EHR Framework for Divisions of General Practice

Adrian Beekmeijer

abeekmeijer@adgp.com.au

Announced at Divisions Forum

- A National Divisions Network approach to E-health reform

- http://www.health.gov.au/internet/ministers/publishing.nsf/Content/9869469A5C37A00BCA2570B100772197/$File/bis166.pdf

IN SUMMARY

- A new National Health Information Strategy for Divisions of General Practice.
- Up to $7 million ~ fours years for the critical elements of a successful, practical and workable strategy. Including:
  - Regional Health Information Management Consultants across Australia, embedded in the network, to support implementation and change;
  - A Virtual Private Network, to provide a secure repository for shared information and knowledge; and
  - Data extraction tools [Not really!], to enable agreed, relevant practice and clinical information to be accessed securely and easily.

WHAT IT MEANS

- Additional and focussed resources to work in and across Divisions sharing skills and ideas
- A secure HeSA smartcard portal to a shared server for Divisions and participating GPs
- A national interoperability framework for data collection and aggregation – Not software plugs at this stage.

The main data that has relevance to the NPI program is associated with the GP's Chronic Disease Management information desktop systems. It is associated with Asthma, Mental Health, Diabetes, and Immunisations. It is proposed that an agreed "Electronic Health Record" will be populated by information from the clinical desktop.

MEDICAL DIRECTOR

MEDICAL SPECTRUM

MEDTECH 32

GP GENIE

CLINICAL DESKTOP VENDOR DOMAIN

DESKTOP

DB

INTERFACE

PATHOLOGY

RADIOLOGY

MEDICINES

DEMOGRAPHY

ALERTS

PROBLEMS

EHR STRUCTURE

INTERNET

INTER-OPERABILITY FRAMEWORK

DATA AGGREGATION PROJECTS

- **FUTURE DIRECTIONS**

ELECTRONIC DECISION SUPPORT

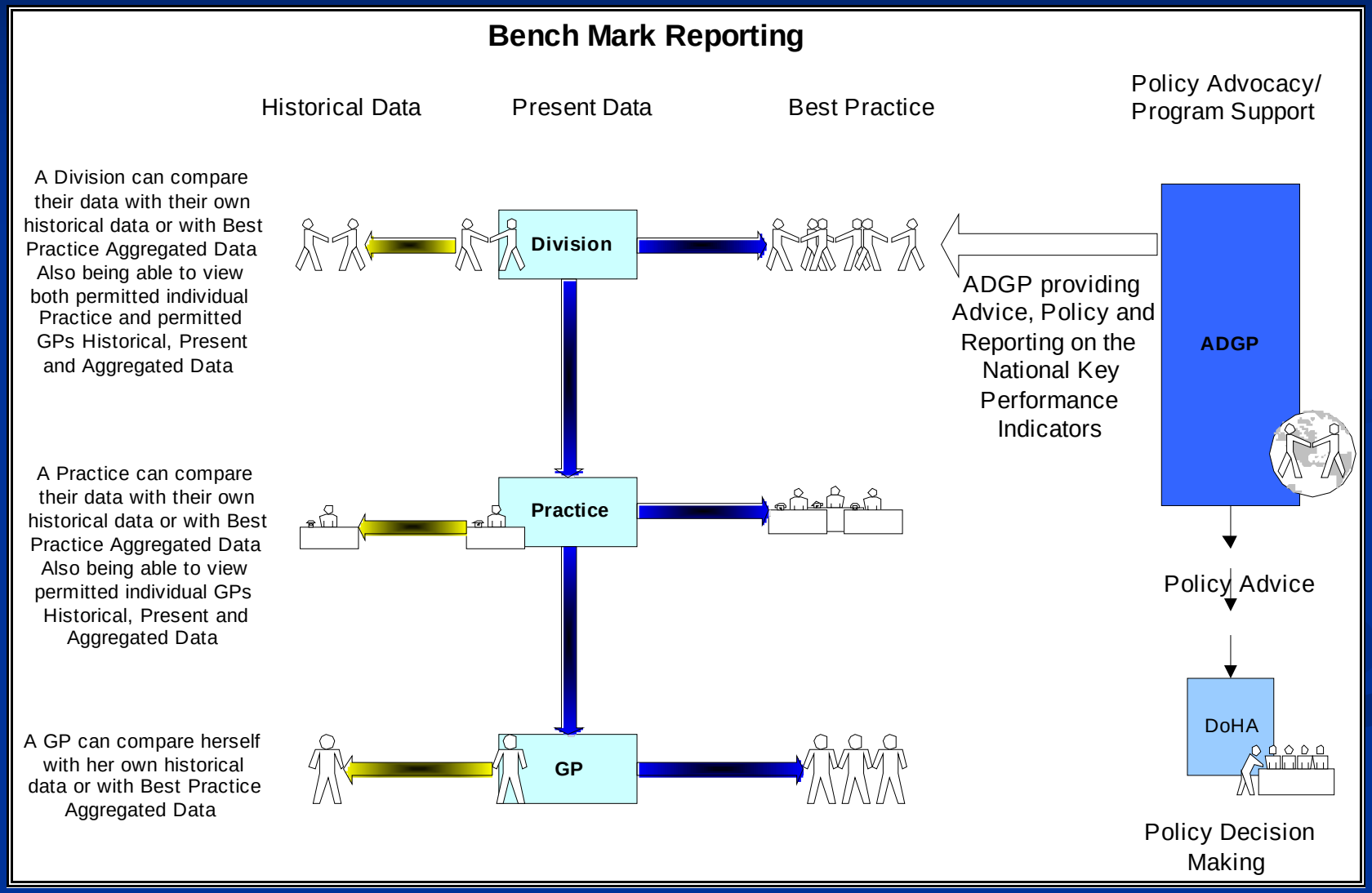
- E-Guidelines
- ICP ASTHMA

GP APPLICATIONS

- HMR
- TEAM CARE PLAN
- SHARED EHR
- **PRACTICE ATLAS**
- ELECTRONIC FORMS

WEB SERVED or WEB ACCESSIBLE PROGRAMS

Future Directions



Roles of Information Consultants

- Improving the capacity of divisions in meeting the requirements of national eHealth programs such as those required by *Future Directions,* Health*Connect* etc.
- Assisting activities that build a regional view of population health status
- Supporting initiatives that contribute to the implementation of a standard primary health care Electronic Health Record and the Shared Electronic Health Record
- Close understanding of the capabilities of the various GP clinical desktop systems
- Regional advocacy for improving interoperability between GP systems, other primary health systems and institutional health systems
- Regional collaborators in research projects to advance GP knowledge
- Education role to divisions and GPs in techniques for improving clinical data quality
- Implementation of divisional disease registers to support program delivery

Roles of Information Consultants

- Alignment and facilitation of programs that are currently being delivered such as the National Primary Care Collaboratives
- Alignment and facilitation of programs that are currently under funding consideration such as the Practice Health Atlas
- Facilitate and support the evolution of regional provider directories
- Knowledge in the use and implementation of HeSA smartcards
- Health*Connect* Implementation policy support.
- Assistance to divisions and GPs in the Broadband for Health roll out
- Engagement with Divisional Clinical Program staff on data management
- Advocates for Personal Information Privacy Policy
- Education and implementation support to divisions and GPs in the National Performance Indicators data aggregation requirements of *Future Directions*

Suggested number of Information Consultants

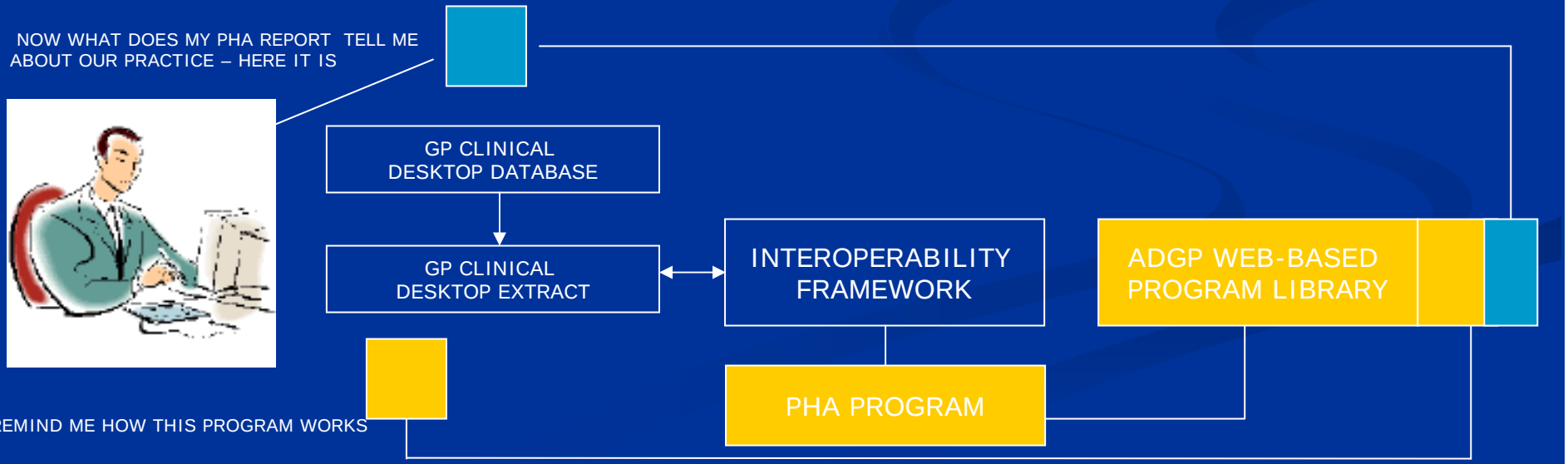
- NSW (inc ACT) 3
- Vic 2
- Qld 2
- SA 1
- WA 1
- Tas 1
- NT 1
  - **11 total**

THE PRACTICE HEALTH ATLAS (not announced…but)

The PHA is an initiative of the Adelaide Western Division of GP. The PHA project seeks to fully automate the clinical data manipulation necessary for a GP practice to receive the PHA report

A scenario could be a single GP visit process by a Divisional consultant with a laptop computer. Another scenario to be considered is that much, if not all, of the process is delivered from web-based facilities.

The GP activates a web-based program that makes a copy of his clinical database, de-identifies it, encrypts it, labels it, and delivers it the PHA analysis tools. These may be web-based, but irrespective of this, the PHA is produced and web-accessible by HESA PKI security access for the GP



KEY CONCEPTS

- WEB SERVICES - A NEW WAY OF DOING BUSINESS NATIONALLY WITH THE DIVISIONS NETWORK TO REDUCE COSTS AND IMPROVE EFFICIENCY IN SERVICE DELIVERY
- A STRATEGY OF ENGAGEMENT WITH CLINICAL DESKTOP VENDORS ON AN EQUITABLE BASIS
- A FOCUS ON THE NATIONAL HEALTH INFORMATION AGENDA. EHR, STANDARDS, INTEROPERABILITY, HEALTH*CONNECT,* PERFORMANCE REPORTING etc
- PROACTIVE APPROACH TO GP DATA QUALITY IMPROVEMENT IN A COLLABORATIVE CONTEXT
- A CHANGING ROLE FOR DIVISION IM/IT STAFF TO INFORMATION CONSULTANTS TO GP'S
- A DATA AGGREGATION ROLLOUT THAT WILL SUPPORT FUTURE DIRECTIONS NATIONAL PERFORMANCE INDICATORS REPORTING

Where are we at!

- ADGP Board now has a IM committee
  - Christopher Pearce as chair
- Go-ahead to establish RHICs
  - Selection criteria and governance
  - Skills sets could vary
- DoHA contract still in negotiation phase
- Detailed project plans in progress

CONNECT AUSTRALIA

- On 17 August 2005, the *Connect Australia* was announced- a communications package to give regional Australians access to telecommunications services with a $1.1 billion roll-out of broadband, new regional clever networks, mobile services and Indigenous telecommunications.
- DCITA is undertaking consultation forums around Australia to discuss the *Connect Australia* package To facilitate the consultation process DCITA has issued a discussion paper on the design of *Broadband Connect* and *Clever Networks*, the two regional broadband programs announced as part of the *Connect Australia* package. These programs together represent $1 billion of the $1.1 billion allocated to the package. A second discussion paper has also been released seeking input to the development of the $30 million *Mobile Connect* program.
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- **http://www.dcita.gov.au/tel/broadband_connect/discussion_paper**

- Comments are sought from the telecommunications industry, interested stakeholders and the public on how the Broadband Connect and Clever Networks programs can be designed to deliver innovative, competitive and sustainable broadband solutions for Australians in regional, rural and remote areas.

Changes to PIP criteria for IT/IM

- Refined Payments that are cost neutral, ie rearrangements of three tiers to two.

- Replace 3 existing Tiers with 2 new Tiers:

  Tier 1: The practice maintains their electronic patient records which include clinical data on allergies/sensitivities for the majority of active patients. In addition, the practice also implements appropriate information security measures (e.g. virus protection, firewall, backup and recovery, access control and practice procedures/processes to support/maintain appropriate information security). The practice also uses appropriate security (e.g. encryption systems) where patient information and/or clinical data are transferred electronically.

  Tier 2: The practice qualifies for Tier 1 and the practice uses electronic patient records to record and store patient clinical information, including current and past major diagnoses and current medications, for the majority of active patients.

- **This change requires system changes by Medicare Australia and lead time for GPs to organise their practices to meet the new Tier requirements. It is planned to take effect from late 2006.**