

eHealth and change

Peter Fleming, NEHTA CEO

Coalition of National Nursing Organisations
19 August 2011



NEHTA's purpose



Lead the uptake of eHealth systems of national significance; and coordinate the progression and accelerate the adoption of eHealth by delivering urgently needed integration infrastructure and standards for health information

From the National eHealth Strategy



eHealth is one of the most important opportunities to:

- Improve the quality and safety of healthcare
- Reduce waste and inefficiency
- Improve continuity and health outcomes for patients

Why are we doing this?



Australia's life expectancy is one of the highest in the world, second only to Japan

In 1996, chronic disease accounted for 80 per cent of the burden of disease, measured in terms of loss of years and quality of life

Over three million Australians, or nearly one in seven, suffer from chronic disease

Health expenditure as a proportion of Australian GDP has more than doubled over the last four and a half decades from 3.8% to 9%

Impact on consumers



It is estimated 5,000 Australians die each year due to adverse medical events.¹

Up to one in six (18%) medical errors are due to inadequate patient information.²

Nearly one in three (30%) unplanned hospital admissions in those over 75 years are associated with prescribing errors.³

1 Australian Patient Safety Foundation, www.consultmagazine.net

2 Australian Institute of Health and Welfare, *Australia's Health 2002*, 2002

3 Chan. M, 2001, Internal Medicine Journal, Adverse drug events as a cause of hospital admission in the elderly; 31: 199-205

Impact on doctors and nurses



Doctors and nurses spend around a quarter of their time collecting information rather than treating patients.⁴

ePrescription systems in Sweden, the US and Denmark increased health provider productivity per prescription by over 50%.⁵

eReferrals in Europe reduced the average time spent on referrals by 97%.⁶

4 For Your Information, Australia Audit Commission, Canberra, 1995

5 Karl A Stroetmann KA, Jones T, Dobrev A, Stoetmann VN, 'An Evaluation of the Economic Impact of Ten European E-Health Applications', 2007

6 Ibid

Impact on nurses

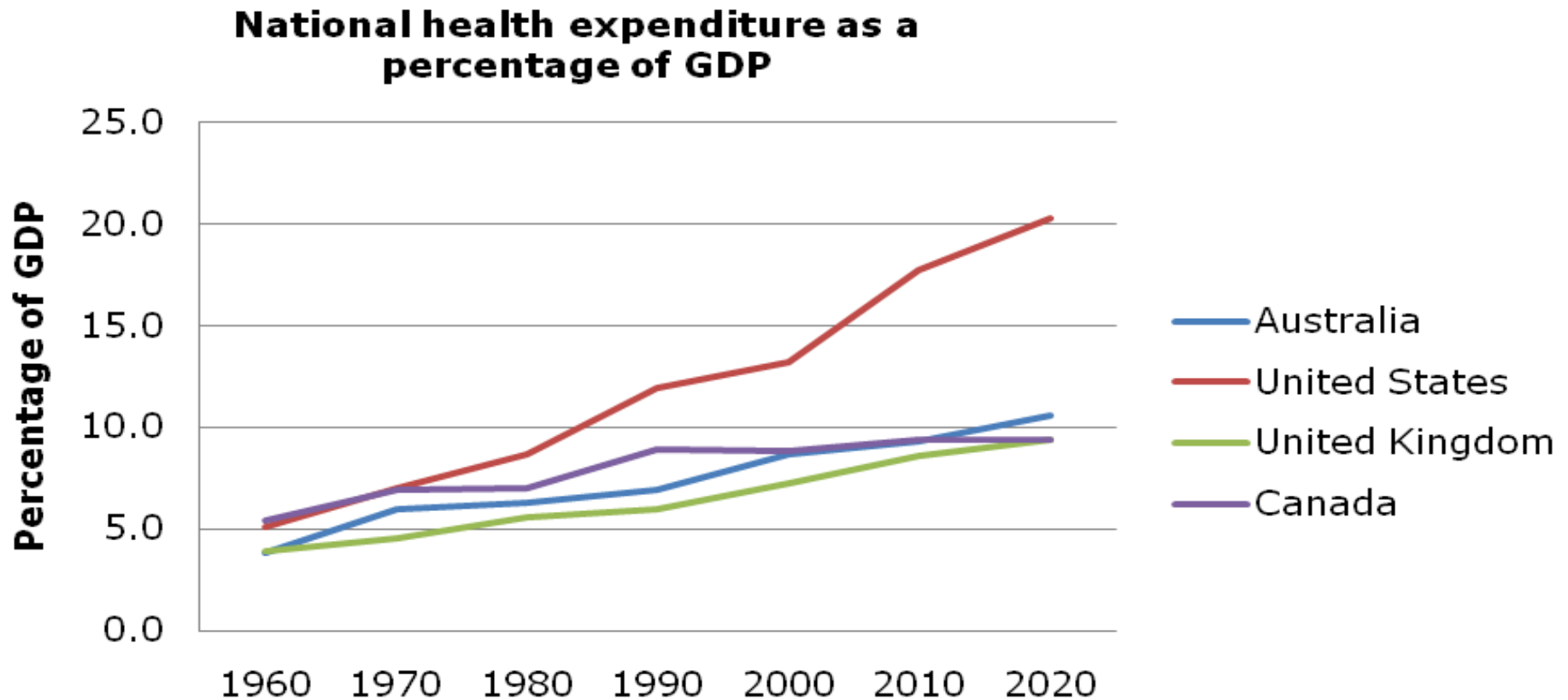


Time consumed finding old notes.

Record of current medications not readily available at the point of care.

Patient history is not able to be shared between primary care and the acute sector.

Impact on the economy



eHealth innovations



- eHealth foundations such as Identifiers
- National standards for eHealth solutions
- Personally controlled electronic health records system
- 5th Pharmacy agreement
- Pathology agreement
- New MBS items for Telehealth

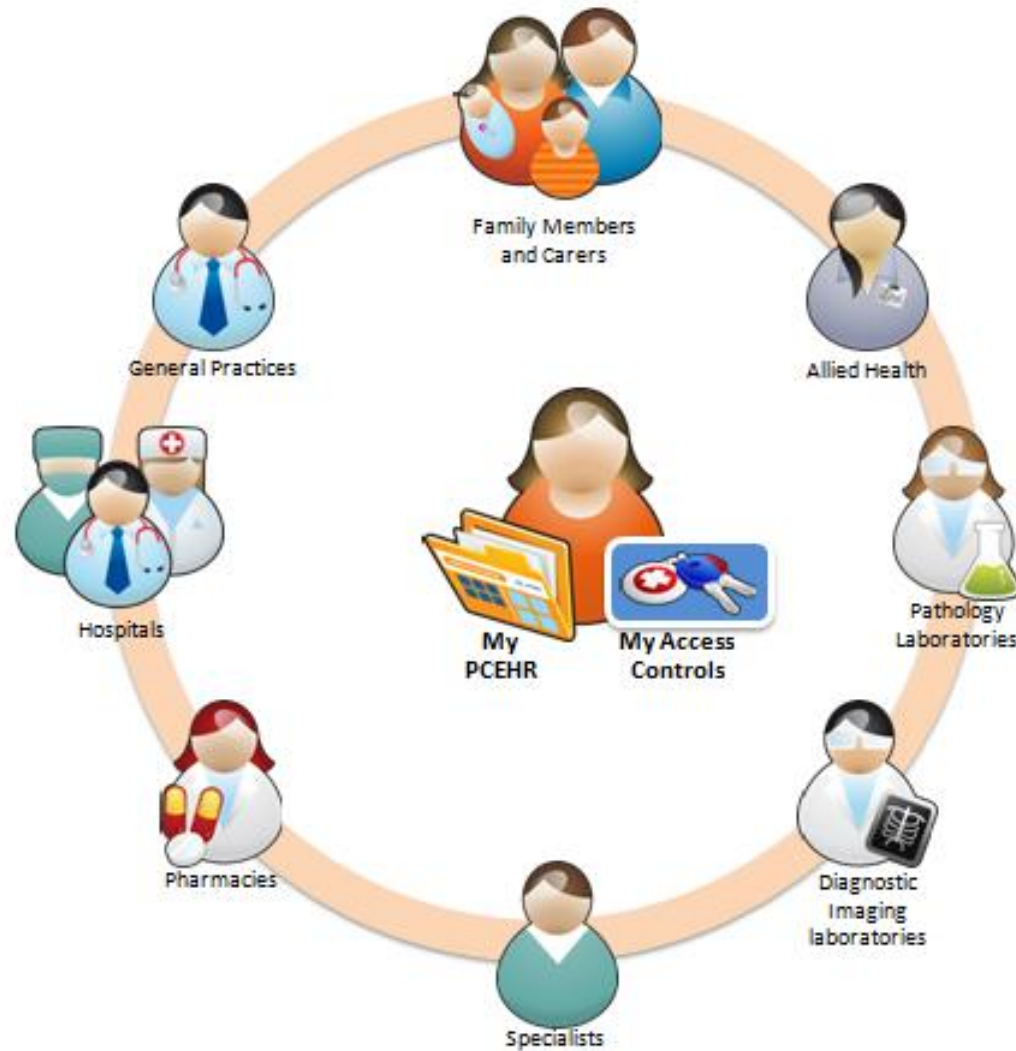
Personally Controlled Electronic Health Record	Clinical Information	Individual Information	Shared Information	[Others]
E-Health Services	Shared Health Profile	Events Summaries	Self Managed Care	Complex Care Management
E-Health Solutions	ePathology	eDischarge	eReferral	eMedications
National Infrastructure Components	Terminology	Secure Messaging	Identifiers	Authentication

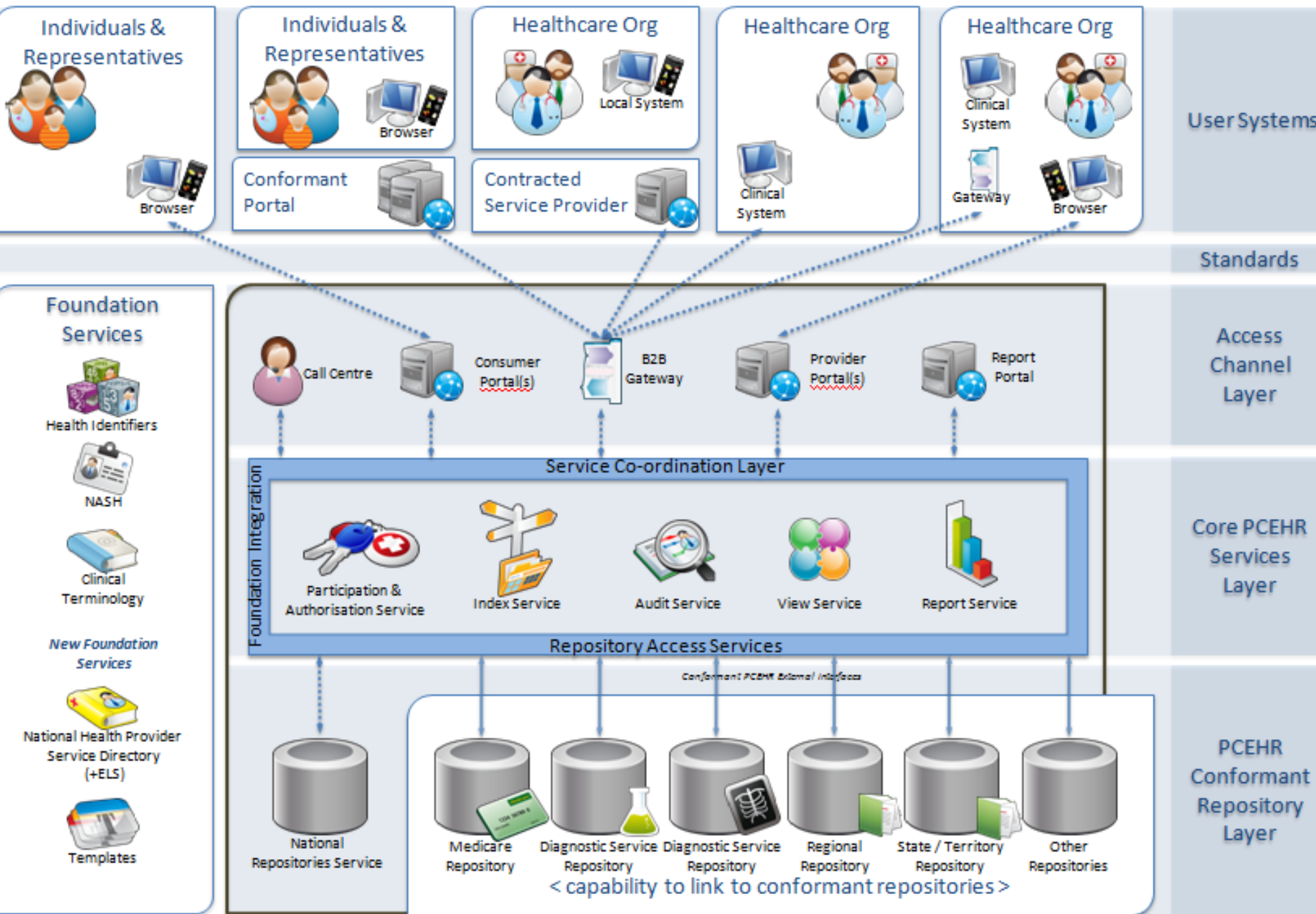
Vision for the PCEHR



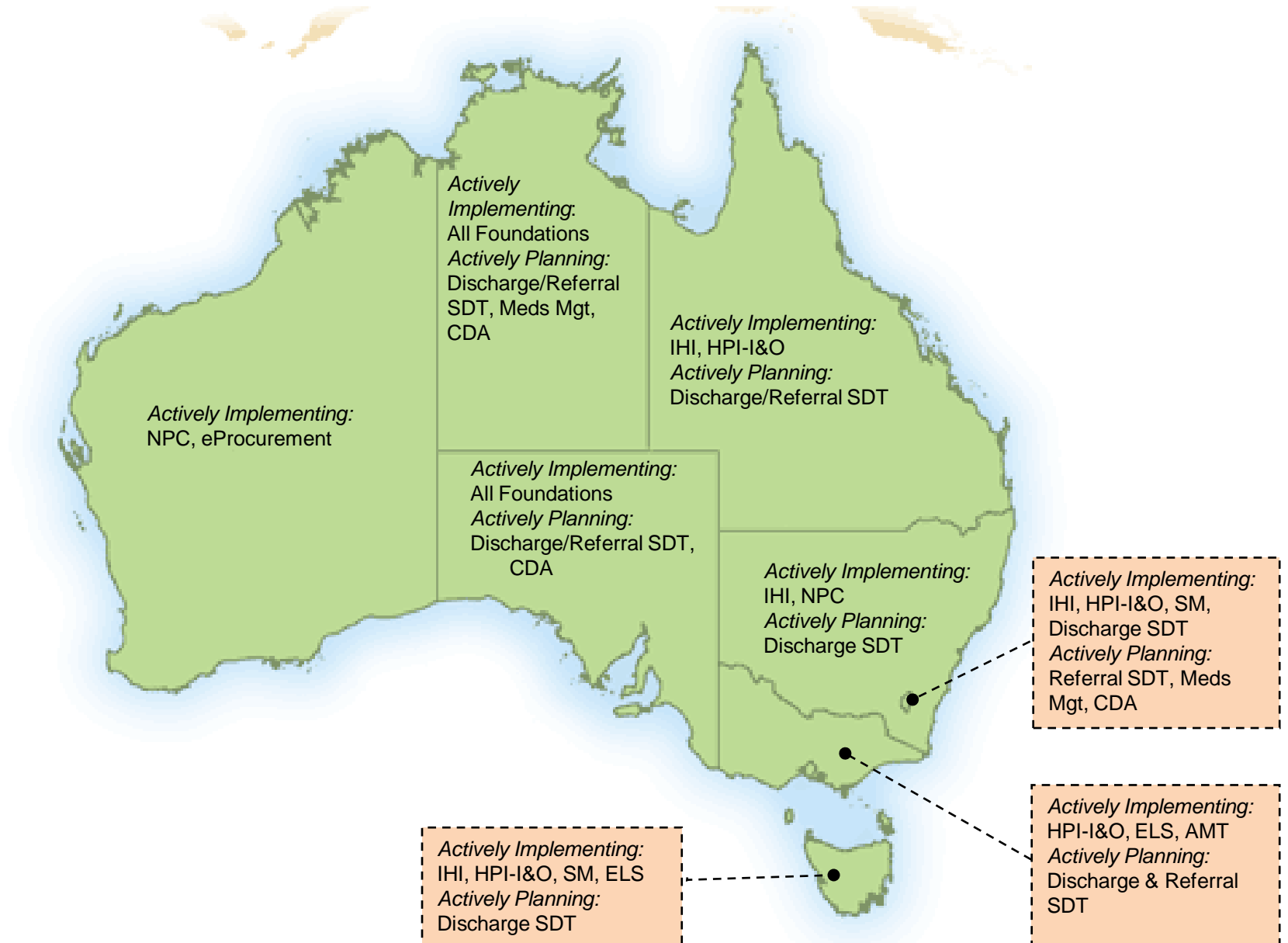
- The national PCEHR system aims to place the individual at the centre of their own healthcare
- Individuals will be able to choose whether or not to have a PCEHR
- Individuals will have greater involvement in their care

What is the PCEHR?

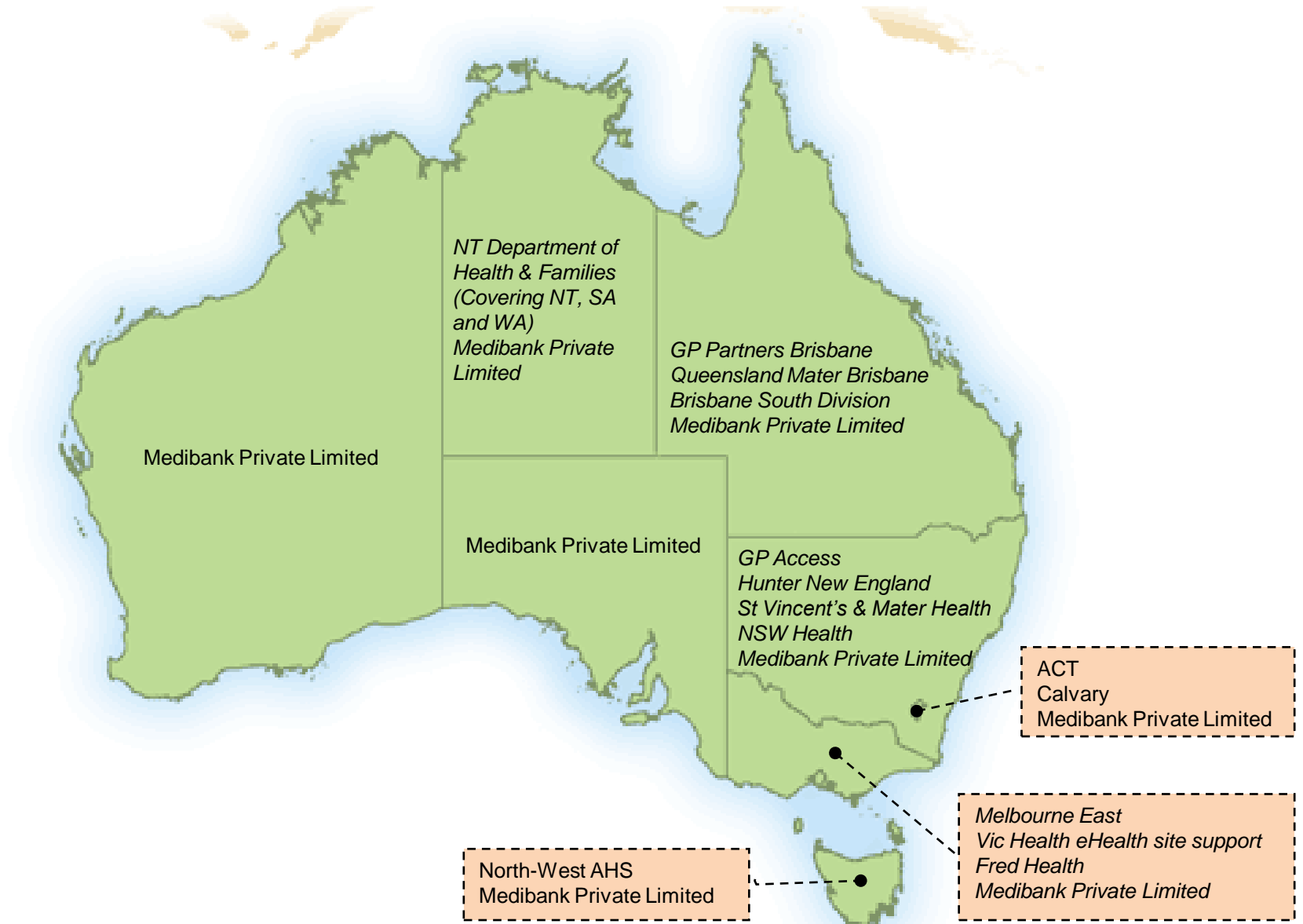




State and Territory projects



eHealth sites



PCEHR programme partners



National Change and Adoption partner

- **McKinsey and Company** consortium

Benefits Evaluation partner

- **PricewaterhouseCoopers** consortium

National Infrastructure partner

- **Accenture** consortium

Potential benefits for nurses



- Safety and quality of healthcare
- Access to patient data at point of care

Supporting the nursing workforce



- Change is not a one-time event
- In order to sustain change we must:
 - ✓ Engage
 - ✓ Communicate
 - ✓ Educate
 - ✓ Leverage learnings
 - ✓ Evaluate
 - ✓ Adapt

Nurses working with NEHTA



- NEHTA Clinical Lead
 - Practice Nurse Advisor, APNA President
- NEHTA Clinical Lead
 - Intensive Care, Coronary Care and Emergency Department Nurse
- NEHTA Clinical Lead
 - Registered Nurse and Midwife
- NEHTA Benefits Realisation Manager
 - High Dependency Nurse, Executive Manager Health Accreditation
- NEHTA eHealth Education Officer
 - Emergency Trauma Nurse, Executive Education Manager
- NEHTA Senior Communications Officer, PCEHR
 - Registered Nurse

Thank you

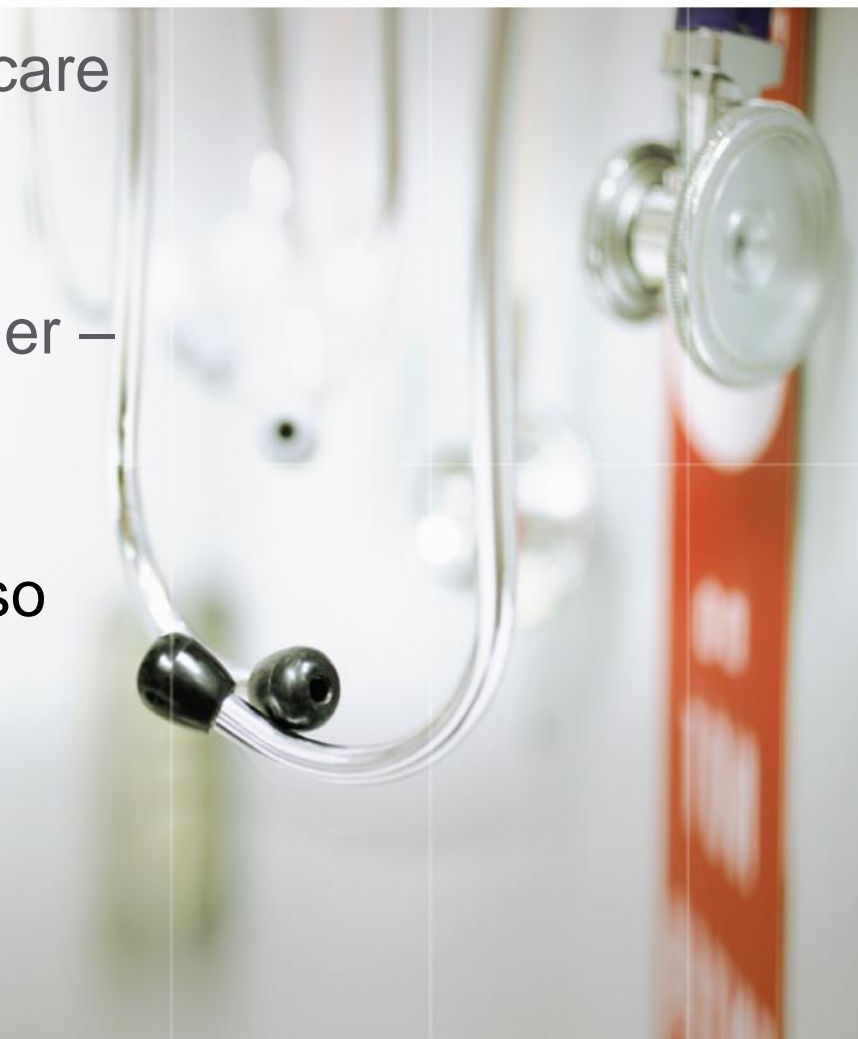
Questions



23,956,590 IHI (individual healthcare identifier (IHI) allocated

521,367 providers have received HPI-I (healthcare provider identifier – individual)

170 HPI-Os (healthcare provider Identifier – organisation) have also been issued



National guidelines and specifications published by Standards Australia

Software developers have begun implementing specifications for secure eHealth messaging



Box Hill Hospital,
Melbourne goes live
with eHealth terminology
– sending electronic
prescriptions and
discharge summaries.

99% of Australian
pharmaceutical products
are now in electronic
catalogue



National specifications for
e-Prescriptions (ETP)
developed and built into the
5th Pharmacy Agreement



National specifications for e-Pathology developed and built into the Pathology Funding Agreement



nehta

National E-Health Transition Authority
www.nehta.gov.au



National specifications for e-Discharge developed



Delivery in 2011/12 of a second Discharge Summary and Referral package and associated messaging specifications.



Deliver of NASH Release 1
on 30 June.

NASH test certificate being
used by Northern Territory
and South Australia

