RACGP

Royal Australian College *of* General Practitioners

# *RACGP eHealth & Practice Systems*

## RACGP Submission to the Finance and Public Administration References Committee review of digital delivery of government services

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Healthy Profession.
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## 1. Introduction

The RACGP welcomes the opportunity to provide written comment to the Finance and Public Administration References Committee on the digital delivery of government health services.

The RACGP is Australia's largest professional general practice organisation representing over 36,000 members working in or towards a career in general practice. The RACGP has a strong history of being at the forefront of innovations in the health sector and is ideally placed to guide governments and other stakeholders to ensure they are informed of what is reasonable, workable and useful for general practitioners in Australia when implementing new eHealth technologies.

The healthcare system in Australia, as in other developed countries, is facing many challenges including managing the burden of chronic diseases and caring for an aging population. The ability to share patient information electronically has the potential to:

- support quality improvement initiatives across the healthcare sector
- facilitate increased local efficiencies in care delivery
- create more proactive preventative interventions
- identify at risk populations

The role of general practitioners (GPs) has changed from recording and managing medical records at a local level, to contributing and transferring information across the healthcare sector to support a range of clinical and administrative processes.

Patient healthcare data is collected, stored and transferred by GPs in and across multiple databases including local practice management and clinical information systems, pathology and diagnostic imaging systems, pharmacy and government repositories such as Medicare and the My Health Record. It is important that such data be properly collected, stored and maintained across all healthcare sectors, and by all relevant healthcare services.

## 2. National healthcare data repositories

Commonwealth repositories collect and store health data which can provide useful information for general practice. These include but are not limited to:

| **Repository** | **Information available** |
|---|---|
| Medicare Benefits Scheme (MBS) | National data on the payment of subsidies for services provided by GPs and some other health professionals. |
| Pharmaceutical Benefits Scheme (PBS) | Data collection on the supply of pharmaceutical medicines subsidised by the Australian Government. |
| Practice Incentives program (PIP) | Supports general practice activities to encourage continuing improvements, quality care, enhance capacity, and improve access and health outcomes for patients. |
| National Prescribe and Dispense Registry (NPDR) | Allows consumers to view information on their prescribed and dispensed medications uploaded to their My Health Record. |
| Australian Immunisation Register (AIR) | A record vaccinations for all child and adult vaccinations |
| Health Professionals Online Services (HPOS) | A secure way for healthcare professionals and administrators to do business with the Australian Government Department of Human Services (DHS). |
| The National Bowel Cancer Screening Program | Payments are made to GPs and specialists who provide information about consultations and procedures that result from a positive program faecal occult blood test (FOBT) result. |
| My Health Record | Allows patients to access a summary of important health information online, and share that information with other healthcare professionals involved in their care. |
| Cervical Cancer Screening Program | Aims to reduce illness and death from cervical cancer, through a more organised approach to cervical screening. |
| BreastScreen Australia | Aims to reduce illness and death from breast cancer by actively recruiting and screening women aged 50-74 for early detection of the disease. |
| My Aged Care | Provides access to information and aged care services |

| Repository | Information available |
|---|---|
| National Cancer Screening Registry | The National Cancer Screening Registry will support both the cervical and bowel screening programs. The registry is being developed to integrate with GP desktops to help identify patients' screening eligibility and history to support real time clinical decision-making. There is currently no information on how this will be achieved. |
| The Database of Adverse Event Notifications | The Database of Adverse Event Notifications – medicines contains information from reports of adverse events that the TGA has received in relation to medicines, including vaccines, used in Australia.<br><br>The Database of Adverse Event Notifications - medical devices contains information from reports of adverse events that the TGA has received in relation to medical devices used in Australia. |
| Prescription Shopping Programme | The Prescription Shopping Programme (PSP) protects the integrity of the Pharmaceutical Benefits Scheme(PBS).<br><br>The PSP helps prescribers identify and reduce the number of patients who get more PBS subsidised medicines than they medically need. |

Many of these different repositories are currently stand alone data sources and do not provide patient information directly to general practice. Data from some of these sources is currently available through a time consuming and often complicated registration and access verification process.

The integration of this data in local general practice clinical information systems will greatly contribute in providing a complete patient profile, leading to better overall patient care. To ensure efficient integration it is essential to have a single point of access for these useful data sources.

As an example, immunisation information is collected from various sources including council and community immunisation programs by the Australian Immunisation Register (AIR). Any immunisations performed in general practices are recorded both the general practice's local clinical information system and the AIR data repository. However, for a GP to obtain AIR data they must access a separate software package via a credentialed log in, search for the patient data and then manually transcribe this data into their local system. A more efficient process would be if data from the AIR was shared with general practice local clinical information systems.

## 3. Responses to the reviews specific areas of focus

### 3.1. Whether planned and existing programs are able to digitally deliver services with due regard for:

- **privacy**
- **security**
- **quality and reliability**
- **value for money**

The role of healthcare professionals in documenting healthcare consultations has evolved from the requirement to record and manage medical records at a local level, to contributing and transferring information fit for a range of clinical and administrative purposes. This has inevitably resulted in the move away from paper records to electronic healthcare records (EHRs).

EHRs improve accessibility, legibility and useability of healthcare data. However, as the volume of information within EHRs and the number of data sources and databases grows, it has become increasingly difficult to manage the digital exchange of information held in local clinical systems.

EHRs allow information to be collected as part of routine clinical care and one of the ongoing challenges for all healthcare professionals is having safe and efficient platforms to facilitate the sharing of information between healthcare providers for continuity of care and clinical handover and to ultimately improve patient health outcomes.

As all health information is sensitive, communication of health information, including via electronic means, must protect a patient's privacy. However, privacy and security considerations for digital platforms must not negate functionality for the end user.

### 3.2. Strategies for whole of government digital transformation

The majority of general practices use general practice clinical information systems to store and manage their patient information. These systems have the potential to be a rich source of information that can be shared with other digital platforms.

Many government agencies and government funded services such as tertiary hospitals interacting with general practice do not currently use digital systems compatible with those existing in general practice. General practices are often required to manually transfer information from their clinical or administrative systems into paper based or online forms. This information is then sent to the relevant agency via an online upload, by post, fax, or via standard and unsecured email.

Information leaving and arriving at general practice through these methods require significant manual processing. Hardcopy or image formats of letters, reports and requests received by general practice from other health services must be manually scanned and added to the patient's clinical record. Most organisations fail to consider the implications and costs for general practices to manage information transfers safely, reliably and efficiently. The inefficiencies of current processes creates a heavy burden on GPs, diverting their time away from providing essential medical care for patients.

Healthcare data transmitted by providers as a part of the normal clinical referral, letters and hospital discharge processes currently cannot be routinely sent electronically via secure electronic communications as the national building blocks to achieve this have not been consistently implemented. This is a critical dependency towards achieving the efficient and timely transfer of digital information. Much of general

practice is in a position to do this but the ability for other providers and government agencies remains an issue.

**3.3. Digital project delivery, including:**

- **project governance,**
- **design and build of platforms**
- **the adequacy of available capabilities both within the public sector and externally**
- **procurement of digital services and equipment**

Clinical engagement is essential throughout the development of any digital delivery of government services relating to general practice. Clinical input is required from the initial needs assessment, through to the build, testing and implementation phases.

A previous lack of general practice clinical engagement has resulted in the delivery of some products which are not fit for purpose. An example of this is the My Aged Care portal, an online method of communication that does not link to or integrate with general practices' electronic clinical and administrative systems, creating the need to manually re-enter information already held by the general practice.

Early and ongoing clinical engagement and testing will ensure digital solutions are informed by the clinical and business requirements of general practice (fit for purpose, interoperable, useable). Digital solutions must consider and align with both existing practice and clinical workflows to ensure that they are acceptable to general practice, clinically meaningful, provide benefit and are clinically safe.

The interface between general practice clinical information systems and other government health information systems need to align with the general practice's usual business processes and not impact on current workflow to increase adoption by healthcare providers. Standard terminology including the use of structured data and national interoperable standards are vital to the safe sharing of digital information.

**3.4. Other related matters**

Not applicable