

## **AGPN eHealth Conference – Melbourne 16-17 June 2010**

Greg Holden (GPSA) asked South Australian GPs and others who attended this Conference: “Where is eHealth at today?” and: “What were the most significant eHealth messages that you came away with from the conference?”. Oliver Frank, general practitioner and GPSA Director, was a delegate at the AGPN eHealth Conference in Melbourne. Here is Oliver’s response:

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“Where is eHealth at today?”

Some will say that eHealth is working well and that there is reasonable evidence that it has improved the quality, safety and efficiency of care, while others will say that there is little or no evidence of this.

1. GPs remain the most fully, or one of the most fully, computerised disciplines of all the health professions. Certain other professional groups may be as heavily computerised, but their scope of practice and the range of others with whom they communicate is less than that of GPs.
2. GPs' clinical and administrative computer systems contain large numbers of data that have enormous potential use for demonstrating the vital role of general practice and primary care, quality improvement, epidemiological surveillance, improved understanding of the natural history of diseases and the effects of care. Administrators, researchers and informaticians in some other parts of the health system remain unaware of the volume and richness and potential usefulness of the clinical and administrative data held in general practice electronic systems. The use of these data for are beginning to be valued and explored, partly through the activities of the Primary Care Collaboratives and through the use of data extraction and analysis software such as the Canning and Pen Clinical Audit tools, the Practice Health Atlas and the Doctors’ Control Panel. The reports created by these tools have helped to increase GPs’ awareness of the benefits of creating good quality data and analysing them for the purpose of quality improvement.
3. The costs of computerising have been borne largely by GPs, while many of the benefits accrue to their patients and other parts of the health system.
4. Patients want and expect their GPs to be able to communicate electronically with their GPs to receive medical advice and care, but the funding system for general practice currently does not support this. Alternative models of funding of general practice that remove the need for physical attendance need to be piloted, evaluated and reported upon publically.
5. The National eHealth Transition Authority has spent many millions of dollars during the five years of its existence, but to my knowledge has not yet produced anything that is in daily use. From now on I hope to see NeHTA work much more closely with patients, health professionals and vitally the health software industry to sponsor or co-produce standards and other essential elements needed to enable easy communication and sharing of information between all parts of the health system.
6. The 2010 federal budget provided a small (in world terms) and probably inadequate amount of funding for the development and implementation of a Patient Controlled Electronic Clinical Record. The Patient Controlled Electronic Clinical Record will become useful only after improvements have been made to the structure and functions of existing clinical systems and the quality of the data held in them. This will require the creation and implementation of a number of standards that currently do not yet exist.

The most significant eHealth messages that I came away with from the conference are:

1. Dr. Andrew Dalley, CEO of Illawarra Division of General Practice, voiced his concern that there had been very little acknowledgement or discussion of the likely expectation on GPs in the future to read and act on all of the information sent to them or made available online about their patients.
2. Brett Silvester, Deputy CEO of GP Partners in Brisbane, which has successfully implemented a shared electronic health record, emphasised that spending 80% of the implementation budget on education,

training and managing people (GPs, practice staff, hospital staff, etc) on an ongoing basis, not just once but on an ongoing basis, has been and still is a vital factor in the success of the project.

3. Geoff Sayer, president of the Medical Software Industry Association, predicted that the flawed current government plans for Health Identifiers will see them unused for some years.
4. Brett Silvester and Geoff Sayer both said that there is still too much focus on funding of hospital information systems to the neglect of GP and other community systems that are equally or more important.
5. Prof. Enrico Coiera discussed the pros and cons of free-for-all or top-down approaches to gaining conformance with standards for health information systems and making them interoperable. He outlined a 'middle-out' approach in which all parties agree on common health information system functions, standards and strategy, and providers then bring existing systems up to national standards, avoiding the equally undesirable alternatives either of abandoning existing systems in order to start from scratch, or of allowing an uncoordinated free-for-all. He also said that clinicians and consumers have to be actively involved from the outset as 'co-producers' of health information systems, and not merely be 'consulted' by government or software developers. He also said that errors and problems caused by health information systems have the potential to cause morbidity and mortality equivalent to or greater than the crash of a jumbo jet, but that NeHTA has failed to address the need to establish public monitoring and reporting of critical incidents in information systems, that would facilitate early detection and correction of the problems before patients suffer.

Many of the presentations at the Conference are available at:

<http://www.agpn.com.au/programs/ehealth-and-information-management/agpn-ehealth-conference-2010/1.1>

There was certainly a positive energy, which was great. There were some inspiring presentations about innovative projects and approaches by GPs and Divisions. The attendance of quite a few people from the medical software industry (software vendors and office bearers of the Medical Software Industry Association) was a very good feature, because nothing can or will happen in eHealth without them. They are the people who have to make our fantasies for a better health information system work in real life, by implementing the standards and plans that we develop together.

The Federal Health Minister addressed us at the beginning via videolink from Parliament House, and asked us to send her a message with our suggestions and proposals. I hoped and suggested that at the end of the Conference the meeting should propose and vote on some resolutions that we could send as our message to the Minister, but this did not occur. In the absence of any such resolutions, there are no clear outcomes or conclusions from the conference.

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