activities the Digital Health Manager provides regular digital health updates to our Clinical, Community, and Aboriginal Health Councils as well as participating in advisory groups with our Local Health Districts regarding telehealth and integrated care. Regular participation in digital health teleconferences is also a priority. The Digital Health Manager also provides information sessions to interested community groups of the My Health Record and how consumers can enhance their privacy settings and contribute content.
Our PHN also encourages the use of digital health technologies, including the My Health Record system, through our service commissioning requirements.

Data, technology and improved health and wellbeing
How could data and technology be used to improve health and wellbeing?

As mentioned previously, our Primary Health Network conducts our Quality Health Information Programme (QHIP) through our Practice Support Team. QHIP aims to improve care through the analysis of general practice clinical data. At a practice level, practices are provided with a Clinical Audit Tool and provided with training on how to use this tool to understand their practice's chronic disease patterns and identify areas that are working well as those that may be of some concern. Practices submit deidentified data voluntarily to our PHN where this is aggregated and practices have secure access to a web site for benchmarking against the aggregated PHN data as well as being provided with a quarterly hard copy report highlighting key chronic disease and risk factor metrics.
In return, the PHN uses this deidentified aggregated chronic disease and risk factor information to assist in informing its health planning activities along with other sources of health data and intelligence.

It would be a benefit to have a national primary healthcare core data set (and an associated data dictionary?) of sufficient currency and granularity where healthcare planning and provisioning organisations could contribute deidentified primary healthcare data and access nationally aggregated data to benchmark local data against as well as provide analysis to inform on chronic disease prevalence and patterns.

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

- An immediate initiative would be the development of a clinical space within the My Health Record that would facilitate the online contributions to the shared care or integrated care activities (such as a GP Management Plan or a Team Care Arrangement) of the consumer by the various healthcare providers involved with their ongoing care rather than a disjointed collection of event summaries.

- A consumer My Health Record "App" for mobile devices such as smartphones and tablets.
- Access to the My Health Record for state Ambulance services – even "read only" access would be useful.

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