



Can an EMR stitch up our health system? Highlights Speakers



Peter Sprivulis (PS in transcript)

- Emergency physician with over 30 years of clinical experience
- Digital health specialist former clinical academic
- Undertook a Harkness fellowship in the US with the Institute for Healthcare Improvement
- Led one of the first of National EHealth strategy for what was then NEHTA
- WA Health's current Chief Clinical Information Officer
- One recent project was e-Prescribing in WA
- Current member on the Connected Care Council

Harry Iles-Mann (HIM in transcript)

- Lived experience of chronic disease from childhood, liver transplant x 2, multiple hospitalisations – living, breathing and eating health!
- Digital health expert advisor to the Australian Digital Health Agency for the last eight years
- Former Co-Chair of the My Health Record Improvement Committee
- Current Consumer representative advisor with the Department of Health and Aged Care Digital Health Branch
- Co-leader on the clinical design group, Sparked Program
- Lived experience engagement consultant

National Initiatives:

- [Australian Digital Health Agency \(ADHA\)](#) – manages My Health Record. Used to be called [National Electronic Health Transition Authority \(NEHTA\)](#)
- Recently released the [National Healthcare Interoperability Plan](#)
- [Council for Connected Care](#) provided strategic advice on interoperability and supporting the implementation of the National Healthcare Interoperability Plan.
- [Department of Health and Aged Care – Digital Health Branch](#).
- Recently released the [Australian Digital Health Blueprint](#) and [Action Plan](#)
- Recently released the [Aged Care and Data Digital Strategy](#)
- Currently negotiating with states and territories on the [National Health Reform Agreement](#)
- [HL7](#) = Health Level Seven International not-for-profit organization dedicated to supporting interoperability of healthcare data
- [FHIR](#) = Fast Healthcare Interoperability Resources “an HL7 specification for Healthcare Interoperability”.
- [Sparked Program](#) – partnership of Australian Digital Health Agency, CSIRO, Department of Health and Aged Care and HL7. They are developing the [Australian Core Data for Interoperability \(AUCDI\)](#)



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“There's a change in the air that as if to say everyone recognises that we have an opportunity, probably a once in not just a single generation, but multi generation opportunity to fundamentally transform the way our health system works.” Harry Iles Mann

Federal Digital Health Initiatives

Consumer comments (HIM)

- [The Blueprint](#) is very readable, and in combination with the [Action Plan](#) establishes a clear and transparent vision and identifies the necessary steps to take forward.
- There's not as many consumer representatives involved in the work as we would like to see. One issue is the technical aspects of the topic. A key question: “how do we both partner with one another, and uplift one another in terms of our understanding and our literacy to the point that we can have a dialogue about what needs to change what decisions need to be made?”
- The intention is to have a effectively a common language that sits below all of the technology architecture, that allows all of these different systems to communicate with one another. The Sparked Program is a really important part of that.
- Legislation is a key lever to ensure operability. In the US 21st Century Cures Act (<https://www.congress.gov/bill/114th-congress/house-bill/34>) legislate the mandatory uploading of information. In Australia we are beginning work to follow suit with the Sharing By Default/[Modernising the My Health Record](#) work. This shifts the paradigm from its current competitive divide between states and territories, public and private etc. and highlights the importance from a safety and quality perspective to share data.
- We shouldn't be incentivizing sharing data as it is just good practice BUT we need to support our workforce to change the way they are working, recognize their resource constraints.

Clinician Comments (PS)

- Department of Commonwealth of Health and Ageing are keen to support the Aged Care sector to uplift their data standards to both share information and provide data on their performance.
- The current National Health Reform Agreement indicates interoperability standards for each state and territory and can be a lever for change.
- WA public health services have done well with interoperability with My Health Record, e.g. Advanced Care Planning documents (this includes Advanced Care Plans, Goals of Care documents as well as consumer-generated My Values statements), pathology and imaging results etc.
- Private providers in WA have been “left behind” in part because they don't have the business incentive to share data, and in part because their referral pathways are with GPs and if they move away from the simple fax referral, which is the “easiest” way currently, they may lose referrals. Smart Referral solutions are being worked on to help solve this issue.



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- In order to see improvements it might be possible to link payments for private providers delivering a health intervention with them providing the health data to the system. (More stick, less carrot)
- The Shared Summary on My Health Record, or the health records utilized in Aged Care facilities is difficult to populate from hospital systems. Usually a junior doctor not familiar with the case has to try and complete this. An EMR will help to alleviate some of this issue. It's not something a DMR could fix.
- An EMR patient portal for example may allow the information to get to the patient more quickly.

Culture Shift

Consumer Comments (HIM)

- "I'm perceiving as a really significant cultural shift in the health sector towards involving [consumers] in that design and decision making... [and] offering up a lot more vulnerability and transparency in the way they make decisions and what they're thinking about by bringing us to the table and ... letting us into conversations that honestly probably would have stayed behind closed doors for another 12 to 18 months before we heard a whisper about them."
- The technology is the easy bit. It's the culture that is the difficult aspect to digital health transformation.

Clinician Comments (PS)

- Peter discussed a framework for solving complex issues in our healthcare sector. "We can't really call it a system because we just have this community of actors who operate in a strange set of ways."
- **Get workflows right.** Ensure that the words mean the same on each side of the transaction – that GPs and hospital staff mean the same thing. E.g. allergies.
- **Legal and regulatory levels.** There is potential for the My Health Record Act to be broadened to become My Health Information Act. This will provide a safety for health consumers, and puts very clear obligations on health services to share data appropriately. This is a long term reform.
- **Financial and cultural piece** – we need to deal with perverse incentives to make the right thing the easy thing for clinicians. For example, currently if a GP speaks to a specialist about a patient, neither is compensated, even though this could expedite care for a patient and avoid unnecessary, inconvenient, costly consultations. There needs to be a joined-up conversation with private, public, state and federal health to sort this out.



Financial incentives for IT companies – why would they make interoperability easy?

Clinician Comments (PS)

- The big players in EMR are on quite ancient code; but they still have created effective EMRs. In terms of different EMRs across the country – think of the banking system. Customers have a BSB and account number which allows interoperability, but each bank has its own system sitting behind this. We need to focus on how we can successfully interoperate, like with the ePrescribing project.

Consumer Comments (HIM)

- There is ongoing investment in the My Health Record as a platform to facilitate interoperability and consumer access to their information.
- My Health Record has its issues – there was a mismatch between expectations about what it could provide and what it really did provide in earlier iterations. A key reason for the ongoing investment in My Health Record, is that regardless of what states and territories or different vendors do, there will be something that is sitting within the custodianship of government that is a point of access for you and your health information.

EMR and a more joined up health system

Consumer Comments (HIM)

- Fundamentally, yes. However, we collect a lot of poor quality data, and then don't do anything useful with it.
- Debriefed a recent example of using his own device with all his key data so when he was unable to articulate during a health emergency, first responders could determine that he required care at a tertiary hospital. The availability of data allowed that. This could become more standard
- Another example of a recent medication change that had happened several floors up from Emergency Department but the staff were unable to access that information.
"I'll be the first person to acknowledge the layers of privilege that I have the experienced in accessing care. You know, I am, I am a white, straight, middle class, privately educated male, right, that comes with a package of probably some of the best frigging privileges you can have. But even I have fallen through numerous cracks in our system, hit walls of frustration and received care and being treated in a way that is unacceptable. What that says to me, is if even the 1% even those with the most privilege, cannot access the care that they need, when they need it in a way that is safe and high quality and be listened to and respected as a patient. If we can't make that happen, what are we doing for everyone else?"
- This current opportunity we have in front of us – the federal policies and current projects – is the closest we have had to really transform our health system and we need to partner to help make this happen.



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Clinician Comments (PS)

- Patient portals can really assist with ensuring consumers have access to their health information. The [OpenNotes](#) approach is really important. It will help clinicians think carefully about what they write about people, and will support the accuracy of information.
- Our healthcare data could be described as “Isolated islands in an ocean of opportunity.” We need to get on to the digital health agencies working on making information more discoverable and joining up together a range of other isolated islands.
- We need to get consent workflows correct. We need the right sorts of regulatory and legal frameworks
- [PS] So there's some pieces there that I think, as I say, the Feds are beginning to make some noises about there's nothing formal yet, but I wouldn't be at all surprised to hear if they do open that conversation about sorting out whose eyes when and how. In addition to the work they're doing in terms of improving discoverability and federating their health information.
- Within EMRs there will be a “behemoth” of information – we need to be able to extract the gold.
- “Back at NEHTA I developed the Shared Health Summary that is still used on My Health Record. It's something that I conceived of 18 years ago, my GPs aren't voluntarily and automatically doing for me, it motivates me is what I would say to keep working on it. ...”

Role of consumers in education and culture change

Consumer Comments (HIM)

- Change happens from inside the building, so as consumer representatives we need to be working closely, in partnership, but still independently enough that we can challenge thinking when required. It's important to see that we all want the same things. “there's a level of nuance and a level of maturity that it's necessary in navigating that relationship, and that's not something that you can just go and do a course in.”
- “Much as we might bemoan how siloed our health system in our health sector is we, as a community are siloed too. And that's something that we need to acknowledge and confront, if we seriously do want to be a part of this dialogue and decision making.”
- The challenge of being “the only consumer” is significant; “much as I can speak for, you know, arguably, probably a lot more wheel barrows of experience than any one person really should have to sort of lug around behind them in their life, I by no means speak for all.”
- Consumers need to be supported to provide useful input – but consumers need to take responsibility for this too – it's not just the role of government to upskill consumers.
- Clinicians need training, for example new clinicians need cyber security training.



Clinician Comments (PS)

- There are three levels of consumer input into training clinicians, and driving culture change:
- 1. Telling stories about what's working, and what isn't – this is effective with policy makers. Consumer stories are much more effective than clinicians providing feedback about what isn't working for them as clinicians. Consumer stories can drive digital investment.
- 2. Co-designing solutions – so that the workflows centre around the patient, not the clinician. Information isn't captured and shared for free. It always takes time and resources to share data.
- [PS] Because one of the huge challenges, information isn't captured and shared for free.
- 3. Change management initiatives need consumers present, to make sure the tools are used in the way that helps consumers. Harry's example of the test results not being available in the ED – it's likely there is a portal that would allow the clinician access, but they don't know how to use it. Consumers need to provide motivation for busy clinical staff to learn how to use the packages effectively.

What should WA consumer representatives consider when participating in digital health projects?

Consumer Comments (HIM)

- The topic can be daunting for consumers. First consumers know more about digital health than they think they know. Second, consumers don't need to understand every last technical detail – it's important to ask naïve questions. This can prompt important critical thinking in digital health project.
- Covid was dispiriting for consumers as we were swept out of many conversations and not seen as important. Consumers as embedded, even as staff members is important.
- We need to think of ourselves as allies with clinicians for change, working collaboratively together. "we're not two different actors, trying to find common ground from across the chasm, we're actually allies working towards a common goal."

Clinician Comments (PS)

- There are no stupid questions – sharing your experience is more valuable than learning "geek language"
- "Insist on answers in plain English. If the geeks can't explain to you what they're trying to do in plain English, then then you've probably got a program that's not really set up for success anyway"