



**ST VINCENT'S
HEALTH AUSTRALIA**

UNDER THE STEWARDSHIP OF MARY AIKENHEAD MINISTRIES

Submission

Department of Health Legislation Discussion Paper: Electronic Health Records and Health Identifiers

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1. Overview and background

St Vincent's Health Australia is a strong supporter of the development of Personally Controlled Electronic Health Records (PCEHR), which have the potential to deliver major benefits for consumers, providers and governments.

Based on our experience with previous trials of the PCEHR, we support an opt-out system of consumer registration and congratulate the Government on the commitment to trial this approach.

St Vincent's Hospital Sydney led one of the National E-Health Transition Authority (NEHTA) Wave 2 trial sites and continues to be a leader among hospitals in adopting the technology and business process changes. It was the first hospital connected to the PCEHR in the country.

St Vincent's Health Australia offers our experience to the Department of Health, and to Commonwealth and State and Territory governments in this next phase of e-health reform.

This includes the potential for St Vincent's Hospital Sydney to leverage our significant experience with the PCEHR and our IT capability to lead and support further trials of an opt-out system.

Readiness and capabilities of St Vincent's Hospital Sydney and the Eastern and Central Sydney Primary Health Network

St Vincent's Sydney and Mater Health was selected as the lead on one of eight NEHTA Wave 2 trial sites after a highly competitive process.

The trial ran from July 2011 to Dec 2014 and involved:

- St Vincent's Public Hospital Darlinghurst;
- St Vincent's Private Hospital Darlinghurst;
- St Vincent's clinic (specialists opt-ed in); and
- two divisions of general practice covering the previous 2 Medicare local areas: Eastern Sydney and South Eastern Sydney.

St Vincent's Hospital Sydney received almost \$10 million in funding over three years from NEHTA to coordinate and lead the trial, including engagement with local Divisions of General Practice, vendor support for software and IT upgrades, and medications and project management.

From our participation in the previous trials, we believe that the Eastern and Central Sydney Primary Health Network would be an ideal geographic area for the further 'opt-out' trials proposed by the Government given the experience and IT capability participating providers gained through the previous NEHTA trial. Further, St Vincent's IT project managers have the capabilities to drive a change program of this size, and well-developed relationships with other health providers and software vendors.

Both St Vincent's private and public hospitals at Darlinghurst (and some specialists in the St Vincent's clinic who opt-ed in and have a compliant system) are IT capable for the PCEHR.

Since the trial finished in Dec 2014, using the PCEHR is now business as usual at St Vincent's Public Hospital Darlinghurst – it is fully embedded into our clinical processes. Currently for registered users the hospital is uploading discharge summaries, specialist letters and medication summaries to the PCEHR. The capability for diagnostics and pathology results is coming shortly. A key point of difference between St Vincent's and other public hospitals is our electronic medication management system which means we can transfer medication summaries to the PCEHR electronically.

The private hospital is also fully IT capable to use the PCEHR.

Critically, the majority of GPs in the new Eastern and Central Sydney Primary Health Network are also IT capable - two of the three Divisions of General Practice in the new PHN catchment area participated in the previous trial and their GP systems are now upgraded and fully compliant.

Finally, the other hospitals in the new PHN catchment (Royal Prince Alfred, Prince of Wales, St George and the Children's Hospital Network) have compliant infrastructure, and are major tertiary hospitals providing a diverse range of health services.

Lessons from the previous trials

We welcome the Government's commitment to trial an opt-out system. Based on our experience with the previous trials, this is a much needed move to take the PCEHR to the next stage.

In addition to increasing consumer uptake, we believe that content is critical and key providers are likely to require further incentives to make sure that the information that gives the PCEHR value to consumers and clinicians is uploaded.

From the perspective of hospitals, for the PCEHR to be truly useful we need access to:

- Shared GP summaries – even though GPs systems are now compliant many GPs have not uploaded summaries, and are likely to need incentives to encourage them to do so.
- Information from aged care providers – see below.

The interaction with aged care is very important given the significant movement of patients between residential aged care and hospital services. As a start, we welcome the Commonwealth's intention to clarify the definition of 'healthcare' in the e-health legislation to include aged care.

St Vincent's Health Australia hospitals would strongly welcome take up of the PCEHR by aged care providers so they can upload transfer of care forms, and end of life care plans including advanced care directives. This information would deliver benefits to patients through improved continuity of care, and considerably improve processes at hospitals in providing care to aged care residents.

As the direct funder of aged care, the Commonwealth has significant opportunities to encourage take up by aged care providers of the PCEHR including by providing incentives for participation and funding for vendors to upgrade systems. As a significant provider of aged care services in Queensland, New South Wales and Victoria, St Vincent's Health Australia strongly supports this initiative.

Similarly, St Vincent's Health Australia considers that a funding program for vendors of software for medical specialists is required (along the lines of the previous program for primary care software vendors) to increase take up by this group of health professionals.

Finally, we believe that the funding for further trials should include:

- Support for consumer education which was not adequate in previous trials – we welcome the Government's intentions in this area.
- Funding for project managers to go into GP practices to resolve day to day issues (GP support officers).

2. Specific comments on the proposed legislative amendments

St Vincent's Health Australia offers the following comments on the legislative proposals:

- We support the proposal to align the definitions for 'healthcare' and 'health information' in Commonwealth e-health and privacy legislation.
- We support the proposed changes to e-health governance arrangements, and in particular welcome moves to broaden end user representation in governance arrangements including on the proposed Australian Commission for Electronic Health Board and Advisory Committees.
- In relation to the proposed timeframes for the opt-out trials:
 - We consider that the opt-out and transition periods of two months and six weeks respectively are reasonable, however as they (may) involve action from consumers the usability of the system is critical to facilitating this participation.
 - Although not articulated in the discussion paper, we understand that the Government is considering an active trial period of six months with evaluation reports to be provided to the Government in early 2017. Our view is that six months is not an adequate trial length, particularly to support a wide range of healthcare providers (including specialists and aged care providers) to opt-in and upload meaningful content.

St Vincent's Health Australia has no concerns with the remaining proposals in the discussion paper.

3. About St Vincent's Health Australia

St Vincent's Health Australia is the nation's largest Catholic not-for-profit health and aged care provider. Our services comprise 27 facilities along the east coast of Australia including six public hospitals, eight private hospitals, 13 aged care facilities and four co-located research institutes Victor Chang Cardiac Institute, Garvan Institute of Medical Research, O'Brien Institute, and St Vincent's Institute of Medical Research.

From the health services established by the Sisters of Charity in 1857 at Woolloomooloo in Sydney, St Vincent's Health Australia has grown to encompass a diverse range of tertiary services including: acute medical and surgical services; emergency and critical care; drug and alcohol addiction; aged and sub-acute care; diagnostics; mental health; correctional health; palliative care; residential care; research and education.

St Vincent's Health Australia operates more than 2,500 hospital beds, 1,100 aged care places, employs over 17,000 staff, works with over 2,500 medical practitioners and draws on the talents of over 1,300 generous volunteers. Each year we provide care to more than 250,000 inpatients and over a million episodes of ambulatory care through our outpatient services.

We are a clinical and education leader and have a national and international reputation in various fields of medical research. Our areas of expertise crosses a large domain including: heart lung transplantation; bone marrow transplantation; cardiology; neurosurgery; cancer; HIV medicine; respiratory medicine; mental health; drug and alcohol services; aged psychiatry; homeless health care and Aboriginal health.

We have significant University affiliations with the University of New South Wales, University of Melbourne, Australian Catholic University, University of Sydney, University of Southern Queensland, University of Wollongong, University of Tasmania, University of Notre Dame and others.

It is the intention of St Vincent's Health Australia to remain at the service of the Australian community well into the future, reaching out particularly to the most vulnerable people in the Australian community, and to continue our strong held belief that a society is only as healthy as the least healthy among us.

24 June 2015