

eHealth Conference 2010

30 November 2010 & 1 December 2010

As a relative newcomer to the eHealth world, the conference was a major introduction to exactly what is happening in this environment, and as such it will be hard to summarise my 15 pages of notes into a brief summary, but here goes!

The keynote presentations from both days are all [available online](#) and in particular I'd encourage you to watch the presentations¹ from Mr Omid Moghadam who presented a fascinating look at the likely future of healthcare; and Dr Ivan Pedersen and Mr Shane Solomon, who both presented on the success of eHealth initiatives within Denmark and Hong Kong respectively. To view the presentations, click on the '*View on demand*' link under each speaker.

The key aspects I picked up from each of these presentations were:

- that eHealth implementation can take decades to implement (Denmark started in the 60's) and see the benefits;
- that one big push won't work, but rather take small yet effective steps along the journey;
- that there needs to be a concerted effort and desire to drive the change, with a clear direction and governance in place before commencing; and
- most importantly, that communication, engagement and interaction with / between all stakeholders (consumers, medical professionals, allied health professionals, ICT professionals etc) is essential to realising the desired outcomes.

Day 1 also included three brief presentations from Carol Bennett (Consumer Health Forum), Dr Steve Hambleton (AMA) and Mr Phillip Cronin (AIIA) who discussed the key identified needs of each sector in considering, developing and implementing an effective PCEHR. These presentations formed the entry point for the afternoon group workshops to discuss the key considerations and barriers to implementing a PCEHR. The group that I participated in had a healthy representation of stakeholders from every field. Whilst each group probably had some different points of discussion, the final session of the day summarised the key points raised:

- What exactly is the PCEHR and what information will be included from 1 July 2012
- What governance framework and standards exist around the PCEHR
- Data Privacy & Security – who owns the data, who can access the data, when is data available, what data is available (especially legacy or 'third party' data)
- Usability – what will the PCEHR look like for consumers / clinicians / other health professionals
- Consent – how will minor, disadvantaged or incapacitated (temporary or permanent) persons

In my group, there was some fairly heated discussion around each of these points that was very informative and thought-provoking. The general consensus was that without answers to these questions, acceptance of the PCEHR will not succeed at any level. One interesting comment that stuck with me was a representative from Microsoft who suggested that we (Australia) have been asking the wrong question - that rather than develop the solution (PCEHR) and think about how we can get acceptance, we need to focus on the problems and then develop the appropriate solution (radical thinking for a MS person!).

¹ Note that these are each about 40 minutes long and in high quality and therefore likely to use a fair amount of bandwidth.

Day two started with an optional breakfast session from Dr Chris Pearce (NEHTA) featuring a presentation of the PCEHR concept developed by NEHTA. I understand this has been around the country a few times but it was the first time I'd seen it, and thankfully confirmed for me how the process might work. Dr Pearce also gave a brief discussion on how they had incorporated the thinking into the expanding use of mobile devices, and demonstrated a working iPhone app. While it was made clear that this wasn't in any way an 'authorised' PCEHR, from my programming background it certainly demonstrated just what might be possible even in the short term.

The formal sessions for Day 2 started with a presentation from Senator Conroy on the National Broadband Network and how it will support Health Reform. Having participated in a few forums in the past regarding the controversial internet filter, it was refreshing to see a very positive response from the audience! I don't think there was anybody in the room who didn't acknowledge just what the NBN will provide to improving the health of all Australians. To demonstrate how faster internet will improve services, Dr Mukesh Haikerwal then presented a live demonstration of how teleconferencing is currently changing the delivery of medical services particularly in remote and rural areas.

The attendees then broke into workshops again with each workshop providing 3 different innovation projects currently in place. In my workshop, I got to see:

- how HealthE-Care have implemented the Intel Health Guide in the Hunter Region;
- how the ACRRM have developed the Tele-Derm website to provide not only advice and education but also clinical support; and
- how the UQ Centre for Research in Geriatrics have developed the '*Geriatric Assessment at a distance*' program.

All of these presentations highlighted to me just how much excellent work is already been done (often in isolation) within the eHealth framework; how this work is already improving health outcomes; how our poor communications networks are hampering many of these developments; how the NBN will make significant inroads to improving uptake of eHealth initiatives.

The closing afternoon session started with a facilitated panel of 9 experts discussing the '*Vision of the 21st Century with eHealth embedded*'. Whilst this was a great discussion recapping some of the earlier discussion points around what the PCEHR will deliver, the most telling comments for me were Dr Ivan Pedersen who made two statements:

- In 2025, we should not have patients, but citizens with conditions that are managed within a shared community care environment; and
- Where are all the women and young people in the discussion?

Whilst this is a brief summary that barely scratches the surface of what I saw at the conference and I could easily have written pages more, I can only say that I was left with an extremely positive view that this was the first vital step in what will be a long and challenging journey.

There is a lot of work to be done in the next 18 months to make PCEHR a reality, not only by DoHA and NEHTA but by all of us, but that just maybe we've reached a common starting point in the eHealth component of the government's Health Reform agenda.