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HCCA submission on eHealth draft Strategies for Consultation

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Background

The Health Care Consumers' Association (HCCA) of the ACT was formed over 30 years ago to provide a voice for consumers on local health issues and now provides opportunities for health care consumers in the ACT to participate in all levels of health service planning, policy development and decision making.

HCCA involves consumers through:

- consumer representation
- consultations
- training in health rights and navigating the health system
- community forums
- information sessions about health services
- advocating for issues of concern to consumers

HCCA is an organisational member of the *International Alliance of Patient Organisations* (IAPO). IAPO is a unique, global alliance representing patients of all nationalities across all disease areas and promoting patient centred healthcare around the world. HCCA, like IAPO, supports the view that consumer-centred healthcare is the way to a fair and cost-effective healthcare system. We believe that consumer-centred health care can be successfully achieved through the application of five key principles:

1. Respect
2. Choice and empowerment
3. Consumer involvement in health policy
4. Access and support
5. Information

It is with reference to these principles that the HCCA has developed its submission to the draft eHealth strategies.

Introduction

HCCA welcomes the opportunity to provide feedback on these strategies.

This submission provides input from our members about the role of consumers within the strategy and includes ideas about how we can work more closely with the Health Directorate to achieve mutually advantageous outcomes.

Ehealth and Clinical Records 27/11/2012 V1.0

We endorse the overall approach, which, we believe picks up on many significant and relevant themes and areas of interest.

If the decision is to go with “best of breed”, then integration becomes an important issue. There are significant safety, skills and workforce issues that must be addressed.

We have identified two areas of concern.

- The first is the lack of a strategy to support integration and consistency across “best of breed” systems, including the facility to generate a complete and consistent view of the patient.
- The other issue relates to Change Management. Change Management needs to focus on culture change and benefit realisation as well as ensuring that people are trained in the use of the ehealth systems. Change management will need to maintain the focus on a “patient-centric” approach.

The following table contains comments on specific points raised in the strategy.

	Page	Section	Proposed Changes/Additions
1	Page 15	3.2.1	Integration with Calvary should be mentioned here. Calvary public hospital integration into the health directorate systems is a significant undertaking. Sharing information consistently across Health directorate locations and care settings is a desired state

2	Page 16	3.2.1	It would be good to mention that the ACT ehealth program will position the Health Directorate to adopt new technology and innovation eg tele-health decision support systems. The current wave of technology implementation provides significant “base technology” and infrastructure which enables the adoption of emerging technology eg unique patient identifier, data warehouse, single logon … The capacity to support emerging technologies is important. One of the failures of the national program is that information is not readily re-useable by other systems, because it is not structured to do so. For example, decision support systems cannot reprocess the information.
3	Page 19		Inclusion of information captured from biomedical devices in the future state on page 19 is forward-looking and an important achievement.
4	Page 29	5 Functional Capabilities	We wonder if reference to the Health Services Directory should be included below User Access (ie in between the EHR and the clinical portal) ?
5			***User Access*** should include engaging with relevant external health bodies eg Bega, Cooma and NSW hospitals to reflect exchange of health record information; teleconferencing with consultants and specialists; accessing pathology results/ imaging from private providers.
6			It would be helpful to explain how Electronic Whiteboards in the ***Technology layer*** will be used and where they will be deployed.
7			A description of how the Information Kiosks in the ***User Access*** layer will be used and where they will be placed would be helpful.
8			***User Access***: We would like to see specific mention of support for a mobile workforce rather than “mobile devices”. There are many community health workers, eg those involved in “hospital in the home “ that will need secure access to systems
9			*Management Operational layer* should include **Reporting** Reporting, both locally and nationally, is significant for Health Reform funding and public confidence
10			We suggest Secure Messaging should be included in the ***technology layer***?
11			***Integration Layer***: Include integration with National initiatives: eg National Product Catalogue, terminology standardisation and PCEHR + HPI.

12			The ***integration layer*** on page 29 is very different to that on page 30. It is not clear exactly what the Integration layer on page 29 provides. The Integration capability is an important safety issue in the context of “best of breed systems” It is not clear if there is a strategy for a unified and consistent view of patient information; and interoperability/integration of the “best of breed systems”. We suggest the Integration layer should include the following: Common Terminology; Change Management and Process and workflows. Should “Concerto” be an integration tool? Perhaps “clinical data repository”/ EBIS is integrative rather than an efficiency tool and move out of management?
13			It might be useful to include the work with Calvary to integrate data as a separate initiative.
14			It would be good to include an appendix with a brief description of the project in page 31.
	Page 31		It would be good to include a rough timeframe for the projects. Eg completed by Dec 2013, 2014, 2015….
15			It would be good to identify key projects, particularly those likely to have a major impact across the business.
			Perhaps, under unfunded projects, it would be relevant to mention the possibility of a new public hospital (probably in the Belconnen area)?
16			Integration of work flows and processes across “best of breed” systems and the capacity to provide a consistent and comprehensive view of the patient interactions across EMRs is key, from a safety perspective. EMM (Medication management) will cut across EMR systems.
17		5.2.4	Funding and resourcing needs to be aggregated at a program level rather than just the project level It was not clear whether the strategy will result in growth of the ICT support cost and resources and skills requirements.
18	Page 35	6.4	It would be helpful if the Change strategy addressed culture change as well as training tools required. Adopting a patient-centric approach needs to be reinforced in benefit statements.

19		6.5	Should there be a supporting strategy for the following: “EMR Integration”: selection of products/EMRs; Ideveloping processes/workflows; sharing data and developing a complete view of patient interaction; ensuring consistent information across systems?
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Electronic Medical Record Strategy (incorporating CRIS Replacement) V1.0

Main points

- The approach of the current and desired state is effective for the vision. We are pleased to see that the Strategy identifies many relevant issues.
- We are concern that the “patient centric” theme in the Ehealth strategy does not filter down in the EMR strategy.
- Integration becomes a significant issue, if the “best of breed” option is chosen. Significant safety, skills and workforce issues that must be addressed. There is no clear strategy for integration or maintaining consistent patient information across EMR systems. There is no strategy to support the identification of a patient that presents to emergency with one condition to be recognised as a Cancer patient and ensure that treatment/ medications do not conflict with one another etc… There should be continuous investment in integration across systems in order to obtain a comprehensive view of the patient across multiple EMR systems.
- While the principle is that data should be entered once, it is not clear how this will be achieved across EMRs. We are concerned that the “best of breed” approach may impede workflows.
- The strategy needs to explain how Care Planning across different EMR silos will be addressed.

Other comments:

6.1.1 Change management should not be limited to training in the tools/systems. It would be good to identify areas where there is significant change and significant expected benefits.

It would also be helpful to identify changes likely to impact certain business areas eg Medication Management.

6.2.1 Business Continuity: Raising the need for Business Continuity planning is an excellent point. We consider outlining the current Disaster Recover capability and current/desired state of business continuity would be a good addition.

8 Capabilities :

We suggest the proposed capabilities could be more comprehensive.

Proposed governance arrangements: (just below the bullet points on page 47) membership needs to be revised. We question whether the support personnel should be included on the investment board, as proposed by this paper?

Some discussion about the role of consumers be in the Governance process should be included.

Comments on Health-eFuture (National Health Initiative – Flyer)

It would be helpful to include an explanation of the acronym, PMI.

We are happy to discuss our submission further. Please contact Karen Jameson (hccapolicy@hcca.org.au; 6230 7800).