



Health Informatics Society Australia Ltd.

A Vision for an Australian Healthcare System Transformed by Health Informatics

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Health Informatics Society of Australia

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Summary

In the issue of the Medical Journal of Australia¹ published just prior to the November 2007 election, a number of commentators including the Federal Minister and Shadow Minister reflected on the Australian health system and their plans for its future. The members of the Health Informatics Society of Australia (HISA)² believe there is a yawning gap in this analysis both in terms of the size of the problem and how it might be fixed.

There is a looming crisis in the health care system from an unprecedented simultaneous bulging in demand and reduction in workforce. Ten-fold improvements in productivity will soon be required³ and this can only happen if the work of those in healthcare is leveraged and healthcare consumers become more engaged in the process. Health informatics is critical to both strategies.

The need for eHealth is more than for efficiency alone however, health informatics is now seen as an increasingly important weapon against disease in its own right and there is mounting evidence that when used properly both health outcomes and consumer satisfaction can be improved⁴. Health informatics is also an essential component of any quality and safety agenda for Australia.

HISA strongly holds the view that Australia lacks a vision for the health system and in particular how it could be transformed by health informatics. HISA believes it is both essential and urgent that there be an agreed vision and an appropriately resourced plan.

In October this year the US based eHealth Initiative published their 'Blueprint: Building Consensus for Common Action'⁵. The 'Blueprint' appeared to accurately and succinctly articulate a desirable vision of a healthcare system transformed by health informatics which was appropriate to Australia. HISA undertook a survey of its members and supporters to test whether this was so and to expand on the vision for the Australian context. The survey had more than 200 respondents and showed overwhelming support for the vision which in summary for Australia was:

1. **Engaging Consumers** - Patients will be 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 customized to the diversity of consumers. These tools are integrated into the delivery of care, and are conveniently available outside healthcare settings as well.
2. **Transforming Care Delivery at the Point of Care** - 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.
3. **Improving Population Health** - 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.

¹ http://www.mja.com.au/public/issues/187_09_051107/contents_051107.html

² HISA is a scientific society that was established in 1993 which has as its aim to improve healthcare through health informatics. It provides a national focus for health informatics, its practitioners, industry and users. It advocates on behalf of its members and provides opportunities for learning and professional development in health informatics. See www.hisa.org.au

³ Dr Peter Flett – Pathology Workforce in WA, Keynote Address AACB The Business of Pathology Conference, Sydney November 2007

⁴ Sir Muir Gray – The Third Healthcare Revolution, Keynote Address Medinfo, Brisbane August 2007

⁵ Health Initiative Blueprint: Building Consensus for Common Action <http://www.ehealthinitiative.org/blueprint/>

4. **Aligning Financial and Other Incentives** - 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.
5. **Managing Privacy, Security and Confidentiality** - 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.
6. **Policy and Implementation** - Policy development and implementation bodies, both government and private deliver clear and insightful leadership of eHealth 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.

Respondents scored our current performance against this vision poorly but acknowledge that it will not be easy to attain.

HISA takes no issue with the list of challenges for the healthcare system listed by Armstrong et al⁶ in their MJA paper namely:

- *The next Australian Government will confront major challenges in the funding and delivery of health care.*
- *These challenges derive from:*
 - *Changes in demography and disease patterns as the population ages, and the burden of chronic illness grows;*
 - *Increasing costs of medical advances and the need to ensure that there are comprehensive, efficient and transparent processes for assessing health technologies;*
 - *Problems with health workforce supply and distribution;*
 - *Persistent concerns about the quality and safety of health services;*
 - *Uncertainty about how best to balance public and private sectors in the provision and funding of health services;*
 - *Recognition that we must invest more in the health of our children;*
 - *The role of urban planning in creating healthy and sustainable communities; and*
 - *Understanding that achieving equity in health, especially for Indigenous Australians, requires more than just providing health care services.*
- *The search for effective and lasting solutions will require a consultative approach to deciding the nation's priority health problems and to designing the health system that will best address them; issues of bureaucratic and fiscal responsibility can then follow.*

⁶ Bruce K Armstrong, James A Gillespie, Stephen R Leeder, George L Rubin and Lesley M Russell, Challenges in health and health care for Australia, MJA 2007; 187 (9): 485-489, http://www.mja.com.au/public/issues/187_09_051107/arm11047_fm.html

Indeed many of the written comments from the survey reported here support these views. There is however the implication by the absence of comment in their paper, and the papers by Abbott⁷, Roxon⁸ and Capolingua⁹, that health informatics is seen merely as an enabling technology with the presumption that if you get the other plans in place, eHealth will somehow sort itself out. We, on the other hand, believe this to be a major and complex engineering project of the scale of a Snowy Mountains Scheme that can only happen properly with a good plan and the resources to implement it.

This paper contains a vision that is strongly supported for application in Australia by those who have an understanding of health informatics. While it should be tested more widely, this should not delay the urgent development of a national resourced plan that would get us to a vision like this one. That plan should include strategy development, a business case, an implementation plan and a benefits realisation plan.

Too often in the past there has not been a good understanding of what needs to be done and the constancy of purpose that is required to get it done. Australia needs political champions who can provide the necessary leadership in collaboration with the healthcare community to move us quickly to a new healthcare system transformed by health informatics.

⁷ Tony Abbott, Good health systems, getting better, MJA 2007; 187 (9): 490-492

⁸ Nicola Roxon, Taking leadership — tackling Australia's health challenges, MJA 2007; 187 (9): 493-495

⁹ Rosanna Capolingua, A mandate to strengthen the health system, MJA 2007; 187 (9): 497-499