Review of the Personally Controlled Electronic Health Record

Australian Primary Health Care Nurses Association (APNA)
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Executive summary

Australian Primary Health Care Nurses Association (APNA) is the peak professional body for nurses working in primary health care including general practice. APNA's vision is for a healthy Australia through best practice primary health care nursing.

APNA is pleased to make this submission to the Department of Health on the recommendations from the 'Royle' Review of the Personally Controlled Electronic Health Record (PCEHR). It provides responses to each of the recommendations contained in the Royle review of the PCEHR and is a supplement to our more detailed responses to the current review survey.

It is very important to acknowledge that nurses are a substantial component of the primary health care workforce. There are now at least 11,000 nurses working in the general practice sector alone, and the majority of general practices in Australia employ at least one nurse. These nurses play a major role in improving health outcomes through their role in delivering quality chronic disease management, immunisation services, and other preventative care, as well as curative care, care for the ageing, dealing with issues such as medicines safety, and implementing improvements in primary health care systems. Nurses are key players in the maintenance of safe, high quality primary health care.

APNA has long supported the development of a safe, quality, national ehealth record as part of a safe and effective healthcare system and believes it is imperative for nurses to be actively involved with the ongoing development of the PCEHR. However, it is apparent to APNA, through consultation with our 4000 members nationally, that nurses have not been adequately engaged in the ehealth agenda generally. APNA has only had recent and limited representation across key consultation committees and with the National Electronic Health Transition Authority (NeHTA) in this important work.

As the 'go-to' organisation for primary health care nurses, it is vitally important that the ongoing development, change and adoption of the PCEHR is done in consultation with APNA. As the largest health workforce, nurses remain a relevant and significant workforce that must be considered and actively engaged in **all** health reform.

APNA again urges the Department of Health to take serious steps to better engage general practice nurses and the broader primary health care nursing workforce with ehealth. This review provides an opportunity to improve on the engagement of a large and critical component of the health workforce. APNA remains ready and willing to assist any such efforts.

APNA's response to key recommendations from the PCEHR review

Naming of PCEHR

Recommendation 1 – Rename the PCEHR to My Health Record (MyHR)

APNA supports this recommendation.

APNA agrees that a simplified name that is recognisable to clinicians and consumers while reflecting a partnership between the clinician and the patient will generate clinical confidence, improved utility and greater uptake of the national electronic health record.

Governance

Recommendation 2 – Restructure the approach to governance, dissolve NeHTA and replace with the Australian Commission for Electronic Health (ACeH) reporting directly to the Standing Council of Health (SCoH)

Recommendation 3 – Establish a Clinical and Technical Advisory committee to ACeH

Recommendation 4 – Establish a Jurisdictional Advisory Committee to ACeH

Recommendation 5 – Establish a Consumer Advisory Commitee to ACeH

Recommendation 6 – Establish a Privacy & Security Advisory Committee to ACeH

Recommendation 7 – Establish a taskforce to transition arrangements between the current governance structure and the one recommended in this report

APNA stresses that engagement of all nurses, in particular general practice nurses, is critical to the success of the ehealth initiative. General practice nurses can play a key role in assisted registration for the personally controlled ehealth record, and in the cleaning and uploading of data to the shared health record, given the perceived need for rapid uptake of the ehealth record and good understanding and leadership by health professionals. APNA suggests urgent attention be given to improve the engagement of nurses in general practice with the PCEHR.

APNA supports the proposed recommendations related to improvements in governance of the national electronic health record, both in development and ongoing maintenance and security as this provides a basis for sound leadership and commitment from the profession.

APNA believes it is imperative that whatever governance arrangements are put in place, that primary health care nurses must be essential members of the governance framework. APNA's consultation with our 4000 members nationally highlighted that nurses have not been adequately engaged in the ehealth agenda generally. If this does not occur uptake by the profession, and as a result consumers, will be limited. Clinical oversight should be reflected in the new governance arrangements.

Where this has not occurred in the past, poor decisions have been made including efforts to educate and increase buy-in of the profession. Issues with conformant software for registered nurses, usability of the record, standards for clinical use, terminology and interoperability and meaningful use have been problematic in the past.

APNA supports the development of the ACeH. However, APNA is very concerned that the dissolution of NeHTA without adequate transition (absorption) to the new ACeH, may result in loss of critical NeHTA staff, both technical and operational, and raises the issue and the on costs of time lost, the costs of re-training and the significant risk of loss of intellectual capital.

APNA recommends NeHTA, which has always been a transitional authority, be absorbed into the ACeH, thus retaining all key operational or technical staff and intellectual capital.

Recommendation 8 – Maintaining Independent Advisory Committee (IAC)

APNA has only very recently had representation across consultation committees for pathology, diagnostic imaging, advanced care and Clinical Usability Program, and via the Chief Medical Officer's heads of peak body working group. Prior to this APNA has had limited engagement through membership to the PCEHR Independent Advisory Council and limited consultation with NeHTA.

APNA supports IAC remaining a useful forum for oversight of the national ehealth record. APNA is of the view that transparency would be ensured and retained if the IAC reported directly to the Federal Health Minister rather than the system operator as it currently does.

Recommendation 9 – Commission an external review of roles and functions in the ehealth section of the Department of Health, Department of Human Services and NeHTA to assess duplication and alignment with mandates

APNA would support this recommendation as an early role of the new ACeH in order to ensure optimal function and effectiveness.

Recommendation 10 – Establish regulatory body that monitors and ensures compliance against ehealth standards that are maintained by ACeH

APNA supports the notion that vendors need clear standards, appropriate incentives for clinicians and effective monitoring of compliance would accelerate integration and interface enhancements. APNA

agrees there is a need for balance to reduce regulation and red tape for vendors and clinicians.

APNA continues to have serious concerns regarding the omission of a Registered Nurse Healthcare Provider Identifier field from at least one widely used general practice software package – and possibly others. APNA has been lobbying to ensure all conformant software enables registered nurses (as legislated) are able to connect and fully utilise the PCEHR during consultations with consumers. APNA has been assured that all vendors are working toward this, however to date registered nurses using some software are still not able to input their individual health provider identifiers to connect to the PCEHR.

This is a practical issue of concern which needs to be resolved as quickly as possible. Our broader concern is that it is symptomatic of the low priority currently being given to considering nurse, and in particular general practice nurse, issues and engaging general practice nurses in the ehealth rollout.

As it stands this remains of great concern and leaves a significant proportion of clinicians in general practice unable to fully utilise the PCEHR during their many interactions with consumers.

> **Recommendation 11 – Centralise the system operation of the MyHR to Department of Human Services (DHS), under contract from ACeH. DHS should run all MyHR related infrastructure services and maintenance, performance reporting, contract centres, management of NASH and the Health Identifier Service. ACeH to work with DHS to assess which components of the service should be contracted out to private partners, with DHS remaining the overarching government department responsible for service delivery**.

APNA would support consolidation of all technical and data foundations within DHS.

APNA would therefore support DHS being the system operator and responsible for service delivery under contract from the ACeH.

> **Recommendation 12 – Establish a clinical systems capability group within DHS to integrate and coordinate improvement to all health systems and platforms**

APNA would support this if the skills and ongoing work provided by the Clinical Usability Programme (CUP) is retained, ensuring clinical oversight of ongoing development of the national ehealth record is maintained.

> **Recommendation 13 – Transition to an 'opt-out' model from 1 January 2015 (target date). This recommendation is subject to the completion of the minimum composite of records and the establishment of clear standards of compliance for clinical users via the privacy and security committee.**

> **Recommendation 14 – Commission a technical assessment and change management plan for opt-out model to be undertaken in early 2014 in order to determine requirements and identify costs for a model change**

APNA supports an opt-out model for consumers consistent with international models, on the condition that relevant matters outlined including adequate exploration of costs, benefits and security issues are addressed as part of the implementation process. This approach is likely to enhance uptake.

Personal control versus clinical need for complete unedited records

Recommendation 15 – Require annual report from Privacy and Security Committee

a) **The number of individuals who have opted out of MyEHR**
b) **The number of documents that have access controls changed by category**
c) **Meaningful use and adoption by the profession**

Recommendation 16 – Commission an Information Security Risk Assessment of the end to end flow of consumer information to and from the MyHR platform. Findings and mitigation actions to be reviewed and agreed by the privacy and security committee.

APNA supports these recommendations which will ensure the necessary monitoring, transparency, safety and security of data, enabling ongoing improvements and generating greater confidence in the system and its utility.

Recommendation 17 – Clarify MyHR is a supplementary source of information that may, but does not always need to be the used by clinicians in caring for their patients

APNA supports this recommendation which ensures clinicians must understand that use of PCEHR information is not compulsory and the MyHR is not the sole source of information for patients.

APNA recommends clarification around legal responsibility for clinicians should they choose not to view MyHR records.

Recommendation 18 – Develop and conduct an educational campaign for consumers/clinicians about the impact of the change to an 'opt-out' process and the strength of security and privacy in the system

APNA supports this recommendation as an important component of change management process to ensure both clinician and consumer confidence in the benefits and privacy of the system.

Minimum composite records

Recommendation 19 – Expand the existing Australian Medical terminologies (AMT) data set to include a set of over the counter (OTC) medicines

Recommendation 20 – Widen the existing National Prescribing and Dispensing Repository (NPDR) to include the expanded set of over the counter (OTC) medicines

APNA supports the ongoing work of NeHTA in this area and the specific recommendations to expand the AMT (the standard data set of commonly used medications for clinicians and patients) and widen the range of NPDR to include an expanded set of OTC medicines.

These measures will assist in reducing the level of adverse drug events and medication errors to enhance the quality and safe use of medicines.

> **Recommendation 21 – Implement a minimum composite of records to complement opt-out model by target date of 1 January 2015 in line with Recommendation 13. This will dramatically improve the value proposition for clinicians to regularly turn to the MyHR which must initially include: Demographics, Current Medications and Adverse Events, Discharge Summaries and Clinical Measurements.**
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> **Recommendation 22 – Work should proceed to allow the Integration of diagnostic and pathology into MyHR, but their delay should not delay transition to opt-out**

APNA would support this recommendation if the skills and ongoing work provided by the Clinical Usability Programme (CUP), is retained ensuring clinical oversight of continuing development of the MyHR is maintained.

APNA acknowledges the importance of improving the value proposition for clinicians with adoption and utilisation of the MyHR, as well as the importance of current and available pathology and diagnostic imaging integration into the MyHR.

APNA would recommend clarification of the agreement process and implied consent implications from consumers prior to the nominated provider creating a shared health summary.

Strengthening ehealth technical and data foundations

> **Recommendation 23 – Implement a standardised secure messaging platform for the medical industry and consumers to facilitate improved communications and workflow efficiencies**
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> **Recommendation 24 – Expand the secure messaging strategy to include exchange of secure communication between medical industry and consumers to facilitate improved communications and workflow efficiencies**

APNA acknowledges the importance of enabling clinicians to securely, safely and efficiently exchange information about their patients. APNA also acknowledges the aspiration for consumers as beneficiaries of this information to be able to confidently provide information relevant to their health through secure messaging direct to clinicians.

While this feature would significantly enhance the utility of the record, APNA urges great caution in proceeding with this work until a number of key issues have been addressed. These include legal and ethical matters related to the receipt of personal emails from patients to clinicians including privacy considerations, implications for safety and quality in the exchange of the information, consumer expectations for acknowledgement, timely responses, etc, and the burden imposed on clinicians from additional operational load among others. It is essential that clinical oversight be assured in the development and implementation of this feature.

Recommendation 25 – Review the National Authentication Service for Health (NASH) Platform with a view to evolving the platform to align with the recommendations for digital identity that is included in the Coalition's policy for E-government and the digital economy

APNA supports this recommendation as it provides another level of safety and quality while conforming with Australia's broader approach to digital identity.

Recommendation 26 – Review the current development program for the PCEHR and deliver prioritised usability improvements

APNA would support this recommendation if the skills and ongoing work provided by the Clinical Usability Programme (CUP) is retained ensuring clinical oversight of continuing development of the MyHR is maintained. APNA acknowledges the paramount importance for the MyHR to be relevant and effortless for clinicians to use.

Recommendation 27 – Addition of flags to the clinical authors to identify if their patient restricted or deleted document in their MyHR to facilitate a discussion on the clinical impact

Recommendation 28 – Notify the Consumer via SMS when their MyHR had been opened or used. For patients that do not have a mobile number, a message will not be sent, however mobile contact number should be requested as part of the standard information for a customer's profile.

Recommendation 29 – Enable a single sign-on capability that enables simplified usability as users of the systems are able to seamlessly pass from one system to another

Recommendation 30 – Evolve education, training and implementation to engage industry associations in the design and delivery of programs. This includes implementation of online training tools, including provision of simulated MyHR environment to support required training volumes.

APNA supports these recommendations as vehicles to support maximum benefit and utility of the MyHR by clinicians and consumers.

Creating an ehealth ecosystem

Recommendation 31 – Immediately update the MyHR strategy to actively enable decentralisation of information across multiple data repositories, with information being linked using Healthcare Identifiers (HI)

APNA supports the decentralisation of existing registries to make them conformant and linking these to other registries such as the Cancer Registry data and current national repositories such as Medicare and the National Prescription and Dispense Repository.

APNA acknowledges the important opportunity for the MyHR to act as not only a data repository, but also to act as an information exchange and providing important linkages to third party data repositories and information where it is stored.

Recommendation 32 – Reset policy standards and frameworks to enable interoperability, in a decentralised model, plus commercial models that ensure providers can generate an acceptable return on the investments made in shared infrastructure

Recommendation 33 – Prepare a business case that identifies appropriate methods of compensation for investment should be investigated that includes one off costs and/or transaction fee services for clinical access to records associated with integration of existing data sets into the MyHR

APNA supports these recommendations.

Introduce enabling measures and incentives

Recommendation 34 – Introduce by the ACeH a new balanced scorecard of metrics that includes primary metrics (e.g. meaningful use metrics) and secondary metrics (e.g. leading indicators) that are aligned with benefits and goals of the MyHR

Recommendation 35 – Apply governance principles of transparency of metrics and reporting to builds confidence in the clinical relevance of information that is provided

APNA supports these recommendations to ensure transparency of metrics and reporting which will improve confidence in the clinical relevance of information provided.

Recommendation 36 – Change the ePractice Incentive Payment (ePIP) to introduce meaningful use metrics that incentivise contribution of clinical relevant information to the MyHR, including linking ongoing ePIP funding to actual usage of the MyHR.

APNA supports this recommendation to encourage more meaningful use, including clinician contribution of clinical relevant information.

Recommendation 37 – Commission scoping project to encourage take up of electronic transmission of data by specialist medical and allied health professional practices and private hospitals

APNA supports this recommendation.

Recommendation 38 – Alter the Medicare item number requirements for health assessment, comprehensive assessment, mental health care plans, medication management review and chronic disease planning items

APNA would recommend that MBS items as tabled be linked to the uploading of Shared Health Summaries rather than the uploading of these documents specifically except as clinically relevant; the SHS being the most important and relevant clinical document in the MyHR for quality, safety and the meaningful use of the MyHR.

About APNA

The vision of the Australian Primary Health Care Nurses Association (APNA) is for a healthy Australia through best practice primary health care nursing.

APNA is the peak professional body for nurses working in primary health care including general practice. With 4000 members, APNA provides primary health care nurses with a voice, access to quality continuing professional development, educational resources, support and networking opportunities.

APNA continually strives to increase awareness of the role of the primary health care nurse, and to be a dynamic and vibrant organisation for its members.

Primary health care nursing is wide ranging and covers many specialist areas including general practice, Aboriginal health, aged care, occupational health and safety, telephone triage, palliative care, sexual health, drug and alcohol issues, women's health, men's health, infection control, chronic disease management, cardiovascular care, immunisation, cancer, asthma, COPD, mental health, maternal and child health, health promotion, care plans, population health, diabetes, wound management and much more.

APNA aims to:

1. Support the professional interests of primary health care nurses
2. Promote recognition of primary health care nursing as a specialised area
3. Provide professional development for primary health care nurses
4. Represent and advocate for the profession
5. Collaborate with other stakeholders to advance our mission
6. Ensure a sustainable and growing professional association, by and for primary health care nurses.