



# **A National Plan for eHealth with the Person in the Centre**

**Michael Legg**



# **Vision for an Australian Health Care System Transformed by Health Informatics**



## **A Vision for an Australian Healthcare System Transformed by Health Informatics**

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# Focus Areas

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- **Engaging Consumers**
- **Transforming Care Delivery at the Point of Care**
- **Improving Population Health (Data sharing capabilities and initiatives)**
- **Aligning Financial and Other Incentives**
- **Managing Privacy Security & Confidentiality**
- **Policy and Implementation**



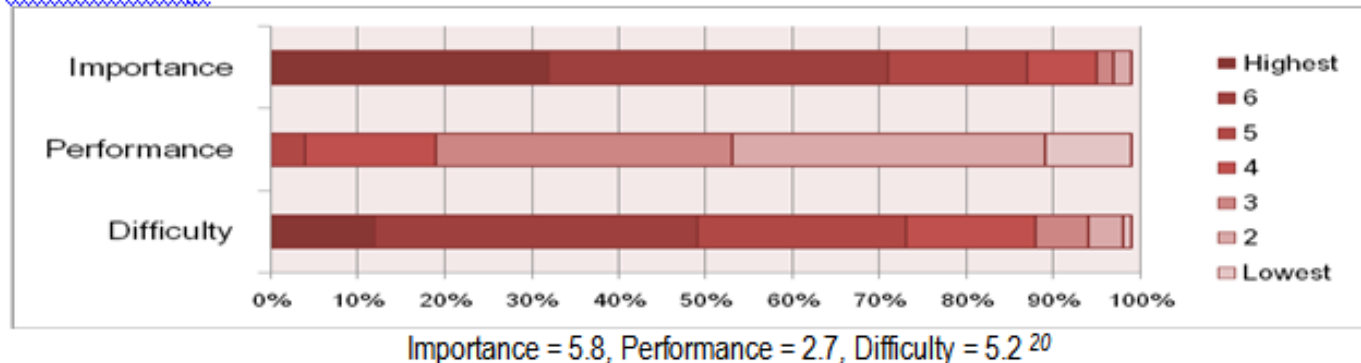
# Engaging consumers

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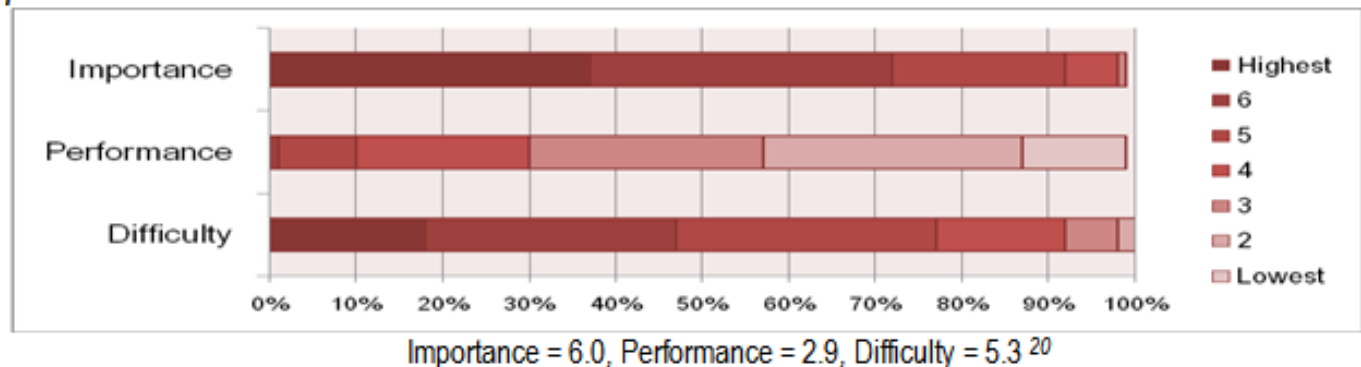
- **Patients are fully engaged in their own healthcare, supported by information and tools that enable informed consumer action and decision making, working hand-in hand with healthcare providers. Tools that support consumer engagement are well designed and customised to the diversity of consumers. These tools are integrated into the delivery of care, and are conveniently available outside healthcare settings as well.**

# Consumer Engagement

- a. **Consumer Engagement in Healthcare** - *We fully understand the Australian health consumer's needs and have effectively educated them in how to take control of their own healthcare.*

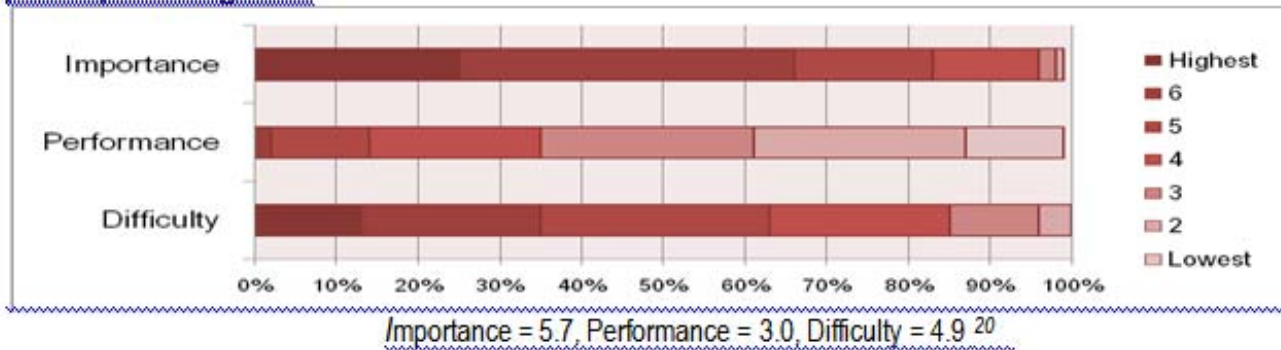


- b. **Consumer Access and Control of Personal Health Information** - *We fully involve consumer organisations, healthcare providers and supporting industry participants in creating consensus principles and standards that support consumer control of electronic personal health information.*

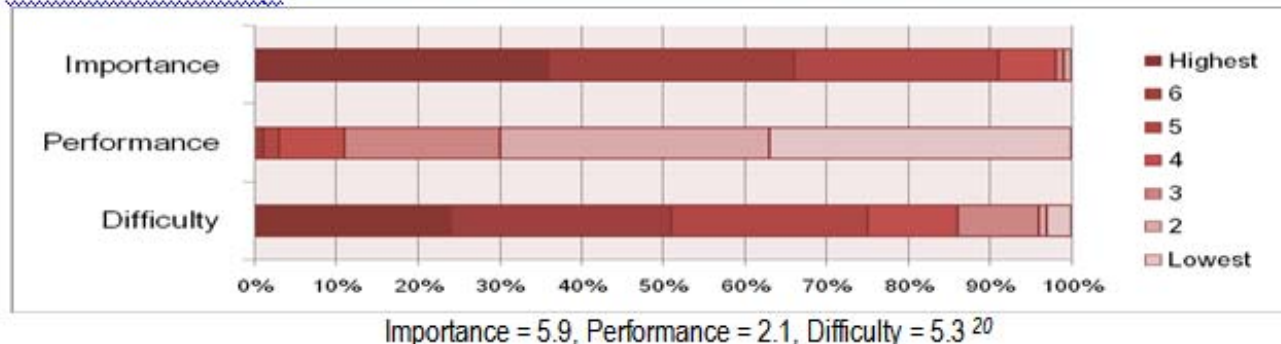


# Consumer Engagement

- c. **Consumer Participation and Transparency** - Australia has defined the organisational requirements for consumer participation and transparency and requires compliance with those requirements. We ensure that consumers are aware of their information and participation rights.

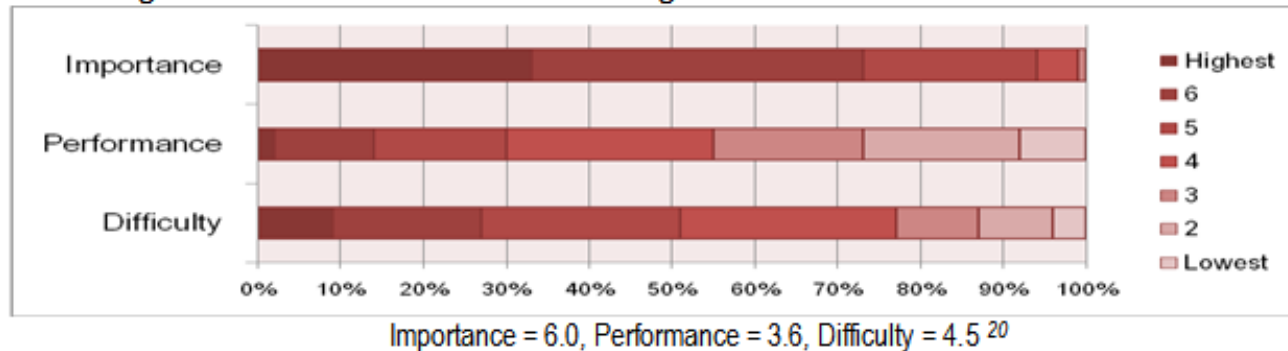


- d. **Consumer Access to Electronic Health Information Tools and Services** - Where electronically available, consumers are able to acquire historical data from providers, government, insurers and other entities to generate a more complete longitudinal record that is incorporated into accessible tools and interfaces. These systems support the variety of levels of health literacy in the community and assist consumers in making evidence based decisions.



# Consumer Engagement

- e. **Consumer Trust** - Australia has publicly available information policies on the handling of health information and has incorporated these policies in accreditation processes for health organisations which store and manage health information.



# Transforming care delivery at the point of care

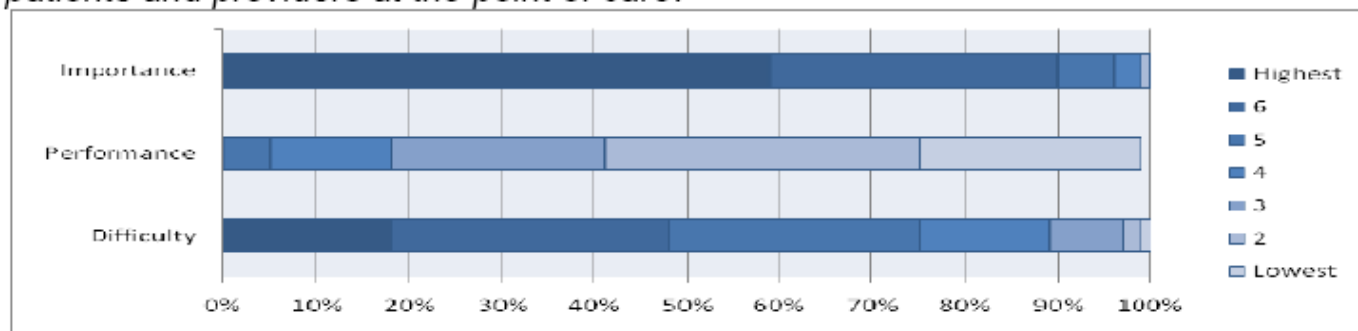
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- **Australian patient care is high quality, patient centred, for a lifetime, and reflects a coordinated and collaborative approach. Complete, timely and relevant patient-focused information and clinical decision support tools are available as part of the provider's workflow at the point of care.**
- **High quality and efficient patient care is supported by the deployment and use of interoperable health IT and secure data exchange between and across all relevant stakeholders.**



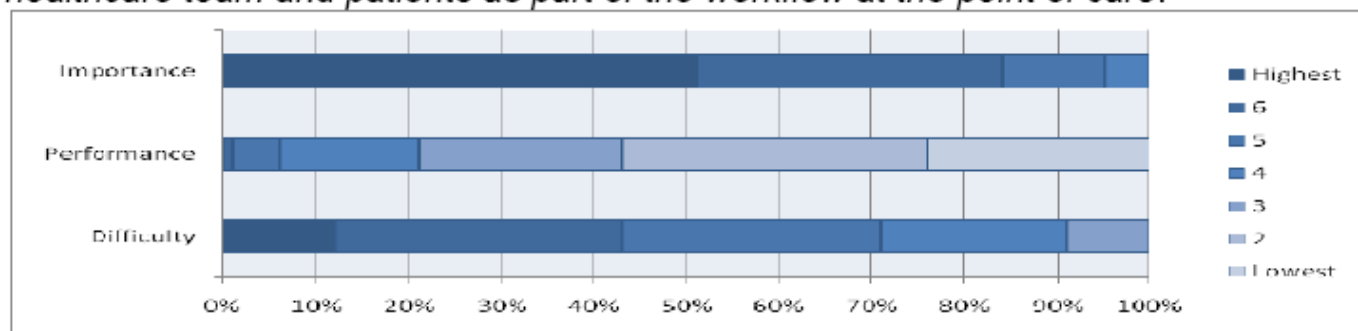
# Point of Care

- a. **Patient Centred Care** - *Australia has standards-based eHealth systems supporting new models of care delivery that are patient-centred, for a lifetime, and physician-guided, reflecting a coordinated, collaborative approach. To ensure care delivery is truly patient-centred, the systems also provide meaningful, understandable and useful information for patients and providers at the point of care.*



Importance = 6.4, Performance = 2.4, Difficulty = 5.2 <sup>20</sup>

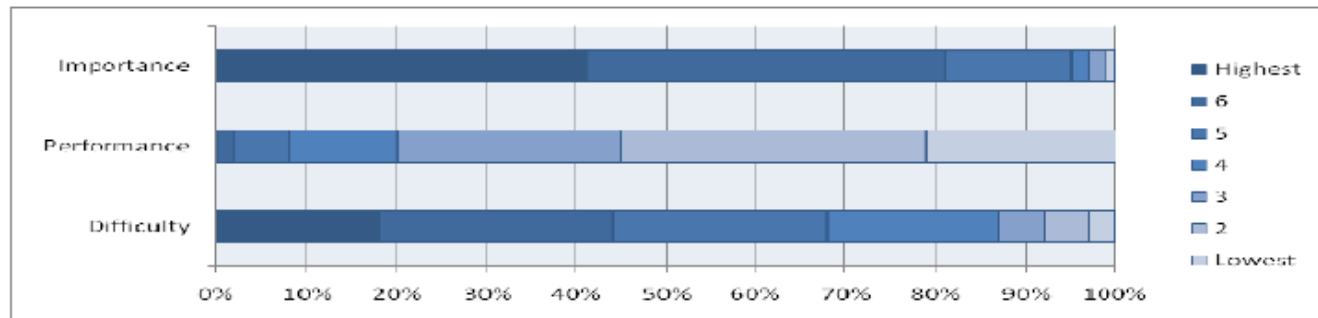
- b. **Patient and Clinician-Centred Workflow** - *We facilitate the transformation to patient-centred care by making more complete, timely and relevant patient-focused data and clinical decision support tools available in a secure manner to clinicians, the broader healthcare team and patients as part of the workflow at the point of care.*



Importance = 6.3, Performance = 2.4, Difficulty = 5.1 <sup>20</sup>

# Point of Care

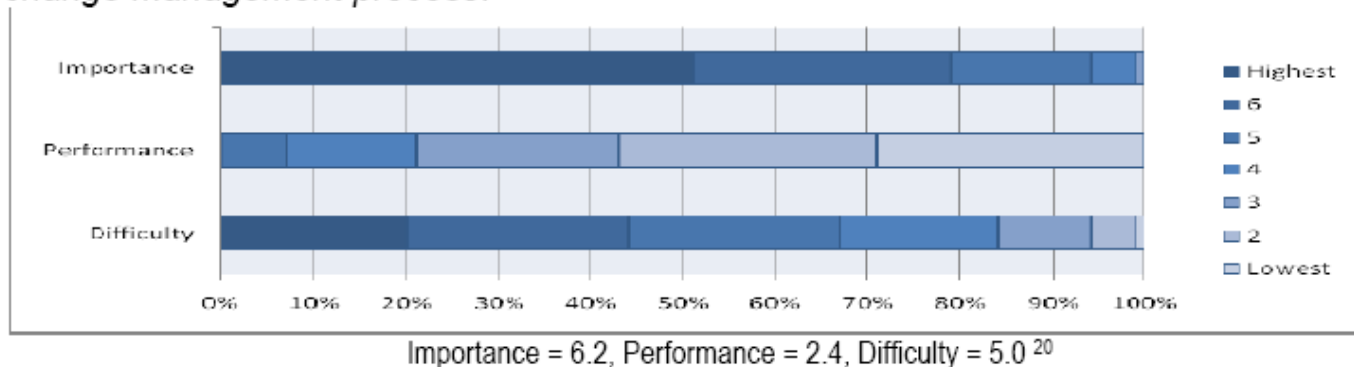
- c. **Broad Engagement** - *In Australia all healthcare providers regardless of size, specialty, or location, and especially small practices are engaged and supported in both local and national efforts to make patient-focused electronic health information available at the point of care.*



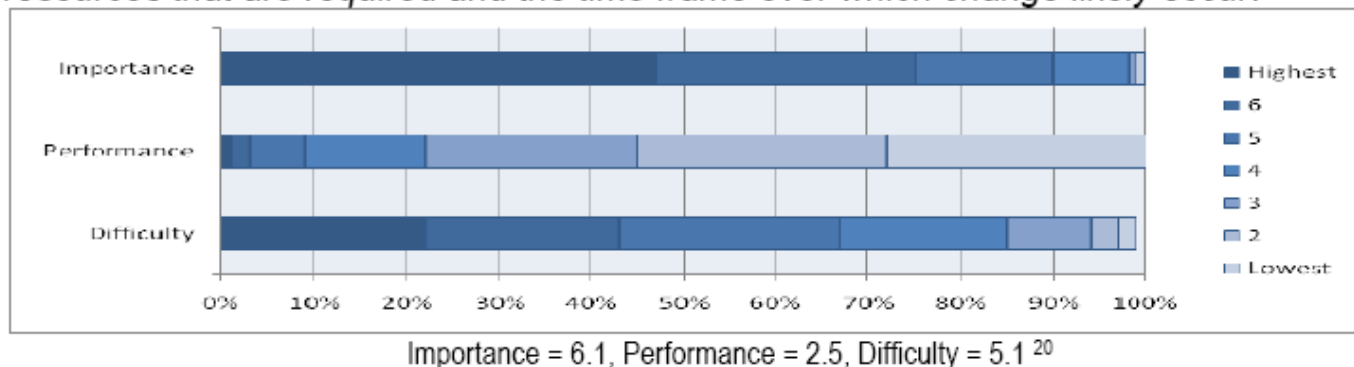
Importance = 6.1, Performance = 2.5, Difficulty = 5.1 <sup>20</sup>

# Point of Care

- d. **Change Management** - *The Australian health policy developers and those who implement the policies understand the breadth of work practice changes required to productively implement eHealth systems. They make a considerable investment in the engagement of thought leaders and influencers at all levels within the organisations undergoing change. The engagement of these leaders is combined with appropriate education to support the change management process.*



- e. **Understanding Reality** - *Australian health policy developers and the health managers who implement the policies have a realistic understanding of the size of the task, the resources that are required and the time frame over which change likely occur.*



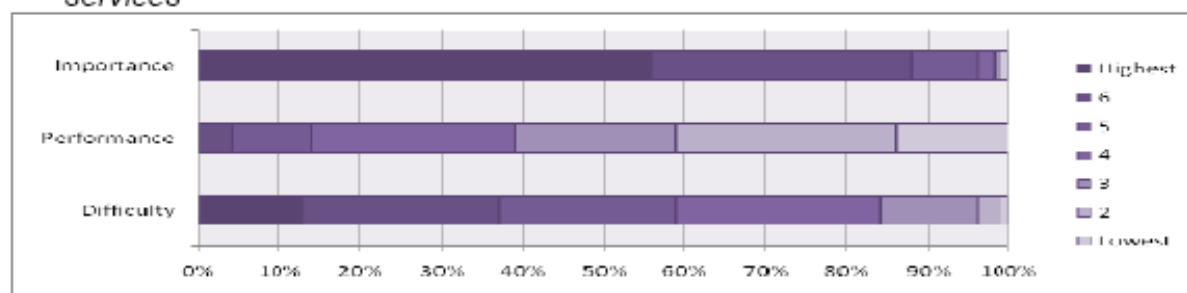
# Improving population health

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- **Electronic healthcare data and secure health information exchange are utilised to facilitate the flow of reliable health information among population health and clinical care systems to improve the health status of populations as a whole**
- **Information is utilised to enhance healthcare experiences for individuals, eliminate health disparities, measure and improve healthcare quality and value, expand knowledge about effective improvements in care delivery and access, support public health surveillance, and assist researchers in developing evidence-based advances in areas such as diagnostic testing, illness and injury treatment, and disease prevention.**

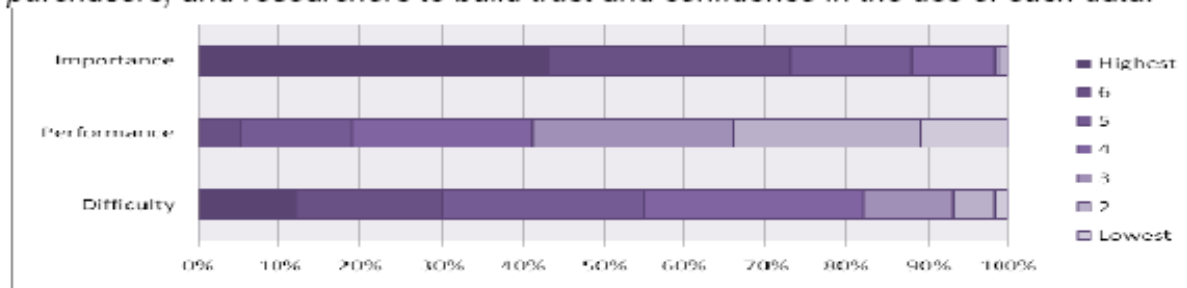
# Population Health

- a. **Recognition of the Population Health Value of Clinical Health Data** - *Clinical data that is derived from the care delivery process is broadly and effectively used for improving population health, including but not limited to the following critical areas:*
- (1) *Improving the quality, safety, efficiency and effectiveness of healthcare*
  - (2) *Monitoring, detecting and responding to hazards and threats, to protect the public's health*
  - (3) *Expanding knowledge about disease, diagnosis and appropriate treatments and services*



Importance = 6.4, Performance = 3.0, Difficulty = 4.9<sup>20</sup>

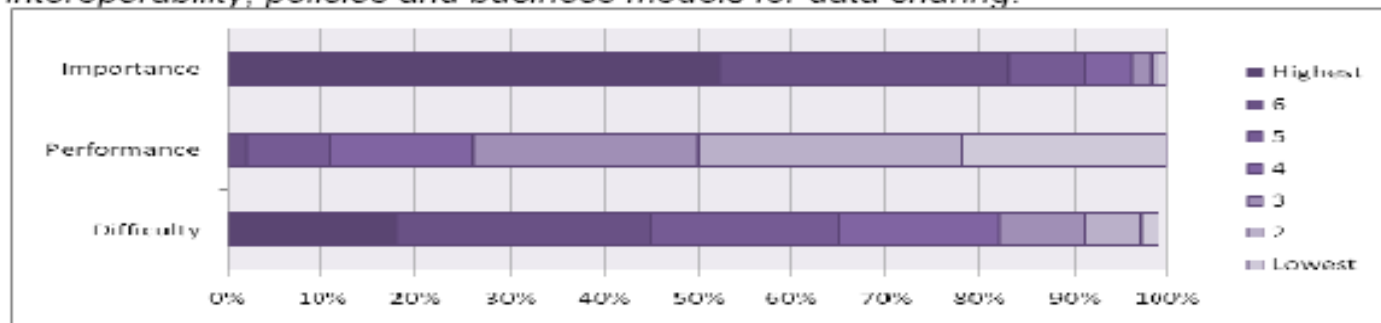
- b. **Abiding by a Common set of Principles and Policies** - *Everyone who utilises clinical data derived from the care delivery process for population health purposes does, in addition to abiding by current federal and state laws, rules and regulations, abide by a common set of principles and policies developed through a transparent, open process involving multiple stakeholders, including but not limited to consumers, providers, payers, purchasers, and researchers to build trust and confidence in the use of such data.*



Importance = 6.0, Performance = 3.2, Difficulty = 4.7<sup>20</sup>

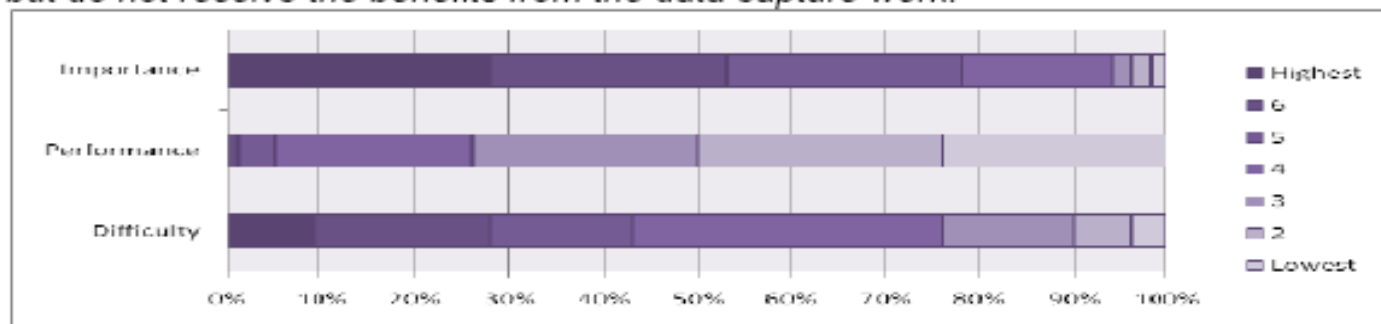
# Population Health

- c. **Use of a Common Data Set** - *Healthcare organisations use the clinical data derived from electronic clinical data systems in a “one data source, multiple uses” approach. There is widespread implementation of a set of common data elements, standards for interoperability, policies and business models for data sharing.*



Importance = 6.2, Performance = 2.7, Difficulty = 5.0<sup>20</sup>

- d. **Financial Incentives will be Required** - *Financial benefits or incentives have been established to equitably compensate the healthcare organisations which capture the data but do not receive the benefits from the data capture work.*



Importance = 5.5, Performance = 2.6, Difficulty = 4.4<sup>20</sup>

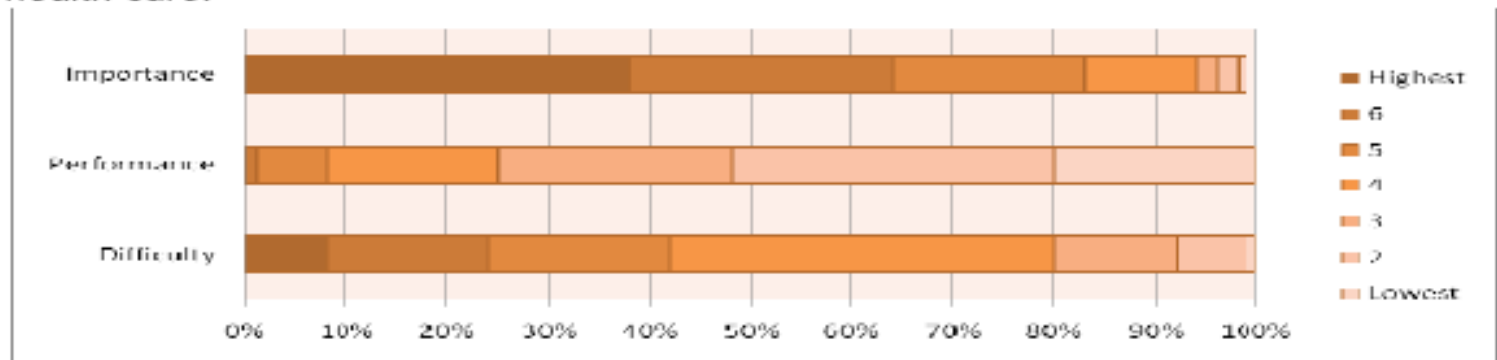
# Aligning financial and other incentives

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- **Healthcare providers are rewarded appropriately for managing the health of patients in a holistic manner. Meaningful incentives help accelerate improvements in quality, safety, efficiency and effectiveness. Quality of care delivery and outcomes are the engines that power the payment of providers.**

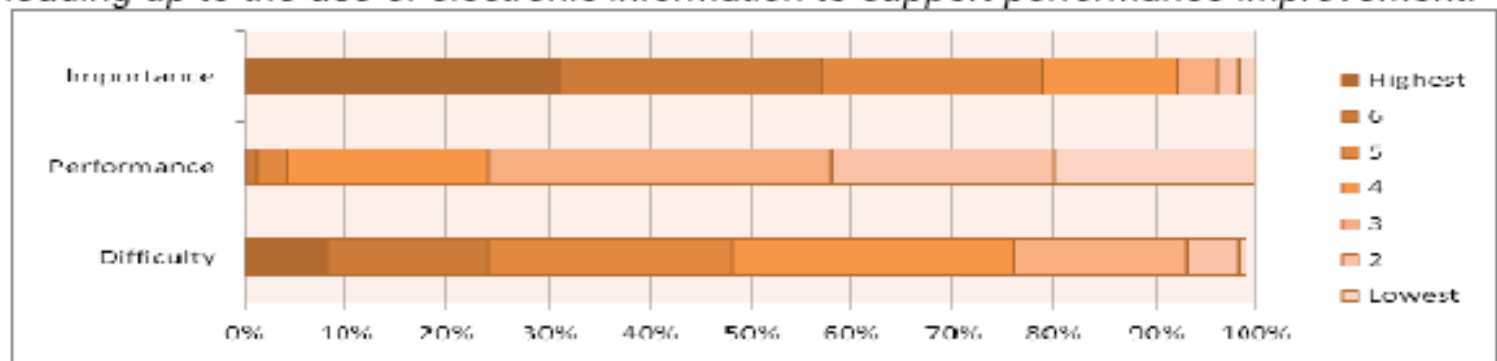
# Incentives

- a. **Meaningful Incentives** - *The financing or incentive programs supporting health IT are meaningful and result in improvements in quality, safety, efficiency or effectiveness in health care.*



Importance = 5.8, Performance = 2.6, Difficulty = 4.5<sup>20</sup>

- b. **Phased Approach** - *The financing or incentive programs utilise a phased approach involving eHealth beginning with the clinical implementation of eHealth systems and leading up to the use of electronic information to support performance improvement.*

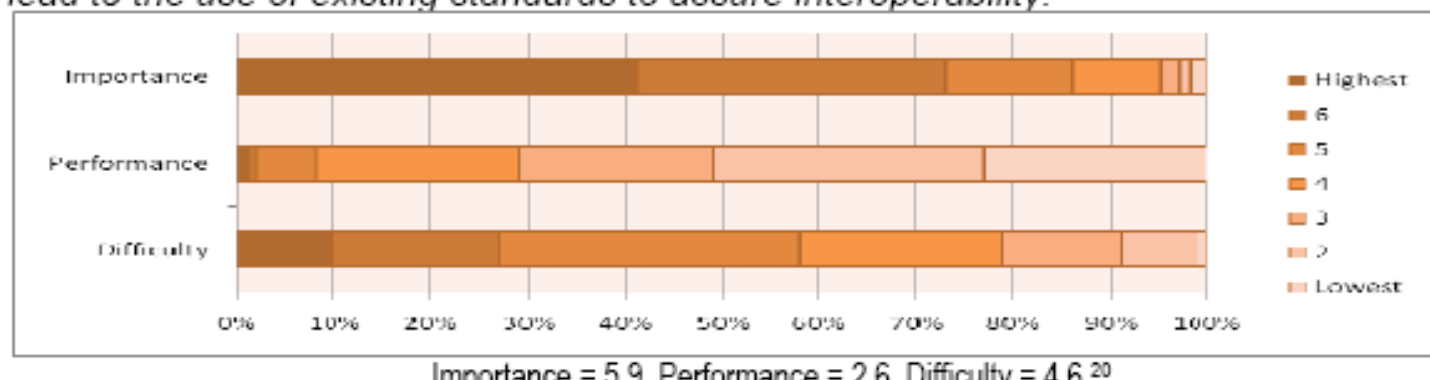


Importance = 5.5, Performance = 2.7, Difficulty = 4.5<sup>20</sup>

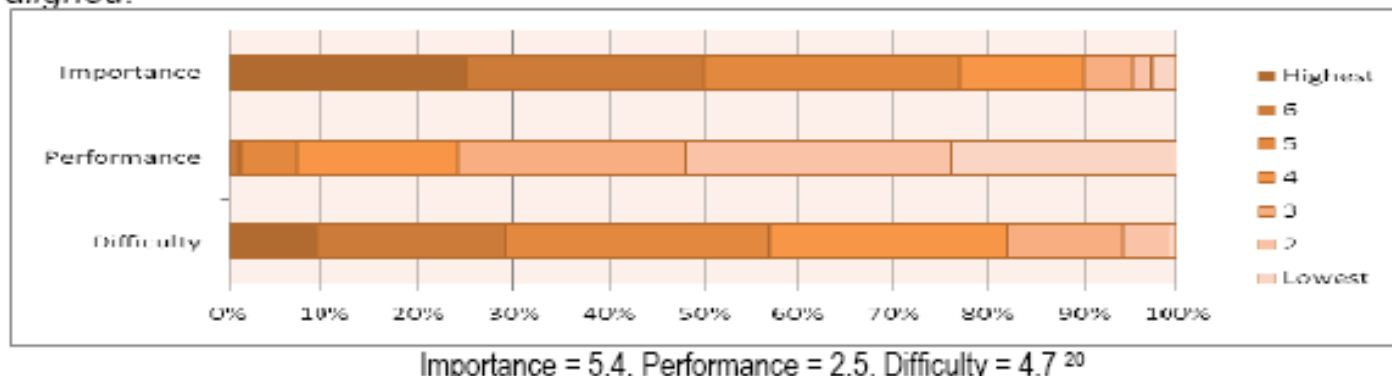


# Incentives

- c. **Assure Interoperability** - *The financing or incentive programs involving eHealth systems lead to the use of existing standards to assure interoperability.*



- d. **Cost Reflects Benefit** - *Stakeholders that benefit share some equitable portion of the cost related to eHealth systems financing or incentives. Equity has been achieved through detailed studies that ascertained specifically who benefits, and by how much. This information ensured that incentive programs were meaningful, phased, and appropriately aligned.*



# Managing Privacy, Security and Confidentiality

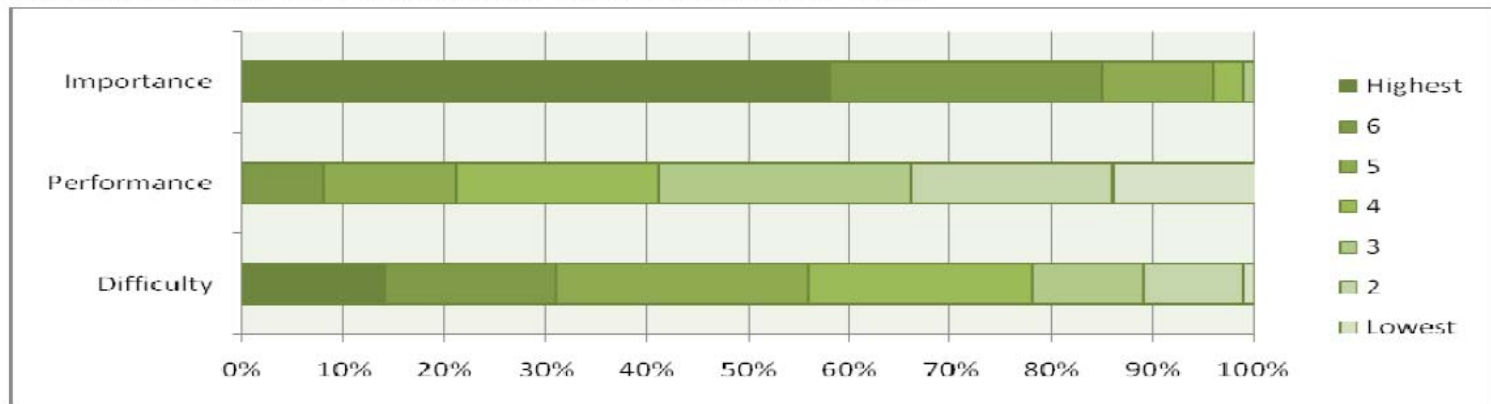
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- In Australia's fully-enabled electronic information environment designed to engage consumers, transform care delivery and improve population health, consumers have confidence that their personal health information is private, secure and used with their consent in appropriate, beneficial ways.
- Technological developments have been adopted in harmony with policies and business rules that foster trust and transparency.
- Organisations that store, transmit or use personal health information have internal policies and procedures in place that protect the integrity, security and confidentiality of personal health information.
- Policies and procedures are monitored for compliance, and consumers are informed of existing remedies available to them if they are adversely affected by a breach of security.
- Consumers trust and rely upon the secure sharing of healthcare information as a critical component of high quality, safe and efficient healthcare.



# Transparency

- a. **Transparency** - *Policies for the permissible use of personal health information by those other than the patient are clearly defined, accessible, and communicated in an easily understood format. In addition individuals have the right to know how their personal health information has been used and who has access to it.*

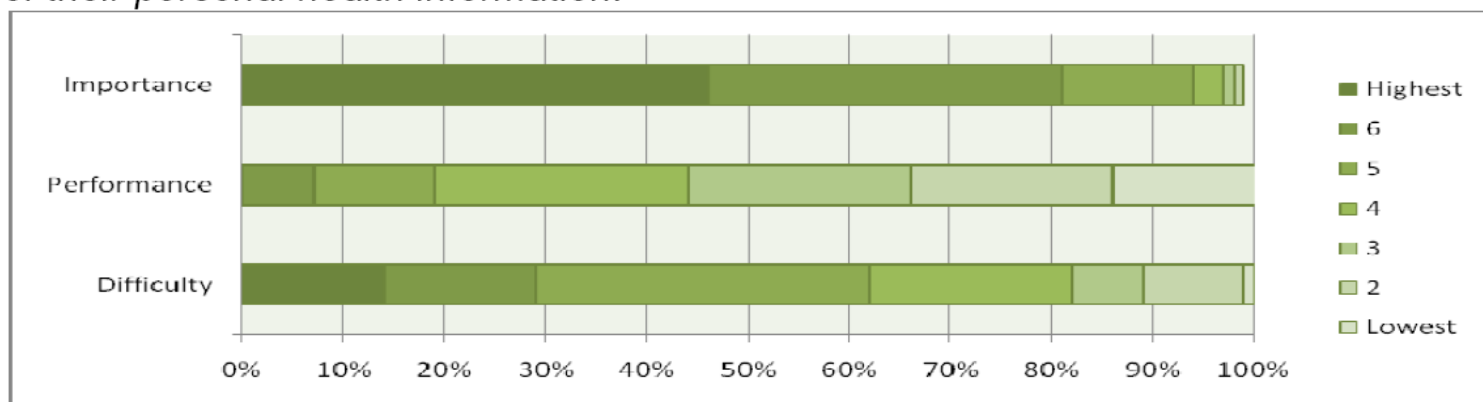


Importance = 6.3, Performance = 3.2, Difficulty = 4.7<sup>20</sup>



# Collection and Use of Personal Health Information

- b. **Collection and Use of Personal Health Information** - *Personal health information of the individual consumer is obtainable consistent with applicable federal and state law. It is accurate, up-to-date, and limited to what is appropriate and relevant for the intended use. Consumers have a right to the privacy of their personal health information, taking into account existing exceptions under law. Consumers are apprised when they have a choice in how their personal health information is used and shared and when they can limit uses of their personal health information.*

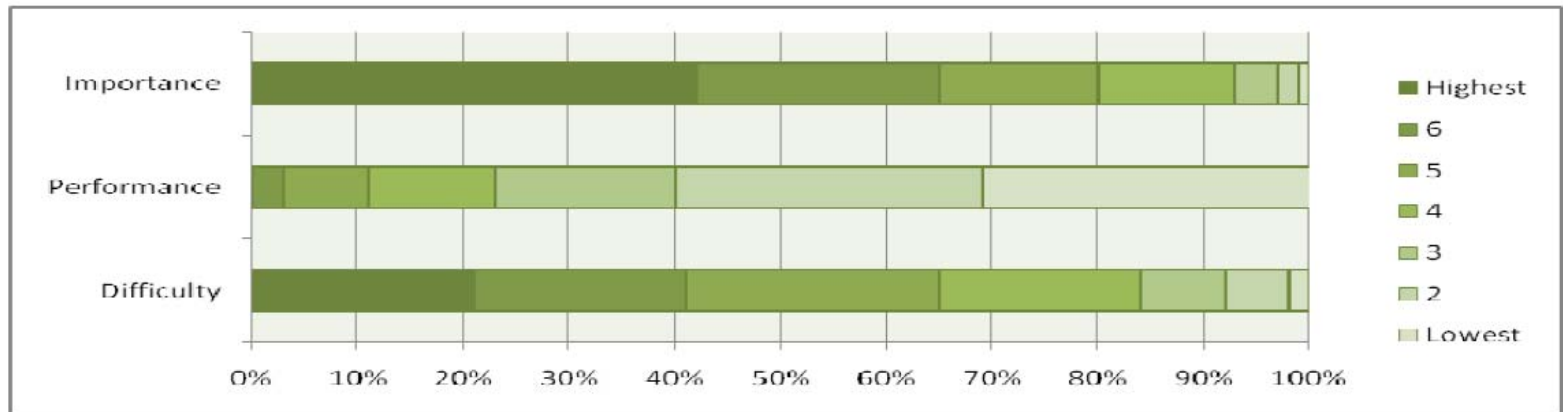


Importance = 6.2, Performance = 3.2, Difficulty = 4.8<sup>20</sup>



# Individual Control

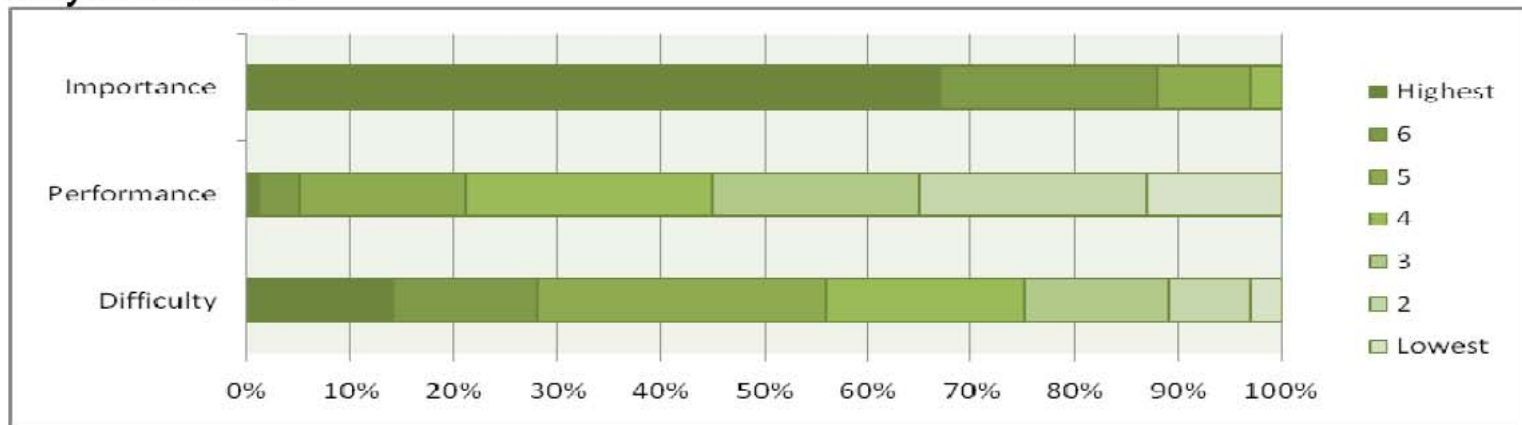
- c. **Individual Control** - *Individuals are able to limit when and with whom their identifiable personal health information is shared. Individuals are able to delegate these responsibilities to another person. Individuals are able to readily obtain an audit trail that discloses by whom their personal health information has been accessed and how it has been used.*



Importance = 5.8, Performance = 2.4, Difficulty = 5.0<sup>20</sup>



- d. **Security** - Measures are implemented to protect the integrity, security, and confidentiality of each individual's personal health information, ensuring that it cannot be lost, stolen, or accessed or modified in an inappropriate way. Organisations that store, transmit, or use personal health information have in place mechanisms for authentication and authorization of system users.



Importance = 6.5, Performance = 3.2, Difficulty = 4.6<sup>20</sup>

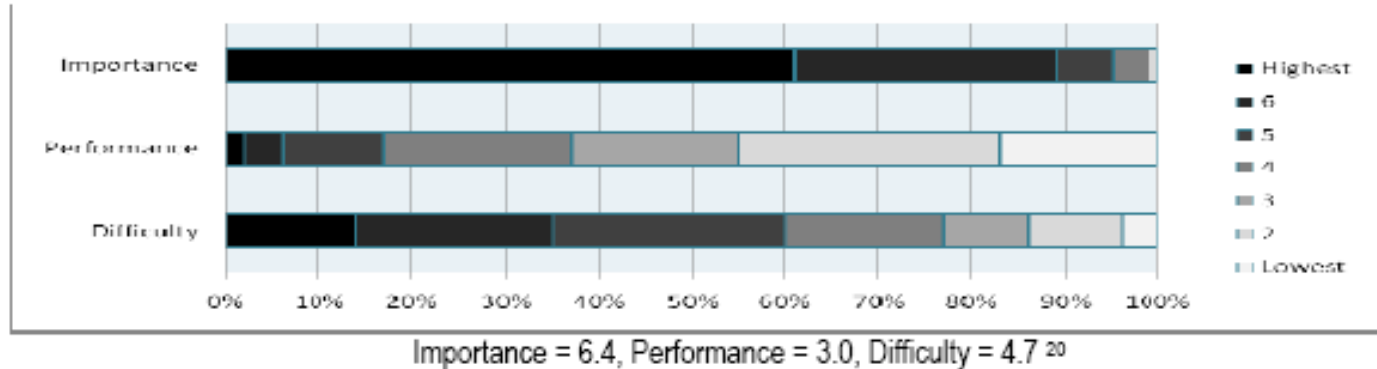


# Policy and implementation

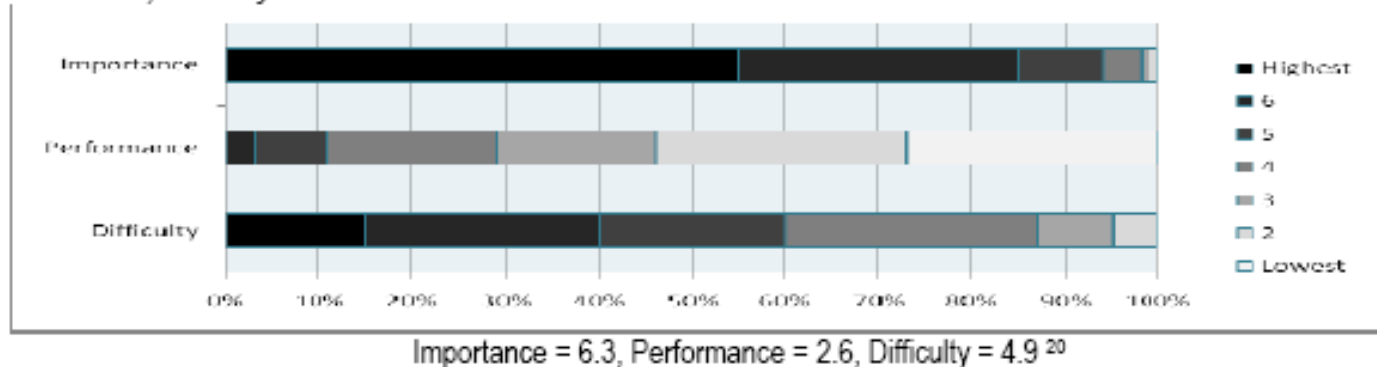
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- **Policies and procedures are monitored for compliance, and consumers are informed of existing remedies available to them if they are adversely affected by a breach of security. Consumers trust and rely upon the secure sharing of healthcare information as a critical component of high quality, safe and efficient healthcare.**
- **Policy development and implementation bodies, both government and private deliver clear and insightful leadership of e-health programs within the health sector. They have a deep understanding of the cultural and operational complexities of the area and ensure that programs are appropriately structured and funded to be successful**

- a. **Recognition of eHealth Benefit** - *The Federal and State Governments recognise and accept that eHealth systems and process are a central enabler of transformational change in healthcare.*

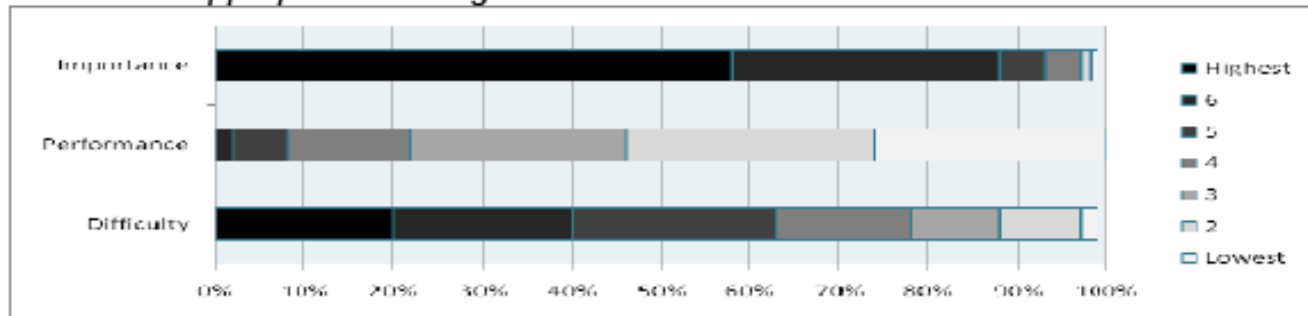


- b. **eHealth Governance Structure** - *Australia has a fully functional governance framework for e-Health that makes it clear who should be doing what and what their accountabilities and responsibilities are. This covers consumers, the Commonwealth, the States and Area Health Services, GP Divisions, NEHTA, AHMAC, AHIC, eHMAC, NEHTA, Standards Australia, and system vendors.*

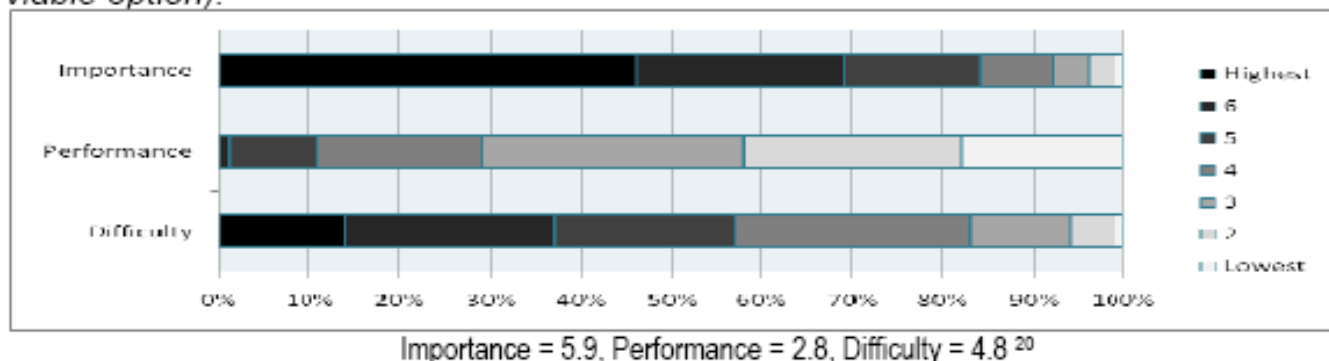




- c. **Recognition of the Funding Commitment Required for Effective Change** - *There is a recognition that the current levels of investment in Health IT are not sufficient to enable the improvements in efficiency and safety that the public expect. The relevant funding authorities have a clear appreciation of the level of funding required and a commitment to ensure that appropriate funding is made available.*



- d. **Understanding of the Structure and Culture of the Health Environment** - *There is a recognition that the inherently conservative nature of the health sector means that management of the introduction of technology and new processes needs to be undertaken in a consultative way that is sensitive to local needs (top down system imposition is not a viable option).*



# Reports

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- A Vision for an Australian Healthcare System Transformed by Health Informatics [www.hisa.org.au](http://www.hisa.org.au)
- Health Initiative Blueprint: Building Consensus for Common Action <http://www.ehealthinitiative.org/blueprint/>



# Coalition for eHealth

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- The Coalition for eHealth is comprised of most of the organisations currently involved in eHealth in Australia.
- **The Coalition strongly supports the development of a national plan for eHealth.**
- The best outcomes from the plan will only arise if it is developed through a consultative process and is supported by key stakeholders.

# Members - Consumers, Patients & Carers

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- Cancer Voices Australia
- Choice - Australian Consumers Association
- Consumers' Health Forum of Australia
- Leukaemia Foundation of Australia
- Cancer Council

# Members - Health and Aged Care Colleges, Societies & Associations

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- AAPP - Australian Association of Pathology Practices
- AACB - Australian Association of Clinical Biochemists
- ACAA - Aged Care Association Australia
- ACHI - Australian College of Health Informatics
- ACHSE - Australian College of Health Service Executives
- ACRRM - Australian College of Rural and Remote Medicine
- ADIA - Australian Diagnostic Industry Association
- AGPN - Australian General Practice Network
- AHHA - Australian Healthcare and Hospital Association
- AMA - Australian Medical Association
- ASM - Australian Society of Microbiology
- APS - Australian Psychology Society
- HIMAA - Health Information Managers Association Australia
- NCOPP - National Coalition of Public Pathology
- OT Australia
- RACGP - Royal Australian College of General Practitioners
- RACMA - Royal Australian College of Medical Administrators
- RANZCR - Royal Australian New Zealand College of Radiology
- RCNA - Royal College of Nursing Australia
- RCPA - Royal College of Pathologists of Australasia
- Speech Pathology Australia

# Members - Informatics Societies, Associations & Research Units

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- ACS - Australian Computer Society
- AEEMA - The Australian Electrical and Electronic Manufacturers' Association
- AIIA - Australian Information Industry Association
- ANCC EH - Australian National Consultative Committee on eHealth
- CSIRO through The Australian e-Health Research Centre
- Engineers Australia
- HISA - Health Informatics Society of Australia
- HIPS - Health Information Privacy & Security
- MSIA - Medical Software Industry Association
- Melbourne University
- Monash University
- NIA - Nursing Informatics Australia
- Sydney University
- University of NSW

# Members - Standards Development & Testing Organisations

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- AHML - Australian Healthcare Messaging Laboratory
- ACHS - Australian Council on Healthcare Standards
- HL7 Australia
- IHE Australia - Integrating the Health Enterprise
- OpenEHR
- Standards Australia
- National Pathology Accreditation Advisory Council
- NCCH - National Centre for Classifications in Health

## **It is important the plan**

- Be a partnership between healthcare providers and the Australian community
- Encompasses services provided by both the private and public sectors
- Covers the services required in each phase of life
- Has a 10 year horizon with 3 year and 6 year views



# Consensus Statement

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- Clearly identifies all of the elements needed for the success of the plan including cultural, organisational, technical & financial aspects
- Is a living document which is periodically monitored and evaluated
- Supports sustainability of the health system
- Has a formal provision for the ongoing involvement of all key stakeholders
- Has sufficient support and appropriate governance such that changes of administration do not delay or impede its implementation



# **Thank You**

## **HIC '08 Organising Committee**

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**Marcus Wise**



# **Thank You**

## **Keynote Speakers**

**Maike Bainbridge**

**Lyle Berkowitz**

**Phil Burgess**

**Ken Harvey**

**Helen Hopkins**

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**Cystic Fibrosis SA**

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**MSIA**

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**Rural Doctors Association of Australia**

**Standards Australia**





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# **Thank You HISA Office**

**Brendan Lovelock**

**Maureen Pang**

**Pauline Taylor**

**Carolyn Lawson**

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**See you at HIC'09**  
**August in Canberra**



- **HIC'09 - Frontiers in Health Informatics – Toward Personalised Medicine**

- Themes

- Genetics - Where the Genome meets the EHR
    - Robotics
    - Information - Large dataset discovery
    - Nanotechnology

- New Partners

- Bioinformatics Australia
    - CSIRO - The Australian e-Health Research Centre
    - Computer Assisted Radiology and Surgery Society
    - Human Genetics Society of Australia