

## EMR Consumer Reference Group Meeting 2 – 19<sup>th</sup> April 2024 Data Use and the Electronic Medical Record – Highlights

- De-identified data from GPs across Australia is housed in <u>Primary Health Insights</u> and this national project is being led by WAPHA. It identifies health issues at a population level.
- GPs are all small businesses, and their data is put onto two main systems Best Practice and Medical Director. This de-identified data is transferred to WAPHA.
   WAPHA also have an agreement with WA Health on data linkage. That work is current.
- Potential benefits of implementing electronic medical records (EMRs) in Western
  Australia including timely, complete information to triage patients effectively,
  and manage referrals. To ensure GPs and consumers are aware of why these
  decisions have been made. Having data is the first step to understanding and
  benchmarking health outcomes. In summary, safety and quality, improved
  understanding of health outcomes are key EMR benefits.
- My Health Record is useful in hospital contexts, and consumers are also able to access this information, even if it is limited to PDFs etc.
- Barriers to data sharing between hospitals and GPs include regulatory and commercial barriers which need to be addressed. Technical interoperability is simpler than other changes required to ensure data sharing, e.g. governance and legislative changes.
- EMR and marginalised groups there are barriers for people in regional, rural and remote areas with poor internet coverage, people from Culturally and Linguistically Diverse backgrounds, older people, and all who find digital technology difficult
- Consent is important
- Digital literacy is key.
- Structured data entry systems required alongside the EMR to facilitate data sharing including for research and innovation. The system currently used in many research settings is <u>REDCap</u>.
- Importance of consumer involvement throughout.