Australian Divisions of **General Practice**

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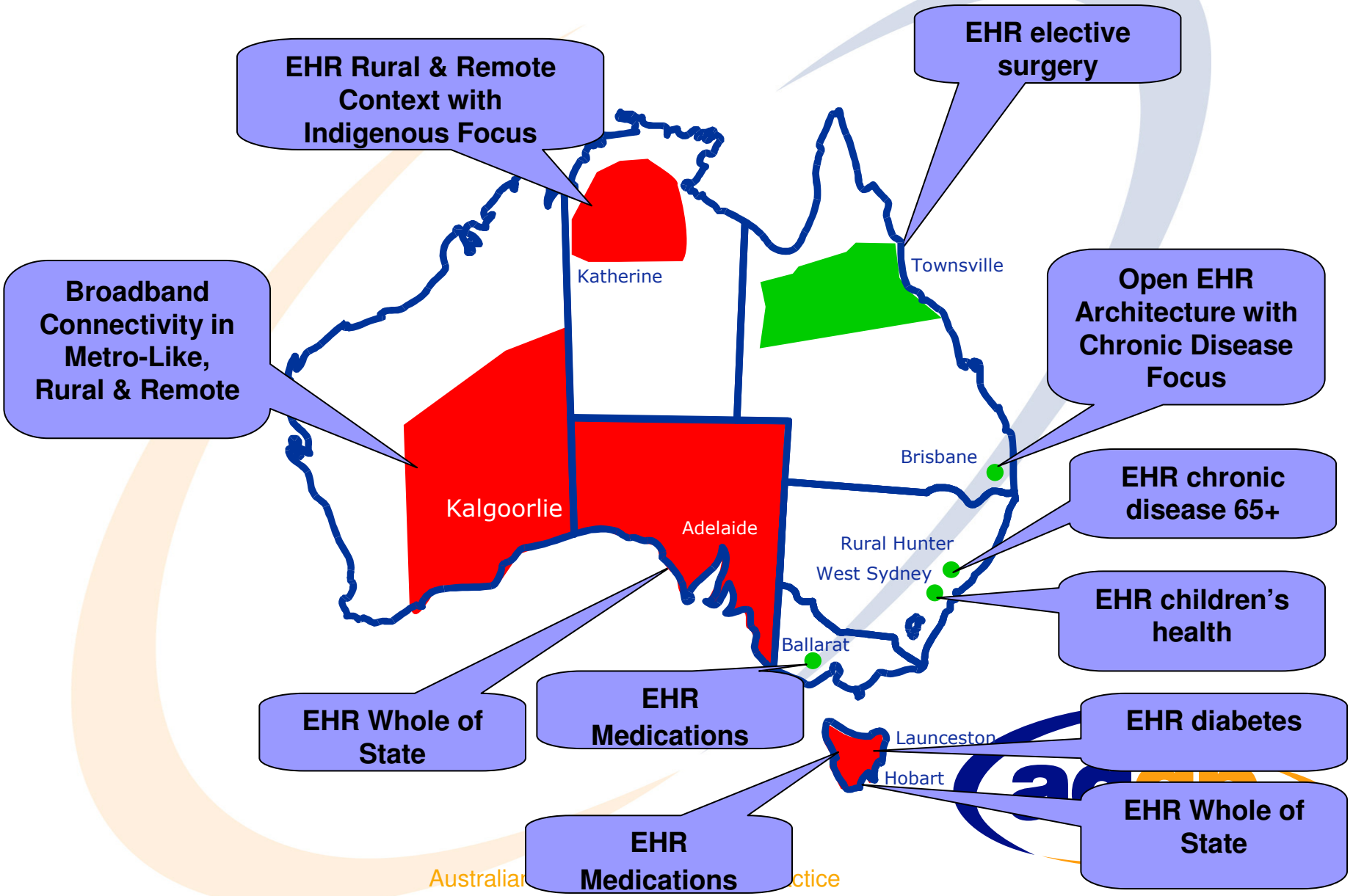
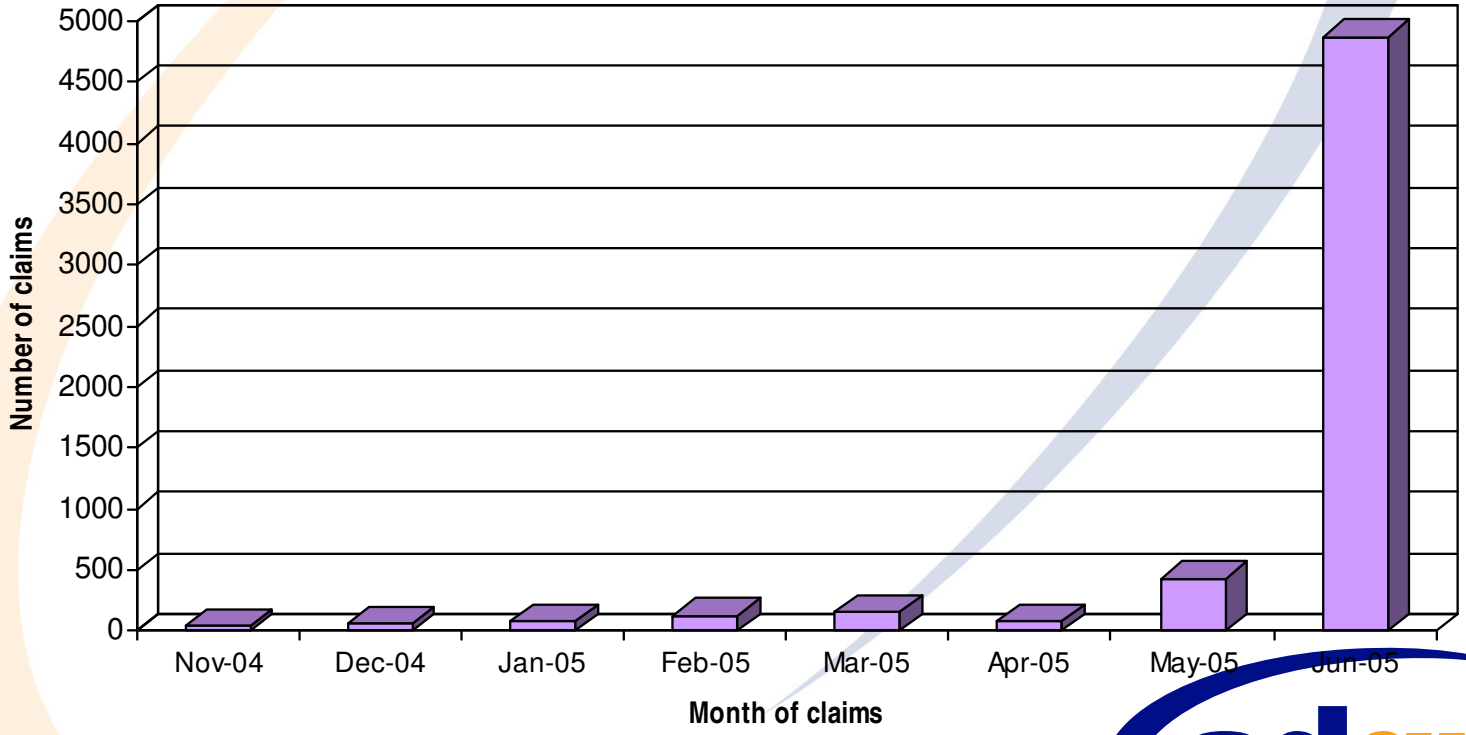
HealthConnect

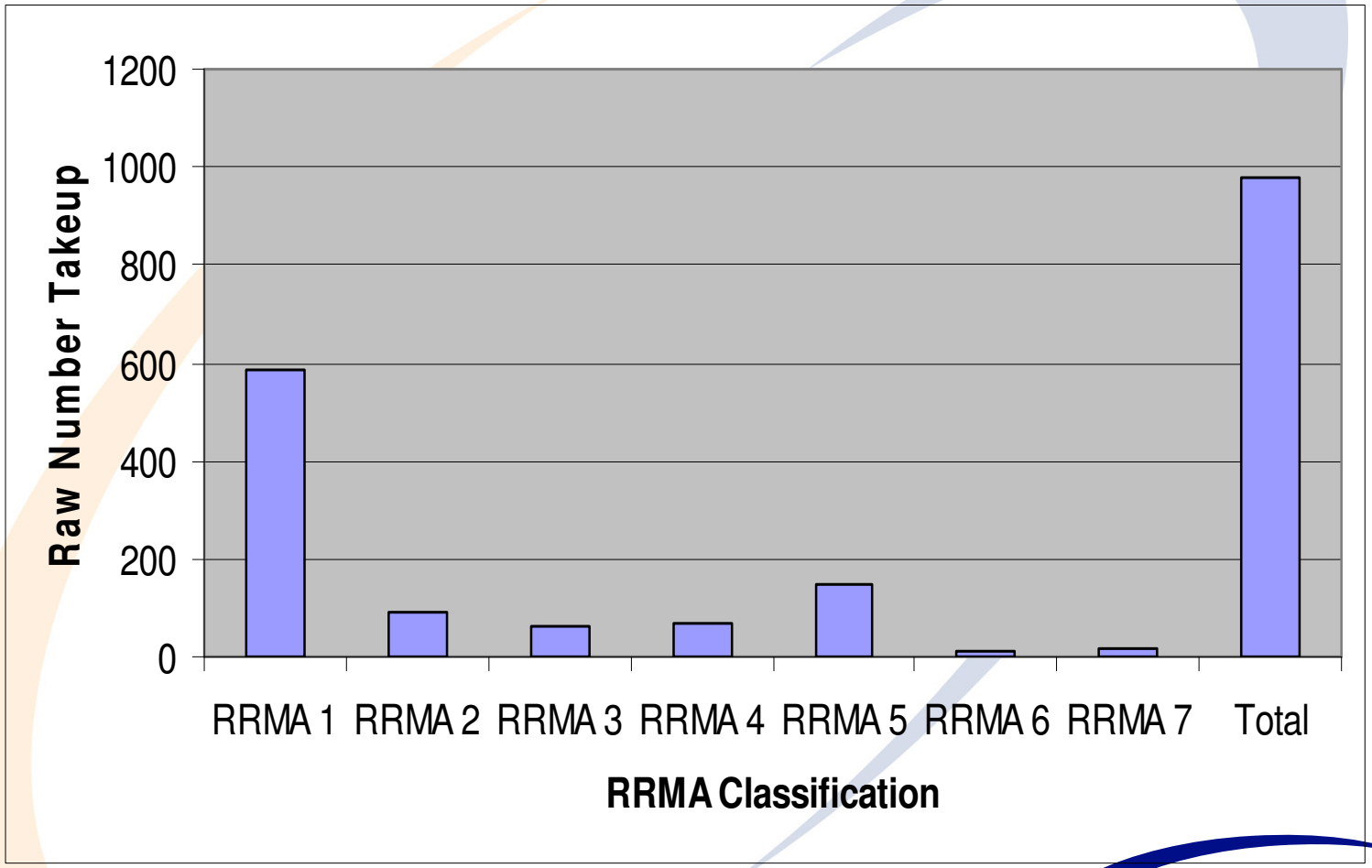
- An overarching change management strategy aimed at improving the safety & quality of health care delivery
- Partnership between the Australian, State & Territory Governments
- Enables healthcare reform by standardising health information management
- Improves health care decisions by providing access to relevant health information at the point of care


EHR Rural & Remote Context with Indigenous Focus
EHR elective surgery
Broadband Connectivity in Metro-Like, Rural & Remote
Open EHR Architecture with Chronic Disease Focus
EHR chronic disease 65+
EHR children's health
EHR diabetes
EHR Whole of State
EHR Medications
EHR Whole of State
EHR Medications
Katherine
Townsville
Kalgoorlie
Adelaide
Brisbane
Rural Hunter
West Sydney
Ballarat
Launceston
Hobart

General Trends: Mid-June #s

Broadband Demand in Australian Health




1200
1000
800
600
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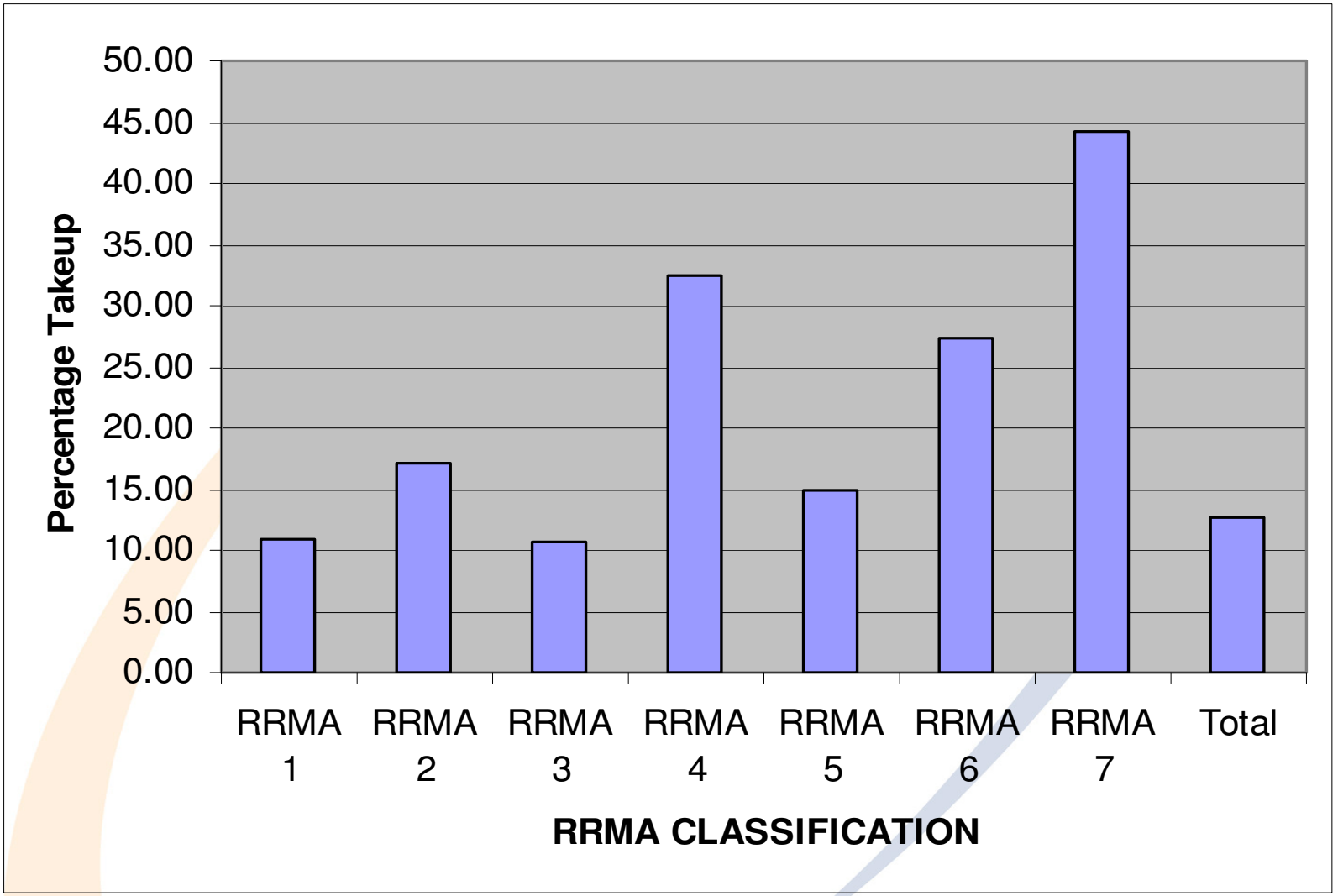
0
Raw Number Takeup
RRMA 1
RRMA 2
RRMA 3
RRMA 4
RRMA 5
RRMA 6
RRMA 7
Total
RRMA Classification



- Not complete numbers for June ~35% total now
- RRMA by Division not Practice

Grants for Innovative Broadband for Health Projects

- Guidelines and criteria being progressed
- Something out in Sept?

- Eastern Goldfields Project a hint for advanced services possible!

DIRECT VPN CONNECTIONS

Local Exchange

GPs & Their Homes

Specialists & Their Homes

Aboriginal Health Services

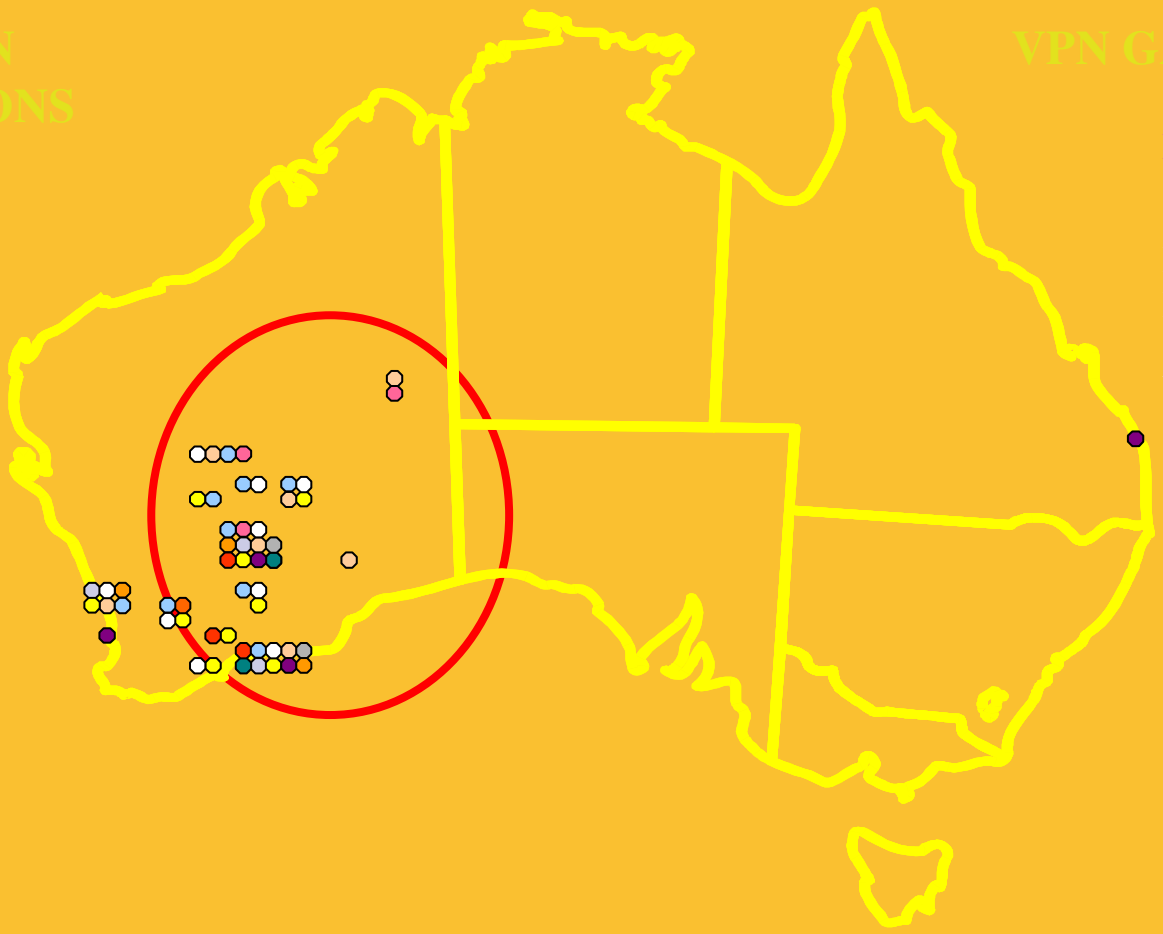
Medical Students & Their Homes

Hospitals

Division of General Practice (including Allied Health)

Aged Care Facilities

Pharmacies



VPN GATEWAYS

Private Pathology & Radiology

Royal Flying Doctor Service

UWA Rural Clinical School

WA Telehealth

Eastern Goldfields

- **Cross Provider Managed Network Service:**

- Applications hosted & managed from IP Systems data centres
- Delivered to sites connected via VPN
- Full security, anti-spam, virus protection & content filtering;
- Core applications – internet connectivity, VoIP, IP videoconferencing, secure email including provider directory with PKI interoperability
- Remote access to Practice Management Software

- Plus… the following applications currently being trialled…

Advanced services

- Remote access
- Teledermatology
- Online Workers' Compensation
- HIC online
- Secure Clinical Messaging
- Online Education
- RACGP Portal
- Peer Support Models & electronic decision support
- Electronic Discharge Summaries

HealthConnect Implementation

HealthConnect 1

- Drive provider connectivity and security

HealthConnect 2

- Drive state and territory projects

HealthConnect 3

- Drive interoperability - build SEHR

Enhanced Primary Care Items

- On 1 July new Chronic Disease Management Items replaced the EPC Multidisciplinary Care Planning Items which will be phased out by 1 November.
- The new items increase care planning options for GPs and expand patient eligibility for care plans.

New CDM Item Numbers

- 721 Preparation of a GP Management Plan
- 723 Coordination of Team Care Arrangements
- 725 Review of a GP Management Plan
- 727 Coordination of a review of Team Care Arrangements
- 729 Contribution by a GP to a plan or review prepared by another provider
- 731 Contribution by a GP to a plan or review by another provider for residents of aged care facilities

More information on the CDM items

- ADGP commissioned interactive templates for the GP Management Plans and Team Care Arrangements, available at www.adgp.com.au
- Further information including Q&As, MBS item descriptors and explanatory notes are available at www.health.gov.au/chronicdisease

ADGP Role

- The Department of Health and Ageing funded ADGP to employ a National Chronic Disease Coordinator for six months.
- ADGP will:
  - Provide a national focal point for assistance and support to the Divisions Network.
  - Act as a central source for frequently asked questions, provide advice on interpretation, referral and resolution of queries in consultation with the Department.

ADGP Role

- ADGP will:
  - **Consult** with appropriate networks, stakeholders and experts in chronic disease prevention and management including ATSI health.
  - **Provide assistance** and advice to the Divisions network about the relationship between the new CDM items and related measures (eg Practice Nursing, allied health and Lifescripts)
  - **Advise** the Network on how the implementing the CDM items will support the new **planning and reporting framework.**

SBO Role

- Develop, implement and assess CDM item awareness, education/training, promotional, uptake and support activities including information sessions.
- Deliver support to general practice through its Divisions of General Practice and to other stakeholders including Aboriginal and Torres Strait Islander health stakeholders in the use of the new CDM items.

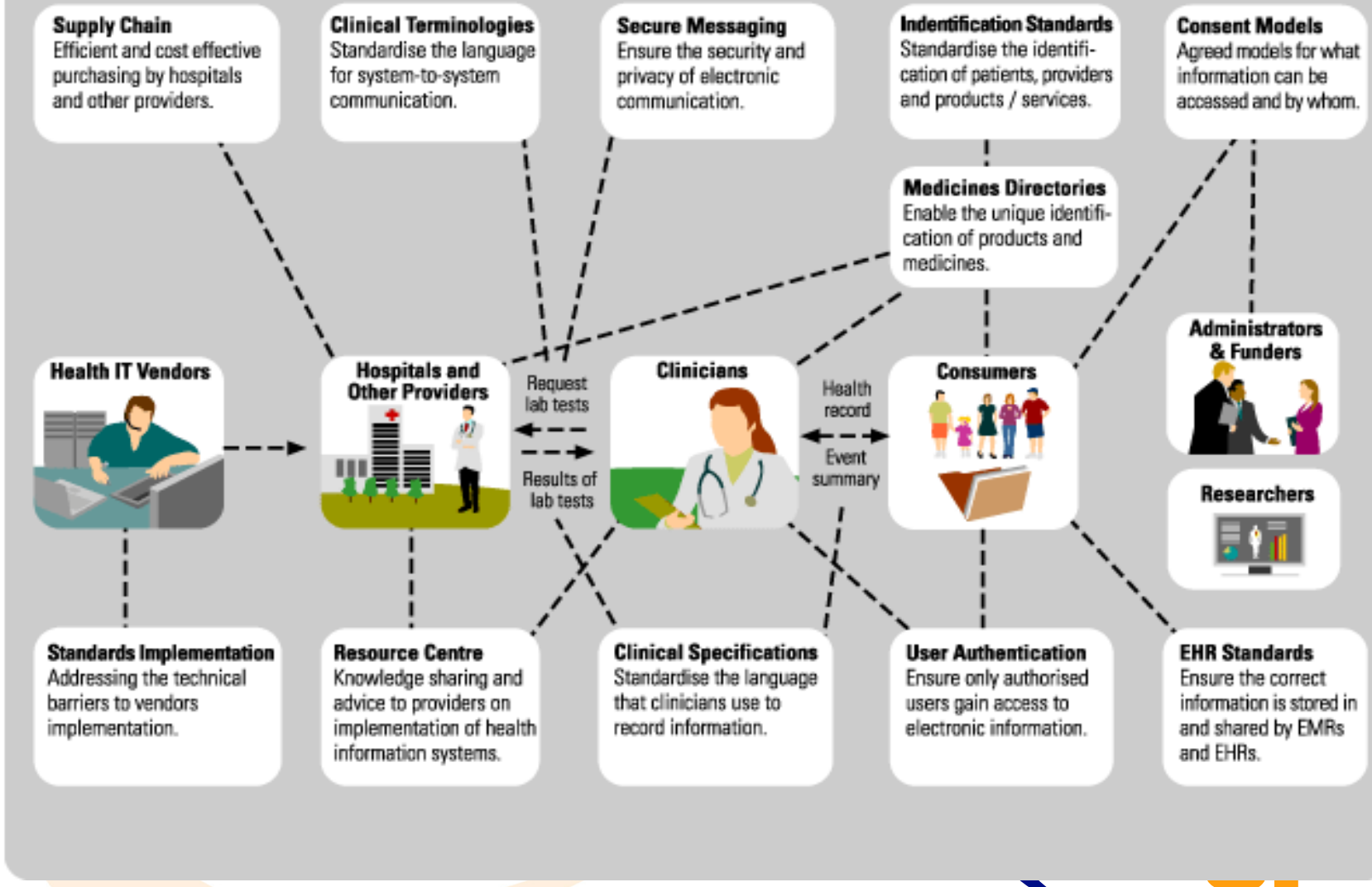
NEHTA Update www.nehta.gov.au

- NEHTA asked to
  - Provide the **standards** for the exchange of clinical information
  - Ensure patients, providers, products and services are **uniquely identified**
  - Enable information to be **securely transferred** between systems
  - Provide **shared information** resources
  - Increase **sectoral efficiency** by facilitating reform
  - Establish **enabling processes** to manage change
  - Adopt **specifications** for a national shared electronic health record

NEHTA

- National E-Health Transition "Authority"
- Work plan for 2005-2006
- Projects need Business plan Approval by board but…..given that's a given!

Overview of the National E-Health Priorities



1. Clinical Information Initiative

- **Build on existing standards**, extending as required. Published in both human-readable form, to ensure that clinicians and implementers can readily understand them; and in machine-readable formats, to ensure that computer system engineers and vendors can implement them consistently and unambiguously.

In 2005-2006 activity will include the:

- Development of **national event summary templates** for Discharge Summary and Referral;
- Identification of key projects ready to adopt nationally agreed specifications, and
- Development of processes to support feedback and evaluation from field implementations.

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2. Clinical Terminologies

- If **information** is to be safely **exchanged**, it must be recorded in a way that can be subsequently used and **consistently interpreted** for communication, to accurately record events, to enable decision support and to enable further analysis and monitoring of health outcomes.

- EHRs, care plans and event summaries (such as discharge summaries and pathology reports) which are to be shared across organisations and sectors, will rely on recording information in a way that accurately conveys the same meaning to all users who access the information. Life-long EHRs must also record information in a way that remains **consistent and interpretable** over many years.

- **SNOMED CT** has been endorsed as the preferred solution for a comprehensive national clinical reference terminology, it will need to be supplemented by local domain terminologies for medicines, devices and pathology.

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3. Personal Healthcare Identifier

- The (PHI) Initiative will establish **accurate identification of an individual** for health care purposes. The PHI will be assigned to all Australians and recognised across the entire health care sector.
- A PHI system requires the retention and maintenance of an accurate **core set of personal data** for every individual accessing Australian health services. It will lever off existing national infrastructure .

Key activities to be undertaken in 2005-2006 focussed on:

- Completion of a detailed system design for the PHI national infrastructure;

- Project initiation and commencement of the operational phase.

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4. Healthcare Provider Identifier

- Develop and implement national infrastructure that enables **unique identification of providers** within the health sector
- The HPI will also assist in ensuring that only authorised providers gain access to consumers' clinical information.
- The HPI system will provide identifiers for **both individual providers** and their **business entities and workplace locations** as required. Although some leveraging of existing national infrastructure will be possible, a business case to build the HPI system is currently under development.
- Key activities to be undertaken in 2005-2006. In particular, NEHTA activity is focused on:

  - Completion of a detailed system design for the HPI national infrastructure;
  - Project initiation and commencement of the initial HPI system build.

Project Leader:

Roger Glenny
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5. Medical Products Directory

- The **identification and naming of medicines and devices** to populate a medical products directory that will be accessible to all.

- Work in this area to date has included development of a specification for an Australasian Medicines and Devices Terminology (AMDT). This work builds on the approach taken by the Australian Government Department of Health and Ageing (DoHA).
- The Australian Catalogue of Medicines (ACOM), will soon be available to the pharmaceutical industry to populate current and consistent product data. ACOM is recognised as an important contribution to this project and will be the central source of up-to-date product information to the formulary.

The initiative has been designed to support the following key requirements:

- **Enable unique identification of medicines, core components of these medicines, packaging where appropriate and other essential related concepts to support electronic information systems in both hospital and community**
- Represent medicines as well as prescribable medical devices, recognising that medical devices are also managed through the same processes of ordering, supply and administration.
- Provide links with core medicines classifications used to identify potential allergic reactions, interactions and other purposes such as drug utilisation monitoring

Project Leader:
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6. Supply Chain Efficiency

- Greater efficiency in the supply chain within the health sector offers the potential for substantial savings.
- A **national product catalogue across all procurement categories** enables suppliers to maintain a single suite of standards for all health jurisdictions and provide a cost effective way of maintaining current and accurate supply information;
- An **e-procurement hub** to facilitate relevant data transfer, and to potentially provide electronic workflow tools; and
- Business intelligence tools to further enhance analysis and reporting.
- Will build on structures and processes already operating in jurisdictions by **leveraging existing investment**. Based on best practice learning from jurisdictions, international equivalent organisations and industry; and appropriate local and international standards.

Project Leader:

Ken Nobbs
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7. Interoperability Framework

- To develop a shared understanding through **a repository of common standards, processes and information components,** as well as methodologies for their use. The three levels of interoperability covered by the framework are:

  Organisational business processes will be aligned through use of a common enterprise language ensuring concepts and processes are comparable and interoperable.
- An **information interoperability map** will bring together the many NEHTA information initiatives including terminologies, directories, EHR structures, and basic information elements.
- **Technical interoperability** will be supported through the definition of a standards catalogue structure and population from standards use within NEHTA initiatives.
- Appropriate conformance testing and certification processes will ensure compatibility of standards implementation through consistent interpretation to facilitate solution integration.
- Project Leader:

  Dr Andy Bond
  andy.bond@nehta.gov.au

8. Secure Messaging

- NEHTA is working to define the national standards and shared infrastructure required to ensure **clinical information** can be **accurately, reliably and securely exchanged** between providers.
- A standards-based approach will create the foundation for an e-health environment that is sustainable and can evolve to meet future requirements.
- The secure messaging initiative has conducted an analysis of current e-health requirements as well as taking into account future e-health objectives.
- **Person-to-person** messaging will utilise secure **Internet e-mail standards**
- **System-to-system** messaging will adopt standards from the **web services suite.**

Project Leader:

Robert Wood
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9. User Authentication

- **User authentication and access control** underpin many NEHTA initiatives including secure messaging, healthcare provider identifier and the e-health consent framework.
- In 2005-06 design for a national user authentication service.
- Functional and technical analysis will take into account existing authentication solutions in e-health as well as the broad range of available alternatives including jurisdictional, agency, and industry solutions (within and beyond health).
- Detailed solution specifications will be developed **based upon NEHTA interoperability standards.** A migration strategy will transition stakeholders from existing solutions toward the common authentication model.
- **Guidelines for adoption** will define scenarios for use within secure messaging and other NEHTA initiatives and profiles for compliance and certification will be provided for verification of technical interoperability.

Project Leader:

Dr Andy Bond
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10. E-Health Consent Framework

- **E-health consent** frameworks **support** – the shared electronic health record (SEHR), the Personal Healthcare Identifier (PHI), and the Healthcare Provider Identifier (HPI) projects.
- **Privacy protection** in Australia is a complex patchwork.
- NEHTA's approach involves taking a **holistic view of privacy requirements**, providing strong privacy protection while enabling the implementation of an operationally and financially feasible SEHR system. It does not support an emphasis on "consent" to the exclusion of other important privacy requirements and argues that consent and privacy requirements must be assessed against specific initiatives or proposals.
- A **detailed legal, operational and technical analysis** of privacy requirements will be undertaken alongside the further development of the SEHR, PHI and HPI projects. A privacy impact assessment will be undertaken as part of this process.

- Project Leader:
  Dr Bridget Bainbridge
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11. Electronic Health Record Design

- There are two major elements of NEHTA's work program in this area:

11.1 Recommend Shared EHR specs for adoption in the Australian health sector

- **Review standards** being developed around the world to define the structure and content of SEHR information
- Assesses their utility and potential impact on future Australian developments
- Identifies and **recommend the most appropriate** specifications for SEHR for use in the Australian health sector.

11.2 Define requirements for a national network of SEHR record.

- Concept of Operations document that describes how a national network of shared-EHRs would operate.
- **Draft Requirements and Design Architecture for a national network of shared-EHRs**

Project Leaders:
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12. Standards Implementation

- **Enabling consistent and interoperable adoption** of NEHTA specifications and standards. Based on:

- Interaction with peak standards organisations – locally and internationally;
- Interaction with jurisdictions, international equivalents and the vendor community;
- Providing an online resource that supports the implementation of NEHTA specifications.
- 2005-06 will comprise development of:

- A **National framework for interaction with standards organisations** within Australia and internationally. This framework will provide an analysis of the activities required to support uptake of NEHTA specifications and provide guidance regarding the adoption of the specifications and recommendations;
- An **Industry Engagement Strategy** that will include stakeholders and vendors. The strategy will identify adoption pathways, drawing on the health sector and experience in other industries.
- The NEHTA Resource Centre to publish the resources necessary to support implementation of NEHTA specifications

Project Leader:
Helen Murray
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Finally ……

- IMITPolicy@lists.adgp.com.au

- 140 Division members
- IMITTech@lists.adgp.com.au
- Growing by the day

- Divisions of Excellence in IM/IT/ICT