Dr Steve Hambleton

- Chairman National eHealth Transition Authority
- Chair Primary Health Care Advisory Group
- Deputy Chair MBS Schedule Review Task Force
- Member of the Royle Review into the PCEHR
- Member eHealth Transition Taskforce
- Member Quality and Safety Commission Atlas of Healthcare Variation Advisory Group
Around 20% of Australians have at least one chronic condition, and this doubles to 40% for people over 45.

Medicare spending is projected to be the fastest growing area of Australian Government expenditure over the coming decades.

Risk factors for chronic conditions such as obesity are already at high levels and are increasing.

There is a potentially preventable hospitalisation for chronic disease in Australia every 2 minutes (285,000) – (a diabetes related amputation every 2-3 hrs).

Nearly a quarter of people who visited an emergency department felt their care could have been provided by a general practitioner (GP).

Patients too often experience fragmented services.
Payment system is in conflict with the model of care for multi-morbidity and does not encourage provider accountability for patient outcomes or promote teamwork.
Primary Health Care Advisory Group
Priorities

• Better care for people with chronic and complex health conditions;
• Innovative care and funding models; and
• Greater connection between primary health care and hospital care.
Features of high performing Primary Care Systems

1. Patient engagement
2. Risk stratification
3. Care plans and team care arrangements
4. Care coordination
5. Continuous quality improvement systems
Primary Health Care Advisory Group
Vision and Principles

**Vision**
- A primary health care system that achieves the best possible patient outcomes, health status and community participation; and efficiently targets health system resources.

**Guiding Principles**
A sustainable primary health care system for patients should:
- **Engage patients and carers as active partners in decisions about their health and wellbeing.**
- Ensure service and funding models are based on best practice to maximise patients’ health improvement, service safety and quality, and allow flexibility.
- Deliver efficient health care, eliminating waste and duplication.
- Ensure potentially avoidable hospitalisations are minimised.
- Facilitate integration and coordination of patient care across care settings and support health care professionals to work as multidisciplinary teams.
- Encourage all primary health care professionals to work to their full scope of practice.
- **Support the collection, reporting and use of primary health care outcome.**
Feedback from consultations and written submissions

* There is strong support for voluntary patient enrolment (77%) for people with chronic and complex health conditions.
* There is general support for myHealth records and an opt-out approach.
* This is an untapped opportunity to engage patients in their own care, particularly with technology that people already want to use (e.g. smart phones (15million in use), wearables (30% using or intending to use in the next year)).
* There is general support for the reporting of outcomes (90%) and changes in health status at an aggregate level.
* There is support for a blended payment mechanism which recognises and caters for different complexities and levels of care needed.
Eligible patients will voluntarily enrol with a participating medical practice known as their Health Care Home. This practice will provide a patient with enhanced access to a ‘home base’ for ongoing coordination, management and support.

- Care coordination and team-based care
- Regional clinical ‘patient pathways’
- Patient participation
- Engagement in the national IT infrastructure
Patients will be active partners in their care.
The aim is to put patients in control of their own care with the knowledge, skills and confidence to manage their health, supported by their health care team, families and carers where appropriate.
A tailored care plan will be developed in partnership with the patient.
The care provided by Health Care Homes will be flexible to meet the needs of the patient.
As a first step Health Care Homes will be rolled out in up to seven Primary Health Network regions across the country.

Up to 200 Health Care Homes will offer services to up to 65,000 people with chronic and complex conditions.

Health Care Home services will be delivered in these regions from 1 July 2017.

Any national roll out of Health Care Homes will be informed by the results of a rigorous evaluation of the first stage of implementation and consideration by Government.
Government support for staged implementation

Effectively we had
• Political
• Professional and
• Community Support
• We need to embrace the concept of personal choice – ways to empower patients to build a healthcare model that suits their individual needs

• The great digital health revolution lies literally in the palms of consumers

• What if we ..got out the way and gave consumers full access to their own personalised health data and full control over how they choose to use it?

• What if you, as a consumer, were able to take your personal Medicare and Pharmaceutical Benefit Scheme data to a health care service; to an app developer; to a dietician; to a retailer and say how can you deliver the best health services for my individual needs?

The Hon Sussan Ley MP
Minister for Health
Press Club Speech 28th October 2015
• Why can’t we allow people to create a health portfolio of products and services customised to their own needs simply by providing their data?

• Why can’t we allow someone’s doctor to use an app developed on the free market to monitor their patient’s blood pressure at home following an operation, or keep a real time count on their insulin levels? (CDMnet, Health& etc)

• Why can’t we keep informed of our parents’ health well-being via digital connections so they can remain in their own homes, rather than prematurely entering residential aged-care?

• The Answer is – we can and allowing consumers open-source access to their health data is the way to do it.
Digital Health

When patient data is stagnant, stored in manila envelope silos, it cannot be analyzed, compared, contrasted, and combined to deduce best practices and population health trends or to provide real-time support tools for clinicians. By Karin Ratchinsky • 05/02/16

Health industry needs to go mobile Geoff Rohrsheim (Chamonix)
• 230,000 admissions from medication errors $1.2 Billion
• 17% pathology and radiology tests are duplicated
• 20% of medical errors are due to incomplete patient administration/admission
• 50% of nurses' working hours are spent on basic administration and paper work
• Data volumes are exploding. More data has been created in the past two years than in the entire previous history of the human race
• By the year 2020, about 1.7 megabytes of new information will be created every second for every human being on the planet.
one accountable organisation lead by Jim Birch
one governance process for all digital health activities
Reflects the key stakeholders/beneficiaries and has skills and experience with;
- consumers advocacy, medical practice, innovative use of technology, private health, public health, health informatics and standards, financial and legal.
Strategic role to evolve national digital health services
My Health Record

Current state

- Shared health summaries
- Specialist Letters
- Referrals
- Health event summaries
- Allergy, adverse reaction, emergency contact and advanced care custodian information (consumer entered)
- Hospital discharge reports
- Pathology and diagnostic imaging reports capability is available but not yet the ability to upload these documents
- Australian Childhood Immunisation and Australian Organ status
- Medicare and Pharmaceutical Benefits Scheme claim data
- Child development information (CeHR)
- Prescription and dispense information
- Identification information i.e. ADF identifier, Aboriginal and/or Torres Strait Islander background
- Advanced Care Directives can now be uploaded in PDF format
My Health Record

Current state - Uptake

• **3.9 million** active consumer registrations, increasing by 1 rec every min
• Inc ~ **1 million** in the trials Nepean and Blue Mountains and North Qld
• **8,554** healthcare organisations are registered to access the PCEHR System, increasing at a rate of 20-30 per month
• Included in this number there are:
  – **5,391** General Practices uploading over 10,000 6,000 SHS per week
  – **515** Public Hospitals and community clinics and **38** Private Hospitals, between them 6,000 discharge summaries/week
  – **157** Aged Care Residential Services
  – **1,186** Retail Pharmacies
  – **1,030** registrations from other provider types including Dental Services, Optometry, Allied Health and Chiropractic Services.

**53 Software Products** have access to the PCEHR Production System enabling them to support healthcare providers by connecting their Clinical Information Systems to the PCEHR system.
Document Uploads per week, by type

- Shared Health Summary
- Discharge Summary
- Event Summary
- Specialist Letter
Growing recognition of the need to share information

Where there is mystery there is margin David Berkus
Requoted by Qld Consumers Association

Ownership challenge for My Health record

Bianca Phillips  Monday, 20 June, 2016

The government’s My Health record system gives the patient full control over who can access and add clinical information about them. This is far from the notion of physician ownership of health records declared in Australian case law.

Breen v Williams was a decision of the High Court about a patient’s right to access their medical records from a clinic. At that time, patients receiving private care did not have rights of access under the federal Privacy Act and the court determined that the professional could therefore refuse production. Historically, the right of access was only available to public patients under the Freedom of Information Act.

Now federal and state legislation affords all patients the rights to access, amend and define some uses of their health records, with some exceptions (see s6D(4)(b)). The physician can refuse

Less power to the patients: AMA
16 Jun 2016   5 comments  Read Later

They should not be able to control what goes on the e-health record and who can view it’
The Royal Australasian College of Surgeons developed an information sheet in 2015

- strongly supports full disclosure and transparency of fees as early as possible in the patient-doctor relationship
- advocates that patients understand all available treatment options
- encourages concerned patients to seek second opinions on recommended treatments and the fees to be charged
Future Challenges

* Are we ready for remote care
  - BP, Blood Sugar, Oxygen Sat, Peak flow
  - Weight, Activity – fitbit
  - Video, Email, Text consultations

In-Home Telemonitoring for Veterans Trial - CVC
Will health be the next industry to changed forever by digital disruption?

What happened to
• Eastman Kodak
• Blockbuster video
• Motorola – remember the worlds first mobile phone
• Sony – Walkman
• Toys “R” Us
• Taxis and Uber
• Bank tellers
• Google Docs took 100million users off Microsoft Word

Within the Next 20 Years, Half of All Jobs Will Be Taken Over by Machines'
Frank Sonder on LinkedIn

There's no panic button.
Nearly every job is threatened...
Future Challenges

• Watson from IBM is already giving medical advice for cancer treatment.

• Oncologists are familiar with approximately 8 to 10 different cancer treatments.

• There are approximately 70 others practiced with another 200 in the research, clinical trial stages or just published in a scientific journal. IBM Watson can deal with all this.

• A doctor possibly can’t.

• Watson is now learning to read x-rays.

• Who do you want treating you?
“..physicians need to immerse themselves and be active players in the e-health revolution, or find themselves stranded..”

Terry J. Hannan, Department of Medicine, Launceston General Hospital