SUBMISSION

Victorian Healthcare Association

Review of the Personally Controlled Electronic Health Record

20 November 2013

1. Background

The Victorian Healthcare Association (VHA) is the peak body representing the public healthcare sector in Victoria. Our members include public hospitals, rural and regional health services, community health service, aged care facilities and Medicare Locals. Established in 1938, the VHA promotes the improvement of health outcomes for all Victorians, from the perspective of its members.

The VHA is pleased to contribute to the Federal Minister for Health's review of the Personally Controlled Electronic Health Record (PCEHR). The VHA agrees to this submission being treated as a public document and being cited in any reports that may result from this consultation process.

2. The level of use of the PCEHR by health care professions in clinical settings

The VHA does not hold data that is not publicly available on PCEHR uptake however consultation with the VHA membership indicates very low usage of the PCEHR platform. PCEHR usage appears to be particularly low in rural areas of Victoria.

3. Barriers to increasing usage in clinical settings

3.1. The 'opt-in' approach

One of the most significant barriers to increased usage of the PCEHR is the policy commitment to an 'opt-in' system. The PCEHR is currently an opt-in system for both patients and providers. Patients are not required to have or use the PCEHR and may opt-out at any time, and health care providers are not under any duty or obligation to use the PCEHR. In VHA's view, the opt-in approach creates numerous barriers to increased PCEHR usage, including:

- Potentially driving up costs for service providers as they must spend time conducting patient education and enrolment at the point of care.
- Medical practitioners who search for a PCEHR will often not find one for their patient. This may deter future attempts by medical practitioners and adversely impact PCEHR uptake.
- Older people, those with chronic and complex conditions and Aboriginal and Torres Strait Islanders face barriers to access as those groups are less likely to have access to the IT infrastructure and skills necessary to create their record.
- Requiring individuals to undergo a complex and time consuming PCEHR creation process. To create a record, individuals must complete a four stage registration process involving reading information, creating an account, identity verification and setting up the record.

3.2. Lack of funding to cover the cost of PCEHR implementation

While many Victorian health services see the longer term benefits of the PCEHR, there has been insufficient funding to support public health services in covering the cost of PCEHR implementation in the near term. There is currently limited funding available to pay the upfront investment needed to construct the necessary infrastructure. Initial investment costs include software procurement, human resources, technology development, training, and the costs of developing metrics to measure

eHealth performance over time[1]. The level of initial investment required is compounded by the inadequate (or non-existent) ICT infrastructure of many health services.

3.3. The technical ICT capacity of health services

A lack of technical ICT capacity for many health services is acting as a barrier to adoption of the PCEHR platform. Qualified human resources are a key ingredient for success in ICT projects. Expanding the eHealth skills and knowledge of healthcare staff and ICT supplier's staff is essential to achieving increased PCEHR usage in clinical settings.

4. Suggested Improvements to accelerate adoption of the platform

4.1. Switch to an 'opt-out' PCEHR system

The VHA maintains that the commitment to an opt-in system presents a high risk to the PCEHR's success. The VHA recommends an opt-out policy be adopted. By transitioning to an opt-out approach, the government will rapidly accelerate adoption of the platform.

There is currently a real risk that enrolment will not reach critical mass. If it does not, most patients will miss the benefits of the e-health system, and public health organisations will fail to acquire the data needed to analyse and improve population health management[2].

4.3. Focus on improving patient care not administrative systems

Successful national health IT system must be orientated to supporting and improving patient care. If the PCEHR is perceived as an administrative system, rather than technological reform delivering better patient outcomes, there will be limited enthusiasm on the behalf of health care providers. The VHA is aware of some perception in the health sector that the PCEHR is geared to deliver administrative not clinical benefits. It is therefore recommended that increased focus on enhancing clinical functionality during implementation will increase enthusiasm for the strategy within the healthcare sector.

4.4. Use of effective financial incentives

The power of financial incentives to drive ICT adoption has been demonstrated in both the United Kingdom and the United states[3]. The US government's "Meaningful Use" program is having a rapid impact on ICT uptake in the US healthcare system by linking access to government funding to successful implementation[4]. The VHA is aware that financial incentives are only available to general practices and pharmacies through the Practice Incentive Program. In VHA's view, consideration should be given to broadening the scope of incentive payments to accelerate PCEHR adoption.

5. Further information

For further information, please contact **Robert Rothnie,** Policy Advisor:

Email: robert.rothnie@vha.org.au

[1] Source: "The Economics of eHealth and mHealth" Schweitzer J and Synowiec C 2012 *Journal of Health Communication* Vol. 17, Page 75

[2] Source: "EHR Systems—Opt In or Opt Out?" Accenture 2011, Page 2

[3] Source: "Lessons from the English National Programme for IT" Swindells M and de Lusignan S Studies in Health Technology & Informatics, 2012, Page 19

[4] Ibid.