Information Technology

Victorian Divisions' issues

At GPD-V's IT/IM workshop on 15th September, representatives of divisions identified a number of issues they believed needed to be addressed at a state or at a national level. These included:

- advice on what areas to focus on now to facilitate the uptake of IT in general practice, and what areas would be better left until a coordinated national approach is developed
- collection and dissemination to divisions of information on what hospitals, State and Commonwealth are all doing, to work towards compatibility of data.
- consideration of intellectual property. When using alternative sources of funding, including IT sponsorship/pharmaceutical company sponsorship, who owns the product?
- collation of research results from projects and studies already undertaken, to ensure divisions don't duplicate activity and to ensure everyone can use the work already done.
- synthesising the significant amount of IT information from various sources so that it can be used by divisions
- need for divisions to have input into national IT agenda
- request for GPD-V to purchase projector for PowerPoint presentations, so that individual divisions don't have to pay for hire fees each time
- lobby for some of the $15m national budget.
- facilitate divisions coming together to discuss IT. Interest in quarterly meetings.
- provision of generic advice re software and hardware to divisions.
- skills development for non-computer literate GPs.
- need ability to transfer data between old software packages into new packages.
- need for expert IT advice at national level.

Discussion

In addressing the IT support needs of divisions we believe that there needs to be a delineation of functions that would best be undertaken at a national level and those that are more appropriate to the state level. In this way, divisions can make the best use of the existing national structures addressing IT needs and have input into those national discussions, via their state based organisations, and a consistent approach can be developed and implemented across the states.

Roles to be undertaken at the national level

Software development

The urgent need for appropriate practice software is undisputed. Divisions would like to see the specifications that have been written by the IBM consultancy taken to the next step of software development, through the Department putting the development to tender, or through whatever other strategy it sees as appropriate.

Specific national strategies

There is a need for national direction about what IT areas to focus on to best facilitate the uptake of IT in general practice (eg computer prescribing) and this message needs to be disseminated to divisions as soon as possible. Not only would this provide guidance to divisions about the best way to proceed, such a coordinated approach would also lead to a better indication of what strategies work and what needs more attention because they would be tested more widely.

Software advice

Divisions and their GPs require generic advice on software now. Rather than a number of local divisions reviewing software and providing information on the available options, thereby duplicating a significant amount of effort, divisions' funding could be better spent if this type of information review was done once, nationally, then utilised by divisions in supporting general practices adopting IT.

Purpose of data

There is an urgent need for discussion of the purpose of the general practice data mentioned throughout the General Practice Strategy Review Report and in the Practice Incentives Program material. These documents refer to general practices collecting data and providing additional de-identified data to be held by divisions. Clear definition of the purpose of such data is absolutely essential before appropriate roles can be assigned as to who should collect, hold and analyse what. The lack of such a definition is causing significant confusion among GPs and divisions. It is obviously outside the scope of divisions to collect population health data, since this is already done by state health departments. Divisions need to collect data to measure outcomes of their own activities, not to measure population health outcomes. Investigations on the nature of general practice consultations may be best done through research projects with different sampling techniques rather than through divisions. Clearly, GPs and divisions should not be collecting or holding data merely for its own sake. The purpose must be clearly defined and communicated to GPs and to divisions.

Expert advice on IT

Expert IT advice must be informing discussions about IT/IM in general practice. If the GP Computing Group is to remain open to GPs only, in order to involve GPs in setting future directions and to encourage GP ownership of the process, some more attention must be given to what other mechanisms exist or need to be established, in order to ensure that expert IT advice is incorporated.

Roles to be undertaken at a state-wide level

Dissemination

At a state-wide level, there will be a role in disseminating the results of the above points: generic software advice, what areas to focus IT efforts on in the short term, information on the purpose of data to be collected by GPs for the PIP and perhaps by divisions. Regular forums to exchange information and ideas about current and future IT initiatives should be convened at the state level. These forums will also provide the opportunity for divisions to have input into the national IT agenda through their state based organisations (SBOs).

Other agencies and hospitals

Liaison with the Acute sector and the Community sector must be undertaken to ensure that IT strategies are compatible, and to work towards the interface of data between these sectors and GPs. Obviously, this situation will be different in each state. For example, in Victoria the reform process to the primary health and community care system currently being undertaken by the State health department has as one of its components the exchange of patient information across the sector.

Training

While GP training in IT needs to be provided at a local or regional level and needs to address varying levels of GP skills in IT, there may be a role for SBOs in coordinating a training approach, ensuring the flow of communication between different divisions engaged in training so that resources and knowledge can be shared. This state role could also explore and promote strategies for reaching particular target groups of GPs (eg those who are not computer literate).

State IT coordinators

The need for IT coordinators based in the states has been raised by the GP Computing Group and by state based organisations. The issue of who should employ these coordinators, who they report to and for how long they are engaged needs to be addressed by the SBOs and the AMA and RACGP. A meeting of ADGP and SBO representatives is being organised by Prue Power of the AMA to resolve these issues.