

# Health Reform - Note 4

*October 2009*

## **E-health and broadband in rural and remote communities**

### **What is e-health?**

E-health is a means of providing the right health information to the right person at the right place and time in a secure electronic form. The World Health Organisation defines e-health as “the combined use of electronic communication and information technology in the health sector”.

E-health is much more than telemedicine or telehealth. It includes online information for consumers about, for example, preventive health and support for self-management of chronic conditions; electronic patient health records, so that patients from rural areas remain connected with their primary health carers when they travel to see a specialist or receive acute care; links to specialist advice to reduce the need (and cost) for patients to travel to a major city; professional development, peer support and decision support tools that assist health professionals in their work; and information systems to allow more standardised and more automated data collection and performance reporting.

Because of their geographic isolation, as well as the poorer health of their population, rural areas stand to benefit most from e-health but may have the poorest infrastructure, resources, capacity and capability for successful implementation and uptake of it.



## **The current proposal**

The National Health and Hospitals Reform Commission (NHHRC) has made a number of strong recommendations about e-health, including some that relate directly to rural and remote communities. Recommendation 66 includes technological strategies for bringing care to people in rural and remote locations such as telehealth services between health practitioners, or for practitioner-to-specialist consultations, teleradiology and other specialities and services. Recommendation 119 is to ensure access to a national broadband network (or alternative technology such as satellite) for all Australians, particularly those living in isolated communities, as crucial to the uptake of person-controlled electronic health records, as well as to realise the potential for access to electronic health information and medical advice.

In addition, there are a number of recommendations on how national policy directions should be set to progress the implementation of e-health in Australia which will be of key importance to people who live in rural and remote communities.

Recommendation 115 is that by 2012 every Australian should be able to have a personal electronic health record that will at all times be owned and controlled by that person; will have the right to approve designated health care providers and carers to have authorised access to some or all of their personal electronic health record; and choose their personal electronic health record provider. Supporting recommendations include one to the effect that the Commonwealth Government should set the standard data requirements, ensure the legislative privacy protections needed and set mandatory requirements for hospitals and other health service providers. This would mean that the payment of public and private benefits for health and aged care services would depend on a system that can accept and provide data for patients and their authorised health providers in a format that can be integrated into a personal electronic health record, within specified timeframes.

The NHHRC Report proposes that the National E-Health Strategy Summary (December 2008) be the overarching policy direction for the broader e-health agenda. It also proposes (Recommendation 123) that, to give effect to the National E-health Action Plan, governments need to strengthen the leadership and governance of the Plan and increase the resources committed to it.

## **The Alliance position so far**

The Alliance sees e-health as fundamental to the delivery of effective health care in rural and remote Australia by well-integrated, multidisciplinary primary care teams that are coordinated with other parts of the health system. In particular, we would like to see:

- preferential investment in e-health capacity and implementation in rural and remote communities as part of the action to address current inequities in health care and to ensure full participation in the e-health strategies that underpin health reforms;
- a national high speed broadband network (or alternative technologies such as business satellite) to reach even the most remote communities;
- early investment in the adoption of individual electronic health records so people in rural and remote Australia have their health information where and when they need it; and

- governance and accountability measures for the adoption of e-health as a key part of a coherent national plan for rural and remote health.

## Your input is invited

### Focus on routine information exchange to improve patient care

While technology that puts remote health care workers in ‘real time’ contact with specialists in major centres has its place, the Alliance has proposed that simple and efficient exchange of the routine information that health professionals need in order to progress patient care in rural and remote communities should be the primary focus of e-health.

That is why we have emphasised the need for electronic health records to support better communications between the members of the health care team and their patients, wherever they are receiving care, and for more effective shared patient care across virtual health care teams, and when patients have to travel for specialist care. We have suggested that the initial focus should be on standardising key information (such as details to assist with emergency treatment, current medications and hospital discharge summaries) and ensuring that this key information can be integrated into electronic health records and shared appropriately.

What aspects of e-health do you think will make the most difference to health care in rural and remote communities?

### Progress electronic health records

Much of the driving force for progressing e-health and personal electronic health records relies on the National E-health Strategy Summary (December 2008), the direction of which has been endorsed by the Australian Health Ministers Council (AHMC), although the governance and accountability arrangements have not been set. NEHTA (the National E-Health Transition Authority) has been working on the standard data requirements for five years and has recently released its Strategic Plan 2009-12 including the Individual Health Identifiers recommended by the Commission as early steps towards a personal electronic health record. In the National Healthcare Agreement of January 2009 COAG prioritised use of e-health tools to link providers and improve quality of care for patients, as well as an individual electronic health record for all Australians.

Without a strong national focus on who is responsible for delivering what and in what timeframe, the expected ten-year timeframe for implementing individual electronic health records could easily slip away, with rural and remote Australians missing out on its potential benefits. A strong national approach should not remove the focus from early implementation in rural and remote areas, where there is the additional benefit from small scale implementation which will allow easier identification and action on implementation issues. Although in rural areas there would not be the same economies of scale as provided by larger networks of health professionals and health services in larger cities and regional centres, the lessons learned through early implementation in rural areas will serve well to inform much larger scale roll-out in the cities.

What suggestions do you have for ensuring that the needs of rural and remote communities are considered and implemented in a timely way when it comes to e-health solutions?

## **Build e-health capacity in rural and remote communities now**

The Alliance proposes that it is critical to build e-health capacity now, using the technologies currently available, so that rural people are well placed to participate in e-health as new technologies are developed and health reforms implemented. Members of the Alliance have suggested that rural interests should share and promote information, including strengths and weaknesses, about e-health solutions that are in use already, to save reinventing the wheel and to overcome frustrations about the many projects that have simply stopped. Rural and remote workforce challenges mean that it is especially important for nurses, paramedics, allied health professionals, dentists and medical specialists in private practice to become a part of the national e-health strategy as well as general practices, pharmacies and hospitals. Technical support for some health services and private practitioners in rural and remote community settings can be a major issue.

The NHHRC has recommended that significant funding and resources be made available to extend e-health training, change management and support to health care practitioners and managers and to increase university places for health informatics training. The Alliance would like to see rural medical schools and University Departments of Rural Health resourced to participate in the proposed educational reforms.

What other strategies do you think are important to ensure that people and health services in rural and remote communities have the e-health capacity to benefit from health reforms that rely on improved health information flows?

If you have a comment, let us know at [nrha@ruralhealth.org.au](mailto:nrha@ruralhealth.org.au) or by mail to NRHA, PO Box 280, Deakin West, ACT 2600.