



# Resuscitating eHealth

THE FEDERAL GOVERNMENT USED BUDGET 2015/16 TO THROW \$485 MILLION AT OUR TROUBLED EHEALTH SYSTEM, IN A BID TO GIVE AUSTRALIA THE MODERN, FUNCTIONING EHEALTH RECORD IT DESERVES AND HAS BEEN WAITING FOR. BUT WILL REFORM – CREATED TO CHANGE THE LOOK, FEEL AND OPERATION OF THE SYSTEM – ACTUALLY WORK? JESSICA ABELSOHN REPORTS.

**AROUND** two months ago, Australia's Minister for Health, Sussan Ley, won over industry professionals with a Federal Budget 2015/16 sweetener: a \$485 million revamp of the Personally Controlled eHealth Record (PCEHR) system. This planned eHealth makeover is also set to introduce a new look for the record – now the 'myHealth Record' – and a regenerated feel, making it an opt-out system rather than opt-in.

The mid-May move was the government's response to last year's independent review into the PCEHR, which found less than one-in-10 Australians had signed up to participate in the system, with limited buy-in from doctors as well.

With the original PCEHR significantly under-performing, Minister Ley says the Abbott government's revamp follows a recognised need to redevelop the system.

"As patients, we've all been in situations where we've had to attend another GP surgery because we were out-of-town or couldn't get an appointment with our regular doctor. It can be a time consuming and often frustrating experience

for patients and doctors alike," Ms Ley told Australia as she delivered the news in May.

The government is also hoping to streamline the system so it's more user-friendly than before. This means doctors, nurses, hospitals and pharmacies will opt to be more involved in myHealth than they were in the PCEHR.

"The myHealth Record strategy will implement key recommendations of the PCEHR review relating to improving system usability, enhancing clinical content of records, reviewing existing incentive arrangements, making training available to doctors that are tailored to their needs, strengthening eHealth governance and accountability arrangements," the Department of Health tells H&A.

"Increasing the number of people registered in the system is a priority, and approaches to increased participation including trials of opt-out will help us determine the future approaches to increase participation by individuals."

The government will also replace the National E-Health Transition Authority (NEHTA) with the new Australian Commission for eHealth.

The expectation is that the makeover will improve the system's functioning and make governance less bureaucratic.

Minister Ley insists the new system will succeed because it will be more widely accepted than the failed opt-in PCEHR system of its predecessor, the Labor government. But will the changes announced in this year's budget really make a difference? And will resistant clinicians and consumers now get on board a different system, given its failed reputation?

## HOW WILL REFORM MAKE A DIFFERENCE?

One of the biggest concerns consumers and industry have had about the system is privacy, with many experts claiming the system may not work unless security is purposely built into the new system. There have also been comments questioning the accuracy of a new 'made over' system: if health professionals don't participate or supply information, then records will continue to be incomplete. But, the government claims, the new-look system will address these concerns.

The new myHealth Record will provide

patients with control over the documentation and the ability to suppress any part of the record they don't wish other people to see. And, when it comes to accuracy, medical clinicians who will be taking part in the new system will be given detailed training so that all records remain complete and up-to-date.

Perhaps the biggest change between the old PCEHR system and the newly floated myHealth Record is that it will switch from opt-in to opt-out. That means that under the new myHealth Record, all Australians will have an electronic health record, unless they manually set about eliminating their personal record.

According to Ms Ley and submissions to 2014 Royle Review, doctors are more likely use an opt-out than an opt-in system. Clinicians will also be provided with extensive training, including hands-on training and follow-up support. There will be less work for doctor and patient in creating the record, meaning it's chances of success are greater.

"Opt-out was one of the significant recommendations from the review, as a means of increasing individual or patient participation in the system, leading to greater use by healthcare providers," a Australian Department of Health spokesperson tells H&A. "An opt-out system is expected to accelerate the benefits of the system at twice the rate of an opt-in system."

eHealth reform has won community support, with the Consumer Health Forum conditionally welcoming the changes: it wants the reformed system to attract active leadership from the government, be a transparent process and be paired with public education to ensure security and reliability.

Despite the group's backing, there remains industry-wide concerns that the new system will follow in the footsteps of its predecessor, especially if the changes are not done in consultation with medical professionals.

While the government consents that reform will not be an easy road, it believes there is nothing to worry about. Minister Ley accepts that the transition to opt-out will bring with it a range of challenges "including community understanding and confidence, and the need to communicate the benefits and the assurances about the security and safety of the system". That's why the government has scheduled trials for opt-out arrangements for 2016.

The trials will test and refine the new system and gauge the real effectiveness of its opt-out nature. They will also evaluate the effectiveness



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of public awareness and the spread of information, as well as education and training for the health care industry.

"It's important that all Australians are signed up to ensure we have a functioning system and trialling an opt-out model means we can do it carefully, methodically and ensure the appropriate protections are in place to give patients peace of mind," adds Ley.

#### **WILL THE CHANGES MEND A BROKEN SYSTEM?**

It goes without saying that having an electronic health record will take a lot of confusion and paperwork away from both the health consumer and medical professional. The ability to check a patient's record with a simple click of a mouse will dramatically reduce unnecessary duplication of procedures such as X-rays and blood tests, and afford the ability to prescribe medication without questioning the patient about allergies or adverse reactions.

According to the Australian Department of Health, the independent review of the PCEHR also showed that the nation still wants an electronic health record system.

But, in reality, is the new system really going to work? It is, after all, Australia's second attempt. The question remains, will there be a third?

Chair of the Council of General Practice of the Australian Medical Association, Brian Morton, is optimistic about the new eHealth package.

"We are in a digital age with all the advantages and efficiencies of electronic recording and communication," Morton says. "Access and sharing of health information will enhance care. The ability for medical practitioners to access details of a patient's medical history and investigation results from any health location with patient permission will improve care in a real-time way without the need to repeat investigations. It's a better use of health dollars and resources."

But according to medical experts, there is still a lot the government needs to heed when it comes to the implementation and rollout of

the system. "[The government needs to] recognise there is a need for adequate professional input and remuneration to upload information," he continues. "It needs to make the information relevant to healthcare for the individual, not simply a repository of irrelevant interactions with Medicare."

Morton also claims that the information needs to be accurate and transparent and if any information has been withheld or removed, it needs to be identified as such. Further suggestions including incremental uploads, and incentivising GPs and patients who have chronic and complex disease to maintain and update the records.

It's also important to note that according to the Australian Department of Health, the system will remain opt-in for healthcare providers. "This means that while they are encouraged, they are not required to use the system," a spokesperson says.

"However, the government's budget announcement to improve system usability and the level of clinical information in records is expected to provide more motivation for doctors and other healthcare providers to use the system. In addition, the Practice Incentives Programme (PIP) eHealth Incentive aims to encourage general practices to keep up-to-date with the latest developments in eHealth and adopt new eHealth technology as it becomes available."

In the wake of the budget announcement, Minister Ley acknowledges that there's no excuse to now move forward with reforming the system and providing Australians with a modern eHealth record. "In this modern world where technology makes information sharing boundless, there's no excuse for Australia not to have a functioning eHealth system," she says.

Medical professionals, consumers and health experts now watch and wait in anticipation to see what happens once the budget's two funding bills, including funding for the myHealth Record, are considered by federal parliament in June (post time of print). **HA**