Connecting Health Professionals
Electronically
An Open Approach

DR DAVID GLANCE

david.glance@uwa.edu.au

GSMHN
Bringing Health Professionals Together

What is a Managed Health Network?

- Applications and infrastructure that allows:
  - Secure communication between all health professionals (and potentially patients)
  - Information sharing by integrating applications
    - Access to data in practice management systems
    - Analysis of data for clinical audit purposes
  - Access to new sources of information
    - Online health directory services
  - Access to new applications

What Problems Does it Address?

- Lack of communication between professionals or communications with high overheads
- Lack of integration between applications or poor facilities in applications (e.g. practice management systems)
- Lack of progress
- IT support – absent or inadequate support

Principles of Operation

- Technology should be as inclusive as possible
  - Open access rather than closed access
  - No reliance on underlying systems
  - No reliance on specific technologies like PKI
  - All formats of messages accepted (not just HL7)
- Cost should not be a barrier
  - Sending messages should cost less than a postage stamp or fax
- Technology suited to a vision of primary health care that is active not reactive

MMEx: Health Care Management

- Communication
  - Messaging
  - Patient information sharing
  - Online forms
- Management
  - Shared Patient information
  - Health Record
  - Medicines, Results
  - Population health
  - Shared care plans

MMEx: Communication

- Facility to send messages and files securely
- Access via:
  - Internet Browser
  - Practice Management System (e.g. MD3, Genie, Best Practice, Medtech32, etc)
  - Email client (e.g. Outlook)
- Address Book of participants categorised by region, occupation and other tags
- Automated download of files to upload into practice management systems

MMEx: Communication (cont...)

- Simple messages or HL7 based forms
  - Forms being developed include discharge summaries, referrals, requests and reports
  - Pre-population of data from practice management system
- Integration of pathology results

MMEx: Management

- Context dependent
  - Hospital
  - Aboriginal medical services
  - Primary care
- National Inpatient Medication Chart, progress notes, discharge summaries, etc
- Electronic health record
- Structured care plans
  - Acute Rheumatic Fever/Rheumatic Heart Disease register
  - Chronic disease
  - Palliative care
- Synchronisation of patient information
- Consent mechanism built-in

Organisation Participation

- WACHS, DoHWA
- KAMSC, ACCHS
- GP Networks (Great Southern, Kimberley, MidWest, Pilbara, Wheatbelt)
- Private practice (Specialists, Labs, Allied Health, Mental Health)
- HealthLink

Challenges and Opportunities

- Main issue is around change management and workflow rather than technology
- Organisational lethargy
- Lack of resources in rural hospitals (PCs and Printers)
- Cutting down on scanning and costs

Scenarios

- GPs
  - receiving reports from specialists, allied health
  - Sending requests, referrals
  - Shared Care Plans
- Allied Health
  - EHR
  - Communication
  - Care Plans

Scenarios

- Aboriginal Health
  - Disease registers
  - Care plans, primary care
- Hospital
  - NIMC (data provided by GPs)
  - Discharge summaries
  - Outpatient referrals
- Specialist Labs
  - Multimedia reports sent electronically

Questions