



APHA submission to

The review of the Personally Controlled Electronic Health Records System:

Proposals on how to improve the system

1 Executive summary

The Australian Private Hospitals Association (APHA) welcomes the opportunity to provide recommendations to the review of the Personally Controlled Electronic Health Record (PCEHR).

The private hospitals sector sees clear benefits to the establishment of a PCEHR as being:

- A valuable tool for patients to understand the care that they receive
- An efficient way of managing patient care
- A communication tool across healthcare providers.

However, there are also significant challenges in establishing the PCEHR. Potential benefits can be seen, however, there are also specific barriers which will need to be addressed in order to support participation by the private hospital sector.

The comments made in this submission have been made in consultation with APHA's members in response to the utility (and consequently the uptake) of the system to private hospitals, and to provide constructive feedback on the PCEHR system.

Key issues for the private hospital sector are:

- The lack of consultation with the private hospitals sector in the concept and implementation stages of the PCEHR
- The potential benefits for private hospitals
- The barriers to utility of the system to private health providers
- The financial costs vs. patient benefits
- The gaps between expectations and delivery of the system
- The limitations to existing data.

This submission recommends that:

- The private hospitals sector is directly represented in consultation regarding the further development of the PCEHR.
- That the private hospitals sector is represented at the highest levels of governance of the PCEHR going forward.
- The public and private hospitals sectors are thoroughly mapped and understood for the purposes of PCEHR implementation, and that the differences between the two sectors are highlighted v
- Future development of the PCEHR focuses on elements most likely to add value to the sector by supporting mandatory safety and quality requirements as defined in the National Safety and Quality Health Services Standards.

- The Australian Government thoroughly scopes the cost implications of implementation of the PCEHR across both private and public health sectors.
- The Government gives further consideration to:
 - The appropriateness of having consumer controls of the PCEHR
 - The scope and intent of the PCEHR
 - Encouraging the usability and uptake of the PCEHR through incentives and supports for implementation in the private hospitals sector.

2 Background

A review of the Australian Government's Personally Controlled Electronic Health Record (PCEHR) system was announced on 3 November 2013.

Prior to this review, there has been limited consultation on this issue with the private hospitals sector notwithstanding submissions by the Australian Private Hospitals Association (APHA) in 2011 and 2012. The APHA is the peak national body for private hospitals, representing around 75% of the private hospital sector in Australia. The members of APHA run both for-profit and not-for-profit hospitals and day surgeries.

The development of the PCEHR system thus far has not acknowledged the importance of the private hospitals sector as part of the wider Australian health system.

In 2011–12, private hospitals accounted for:

- 2 in 5 (41%) of all separations.
- 1 in 3 (30%) overnight separations
- Nearly half (48%) of same day separations
- 1 in 3 (33%) available or licensed beds
- More than half (52%) of all separations where the patient was aged 65 or older (1).

Additionally, the attitude of the Australian public toward the role of private hospitals in Australia has been changing. Unpublished community attitudes research conducted in 2013 for the APHA found that Australians considered both public and private hospitals as necessary for the Australian health system to function effectively. More than 4 in 5 (84%) of those surveyed acknowledged that the public system would not cope if private hospitals did not exist (2).

The survey also found that in the 12 months prior to the survey, 40% of respondents had received hospital treatment:

- 9% were treated in a private hospital only
- 6% were treated in both a private and a public hospital

- 25% were treated in a public hospital only.

These findings support the fact that Australia needs a health system that supports people's movement across both sectors and the technology that supports this variety of treatment.

The sector is characterised by great diversity ranging from large acute hospitals providing a similar range of services to 'tertiary hospitals' in the public sector through to small independent hospitals and day surgeries catering for a more narrowing focused case-mix.

3 Lack of consultation

The APHA wishes to note the encouraging development of involving the private hospitals sector in the review of the PCEHR system.

Previous consultation with the private hospital sector has been limited:

- There has been little or no formal consultation with the private hospital sector other than:
 - consultations through the Australian Private Hospitals' Chief Information Officer's Forum. The APHA notes that CHIK services, which convenes and facilitates the Forum, is also providing a submission to the PCEHR review.
 - limited consultation with the APHA regarding a proposal to use the Electronic Claim Lodgement and Information Processing Service (ECLIPSE) as a source of data for the PCEHR
 - a very recent request for comment from the APHA on generic information brochures for the private hospital sector and specialist medical practitioners.
- Private hospitals have not been directly involved with implementation and testing, although of the sites involved, some were public hospitals run by not-for-profit organisations (i.e. St Vincent and Mater in Sydney and Mater Brisbane).

Recommendations:

That the private hospitals sector is directly represented in the consultation regarding the further development of the PCEHR.

That the private hospitals sector is represented at the highest levels of governance of the PCEHR going forward.

Despite some work having been completed for the National E-Health Transition Authority (NEHTA) on mapping the differences between public and private hospitals, there seems to have been an assumption that the health sector operates similarly across the board. This is a mistaken assumption, as there are significant differences between private and public hospitals, as well as between private hospitals.

Differences between public and private hospital sectors

Public and private hospitals operate differently, and vary in size, case mix, doctor relations, software used and services provided. An example of this is in the trajectory of patients:

- In the public system, a patient will be admitted, and their data will be entered into a patient records management system. All of the patient information is taken on arrival, particularly if the patient arrives through emergency. All treatments and episodes received thereafter are recorded, and are linked with that original admission.
- A private patient, however, usually comes to a private hospital following consultation with a specialist as a result of a general practitioner (GP) referral. The specialist will admit the patient to hospital for treatment. This means that the patient record systems at private hospitals do not necessarily have the information from the GP or the specialist available to them. The preadmission data (including comorbidity data) is not necessarily captured by the hospital system because these details reside in separate systems maintained by the patient's GP and/or specialist.

The private hospital sector is characterised by a diverse array of providers ranging from large corporatised groups to small independent operators including more than 300 small, standalone day surgeries. The sector as a whole lacks the significant information technology and ehealth infrastructure provided by state and territories to support the public hospital sector. Even large corporations face challenges in implementing group-based solutions either because they must customise systems to meet jurisdictional and site specific requirements, or because growth through acquisition necessitates the maintenance of legacy systems.

Prioritisation of commercial imperatives makes it difficult to establish a business case for developing the systems required by full PCEHR participation. By contrast, the public hospital sector is more easily able to implement sector wide system change, at least within jurisdictional boundaries.

Recommendation

- That the public and private hospitals sectors are thoroughly mapped and understood for the purposes of the PCEHR implementation, and that the differences between sectors are highlighted and taken into account in further design and implementation.

4 Potential benefits for private hospitals

There are several potential benefits to the private hospitals sector of an electronic health record where information on a patient is stored centrally.

Whereas the admission process in private hospitals does not allow the hospital to know the full medical history (including comorbidities) of an individual, an electronic health record has the potential to provide a more complete picture of that individual's health and care pathway.

Several clinical documents of the PCEHR are designed for use in hospitals, including:

- Event summaries (i.e. capture events in emergency departments)
- eDischarge summaries (a core clinical document produced by hospitals)

- Prescription and dispensing information (essential information both at admission as well as after discharging the patient)
- Advance care directive (it is important to know what the patient wishes to happen should they experience problems during for example surgery)
- Shared health summary (is supposed to capture amongst other things existing allergies and blood types, and are clinically verified by the author of the document, thus ensuring reliability of the information).

Of these the most directly relevant for private hospitals are the e-Discharge summary and Prescription and dispensing information. If appropriately designed and implemented, these features of the PCEHR offer the potential to address significant challenges in the private hospital sector including obligations under the National Safety and Quality Health Service (NSQHS) Standards particularly in relation to the generation of discharge summaries (Standard 6) and medication reconciliation reports and medication histories (Standard 4). Access to comprehensive records regarding allergies would also assist accreditation against Standard 4.

Recommendation

That future development of the PCEHR focuses on elements most likely to add value to the sector by supporting mandatory safety and quality requirements as defined in the National Safety and Quality Health Services Standards.

5 Barriers to utility of the system

Despite the acknowledgement that the PCEHR has potential benefits, the APHA members are particularly concerned about the perceived barriers to utility of the system.

Reliability of data

Some APHA members have raised concern that the ‘personally controlled’ nature of the PCEHR may make the data contained within the PCEHR unreliable. If a patient can determine who gets to access which documents, the system will be of limited use.

Currently, patients can choose to disclose or not to disclose information when they are face-to-face with their healthcare provider. They may not wish to disclose some of their medical history, not see the importance of something, or simply not remember part of it.

The idea of having all such medical documents and records electronically available for the benefit of the patient may encourage an assumption on the part of the healthcare provider that the information is complete. If a patient has the option to choose which parts to make accessible to their healthcare provider, the data in the PCEHR system will not be reliable.

The personally controlled aspect of the PCEHR requires further consideration from the Government. Alternatively the scope and intent of the PCEHR should be reduced to discrete elements that will add value for all stakeholders without purporting to deliver a comprehensive clinical record.

Legal barriers

For private hospitals to commit to engagement with the PCEHR, assurance would need to be provided regarding potential legal ramifications.

- The risk of medical malpractice suits arising from reliance on information in a PCEHR.
- The responsibility of private hospitals for the security of private and sensitive data and breach notification, especially in light of recent changes to privacy legislation.
- The private hospital sector will also need assurance that the data captured to support the PCEHR will not be stored in a way that makes it possible for third parties to extract commercially sensitive information.

To the extent that these problems have already been addressed, there is a need to communicate these solutions more effectively to hospitals and specialists in the private sector and to ensure that the solutions identified adequately address these concerns.

Lack of integration with existing systems

Private hospitals use a variety of systems. It is unclear how many private hospitals are currently using software that is able to integrate with the PCEHR system. For those hospitals who do not use these systems, it would be costly to

- either have to transfer to another system
- or to be required to enter all information into two systems.

The software to facilitate for linkage between hospital systems and the PCEHR uploads would be an essential part of costing the implementation of the PCEHR system. This issue needs to be closely examined in establishing the cost and viability of future initiatives.

Technical support and resourcing similar to that already provided to the public hospital sector but customised to meet the private sectors requirements will be needed if significant uptake is to be achieved within the near term.

Recommendation:

That the Government gives further consideration to:

- The appropriateness of having consumer controls of the PCEHR
- The scope and intent of the PCEHR
- Encouraging the usability and uptake of the PCEHR through incentives and supports for implementation in the private hospitals sector.

6 Financial costs vs. patient benefits to date

Thus far, private hospitals have shown interest in the PCEHR system, but have not adopted it, as:

- there is still lack of clarity on costs of implementation and who will carry those costs
- most functions introduced to date have been more applicable to the primary care sector.

It is of concern that the costs of implementing the electronic health record in Australia (for government and the public hospital wave sites) have significantly exceeded budgets. A review on health information and communication technology (ICT) that was conducted in Victoria found that:

- preliminary modelling done for the PCEHR shows that hospitals bear a significant cost in implementation for which they receive little direct benefits in return (p80) (3)
- Victoria's official position is that it will not implement the PCEHR beyond supporting lead implementations (and then only if externally funded) until there is an agreed national business case (p79) (3).

As costs are 'blowing out' and unpredictable, it will be difficult for private hospitals (both for-profit and not-for-profit) to justify the business case for getting on board until definite benefits for patient care and operational efficiencies can be demonstrated.

Private hospitals need to ensure that the business model they run (whether for-profit or not-for-profit) is as efficient and cost effective as possible. The fact that the PCEHR system seems to come with unknown costs and uncertainty about who will pay for the system, has not allowed for adoption in the private sector.

Whereas funding has been provided to support some sectors (e.g. aged care and primary health care) with the integration of their software systems, the private acute services sector did not receive this funding.

In 2013, a Rapid Integration Project (RIP) was launched to allow public hospitals to start accessing acute information and upload discharge summaries to the PCEHR. This initiative has not included the private hospitals sector.

Should the Government wish to increase uptake of the PCEHR within a short timeframe to achieve critical mass in providers as well as patients, they may wish to reconsider providing financial incentives and enablers to facilitate the participation of private hospitals.

7 Gaps between expectations and delivery

There had been an expectation in the private health sector that more consultation would happen and that their views would be regarded as important in the design and implementation stages of the e-health agenda.

It is encouraging to see that more consultation with the private sector in general and the private hospitals in particular is now being held.

8 Limitations of existing data

As previously observed, the private hospital sector lacks the significant information technology and ehealth infrastructure provided by state and territory governments to support the public hospital sector. This difference impacts on the capacity of private hospitals to code and capture clinically relevant information.

Some individual providers have developed systems that are more advanced than others however all would require significant support and a diversity of solutions suited to the diverse nature of providers within the sector to enable linkage to the PCEHR.

Some suggestions have been put forward for using the existing Electronic Claim Lodgement and Information Processing Service Environment (ECLIPSE) to support uptake of the PCEHR within the private hospital sector. The APHA acknowledges that there are potential benefits from using the ECPLISE system:

- it provides hospitals with an existing communication platform
- it has some existing data (albeit limited) regarding episodes of care.

ECLIPSE is an extension of the Medicare online claiming system, and is primarily used as a billing service, not as a clinical data repository. Nevertheless, as a system which has already be implemented within the private hospital sector, its capacity to support engagement with the PCEHR should be further considered.

References

1. AIHW. Australian Hospital Statistics 2011-12. Health services series Canberra: Australian Institute of Health and Welfare (AIHW); 2013.
2. McLaren R, Haszard D. The Role of Private Hospitals In Australia prepared for the Australian Private Hospitals Association, unpublished 2013.
3. VHSIR. Ministerial Review of Victorian Health Sector Information and Communication Technology. Melbourne: Victoria Department of Health; 2013.