
Bold but consultative

BRIEFING PAPER

Draft Position Statement on Electronic Communication of Clinical Information

Dr Oliver Frank

Dear Colleagues,

I am writing to ask your Division to consider the draft position statement (below) about electronic communication of clinical information, and to tell GPSA:

- whether your Division agrees with the general thrust of the statement;
- whether you can suggest any improvements to it, to make it more useful;
- whether your Division endorses the statement, or would endorse it with suitable changes.

In the past, we have found telling other parts of the health system what we expect from them to be a successful strategy. I believe that many of our colleagues in other parts of the health system, and people in government, are not aware that a significant and growing proportion of GPs want them to communicate only electronically, rather than on paper. It is time that we told them this clearly.

Once the position statement has been agreed, GPSA will communicate it to AGPN and to other parts of the health system, including State and Federal health departments, especially when discussing new programs or schemes that intend to communicate with GPs.

I look forwards to receiving your Division's feedback within one month.

Oliver Frank
Chair
GPSA Ehealth Reference Group

Computerised GPs expect communication to be electronic

BACKGROUND:

General practices are the most computerised part of the health system.

A significant and increasing proportion of GPs no longer write on paper and keep no paper records for their patients. These practices have nowhere to store paper and do not want anybody else sending them paper.

The only place that computerised GPs want information about their patients is in the patient's electronic clinical record, and they want that information delivered electronically so that it can be filed automatically into the patient's record. Currently this requires the use of special purpose software. Ordinary email, even when encrypted, does not provide this function.

Despite the Commonwealth's and the State's significant investments in electronic information systems for general practice and for other parts of the health system, most government schemes and programs have no electronic system to communicate with GPs. A number of new schemes and programs have been allowed to start recently without having in place any system of electronic communication. These organisations expect GPs to complete their forms by hand, with the GPs usually having to repeat demographic and clinical information that the GPs have already spent time and energy entering into their practice computer systems, and much of which is often already known to the requesting agencies. Posting or faxing those forms costs more than electronic transmission of the same information. It should be noted that electronic forms which require the user to re-enter information that is already stored in the patient's electronic record or that is already known to the requesting agency offer little gain over paper forms and are not an adequate response.

POSITION

New government schemes or programs that communicate with GPs in either or both directions should be allowed to start only after they have established an electronic system or systems as the default method of communication. Existing programs and organisations that communicate with GPs should work now with GP organisations, health informatics authorities and representatives of the Medical Software Industry Association to establish electronic systems as their default method of communication with GPs. The electronic systems of communication must conform to national standards, where these exist, and must be acceptable to and usable by GPs.